

**Understanding stress management intervention success:
A case study-based analysis of what works and why**

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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I dedicate this thesis to anyone who has suffered or is suffering from work-related stress, hoping that this research could contribute to making work a healthier and more enjoyable environment.

Abstract

This thesis investigates the process behind stress management interventions (SMIs). This includes the design, implementation and evaluation of interventions (both formative and summative), along with exploring the roles of involved stakeholders. Although there exists a plethora of studies around work-related stress across several disciplines, they are predominantly focused on the effects of stress on individuals, organisations and society, highlighting the various costs which are associated with it. However, studies on SMIs are less common, particularly ones with detailed accounts of the SMI process. As a result, this hinders our understanding of which SMIs work for whom in what context (Biron, 2012), making it difficult for forthcoming studies to benefit from the results.

A multiple case study research, of a higher education institute (Russell University) and an Arm's Length (ALMO) housing association (Bravo City Homes), was conducted to address what the literature has neglected. Specifically, it examined the various steps of the SMI process, highlighting the key roles of the involved stakeholders, while contrasting the effects that context had across two different sectors. This was done through forty semi-structured interviews with relevant stakeholders from both organisations to gain retrospective insight into the SMI processes, understand their role and what they perceived it to be, and to evaluate what helped and hindered the success of SMIs.

It was found that giving each step of the research process sufficient attention from each of the relevant stakeholders was key. The lack of communication around who the relevant stakeholders were significantly hindered the interventions. Managers, in particular, were found to be crucial to SMI success by supporting the interventions and enhancing communication. Other stakeholders whose roles were found to be vital were Human Resources and trade unions, which have also been neglected in the literature.

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List of Abbreviations

ACT	Acceptance and Commitment Therapy
ALMO	Arm's-Length Management Organisation
AR	Action Research
BCH	Bravo City Homes
CBT	Cognitive Behavioural Therapy
CIPD	Chartered Institute of Personnel and Development
H&S	Health and Safety
HE	Higher Education
HR	Human Resources
HSE	Health and Safety Executive
IPP	Innovation and Promotion Program
NHF	National Housing Federation
NPM	New Public Management
OH	Occupational Health
OHS	Occupational Health and Safety
OSHA	Occupational Safety and Health Act
PAR	Participatory Action Research
PSC	Psychological Safety Climate
RU	Russell University
SC	Staff Counselling
SMI	Stress Management Intervention
STEMM	Science, Technology, Engineering, Mathematics and Medicine
TUC	Trades Union Congress
UC	Universal Credit
WHO	World Health Organisation

Chapter 1: Introduction

Stress has increasingly become a popular area of research interest across several disciplines, including but not limited to Human Resource Management, Management, Psychology, Economics and Employment Relations. A dominant focus of the literature is on the effects of stress on individuals and organisations and the various costs associated with it. However, studies on stress management interventions (SMIs), their design, implementation process and evaluation, are less common. Although understanding the effects that stress has on individuals and organisations is important, analysis of the design, implementation and evaluation of SMIs is also critical because this may help to understand which SMIs work for whom and in what context (Biron, 2012). This study addresses a gap in the literature by exploring the aspects that determine SMIs' success or failure. More specifically, this study aims to achieve that by understanding the processes by which these interventions are implemented, and the role of the various stakeholders involved.

This thesis is not about the effects of stress on employees as a substantial amount of literature around that, alternatively it argues that the neglect in the examination of the process of SMI implementation has meant that analysis of why and when SMIs work or do not work remains only partial. Through two detailed case studies, using retrospective data on the implementation of SMIs, the thesis yields a more complete analysis of the process. This analysis highlights key factors which hinder the effectiveness of SMIs, notably a lack of clear accountability for tackling stress in the workplace. This lack of accountability hindered the effectiveness of SMIs, due to the lack of a central point of reference and/or a specific driving force to take SMI programmes and specific interventions forward. Clearly defined roles and responsibilities, at the organisational level, are shown to be an essential element in the success of SMIs. Whilst the research points to the role of multiple stakeholders in successful SMIs, management in particular emerged as, arguably, the most important and influential stakeholder which determines SMI success. Having competent, clear and compassionate leadership seemed to be highly desired for stress reduction in the organisations studied. Much of the literature is framed from a management/ organisational perspective, thus this thesis has paid particular attention to the central role management carries in both causing stress, and having the ability to lead in managing it. This is reflected in Fig 1 below, where initiation,

prioritisation and formulation of SMIs is seen to come from senior management. Thus, much of the empirical chapters, look mostly at management actions (Chapters 4 and 6), management responsibility, along side other stakeholders (Chapter 5). Therefore many of the recommendations/ conclusions generated from this thesis revolve around management/organisations can do to address workplace stress.

A further gap in research in this area to date is that analysis of SMIs has typically failed to apply enough detail explaining the process (Randall et al., 2009). This lack of SMI detail makes it difficult for future research and organisations to apply any of the desirable concepts to new research or organisation. Researchers also seem to underestimate the importance of documenting SMI failures, and more importantly the reasons behind these failures (Adkins and Weiss, 2003), for researchers and practitioners to learn from. Moreover, SMI research is dominated by secondary and tertiary interventions. This thesis addresses this gap through a systematic exploration of all stages of the SMI process. This is done by looking at the rationale behind the choices of SMIs and the strategy behind it, looking at the specific roles of a range of stakeholders at different stages in the SMI process and implementation, and looking in particular at the role of management throughout the intervention process. Trade unions, for example, proved to be influential at the early stages of initiating the stress management.

A key argument of the thesis is that the focus of research on secondary and tertiary interventions, which are often easier to research, has resulted in a neglect of attention to primary/preventative SMIs. Furthermore, it is often the case that organisations are discouraged from implementing primary interventions. This thesis aims to bridge the gap by exploring SMIs from the design or conception stage, which allowed for an analysis of whether there was a diagnostic stage and or/strategic stage preceding the choice of which SMIs are to be implemented. Furthermore, the thesis also analyses how SMIs are implemented, including the roles assigned to the various stakeholders. Finally, this thesis looks at how the various SMIs were evaluated (if at all) by participants, including management and employees. This was done to extract the essence of success, being mindful of contextual restrictions, to enable it to be somewhat transferable to other settings. This was facilitated by implementing the advice of Randall et al. (2007) to document, although in retrospect, the process which was implemented in case studies. An overview of the research process is to follow.

Research Questions

The overall aim of this research is to understand the process of SMI development, implementation and evaluation; furthermore, this thesis aims to identify the main drivers and constraints of SMI success. A central objective of the thesis is to determine what contributes to SMI success or failure. Dissecting the SMI implementation process facilitated the identification of the factors that encourage or inhibit SMI success or effectiveness. Two organisations were chosen to answer the research questions set out below. Both case studies were based in the UK: the first one, Bravo City Homes (BCH), is an arm's-length management organisation (ALMO) and the second, Russell University (RU), is in the public sector. BCH is a housing association which has acquired an award of recognition for stress management; they were especially recognised for implementing primary interventions as well as providing secondary and tertiary ones. On the other hand, RU is a large higher education institution which mainly relies on reactive rather than proactive SMIs in comparison to BCH.

These two case studies were chosen to allow for an examination of work-related stress and SMI implementation in different contextual settings, taking account of organisation size and sector; furthermore, they were chosen to compare differences in SMI orientation (specifically more reactive and more proactive approaches). Details around these organisations and why they were chosen are highlighted in detail in Chapter 3. This thesis looks at the factors that affected the success of SMIs across both case studies. As mentioned earlier, these include the strategy/rationale behind certain SMI choices, the role of several stakeholders, and the role and importance of managerial involvement. Although this research does not aim to generalise the findings to different contexts, it helps tap into new information which is rarely explored in previous research providing insight to things organisations should keep in mind when implementing SMIs. More specific research questions and aims which outline the objectives of this thesis are as follows:

- **Why are particular SMIs chosen to be implemented?**

SMIs can be implemented for a number of reasons, either as a result of institutional isomorphism and a need for compliance with regulations (Stensaker and Norgard, 2001), to react to employee ill-health (Department of Labour, 2003) or to prevent its occurrence (Giga et al., 2013). The rationale behind the choice of certain SMIs is seen by some as a determinant of their success or failure (Nytrø and Saksvik, 2000). Indeed, one of the case

studies in this thesis, BCH, based their choice of SMI focus and implementation on a survey which they used to ‘diagnose’ the stressors. This question was mostly addressed by analysing organisational documents which explain the process implemented and also through in-depth, qualitative interviews. Answering this question sheds more light on what determines the success of an intervention, even before its formation.

• **How are SMI(s) implemented in different organisations?**

As previously mentioned, many of the publications on SMIs lack detail regarding how particular interventions were designed and implemented. This missing information thus hinders the critical assessment of the process through which the SMI has been implemented. Having a detailed description of the SMI implementation process exposes the steps which the organisation followed in implementing the SMI, allowing any faults to be traced back to a particular stage of the process, making it easier to identify the contributor to the inefficiency of the intervention. One of the cases, BCH, implemented interventions in response to a stress survey administered by the trade unions. On the other hand, RU implemented a general strategy placed by HR across departments, while individual faculties employed additional interventions to address specific faculty needs/stressors. The relevance of contextual differences, across both case studies, in particular, is also highlighted to get a better understanding the rationale behind SMI choices and of what works, for whom, in which contexts or circumstances (Biron, 2012). Again, this was mostly extracted via organisational documents, such as written policies and procedures, which outlined the whole process and from interviews with relevant participants.

• **Who are the main actors involved in the implementation of the SMI(s) and how do these actors shape the implementation of SMIs?**

Not enough attention has been given to the specific roles certain stakeholders play in SMI implementation in organisations. Besides the fact that stakeholders have a clear picture of their role in stress management, assigning the various roles and responsibility facilitates holding stakeholders accountable when shortcomings occur. For example, the role of trade unions in stress management is rarely explicitly mentioned in the literature. Where it is mentioned, even implicitly, it tends to be ‘minimised or rendered invisible’ (Malinowski et al., 2015: 266), although a handful of studies hint that they play a central role. Thus, this research sought to explore how stakeholders involved in SMI design and implementation and evaluation were found to play a role in the process and how they

imposed their effects (whether positive or negative) on the process. This study explored the role of different stakeholders and the impact which they had on the SMI effectiveness to cater for the mentioned gap where previous research overlooked the influence of stakeholders on SMI success (or failure).

Whilst a similar set of stakeholders were involved in SMIs across the two cases, the influence and roles of individual stakeholders varied. In the university, Human Resources (HR) possessed a strategic role in stress management, instructing departments to carry out prescribed risk assessment procedures, and organising employee and management training, all with the coordination of occupational health (OH), Staff Counselling (SC), health and safety (H&S), and the training and development department. On the other hand, HR in BCH merely had an administrative role, involving a small number of personnel. Trade unions were also found to be influential for SMI actors, particularly in BCH where union representatives played a big role in initiating action against stress. Contrastingly, trade unions in the university held a more 'consultative' role, diffusing their power. The role of management proved to be crucial across both cases, where it was evident that the success of an intervention was heavily dependent on the involvement and support of management.

• How does the SMI implementation process affect the outcome? Are outcomes intentionally evaluated?

Most of the research which is conducted on SMIs tends to subject the interventions to summative evaluations after the SMIs have been completed, to see the overall results. This thesis argues for the importance of introducing more formative and incremental SMI evaluation. Formative evaluation is found to be essential in SMI success, because any problems in the implementation can be diagnosed at a specific point in the process, thus concentrating efforts to fixing the source of the problem rather than completely disregarding a potentially effective SMI. SMI evaluation is found to be scarcely mentioned in the literature besides its clear importance of continuous assessment for the success of any process (Armenakis and Harris, 2009; Tetrik et al., 2012). Therefore, it was important to explore whether or not the case studies pre-planned to carefully evaluate, with specific success criteria, the SMIs implemented.

These research questions serve to better understand the process of SMI implementation and to gain insight into the factors that contribute to SMI success and/or failure. The following section will outline the structure of the thesis which has been crafted to answer

the research aims and questions. To address these research questions, this study utilised a case study approach. This strategy was found to be the most appropriate method, as it allowed the researcher to focus on the process of SMI implementation and the contextual factors that shaped their effectiveness or otherwise.

This thesis followed Stake's (1995) epistemological beliefs regarding how case study research should be carried out. Stake takes a broadly constructionist epistemology, where less emphasis on validity is placed on the case study; however, more concern is placed on the generation of rich data of behaviour in organisations (Stake, 1995). The case studies in this thesis were best categorised as instrumental case studies, serving to better inform the phenomena of work-related stress and how it is managed, rather than solely concentrating on the particular cases, classifying them as intrinsic case studies. A collective case study was designed and used: this is when two or more instrumental case studies are researched.

The findings of this research were extracted from forty semi-structured interviews with relevant participants across both cases. These interviews were carried out with individuals who were actively involved with SMI design, implementation and/or evaluation. Furthermore, some employees from different departments and grades were interviewed to explore their perspective and role with stress management in their organisation. A purposeful sample was chosen, due to the roles of individuals with interventions and the sample developed via snowballing. This research contributes to the literature by exploring the process of SMI implementation to understand the determinants of SMI failure or success. The following section highlights the research questions imposed to address the overall aims of this research.

Key Findings and Structure of Thesis

The thesis provides new insight into what makes SMIs successful or less so. These findings are illustrated in detail in the three empirical chapters (four, five and six) of this thesis. Several factors play a role in determining the success and/or failure of SMIs. These factors are situated along the whole process of intervention implementation, from design to evaluation. Initially, the rationale behind the choice of a certain intervention proved to be an important indication of the SMI's success. The more planning that goes into diagnosing the most prominent stressors and designing the appropriate SMIs, the higher the chance of its success rate (Adkins and Weiss, 2003). This was evident in the BCH case, in contrast to RU, where a survey was initially administered as a diagnostic tool

which proved to be helpful in concentrating resources in problem areas. Moreover, the involvement of key stakeholders such as HR, OH, H&S, SC and trade unions, as outlined earlier, proved to be a key component of intervention success. Finally, it was made evident that the involvement of management was the largest indicator of intervention success.

Chapter 2 offers a review of the existing literature around work-related stress and how it is managed. The chapter starts with a brief but essential overview of stress in general. Firstly, the importance of how stress is defined is highlighted, followed by a synopsis of different theoretical models which are formulated from different perspectives of what stress is and where it is believed to originate. These theories tend to exclude the organisational contexts where work is performed (Dextras-Gathier and Marchand, 2018). These definitions and theoretical models tend to look at immediate stressors in the workplace and their effect on employee wellbeing, but they fail to include the examination of contexts where work is performed or where the stressors are found, which includes studying the organisational culture as a whole and the nature of the workplace. Following that, individual differences and how they contribute to the complexity of managing stress are highlighted. For example, not only do the different personality traits affect the individual's appraisal of the situation, but personality types also determine which stressors the individual is most vulnerable to and even their choice of coping mechanisms thereafter (Michie, 2002; Penney et al., 2011). The costs imposed on both employees and the employer by stress are also discussed (Mariappanadar, 2014). Due to the detrimental effect stress was found to have on the individual, it was referred to as the 'Black Plague of the eighties' (Cooper and Cartwright, 1994:456). The relationship between stress and ill-health was established as early as the 1920s and 1930s, through many years of research (Cartwright and Cooper, 1997; Clarke and Cooper, 2000; Cooper and Cartwright, 1994; Cox 1993; Fila et al., 2011; Mariappanadar, 2014; Quick, 1984; Selye, 1956; Williams and Cooper, 2002). Stress was also evidently harmful to the organisation/employer in the form of high turnover rates, work-days lost to sick leave, an increase in the chances of accidents at work and 'presenteeism' which is also costly (Williams and Cooper, 2002). However, this research is limited in the sense that simply the causes of stress are examined, lacking insight into how this stress can be managed.

The bulk of Chapter 2 reviews the literature on SMIs and different levels of their administration (primary, secondary and tertiary). It concludes that primary interventions

were considered by many organisations to be less appealing than secondary and tertiary individually-focused interventions, mostly because they are costly and disruptive (Hurrell and Murphy, 1996). Besides Occupational Psychology, a wide array of contemporary literature from peer-reviewed sources, has been included covering disciplines including human resources and work/ employment relations, sociology, management, change management, industrial relations, environmental and public health and business ethics. Looking at stress from these different perspectives enriches the critical discussion of literature on stress management, making it a more holistic one. Exploring the mentioned disciplines enhanced the literature review by, respectively, exploring the view of the workplace and the various policies and procedures aimed at health and safety and stress, understanding the perspective of individuals in these particular stressful social situations, understanding the role of management and their perspective on work related stress, understanding the success of SMI implementation from a change management perspective, understanding the perspective of trade unions and their underexplored role in stress management, illustrating the costs stress incur on individual and economic wellbeing and finally highlighting ethical debates. SMI literature mostly focuses on secondary and tertiary intervention, thus underrepresenting primary interventions. Due to the lack of studies on primary interventions, there is not enough evidence to support how effective primary interventions are, as they prove to be relatively more difficult and complex to research. Furthermore, the literature review reveals that research further lacks the analysis of the SMI process over the three levels. Detail is especially lacking around how SMIs are designed/decided and by whom. The literature review is then followed by a section on SMI evaluation, its importance and paradoxically its scarcity in the literature, which was also reflected in practice, according to the data collected. Therefore, this thesis addresses the analysis of the various steps of SMI implementation, as well as examining the role of the various stakeholders.

Literature around the role of various stakeholders in the SMI implementation process is discussed, as it is found to be one of the most important determinants of SMI success/failure. When it comes to the role of stakeholders in SMI implementation, most of the literature highlights the role of management and that of employees. Management not only have a role in combating stress, but they were also recognised to be a main source of organisational stress, specifically due to their prominent role in designing and creating organisational structures (see Appelbaum and Roy-Girard, 2007; Carter et al., 2013; Delbridge et al, 2007; Hadadian and Zarei, 2016; Sewell and Wilkinson, 1992). However,

the literature rarely depicts explicitly the role of stakeholders, such as trade unions and support services such as the Human Resources department, occupational health, health and safety, and psychological services, which were found to be instrumental in the SMI implementation process in both case studies. Thus, the role of these aforementioned stakeholders is highlighted in the empirical chapters to account for this particular gap, providing empirical evidence of how stakeholder involvement, such as trade union initiation of the interventions, can substantially improve the effects of implemented SMIs. Finally, sector-specific literature is explored to familiarise the reader with the contextual conditions of the case studies.

Chapter 3 describes the methods used in this investigation by highlighting the philosophy underlying the methodology utilised to answer the research questions stated above, followed by an explanation of the research strategy, explaining how case study research was designed and used to answer the questions. A detailed illustration of both case studies is then provided, explaining the rationale behind choosing these organisations and presenting comprehensive company profiles to convey the organisational context, which in turn demonstrates some of the similarities and differences in both cases. These similarities and differences included the size of the organisation, organisational structure, employee profiles (profession and level of education), and the availability of support services and their roles in SMI implementation. The chapter explains how the data was qualitatively collected through forty semi-structured interviews across both organisations and further explains how it was thematically analysed. SMI research is usually quantitatively laden to enable generalisation, failing to capture the detail behind *why* certain interventions are successful or not. The main aim of this thesis is to qualitatively examine the reason behind the success or failure of implemented SMIs from the perspective of key stakeholders involved in intervention implementation. Thus, forty in-depth, semi-structured interviews were conducted with key stakeholders as per official documents stating their involvement or via snowballing. The chapter ends by declaring the ethical considerations that were placed to protect both the researcher and the participants during the research.

Chapter 4 is the first of three empirical, thematically categorised chapters. The themes discussed are the technicalities of SMI implementations across both organisations, highlighting the diagnostic and/or strategic choices of interventions implemented and the rationale of their selection; the departmental (in)consistency of SMIs within each

organisation; and the appropriateness of the selection in the departments. Tailoring SMIs to specific departments and/or occupations was recognised to be an important factor as per the data collected. The most evident example that highlighted the inappropriateness of the SMIs implemented was BCH providing their craft operatives (manual labour force), who have limited access to computers, with online-based stress awareness training. This was ultimately addressed by involving stakeholders from a particular department or representatives from a specific occupational group. However, this could have been diagnosed in a timelier manner if formative evaluation had taken place along the SMI process. The penultimate discussion in this chapter revolves around how the involvement of both the organisations in awards or seeking accreditations encouraged SMI design and implementation, alongside reducing sickness absence rates which were due to stress. Finally, the issue of SMI evaluation is discussed in the final section of the chapter, displaying the observation demonstrating how both cases paid little or no attention to systematically evaluating the effectiveness of the SMIs implemented, leaving it too late to fix any deficiencies.

Chapter 5, the second thematic chapter, addresses the roles of different stakeholders in the SMI implementation process. This was done by exploring the perception of participants in both organisations regarding who should be responsible for employee wellbeing and SMI implementation. The three main stakeholders discussed in this chapter were HR, support services (which were different in each case study) and the role of trade unions which were added due to their recurrent emergence in the data. The role of the aforementioned stakeholders was found to be unique across both organisations, showing that the role of stakeholders is highly dictated by organisational context. As an example, the HR department in the university was more involved and had a more strategic role in SMI implementation, as the health and wellbeing services (health and safety, psychological services and occupational health) were under its directory; on the other hand, HR in BCH carried out purely operational and administrative tasks. This was also found to be true regarding the other stakeholders too. As mentioned above, the role of the various stakeholders in organisations has been neglected in the majority of previous intervention studies. This thesis encompasses the essential and variable roles of the stakeholders present in the organisation, highlighting how their participation throughout the SMI process can affect the success of an intervention.

The third main stakeholder identified, trade unions, whose role in SMIs has been particularly neglected in research, had different roles across both organisations as well. They played a central role in initiating the action against stress in BCH as explained earlier. On the other hand, unions in the university carried out a more ‘consultative’ role on boards, on which they were found to have low impact to implement any change. These differences were mainly due to the presence of different types of unions in both organisations, which have different approaches and relationships with management. Furthermore, the large size of the university played a big role in diluting trade union influence in stress management. One of the major problems found was the perception of responsibility by the aforementioned stakeholders of their roles in the SMI process. When asked, participants would point the responsibility of managing stress to another department or position, clearing themselves from that obligation. Not having a clear indication of accountability for tackling stress in the workplace proved to hinder the effectiveness of SMIs, due to the lack of a point of reference and/or a specific driving force taking the intervention forward. Clearly defined roles and responsibility at the organisational level when it comes to implementing SMIs have been proved to be an essential step towards SMI success.

Chapter 6 is dedicated to an analysis of the role of managers in stress management. It highlights the importance of having an ‘appetite from the top’, and the role of this appetite as a main determinant of SMI success or failure. This was considered to be evident in the form of clear and strong policy, along with constant messages from senior management which encouraged stress initiatives, such as the attendance of management training. This was mostly reliant on the size of the organisation, where it was easier to exercise this top-down communication in the smaller, more centralised case (BCH). Furthermore, top-manager personality and preferences, rather than the structure of the organisation, proved to be a significant determinant to the managers’ involvement with stress interventions.

Besides supporting SMI implementation, having competent, clear and compassionate leadership seemed to be an important element of effective SMIs in the cases studied. The role of management in stress management is not sufficiently discussed in current research compared to the significance it represents in SMI success. The literature highlights the importance of properly training managers as a form of primary intervention against stress (Kelloway and Barling, 2010); thus, management training practices were explored to test whether they were given sufficient attention/resources in organisations. It has been

highlighted that managers have a main role in stress management, not only by implementing and supporting SMIs, but by clearly communicating expectations to employees and by expressing compassion, which was also a recurring notion amongst participants in both cases. Although managers could be perceived as toxin handlers in organisations, as highlighted above, they can also be a source of toxin in the workplace. There is long-standing literature in sociology, employment relations and HRM which has explored the role of management actions on employees. Whilst these come from a range of theoretical and disciplinary perspectives and have often not directly looked at stress, they share the feature that they examine the nature of the employment relationship and the impact of management on workers. This section illustrates how management could be a source of stress by cost-cutting, increasing surveillance and intensifying work (Pass, 2018; Robinson and Smallman, 2006; Sprigg and Jackson, 2006).

Finally, *Chapter 7* crystallises the discussion extracted from the three themes which emerged from the data, and synthesises it with what was previously reviewed in the literature, addressing the common themes found and filling the gaps identified. The lack of sufficient research on SMI processes conveys an inaccurate image of which interventions should be implemented in an organisation based on evidence of success, and specific contexts in which the interventions thrive. Secondary and tertiary (reactive) interventions prove to be easier to evaluate and thus are more actively promoted as successful SMIs, compared to primary (preventative) interventions. Primary interventions, more than the other SMIs, require a close and a more qualitative examination of the whole process to extract the benefits of their implementation.

In sum, the thesis provides new insight into the whole process of SMI implementation, determining the components that have contributed to intervention success. This includes exploring whether or not there was a detailed diagnosis before SMI design, which dictates the rationale behind the choice of intervention and documenting the SMI design in detail. As a result, this gives a more accurate representation of how interventions are devised and implemented by organisations/departments in order to tailor specific components of SMIs to their own contextual needs. Furthermore, the specific role of stakeholders is explored, explicitly documented and analysed, accounting for what the literature lacks in information regarding the specific responsibilities that certain stakeholders have (managers, employees, trade unions, and support services including HR, OH, psychological services, and health and safety). Clearly defined roles and responsibilities

at the organisational level are shown to be an essential element in the success of SMIs. Whilst the research points to the role of multiple stakeholders in successful SMIs, management in particular emerged as, arguably, the most important and influential stakeholder determining SMI success; thus, specific attention should be channelled towards leadership and management, as having competent, clear and compassionate leadership seemed to be highly desired for stress reduction in the organisations studied.

Figure 1 summarises the key findings which are presented in Chapter 7, giving a synopsis of the contribution of this thesis to the literature. The figure is illustrative of the themes arising in both cases. The starting point of Figure 1 demonstrates senior management initiative toward starting the implementation of stress management, deciding clear stakeholder roles and accountabilities. This then should encourage several stakeholder inputs; stakeholders vary from organisation to the other, but generally include employees, heads of department and trade unions. Various stakeholder inputs could then be utilised in the design stage. Formative evaluation should take place in between each SMI stage (design, implementation and summative evaluation) because the intervention could fail at any point in the process. Thus, formative evaluation increases the chances of SMI success by early diagnosis. Finally, summative evaluation is also a must, to give stakeholders a chance to reflect on the overall process, enabling them to improve future implementations.

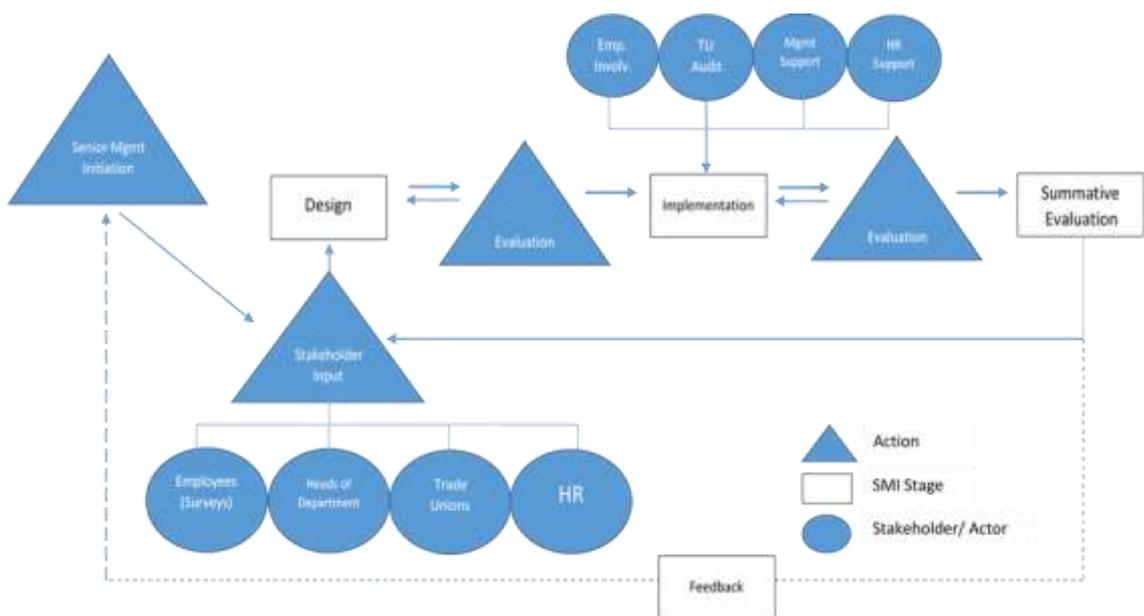


Figure 1

Future research could observe how organisations in different sectors, especially the private sector, would implement SMIs. The extent to which sectors differ or concur could

then be determined. Gaining this knowledge would further equip researchers and practitioners to determine which parts of SMI implementation could be transferred into other departments, organisations or sectors. Also, the role of several stakeholders in SMI implementation has been considered in this thesis. Future research could extract the role of a certain stakeholder, or a group, such as trade unions, to study in depth the role they play in SMI implementation, ensuring that the analysis is sensitive to the context in which the SMIs take place, as its importance is highlighted in this thesis. Trade unions appeared to have an instrumental role in stress management in both the organisations in this study; however, explicit research concentrating on that phenomenon is scarce. Studying stakeholders on their own would provide a much clearer picture of how particular stakeholders influence SMI success/failure. This could then provide organisations with the tools to assign appropriate tasks to suitable stakeholders to raise the probability of successful SMIs.

Chapter 2: Literature review

This thesis argues that the neglect in the examination of the process of SMI implementation has meant that analysis of why and when SMIs work or do not work remains only partial. This chapter sets out to highlight where the literature is lacking evidence and insight into the full SMI process. Different aspects of the SMI process will be scrutinised: these include understanding the different levels of SMIs (primary, secondary and tertiary); the dominance of secondary and tertiary in the literature, illustrating how superficial current literature is when it comes to evaluating each stage of the SMI process (design, implementation and evaluation); and finally highlighting the scarcity of literature around the role of different stakeholders and their importance along the different stages of the SMI process. This will help pave the contribution of this thesis, discussed in the empirical chapters, as it addresses the aforementioned gaps in the literature. To get a better understanding of the theories and definitions behind work-related stress and SMIs, this chapter will start by displaying and synthesising some of the classical literature.

Firstly, classical definitions and theoretical models of stress will be illustrated, placing essential foundations to complement and facilitate the understanding of the remaining sections. Furthermore, understanding how various stakeholders define stress will assist in clarifying why they choose to tackle stress in a certain way. This will then be followed by a section on individual differences in how people experience and perceive stress, clarifying the reasons behind the complexity of understanding and tackling stress in the workplace. The following section will highlight the costs inflicted by stress on both the individual, affecting their psychological and physical health, and the organisation in terms of lost working days and employee turnover, in order to crystallise the importance of tackling stress in organisations and exposing some of the limitations in measuring the cost of stress. SMIs can be classified under three main categories, primary, secondary and tertiary. The effectiveness of each SMI category will be critically discussed along with the research methods used to explore them. Most importantly, the later sections of this chapter identify the variant stakeholder roles in stress management, which are not studied enough in the current literature but appeared to play an instrumental role in the SMIs studied in this thesis, concentrating on contextual factors that are found in both case study sectors, higher education and social housing. Besides being a main stakeholder when it came to tackling stress, management was also found to be a prominent source of stress in

the workplace. Although stress in higher education has received a fair amount of attention in the literature, this thesis will tap into the underexplored social housing/ALMO sector.

Ensuring the success of SMIs has proved to be an important factor of implementation; thus, a section is dedicated to discussing intervention evaluation and its scarcity in the literature in spite of its proven importance in the literature. From there the role of main stakeholders, such as managers and trade unions, in SMI design, development and implementation will be discussed, where especially the role of trade unions is disregarded in the literature. Finally, this chapter will conclude with sector-specific literature, namely stress in academia and in social housing and the third sector, to contextualise the argument for the chosen case studies. This chapter contributes to reflecting the findings of this research (chapters four, five and six), where the results mirror the scarcity of primary interventions, possibly due to the lack of proof of their success and attention to details of intervention implementation in the literature, or the reflection of reality on the literature. The ambiguity of who is in charge of SMI implementation, and to what extent, is particularly manifested in the literature as it is in the results. Finally, the crucial managerial role in SMI implementation extracted from the results is clearly established in the literature, proving its importance.

Definition and Theoretical Models of Stress

One of the reasons why studying stress is particularly challenging is the diverse views on the nature of stress and the different ways in which researchers and practitioners define it (Ganster, 2008; Cooper, 2000). There has been little consensus around the meaning of the term 'stress', and it has been defined in different ways over the years (Michie, 2002; Rees and Redfern, 2000). This can influence the ideology behind how stress should be tackled as clarified later in this thesis. Defining stress and identifying what causes it is thought to aid in successfully managing it (Sutherland and Cooper, 2000). This section will explore the several variations of the perceptions of stress and critically discuss the advantages and shortcomings of each. Limitations of such definitions mainly revolve around the attempts to use examples from the natural sciences and implementing them in social situations. Divisions are also evident in each discipline where stress is investigated from distinctive perspectives (Koolhas et al, 2011). The main discourse between the different definitions and models of stress consists of categorising stress as either a response-based model (dependent variable) or stimulus-based model (independent variable) to start constructing what is really meant by 'stress'. Understanding how individuals, researchers and practitioners view stress and where stress is situated (in the person, the environment or in

the transaction between both) is very important, as it lays the foundations of understanding how stress should be combated.

The definition of stress has changed and developed over the past century: Bliese et al. (2017) look at three eras (1917–1966; 1967–1996; 1997–present) to illustrate this development from a purely physiological and external explanation to a more psychological and cognitive appraisal one. Stimulus-based definitions, which dominate earlier definitions of stress, with central themes such as the engineering approach (Spielberger, 1976), revolve around the identification of the potential sources of stress (stressors). Early stress research borrowed the concept of stress from physics and engineering disciplines, describing the force experienced by an object (Jones, 2001). Definitions of this sort tend to view stress as an external force negatively impinging on the individual, which creates distortion in their wellbeing. This resembles Hooke's spring law, which demonstrates the same belief, where a spring reacts to a force exerted on it by expanding temporarily or by permanently losing its elasticity if the force exceeds its point of elasticity, which is referred to as a tolerance level when referring to individuals.

The fact that stimulus-based definitions of stress stem from physics and engineering disciplines exposes them to criticism when they are applied to social phenomena. They are seen as inadequate as they mainly focus on objective measures of the environment, mostly adopting a positivistic ontological perspective to stress. There is a current movement from concentrating on the physical sources of stress, to the psychosocial effects of jobs, due to the changing nature of work (Foster, 2018). However, it is recognised that viewing stress as an independent variable could be useful when identifying common stressor themes or patterns which have a widespread effect on the workforce (Cooper et al., 2001). This is seen in research resembling the action research of Wall and Clegg (1981) where they found a common stressor which most of the department suffered from; therefore, their diagnosis directed them to address the common stressors aiming to reduce them, which proved to be effective.

Unlike the stimulus-based definitions of stress, response-based definitions mostly neglect the source of stress itself and concentrate on its outcomes or consequences. This particular perspective on stress originates from medicine, mostly looking at stress with a physiological approach and paying greater attention to implicit biological processes (Becker and Menges, 2013). Informed by his medical background, Hans Selye was one of the most influential pioneers of researching stress using the physiological approach, contributing to stress research by illustrating on the body's non-specific response to any

demand made upon it. He introduced stress in terms of the general adaptation syndrome (GAS) framework (Selye, 1956). GAS consists of three stages: the alarm reaction (shock phase), resistance (fight or flight response) and finally the collapse, exhaustion or death. Selye was one of the earliest researchers who realised that stress reactions are not inevitably negative, recognising that some stress is needed for motivation (this is recognised as 'eustress'). However, later research criticised Selye's GAS model as it was found to be inadequate to explain psychosocial stress, compared to stress resulting from physical factors like heat or cold. Selye (1973) purely concentrates on the biological response, which is highly objective, quantitative and biochemical, regardless of the situation that triggers stress, thus neglecting the impact contextual factors may have on the individual. However, several researchers recognised the usefulness of incorporating the physiological perspective in their research on stress (Ganster and Rosen, 2013).

The main difference between Selye's GAS model and the Allostatic Load framework is the realisation that individuals experience a broad range of behavioural and physiological responses to stressors, realising the importance of individual differences (Avey et al., 2009) which are further discussed below. Thus, this definition here implies that the stress is largely determined and influenced by the appraisal of the situation by the individual. It is instrumental to be mindful of individual differences in SMI implementation, which appreciates the value of secondary and tertiary interventions to mitigate for individuals who might evaluate the situations differently. It is generally accepted that stress is a combination of pressure from the environment on the individual and the strain within the person (Michie, 2002), hence stress is perceived as a transaction between the environment and the individual. Transactional definitions recognise that stress resides neither in the individual nor the environment; rather, it is seen as an ongoing process involving individuals transacting with their environments (Adkins and Premeaux, 2019). This highlights the importance of having a holistic approach to stress management to address both structural and individualistic factors of workplace stress.

By analysing the definitions given by two of the most influential organisations when it comes to providing guidelines and impact policies regarding stress and work, the UK Health and Safety Executive (HSE) and the World Health Organisation (WHO), it is apparent that they are based on the transactional model of stress. Due to their national and international influence, their perception of stress is quite important because as stated earlier, the way stress is perceived impacts how it is combated – if at all. The HSE views stress as 'the adverse reaction people have to excessive pressures or other types of demand

placed on them at work' (Hse.gov.uk, 2015). This is an interesting observation because it implies that they view stress as emanating from the individual rather than it being something to which they are exposed. Similarly, the WHO defines stress to be 'the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope' (Who.int, 2015). It is apparent from the definitions that both organisations seem to give stress a 'response-based' definition. This is mainly due to associating it with the reaction or response people have, rather than attributing it to any particular stressors. However, the WHO's characterisation of stress leans more towards a transaction-based definition, which is described in the quote above, as it highlights that the individual's environment plays a role in inflicting the stress. This is done by indicating that individuals react to demands which are too high for them.

Hitherto, several definitions of stress have been highlighted. The definitions tend to fall into three categories, stimulus, response and transaction-based definitions, where stress is mostly attributed to environment/external factors, individual/internal factors or the interaction between both respectively. Definitions tend to generally move from viewing stress as purely embedded in the environment, viewing stress through a positivist/objective lens and using quantitative methods to measure and understand it, to a more subjective view increasingly using qualitative methods to research the phenomenon (Bliese et al., 2017). Viewing stress as a transaction between the environment and the individual, researching it qualitatively and subjectively, seems to be the most convincing method to define and explore stress. As Griffiths (1999) argues, stress in an organisation which is complex and constantly changing cannot be explained and examined using natural science-based positivistic paradigms. Furthermore, later in this chapter, the role of individual differences in studying stress is highlighted. These different reactions to stress further prove that stress cannot merely be manifested in the environment, as different individuals may experience varied reactions to the same stressor.

Similarly to occupational psychology, different disciplines tend to theorise and view stress differently. Human Resource management and work and employment literature tend to highlight and place a strong emphasis on the role of the response of the individual, and that stress is due to the perception of the situation by employees (Finn and Sandell, 1997; Ganster, 2008; Avey et al., 2009; Han et al., 2019). This is of course troublesome, because as a result organisations are encouraged to employ interventions such as improving employee psychological capacity (efficacy, optimism, hope and resilience) to

reduce their perception of stress (Avey et al. 2009), rather than dealing with the source of stress. However, some HRM scholars, such as Fila et al. (2017), recognise that work stress consists of having to manage demands from the workplace without sufficient control/autonomy and support from the organisation.

On the other hand, literature focused on industrial (IR) and employee (ER) relations tends to give more attention to the working conditions that might be causing the stress (Askenazy and Caroli, 2010). Human resource management (HRM) and organisational practices, such as job design and employee participation, are more likely to be scrutinised in such journals (Deery, 2002; Guest, 2002). In contrast with HRM literature, it is clear that the research published in IR and ER is more centred around determining the source of stress, doing so while collating evidence which allows an alignment of blame and identification in terms of where the stress stems from.

The different theoretical models of stress which have been developed based on pre-existing beliefs of where stress is manifested (stimulus, response or transaction) (Papathanasiou et al., 2014) attempt to explain the stress process from several perspectives regarding where stress originates, thus shedding light on how it should be tackled. Just as was demonstrated in the section above on the variable definitions of stress, belief in certain theoretical models of stress, by both researchers and managers in organisations, can substantially influence how stress is viewed, understood and tackled. This will then help the reader understand the relevance of the role which different theoretical models have on researchers, employees, organisations and policymakers, and the different consequences of each when implemented. This will assist in unravelling the logic behind why certain interventions were chosen and implemented in the case studies of this thesis. Some of the most prominent theoretical models of stress include MacGrath's (1976) stress cycle model, the person–environment fit approach (Adkins and Premeaux, 2019), Karasek's job demands–control model (Fila et al., 2017; Karasek, 1979), the general systems approach of Cox and McKay (1981), and the cybernetic model (Adkins and Premeaux, 2019; Cummings and Cooper, 1979). Understanding the stress process, how stress is defined and its nature have proved to improve the ability of the organisation to consider a wider range of changes to organisational processes (Grawitch et al., 2015). Understanding the ideological stances behind the different models thus gives the stakeholders in charge of implementing SMIs a better foundation on which to base their choices.

These theoretical models of stress and stressors are some of the most influential ones which explain the means by which each type of stress is caused, and how it is experienced by the individual. Each model carries a unique view of where stress comes from, how it is experienced by the individual and how it applies to the workplace setting. For example, Karasek's job demands-control model shows that stress or mental strain result from the interaction of job demands and job latitude (Fila et al., 2017; Karasek, 1979), which reflects a transactional understanding of stress as explained above. Karasek associates stress with the combination of low decision latitude or autonomy and heavy job demands. This has further been developed to include 'support' from the organisation to meet the demands from the work environment (Fila et al., 2017; Koolhas et al. 2011). Contrastingly, he also looks at how high decision latitude could be found to be stressful if the individual does not practice this autonomy. His research is distinct from others' on job decision latitude, due to his discussion and inclusion of job demands in his theory (Karasek, 1979). Witte et al. (2007) tested Karasek's theory and found that job satisfaction was low when job strain (high demands–low control) was high. However, Karasek fails to address the role that individual differences play in this theory, where some individuals might view more autonomy or increased decision latitude as a threat or a stressor (Becker and Menges, 2013).

Carefully defining stress is crucial as it forms the basis for how stress is perceived and tackled (or nurtured). Dewe and O'Driscoll (2002) highlight the fact that what management/the organisation understand by stress and the extent to which they think that their organisation has a responsibility to address stress-related problems have a great effect on which interventions are implemented. Their research emphasises that most managers view stress as something that individuals should cope with rather than organisations should manage, which implies that management in this case may view stress as response-based. This is an example of viewing stress as something that is manifested in the individual (response-based definition), where management with a similar belief would tend to favour implementing secondary interventions which are aimed at the individual. Le Fevere et al. (2006) also favour secondary interventions due to their strong emphasis on individual differences in interpreting the same situation. Dewe and O'Driscoll (2002) conclude by advising managers to think of stress in transactional terms, in order to encourage organisational interventions as well as ones aimed at the individual, as stress resides solely in neither.

If organisations believe solely in stimulus-based definitions of stress, they will be most interested in addressing stressors only, neglecting any individual differences in reacting to ‘stressors’. Such organisations will be closely drawn to implementing primary, organisational focused interventions only. On the other hand, if stress is primarily looked at from a response-based perspective, much emphasis will be placed on the individual’s appraisal of the situation, thus employing mostly secondary or tertiary interventions but leaving the stressor unaddressed. Equally important as understanding the definition of stress, theoretical models of stress help with understanding the sources of stress and how they are to be tackled, particularly concentrating on the transactional model, which highlights the importance of considering individual differences. However, these definitions and theoretical models tend to exclude the organisational contexts where work is performed (Dextras-Gathier and Marchand, 2018). The following section explores in detail the aspects in which individual differences occur, which are a large determinant of transactional stress models.

Individual Differences

Individual differences are another aspect which adds further complexity to the researching of stress (Michie, 2002; Penney et al., 2011). This relates most closely to the transactional model because different people find different events stressful, based on their appraisal of the situation or stressor (Johnstone and Feeney, 2015). One thing that proves that individuals react differently to stress is the fact that, in response to the same stressful situation, one individual might lean towards alcoholism while another might develop hypertension or onset diabetes (Quick and Quick, 1984), or not find the situation stressful at all. Scientists such as Selye have identified that people are faced with two main categories of conditioning factors: these are either internal (past experiences, age, sex and personality) or external (diet, climate, drugs and social setting) (Piszczek and Berg, 2019; Quick and Quick, 1984). Individuals’ situation appraisals and wellbeing (Robertson and Cooper, 2011) may be influenced by the following internal conditionings or personality traits and characteristics: the extent of having type ‘A’ behaviour personality traits (TABP), negative affectivity (NA), self-esteem and self-efficacy, optimism, and locus of control (LOC) (Penny et al., 2011; Wainwright and Calnan, 2002).

Not only do different personality traits affect the individual’s appraisal of the situation, but they also determine which stressors the individual is most vulnerable to and even their choice of coping mechanisms thereafter (Cooper et al., 2001). Referring back to Karasek’s demand–control model, it is understandable that individuals showing high

TABP will also find it quite stressful if they are not given the opportunity to thrive by receiving suitable demand levels. Contrastingly, the same job characteristics which stress a type A individual might be optimal for an individual who finds high control and responsibility quite stressful.

Individuals who have high NA perceive and report the environment to have a high level of stressors are more sensitive to the impact of stressors, thus exhibiting a heightened response (Penney et al., 2011). Thus, if a research or audit is being carried out where individuals with such traits are present, they would understandably skew the results, implying that the organisation is more 'stressful' than it actually is. This is mainly because individuals with high NA tend to perceive stressors more intensely than their colleagues, portraying a potentially average workplace as being very stressful, which reflects the importance of providing tertiary SMI services in the workplace to cater for employees who still suffer even after addressing the stressor to an extent. On the other hand, individuals who show traits of 'hardiness' seem to be more resilient to the effect which stressors may have on them, thus undermining the amount of stress which their counterparts may experience, and possibly inhibiting relevant, needed interventions from being implemented.

A key finding from this strand of research is that one of the most prominent challenges that stress researchers face is in understanding and analysing individual differences. As every person interprets and appraises stressful situations differently, it is difficult to assess how stressful an organisation or department is. Furthermore, as stated above, because different individuals have different preferences about coping mechanisms and interventions which are optimum to their needs (Cooper et al., 2001), it is therefore difficult to implement organisation-wide SMIs which are universally effective throughout the organisation or the department (Reynolds, 1997). This is one of the reasons why organisations are advised to provide a mix of stress interventions, covering several intervention levels (primary, secondary and tertiary), making prior assessments as to what to implement, to cater to most of the organisation's population (Hargrove et al., 2011). The choice and implementation of different SMIs will be discussed in more detail in later sections. It is very important for organisations to implement the appropriate SMIs, to avoid the costs which stress imposes on the individual, organisation and society, by providing several channels to tackle stress; this was found in the case studies especially when some individuals were suffering from non-work-related stress, thus were even more affected by work stressors. These costs will be discussed in the following sections.

Costs of Stress

This section will look at the costs which are imposed by work-related stress on different stakeholders. The cost of stress has become more evident, which explains the exponential increase in the research on stress in the past few decades (Richardson et al., 2008). These costs and consequences can be experienced by the individual, organisation or even more widely by society and the national economy (Cartwright and Cooper, 1997; Johnson et al., 2019; Nixon et al. 2011; Quick and Quick, 1984; Spencer, 2009). The Health and Safety Executive's (HSE) Report on stress-related and psychological disorders in Great Britain from the Labour Force Survey (LFS) indicates that in the total number of cases of work-related stress, depression or anxiety represented 40 per cent of the cases for all work-related stress, causing a total of 12.5 million days lost in 2013/14 nationally (Health and Safety Executive (HSE), 2017). There is also a further estimated cost to the economy of 100 billion pounds a year in out-of-work benefits and long-term labour market absence (Department for Work and Pensions and Department of Health, 2017). Firstly, the potential costs imposed by stress on the individual will be discussed. This will then be followed by reviewing the costs for organisations, and finally, how these costs are reflected nationally.

Stress was referred to as the 'Black Plague of the eighties' (Cooper and Cartwright, 1994:456) due to its detrimental effect on the individual experiencing it. Even as early as the 1920s and 1930s, the relationship between stress and several health issues (including behavioural, psychological and medical/physiological) had been established through many years of research (Cartwright and Cooper, 1997; Clarke and Cooper, 2000; Cooper and Cartwright, 1994; Cox 1993; Quick, 1984; Selye, 1956; Williams and Cooper, 2002). Stress is still viewed as a costly element for both organisations and individuals (Mariappanadar, 2014). Avey et al (2009) highlight the fact that work is found to be the most significant source of stress by Americans, acting as a contributing factor in the leading causes of death in the US and higher healthcare expenditure. This is a clear cost to the state of nearly three hundred billion dollars annually to organisations, through lost working days, lower productivity and stress reduction treatments, and most importantly to the health of employees (Fila et al., 2011). It has been found that employees who suffer from chronic work stress are more than twice as likely to suffer from the metabolic syndrome which causes abdominal obesity, high blood pressure and insulin resistance (Chandola et al., 2006).

Some of the consequences individuals face as a result of excessive exposure to stress include, as stated above, behavioural consequences (e.g. smoking, alcohol and drug abuse, violence and appetite disorders), psychological consequences (e.g. family problems, sleep disturbances and depression), and medical or physiological consequences which range from headaches and ulcers to more serious conditions like heart disease, strokes and even cancer (Ganster, 2008; Michie, 2002; Quick, 1984). However, although several studies attempt to prove the link between stress and human ill health, it is still debated in the literature due to the difficulty of determining direct causal links between stress and different diseases. This is mainly attributed to the presence of numerous variants in the environment and individual differences which may influence individuals' health, including individual differences.

In extremities, stress can even cause death. 'Karoshi' is a socio-medical term which originated in Japan in the 1980s, which literally translates into 'death from overwork and stress'; this phenomenon is prominent in Eastern Asian countries, especially Japan (Kanai, 2008; Shan et al., 2017). Karoshi statistics reflect the high level of stress amongst employees, affecting both their psychological and physiological wellbeing (Kondo and Oh, 2010). Although Karoshi is an extreme example of costs that overwork and stress impose on employees, this is a good illustration of the impact of working conditions on employees. Individual costs imposed on employees experiencing stressful and poor working conditions, such as the examples stated above, then translate into a wide array of organisational costs. These costs will be elaborated in the coming section.

Although many critics use the lack of legitimacy of the causal links as an argument against the condemnation of stress for being responsible for ill-health, many employees believe that stress plays a big role in determining their wellbeing (Adkins and Premeaux, 2019). This perception in itself affects employees' productivity and commitment to work, when they perceive that their workplace is causing them health consequences. This sheds light on how work-related stress can have a negative knock-on effect on the organisation as well as the employee. As the HSE statistics above illustrate, one of the main consequences organisations face due to work-related stress is lost working days. In addition to this, other commercial costs include litigation expenses occurring from legal claims against them by 'injured' employees; referring back to the example above, Karoshi lawsuits also include cases with permanent disability as well as deaths (Iwasaki et al., 2006)

Organisations in return face the costly procedure of staff replacement due to high labour turnover when employees are incapable of working due to ill health; furthermore, if the

employees do stay, it increases the chances of accidents at work and ‘presenteeism’, which is also costly (Williams and Cooper, 2002) as employees are not being productive although they are physically present and not working to their full potential (Roslender et al., 2015). Their physical presence is a false indication of their productivity, which is problematic as it is only diagnosed at later stages. Although costs have detrimental effects on organisations, some fail to act on them without the evidence that a real problem exists, that can be translated into hard financial costs; only if organisations are presented with revealing evidence will they invest more time and resources in managing the effects of stress (Williams and Cooper, 2002).

This section presented the costs which stress can incur on different stakeholders, including employees, the organisation and the nation as a whole (Adkins and Premeaux, 2019; Chandola et al., 2006; Kondo and Oh, 2010; Ganster, 2008; Mariappanadar, 2014); this shows the importance of taking into consideration the viewpoints of different stakeholders in the fieldwork. It also highlighted the importance of organisations recognising the costs which stress imposes, in order to take an active initiative to combat stress (Fila et al., 2011). However, most organisations tend to focus on providing employees with resources to help them cope with stress rather than reducing workplace stressors (Avey et al, 2009; Cooper and Cartwright, 1994). This is further discussed later when SMIs – primary, secondary and tertiary – are discussed and compared for their effectiveness versus their popularity amongst organisations. Clarke and Cooper (2000) suggest that organisations should run stress risk assessments to minimise the possible costs presented.

Employers have tended not to employ risk management to assess and evaluate risk associated with workplace stress compared to physical hazards; however, employees are becoming increasingly aware of the need to assess risk posed by workplace stress (Clarke and Cooper, 2000) which could be due to the growing role of trade unions in raising awareness on the topic (TUC, 2018). Clarke and Cooper (2000) highlight the importance of quantifying stress and the risk it imposes on the organisation, by identifying high risk stressors (Roslender et al., 2015; Williams and Cooper, 2002) . It is believed that only then, when organisations produce some tangible evidence, will they be motivated to tackle occupational stressors to lower the uncovered risks which are causing detrimental effects on the organisation and its employees. This then could serve as a valid initiator for organisations to design and implement appropriate SMIs. The following section

explores the several SMI types that can aid organisations in reducing the costs incurred by stress.

Stress Management Interventions

The preceding material set the foundation for understanding the nature of stress and how it is viewed in the literature through the lens of different theoretical models, and the importance of tackling work-related stressors due to the costs they impose on individuals, the organisation and society. It has been recognised that there is a significant amount of literature regarding what causes stress (e.g.; Bhui et al., 2016; Cartwright and Cooper, 1997;; Gordon and Schnall, 2017; Nixon et al., 2011; Richardson and Rothstein, 2008; Seyle, 1956; Wilberforce et al., 2012), making much known about external factors that contribute to workplace stress; however, studies on SMIs, their design, implementation process and evaluation, are less common. Attention has been especially directed towards concentrating on contextual factors which may affect the intervention and its outcomes (Biron, 2012), where research is encouraging for interventions to be tailored to the organisation or department. There has also been a realisation that there is a need for carefully analysing and documenting the SMI process, recording both successes and failures and noting, as mentioned, contextual factors, to enable its reimplementation in appropriate contexts (Grawitch et al., 2015).

SMIs are defined as ‘anything that has the potential to impact upon the work and wellbeing of employees (Cox et al, 2002:56). There are several ways in which SMIs can be classified. SMIs can be classified in terms of objectives and strategies, the intervention’s focus or target, and the agent through which the intervention/programme is carried out (Bhui et al., 2012; Holman et al., 2018; Jacobs et al., 2017; Newman and Beehr, 1979). Expanding on that, particularly regarding the interventions’ target, interventions can be classified as primary (aimed at eliminating the stressors), secondary (focused on changing the individual’s reactions) or tertiary (aimed at treating individuals who have developed strain reactions); this classification is referred to as the Public Health Model (Bhui et al., 2012; Cooper et al., 2001; Cox, 1990; Kelloway et al., 2010; Kompier et al., 2000; Tetrick and Quick, 2003).

It is evident from the literature that classifying interventions into definite categories is not an easy task. Besides the several categories which interventions could be divided into, researchers tend to use the same terms to explain different ideas or theories. For example, in the quote above by Kelloway et al. (2010), the word ‘preventative’ is used to describe

interventions which aim at the stressor, eliminating stress from the source. However, we find authors like Quick and Quick (1984) using the same word in their book, even when describing interventions which are aimed at the individual's symptoms of stress. Furthermore, it is evident that they use the word 'prevention' interchangeably with the word 'intervention', labelling symptom-directed interventions as tertiary 'prevention'. Cox (1993) points this out and contrasts Quick and Quick (1984) and Cox, Leather and Cox (1990), who refer only to the first level (primary) as prevention, distinguishing it from secondary and tertiary interventions, or in other words 'reaction and rehabilitation' (Cox 1993:64).

Another example of intervention classification ambiguity is demonstrated by Newman and Beehr (1979). They introduce a three-dimensional matrix which incorporates the 'nature of the response', its 'primary target' and who carries out the 'adaptive response' or the intervention. The authors repeatedly state in several examples that most of the activities/strategies could fit into more than one category, again confirming the complexity of assigning various strategies to the proposed categories. A good example of this would be interventions that are considered both curative and preventative. More recent literature share, both, similarities and differences with Newman and Beehr's (1979) SMI classification system. Bhui et al. (2016) use the same terminology as Quick and Quick, labelling all interventions as 'preventative' primary, secondary and tertiary levels. The authors also suggest that some interventions can target both the individual and the organisation. This aligns with Newman and Beheer on the complexity of SMIs falling into multiple categories. Montgomery and Rupp (2005) dichotomise the, originally tri-level SMIs into either, problem-focused coping or emotion-focused coping. The former represents problem-solving strategies of diagnosing the problem and comparing alternative solutions in terms of cost and benefits, which to an extent translates to primary interventions, while the latter consists of teaching individuals to modify their emotions and perspective when the environment cannot be changed, representing secondary and tertiary interventions.

Van der Klink et al.(2001) categorise SMIs according to their focus (individual or organisational), content, method and duration. The authors further categorise interventions into four types, cognitive-behavioural, relaxation techniques, multimodal interventions and organisation-focused. Although it is more specific it can add a layer of complexity while categorising SMIs as there is a risk of intersectionality and it is also to an extent limiting in case interventions emerge outside the prescribed categories. Finally

SIMs have also been dichotomised into red cape and green cape interventions according to Tetrick and Winslow (2015). Red cape interventions label the ones designed to stop negative experiences, opposed to green cape interventions which aim to enhance job resources such as job control, which are considered as primary interventions by others (Newman and Beehr, 1979; Van der Klink et al. , 2001).

Kelloway et al. (2010) put forward a conceptual argument for the effect that leadership has on employee wellbeing, thus advocating leadership development to enhance employee wellbeing. Interventions aimed at leaders, therefore, can be considered both primary and secondary (preventative or curative) interventions depending on the ‘primary target’ mentioned by Newman and Beehr (1979). This brings the discussion back to theoretical models of stress, where on this occasion the intervention is aimed at the stressor or organisational structure, rather than the individual. In this case, if the primary target of a particular intervention – meditation for example – is the leader, it would be considered as a secondary intervention towards the leader. However, if the primary target is the leader’s subordinates, then it would be considered as a primary/preventative measure towards them. Therefore, it is important to carefully assess each intervention individually, considering who the ‘doer’ and the ‘target’ are, and what the actual ‘adaptive action’ is, to be able to classify it as accurately as possible (Newman and Beehr, 1979). This research explores through the case studies how different organisations classify the interventions they implement.

This example of the differences between different scholars and their different classifications of interventions/strategies, illustrates a wider problem faced in this research area of work and stress. This is mainly problematic because the differences makes comparing studies more challenging due to the heterogeneity of language/term usage alongside other factors, including methodological, contextual and individual differences, which will be further discussed in the thesis. The challenges of heterogeneous assumptions, language and classifications within the SMI literature and practice have been recognised in a number of influential studies, including a Health and Safety Executive (HSE) report (1993), written by Tom Cox, a professor of occupational health psychology and management. Cox recognises the complexity of the categorisation of interventions, synthesising two different papers to create a matrix which tries to represent most SIMs in its cells, demonstrating the earlier discussion of categorising interventions. In contrast to many more recent studies which oversimplify interventions as either ‘primary’, ‘secondary’ or ‘tertiary’, Cox makes the crucial point that interventions could

relate to different categories, depending on who the SMIs are targeting, either the organisation or individuals. This information in Table 1 will be used as a reference point throughout the following sections, to try to categorize the different SMIs being discussed. It is worth considering that this particular debate revolving around the categorisation of interventions was made twenty years ago. However, the same issue is still discussed by authors such as Kelloway et al. (2010) mentioned above, as they point out the ambiguity of classifying leadership interventions.

Many examples of literature on SMIs fail to categorise in enough detail the interventions researched. Table 1 attempts to address this gap. While some studies categorise interventions based on either the intervention's target individual or organisational interventions (for example, Jenny et al., 2014), or classify them according to the intervention's level being primary, secondary or tertiary, with primary usually targeting the organisation, and secondary and tertiary aiming at the individual (for example, Grawitch et al, 2015), some studies do not categorise their SMIs altogether (for example Dane and Bummel, 2003). Rarely do studies classify SMIs both in terms of intervention level and intervention target together. Even when interventions are classified according to target and level, they tend to only look at primary interventions aiming at either target (Jenny et al., 2014). Therefore, Table 1 is instrumental regarding the careful classification of SMIs, as it provides specific definitions of each matrix box.

	Individual Quick, Murphy, Hurrell and Orman, (1992)	Organisational Cox, Leather and Cox (1990)
Primary	To reduce the risk factor or change the nature of the stressor	To remove the hazard or reduce employees' exposure or its impact on them
Secondary	To alter the ways in which individuals respond to the risks and stressors	To improve the organisation's ability to recognise and deal with stress related problems as they arise
Tertiary	To heal those who have been traumatized or distressed at work	To help employees cope with and recover from problems at work

Table 1 Cox (1993: 65)

Table 1 illustrates the different SMI categories that have been identified, either aiming at the individual or the organisation. Some of these categories could be further dichotomised into either preventative or reactive interventions. A popular discourse which is associated with intervention research is whether preventing stress is better than curing it. Several sources state that primary, organisationally-focused (preventative) interventions are conceptually advocated in theoretical discourses as being beneficial for more employees and having a positive impact on both organisational and individual outcomes (Caufield et al., 2004; Kelloway et al., 2008; La Montagne et al. 2007; Murphy and Sauter, 2003). However, it has been argued that they are less appealing than secondary and tertiary, individually-focused interventions, because they are costly and disruptive (Hurrell and Murphy, 1996).

The insufficient empirical evidence which supports stressor reduction further inhibits the primary organisationally-focused interventions from being appealing to organisations (Kelloway et al., 2008; Murphy and Sauter, 2003). Moreover, with HRM and organisations predominantly perceiving that stress is situated in employee perceptions as stated above (Avey et al., 2009; Finn and Sandell, 1997; Ganster, 2008; Han et al., 2019), this does not foster the implementation of organisationally-focused interventions. This lack of empirical justification could be attributed to the methodological limitations of primary intervention research; the limitations are mainly concerned with the research design and their link to theoretical models, individual and contextual differences and stakeholder involvement (Kelloway et al., 2008; Nytro et al., 2000). Some systematic reviews showed that although interventions targeted at the individual, does indeed show larger effects on individual outcomes there was no proof of them improving important organisational outcomes, such as absenteeism (Bhui et al., 2016). On the other hand, some studies are recognising the benefits of primary organisationally-focused interventions. Pignata et al. (2018) recognise the need for more evaluative research for primary/organisational SMIs. The authors, however found SMIs which target the organisation effective in the universities they surveyed. Participants from Havermans et al. (2018) recognised the importance of implementing primary SMIs, such as management training regarding communication around mental health and decreasing workloads. Besides improving employee wellbeing, organisational SMIs are predicted to save the organisation and society money, if effectively implemented (Jacobs et al., 2018)

As research on primary interventions is evidently weak empirically, it is faced with criticism, which pushes practitioners and academics to lean towards more reactive

interventions. Moreover, most attempts to tackle stress in the workplace are usually directed towards the individual, because changing the organisation implies changing a complex social system, which is often met with high resistance (Semmer, 2003). This is reflected in the reality of the case studies in this thesis, where primary interventions were scarce and often not clear enough, due to the gradual nature of implementing them and reaping results. It could be true that targeting individuals via secondary and tertiary interventions might be less disruptive of the organisations' structure and routine, in the short run; however, not many studies examine the effectiveness of primary interventions in the long run and the effect they have on the employees' daily routine and productivity (Semmer, 2003). The following sections will explore the methodologies used to study every intervention level, outlining the advantages and disadvantages of each. Furthermore, the sections will illustrate the underlying reasons behind the strong advocacy for secondary and tertiary interventions over preventative methods. This will be done by critically reviewing several papers at each intervention level and assessing their methodologies for testing the effectiveness of each. The upcoming sections will look at the effectiveness, advantages and obstacles of each intervention level (primary, secondary or tertiary) and their different targets (individual or organisation), mainly following the model set out in Table 1. The section further explores how to address the lack of evaluative literature on interventions and examine the importance of evaluative studies.

Primary Interventions

Stress is known to have multiple origins. However, it tends to be mostly related to job factors or aspects of the work environment rather than personal or biographical factors (although they still play an important role), implying that job construction, constitution and management play a primary role in how healthy the workplace is (Caufield et al., 2004). Therefore, some have argued that it makes sense to advocate primary interventions that are organisationally focused, that directly target and tackle work-related stressors. Paradoxically, a great proportion of the literature either advocates otherwise or illuminates the fact that interventions have been primarily 'Band-Aid' approaches, which focus mainly on individual-oriented techniques (Caufield et al., 2004; Murphy and Sauter, 2003).

Briner and Reynolds (1999) are some of the authors who strongly criticise and oppose organisational-level interventions. They criticise any conclusions that prove the effectiveness of preventative, occupational-level interventions because they are based on 'moral and strategic reasoning than on empirical data' (Briner and Reynolds, 1999:648),

thus undermining the rigor of such inferences. However, at the same time they deny that their criticism of organisational level interventions means that individual-level interventions are more effective; furthermore, they give no 'successful' alternative to tackling stress in the workplace. Briner and Reynolds (1999) associate the failure of preventative measures regarding psychological conditions compared to physical conditions, to the large number of moderating and mediating variables which are involved, thus making it difficult to pinpoint the main stressor, enabling its reduction or elimination. Moreover organisational primary interventions tend to appear ineffective because they do not solely target dysfunctional workers, thus they miss presenting meaningful change in outcome variables due to their preventative nature (Bunce and Stephenson, 2000).

On the other hand, when we look at studies like Wall and Clegg (1981), they demonstrated an example of a rigorous diagnosis stage, consisting of observing the workplace, administering questionnaires to obtain pre-change measures and interviewing participants to further understand the problem/stressor. Such diagnosis has been advised by several papers to increase the success rates of interventions (Bhui et al., 2016; Dewe and O'Driscoll, 2002; Fridrich et al., 2015; Wilberforce et al., 2014). This crucial stage identified the main problem areas and deficiencies in the department, which were the lack of group autonomy, group feedback and group work identity. Most importantly, to address Briner and Reynolds' (1999) claim, after changes to the workplace were accordingly designed for these particular problem areas, the interventions produced the intended effects, improving 'internal work motivation, general job satisfaction, mental health, performance and labour retention' (Wall and Clegg, 1981:47). The absence of successful papers such as Wall and Clegg's (1981) from Briner and Reynolds (1999) demonstrates bias rather than a critical, holistic assessment of interventions. Jenny et al. (2014) highlight the fact that successful primary intervention is exhausting as it requires perseverance and strong coalitions with stakeholders and participants, constant fine tuning, and support and training. This then can lead the SMI to provide support for the broader workforce and not only to the ones who suffer, which benefits the organisation as employees might choose to disclose their need for help.

Primary interventions have received some positive research, although scarce, which reports their effectiveness. There have been a number of research studies on successful participatory action research (PAR), looked at by McViar et al. (2013), which is considered a primary intervention. This paper is particularly encouraging as it elucidates the characteristics of successful PAR interventions, to increase the chance of successful

research in the future. These characteristics shape some recommendations for future research which include avoiding overambitious study aims, giving enough time for employees to engage (typically more than twelve months), limiting the intervention to small organisations or units within larger organisations with up to a hundred participants, and finally aiming at specific but important problems which are identified when diagnosing the source of stress. This realistic evaluation of how and why certain PAR research has been successful is potentially useful for future research, giving SMIs tools to increase their chance of succeeding. Realistic evaluation consists of theoretically driven evaluation of social programmes (Pawson and Tilley, 1997). Pawson and Tilley (1997) demonstrate ‘the realist evaluation cycle’ which basically entails theory of which hypotheses are built, testing and observing the results to alter and design programme specifications, once again constructing theory. The main aim of realistic evaluation is to find out and understand what might work for whom, under which circumstances, in order to develop transferable and cumulative lessons from research (Pawson and Tilley, 1997). This is particularly important in intervention studies to test the effectiveness of certain interventions and ensure that they are suitable for the targeted population who are facing certain circumstances, also considering different organisational contexts/features.

Much primary intervention research is usually omitted from meta-analyses due to their tendency to attract weak methodologies. Pawson (2006) rejects the logic of discarding ‘bad’ research as it can yield ‘good’ evidence, which could go unnoticed and wasted otherwise. Although already discussed regarding evidence-based policies, Pawson et al.’s (2011) paper could be adopted for SMI implementation, based on evidence. The paper states that evidence-based policies face a predicament, due to the ambiguity of the number of propositions which are well supported (where primary interventions tend to fall short). The authors emphasise that evidence-based policies are not as clear cut as they seem, due to the presence of the ‘known unknowns’ and the ‘unknown unknowns’; thus, primary SMIs should not be dismissed due to the lack of known evidence. Moreover, it is rightly pointed out by Nytro et al. (2000) that it is equally important to publish unsuccessful interventions which report negative or no effects, as this will further help promote more successful change in organisations when experts learn from previous mistakes, economising time going through trial and error. These unsuccessful interventions could again be detected and better understood by realistic evaluation, in order to thoroughly and efficiently tackle any shortcomings; thus, this thesis collected retrospective evaluations of the implemented interventions to review what worked and otherwise.

This section looked at primary interventions and the main criticisms that are faced by research in this area. Although there is not an abundance of empirically driven successful primary interventions, the examples above show that there is some indication that primary interventions could indeed have a positive impact on the employees and the organisation, and should not be dismissed as some authors may suggest (for example, Briner and Reynolds, 1999; Jenny et al, 2014; Grawitch et al, 2015; Reynolds, 1997).

Secondary Interventions

Many papers label secondary interventions as the most popular and the most effective SMIs (for example, Reynolds, 1997; Richardson and Rothstein, 2008). This is mainly because interventions of that sort yield, relatively, measurable and short-term results (Briner and Reynolds, 1999; Richardson and Rothstein, 2008). Secondary interventions are aimed at the individual and aim to alter the ways in which individuals respond to the risks and stressors they face, mainly focusing on changing the individual's reaction, to prevent negative health consequences and to improve their quality of life (Kelloway et al., 2010; Quillian-Wolver and Wolver, 2003). These include cognitive behavioural therapy (CBT) which focuses on altering the employee's perception and reaction to any stressor, helping them gain control of their emotions, thus helping mitigate any individual differences amongst employees, helping them change their perspective and thought-processes regarding stressors. However, some action must be taken to address the stressor to increase the chances of secondary interventions' success.

Bond and Bunce (2000) look at and compare acceptance and commitment therapy (ACT), which is an emotion-focused SMI which improves the individual's ability to cope with workplace strain (Bond and Bunce, 2000), with, contrastingly, an innovation and promotion programme (IPP), a problem-focused intervention which encourages employees to innovatively identify and alleviate stressors. It was found that both interventions significantly improved the participants' mental health. Reynolds (1997) points out that, in addition to the positive results, ACT and IPP are also relatively easy to implement, also yielding results in a shorter time span compared to implementing organisational interventions. This brings us back to justifying the popularity of secondary interventions compared to the primary, organisationally focused counterparts. Another commonly evaluated secondary intervention is the implementation of stress management training which aims to increase awareness amongst employees regarding the impacts of stress and developing a range of techniques and skills to cope with work demands; this

intervention has proved to improve short-term psychosomatic symptoms experienced by employees (Ganster, 2008; Reynolds, 1997).

Organisations may believe that they are fortifying their employees against work stress by putting them through CBT training sessions or investing in mindfulness training; mindfulness is defined as ‘the state of consciousness in which attention is focused on present moment phenomena occurring both internally and externally’ (Dane, 2011:1000 cited in Dane and Brummel, 2013). Several secondary SMIs like mindfulness training prove to have desirable outcomes, such as positive relationships with job performance and negative ones with turnover intention (Dane and Brummel, 2013). However, although employees gain the knowledge of coping skills, Cheng et al. (2012) correctly imply that these skills alone are like a hammer in the hands of a child, when not accompanied by the knowledge of how to use it. Cheng et al. (2012) empirically prove the importance of using coping flexibility as a meta-skill, by conducting an experiment which compares individuals who are exposed to a coping flexibility intervention or cognitive behavioural intervention, with a control group. It was proved that the desirable changes extracted from those who attended the CBT interventions were weak and short-lived, compared to the results found in the individuals who attended the coping flexibility interventions (Lloyd et al., 2015).

This indeed demonstrates that secondary interventions potentially do have a positive impact, in this case by decreasing individuals’ depression levels. However, one must not take these positive results at face value and must critically assess the measuring criteria of success in each experimental research. Referring again to the Cheng et al. (2012) paper, the authors mainly evaluate the success of their interventions by looking at their effect on the individuals’ depression levels. They justifiably use this particular measure isomorphically to previous similar research to facilitate comparability. However, they fail to mention other aspects that could very much be affected, either positively or negatively. Another crucial weakness in this particular paper is that their measurement of coping flexibility is solely based on a questionnaire which assesses flexible strategy employment by the individual in virtual situations; however, no observation was carried out to examine if the individual’s responses mirrored how they would actually react in real-life situations. These weaknesses flag concerns with the results’ legitimacy, which are used to advocate and promote secondary interventions as such.

Secondary intervention advocates commonly denigrate preventative measures due to the lack of empirical evidence, which is more evident in secondary research. However, as is

apparent from the section above, the bases on which secondary intervention research are evaluated are questionable. Furthermore, whenever primary interventions are compared to secondary and tertiary, especially in meta-analyses such as Richardson and Rothstein (2008), they appear to be less effective, because in many cases the percentage of primary intervention studies which are included is very low compared to the other two orders of interventions. This exclusion is mainly due to primary interventions not meeting the 'Gold Standard' inclusion criteria in terms of the evidence hierarchy, which means that the study has to be a controlled experimental evaluation which randomly assigns participants to treatment, and controls and reports sample sizes, means and standard deviations (Richardson and Rothstein, 2008). As primary intervention research is more difficult to design, implement and report according to these standards, this evidently skews the results, showing that primary interventions are ineffective due to their scarce inclusion in analyses.

This section presented the popularity of secondary interventions in research and practice. However, this section also highlighted the extent to which secondary interventions are sometimes treated as 'off-the-shelf' solutions, completely neglecting the source of the stress. It is also evident that secondary interventions are methodologically easier to study, which is why there is empirically more data to prove its effectiveness compared to primary interventions. Although secondary interventions are indeed 'more effective', empirically at least, than primary interventions, the mistake that most critics make is to completely disregard primary interventions. Hargrove et al. (2011) correctly point out that, in order to create resilient and healthy individuals, secondary SMIs should complement rather than replace primary interventions completely. Current research lacks this approach of testing the effect of different interventions together, rather than striving to prove an intervention to be better than the other, due to the complex nature provided by multiple variables affecting the outcomes. The next section will look at the final level of interventions, tertiary interventions, which tend to constitute interventions attempting to treat the symptoms which employees experience, tertiary interventions were quite evident in the case studies presented in this thesis.

Tertiary Interventions

Tertiary interventions are aimed mainly at the individual to treat the symptoms (Sutherland and Cooper, 2000; Stranks, 2005) which employees suffer from due to organisational stress, usually with the help of qualified mental health professionals and behavioural science. Furthermore, they are not solely limited to addressing work-related

stress, but stress that the individual is facing in general which might be a result of personal stressors. Many of the SMIs mentioned above take time to implement and yield their benefits; thus, tertiary interventions are needed ‘to catch the people that fall through the net’ (Sutherland and Cooper, 2000), to prevent them from falling victim to stress. Employee assistance programmes (EAPs) and counselling, social support and career sabbaticals are some examples of tertiary interventions (Berridge and Cooper, 1993; Reynolds and Briner, 1994; Richardson and Rothstein, 2008; Sutherland and Cooper, 2000). Programmes as such are aimed at troubled employees, who are usually dysfunctional at work and who historically could have been fired by the organisation (Berridge and Cooper, 1993).

Indicators of EAP success revolve around ‘the percentage of employees using the service, percentage returning to work after the treatment and the cost-savings to the company’ (Reynolds and Briner, 1994:84). However, EAPs are faced with the same criticism that primary intervention research faces, as the authors go on and state that these findings are based on methodologically flawed evidence, due to the lack of the presence of control groups and random allocation to treatment. However, the presence of some sort of psychotherapy proved to be beneficial compared to no treatment (Reynolds and Briner, 1994; Nigam et al., 2003). Although EAPs may seem beneficial to the employees, it has been reported that many appeared to be bringing problems to the occupational health department which had no connection to their job, and thus could have been dealt with by generic mental health services (Reynolds and Briner, 1994). This economically exploits the workplace to treat the employees for stress which the organisation was not primarily responsible for, and jeopardises ‘cost-savings to the company’ which was mentioned as one of the success criteria for EAPs (Berridge and Cooper, 1993).

Regardless of the source of stress the employee faces, counselling and psychotherapy approaches could be seen as the organisation ‘conserving its resources’, because these interventions are often successful at treating impairments of memory, concentration, motivation and the reduction of absenteeism, which evidently result in improved work performance, reimbursing the organisation for its investment. (Reynolds and Briner, 1994). Employers are also given incentives by the government in the form of tax exemption for providing welfare counselling [see Employment Income Manual (EIM) 21845] (Hmrc.gov.uk). This may explain another reason for the prevalence of tertiary interventions. Similarly, counselling services help employees deal with particular personal or work-related problems by increasing employee resilience to perceived

stressors; research has found that counselling reflects significant improvement in participant mental health and levels of sickness absence (Sutherland and Cooper, 2000). Counselling services can be provided either 'in-house' or through 'external specialists'. Sutherland and Cooper (2000) emphasise that, although confidentiality issues might arise from 'in-house' services, they impose the benefit of already being familiar with the organisation, thus having a better understanding of what actions can be taken and practices that can be changed.

Career sabbaticals are also viewed as a tertiary intervention, where employees are encouraged to take some time off to recover from the effects of stress exposure. Although it means that certain employees might be absent from work for a period of time, it is considered highly effective in retaining employees who might otherwise leave the organisation permanently, which would be costlier in that case, costing the organisation more to replace that lost talent and experience (Sutherland and Cooper, 2000). Finally, the authors suggest that social support, although unofficial, can also be considered as a tertiary intervention in the organisation. Social support can come either from colleagues or supervisors, for example, Frost's (2003) work on toxin handling in the workplace where handling the toxin of others can moderate negative emotions in the workplace,

This section looked at several examples of tertiary interventions, which also have empirical data proving their effectiveness. However, it is worth noting that, in order to effectively make use of tertiary interventions employed in the company, the organisation must invest resources in monitoring employee wellbeing in order to effectively refer them to the appropriate help they may need; this may include management training for several management levels, due to managers' crucial surveillance role (Hargrove et al., 2011). As mentioned in the section above, it is also applicable to tertiary interventions, that they should not be considered as an alternative to either SMI levels, but rather be available to complement them (Hargrove et al., 2011), where, due to individual differences, some individuals may still find the workplace stressful, regardless of primary SMI efforts. Furthermore, they might be unable to employ stress management techniques learned from secondary SMIs, thus still becoming stressed and requiring tertiary SMIs to deal with their symptoms.

The previous three sections looked at the different levels of SMI implementation, being primary, secondary and tertiary. Moreover, tertiary level interventions tend to only benefit willing participants who either self-report themselves or are referred by management; with the high stigma of tertiary interventions, this implies that the individuals who might

need the help might not be able to receive it (Awang Idris, 2010). Some research advises that the first line of intervention should be secondary SMIs aimed at the individual, followed by organisational interventions due to the delay of the intervention effect (Le Fevre et al., 2006); others encourage the importance of understanding the magnitude of stress caused by the organisation itself, thus encourage primary interventions which are aimed at the organisation (Dewe and O'Driscoll, 2002). These preferences arise from the underlying theoretical beliefs by organisations/management regarding whether they view that the stress resides in the individual, the organisation or as a transaction between both. Due to the latter belief, it is advised that organisations adopt a multimodal stress management to ensure a holistic approach to ensuring employee wellbeing and ensuring effectiveness for organisations (Richardson and Rothstien, 2008). However, evaluation is crucial for critiquing the effectiveness of SMIs. The following section looks at the literature around intervention evaluation, addresses its scarcity and highlights why it is very important.

Intervention Evaluation

Several papers identify the lack of intervention/strategy evaluation, testing the strengths, weaknesses and effectiveness of several interventions as a prominent gap in the literature (Adkins and Weiss, 2003; Briner and Reynolds, 1999; Cox, 1993; Newman and Beehr, 1979). SMI evaluations are particularly beneficial when it comes to judging how effective the intervention is/was, how efficient it is, both individually and comparatively with other interventions, and finally to assess the cost-benefit or the cost-effectiveness of the intervention (Cox, 1993). It has been advised that interventions be evaluated in their own terms, such as comparing counselling interventions with one another, rather than against all stress reduction interventions (Dewe and O'Driscoll, 2002). This could be due to the extensive variation on outcome measures that are used to evaluate SMIs (Le Fevre et al., 2006). Organisations are increasingly becoming data-driven, only reserving resources for decisions and strategies which prove to contribute to the business's plans of cost containment, improved productivity and anything that contributes to the growth of the business (Adkins and Weiss, 2003; DeRango and Franzini, 2003). Unfortunately, due to the difficulties faced by academics and practitioners, trying to draw firm conclusions about ultimate programme/intervention outcomes, they are tempted to avoid intervention evaluation altogether. This of course, as Adkins and Weiss (2003) rightly state, inhibits and limits the understanding of how and why certain interventions fail or succeed, thus hinders their learning experience for future intervention designs and contribution to

science. In order to promote the business case for stress management, making it more appealing to organisations, researchers should focus more on intervention evaluation. This is argued by critics like Briner and Reynolds (1999) as there is not robust data proving the success of certain interventions.

Kompier et al. (2000) recognise the scarcity of evaluation studies and realise that this scarcity acts as a significant barrier to progress in reducing work-related stress, particularly regarding organisational-level stress. They present a study which looks at evidence-based work stress prevention in Europe, collecting a work stress intervention study from each European Union (EU) member, ending up with nine adequate primary intervention studies and analysing each case to finally systematically compare them using a step-by-step approach which they have developed. Briefly, this step-by-step approach constitutes of deciphering the interventions' preparation, problem analysis, choice of measures, implementation and evaluation, to enable comparability amongst the different studies. Doing so, the authors suggest that preventative measures which are accompanied by adequate diagnoses, designed to specifically fit the problem faced, may be beneficial to both the employee and the organisation. This paper demonstrates the importance of evaluating interventions and researching them, as this uncovers what is useful under which circumstances when it is directed at a particular audience.

Griffiths (1999) reviews the challenges in the conceptualisation, design and evaluation of organisational (primary) interventions; these mainly include the absence of a control group, lack of generalisability and unwarranted results. These challenges from more than a decade ago are still repeated and mentioned in more recent papers which examine organisational intervention research, often mentioning the lack of the 'Gold Standard' experimental designs as a recurring flaw and weak point in this area of research (e.g. Brough and O'Driscoll, 2010; Nielsen and Abildgaard, 2003; Nielsen et al., 2010; Nielsen et al., 2010a). This sparks a concern about whether or not social experiments as such should be equally judged against natural science research standards (Griffiths, 1999), most of them being observational rather than experimental (Kasl and Jones, 2003). Furthermore, as pointed out in earlier sections of this chapter, Griffiths (1999:592) rightly points out that 'it is unrealistic to expect the natural science paradigm to explain highly complex, constantly changing systems such as organisations and to predict the specific effects on individual behaviour and health.' This belief hinders the possibility of organisational interventions being researched and evaluated reliably, losing touch with

important phenomena because they are too difficult to study by traditional methods available (Griffiths, 1999).

Cox et al. (2007) reflect this by raising a few issues raised by organisational SMI evaluation research, such as ensuring that the study is 'fit for purpose' in relation to research designs and acceptable evidence, where acceptability is solely determined by research design, which require 'Gold Standard' methods as mentioned above. Research that is 'fit for purpose' emphasises that it should be judged against the purpose of the data obtained rather than generic methods standards. The authors highlight the importance of research around real-world problem-solving, rather than for the sole purpose of academic publication and career advancement. Organisational studies fall into this category of research, where they are not ideal methodologically based on 'Gold Standard' methods. Cox et al. (2007) suggest that the aggregation of several 'non-ideal' studies assist in drawing a picture of the phenomenon. Finally, they point out the prevalence of outcome evaluation compared to process evaluation, which greatly hinders the understanding of the aspects that contribute to SMI success or failure (Dollard, 2012; Trvedt and Saksvik, 2012).

Research on SMIs rarely outlines factors that determine the success of SMI implementation explicitly. However, Jenny et al. (2014) are a rare example who illustrate several factors to be mindful of while evaluating SMI implementation. Emphasis is especially placed on the context in which the intervention is being implemented and different aspects of the implementation process such as leader involvement, before finally examining SMI success through aspects of its outcomes [Appendix 2]. Jenny et al. (2014) underline the important role context plays in determining the importance of an intervention, as others have also drawn attention to (Biron, 2012; Grawitch et al., 2015; Nielsen and Miraglia, 2017).

Regardless of which SMI level (primary, secondary or tertiary) is more popular in research, evaluating individual interventions is crucial. Although research may steer towards a certain intervention level, individual organisations should independently evaluate the problem and the intervention(s) used, to see what works best for their situation. Grawitch et al. (2015) recognise that organisations need to better understand where interventions are needed, and which ones would produce optimal results. Several papers highlight the importance of carefully detailed analyses and documentation of what exactly happens in the intervention implementation process, in order to enable careful evaluation of the interventions with a stronger focus on process variables, to enable the

extraction of common success factors for variant SMIs (Jenny et al., 2014; Semmer, 2006), furthermore providing detailed biographical data of participants to identify any moderators of the effectiveness of certain SMIs (Bunce and Stephenson, 2000).

The Role of Stakeholders

Due to the complexity of stress management in organisations and to ensure the success of SMI implementation, the literature suggests that several stakeholders must be involved in the process (Randall and Nielsen, 2012). As mentioned in the previous section, how certain stakeholders in different contexts are involved in the SMI process is rarely explicitly analysed and documented in detail. This section will illustrate the role of main stakeholders in designing and implementing SMIs. Firstly, the role of management, including both line and senior management, will be explored, looking at the importance of having them on board. This will be then followed by looking at the role of departments such as Human Resources and Health and Safety. Finally, the role of trade unions in the process of maintaining employee wellbeing and SMI implementation will be discussed.

Management

The role of managers in stress management was highlighted in the previous section exploring different kinds of SMIs that could be implemented. The role of leaders is shown to be vital with a profound impact on employee wellbeing and stress (Brown and Peus, 2018; Kelloway et al. 2004;; Marks et al., 2013; Mellor et al., 2013). Firstly, the fact is highlighted that management are considered one of the main stakeholders who have a primary role in how healthy the workplace is (Caufield et al., 2004). A second indication of the importance of the role of management is the consideration of management training as an important form of both primary and secondary SMI, due to the impact management has on wellbeing. Finally, management can also be a main source of organisational stress, specifically due to their prominent role in designing and creating organisational structures (see Appelbaum and Roy-Girard, 2007; Carter et al., 2013; Delbridge et al, 2007; Hadadian and Zarei, 2016; Sewell and Wilkinson, 1992). This section will explore how the literature hitherto views the role of management with regard to work-related stress, causing it and managing it.

The effect of management style and behaviour on their subordinates has long been researched. This research has mostly been conducted around the effects of bad leadership (Barling and Frone, 2017) including abusive supervision (Martiniko et al., 2013; Park et al., 2016). Martiniko et al. (2013) conclude that employees who believe they are victims

of management abuse tend to experience detrimental psychological consequences, such as stress and burnout. Contrasting with abusive supervision, although supported with less research, it has been suggested that passive leadership can also be harmful to employee wellbeing. Barling and Frone (2017) highlight this issue, suggesting the negative relationship between passive leadership and wellbeing. This is mainly because role ambiguity and conflict, which are considered prominent workplace stressors (Cox, 1993; HSE, 2017), are by-products of passive leadership. Burton et al. (2012) reveal the vicious cycle of stress, claiming that supervisors who are experiencing stress themselves are more likely to abuse their subordinates, thus causing the employees to experience the negative psychological consequences that are mentioned above.

Kelloway et al. (2004) identify three ways in which leadership can affect employee stress. Firstly, poor leadership is identified as a work stressor in and of itself; secondly, it can be considered as a 'root cause' for stressors; finally, Kelloway et al. (2004) reveal a more positive angle of leadership, acknowledging that it might moderate stress and act as a source of social support (i.e. such as compassion, which is explored shortly) (Frost, 2003). On the other hand, several authors highlight the fact that the involvement of management in the implementation of SMIs has been found to be crucial to intervention success (Bourbonnais et al., 2012; Tetrick et al., 2012). Donaldson-Feilder et al. (2008) further provide a list of six ways in which management can influence employee wellbeing [Appendix 4].

Dollard (2012) introduced a phenomenon called 'psychological safety climate' (PSC). PSC addresses whether or not the psychological health of employees is regarded as a priority. Emphasising its importance, Dollard labels PSC as a lead indicator of psychosocial hazards and stress, and contends that it be considered a crucial aspect for organisational primary interventions to attend to. It is considered a reflection of the management position and philosophy on work-related stress; thus, this again highlights the importance of the role that management play in creating a suitable and healthy environment for employees to work and thrive in. Moreover, a positive difference can be made by slight changes to the employees' work schedule by the manager (Marks et al., 2013) which will affect the workplace (or at least job role) culture.

Another characteristic of management that is reported to have an effect on employee wellbeing is compassion, thought to be an overlooked aspect of organisational life (Kanov et al., 2004). Frost (2003) explains that leaders need to be able to read emotional situations well, as well as having technical knowledge of how the organisation works in order to be

considered effective with people and in high pressure situations. George (2000) further highlights the importance of considering emotional intelligence (which compassion requires) as a potential contribution to effective leadership. Frost describes compassionate managers as ones who are skilled at anticipating the occurrence of a painful response to something that they or the organisation demands of the staff, and even when they miss a key cue, they eventually 'get it' and easily connect with the pain of others and address the issue to control toxic emotions. He further lists a set of characteristics that compassionate managers possess; these include paying attention (to the emotions of others), putting people first, practising professional intimacy and planting seeds (anticipating what might become 'painful' later and pushing back on the sources of pain to eliminate their effects (which is an example of implementing primary interventions).

Handling toxins should be a formal part of leadership responsibility, Frost (2003) suggests. This is due to the benefits of then lifting pressure from sole actors who step in because no one else is addressing the issue; this creates a force for positive experiences, and finally places the responsibility on those who have the power and resources to implement meaningful change, thus enabling real and effective interventions. Dutton et al. (2006) further explore the possibility of individuals in organisations expressing compassion in a coordinated way, labelling it as compassion organising, which embeds it in the organisational culture (Dextras-Gathier and Marchand, 2018).

Although managers could be perceived as toxin handlers in organisations, as highlighted above, they can also be a source of toxin in the workplace. Appelbaum and Ray-Girard (2007) look at the effects of toxins that are present in organisations where employees identify managers as a significant influence in setting the general tone of the organisation from the top ('top-down phenomenon') (Appelbaum and Ray-Girard, 2007:18). This aligns with the idea that management have a great influence on positive characteristics, as mentioned by Frost (2003) and Dollard (2012) who highlight management's influence on the PSC explained above. The culture and atmosphere have been found to vary from one department to another in the same organisation, due to the presence of different managers possessing different personalities and perceptions, proving the significant relationship between toxic leaders and employee stress (Appelbaum and Ray-Girard, 2007; Hadadian and Zareis, 2016).

There is long-standing literature in sociology, employment relations and HRM which has explored the role of management actions on employees. Whilst these come from a range of theoretical and disciplinary perspectives and have often not directly looked at stress,

they share the feature that they examine the nature of the employment relationship and the impact of management on workers. Common themes include the role of organisational structures (Boxall and Macky, 2014; Han et al., 2019) and new management practices on workers (Cooper and Lu, 2019; Poelmans and Sahibzada, 2004), control strategies and the changing frontier of control, management surveillance strategies and their impact on workers, and the effects of work intensification strategies (Mariappanadar, 2014).

In the context of continuing attempts at cost savings, organisations are now trying to achieve more with less, to maintain productivity and remain competitive. This translates into longer working hours, causing leavism, sickness, presenteeism and deployment of technology to work unsociable hours, all of which increase employee strain (Cooper and Lu, 2019). Organisations tend to focus on the influence of leaders on organisational outcomes and productivity, and less so on employee wellbeing (Li et al., 2017), although, as will be further demonstrated, leadership style and decisions significantly impact employee wellbeing. Organisational structures which management tend to control and implement, such as Just in Time (JIT) and Total Quality Management (TQM), were found to, mostly negatively, affect employee wellbeing (Piszczek and Berg, 2019; Carter et al. 2003). This is due to the intensification of work in order to eliminate waste, which is fuelled by increasing employee productivity by management keeping them under constant pressure (Delbridge et al., 2007), also termed 'management by stress' (Anderson-Connolly, 2002). Post-Fordist work structures involve the change from large-scale mass-production to jobs requiring a wider range of skills from employees, giving them more autonomy. Although these structures are said to be better for the bottom line and more humane and satisfying, they are usually accompanied by high-intensity work, especially with diminishing resources and managerial/organisational support to employees (Anderson-Connolly, 2002)

Both the JIT and TQM work systems further impose more management surveillance, which by consequence increases employee stress (Sewell and Wilkinson, 1992). Management in both the public and private sectors are increasingly trying to achieve lean working systems, which includes decreasing the time needed for tasks to be completed, with the aim of profit maximisation. This leanness could be achieved by management increasing dialogue scripting and intensifying performance monitoring, all of which can increase employee stress (Sprigg and Jackson, 2006).

Management deciding to implement high performance work systems (HPWS) to enhance company performance, usually through management control, work intensification and

stress, have a further negative effect on employee wellbeing (Pass, 2018; Robinson and Smallman, 2006). Management choices seem to prioritise running costs and maximising profits when it comes to work design, such as by implementing the work systems outlined above. Furthermore, the design and development of the physical workspace is also influenced by the same priorities over the delivery of healthy working conditions. This can create a phenomenon called sick building syndrome (SBS), where employees feel both physically unwell and stressed due to being located in an unhealthy environment (see Baldry et al., 1997). The effect management have on employee psychological wellbeing is crucial, even organisationally, because psychological wellbeing has been proved to be a strong predictor of productivity.

Many workers classify their managers as the top, or one of the top, sources of stress at work (Schaubroeck et al., 2007). Bhui et al. (2016) highlight the importance of improving management practices as an essential intervention, due to their participants associating most of their adverse working conditions to poor management practices. These management practices include the setting of unrealistic demands and low decision latitude affecting the job demands-control (Fila et al., 2017), lack of support, unfair treatment, lack of appreciation, effort-reward imbalance (Bakker and Demerouti, 2007), lack of management experience (Ahmad et al., 2015) conflicting roles, lack of transparency and poor communication. It is evident from the list of management practices above that destructive behaviour from managers can both be the product of active/ abusive destructive (Sloan, 2012; Tepper, 2000) (for example, setting of unrealistic demands, low decision latitude, unfair treatment) leadership or passive destructive leadership (Skogstad et al., 2007; Tuckett et al., 2015) (for example, lack of support, conflicting roles, poor communication).

Research has focused on the positive effects of management behaviour on organisational outcomes (Schyns and Schilling, 2013) however due to its increasing prevalence the effects of abusive management is also gaining attention from researchers (Harms et al., 2017; Rajah et al. 2011; Sloan, 2012; Tepper, 2000; Zellars et al., 2002). The consequences of abusive supervision, which is defined as “the sustained display of hostile verbal and nonverbal behaviours” (Tepper 2000: 178) was highlighted by Tepper (2000), where it was found that where abusive supervision was perceived, employees were more likely to leave the organisation. However, problems can arise due to the lack of objectivity. Within leadership behaviour it is believed to only negatively have an effect when negative behaviour is perceived by subordinates. Thus organisations might again place the blame

on employees and their perception or capability of coping, so it is more likely for them to implement secondary interventions. For employees who choose to stay in organisations, negative outcomes are associated with dealing with an abusive supervisor; these include lower job and life satisfaction, lower work commitment, work-life conflict and, most importantly, psychological distress. This can again direct the blame at the employee; as seen above, this leads to the implementation of secondary and tertiary SMIs aimed at individuals, as opposed to organisational SMIs, which in this case would be interventions aimed at management, such as line manager training.

Just as abusive leadership has proven to be harmful to employee wellbeing and can lead to an increase in work-related stress, 'laissez-faire leadership' behaviour has also been found to be destructive (LePine et al., 2016; Skogstad et al., 2007). Laissez-faire leadership is described as the absence of leadership and the avoidance of intervention (Skogstad et al., 2007) and where leaders avoid making decisions and do not use their authority (LePine et al., 2016). It is displayed in managers delaying feedback and avoiding decision making, managers not attempting to motivate their subordinates, and not adequately supporting them (Tuckett et al., 2015). This passive leadership creates frustrations within workgroups, as well as causing work ambiguity and conflict due to the absence of communication, or prevalence of poor communication, which are all sources of work-related stress (Bowling et al., 2017; Skogstad et al., 2007).

It is important to recognise the impact that leaders can have on subordinate stress and mental health wellness. Thus, focusing on leadership in an organisation is crucial to preventing, or at least greatly reducing, employee work-related stress and promoting their well-being (St-Hilarie et al., 2019) Management training in general is considered a primary SMI (Bhui et al. 2016; Cartwright, 2000; Kelloway and Barling, 2010), as it equips management to deal with such situations accordingly ahead of the situation, thus possibly preventing employee stress and being stressed themselves. Increasing management awareness appears to be crucial, due to their influence on employee wellbeing (Marks et al., 2012). This can also include noticing toxic managers who have the potential to change, and coaching them accordingly (Appelbaum and Roy-Girard, 2007). Management training is not limited to technical aspects of the workplace and being a manager, although some managers may recognise that it is part of their role, as well as being expected of them by their subordinates. Management are also judged by their subordinates to be 'toxic sponges'. Being 'toxic sponges' involves protecting workers from excess anxieties (Gabriel, 2014), to manage grieving or toxic emotions; however,

their interpretation of how it should be done exactly was found to be ambiguous and unclear. This is due to the lack of resources, skills and information on how to react to situations (Peticca-Harris, 2018). Miller (2007) conceptualises compassion as a form of emotional work; although her work revolves around the compassion of employees towards clients or customers rather than leaders to subordinates, she highlights how compassion is seen as a commodity that can be controlled and trained (Hochschild, 1983).

Although management in itself are considered either stressors or stress buffers in organisations, they have a big impact on SMI success. Some scholars categorise SMI implementation as an organisational change, which is generally managed from the top down, where leadership has been found to be a major contributor in organisational intervention, change and development literature (Tetrick et al., 2012). Trvedt and Saksvik (2012) argue that the intervention process possesses a greater impact on the SMI success and results than the actual content of the intervention; they state that important criteria for success of the process include the ability to learn from failure, multi-level participation and regulation, insight into tacit and informal organisational behaviour, clarification of roles and responsibility, and being mindful of competing simultaneous projects.

These success criteria largely depend on management involvement in the process. Support from management for SMI implementation is classified as one of the important facilitating factors, while other aspects that management control can act as a hindrance to the process (Bourbonnais et al., 2012; Leka et al., 2016). According to Bourbonnais et al. (2012), these hindering factors include the level of organisational trust, the adoption of new policies, the level of financial and human resources, and working conditions.

This section highlighted how management style and attitudes, with both negative/abusive and passive management, can cultivate stressful workplace environments for employees; furthermore, management are held responsible for the level of PSC in an organisation and creating a healthy atmosphere in the organisation where they are in control of the importance of employee wellbeing in the workplace. It has been recognised by the literature above that, while management could be part of the solution, controlling and decreasing work stress, they could also be a prominent source of stress. This includes the ways in which management design and implement organisational systems, such as JIT, TQM and lean working, which are also found to have a large impact on employee wellbeing. Although training management is seen as a key primary intervention, management are also seen as key enablers and actors in the success of any SMI implemented in the workplace. However, there is not enough detail about the role of

management in officiating and assigning various roles to other stakeholders, some of whom are mentioned below, such as HR and trade unions, in the process of SMI implementation. Furthermore, the differences between the role of management in different sectors and/or organisations are also underexplored.

Human Resources

The Chartered Institute of Personnel and Development (CIPD) have encouraged organisations to involve as many stakeholders as possible in stress management initiatives, to strengthen the intervention's strategic impact and communication. These stakeholders encouraged to be involved in stress management initiatives include senior management, HR, occupational health (OH) and health and safety (H&S) (Donaldson-Feilder and Lewis, 2011). The previous section highlighted the role of management in stress reduction/prevention, and the following section will address the roles of OH and H&S. This section will explore the role of the HR department with stress management, looking at how professional and governing bodies such as the CIPD and the Health and Safety Executive (HSE) prescribe the role of HR in the phenomena, and in the literature.

The CIPD claim that HR professionals play a key role in steering the health and wellbeing agenda in organisations. This is done by ensuring that senior managers prioritise and integrate wellbeing practices in the day-to-day operations (CIPD, 2018). This viewpoint further indicates that HR practitioners are the main drivers of wellbeing in the workplace, working closely with all areas of the business, providing practical guidance on stress and employee wellbeing while ensuring the consistent and compassionate implementation of policies and practices.

On the other hand, the HSE's workbook *Tackling work-related stress using the Management Standards approach* places HR as a member of the steering group. Unlike the CIPD's view on how HR should be leading and policing the stress and wellbeing agenda, the HSE suggest several roles for HR professionals, depending on the needs of the organisation. For instance, the role of data gathering and analysis would most likely be taken by someone from HR, as they retain most of the data relating to sickness absence, thus limiting the need to share employee personal information with other members of the steering group. Another possible role for HR personnel, suggested by the HSE, is to be 'project champion' which basically 'ensures that the project is represented at board or senior management level; updates the board on progress and ensures the project is adequately resourced.' (HSE, 2017:13).

The academic literature is further divided on the role of HR in organisations in general, whether HR are considered as strategic partners or merely possess an administrative role (Lo et al., 2015; Marks et al., 1997; Ulrich and Dulebohn, 2015), and on this occasion, the extent of its role in stress management. Opinions on the extent of HR's role in stress management can differ from one country and organisation to the other. Petsetaki (1999) highlights the extent to which stress in the workplace is completely disregarded as an important aspect of human resource management (HRM) in Greece, due to the underdevelopment of the area. HR in Greece appear to function with minimal duties and responsibilities, with the important areas in human resource development such as training programmes, careers counselling and sound promotion procedures seeming to be lacking. This contrasts with the UK, two of whose main bodies, mentioned above, acknowledge the important role of HR in the organisation, and in stress management specifically.

Other authors describe stress management as one of the main roles of HR. Daniel (2017) describes HR as the 'organisation's shock absorber', considering them as the main toxin handlers in an organisation, who could be anyone in the organisation but seem to be largely represented among HR professionals (referring back to Frost, 2003). HR here are illustrated as the 'go-to' department, where employees routinely bring emotionally charged problems, which might include stress or situations that lead to stress. In research where HR managers were interviewed, they reported that almost twenty-five per cent of their time on average was spent on these emotionally charged problems (Daniel, 2017). Although they help the organisation, HR professionals tend to report feelings of guilt, sensing that this is not their 'real work' as it is not typically a formalised part of their responsibilities. Kulik et al. (2009) call for the need to formalise 'toxin handling' responsibilities, to protect HR managers from harm and to further ensure that they maintain this role, releasing them from the guilt of it not being their 'real work'.

HR have been stereotypically categorised by others to have the caring role towards employees (Daniel, 2017; Meisinger, 2005; Stephen, 2000). Mainly concerned with their caring role towards employees, HR risk their strategic position in the organisation as equal partners to management. Meisinger (2005) contests this, and argues that sound strategic decisions and recommendations based on a comprehensive understanding of the company's impact on people would stem from the 'caring' HR professionals. They are thought to further mitigate the impact on employees of tough business strategy decisions, such as downsizing, aiming to the best of their abilities to protect employees and their psychological wellbeing.

However, there still remain people and organisations with the mindset of cornering HR staff in administrative functions, thinking of them as unskilled and unqualified individuals, thus marginalising their roles into purely operational ones with no or minimal effect on improving work-related stress or any other major aspect of the organisation, rather than viewing them as effective partners (Daniel, 2012). This has since changed in many organisations with the introduction of the CIPD as a professional body for HR professionals, thus setting a benchmark for HR personnel, requiring from them to acquire a minimum set of skills to aid the organisation to thrive. Though the CIPD does strive to set a certain benchmark for HR personnel and encourages their strategic role in the organisation, the differences in how HR are viewed in different organisations and/or sectors is not evident, where the role of HR is instituted along a spectrum ranging from a highly administrative role to a complete involvement in strategic plans.

This section explored the debates around the role of HR in organisations, thus their role in managing occupational stress. HR personnel are viewed along the spectrum of having purely administrative, operational roles to having a strategic role in the organisation and being considered a main ‘toxin handler’ for employees. Professional and governing bodies such as the CIPD and HSE help raise the profile of HR professionals nationally, in this case across the UK. In conclusion, it appears that HR are beginning to have an important role in managing stress and employee wellbeing in organisations. However, as Kulik et al. (2009) argue, HR are yet to be formally recognised as having this role in an organisation, which will in the end both protect HR professionals and ensure their effectiveness.

Trade Unions

Trade unions have both directly and indirectly played a role in managing employee wellbeing in the past. In recent reports, trade union involvement with stress management has been encouraged by the Health and Safety Executive (HSE) and local authorities (HSE, 2017; Stevenson and Farmer, 2017). Being increasingly encouraged to be involved reflects the scarcity of trade union participation, in spite of the potential impact these unions can have in stress management. The Trades Union Congress (TUC) highlights the importance of dealing with stress at work, ensuring that employers take their responsibility seriously for tackling it, showing that health and safety are an integral part of the union’s industrial activity (TUC, 2018). This section explores literature illustrating the evolution of the role of trade unions, especially in the scope of employee health and

safety. Although sparse in the literature, the role of trade unions specifically in stress management will also be discussed.

One of the original reasons for trade union formation was to represent and protect the health and safety of workers (Walters, 2006). Furthermore, when supported by trade unions, worker representation was argued to be a powerful force in improving workplace health and safety arrangements and performance (Walters, 1996). It has been found that the implementation of the Occupational Safety and Health Act (OSHA) was largely influenced by the presence of unions, which made it more likely to be enforced (Weil, 1991; Weil, 1992). Dollard (2012) further suggests that stronger participation in and consultation of trade unions could lead to stronger interventions and improved outcomes as well. The question remains, however, whether or not worker representation backed up by trade unions is considered as effective with issues of employee stress and stress management, or whether it is just reserved for the physical aspects of health and safety. Sutherland and Cooper (2000) find that union members are provided with guidance for work-related stress management by their trade unions, which are also becoming involved with stress-related cases. This is evident at least 'on paper', where trade unions have increasingly drawn attention to work-related stress as a real workplace hazard in their publications and websites (TUC, 2018).

The level of impact which unions can have in a workplace depends largely on the rights and power given to them by the organisation and/or larger governing bodies (i.e. governments), such as the Nordic countries, where trade unions are institutionally supported by welfare states and active labour market policies. Furthermore, labour market regulations, wage levels, working conditions and other labour standards are based on collective agreements, supplemented by legislation on various aspects such as health and safety and working environments. (Larsson et al., 2012). On the other hand, trade unions in Germany rarely participate in discussions on stress and workplace health promotion, concentrating mostly on physical and biological hazards instead (Beermann, 1999). Trade unions in the Netherlands are found to be active in dealing with occupational stress; they have achieved this by raising awareness and administering surveys, emphasising early stress rehabilitation in organisations (Schaufeli and Kompier, 2001). Government regulation imposed in areas of occupational health and safety may provide the opportunity to strengthen support for actors who make significant contributions to health and safety improvements in the workplace (such as trade unions). The 'business-friendly' approach

by the UK government deprives such actors from the support necessary to have a meaningful impact in organisations (Walters, 2006).

Trade unions are known to indirectly relieve job stress by their efforts to curb supervisory excess, and to enhance worker empowerment, self-esteem and input into their jobs, basically giving dignity to the individual worker (Cooper and Smith, 1985). This is more evident than specifically implementing stress programmes. Only more recently, research has highlighted, however insufficiently, the more direct role of trade unions with SMIs, which administer surveys to prove the presence of a problem and bargain for management to take action in managing employee stress (Schaufeli and Kompier, 2001), covering design, implementation and evaluation. Research on this is scarce although it has been found that in several countries, such as Norway, Italy, and Spain, stress appears as an issue in collective bargaining agreements by trade unions in order to achieve provisions on stress preventions in the workplace; this is influential in raising awareness and improving OHS arrangements (Walters, 2006).

The involvement of various organisational members, including managers, employees and employee representatives, is essential in the implementation of both work-environment and person-directed prevention and management programmes (Giga et al., 2003). However, it has been found that even countries with strong traditions of worker representation experienced declining levels of occupational health and safety worker representation in the face of hostile management and government policies (Gallagher and Underhill, 2012).

The nature of the relationship between unions and a particular organisation has proved to greatly influence the effectiveness of stress management intervention implementation. Heaney et al. (1993) identify a dichotomy of the industrial relationship nature, being either adversarial or cooperative. They argue that implementing interventions in a participatory approach – meaning jointly defining problems and developing solutions – works best in a cooperative industrial relations-environment with the unions, management and employees willing to work together towards a common goal. After understanding the different nature of the industrial relationship, it becomes clear why participatory projects would be ineffective in adversarial/radical environments. Although these classifications act as a useful lens to understand the industrial relationship in an organisation, they fail to give sufficient consideration to the complex nature of categorising unions into one group or the other.

This section explored the literature on the role of trade unions in policing management implementation of health and safety and bargaining for employee rights and improvement of working conditions. Although the literature illustrates the role of trade unions regulating health and safety in an organisation, it rarely includes the psychological aspect of health and safety. There is also discussion that, in order to have eloquent influence in implementing regulations, trade unions need to be supported through policy and legislation by governing bodies (senior management, governments, organisations etc.)

Sector-specific Literature

This section will explore sector-specific literature which relates to the two case studies researched in this thesis. The two case studies involved in this study are RU, a higher education institution, and BCH, a hybrid third/public sector social housing organisation which is also considered as an ALMO with the council. Firstly, literature on stress in academia, which is a well-established field, will be discussed followed by the literature relevant to BCH. The aim of this section is to have a detailed understanding of the nature of stress in sector-specific situations, laying foundations and discussion points for the findings based on the data collection in later chapters. Sources of stress faced by each sector are first identified. This is then followed by looking at the impact of stress on the organisation in either sector, and finally, suitable methods of mitigating for sector-specific stress.

Stress in Higher Education and Academia

Although teaching in universities, at one point in time, used to be seen as a low-stress occupation, and in fact teachers were envied for their tenure, light workloads and flexibility, this is far from its current reality, especially in the past three decades (Gillespie et al., 2001; Fisher 1994). The changes in academia, which will be discussed in detail below, have been negatively perceived and have resulted in the increase in stress amongst academics, especially amongst lecturers, perhaps due to feelings of job insecurity as early career academics, compared to readers/professors, research assistants and senior lecturers (Abouserie, 1996); the increase in job demands and decrease in autonomy; and the rise in the commodification of education (Darbie, 2017). This section will look at stress through the lens of higher education and academia, including support staff as well as faculty members. This will be done first by exploring the most prominent stressors that are found in Higher Education (HE) institutions, followed by how these stressors are being addressed, looking at the types of SMIs implemented. Finally, this section will explore

the recommendations put forward by scholars, which could be relevant to the HE case study in this thesis.

Some of the most prominent stressors found in higher education include workload and staffing pressures (Pignata and Winefield, 2013), lack of funding, poor management practice, insufficient recognition and reward, job insecurity (Gillespie et al., 2001), increasing student numbers, inequalities between academic and non-academic staff, lack of promotion opportunities (Boyd and Wylie, 1994; Tytherleigh et al., 2005), erosion of job control, pressure to obtain funding and grants, handling student stress, supporting students (Fisher, 1994), acting as toxin handlers (Frost, 2003), increasing administration, concerns over government initiatives that potentially threaten the future of education (Darabi et al., 2016), and vulnerability to failure as they are recipients of critical feedback which can trigger negative emotional responses (Edwards and Ashkanasy, 2018). Overall, several studies have reported that people working in education in general display higher stress levels than other occupations; this can perhaps be the reason behind the particular attention that the Health and Safety Executive (HSE) are placing on tackling stress in education (Kinman and Court, 2010). However, it is important to note that 'education' here is a loose term that may also include, but is not limited to, schools and Further Education (FE) rather than purely depicting HE statistics. Although extensive research has been carried out on stress in universities, most only concentrate on academic staff (teaching and research) alone, neglecting support and administrative staff; furthermore, the available research mostly concentrates on the sources of stress, neglecting the role of SMIs. Hence, this research sought to gain insight on stress, specifically looking at SMIs in universities across a range of occupations.

There is a wide consensus that, over the past couple of decades, higher education in Britain has undergone some drastic changes which are viewed to be largely unnecessary and negative (Kinman and Jones, 2003; Morris, 2003). The introduction of New Public Management (NPM) and the rise in higher education marketisation seem to be at the root of the destruction, reflected in many research papers seeking the opinion of academics (Chandler et al., 2002; Morris, 2003; Taberner, 2018). The concerns expressed in earlier research, such as ones expressed by Fisher (1994) Abouserie (1996), Kinman (2001) and Chandler et al. (2002) regarding the effects of this destructive change in academia, are ongoing, with little change at the best, while many currently regard that the case is further deteriorating for academics (Taberner, 2018).

Taberner (2018) highlights the increasing cutbacks in public sector, compelling universities to be driven to operate on increasing efficiency and cost effectiveness, in respect of the main priorities of the NPM policies to modernise the public sector, rendering it more effective. Besides the issue of the rising precarity of higher education jobs especially through the casualisation of teaching staff (Taberner, 2018; Union 1, 2016) increasing job insecurity, the introduction of performance indicators and the overruling control of metrics were further complications resulting from this to ensure institutional efficacy. However, Taberner expresses their concern that this increase in governmental 'efficiency' has been at the expense of society and academics, as it has led to a number of human costs (Chandler et al., 2002) as the result of transforming academia into a 'mental assembly line' (Fisher, 1994). The introduction of NPM had a knock-on effect of intensifying the labour of academics (Chandler et al., 2002), thus increasing the number of working hours, including working on evenings and at weekends (Kinman, 2001) due to the increasing job demands and depletion of sufficient resources and levels of support (Kinman and Jones, 2003). Academics feel stripped of their professionalism as education is becoming increasingly commodified, with increasing pressures to 'produce' publications, and as they experience job enlargement via increasing administrative tasks for academics (Chandler, 2002; Darbi et al., 2017; Morris, 2003).

Management appear to be more conspicuous stressors in HE. Chandler et al. (2002) draw on the Jarratt Report from 1985, which highlights the fact that one of the inefficiencies in HE is largely due to management deficiencies. The report alludes to how characteristics of a successful academic, judged by research or teaching standards, do not translate into successful managerial competencies; thus, this led to the advocacy of borrowing managerial styles and cultures from the private sector, resulting in moving away from a culture of collegiality towards a 'managerialist' bureaucratic style of management (Kinman, 2001). Although the report has referred to a substantive deficiency in HE management, HE's solution of borrowing private sector managerial styles is seen as inappropriate, as this can have adverse effects on the quality of education as a whole (Kinman, 2001); an alternative solution could consist of training successful academics into becoming better managers instead. The issue of academic management has been highlighted in several papers that have already been mentioned; however, they fail to specify which aspects of management are ineffective, and at which levels (department, faculty or institution). There is a compelling gap in the literature regarding the impact of HE management that highlights how the issue can be addressed.

The increasing stress in HE is increasingly pushing academics to consider leaving the profession entirely; almost half the respondents of Kinman's (2001) survey revealed this intent, due to experiencing unacceptable levels of stress. This of course imposes a huge loss of valuable resources for universities. More importantly, the work-related stressors mentioned also negatively impact the wellbeing of the individual in different levels including cognitive, behavioural, physical and psychological (Kinman, 2001), which translates into human costs of stress mentioned in earlier chapters of this review. With the heightening of stress in HE, immediate attention needs to be drawn to addressing it with SMIs. However, as it is true of general SMI research, qualitative research on how academics cope with their stress reflects this scarcity. A few papers draw attention to coping strategies and necessary interventions for institutions (Darbi et al., 2017). Those papers that highlight coping mechanisms utilised by academics which include interventions or coping mechanisms are internalised and purely directed at the individual. Some of these include gaining satisfaction from the teaching of students, support from colleagues and better time management (Darbi et al., 2017).

Abouserie (1996) produced a list of eleven coping mechanisms used by HE academics collected from their qualitative research; none of them were directed towards the organisation to uproot the stressor, but were rather emotionally directed. Kinman and Jones (2003) reflect on survey results that highlight the availability of some stress management training to forty-five per cent of their respondents, utilised by only eleven per cent; out of fifty-three per cent of respondents indicating that their institution provided counselling, only seven per cent declared using it. However, the authors lacked explanations of why these particular resources were under-utilised although staff were aware of their presence. At the end of their paper they recommend that more attention should be directed towards 'many structural factors' but fail to specify what aspects should be attended to.

Work-related stress is clearly a prominent issue in HE which arose in Britain due to funding cuts, the introduction of NPM and the commodification of education. There has been a consensus that the quality of academic careers has fallen with the rise of job intensification, time pressures, depleting resources, casualisation of teaching staff and the pressure to publish to maintain an academic career. However, a limited amount of research has addressed the issue of what should be done to improve the situation structurally. Furthermore, nearly all of the main publications around stress in HE revolve purely around academic staff, creating a gap and neglecting support and administrative

staff in HE. This increases the importance of this thesis, as it also explores how non-academic staff experience stress in HE.

Stress in the Arm's Length Management Organisation (ALMO) Sector

The second case study in this thesis is a housing association in England. It is considered to be a part of the relatively new ALMO sector which started in 2002 (see Pawson (2006) for a comprehensive summary of the development of England's social housing system since 1989). It provides a fascinating context which observes shifts in public accountability associated with the transfer of public services to the non-profit sector (Mullins, 2006). There are 32 ALMOs across England, which manage 440,911 council properties across 35 Local Authorities (Almos.org.uk, 2018). An ALMO is a company fully owned by the local authority (i.e. councils) and largely staffed by the council's former housing officers to manage the housing stock of the council (Hodkinson, 2011). ALMOs provide housing management services alongside a range of additional services which support tenants to live well and independently (Almos.org.uk, 2018). Explicit research on stress experienced by employees working in ALMOs is hardly existent. This served as an impediment in constructing a comprehensive literature review for this section. Nevertheless, this section will outline the potential stressors faced by employees in this sector, based on information found on ALMOs (mainly from official websites), government reports and publications and the scarce resource of previous studies on ALMOs.

The main reason behind ALMO existence was linked to delivering the Decent Homes programme (Cole and Powell, 2010). The Decent Homes programme (House of Commons Committee of Public Accounts, 2010) was introduced in the year 2000 and is overseen by the Department for Communities and Local Government. It aims to 'improve the condition of homes for social housing tenants and vulnerable households in private sector accommodation in England' (National Audit Office, 2010). To access additional government funding, ALMOs depend on meeting centrally prescribed performance targets which are related to the mentioned programme. This of course can be a potential source of stress for employees, as their success and survival are tightly linked to performance. Cole and Powell (2010), who are of the very few academics to conduct research around this sector, have qualitatively interviewed seventeen ALMO chief executives to ask them about the main challenges faced by ALMOs and their predictions of the future of the sector.

The minute sample size of the sample of that study, as well as the latent biased respondent view of chief executives for their organisations, must be acknowledged and taken into consideration. The respondents claim that, due to official inspections, anecdotal evidence and political and media discourses indicate the success of ALMOs in their delivery of their objectives on Decent Homes, empowering tenants and even playing a role in the wider regeneration of their local areas (Cole and Powell, 2010). However, the report on *The Decent Homes Programme* prepared by the House of Commons Committee of Public Accounts indicates otherwise. The report states that they are ‘not convinced that the department has secured best value from the funds given to ALMOs’ (House of Commons Committee of Public Accounts, 2010: 3), doubting that the funds provided have been well spent. This uncertainty felt by the department about whether ALMOs are a good investment is transferred to the sector staff, making them unsure of their fate.

The results from Cole and Powell (2010) voice the concerns of their participants over the future of ALMOs. The two main critical challenges that surface are multiple pressures on revenue budgets, which reflects the issue addressed in the previous paragraph, and the quality and maturity of their relationship with the parent local authority (council). The precariousness of ALMOs’ future financial position can of course impose stressful situations, as it creates a sense of ambiguity and threat to ALMOs’ existence, while what is being asked of ALMOs on a national level is considered by the participants as inconsistent with the financial realities. The second concern, which is also strongly linked with finances, is the strain on their relationship with their local authority. This strain is thought by the chief executives to be inevitable, given the financial climate of austerity and the pressures placed upon local government to make savings. There is further potential for conflict over the controlling by the council of decision making and ALMO spending (Cole and Powell, 2010). Again, the financial uncertainty faced by ALMOs and the dynamics in their relationship with the councils can further impose stressful situations on the organisations.

ALMOs have also adopted a role with tenants, where the Cole and Powell (2010) participants claim that there is a legacy of tenant empowerment and governance. Although this provides a positive view of ALMOs, it introduces an extra layer of complexity, increasing ‘customer’ facing responsibilities which has proved to increase stress (Fisher, 1994). Having to meet the expectations of tenants and seriously take on board their suggestions and ideas produces a burden for ALMOs and increases decision-making time, in considering tenant satisfaction rather than just concentrating on the role of providing

decent housing for them. However, this extra role they have adopted could help their continuity, should the role ALMOs have been improvised for is met, with a hundred per cent of homes in any locality reaching decent standards. This would pose the question of whether ALMOs will have to revert back to their former status, or change into a new type of landlord organisation (Cole and Powell, 2010).

The rolling out of Universal Credit (UC), which was first announced in 2010, could also provide an additional stressor to ALMOs. UC is a benefit for working-age individuals, which merges six benefits, including housing, into one payment into the claimants' bank accounts; this was designed to simplify the claiming of benefits (Schraer, 2018). One of the problems highlighted as a result of introducing UC is the failure of claimants to efficiently budget to ensure rent payment (Reality Check Team, 2018). However, this may impose a great problem for ALMOs, as a large proportion of their tenants may be recipients of such benefits. One solution for this, developed in Scotland but not in the rest of UK, is that anyone receiving help with housing costs as part of their UC award can ask for rent to be sent directly to their landlord. In the rest of the UK, this option is only available to people with certain vulnerabilities (mental health conditions, substance misuse problems or severe debt) (Reality Check Team, 2018).

Characteristics of ALMOs which might help in reducing stress and/or induce rewarding impressions may help offset the stressful characteristics mentioned above. The fact that they might see the positive change in the life of tenants may produce intrinsic rewards for employees. Due to the bounded geographical focus within their localities, ALMOs are considered to be less competitive with each other, compared to other local authorities. Although competition could encourage a healthy amount of stress, 'eustress' (Cox, 1993), to boost performance, too much can create toxic atmospheres. This lack of competition has created a 'culture of openness' amongst ALMOs which is promoted by the National Housing Federation (NHF) (Meehan and Bryde, 2014; NHF, 2018), encouraging the sharing of best practice amongst ALMOs, thus creating a collaborative culture. This creates a supportive network where ALMOs can learn from one another and seek support, thus possibly buffering the effects of stress.

This section highlighted the modest research available on ALMOs to identify possible stressors that they may potentially face. Stressors seem to mainly stem from the precarious nature of the sector's future financial cuts, due to economic fluctuations and change in governments, policies and introduction of new infrastructure, such as UC and dealing with tenants. However, ALMOs enjoy a collaborative culture, with low levels of

competition and chances of intrinsic rewards by improving the life of tenants and their neighbourhoods. Through its case study on the housing association, this thesis will contribute to studying work-related stress faced by employees in ALMOs, whose literature is currently non-existent.

Conclusion

This chapter looked at the literature relevant to the research aims and questions imposed in this study. The different definitions of stress were discussed, showing the impact that different definitions have on the ontological perspective of the research. The literature seems to point towards three categories into which stress definitions can fit. These can either be stimulus-based definitions, response-based definitions or transactional-based definitions; they mainly differ in their belief in the manifestation of stress, whether it is found in the environment (external factors), manifested in the individual (internal factors) or is caused by the interaction between both. The evolution of the literature seems to increasingly agree that stress is mostly seen as a transactional phenomenon. This was then followed by a brief discussion on the different theoretical models of stress which have been developed, again affecting the way in which stress could be researched. These theoretical models (MacGrath, 1976; Cox and McKay, 1981; Karasek, 1979) serve as a good tool to understand the various sources of stress. However, as Dextras-Gauthier and Marchand (2018) point out, they rarely deal with organisational contexts where work is performed, which this thesis attempts to address.

This contextual background was essential for laying the bases of stress discussions and for further understanding the costs which stress incur on both the individual and the organisation, understanding where they arise. This was then followed by a more detailed overview about discourse around SMIs which is available and researched, understanding the importance of SMI evaluation. The main sections of the literature review which addressed a few significant gaps, which this thesis set out to address, finished off the chapter. One of the significant literature gaps revolves around identifying the specific roles of stakeholders in the SMI intervention process, such as management, human resources, support services and trade unions. Where the diverse literatures aided in the exploration of work-related stress from various lenses; thus, where some studies overlap and align others made evident present conflicts and knowledge gaps.

Management style and attitudes, both negative/abusive and passive, cultivate stressful workplace environments for employees; furthermore, management are held responsible

for creating a healthy atmosphere in the organisations by prioritising employee wellbeing in the workplace. Although training management is seen as a key primary intervention, management are also seen as key enablers and actors in the success of any SMI implemented in the workplace. While there is a consensus on the central role management play in stress management, the view on the role of HR is more contested. HR staff are viewed along the spectrum of either having purely administrative and operational roles, to having a strategic role in the organisation and considered as a main 'toxin handler' for employees. Although managers could be perceived as toxin handlers in organisations, as highlighted above, they were also found to be a source of toxin in the workplace in many ways including bad management practices, both active/abusive (Tepper, 2000) and passive/lassiez-faire (Skogstad et al.,2007), having unrealistic demands, not supporting their subordinates, demonstrating unfair treatment, enforcing low decision latitude, lack of appreciation, effort-reward imbalance, lacking transparency and poor communication (Bhui et al., 2016) making them a prominent source of stress. Professional and governing bodies such as the CIPD and HSE help to nationally raise the profile of HR professionals in the UK. It appears that HR are beginning to have an important role in managing stress and employee wellbeing in organisations; however, as Kulik et al. (2009) argue, they are yet to be formally recognised as having this role in the organisation, which will in the end both protect HR professionals and ensure their effectiveness.

The role of trade unions in stress management is where the literature is most lacking. Of the literature found around the area, trade unions seem to be playing a role in policing management implementation of health and safety, and bargaining for employee rights and improvement of working conditions. Although the literature illustrates the role of trade unions regulating health and safety in an organisation, it rarely includes the psychological aspect of health and safety. There was also a discussion that, in order to have eloquent influence in implementing regulations, trade unions need to be supported through policy and legislation by governing bodies (senior management, governments, organisations etc.).

Finally, this chapter explored sector-specific literature to familiarise the reader with the contexts in which the case studies were situated, looking at stress in higher education (HE) and in the Arm's Length Management Organisation (ALMO) sector. It was found that plenty of research has been conducted around stress in HE in contrast to the non-existent literature around stress in ALMOs, perhaps due to their relatively new nature. Work-related stress in British HE mainly seems to stem from funding cuts, the introduction of

New Public Management (NPM) and the commodification of education. There has been a consensus that the quality of academic careers has fallen with the rise of job intensification, time pressures, depleting resources, casualisation of teaching staff and the pressure to publish to maintain an academic career. Although that stress in HE is extensively researched, there seem to be fewer publications about how the stress should be addressed. Furthermore, nearly all of the main publications around stress in HE purely revolve around academic staff, neglecting support and administrative staff in HE.

From the sparse research available on ALMOs, stressors seem to mainly stem from the precarious nature of the sector's future, financial cuts due to economic fluctuations and change in governments, policies, the introduction of new infrastructure such as Universal Credit (UC), and dealing with tenants. However, ALMOs seem to enjoy a collaborative culture, with low levels of competition and chances of intrinsic rewards by improving the life of tenants and their neighbourhoods. Through its case study on the housing association, this thesis will contribute to studying work-related stress faced by employees in ALMOs, whose literature is currently non-existent,. This will be done along with addressing other substantial gaps, specifically around the explicit role of main organisational stakeholders and how organisations in different sectors choose to manage stress, by exploring in detail the SMI process and evaluation.

Chapter 3: Methodology

This chapter discusses the methodology on which the data collection was based to answer the research questions posed at the beginning of this thesis and repeated below. This chapter is structured by looking at the research philosophies first, the approach that was taken, choice of research strategies, summary of data collection, looking at the numbers of participants and the volume of data collected. This is then followed by an explanation of how the data analysis took place and the ethical considerations to safeguard both the participants and the researcher.

To recap, the overall aim of this research is to understand the process of SMI development, implementation and evaluation; furthermore, this thesis aims to identify the main drivers and constraints of SMI success. A central objective of this thesis is to determine what contributes to SMI success or failure. Dissecting the SMI implementation process facilitates the identification of the factors that encourage or inhibit SMI success or effectiveness. This thesis looks at the factors that affect the success of SMIs across both case studies. Although this research does not aim to generalise the findings to different contexts, it helps tap into new information which is rarely explored in previous research, providing insight to things that organisations should keep in mind when implementing SMIs. More specifically, the research questions and aims which outline the objectives of this thesis are as follows:

- Why are particular SMIs chosen to be implemented?
- How are SMI(s) implemented in different organisations?
- Who are the main actors involved in the implementation of the SMI(s) and how do these actors shape the implementation of SMIs?
- How does the SMI implementation process affect the outcome? Are outcomes intentionally evaluated?

Research Philosophy

This section illustrates the epistemological and ontological considerations undertaken by the researcher to construct the research methodology which is best equipped to answer the research questions presented above. Stress research can be dichotomised into two categories: they are either qualitative (interpretivist) or quantitative (positivist), or could

sometimes be a mix along the spectrum between the two (Guba and Lincoln, 1994). Researching the same phenomena could greatly vary from one discipline or researcher to the other, depending on the underlying philosophies on which they are constructed. For example, researching the phenomena of stress in the discipline of psychology very much tends to be quantitatively focused with the use of highly ‘scientific’, positivist approaches (Richardson and Rothstien, 2008). However, at the other extremity of the spectrum, when positioned within a social science discipline such as Human Resource Management or Organisational behaviour, more interpretive qualitative approaches are used to understand the social structures behind the phenomenon (Griffiths, 1999).

Many research papers studying stress, especially ones from psychology (Richardson and Rothstein, 2008; Nowrouzi et al., 2016), tend to resort to positivist approaches as mentioned earlier. This is evident in the tendency to collect quantitative data that usually consists of biological and psychometric data. Although results extracted from such research are considered rigorous and valid, they fail to capture the reasons behind the numbers. It is clear that an epistemological stance of how stress is researched is highly determined by the ontological perception of how ‘stress’ is defined, as mentioned in earlier chapters. To briefly explain this, Cooper et al. (2001) pigeonholed variant definitions of stress into two main categories. They indicate that stress could be defined using (a) a stimulus-based definition, where stress is believed to stem from external factors which act on the individual; or they could be defined by using (b) response-based definitions, which imply that stress is a response from inside the person reacting to external pressures (either real or perceived); or as Ganster and Rosen (2013) suggest, (c) stress is seen as a transaction between the person and their environment.

It is evident that papers which define stress in a stimulus-based manner use more positivist, quantitative measures to test theories about the causes of stress. For example, Karasek’s (1979) classical research on the effects of job demands and job decision latitudes on mental strain uses quantitative methodology, by analysing national survey data from two countries. On the other hand, having a more interpretivist view of stress, Wall and Clegg (1981) use mostly qualitative methods in an exploratory manner, to diagnose the source of stress in an organisation in order to design and implement suitable SMIs. Both qualitative and quantitative methodologies are quite similar in the sense that they both serve to achieve their goal which is dictated by their paradigms, assumptions

and aims. Mahoney (2006) believes that qualitative and quantitative researchers share the main goal of producing valid descriptive and causal inferences.

Both methodologies have a goal to inform and benefit research around stress from different contemporary issues (Bansal and Corley, 2012; Schmierbach, 2005). Although they share some similarities in their overarching goals, qualitative and quantitative techniques are each appropriate for different research tasks (Goertz and Mahoney, 2012). Qualitative research around stress is mostly interested in how participants perceive work-related stress and extract information, which is otherwise unobservable, gaining unique insight (Baril-Ginras et al., 2012; Berg, 2007; Gephart, 2004). Qualitative research seeks to stimulate innovative insight through inspiring pieces of research which might not necessarily cover a wide scope (Trafimow, 2014). Generally, qualitative research seeks to explain specific cases in depth (Goertz and Mahoney, 2012), as in this thesis, to gain compelling insight in the phenomena of work-related stress and SMIs, like the action research referred to by Wall and Clegg (1981); this is unlike quantitative research, which tends to have the goal of achieving predictive validity and generalisability across populations.

This study views stress as an interaction between the individual and their environment, giving great importance to the thoughts and beliefs of the individual and their perceptions of the environment. Therefore, a positivist approach, advocating the application of natural science methods to social realities (Bryman and Bell, 2011), would be inappropriate as it is not sufficient to answer ‘why’ questions. Hence this thesis’s research questions mainly aim to understand ‘why’ and ‘how’ certain SMIs succeed or fail, which are addressed by qualitative methods; it is a more sociological stance where more non-experimental and quasi-experimental methods have been employed (Schulte et al., 1996). Most situations in organisations are rather complex and rich in contextual data; however, positivist approaches tend to reduce situations to isolate discrete variables for analysis (Anderson, 2013; Lee and Lings, 2008) which would then dilute the required richness of the data. Thus, the research questions of this study require in-depth considerations of social systems which cannot be observed or examined by a positivistic point of view. Griffiths (1999) correctly indicates that the natural science paradigm could not be utilised in explaining complex systems such as organisations.

Given that little research has been undertaken on intervention research around design, implementation and evaluation, an inductive approach was adopted, mainly due to the largely explorative nature of the research questions. Anderson (2013) describes exploratory research as that which seeks new insights, assessing phenomena in a new light. The researcher recognises that the information is highly influenced by the meanings individuals give and their experiences in different situations and contexts. This was especially considered during the interview analysis, to ensure that no words were manipulated in any way altering any intentions. This was fulfilled by periodically reiterating the meaning of phrases, especially ones that may seem ambiguous, and asking the participant to validate their meaning.

Although an interpretivist approach has been adopted, which acknowledges that studying stress can be very subjective, with no objective description of social activity (Hammond and Wellington, 2013), the researcher has been mindful of any bias that may have affected the quality of the research. However, the researcher is also aware that this research is more likely to ‘explore concepts, unsettle ideas, engage with social actors, and seek to negotiate understanding rather than provide proof or demonstrate [evidence]’ (Hammond and Wellington, 2013:90), which is the aim of this study. The researcher is aware of the bias which may threaten the research’s construct validity, caused by the lack of sources to establish a chain of evidence of the researched phenomena (Yin, 2014). Construct validity shows the extent to which a method measures the constructs which are meant to be measured (Ghauri and Grønhaug, 2002). To address this drawback therefore, a multiple case study approach was adopted, to prevent drawing conclusions from a single source. This will be described in more detail below.

A paper written by Needleman and Needleman (1996) nicely summarises the importance of using qualitative methods, specifically with intervention research. Needleman and Needleman emphasise that the main reason for this is associated with the need for qualitative understanding of social meanings and understanding to answer important intervention research questions. This thesis does not aim to generalise from the results, rather seeks to gain deep insight into the phenomena of stress and SMI success in both case studies, to enrich and guide scientific enquiry to refine SMI concepts and generate theoretical ideas (Needleman and Needleman, 1996).

Finally, research could practically be either retrospective or prospective in nature (Schulte et al., 1996). This study primarily takes a retrospective approach to studying the SMIs implemented across both organisations, collecting information from participants on how the implementation process emerged. This is maintained along with archival data to build a picture of the process and understand the effects that their implementation had on the organisation; this is done to aid determining the contributors of SMI failure or success. Although this raises implications like recall issues from participants, these issues were resolved by improving validity and by the use of ‘free’ reports which encouraged participants to say that they did not remember certain information; furthermore, multiple knowledgeable and relevant informants were utilised to cross-check information where possible (Miller et al., 1997) and also by using organisational data. However, a retrospective approach meant that this study managed to yield quicker results in comparison to a prospective approach (Schulte et al., 1996).

This section outlined the underlying philosophy behind the research strategy and methods, which are discussed below. Overall, an inductive, qualitative, interpretive approach was utilised to answer the research questions imposed. It shows that a positivist approach, although carrying benefits such as generalisability, is classified to be insufficient to explore the complex nature of the organisations being investigated in this thesis. Furthermore, data was collected retrospectively, which carries the advantage of yielding fast results in comparison to prospective approaches. The following section translates the philosophy discussed above into the research strategy utilised.

Research Strategy

Case study research was utilised to address the research questions, which involved achieving access to different forms of data over a period of time (Anderson, 2013). It also involved sharing interim findings with stakeholders and analysing data of different types in a way that developed a robust chain of evidence. This strategy was found to be the most appropriate method regarding the available resources, access and time. Robert Yin and Robert Stake, two seminal writers on the case study method, each have a different outlook on the nature of case studies and opposite underlying philosophies. Yin adapts a positivist stance on case study research, suggesting that all case studies should have clear designs produced before any data is collected, mainly concerned with maintaining the same degree as positivist studies, thus emphasising the importance of having the rigour and application of careful logic about comparisons (Easterby-Smith et al., 2012).

Contrastingly, Stake takes a more constructionist epistemology, where less emphasis on validity is placed on the case study; however, more concern is placed on the generation of rich data of behaviour in organisations (Stake, 1995).

This research follows Stake's epistemological beliefs regarding how case study research should be carried out. Besides exploring the actual issues within the individual case studies, the case studies act as a tool to understand, in a broader sense, the phenomena of SMIs. Thus, these case studies are classified as collective, instrumental case studies as defined by Stake. Although it is evident that contextual conditions and the organisational environment are major determinants of intervention success (Biron, 2012), context-centred research is scarce. Therefore, this thesis addressed this gap by exploring the different case studies, which will be introduced in later sections, to gain understanding on how the different organisational contexts and processes affect the implementation and success of SMIs. The contextual differences identified in this thesis include the types of SMIs chosen to be implemented, perceptions of whose responsibility it was to manage stress and the varying roles of management in managing stress across both organisations.

The role of the researcher can vary widely within different case studies or different situations along the observer-participant spectrum. For this study the researcher undertook the role of what Anderson (2013) calls 'the observer as participant' or 'marginal participant'. This is where the researcher's main role is to observe the phenomena, generating secondary observations understanding how other people 'saw it' (Anderson, 2013:210); however, the mere presence of the researcher in the organisation inevitably creates a chance of participation, as the researcher spends time in the organisation. Although this can, and has been, very instrumental in extracting valuable data, the researcher was mindful of the influence they may have had over the conversation, affecting the behaviour of the participants (Anderson, 2013).

Action research (AR) was originally considered for this research. It is a hybrid of applied behavioural science knowledge and existing organisational knowledge, concerned with bringing change to the organisation and adding to scientific knowledge (Coghlan and Brannick, 2010). AR consists of planning an intervention, taking action, evaluating and repeating the cycle (Coghlan and Brannick, 2010). This strategy was initially considered, as it would have been ideal for testing interventions' effects because interventions would then be regarded as 'experiments' (Griffiths, 1999). Although it would have been

particularly interesting to work on a real-life problem and experiment on the effects certain interventions had on the organisation and employees, it would not have been feasible to implement with the available resources. This was mainly due to the large timescale AR requires in order to thoroughly plan, implement, observe, and finally and rigorously report the impact the intervention has; moreover, it would have been difficult to persuade organisations to grant me access, due to the disruption that would have been caused to their routine. This would not have been effective, because AR carries the need for exceptional access and trust between the organisation, the participants and the researcher (Coghlan and Brannick, 2010).

Due to the reasons of practicality and scarcity of resources, AR was no longer a methodology considered for this study. As mentioned before, a collective case study approach was implemented, according to Stake (1995). Yin (2014) also describes the method adopted and categorises it as a multiple holistic case study design approach. Multiple or collective case studies come with analytical benefits, whether the case studies replicate or contrast one other, because they provide multiple sources of data (Yin, 2014). This study looked at two contrasting cases, which helped with understanding the rationale behind why organisations choose different SMIs (Dewe and O'Driscoll, 2002), and how each organisation collects evidence of their effectiveness and impact on the organisation.

The main advantage of case studies when compared to undertaking action research is the fact that in a case study, no control over behavioural events is necessary, which makes this strategy both more feasible and accessible. Case studies tend to be an 'in-depth exploration of a particular context using largely qualitative method within interpretive inquiry' (Hammond and Wellington, 2013:17). This illustrates the aim of this study, as there is no intention to extract widely generalizable conclusions, but rather present a particular case(s) to explain the *how* and *why* of a phenomenon (Hammond and Wellington, 2013). A good example of this would be a longitudinal field study of group work such as that of Wall and Clegg (1981). Their action research project was used to design and implement an intervention tailored to the organisation's department specific problems, which proved to effectively improve the diagnosed stressors.

Studying two different cases helped with understanding the main factors which lead to the success or failure of interventions, which could then be transferred to other cases. Furthermore, the contrasting case studies served to illustrate the effect of different

contexts on interventions, such as the types of SMIs chosen to be implemented, the perceptions of whose responsibility it was to manage stress and the varying roles of management across both organisations in managing stress. The two case studies are explained in detail in the sections below; the rationale for choosing both case studies follows. The first organisation is one of the winners of a European award¹ which centred on stress, Bravo City Homes (BCH). BCH used a mix of interventions to tackle stress in their organisation. They implemented preventative primary interventions, and secondary and tertiary interventions were made available to employees. The second organisation is the Russell University. Compared to BCH, the university chose to employ a more reactive strategy by concentrating on interventions that are aimed at the individual, rather than the organisation. Besides contrasting with each other regarding the different implementations of SMIs, it was also valuable to examine how organisations in different sectors and contexts dealt with stress.

This section outlined the researcher's strategy towards answering the questions mentioned above. It highlighted how methods such as action research were considered; however, case study research was found to be the most appropriate strategy or method to address the research questions, given the resources available. A collective case study was designed and used; this is when two or more instrumental case studies are researched. It clarified how the case studies in this thesis were instrumental case studies, serving to better inform the phenomenon of work-related stress and how it is managed, rather than solely concentrating on the particular cases, classifying them as intrinsic case studies. The following section explains in depth the contexts of both case studies utilised, in addition to the overall context of stress in the UK.

Data Collection²

This section depicts how the data was collected, including details about the interviews, sampling strategy and participants, including types of participants and numbers. Semi-structured, in-depth interviews were used to collect data from participants. Interviewees

¹ Name of award and organisation is omitted to protect the anonymity of the case and the participants.

² Initially this research was planned to adopt a mixed methods approach to address the research aim and questions, providing rich qualitative and quantitative data (Jenny et al., 2014). This was going to be done by collecting quantitative data via employee surveys to comprehend their knowledge and perspective of the SMI implementation. The surveys were also planned to be used as a validation tool to cross-check information that had been mentioned by management in the interviews. However, a survey would have added very little or no value to answering the research questions imposed, as it would not have been sufficient in answering 'why' certain SMIs were considered successful/unsuccessful.

were approached with a list of broad key questions, which were altered as new and interesting areas were uncovered, due to the exploratory and inductive nature of the research. In-depth interviews provided ‘the opportunity for the researcher to probe deeply to uncover new clues, open up new dimensions of a problem and to secure vivid [...] accounts based on personal experience’ (Burgess, 1982: 107 in Easterby-Smith et al., 2012). Interviews were an appropriate form of data collection to understand the constructs that the respondent used as a basis for their opinions and beliefs about the phenomena explored (Easterby-Smith et al., 2012). Data saturation was achieved at a total of forty semi-structured, in-depth, qualitative interviews completed across both case studies. The reason for the imbalance between the numbers of participants across the case studies revolves around the wider availability of detailed and documented secondary data in BCH, thus requiring fewer face-to-face interviews.

All interviews except one were face-to-face, with the exception of a Skype video interview. Twenty-two hours of qualitative data were collected, with each interview length averaging thirty-five minutes. Participants who were perceived to have a role in stress management intervention design, implementation or evaluation were approached via email for participation. These participants were identified either by readily available information online concerning their role with SMIs, or via snowballing through other participants. All participants were happy to be recorded, and the recordings were then transcribed and organised by the researcher using the NVivo software.

Total Completed Interviews	40
Average Interview Length	00:35:00
Total Length of Data	22:00:00
Number of RU Cases	25
Number of BCH Cases	15

Table 2

Interview questions were extrapolated from the RE-AIM framework (see Re-aim.org, 2018). The acronym RE-AIM consists of five elements which were sought in the interviews: Reach, Efficacy, Adoption, Implementation and Maintenance. Further inspiration was extrapolated from Jenny et al. (2014) whose questions revolve around understanding the implementation context, the implementation process, such as communication and leadership development, and finally assessing the outcomes and what has changed in the job resources and demands, including leadership behaviour. Finally,

Grawitch et al. (2015) provide a table that illustrates what is needed to develop a comprehensive approach to stress management. These includes the essential step of assessing organisational needs, getting top management support, and employee involvement. They were then to be paired with a comprehensive strategy, a clear implementation plan and an evaluation plan. Participants were selected based on their role and stated involvement in the SMI implementation process and snowball sampling. This is one of the reasons behind the imbalance of participant occupations, such as academics versus non-academics in RU, and office staff versus craft operatives in BCH. In addition to the primary data collected, secondary data containing information about employee wellbeing and absence rates was accessed to draw a clearer picture of the case before and after implementing SMIs. This was done to further help evaluate the effectiveness of the employed interventions. The following section will illustrate how the collected data was analysed and used in the thesis to answer the research questions. This section outlined how the data was collected using forty semi-structured interviews, with purposive and snowballing sampling strategy. The following section explains how this data was analysed and used to answer the questions above.

Data Analysis

Although data collection is very important, it is worthless without deciphering it into logical and comprehensive information. For qualitative data, it is 'chiefly a coding operation and data interpreting process' (Berg, 2007:304) in order to identify patterns, themes, biases and meanings (Miles et al., 2014). The ordering and coding of the qualitative data, which consists of the interview transcripts, was carried out using the NVivo software package. This helped organise the data efficiently by coding the transcripts based on themes which arose from the narrative of the transcripts. Qualitative data is largely open to interpretation; different conclusions may be extracted from the same data (interview transcript, for example) when viewed by different researchers. Therefore, interpretations were extracted from the data, rather than facts extracted from quantitative data (Anderson, 2013).

Data analysis took place simultaneously to the data collection; this was useful as the emerging findings further influenced the interview questions and sampling strategy. The emerging findings steered further data collection, due to the inductive nature of the research. Induction is one of the approaches to theory development in the social sciences, which consists primarily of collecting data to explore a phenomenon to generate theory,

rather than testing theory which is developed through a reading of the literature (deductive approach) (Saunders et al., 2015). The purpose of induction was to get a better understanding of the nature of a problem, which in this case was work-related stress, and understanding what determined the success of interventions. On the other hand, deduction carries the disadvantage of having highly structured methodologies. Flexibility was required to allow the basis of the research to change as the process unfolded, generating rich data which was as important as (or more important than) the ability to generalise (Anderson, 2013). Thus, induction was seen to be most appropriate for this research, due to its highly exploratory nature, which requires methodological flexibility as findings emerge.

Induction is criticised for lacking the ability to predict future outcomes by creating scientific laws because, as the philosopher David Hume emphasises, there is no logical explanation to what will happen in the future based on the past, or what is happening in a different place and time (Benton and Craib, 2011). However, this was not seen as a problem for this research, due to the apparent contextual importance which rose out of each case. Using evidence from the literature (Biron, 2012) and during the data collection and analysis, it became clear that organisational and departmental context was essential to the outcomes of the research and understanding them. Therefore, this predictability which Hume sees that induction lacks was not essential, due to the unique situation of each case.

As the data was being collected and recorded, it was uploaded and saved to the NVivo software and transcribed as soon as possible. Transcribing the data soon after its collection was important in reducing the chances of losing any understanding of non-verbal data, such as the participants' emotions, sensed during interviews and recorded as side notes during the interviews. Although this research was primarily inductive in nature, the researcher entered the field with some preconceived ideas about what themes might emerge from the data. Coding is characterised as an iterative process (Anderson, 2013), and it was found that the codes naturally needed to be rearranged and regrouped to flow better. The initial codes were devised using overarching topics that emerged from the literature and preconceived ideas. After that initial stage, a few new themes from interviews, which had not previously been considered, started to arise from the data. One of the examples was the role of trade unions in SMI design, implementation and evaluation, which was understated in the initial stages of the analysis.

Due to the apparent importance of organisational context, some codes were demographic categories reflecting contextual questions, such as organisational size, information about the sector, and interviewee background and position. Although these contextual codes might seem very descriptive, they proved to be important in comparing both case studies and determining what contextual factors influenced decisions about organisational SMIs. After arranging the data into the appropriate categories, similar themes were grouped together into three main umbrella themes, which were translated into the three findings or empirical chapters below, looking at the stress management intervention process, and stakeholders' and managers' roles in stress management.

In addition to analysing the interview transcripts, relevant organisational documents were found, either publicly available online and/or through connections with the participants and the gatekeepers in the organisation. These documents included HR information which mainly outlined workforce numbers and demographics, surveys and their results and outcomes, worksheets used by departments for stress risk assessments, competition entries and outcomes (for BCH), and services brochures mainly explaining how several services operated. Analysed separately from the interviews, these organisational documents served the purpose of further illustrating details for each case, and on occasion helped to validate information that was brought up in interviews. One example included the survey results validation to the problems that trade unionists were mentioning in BCH.

This section explained how the data was analysed to extract the most robust conclusions from collected data in the form of interviews and organisational documents from both case studies. Although the research design was tailored to the case study organisations to capture the individual dimensions of SMIs, the researcher tried to maintain some similarity through semi-structured interviews, to attain some commensurability to aid the comparison of both case studies during the analysis stage. The following section outlines the ethical considerations around how the data was collected and analysed to ensure the protection of the researcher, participants and organisation.

Ethical Considerations

Social scientists have a great ethical obligation to their participants and society; thus, researchers must ensure the rights, privacy and welfare of their study's participants (Berg, 2007). Researching stress and work raises several ethical issues which must be studied

and carefully considered. This is particularly because it is closely related to individuals disclosing information about their physical and mental health. Therefore, participants were informed in detail in the consent form about the nature of questions in the interview. Their right of participation and withdrawal at any stage of the research was also highlighted in the consent form and verbally before any interview. They were also reassured that they were under no obligation to participate in the research.

The transcripts remained fully anonymous and confidential where no script was viewed by anyone except the researcher and occasionally the supervisors. Furthermore, participant and organisational anonymity was carried throughout the write-up of the thesis. However, they were informed that general anonymised conclusions of the overall data collected could be disclosed to the participating organisation, making sure that no participant's or department's anonymity was jeopardised. To ensure that participants were safeguarded against coercion, they were informed at the start that they could withdraw anytime during the interview or even later down the thesis timeline, should they wish to do so. Any interview recordings, transcripts and secondary organisational data was stored in line with the UK Data Protection Act. Collected data (including recordings and company documents) was saved on the University's secure drive rather than the researcher's personal devices or drives, to ensure that they were password-secured and safe from being lost in any way. Moreover, any names or identification elements were kept separate from the data to ensure participants' safety in the unlikely case of accidental exposure (Berg, 2007). All raw data would then be destroyed, after their retention for a maximum of five years, to eliminate the chance of it being disclosed, even after the completion of the study.

Case Studies

This section illustrates the two case studies that were chosen to answer the research questions posed earlier in this thesis. Firstly, the rationale behind the choice of each of the two case studies will be discussed. This will then be followed by detailed information regarding the organisational context, looking at relevant information that was collected both through interviews and readily available organisational documents. Contextual information includes the size of the organisation, its general organisational structure and insights into the organisational culture. Detail around how access was obtained by the

researcher will also be included in this section, accounting for any bias or distortion that the data might have been exposed to through how the organisations were accessed.

The case studies were chosen for three main reasons: to compare the different strategies (preventative versus reactive), to compare different organisational sizes, and to gain insight into how different sectors deal with stress, especially looking at ALMOs as they are scarcely researched in the light of work-related stress. Each of the case studies implemented mostly different SMIs. One mostly implemented primary/preventative SMIs (BCH), while the other (RU) resolved to more reactive interventions. Further details on the interventions in each case study are summarised in Table 2 in the following chapter.

RU had approximately 9,000 staff, in comparison with BCH which only had 1000 employees. This contrast in organisational size helped identify the different challenges organisations faced, based on their size. In the RU case study, a problem with SMI implementation inconsistency arose from its large size, as it was difficult to maintain the same standard across faculties. This section will illustrate the reasons behind the choices of the different interventions by the case studies, and a brief description of their implementation will be given as it is further explained in the results chapter. Finally, the similarities and contrasts of both case studies will be demonstrated at the end of the section. Both organisations and all participants quoted in later chapters were given pseudonyms to protect the organisation and the identity of the participants; information which is contextually essential to understanding the provided data is provided where participant anonymity was not jeopardised.

List of Participants

The following table (Table 3) provides a summary of the participants involved in this thesis along with their gender and position in the organisation. This can be used as a reference to identify participants quoted and referred to in the empirical chapters. Participant positions have been generalised to a great extent, to protect participant and organisational anonymity. Justification for the choice of interviewees are provided in the sections on each individual case study.

Gender	Pseudonym	Position	Organisation
M	Dan	Union 1 President	RU
M	Matt	Union 2 Chair	RU
M	Mark	Union 2 H&S Officer	RU
F	Eve	Faculty HR Manager	RU
F	Helen	Faculty HR Manager	RU
F	Diane	Faculty HR Manager	RU
F	Angela	Faculty HR Manager	RU
F	Deborah	Faculty Deputy Head of Human Resources	RU
F	Ester	Faculty HR Manager	RU
M	Josh	Head of Health & Safety	BCH
M	Luke	Health & Safety Advisor	BCH
M	Steven	Union Senior H&S Representative	BCH
M	James	Faculty HR Manager	RU
F	Lindsey	Faculty H&S Coordinator	RU
F	Abigail	Faculty HR Manager	RU
F	Phoebe	Head of Occupational Health Service	RU
F	Claire	Faculty HR Officer	RU
F	Emma	Manager of Staff Counselling and Psych. Support Services	RU
F	Hannah	Faculty HR Manager	RU
M	Peter	Senior Staff Development Adviser	RU
F	Linda	Caretaker Team Manager	BCH
F	Pamela	Caretaker	BCH
M	Paul	Mobile Caretaker	BCH
M	Tony	Plasterer/Union Rep	BCH
M	Jacob	Joiner/Union Rep	BCH
M	Nathan	Head of Estates and Caretaking	BCH
M	Jonah	Student Education Service Manager	RU
M	Martin	Blended Learning Enhancement Manager	RU
M	Ethan	Programme Manager	RU
M	Theo	Blended Learning Officer	RU
M	Gordon	Business & Facilities Co-ordinator,	RU
M	Carter	Faculty Technical officer	RU
F	Julia	External Consultant	BCH
F	Sarah	Operations Manager	RU
F	Carla	HR Manager	BCH
F	Susie	Team leader (office-based)	BCH
F	Nancy	Craft operative manager	BCH
M	Robert	Marketing and communications staff	BCH
F	Becky	Marketing and communications staff	BCH
F	Grace	Leadership and Organisational Development Manager	RU

Table 3

Bravo City Homes

Bravo City Homes (BCH) manages the City Council's rented and leasehold homes. BCH is a non-profit-making organisation run by a board of non-executive directors, and is considered to be an ALMO (Arm's Length Management Organisation). The ALMOs'

official website provides a brief on their history, indicating that they were first proposed in the Labour government's housing Green Paper in 2000 as a way of achieving social housing investment without having to pass the ownership of housing stock out of council control, while ensuring higher levels of expenditure which went hand in hand with higher quality management, more effective investment and greater involvement of tenants (Almos.org.uk, 2015). ALMOs claim to provide tenants with a greater say in how their estates are managed, by incorporating them as board members. Furthermore, ALMOs are seen to deliver better services to tenants, such as lettings and repairs which have significantly improved (Almos.org.uk, 2017).

This organisation was chosen as a result of a search for 'good practice' examples in the UK regarding implementing SMIs. One of the best ways of finding a 'good practice' example was through the European award mentioned above. The organisation administering the award was one of the most influential around occupational safety and health in Europe. They claimed to work to make European workplaces safer, healthier and more productive for the benefit of businesses, employees and governments. They also aimed to promote a culture of risk prevention to improve working conditions in Europe. It also happened that the campaign's theme at the time was around stress management. Only one of the successful entries was from the UK, thus the BCH was selected on the basis of being rewarded for good practice and geographical convenience. The awarding criteria revolved around ensuring the genuine management of work-related stress, with the consideration of workforce diversity in mind. The level of employee involvement and participation along with their representatives was also considered to be an important judging criterion, as advised by Nielson and Randal (2012). Furthermore, the successful and sustainable implementation of interventions should yield demonstrable improvements in health and safety

Research was initiated via a pilot phone-interview conducted with BCH's health and safety advisor for further information on BCH's success in their award and how they came to achieve it. The health and safety advisor mentioned that over the past couple of years, he had been given the task of examining the reason behind the high absence rate experienced by BCH. He later came to find that work-related stress was one of the most prominent causes of absence amongst employees. This then triggered his task to learn more about stress and work, with the help of health and safety books and Health and Safety Executive (HSE) publications and guidelines. He then mentioned a survey which

was union-driven to diagnose the source of the stress identifying the top three stressors, which were unrealistic targets, lack of communication and insufficient time to do the job.

Action was then taken to reduce the impact of stress on employees. BCH then compiled the interventions they implemented into an application to enter the awards. According to the health and safety advisor, the interventions employed (listed in order of importance/effect) were management training (carried out by external trainers), periodic risk assessment, and the creation and implementation of appropriate policies and procedures. It was evident from their document and the pilot interview that BCH's interventions fell in the categories of primary-individualistic and primary-organisational interventions according to Table 1 (located in the Literature Review). Even management training is considered as a primary intervention for the employees (Kelloway et al., 2010). However, these interventions did not immediately yield positive results, even some months after they were implemented. Regardless, the team seemed optimistic regarding the impact of these interventions. Although the numbers of absences still increased, they were doing so at a lower rate. Therefore, they were mainly rewarded for their good practice and implementation of appropriate interventions, rather than awarded for swiftly yielded empirical results, which shows a good understanding of the nature of these primary interventions, which do not tend to yield fast results (Reynolds, 1997).

It was interesting to start the exploration of the organisation's point of view on tackling stress early in the study. The H&S advisor expressed his optimism about the future, regardless of the small impact which the interventions had on the organisation's absence rate. It was realised that implementing SMIs imposed various costs on the organisation, especially regarding the implementation of primary interventions, such as management training (sending individuals on stress management courses, managers' time and paying for external trainers). Although there was an awareness of these costs, the organisation recognised the extrapolating benefits which they anticipated from the interventions. It was recognised that a high staff absence rate was more burdensome than the cost of implementing interventions to tackle the issue. The interview revealed that much emphasis was put on the primary/organisational interventions implemented, understanding their importance. This was in contrast to the second organisation mainly directing its resources towards secondary and tertiary interventions, discussed in the following section.

The H&S advisor showed especial interest in the research to use as potential information for their organisation to have recommendations driven by cutting-edge research, rather than relying solely on official guidelines, which originate from policies and organisations like the HSE; this eased the gain of access into the organisation. It was sensed from the interview that their interests were mainly based around which interventions worked best and the early detection and diagnosis of stress and its source(s), to tackle it effectively. This pilot interview assisted in the decision to keep BCH as a case study, due to the cooperation of the gatekeeper and their systematic approach to addressing workplace stress. The latter point was particularly attractive, as it assisted the researcher in retrospectively examining the SMI implementation process, thus yielding more accurate results.

Although BCH's H&S advisor was one of the main drivers and implementers of the SMIs, the interview revealed that there were several other stakeholders involved in the implementation of the interventions, or who affected it either directly or indirectly. One main stakeholder mentioned was the government and its decisions such as budget cuts, for example. Another stakeholder which was stated to have had an effect on the SMI implementation was the trade unions. The UCATT trade union seemed to be involved in a range of training and development interventions in BCH according to secondary material (Unionlearningfund.org.uk, 2015). Their role in workplace stress/health interventions was examined in subsequent interviews. Other stakeholders included the head of H&S along with other individuals in the department. In-depth interviews were carried out with these stakeholders in order to develop a detailed understanding of the SMI implementation process and evaluation. More detail about the in-depth interviews and sampling is included in the Data Collection section.

This section set out why BCH was chosen as a case study, providing some background information including staff population and the main stakeholders involved in the SMI implementation and evaluation. An outline of the pilot interview with the H&S advisor was illustrated as an initial point of contact with the organisation that informed the eventual case study approach and selection. The following section will demonstrate similar information for the second organisation, where comparisons and contrasts are drawn between both organisations.

Russell University

RU is one of the largest Russell Group higher education institutions in the UK. This case study is a much larger organisation in size and number of employees compared to BCH. This again served as a tool to examine the effect of the size of organisation and number of employees on stress intervention implementation and success. It was important to note that the Director of Human Resources, as will be extensively discussed in the empirical chapter discussing the role of stakeholders, was part of the university's executive group, who were the main decision makers in this organisation. This research specifically studied the role of the Director of HR, looking at the services under their umbrella (psychological services, occupational health, and health and safety).³

This case was chosen for being a different sector, which proved to play a role in implementing SMIs (Ganster and Rosen, 2013), particularly relying on secondary and tertiary interventions, thus giving contrasting data to enable a comparison with the first case study. Finally, the university was also based in the UK, which meant that both organisations were subject to similar legal, cultural and political conditions, aiming to reduce variants. The university had a comprehensive wellbeing department, which was under the HR directorate. This department was overarching, with several services ranging from protection from physical hazards, conflict mediation, mental health care, and recreational facilities. These services were conveyed via the following departments: Health and Safety Services, Radiation Protection, Occupational Health (OH), Staff Counselling (SC), Mediation and The Staff Centre. Other departments, especially Occupational Health, were approached to have a wider view of the interventions and strategies the university employed.

The university was made up of eight faculties, each with a dean, pro-deans and its own central functions, which proved to have an effect on how SMIs were viewed, designed and implemented. This structure provided the university with eight unique managerial ecosystems within one organisation, which influences different initiatives in different faculties, as clarified by the data collected. This carried both advantages and disadvantages to the individual departments: interventions could be tailored to the needs of the department rather than be centrally dictated; however, this created inconsistencies across the faculties, where some had better initiatives compared to others, depriving their

³ Contextual detail has been gathered from a range of publicly available sources, but they have not been cited to maintain anonymity.

employees. This issue will be further discussed in the results chapter below where specific interventions are discussed.

The evident characteristic which contrasted with BCH was that the university's SMIs, as mentioned above, seemed to be more secondary and tertiary interventions mainly aimed at the employees (i.e. staff counselling, and helping with recovery and returning to work after injury). This was interesting as it served as a point of comparison, on how focusing on different intervention levels would differently (or not) affect outcomes and employee wellbeing. The next section illustrates what was learned from the pilot interview with one of the SC staff. This pilot interview helped map out which types of SMIs were used in the university. Furthermore, it helped familiarise the researcher with the organisational structure, offering a clearer plan on how to approach participant sampling across all eight faculties.

The SC offered a range of support services and training to any member of staff; confidential, professional, role-based consultative support and coaching, providing specific occupational assistance; personal resilience and restorative skills training; mindfulness training; psychological perspectives on leadership and management; and bespoke training for teams. They claimed to support the strategic plan of the university and its commitment to psychological health and effectiveness at work by providing support, training and resources for the psychological health of staff. Already from this abstract, it was clear that the University's strategic plan was purely supported by employing secondary and tertiary SMIs, mainly aiming at the individual and personal resilience in general. The pilot interview was conducted with one of the key staff counsellors; she started off by mentioning that the university had decided to take a more 'proactive' stance by owning this service rather than outsourcing it. After a long conversation with her about the different theoretical models she employs, mindfulness was mentioned.

As pointed out before, RU contrasted with interventions from BCH, which concentrated on tackling stressors rather than controlling the individual's perception and appraisal of the situation. She agreed that mindfulness was indeed very individualistic, and that organisations should not be overly obsessed by numbers and empirical proof and pay more attention to primary interventions. Mindfulness helped people become more aware of their 'workable range', helping them diagnose their stress and quickly be able to do something about it before it was too late. However, she mentioned that there were some

companies that did this as a department or as an organisation as a whole, affecting the organisational culture which could then be classified as a primary intervention targeted at an organisational level.

Similar to BCH, initial access was agreed for further information inquiry and data collection. This particular case would be most useful when discovering why organisations prefer to implement secondary and tertiary interventions, rather than addressing stressors. This was mainly achieved via semi-structured, in-depth interviews with main actors and stakeholders. These included the heads of departments (OH and SC), key staff counsellors and trade union members. Chosen participants were viewed as influential actors in the intervention design and implementation stages of the SMIs in RU. Furthermore, it is the inclusion of these particular stakeholders, such as trade union members, that provides this thesis with the advantage of researching underexplored stakeholders in the stress management literature.

Conclusions

This chapter described the methods used in this research and the philosophy behind them, in order to collect the data which enabled the answering of the research questions presented at the opening of the chapter. Due to the exploratory nature of this research, the researcher adopted an inductive, purely qualitative, interpretive approach to answering the questions. A positivist approach, although carrying benefits such as generalisability, was classified to be insufficient to explore the complex nature of the organisations being investigated, as precious data would be overlooked and diluted by positivist methods, which aim to reduce situations and isolate discrete variables in order to make sense of the data. Data was collected largely retrospectively, where participants were asked to recall situations before SMIs were implemented and how the organisation developed after their execution.

Case study research was utilised to address the research questions; this strategy was found to be the most appropriate method regarding the available resources, access and time. This thesis follows Stake's epistemological beliefs regarding how case study research should be carried out. Stake takes a more constructionist epistemology, where less emphasis on validity is placed on the case study; however, more concern is placed on the generation of rich data of behaviour in organisations (Stake, 1995). The case studies in this thesis were instrumental case studies, serving to better inform the phenomena of

work-related stress and how they are managed, rather than solely concentrating on the particular cases, classifying them as intrinsic case studies.

The overall aim of this research is to understand the process of SMI development, implementation and evaluation; furthermore, this thesis aims to identify the main drivers and constraints of SMI success. A central objective of this thesis is to determine what contributes to SMI success or failure. Dissecting the SMI implementation process facilitates the identification of the factors that encourage or inhibit SMI success or effectiveness. This thesis looks at the factors that affected the success of SMIs across both case studies. Although this research does not aim to generalise the findings to different contexts, it helps tap into new information which is rarely explored in previous research, providing insight to things organisations should keep in mind when implementing SMIs.

Data was collected in the form of semi-structured, qualitative, in-depth interviews with participants who were actively involved with SMI design, implementation and/or evaluation. Furthermore, some employees from different departments and grades were interviewed to explore their perspective and role in stress management in their organisation. A purposive sample was chosen due to individuals' roles with interventions, and the sample developed via snowballing. A total of forty semi-structured, in-depth interviews were conducted and completed across both organisations. The interviews were transcribed and analysed using the software NVivo by the researcher themselves.

Finally, most importantly, researcher, participant and organisation protection were rigorously accounted for. This was done mainly by thoroughly informing the participants about their rights and providing them with enough information about the research. They were given the freedom of choosing to withdraw even after declaring their commitment to the study. If they agreed to be recorded, the recordings and transcripts were securely stored on the institute's drive, which was encrypted and secured by a password. Finally, participants were given codes and/or pseudonyms to conceal and guard their identity. The forthcoming chapters display the findings that were concluded from the data collected through the methodology explained in this chapter.

Chapter 4: Stress management intervention process

Stress can be tackled at three different levels: primary, secondary and tertiary (Cox, 1993); these different levels can overlap and are not mutually exclusive. However, primary interventions tend to be under-represented in the literature and in practice, due to the difficulty researching it and the lack of evidence in its favour. This of course strongly depends on the organisational context and who the intervention(s) is/are targeting. Implementing the correct interventions and maintaining them are very important aspects of tackling stress in an organisation. This chapter will explore the different interventions implemented by each organisation, carrying out a comparison between both, highlighting how the choice of various interventions affected the SMI process and its success or failure. The interventions used in each organisation will first be listed and explained in detail, which will clarify the differences in types of SMIs implemented in both organisations. It highlights that the university carried a more reactive stance to managing stress compared to BCH. The first theme discussed is the technicalities of SMI implementation across both organisations, highlighting the diagnostic and/or strategic choices of interventions implemented and the rationale of their selection, departmental (in-)consistency of SMIs within each organisation and the appropriateness of the selection in the departments. However, during the data collection it appeared that some interventions did not seem to be appropriate to some or all departments and/or personnel in the organisation; as an example, computer-based interventions were administered to craft operatives who had limited access to computers.

Overall, the argument made is that tailoring SMIs to specific departments and/or occupations was recognised to be an important factor as per the data collected. The penultimate discussion in this chapter revolves around how the involvement of both the organisations in awards or seeking accreditations encouraged SMI design and implementation, alongside reducing sickness absence rates due to stress. Finally, evaluating interventions proved to be a crucial part of their effectiveness and success (Adkins and Weiss, 2003). Evaluation is considered important as it indicates whether or not interventions are being cost-effective and beneficial. However, both case studies failed to display a clear evaluation plan, paying little or no attention to systematically evaluating the effectiveness of the SMIs implemented, leaving it too late to fix any deficiencies. This will be discussed in the third and final section of this chapter.

Choice of Interventions

The literature highlights the importance of identifying the reasons why organisations adopt (or do not) different SMIs (Dewe and O'Driscoll, 2002). This section will firstly list the interventions implemented by each organisation. This is then followed by grouping the interventions into seven themes (stress management policy and procedure, external and internal resources, management training, reactive interventions, stress awareness training, employee stress awareness and workload regulation). The rationale behind why each organisation chose to (or not to) implement them is also included, which shows that some interventions were implemented as a result of strategic planning, while others were less intentional as a result of compliance for awards, and finally as a result of following regulations (such as from the HSE). Both organisations had implemented a set of interventions, at different levels (primary, secondary, tertiary) meant to mitigate stress. Table 3 below is a display of what both organisations implemented, based on organisational documentation, participant information via interviews, and email exchange and observation. There are marks for whether the interventions were considered primary (1°), secondary (2°) or tertiary (3°), along with a brief explanation of what the intervention consisted of, and dates when they were introduced, where known.

In both the case studies, these interventions were implemented differently across departments and/or faculties, and were also found to be variably experienced by diverse employee levels (academics/non-academics and office staff/craft operatives). This section will first explain the interventions mentioned below in more detail, while comparing both organisations. This will then be followed by exploring the level of inconsistency of SMI implementation, the main reasons behind these inconsistencies, which included variables such as the size of the organisation and the nature of occupations in the organisations, and the results they had on the effectiveness of the procedure. It was harder to maintain consistency in RU as it was quite a large organisation compared to BCH. However, there was a clearer discrimination amongst occupations in BCH between office staff and craft operatives. These inconsistencies negatively affected the morale of disadvantaged groups and departments which did not implement sufficient interventions.

BCH	RU
<p>New stress policy and procedure (1°) A detailed and lengthy (twenty-two pages) policy and procedure document was published covering all aspects of stress management. This was first issued April 2013 and was revised January 2014.</p>	<p>Stress policy (1°) There was a short three-page policy including a statement on HSE stress management standards, where trade unions and representatives stood and the role of trade and development.</p>
<p>External consultant (1°/2°) An external consultant was employed to deliver wellbeing awareness workshops for managers (1°) and others targeted at employees (2°) (2013).</p>	<p>People partnership (1°) This was an initiative bringing together a working group consisting of central human resources, equality, occupational health, psychological services, health and safety and counselling, and the staff training unit to unify procedures, concentrating on mental health which included work-related stress (2015).</p>
<p>Employee helpline (external) (3°) Employees were made aware of this independent counselling and advice service, which was paid for by the employer. employeeassistance.org.uk.</p>	<p>Counselling (in-house) (3°) Staff counselling (SC) provided confidential professional support for all university staff for personal or work-related problems and challenges.</p>
<p>Information on intranet (2°) BCH informed its employees about the wellbeing services provided and advice on managing stress on the organisation's intranet.</p>	<p>Occupational health (in-house) (2°/3°) The Occupational Health Service offered a range of activities and services to the university, its employees and eligible students. These included advising HR, managers and staff, health surveillance and assisting staff with disabilities.</p>
<p>Proactive stress and wellbeing risk assessments (PSWRAs) (1°) These were conducted by managers with the help of a health and safety team. Results of PSWRAs were used to amend and refresh both the stress management policy and stress management training. Moreover, as part of the PSWRA process, all employees were given stress information sheets focusing on actions related to the main areas included in the HSE's Management Standards.</p>	<p>Stress Management Action Plan (SMAP) (1°) This was a document which served to aid manager-employee discussions around stress, prompting appropriate questions in order to encourage early recognition of the problem and intervention.</p>

<p>Training on psychosocial risks and stress for line manager (1°/2°)</p> <p>As part of the stress management policy, training on psychosocial risks and stress was delivered to all line managers to increase their skills to manage stress in their teams (1°) and to manage their own (2°).</p>	<p>Workshops for employees and managers (2°)</p> <p>The organisational development and professional learning department provided a wide array of workshops around wellbeing and aspects of work, such as time management (which could ultimately help with stress).</p>
<p>Wellbeing training for employees (2°)</p> <p>Employees were also provided with wellbeing training, including discussions on how to deal with difficult conversations they may have with customers.</p>	<p>Workload models (1°)</p> <p>This is a document which recognised how much work each individual did and helped to plan how much work each individual would do in the next academic year.</p>
<p>Mental health awareness-raising activities (2°)</p> <p>A number of mental health awareness-raising activities were run, including regular ‘Tea and Talk’ sessions to encourage employees to talk about aspects affecting their health and wellbeing at work.</p>	<p>Mental health awareness training (one faculty) (2°)</p> <p>One of the faculties took the initiative to provide general mental health awareness training to its staff, which included some aspects on work-related stress and stress management.</p>
<p>Annual personal development review (1°)</p> <p>All employees received an annual personal development review and regular one-to-ones with managers, where performance and potential support needs were discussed and reviewed, including tight deadlines, communication problems and work demands.</p>	

Table 4

Stress management policy and procedure

Having a stress specific policy was the most basic intervention for both organisations; however, its importance and effectiveness was not equally valued by the participants. Many participants from RU failed to confirm the presence of a stress policy when they were asked. Only one out of eight faculty HR managers successfully identified the presence of a stress policy; the rest either denied its presence, or said that they were unsure. In general, participants in BCH had a higher awareness of the presence of a policy and it was valued more by most the participants, although some remained sceptical of the effect it had as a SMI.

The RU participants who were aware of the existence of the policy, consisting mainly of the people directly involved with the ‘People Partnership’ which included occupational

health, psychological services, training and development and central HR, were unsatisfied with the policy. The stress policy in RU was short and mainly defined what stress was, listed the Health and Safety Executive's (HSE) management standards, and acknowledged of the role staff representatives, such as trade unions, regarding stress management. Phoebe and Emma, from OH and the psychological services respectively, were two of the very few participants who were aware of the presence of such policy. However, they were rightly concerned about how many people were actually aware of it and whether or not they knew how to use it. Although the policy was not very helpful, being quite short and superficial, the number of people that did know about it was shocking. What was more surprising was that of those who did not have knowledge about the policy were the faculty HR managers. This reflected either poor communication within the organisation and/or the insignificance of the policy.

As mentioned before, the participants who were indeed aware of the existence of a stress policy did not believe it was very effective in tackling work-related stress in the university. Peter, one of the leaders from the staff training unit, commented on the stress policy in RU. He mainly criticised it for being outdated and for lacking information on how the workplace stress should be addressed. He highlighted that the policy outlined what stress was, but was missing a crucial stage of addressing how it should be managed, while specifying the roles of certain stakeholders such as managers. This could perhaps be one of the reasons why there was an apparent inconsistency of procedures across faculties especially when it came to stress management, which is further discussed later in the section.

Moreover, it was also mentioned that although policies might initially seem well written, there remained an issue of effectively implementing them. This gave the impression that the organisation was 'talking the talk but not walking the walk' (Dan, RU). Dan, a union leader from RU, further expressed frustration as he highlighted the issue of good policies not being implemented, which inhibited the effectiveness of the policy. Dan mentioned the additional need of a workload policy, as it was not addressed in enough detail in the available stress policy, although everybody recognised the need for a policy that worked. It was only mentioned to be one of the sources of stress in the HSE Stress Management Standards.

On the other hand, there was a stark contrast with the stress policy in the other case. BCH's stress policy was substantially longer, twenty-two pages compared to three pages in RU, and more detailed. Along with defining what stress was and using similar

resources from the HSE, they included a detailed prescribed procedure for when an employee was suspected to be suffering from stress. The document itself served as a point of reference to managers, with an abundance of information about the causes of stress, symptoms to help identify stress, the effects of stress, available sources of support in BCH and a procedure for reporting work-related stress incidents. All of the participants who were interviewed in BCH were aware of this document and understood its purpose.

Having a detailed policy and procedure helped create a more uniform reaction to stress incidents in the organisation, and line managers had a unified reference point for support with stress incidents. Although BCH's policy was overall more established and effective, it still faced some criticism. Criticism was mainly from trade union members who believed that 'a lot of the policies are worded, and if you read them, you'd think "This is a lovely place to work"' (Tony, BCH), but they found that many managers felt that their hands were tied and could not and did not use the discretion which they were prescribed in the policy to use. This was pointed out to be due to resource constraints and the meeting of deadlines and targets which were dictated by higher management. Although management were given a lot of autonomy on paper to manage stress, this was not reflected in reality.

External and Internal Resources

Along with designing and implementing the new stress policy and procedure document, BCH hired an external consultant to help them implement change in the organisation. Julia, the external consultant, had a role in helping develop the policies and procedures and designing the assessment form; however, her role mainly revolved around working with individuals and managers to manage their own stress and the stress of others. She worked on making sure that the managers understood the new policies and procedures and helped employees directly with practical techniques, which was Neuro-linguistic programming (NLP)-based. Julia explained that NLP makes individuals aware of their thought processes and the feelings they experience when they recall different situations.

"So it's getting people to realise what their mind-set is ... change what's running in their head so that they felt more confident to manage and reduce their stress."
(Julia, BCH)

While the implementation of policy and procedure was considered a primary intervention, this sort of training was considered as a secondary SMI as it involved training individuals on how to manage their own stress.

RU relied on internal resources instead of SMI development and implementation. This was mainly done by a working group called the 'People Partnership'. This working group consisted of central Human Resources, equality, occupational health, psychological services, health and safety and counselling, and the staff training unit. The People Partnership worked to attempt unifying procedures, specifically concentrating on mental health which included work-related stress. The university had not employed anyone externally due to the abundance of its internal resources, according to Emma, one of the staff in psychological services. This proved to be quite effective due to the fact that they were embedded in and had internal knowledge of the organisation. However, their work was only known by employees from the departments involved in the partnership and faculty HR managers. One of their main initiatives was to upskill faculty HR managers to enable them to deal with stress relatively homogeneously, to ensure fairness and high-quality standards across faculties, rather than implement identical approaches. At the time of data collection, the People Partnership had only been running for less than a year, so its effect would have not fully crystallised into results. More about the SMI evaluations from both cases are discussed later in the chapter.

Management Training

Alongside that was a new programme developed by the occupational development department in partnership with external consulting in RU, which aimed at improving management skills across the organisation, for both academic and non-academic management. The Leadership Excellence Programme was designed around three core elements: personal leadership, learning collaboratively and leading the university. This was then supplemented with elective modules which concentrated more on management 'soft skills', such as coaching and managing challenging conversations. It was concerning that such modules, which could highly impact employee wellbeing and more directly affect stress, were left as electives due to the vital role that managers played in managing stress in the workplace (Lewis et al., 2012).

However, making the participants more effective leaders with the material covered in the core modules could potentially assist with maintaining a healthy workforce, due to having more competent managers. Recruitment of participants was where potential problems might arise. Currently participants were enrolled if they successfully applied to the programme and were selected to attend. This inevitably decreased the programme's effectiveness, as some interviewees felt that only the keen managers would enrol on a voluntary basis, leaving the more troublesome managers who needed the training outside

the training pool. However, this programme was very young, only operating for a year at the time of the data collection, which means that it carried much potential in coming years as more managers complete the programmes.

BCH also introduced management training workshops by their external consultant. As part of the stress management policy, training on psychosocial risks and stress was delivered to all line managers to increase their skills in managing their own stress and that of their teams. The management training programme in BCH was more specifically oriented towards training managers on the new stress management policy and managing stress in their teams. This was in contrast with RU programme targeting generally improving management, and not just regarding stress management.

Reactive Interventions

Although Cox (1993) flagged the oversimplicity of intervention categorisation, thus splitting them into SMIs which are targeted towards the individual versus the organisation, tertiary interventions can only be directed towards the individual, as they aim to help the individual cope after facing a stressful situation. Tertiary interventions, which include SMIs that help employees recover from stress, were found in both the case studies. In BCH it was in the form of external employee assistance helplines, while in RU it was in the form of 'in-house' OH and counselling. Reference to how these in-house services in RU were found to be helpful and how employees from BCH lacked such services and felt the need for it is explained in detail in Chapter 5. Also, similarly both organisations had a form to aid the dialogue between managers and employees: the Proactive Stress and Wellbeing Risk Assessments (PSWRAs) in BCH and the Stress Management Action Plan (SMAP) in RU. Such forms were considered as either primary or secondary, depending on when they were used, whether before or after an employee reported being stressed. However, in both organisations they tended to be the latter.

The PSWRAs consisted of a table spreading over three pages; this particular document could not be inserted in the appendix due to its confidential nature. The aim of this sheet was to identify which stressor(s) the employee was facing, and the level of risk (low, medium or high) associated with the chosen stressors; those listed stressors were based on HSE management standards, accompanied by some common examples to prompt the conversation between the manager and the employee. For each stressor category, there were two boxes: one was a space for actions the manager could take to improve the situation and the other was for the employee, with dates for when these actions should be

carried out. The participants were pointed towards certain sections of the stress policy to lay possible ideas for actions to manage specific stressors. Although the PSWRAs were designed to be used as a stress prevention tool, hence the 'proactive' part of its title, they were found to be used after an individual had shown some sign of stress or had reported it. Similarly, the SMAP form, which was developed by Occupational Health, was used in a more reactive manner after a concern arose. More detail around the SMAP, why it had been developed and an illustration of what key participants thought about it, will be found in Chapter 5.

Stress Awareness Training

Training in stress awareness was perceived to have importance in both organisations, with both managers and employees. Management training was considered as a primary intervention, because it made managers more aware of stress triggers, allowing them to reduce the sources of stress for their teams and subordinates. Training in BCH was more systematic than in RU and was compulsory for managers, and attendance was monitored by senior managers. In BCH, management training was carried out by Julia, the external consultant, and members of health and safety, to inform staff of the new policy and procedures regarding stress, general instruction regarding stress, and how to identify, tackle and reduce it. On the other hand, management training in RU consisted of optional workshops which were offered by the staff training unit and psychological services.

This was likely to be due to the difference of training programme aims across both organisations. BCH were undergoing substantial culture change, leading to their application for the European awards in 2014; therefore, managers had to be trained for the new policies and procedures implemented. However, the university had management training as an ongoing resource, and thus it was not compulsory or intentional like the programme in BCH. There was in RU, however, a programme which was recently launched in 2016, called the 'Leadership Excellence Programme', mentioned earlier. This programme was more structured than the aforementioned workshops. The three core modules of the programme focused on personal leadership, leading collaboratively and leading the university, none of which directly addressed employee wellbeing. However, this programme and workshops were optional, thus this meant usually only the keen individuals would attend, leaving out managers that were most in need of it.

Employee Stress Awareness

Employees received less attention, compared to managers, regarding stress management training in both organisations, perhaps due to their (employees) larger numbers; furthermore some respondents recognised that this was also due to strategic reasoning, as training managers could be more cost effective due to the influence of managers on wellbeing and organisational culture (Bourbonnais et al., 2012; Dollard, 2012; Kelloway et al., 2004). In BCH it was in the form of workshops by the external consultant, making employees aware of the triggers of stress and what they could do to help themselves. In RU, employees could choose from a suite of workshops provided by the psychological services and the staff training unit. Especially in RU, staff were left to their own devices to seek and enrol in training courses for their own self-development, or by management prompting or suggestions. Once again, employee training in BCH was done more systematically at the time of change; however, several participants mentioned that refresher workshops were needed as they were not ongoing and embedded, as the workshops in RU were.

Mental health awareness-raising activities and workshops were held in BCH, and one of the faculties in RU took their own initiative to better inform employees on the phenomenon. In BCH these were delivered in the form of regular 'Tea and Talk' sessions, to encourage employees to talk about aspects affecting their health and wellbeing at work, and a learning management system to give employees easier access to stress awareness training and related materials. And in RU, the faculty mentioned above ran mental health awareness workshops out of their own initiative and budget. The main aim of their workshop was to raise awareness of mental health and wellbeing, removing the fear of asking questions and starting conversations around mental health. The deputy head of HR reflected on the intervention, stating that they had organised several small groups run by an external company, and believed that the intervention had been particularly effective in starting conversations around mental health awareness.

Workload Regulation

Workload models were considered as a primary intervention in the university, because they ideally made sure that employees had reasonable workloads to protect them from potential burnout; mismanagement of these models also acted as a primary cause of stress. However, some participants felt that workloads remained unreasonable, creating more pressure on employees, especially academic staff. Although workload models were

mentioned to be an already-implemented SMI, Dan, a union leader in the university, spoke about how there was still a need to have ‘proper’ workload models to monitor and control the amount of work employees undertake. He did not believe that the university was doing enough to monitor employee workload, which meant that some employees might risk being overworked, without much consideration from management. This shows that this intervention was largely management-led, excluding the involvement of other stakeholders; this issue is highlighted in Chapter 5. Furthermore, he believed that consequentially the absence of a good workload model created inequities that only added to the stress for those who were working heavily.

This section explored in more detail the SMIs which were implemented in both case studies listed in Table 3. Both organisations displayed different rationales behind choosing and implementing certain interventions. Although some similarities were found in the SMIs implemented, there were differences across both organisations due to the different organisational culture and needs, such as the different types of interventions needed for craft operatives, many of whom were illiterate, compared to interventions that were targeted towards academics in a HE institution. The following section will further explore the SMI differences intra-organisationally, within different occupations and departments/faculties.

Consistency of SMI Implementation

The previous section illustrated a compilation of all the SMIs that were mentioned to be implemented in both BCH and RU. The consistency with which SMIs were implemented within each organisation was found to be a common problem across both cases. This was where some sections of the organisations or certain types of employees were at a higher advantage than others. Inconsistencies were particularly found in the university, due to its larger size and diverse nature of faculties across the institution. A different level of inconsistency was further found amongst academic versus non-academic staff. In BCH, the main dichotomy was the inconsistency found between office staff and craft operatives (manual workers). This section will look at how inconsistencies were experienced in both organisations, trying to look at the reasons behind these inconsistencies. In some cases, respondents pointed to the advantages of inconsistent approaches, such as having a tailored approach, yet in most instances it was seen as a disadvantage.

Both organisations displayed different levels of consistency in implementing SMIs, across departments, faculties and professions. In RU, it was apparent that not all faculties

benefited equally from implemented SMIs. This was mainly due to the service departments being 'out-based'. Having 'out-based' departments meant that each faculty would have their own HR, finance, health and safety, and marketing departments. Although these out-based departments reported to central services, they displayed different levels of participation in SMIs, as it was mainly reliant on the faculty service manager. However, in BCH the main dichotomy lay between office staff and non-office or craft operative staff. The difference in BCH was particularly apparent in effective communication about the interventions and access to them. More details of both organisations follow in this section, looking firstly at RU, followed by BCH.

For example, one of the RU faculties started their own mental health awareness training for their staff (mentioned in Table 3). This intervention was only found in that particular faculty. Most participants mentioned that they observed a great inconsistency amongst faculties and/or departments. Some saw this as an advantage, while others felt that this inconsistency could leave some employees feeling worse off than their colleagues in the same organisation. Hannah, a faculty HR manager in RU, saw that this inconsistency as a positive form of adaptation and tailoring processes to the specific needs of the department. She highlighted how each faculty had its own culture; even within schools, different research groups were unique as well. Hannah, along with a couple of other members from different faculties, argued that tailoring things for each faculty or department was effective, as they would know what worked best for their own faculty, being aware of its culture.

On the other hand, there were other participants who found this inconsistency in procedures to be a disadvantage. It was not just the case of tailoring procedures and interventions to the culture and needs of the faculty; it also showed that there were shortcomings which emerged in some of the faculty interventions and/or procedures. One of the OH practitioners, Phoebe, conveyed her opinion on how having inconsistent procedures was negatively affecting the organisation. She said that the main cause of concern was when some employees, due to this apparent inconsistency in procedures, were at a disadvantage being in a certain faculty which did not offer sufficient support, compared to a faculty which provided it. This also clarified that decisions of SMI choice were usually at the discretion of the faculty dean, rather than the main/central structure of the university, creating a varied approach to procedures generally amongst faculties, and specifically their attitude towards stress-related issues. One of the problems that might arise from this was the sense of inequality amongst employees across the different

faculties, where if an employee was in a certain faculty their case would have been treated in a better manner. Moreover, the size of the institution appeared to have a significant role in determining the consistency of procedures in the organisation.

Inconsistency was recognised by several participants, showing that it could be a significant problem. It was observed that there was limited knowledge of what other departments and faculties had implemented for SMIs. Therefore, some of the interventions which arose from individual initiatives were not acknowledged by others. These inconsistencies illustrated the lack of senior management influence to place a unified stress management strategy; this will further be discussed in Chapter 6 looking at the role of senior management. Having ‘out-based’ faculty service departments proved that it could be both advantageous and hindering when it came to SMI and process implementation and execution. The inconsistency of procedures was discussed as one of the side effects of having ‘out-based’ services; on the other hand, it helped create a tailored service to each faculty.

Well we’re all under the same HR framework and policies ... I suppose the out-base means that we’re closer to the academics in our area ... so we participate in the faculty management team. [Heads of school know] that I’m the contact. [It is] more personal, it’s not like it was years ago ... I was in central HR, but I still dealt with some of these departments... so I used to say to the finance manager ... we’ll get together once a week ... but it’s a lot easier if like her office is two doors down from me. It’s that sort of local support that we aim to provide. (Ester, RU)

Deborah, a faculty HR deputy head, acknowledged that there were several SMIs interventions in place which were effective, however ineffectively implemented in some faculties. Her description of how the procedures were done in ‘pockets’, rather than being disseminated across the organisation, reflected Ester’s quote above which shed light on how some faculties dealt with stress more efficiently than others. She highlighted the fact that the university needed to improve services, through working with OH and psychological services along with line managers, in certain areas where some problems needed to be addressed.

Sarah was an operations manager for one of the faculties; she was unique to the sample in the fact that she had been employed in many different departments across several faculties in the same university. This made her a great source of information regarding her opinion on the consistency of procedures in the organisation. She mentioned that although she had worked in the same organisation, she had experienced a wide ‘spectrum’ of departmental working cultures. This again shows that interventions chosen and implemented were majorly reliant on senior leadership of the particular department, rather

than the structure of the university. The structure versus agency argument could be implemented in this case, where procedures were inconsistent due to the amount of discretion each head of faculty possessed, compared to what the university structure dictated to the faculties, although giving the chance to different faculties to tailor stress management to their specific needs. However, as shown in Sarah's quote below, the lack of structure sometimes translated into negative working environments, with ineffective interventions where managers allowed that.

Massive differences ... Huge. I think I've experienced ... I can't say the full spectrum ... but I feel like I've experienced the full spectrum, from being in a very negative, unhelpful, unsupportive working culture. To the very opposite end of the scale – very supported, very well looked after end of the scale. So, it's been hugely varied [...]. I think it's the culture of the department that you're in ... But that culture is set by the senior leadership of that particular department. So, I think it's down to whoever happens to be in charge, needing to set the right tone and ... direct managers. Your direct line manager has a massive impact on your level of support, your level of knowledge, your level of help that you're getting in any given situation and that could be very varied and that will then give you a varied experience. (Sarah, RU)

James, a faculty HR manager, was another participant who had inter-faculty experience in RU. He explained how even the simplest procedures were varied across faculties. James's faculty at the time was merging with another; in the process, he realised that a certain form, which his faculty had always used and he had assumed was the norm, was regarded otherwise. This confirmed two points: firstly, that procedures varied greatly between faculties in RU, thus reflecting on how stress management could differ from faculty to another. Secondly, this exposed how weak inter-faculty communication was regarding sharing procedures and practice, because James only found out about the difference in procedures when it was time to merge the faculties. This weak inter-faculty communication meant that 'good practice' procedures were not shared across the organisation. This was blamed by James on the university's large size.

Notwithstanding the reality that faculties had their own culture and implementation of interventions, a general opinion was expressed that there seemed to be a difference between academic and non-academic staff in terms of stress management, with the non-academics feeling they were 'lower status' or 'second-class citizens'. Martin, a line manager in one of the faculties in RU, expressed that in the quote below while he was speaking about managerial structures in the university and in academia in general.

There is a definite divide between academic and non-academic staff. And non-academic are seen as somehow lower down the food chain. (Martin, RU)

Another participant, Lindsey, mentioned that her 'cynical side' believed that academics unnecessarily reported high levels of stress, while they were granted high flexibility and did not need to come in Monday to Friday from eight to four like she did.

Similar to the dichotomy of academic and non-academic staff as aforementioned, BCH faced this issue of inconsistency between their office staff and craft operatives. There was a general consensus that office staff tended to be looked after more than the craft operatives, having their SMIs catering more to the office staff. One of the main SMIs implemented in BCH was information on the intranet about stress, which was made available to employees to access information about stress, how to tackle it and where to go in the organisation to mitigate stress they were feeling. However, in order to access that information on the intranet, employees needed to have access to a computer, which most craft operatives lacked. The 'Tea and Talk' sessions mentioned earlier served as a communication platform where craft operatives received some information provided on the intranet, which was however insufficient as it was difficult to retain due to its oral nature. Furthermore, there was a number of craft operatives with low literacy and numeracy rates, which made it difficult for them to deal with written information as such.

This section explored the consistency of SMI implementation across faculties in RU, and across professions, office staff and craft operatives in BCH. It was apparent that due to the large size and 'out-based' faculty structure of RU procedures, the implementation of SMIs varied greatly from faculty to another. The deans' preferences, the heads of services in the faculty, faculty needs and available resources all dictated what was implemented in the faculty. Although having variant interventions was beneficial, providing tailored procedures for each faculty's needs, it was also seen as a shortcoming when some employees were disadvantaged because they happened to be in a faculty that did not effectively implement SMIs. On the other hand, while consistency was mainly a problem across the different faculties in the university, the main issue that faced BCH was the difference between office staff and craft operatives, and the amount of attention they received regarding the SMIs targeted at them. This is discussed further in the following section, regarding the appropriateness of the interventions implemented, which proved to be especially troublesome for BCH craft operatives.

Appropriateness of Interventions

The list of interventions mentioned in the previous section displayed that action was indeed taken to mitigate stress. However, although effort was exerted to implement interventions, it was no guarantee that the implemented SMIs were suitable across departments, faculties or occupations. This section will examine how different SMI appropriateness was analysed by the researcher, and by further illustrating how participants perceived certain interventions. There seemed to be a clear dichotomy between staff in both organisations, regarding several procedures including stress management. In RU, there was a perceived difference between academic staff and non-academic staff. On a similar note, participants in BCH perceived a difference between office staff and craft operatives. Differences between staff levels were found in the way stress was reported and monitored, treated, and in logistical arrangements. Looking at the interventions provided to each staff category clearly indicated that little thought and resource had been put into the design of interventions aimed at craft operatives. This will be discussed further throughout this section.

One of the ways HR managers in RU kept track of employee wellbeing was by periodically running reports from their SAP system to look at sickness absence patterns. However, several participants who commented on this pointed out that this process was more suitable for support staff rather than academic staff. This was mainly due to the diverse nature of their jobs. Support staff usually had to report when they were not coming in, because most of their work required them to be physically present at the office. On the other hand, according to Mark, a union health and safety officer, academics did not usually report being 'off sick' but rather just worked from home. Being unable to fully and accurately report faculty sickness absence introduced a problem of being unable to monitor the health of academic staff; thus, this form of monitoring proved to be inappropriate when it came to academic staff. Although several HR managers in different faculties recognised this issue, no alternative monitoring procedures were implemented for academic staff.

However, a further problem arose regarding academic staff sickness monitoring. If an issue was picked up from the records, which was relatively easily done regarding non-academic staff, managers could be advised by occupational health or HR to keep an eye on a certain employee to make sure they did not burn out by skipping their lunch break or staying after hours. It was highlighted by Phoebe, from OH, that although academics still technically had 'line managers', they were managed differently to support staff, with

less defined hours which the manager could monitor. Therefore, even if the monitoring issue was resolved and concerns were raised regarding a member of academic staff, its method of being addressed was different from its method with a non-academic staff member. This was mainly due to the difference in the dynamics of the relationship between academics and their managers, compared to that of non-academics.

Moreover, pressures experienced by academics and non-academics differed in nature. This meant that they naturally required different interventions to manage their stress. The recent introduction of fees to home students had created an additional pressure for academics to deliver quality-wise to the increased student expectations. Academic staff workloads in general had also been highlighted to be a problem area, which was detected by Union 1⁴ survey measuring workloads across UK institutions in 2016. Based on 167 responses, the university had an average of 48 FTE hours worked per week, in which over half of the respondents reported a ‘significant increase’ in workload pace and intensity over the last three years. Furthermore, over a quarter of the respondents reported that they felt that their workload was ‘unmanageable’.

Work intensification had also been identified as another source of stress, which reflected the survey findings above, as for academics the number of responsibilities had been incrementally increasing over the years. Even tasks that were considered marginal, such as ‘emptying out bins’ took up some time, as illustrated by Dan, a union leader in RU. He also mentioned how the introduction of new options, such as the recording of lectures, had increased the workload of academics because they were now required to edit and upload the material. The main issue revolved around the fact that, although tasks were increasing, which he understood need to be done to offer value to students, there remained an issue of resourcing staff to handle the extra work. This was in line with the research provided in the literature review around how academics are facing increasing work intensification (Darbie, 2017; Pignata and Winefield, 2013).

Although excess workload was shared, both with academic and non-academic staff, the nature of stress differed. Most non-academic employees reported problems relating to management deficiencies. These included such things as the lack of management structure, being led by academic managers who lacked management skills and/or the time to manage, and having unreasonable expectations set by management. Such simple differences in stressors experienced by either type of employee in the university clarified

⁴ Union name omitted to maintain anonymity.

the fact that they required different interventions to mitigate the stress they were suffering from: academics would require interventions that addressed their workload and work intensification issue, while non-academics needed better-trained managers.

On the other hand, similarly in BCH the main dichotomy was experienced between office staff and craft operatives; however, in this case study, the issue mainly lay in the means by which interventions were communicated. As mentioned before, most of the craft operatives did not have access to a computer. Moreover, some of them struggled with their literacy and numeracy levels. Although this was an issue, there had not been substantial alternative SMIs implemented to suit these individuals. Becky, who is quoted below, was in charge of internal communications in BCH, and when she was asked regarding the issue of the craft operatives, she acknowledged that they faced a communication issue conveying information to craft operatives. However, Becky herself had no decision power to change what was in place to something more accessible to the craft operatives.

There's a massive communication problem – a third of the workforce is operatives, there's no real mechanism in place, you can send text messages ... but that would cost money. PDAs (Personal Digital Assistant – electronic handheld information devices) are the way to go ... they have regular meetings but it then all relies on the manager then cascading the information down and it's a hard task they've got and there is no solution at the moment ... this will solve it to a degree by saying they've got the information. But then you've got to rely on people using it and being comfortable with it. (Becky, BCH)

Due to the difficulty of having access to a computer, craft operatives required an alternative source of information. The alternative intervention offered to inform craft operatives of any advice regarding their wellbeing was in the form of 'toolbox talks'. These 'toolbox talks' mainly consisted of the operatives gathering to be informed, verbally, of any updates in the organisation. However, the value of these talks in relation to stress management seems questionable. One-way verbal communication could be sufficient for conveying messages about general organisational updates; however, how long this information was retained could be troublesome. Therefore, replacing information about stress present on the intranet by brief verbal mentioning was very ineffective; this was especially felt from the quote below. Nancy, a maintenance manager, explained how 'toolbox talks' were carried out and emphasised that if wellbeing were 'mentioned', it would be done during the talk along with a 'five-minute mention' of services offered.

We have toolbox talks for the operatives – for the whole company actually ... For a couple of days every few months in sessions they'll get everybody together and it will be an update on how the company is doing, any big changes that are coming ... you know, it's like an information session. I think maybe if someone was to mention about wellbeing or something like that ... because you know the message is going to everybody that way because people are there and have to attend. And it's maybe just a 5-minute mention of the services on offer. (Nancy, BCH)

Besides lacking access to stress-related information on the intranet, craft operatives led a different style of work. In their main building, BCH occasionally had yoga sessions and wellbeing classes, and sometimes masseurs were brought in to help employees relax. However, Nancy, who was based in a different building, described that where she was based '[they] don't have anything like that'; instead they were surrounded by information about helplines should anyone become concerned about their wellbeing. Nancy again highlighted the fact that the craft operatives were quite target-driven to achieve bonuses and attend to tenant requirements, therefore such interventions offered in the main office could be seen as a hindrance to their day, thus to their targets. Although the interventions implemented in the BCH's main building were not suitable to the needs of the craft operatives, they were not sufficiently substituted to supplement them with appropriate interventions. This again highlighted the varying culture found within the same organisation.

Similarly, university staff faced a similar dichotomy of treatment regarding SMIs available to them. Matt, a union chair, in the quote below recognised and reflected what had been mentioned about the clear difference between how academic and non-academic staff were perceived and treated in the institution. Here, Matt is speaking about mental health awareness courses that had been piloted with groups of staff, about recognising symptoms of stress and some 'self-help' remedies or techniques to help alleviate some of the stress. However, he highlights the fact that they were initially piloted to support staff, understanding the dichotomy between academics and non-academics. Although this might have appeared as a disadvantage or inequality for either of the groups, this showed a consideration of the different needs required, ensuring appropriate interventions for each group.

It (the mental health awareness course) certainly will be [available to] the support staff ... because dealing with the academics in that kind of area is a different ballgame and I don't really know that much about academic life [...] there's a difference in the way the university speaks to and deals with academics from the rest of the staff .. .and that's umm ... I don't know quite how to explain the difference ... but the pilot studies are looking at the support staff ... in the first

instance, maybe if they're really successful they'll try a different version for academics. (Matt, RU)

This section questioned the appropriateness of some of the interventions implemented in both organisation in relation to their whole workforce. In RU the dichotomy was clear between academic staff and non-academic staff across all faculties, as was found in monitoring academic staff sickness absence identically to how non-academics were monitored, due to their different attitudes towards reporting sickness. Furthermore, because of the variant nature of their jobs, they faced completely different stressors. On the other hand, in BCH the difference was mainly found between office employees and craft operatives, and the way they received information. It was clear that any interventions that required taking time out of the working day, or needing access via a computer, or requiring substantial amounts of reading, were seen to be inappropriate for craft operatives. However, they were not provided with suitable alternatives. Both organisations showed that seldom did an intervention work effectively across a whole organisation, due to the presence of diverse subcultures within departments and job roles, such as the difference between faculties in the university, and the dichotomy between office staff and craft operatives in BCH respectively. This shows that the organisations were in need of carefully implementing interventions across the organisation, tailoring them to the needs of the specific department or occupation, rather than implementing interventions based on convenience or isomorphic pressures mirroring similar organisations.

Stress Reduction via Awards and Accreditations

Along with deliberate interventions aiming to reduce stress, in both case studies, the organisations were looking to directly and indirectly tackle stress by working towards certain accreditations and/or qualifying for rewards. This section will explore how both case studies, by seeking certain accreditations and awards, reduced stress levels, amongst other effects. Firstly, activities in the university will be explored, with a particular focus on the Athena SWAN accreditation, explained in the following paragraph, which was sought by Science, Technology, Engineering, Mathematics and Medicine (STEMM) faculties. Furthermore, the effect of certain procedures, such as performance management on employee wellbeing, will be discussed. This will then be followed by looking at the procedures and changes implemented in BCH to apply for the European award and eventually be a successful recipient for the good stress management practice award.

As mentioned before, STEMM faculties in RU perceived it to be very important to attain Athena SWAN accreditation, which was issued by the Equality Challenge Unit (ECU). The ECU is an organisation which ‘... support[s] universities and colleges to build an inclusive culture that values the benefits of diversity, to remove barriers to progression and success for all staff and students, and to challenge and change unfair practices that disadvantage individuals or groups’ (ECU, 2017). They have two equality charters which aim to transform gender and race equality in higher education; these are the Race Equality Charter and Athena SWAN. Athena SWAN is open to UK institutions and its main aim is to ‘encourage and recognise commitment to advancing the careers of women in [...] (STEMM) employment in higher education and research’ (ECU, 2017). They provide three levels of award: bronze, silver and gold, which can be awarded at both institutional and departmental levels.

According to their award application to achieve the bronze award, the institution and/or department must ‘recognise that in addition to institution-wide policies, the department is working to promote gender equality and to identify and address challenges particular to the department and discipline’ (ECU, 2017). Moreover, this is necessary to achieve the silver award: ‘In addition to the future planning required for bronze department recognition, silver department awards recognise that the department has taken action in response to previously identified challenges and can demonstrate the impact of the actions implemented’ (ECU, 2017). Finally, to achieve the gold award, departments must display ‘significant and sustained progression and achievement by the department in promoting gender equality and to address challenges particular to the discipline. A well-established record of activity and achievement in working towards gender equality should be complemented by data demonstrating continued impact. Gold departments should be beacons of achievement in gender equality and should champion and promote good practice to the wider community’ (ECU, 2017).

In the application, institutions and departments need to display, amongst other things, how the following are handled: career transition (recruitment, induction, promotion and Research Excellence Framework [REF] submissions which are ‘aimed to secure the continuation of a world-class, dynamic and responsive research base across the full academic spectrum within UK higher education’ (REF, 2017); career development (training, appraisals, support for career progression and support for research grant applications); flexible working and managing career breaks (maternal/paternal leave and flexible working hours); and the organisational culture (HR policies, representation of

genders on committees, workload models, departmental meeting and gathering timings, visibility of role models, and outreach activities). RU had achieved an overall bronze award, with two out of eight faculties achieving the silver award.

Looking at the award application, guidelines and requirements illustrated how working towards an Athena SWAN award could be beneficial to a department and institution as a whole. As departments self-assess, potential points of improvement emerge and are addressed in order to submit a stronger application. In the process of improving departmental procedures and the characteristics mentioned above, employees should ideally experience an improved quality of work, thus possibly reducing stress. Deborah, a HR deputy manager from one of the STEMM faculties, spoke abundantly about how their Athena SWAN had been instrumental in stress management. She explained how she perceived that all departmental procedures, such as performance management, could affect stress in one way or another. If done properly, it could be viewed as a helpful rather than threatening tool for career development. Thus, due to the department's application for Athena SWAN, their appraisal/development review schemes for staff at all levels had to be reviewed and optimised. This was done to ensure a fairer process, providing good feedback to employees through the mentioned vehicles, by giving supportive feedback and ensuring that they had enough support and resources to carry out their role.

Furthermore, applying for Athena SWAN helped introduce new procedures and improvements, such as the way performance management was administered. Hannah, a faculty HR manager, further explained how Athena SWAN had been a great driver for change, encouraging the improvement of training on HR issues, which was found to impact stress levels. This was done by better training on HR issues, ensuring that managers were well equipped on procedures such as promotion opportunities and rewarding employees. The impact of seeking Athena SWAN accreditation on stress management, which was only seen in STEMM faculties, in stress management in the university had been displayed hitherto, displaying how it could 'drive' change in the department and/or faculty. Similarly, encouraged by seeking the 'healthy workplaces – best practice awards' in stress management, BCH had improved their policies and procedures to positively impact stress management. The following section will illustrate how BCH, like RU, implemented change as they sought to apply for the award.

The European organisation⁵ is one of the main information agencies for occupational safety and health, which contribute to several EU strategies and programmes. One of their key activities aims to raise awareness of occupational safety and health topics across Europe. Their 2014–2015 campaign was centred on managing stress in the workplace. By that time, BCH had recognised that they had a problem with workplace stress, management and their health and safety team decided to start mitigating it. Applying for this award encouraged them to approach stress management more systematically, recording everything that was done to submit it. Applying and winning the award also played a great role in increasing awareness of stress and stress management in the organisation amongst managers and employees. However, these awards may also have acted as a box-ticking exercise, where organisations could do just enough for their applications and slack off after that, as was evident in BCH. Luke, from BCH health and safety, demonstrated the reaction of some managers and their support for the implemented interventions, where some were sceptical at first. Luke emphasised that winning this award raised awareness of the implemented interventions and gave them credibility amongst management, moreover, gaining their trust and making H&S a first port of call for any queries.

This section explored the effects that competing for an award or applying for accreditations had on stress management and the implementation of certain interventions. The first example was from RU where most of the STEMM faculties sought to achieve the Athena SWAN accreditation which supported equality and removed barriers for minorities within the faculty. In order to achieve such objectives, changes in the system were made regarding recruitment, progression and flexibility in the workplace. The improvement in the aforementioned procedures seemed to be unanticipated and proved to be consequential to the requirements of particular awards or accreditations. These seemed to, unintentionally, help improve employee wellbeing, reducing stress sourced from unfair and/or inefficient personnel procedures, involving career transition, career development, flexible working and organisational culture. These accidental SMIs showed that some interventions might lack strategic foundations, which reflected the first section in this chapter about reasons behind the choice of SMIs implemented. However, with the final two points, not only did they require faculty change/input but an organisation-wide

⁵ Name and references omitted to protect the anonymity of BCH.

action, especially for HR policies. This would have encouraged STEMM faculty heads to negotiate change that would positively affect university-wide policies and procedures.

The second example was BCH, successfully awarded for their efforts tackling workplace stress, although an immediate improvement in sickness absence was not evident, which is discussed in more detail in the next section on SMI evaluation. After trade unions in BCH initiated a need for action against prevailing work-related stress, health and safety took the lead in implementing SMIs to mitigate the stress. In the process, the parties leading the change, the health and safety advisors, were made aware of the European awards for workplace stress management and were advised to attempt to compete for the award. Applying for the award encouraged them to be more systematic in recording and implementing the interventions. Furthermore, when their application was successful, and they were chosen to be one of the top ten applicants, the award gave the interventions credibility in the sight of even some of the sceptical managers encouraging the change. Furthermore, being award winners, BCH felt the need to continue trying to decrease their sickness absence statistics.

Overall, this section illustrated that seeking to gain accreditations by prestigious bodies and competing for best practice awards, even if not directly related to stress management, could be an effective motivator to improve working conditions for employees, thus potentially reducing stress. This was true especially for the stress stemming from inefficient procedures and organisational structures or systems.

Evaluation (or the Lack of it)

After ensuring that the (potentially) appropriate SMIs had been implemented in the organisation, evaluation, both formative and summative, proved to be important to ensure that the desired outcomes were being achieved (Grawitch et al., 2015; Kompier et al., 2000). Despite its proven importance, evaluation was scarcely mentioned during data collection in both organisations; neither organisation displayed any intentional rigour to evaluate their implemented interventions, to ensure their success and in order to aid in decisions regarding whether an SMI should remain or be replaced. One programme (the leadership excellence programme), which was held by RU, although not directly designed to tackle stress, had a predetermined evaluation plan issued before its launch. Although data on SMI evaluation was relatively sparse in both cases, there had been some indication from both management and employees, although informal, on how useful they thought some interventions were. In RU only the leadership excellence programme had a formal

evaluation in place. On the other hand, BCH had been using their sickness absence as an indicator of the success of their interventions. These will be discussed in more detail throughout this section. Initially the formal evaluation carried out in RU will be explained and discussed, followed by the more informal remarks by both managerial and non-managerial staff. This will then be similarly replicated for the BCH case.

As mentioned before, the university had recently implemented a new leadership excellence programme with the aim of training highly equipped managers across the university. This of course had the potential to have a positive impact on employee stress, provided that the managers effectively implemented what they had been taught. The leadership development strategy document had a dedicated section explaining how they planned to evaluate their programme. Although the programme was not directly aimed to reduce stress, ensuring that the management training was meeting its targets could be reflected in having better managers. According to their leadership development strategy, their internal leadership development programmes would be the subject of systematic evaluation informed by Kirkpatrick's model⁶ (Figure 2).



Figure 2

Evaluation processes which were planned to be implemented for the Leadership Excellence Programme included collecting participant satisfaction responses; evaluating participant learning and understanding via assessments before and after workshops; assessing the impact three to six months after programme completion via questionnaires, psychometrics and selective interviews with participants and their managers; and measuring the long-term impact of results and return on investment through identified performance indicators.

⁶ Figure extracted from RU documentation, thus citation omitted to protect anonymity.

Grace, the leadership and organisational development manager, was interviewed about the evaluation process of the leadership excellence programme explained earlier in the chapter. She highlighted the fact that the top three components of the ‘pyramid’ in Figure 2 were the most essential to the executive board to justify resourcing the programme, and to make sure that its continuation would be of benefit to the university. Kirkpatrick and Kirkpatrick (2006) intended for the first level, satisfaction, or as he named it, ‘reaction’, to measure how participants of the intervention reacted to it, especially because organisations tended to pay for the implementation of interventions. Secondly, learning highlighted the extent to which participant knowledge and/or skill developed, which is reflected in a change of behaviour. Finally, impact and results in Figure 2 are represented as ‘results’ in Kirkpatrick and Kirkpatrick (2006), which illustrates the final results occurring due to the participants attending the programme, where many of the results were not tangible but might evolve into tangible rewards in the future.

Besides the official evaluation model used for one of the leadership excellence programmes discussed above, employees and managers indirectly ‘evaluated’, not only the leadership excellence programme, but other interventions as well during the interviews, stating their opinion about the discussed interventions. Below, Sarah, an operations manager, commented on her experience using one of the SMIs in place, the risk assessment form.

Really effective (the risk assessment intervention) – thinking specifically about stress risk assessment, I’ve only used it once, but I’ve used it quite recently in a case with a member of staff that I’ve had off sick for a period of six months now, so this is something that we were exploring right from the start and talking about the member of staff. (Sarah, RU)

Many other participants from RU expressed how useful they felt psychological services and occupational health were. There was a general consensus that they were very instrumental in helping departments and individuals with dealing with stress and a wide range of mental health and psychological issues. Emma, one of the psychological services practitioners, mentioned how they collated data on the usefulness of the service by using self-reporting accounts from clients. Although there was no formal evaluative method for the service, this information collated could display how instrumental the service had been in retaining employees and reducing absence rates. This evaluation, although self-reported by clients, could then be used as proof for senior management, to show the effect of the service, to attract more investment and resources to the service.

We have some data on that (how useful the service is), it's only self-reported after the end of counselling but there are some good percentages of people saying that ... they would have had time off if they hadn't had the service to come to ... that the service has helped them to stay engaged at work and return and of those that *were* off work, that the service helped in their process of returning to work ... so we're hoping to try to use that a bit to try and justify ourselves. (Emma, RU)

On the other hand, BCH only used sickness absence as a formal indication of how successful their interventions were. BCH's absence rate was still increasing, but at a slower rate after the interventions had been implemented. Luke, from health and safety quoted below, highlighted how sickness absence was still considered to be a problem in BCH, despite the implemented interventions. However, no action was taken to improve the interventions after realising that sickness absence was not substantially improving.

It's really the only thing we can look at ... is our umm ... sickness absence statistics and there's not a great deal of change ... it's not ... it's not really going anywhere. ... even from the years of all of this work being done ... it's very much plateaued and I'm still to get a downward trend. (Luke, BCH)

The award brochure which illustrated the actions taken by several nominated organisations and the successful entries contained some points which could be considered as intervention evaluation, proving the outcomes of their implementation. For BCH, the results achieved included a noticeable raise in stress awareness where there was a greater understanding of stress factors, thus generating new ideas are about how they could be managed. Furthermore, the stress management policy and associated training contributed to the company being awarded the Investors in People Gold award, which indicated that intervention had been recognised as being effective. However, BCH lacked detail in how these conclusions were reached and how awareness was measured. Failing to intentionally evaluate interventions proved to be particularly problematic in recognising ineffective SMIs early in the process, in order to adjust or change them, such as recognising the inappropriateness of internet-based interventions for craft operatives, waiting till too much resource is exhausted before action is taken. Thus, a gap arose between the rhetoric of SMI initiatives and their realities, when criteria were not in place and carefully accounted for. Although accreditations and awards did to an extent compel the organisation to be more intentional about implemented interventions, these might have been transformed into 'tick-box' activities to ensure they met requirements.

This section explored how both organisations evaluated the SMIs which were implemented. However, the size of this section reflects how evaluation was not greatly considered in the process of implementing the SMIs, causing the anticipation of their absence in the case studies. This was with the exception of the Leadership Excellence

Programme in RU, which had placed an evaluation plan before the implementation of the programme, which seemed a cost-effective action in forward planning. Although it seemed a rational action to consider intervention evaluation, it was fascinating to find that only one intervention implemented it, as the literature reflected common organisational negligence of SMI evaluation (Adkins and Weiss, 2003). Furthermore, BCH had used sickness absence to evaluate their interventions; however, it was clear that the results reflected were not as positive as they had anticipated after the implementation of the interventions for three years. In conclusion, this section highlighted how both organisations lacked SMI evaluation and action on feedback when collated.

Conclusion

This chapter explored the array of different SMIs implemented in both organisations, highlighting the rationale behind using the ones chosen. Both organisations were found to share three main types of interventions. Firstly, both had a stress management policy in place, with BCH's being a more recent addition to the organisation and more detailed than RU's. Management training was also found to be a common intervention across both cases; however, management training in BCH was specific to stress management, compared to the leadership programme in the university, which was more concerned with improving leadership in general, indirectly reducing stress through better leadership. The third similarity was the introduction of a stress risk assessment sheet for managers to use with their employees, mainly to identify the stressors and place an action plan to mitigate for them.

Besides these three similar interventions, this chapter further discussed interventions specific to each organisation. Along with this inter-organisational comparison of interventions, intra-organisational differences were also discussed, focusing on inconsistencies of SMI implementation across employee types (craft operatives/office-based staff), and departments and/or faculties. During the fieldwork, it was evident that not all interventions were equally appropriate across different departments and/or employee types. This inevitably highlighted the fact that employees in the same organisation were not equally privileged regarding the presence of effective SMIs appropriate to their needs.

This chapter further discussed the positive effect that applying for external accreditations and awards had on encouraging the implementation of effective SMIs in an organisation (or a part of it). STEMM faculties in RU sought Athena SWAN accreditations (and

upgrades), thus this positively affected the decreasing of stressful situations in the workplace, stemming from discrimination in the workplace and hindrances in work progression. BCH took a more holistic approach, applying as an organisation for the European awards for best practice in stress management. Their intention to apply for this award encouraged them to systematically implement SMIs to improve their employees' wellbeing. The improvement in the aforementioned procedures seemed to be unanticipated, and proved to be consequential to the requirements of particular awards or accreditations. These accidental SMIs showed that some interventions might have lacked strategic foundations for employee wellbeing, which reflected on the first section in this chapter about reasons behind the choice of SMIs implemented. It also represented how interventions were reactive, as they were implemented as a result of facing troublesome levels of sickness absence, which had adverse results on the organisation.

Finally, this chapter discussed the apparent lack of intervention evaluation by either organisation, despite the importance it possessed in determining the success of SMIs according to the literature (Gratwitch et al., 2015; Kompier et al. 2000). Across all the interventions in both case studies, only the leadership programme in RU had a predefined evaluation plan before its implementation. While BCH used sickness absence as an indicator, they failed to act upon it by improving their interventions in response to increasing sickness absence rates. SMIs were informally evaluated through accounts given by participants, stating their opinion of interventions they experienced in terms of whether they had found a certain SMI to be useful or not.

Each case had a set of different interventions which were chosen based on different rationales. These included things like implementing interventions for the sake of compliance with bodies such as the HSE, addressing specific problems such as sickness absence, responding to union requests or the rare occasion of trying to proactively implement change such as training management. However, within organisations it was clear that sustaining SMI consistency across the organisation proved to be a difficult task. Awards and accreditations had also proved to encourage organisations to implement interventions which both directly and indirectly reduced employee stress. Evaluation, although important, did not get enough attention from organisations, therefore inhibiting the potential of substantially and effectively improving SMI implementation.

Chapter 5: Whose job is it anyway?

The question of accountability for SMI implementation has received relatively limited attention in the literature on stress, and where this has been covered, studies tend to fall short of explicitly stating which stakeholders should do what (La Montagne et al., 2012; Randall and Nielsen, 2012; Department of Labour, 2003). This is a clear indication of the ambiguity around this particular issue: whose job is it to manage stress in the workplace? This chapter will illustrate different departments or entities identified to have a role in stress management, which are both mentioned and neglected by previous literature. Furthermore, this chapter will explore the shortcomings of not having a certain department or person leading the stress management agenda as exhibited in the data. This will be done by drawing from official documents from the organisations and from the accounts of different participants. These groups or departments include the department of Human Resources, trade unions, central services (such as occupational health, health and safety, and psychological services and counselling). Managers have also been substantially mentioned to play a big role when it comes to stress management; their specific role will be explored in Chapter 6.

During the data collection, when participants were asked about who was in charge of stress management, many responded with the textbook answer of ‘stress management is *everybody’s* responsibility’, would mention a department (and participants from that department would then mention another), or they would simply not know. It did not take long before it was evident that ownership of stress management was obscure. This was evident in both organisations. Not having a clear idea of who was in charge of stress management in an organisation could be problematic in many ways. There seemed to be a strong need from participants for designated stress management roles, as this ambiguity appeared to hinder interventions. However, although scarce, literature tends to illuminate the importance of the role of senior and middle managers in stress management (La Montagne et al., 2012).

There are examples of studies indicating that implementing SMIs, like any type of organisational change, requires efforts to be managed from the top down (Tetrick et al., 2012; Tvedt and Saksvik, 2012). More about the role of managers in stress management in organisations will be discussed in more detail in Chapter 6. Failing to have someone clearly in charge dilutes responsibility, as trade union members mentioned later presented their concerns that, should anything go wrong, it would be difficult to hold anyone

accountable. The sections encompassed in this chapter will cover the main themes extracted from the data regarding this matter. This is first done by examining the perceptions that participants had of their responsibility (or of others) regarding stress management. This is then followed by the perceived responsibility of the following entities: Human Resources, support services and trade unions.

Perception of Responsibility

As already mentioned, during data collection across both organisations, there was no consensus on who was responsible for stress management and leading on the implementation of interventions. This section will explore and analyse the variant views from different participants, about who they think was or should have been in charge of stress management in the organisation, apart from line and senior managers who are discussed in the following chapter. Results outline the fact that participants either stated that stress management was everybody's responsibility or directed the responsibility towards another department other than their own; the participants recognised that they were in charge of stress management and had an active role which was seldom evident, or confessed that they did not know who it was. The lack of knowledge around who was responsible for stress management could have been due either to the absence of a position dedicated to stress management, or the lack of communication across the organisation regarding this, due to its low priority in the business. This comes up several times with different interviewees, where they realise that the organisation does not pay enough attention to ensuring a clear plan of how stress is to be tackled. Furthermore, the participant responses show that stress management is not strategically tackled and is dealt with in a more haphazard manner. This will be made clearer through the analysis of the various participant quotes in this section

Many participants across both cases attributed the responsibility of stress management to 'everyone' in the organisation. That could be alarming for several reasons: firstly, this meant that no one, person or department was held accountable when stress management was lacking. Secondly, it displayed a lack of knowledge amongst the participants regarding who was in charge of stress management, if indeed someone was, which reflected poor communication throughout the organisation. Finally, with the lack of a responsible entity came a lack of directed action against stress. Carla, one of the HR advisors from BCH, stated that they were 'all responsible about the wellbeing of [their] colleagues', explicitly stating that she did not see it as a role that management should have. This was surprising, as managers seemed to be cited the most as either playing a

big part in causing stress or recognised as central actors in the process of SMI implementation and a big determinant of their success. This has been highlighted by literature above, where managers were identified to be prominent causes of stress (Bhui et al., 2016), not just actively but also by being complacent and not taking charge (Frische and Larsson, 2000; Skogstad et al., 2007). This lack of direction proved to be troublesome for the management of stress in organisations.

Although it was important that everybody in the organisation was responsible for their own wellbeing and of those around them, the need to have a leading entity to direct efforts was apparent in both organisations; it was explicitly mentioned by Robert and Becky, who were both colleagues from the marketing and communications department in BCH. They had a role in intra-organisational communication; therefore, their position allowed them to experience the disadvantage of lacking a leading figure on stress management. They explained how no one had led on the stress management agenda since health and safety started introducing the new SMIs for the award application, which was a view shared by most of the employees interviewed from BCH. They emphasised that a large percentage of absenteeism was associated with stress, and that absenteeism cost the organisation one million pounds per year. The HSE 2018 report highlights that stress accounts for 57 per cent of lost working days (HSE, 2018), costing organisations a lot of money, which confirmed the previous concern shared by Robert and Becky .

Becky explained the precarious nature of the position that tended to deal with stress management. This had resulted in the discontinuity of initiatives if an individual left, signalling the lack of structure in the intervention implementation. She addressed the need of there being a permanent position in charge of employee wellbeing and stress management, to ensure continuity of initiatives by someone ‘taking ownership’ of the information if management were to take initiatives seriously. Research shows that the SMI process and implementation has a more important role in SMI success than SMI content. In order for this process to be successful, as Becky suggested, it should have a definitive leader (Biron, 2012; Trvedt and Saksvik, 2012) This need of having someone to steer interventions was also voiced in RU. Although it would have been ideal to dedicate a position to monitor stress management, it might be difficult to create and employ a new position purely to take ownership of SMIs, especially due to budget constraints and cuts, particularly in the housing sector. Alternatively, the role might be deployed by a present department as their official workload, and for that to be clearly communicated across the organisation.

A few participants from RU, such as Phoebe (head of OHS) and James (faculty HR manager), recognised the importance of everybody having ownership over stress management if they wanted to have an effective impact on stress in the organisation. Although it was logical that everybody should be accountable for stress and how it was to be managed in an organisation, there remained the need for a steering entity to lead on stress management for a clear sense of direction, as suggested earlier. Phoebe claimed that the university's approach was to decentralise stress management, making it 'owned by everybody', as she was unable to pinpoint a specific entity in charge of driving stress interventions. Her uncertainty was, again, an indicator of bad organisational communication around this matter. She was of a minority who believed that this decentralisation of responsibility was RU's strategy to do so, whereas the majority felt that this was a lack of direction that had led to this apparent ambiguity. Similarly, James, a faculty HR manager, further recognised and specified that everybody had a distinct role when it came to stress management, including the dean, head of school, line managers and colleagues. Again, this was another expression of the need to have some clarity regarding who was/should have been in charge of SMIs. Here there was a notion of having everybody contribute to wellbeing in the organisation; however, clarity around specific roles of the various stakeholders needed explicit appointment and communication to ensure specific accountability.

Some participants identified that the employees themselves had a great responsibility when it came to caring for their own wellbeing and that of other employees. This was either in the form of 'keeping an eye out' for each other or early reporting of their own stress. Such beliefs were found in both of the cases, where management actively encouraged this behaviour amongst staff. Linda, one of the line managers from BCH, explained how they explicitly communicated to their employees (caretakers) the responsibility of 'keeping an eye out' for their colleagues to ensure that they were all well, particularly if someone was facing a difficult time. It could be argued that line managers may have been trying to hold employees accountable for stress management while it should have been their responsibility to look after employee wellbeing. However, Linda's justification for this was that they (line managers) 'do not have eyes everywhere'. Asking employees to look out for each other implied that the cause of stress was external to the job. This was of course neglecting the fact that managers themselves and their management style and attitude could all affect the wellbeing of their employees. Luke, one of the health and safety advisors from BCH, also highlighted how important it was

for employees to proactively engage in notifying the organisation of their own stress as well as that of others, to facilitate identification of the case. This again posed the danger of making it the responsibility of employees. Luke still attributed some responsibility to management; however, he stressed that there was a need for employees to engage in order to effectively tackle stress.

In RU, Emma, from the staff counselling services, also recognised that employees had a responsibility in informing managers if something was bothering them. However, she highlighted this concept of ‘layered responsibility’, clarifying that each position in the organisation had a different role in identifying stress and receiving or supplying support. Thus, she did not claim exclusivity of responsibility to one entity such as employees. This quote again highlighted the belief that stress management was everybody’s responsibility; however, she was more specific in terms of the role each entity played rather than vaguely assigning stress as everyone’s responsibility. Emma gave a clearer sense of direction of what should be exactly done and by whom; however, this was still with no clear direction of who was/should have been in charge of SMI implementation. This reflected a more accurate view of how SMIs should be managed, compared with expecting employees to be fully in charge and responsible for their wellbeing, without any input from other stakeholders such as managers.

Well I suppose it’s really about trying to create a culture where umm ... where there’s a sense of layered responsibilities for identifying issues and getting support so like the primary secondary and tertiary, but you know as an individual we have some responsibility to ourselves as an employee that if something is bothering us you know, if we’re stressed, that our manager needs to know [...] plus the managers have more responsibility because they have the responsibility to check out with people how they’re doing and if they notice changes in their staff ... so and then departmental managers and the organisation has a bigger responsibility.
(Emma, RU)

Lindsey, the health and safety coordinator of one of the faculties in RU, emphasised that the philosophy of health and safety generally in the university, not limited to stress management, was that everybody had a role to play when it came to managing health and safety risks in the organisation, where everybody was responsible for the safety of the people around them. This philosophy covered four main areas: psychological health, physical health, noise, and working with chemicals and biological agents. However, data from the campaign⁷ seemed to be more focused on physical hazards, and mentioned that it started with the vice-chancellor going right down to all staff and students. However, in

⁷ Specific campaign context omitted to maintain anonymity.

reality, these ‘responsibilities’ were not clearly displayed in the form of actions, especially with some employees claiming that the university did not see stress as a serious issue. This sense of decentralising the responsibility of stress management echoed the quotes mentioned above from the BCH case. Lindsey reflected on the campaign and agreed that it should be ‘anybody and everybody’s’ responsibility to look out for one another’s wellbeing; however, she remained vague in the sense that she did not mention specific roles of stakeholders.

Others escalated the responsibility further than the organisation, attributing the responsibility of stress and stress management to society as a whole rather than ‘just the university’, as Mark, a union health and safety officer in the university, highlighted society’s role in managing stigma and sending positive messages via the media, because he was not convinced that society was prepared to sufficiently support individuals suffering from stress and mental health issues in general. A similar view of attributing the responsibility of stress and mental health issues to society was also shared by Phoebe, stating that an increasingly self-centred society was proving to be quite problematic in tackling health issues collectively. Although these opinions could be valid, as revealed in the following paragraph, it was not an excuse for any organisation to fail to ensure the wellbeing of its employees by ensuring the implementation of sufficient SMIs.

These views reflected in part, the focus of wider societal level, or charitable organisational initiatives on stress. Large and influential organisations act on encouraging, on a large scale, behaviours that prevent work-related stress. The following are a few examples of influential societal initiatives in the UK. Mind is a charity which provides advice and support to empower anyone experiencing a mental health problem; they have been operating for seven decades. They have been influential in raising mental health awareness nationally since, and have several achievements such as campaigning to implement the Mental Health (Discrimination) Act 2013 and Equality Act (Mind.org.uk, 2018). They campaign to improve services, raise awareness, promote understanding and influence decision makers. Although they address mental health in general day-to-day life, they have specific campaigns aimed at mental health in the workplace. Their workplace initiatives revolve around helping organisations improve their workplace environment and employee mental health. Mind have also developed a benchmarking tool, the Workplace Wellbeing Index, which helps organisations track their efforts to promote staff mental wellbeing, highlighting areas for improvement.

Mind were also involved with the mental health campaign called ‘Heads Together’, which aims to change the national conversation on mental health. They have recently launched a ‘Mental Health at Work’ initiative in cooperation with Mind: ‘Mental Health at Work is an online gateway to resources, training and information providing the tools needed to make workplace wellbeing a priority in any firm ...’ (Heads Together, 2018). These of course and similar initiatives, such as Mental Health Awareness Day, are positive actions trying to address this issue around mental health generally including stress, at a societal level, which Mark and Phoebe referred to above. ‘Everybody’ seems to have a role in stress management, whether in the organisation or across society as a whole. However, both of these organisations mentioned above were not brought up in any of the interviews, which signalled either the lack of their utilisation by the case studies or the lack of knowledge by the participants of their use.

Professional organisations, such as the Health and Safety Executive (HSE) and the Chartered Institute of Personnel and Development (CIPD), have been recognised by participants to play a role in stress management. The HSE is known for developing guidelines for organisations around stress management and regulation. They also provide many resources assisting organisations to tackle stress effectively. On their website, they recognise eight key positions in large organisations which have a role in tackling stress. The positions/roles identified, most of which were identified by participants as well, are board directors/CEOs, line managers, trade unions, HR managers, health and safety managers, occupational health professionals, employees/individuals and health professionals. Peter, in the quote below, mentioned the role of HSE regarding stress management; however, he was unclear as to what the relationship of the HSE with the university was. He perceived it to be carrying more of an auditing/policing role rather than a supportive one. However, it is unclear whether this ambiguity was due to a communicative shortcoming from the HSE or the organisation.

Yeah definitely, because they’re (the HSE) in the background aren’t they, in terms that we’re an employer in the UK so we should abide by HSE laws I think ... I don’t know what the relationship with the HSE is ... it feels a bit audit-y you see what I mean? (Peter, RU)

Peter further suggested that if organisations joined professional bodies such as the Chartered Institute of Personnel and Development (CIPD) or the UK Professional Standards Framework (UKPSF), they might be encouraged to follow a professional framework regarding wellbeing and stress. Thus, this might encourage organisations to align to regulations which could help regulate stress management. For example, the CIPD

claim their purpose to be ‘finding and championing ways of defining, organising and managing work that benefit business and create economic value, but also to promoting ways of improving individual working lives that contribute to a fairer and more prosperous society’ (CIPD, 2018a), and this is done by encouraging the implementation of good policies and benchmarking standards for HR professionals. The UKPSF can be applied to professional development programmes at the institutional level, claiming to improve the quality of teaching and learning while recognising excellence; furthermore, they work with university HR departments to develop strategies which involve embedding reward and recognition into career progression of academics (Heacademy.ac.uk, 2018). The initiatives in both these examples display the positive indirect effect they could have on employee wellbeing, possibly decreasing work-related stress through better policy and procedures in the workplace.

Opinions diverged from holding ‘everyone’, society, professional bodies and organisations accountable for stress management, to pairing stress management with a particular department, person or occupation. Some participants associated health and safety departments with stress management, especially in BCH. In BCH, the health and safety department team played a primary role in applying for the stress management award and writing the stress management policy; more importantly, this was recognised by employees. On the other hand, health and safety departments across the university faculties were recognised to have a role in the physical aspects of health and safety, rather than the psychological implications for employees, such as stress. Nancy, one of the craft operative managers at BCH, clearly recognised that health and safety were the ones who ‘put the documentation together’, thus she believed that they were responsible for stress management. She also mentioned HR as being involved and ‘on board’ with stress management. However, Luke, one of the health and safety advisors in BCH, claimed otherwise, saying that HR tended to redirect the responsibility back to him, because he was the one who put the policy together. Even the participant from HR did not consider themselves as a main stakeholder in stress management. This suggests that there was confusion regarding who was involved and where different stakeholders had different beliefs about their roles.

On the other hand, as previously mentioned, health and safety in the university was usually reserved for labs or physical health and safety issues in general, revealing a clear contrast between both cases. Health and safety in BCH displayed more active and explicit efforts against stress. Deborah, a STEM faculty HR manager, highlighted this in her

quote below, clarifying that health and safety's main role was to look after the labs and physical health and safety, and are only occasionally consulted about stress. This was confirmed by Lindsey, health and safety coordinator for another faculty, as she redirected responsibility for stress management to others, such as deans and heads of service, who had control over employee workload. Here she was assuming that workloads were the main or only stressors that employees faced; in this case, it was understandable why she would assume that HR, the dean or heads of service are responsible.

I think we keep ours (H&S manager) in this faculty relatively busy with all the lab side of things and the practice more physical H&S issues ... but certainly we would know where to go if we needed to liaise with him around stress management and vice versa he would pass people on to us if needs be ... but I would say we (HR) would take more of the lead on stress management and the risk assessments around that. (Deborah, RU)

Following on from Lindsey's thought that heads of service should be leading stress management due to their autonomy over employee workloads, other participants associated managers and heads of service with accountability for managing stress. Jonah, a service manager in one of the faculties, displayed a layered responsibility shared with line managers for day-to-day issues, paired with the wider spectrum responsibility of the dean or head of department, managing pan-departmental stress. Helen, a faculty HR manager, attributed the quality of the employee experience, regarding stress and how it was managed, to their immediate line manager. She gave the impression that line managers had the ultimate control of whether or not employees had a healthy workplace. This shows the degree to which employee wellbeing was reliant on individuals rather than the structure of the organisation or the policies and procedures. The role of line managers, as displayed in the coming chapter, indeed proved to be crucial in the success of SMIs and creating a healthier workplace. However, it was made clear by various participants that many actors had a role in stress management, one way or another. Due to a noticeable number of comments about managerial responsibility of stress management, Chapter 6 is dedicated to their role in stress management.

HR were also identified as main actors, or it was perceived that HR staff should have a central role to play in stress management by participants. Claire, an HR officer in one of the faculties in the university, recognised her role as a 'first point of contact' in the faculty regarding most issues, including wellbeing issues such as stress. This showed that members of the HR team, not just the manager, played a crucial role in stress management. In practice, this might have required the upskilling of the HR team, because any of them could be approached by staff members seeking direction and/or help

regarding their wellbeing. This required the HR team to be prepared to deal with such inquiries. Other participants holding different roles confirmed that '[Their] first port of call was HR [their] second port of call was a referral to the counselling services which [they] haven't found very useful' (Martin, RU). Others, such as Carter, a technical officer from one of the faculties in the university, assumed that the HR department should be dealing with stress in the faculty or department. This demonstrated the lack of clarity as to who was accountable. On the wider scale, he commented, central HR should be involved with the university-wide stress levels. However, his uncertainty displayed how who was in charge of wellbeing in the university was not clearly communicated. There was also an apparent confusion in the role of HR, whether it was purely operational or had a strategic role in the organisation in general, which again reflects the point that has been raised in the past few pages, on how there is a lack of direction regarding who is in charge of stress management in the organisation. This of course, besides causing a great deal of confusion, it is also a sign of lack, or the absence, of strategic stress management whether or not HR are strategically involved in the organisational decision making.

Although some faculty HR managers and other occupations identified the fact that HR played an important role in stress management, some HR managers themselves associated stress management with other departments or occupations, such as OH and staff counselling. Diane, a faculty HR manager, associated stress management with the other departments mentioned. She acknowledged that they did get involved at the simple 'initial' stages, while they left the rest to the 'university's expertise', referring to occupational health and staff counselling. Moreover, when some participants recognised that HR played a central role in stress management, they perceived this as a disadvantage because of the power they possessed over employment status, especially in the probation period. Theo, quoted below, a newly appointed line manager for a small team, was certain that HR were in charge of wellbeing issues; however, he expressed his concern with HR being in charge of stress management because they were the 'gatekeepers' of probation. This concerned him because he felt that it could be ineffective, because employees would feel inhibited about sharing their concerns with them, for fear of jeopardising their employment. This was perhaps the reason behind Diane's comment above, regarding how staff liked the separation and confidentiality of wellbeing services, offering staff a sense of security which might have been lacking in going to HR.

HR obviously, but then do you feel comfortable going to HR to say I feel stressed. [...] if I was on the 12-month probationary period in this job [...] I would be reluctant to go to HR who are the gatekeepers of my probation document saying

‘I’m feeling a little bit stressed ...’ because you think they’re making a judgement on whether I am suitable for a role, I think there’s a perception that I can’t handle it [...]. Whereas it’s not ... it shouldn’t be framed in a sense of you know, what’s being expected of me isn’t realistic. I’m sure HR are in charge of it in the university but whether they should be, I don’t know. (Theo, RU)

In the university, the support services were under the umbrella of central HR. Phoebe, one of the occupational health practitioners, referred to the notion that ‘everybody should take ownership and responsibility of stress management to have a significant impact.’ However, she emphasised that the HR department as a whole with all its departments were leading on stress interventions. On the other hand, other participants shared Diane’s view, recognising the important role of employee support services, such as occupational health and counselling services expertise, in managing stress in the organisation. Emma, a counsellor from RU, claimed that the university’s wellbeing and safety and health department tended to lead on workplace stress initiatives. Also, Peter, from the staff training unit, confirmed this in the quote below, by attributing the delay in the wellbeing strategy to the position of director of wellbeing remaining vacant. This implied that the wellbeing and health department, which included occupational health and psychological services, was perceived to play a primary role in stress management, because the absence of a wellbeing director was noticed. However, it was questionable why a position that was crucial to employee wellbeing was left unoccupied for a long enough time that a ‘gap’ was noticeable.

I guess that sits with wellbeing and health doesn’t it, and we’ve got a gap because we used to have a director of wellbeing, but we don’t have that anymore. So I think the strategy is maybe has gone back on the back burner a bit. (Peter, RU)

This section illustrated how there was little consensus amongst participants in both organisations regarding perceptions on who was or should have been in charge of stress management and leading on SMIs and initiatives. These ranged from participants who claimed that ‘everyone’ had a responsibility with stress management in the organisation, to others claiming that stress should be managed at a societal level. It was, although rarely, mentioned that large professional bodies, such as the CIPD, CIM, UKPSF and the HSE had a central role to play in encouraging good practice in organisations regarding organisational health and wellbeing (see Mackay et al, 2012 on the implementation of HSE Management Standards as a national intervention). However, these overly broad and vague approaches proved to be problematic regarding the yielding of positive results efficiently.

When being more specific to a department/role, other participants suggested an array of views on who should have been leading on stress management. Many suggested that management, both line and senior, played a central role in stress management, due to the apparent prominence of their role according to the data; therefore, the following chapter is dedicated to exploring the extent of their role in stress management. Some suggested that employees themselves were responsible for their own wellbeing and that of their colleagues. Other participants directed responsibility to the HR department, feeling that they should have been in charge of any personnel issues in general. However, others, including some individuals from HR, tended to redirect the responsibility to health and wellbeing departments, or support services. These services could vary amongst organisations but tended to include occupational health; psychological services and counselling; training and development units; and employee helplines. Finally, trade unions were also mentioned as playing an important role in stress management, holding the organisation accountable and supporting their members. The following sections will unpack the responsibilities of the departments which have prominently emerged from the data, to explore the extent of their role in stress management, and how they are perceived. The departments to be discussed include the HR department, support services, and finally the role of trade unions.

Human Resources

The previous section highlighted the central role of the HR department in stress management, albeit one which seemed to vary in terms of how it was implemented in individual organisations. This section will explore the extent of the role they played regarding managing stress in the organisation. In the university, the HR department was out-based, which meant that although there was a central HR function, each faculty had its own HR department manager. This of course created an inconsistency across faculties as each had its own culture and management. In the university, the HR directorate had a strategic role in employee health and wellbeing, at least according to the organisational structure (Figure 3). The director of health and safety services, being under the umbrella of the HR directorate, proposed the influential role the HR director had (or could have had) on the health and wellbeing strategy.

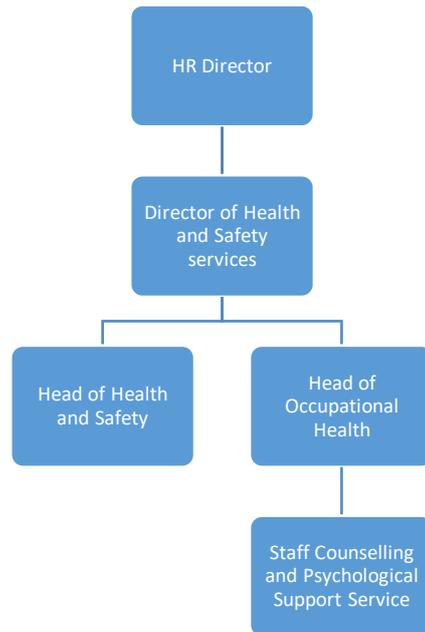


Figure 3

On the other hand, BCH had a small HR team who seemed to have quite an operational, rather than strategic role. It was also mentioned that the HR team had a high turnover rate, causing a regular change in staff, hindering any continuity of plans or projects. This meant that HR in BCH could not be viewed as a reliable point of contact for staff regarding health and wellbeing. Due to the contrasting natures of HR in both cases, the role of HR in the university will be explored first, followed by BCH's HR. This is then followed by concluding remarks, comparing the role of the HR departments in both organisations.

HR in Russell University

As mentioned before, HR departments in the separate university faculties fell at different points of the involvement spectrum, although they all reported to one directorate. Some faculty HR managers proved to be quite involved with stress management and initiated interventions. On the other hand, some departmental managers were more distant when it came to SMIs, reserving a more supplementary, supportive role. For example, Hannah, a faculty HR manager, illustrated HR acting as management advisors when it came to dealing with stress issues. She explained that HR were assumed to have responsibility for anything to do with stress. Therefore, the HR team sought to empower line managers, giving them confidence to deal with stress cases themselves.

Ester and Abigail, HR managers from two separate faculties, shared the same thoughts regarding their role as HR when it came to stress. They highlight the fact that they acted as a strong support to line managers. Ester mentioned that although line managers indeed had a role in stress management, she and Abigail went on to mention that managers tended

to come to them with queries and to ‘talk through cases’ with HR to get their advice, which justified the need for management training, mentioned in more detail in the forthcoming chapter. They both emphasised the crucial advisory role that HR had to line managers. Manager dependency on HR for advice regarding stress issues had been noticed by central services, which included occupational health, and psychological services and counselling. The quote below by Phoebe, one of the occupational health practitioners, speaks about the initiative to upskill HR managers in dealing with mental health problems, because they felt that HR were already involved with supporting managers in these cases. Upskilling the HR managers was thought to be a faster remedy, compared to training the line managers in this instance, until it was included in the leadership programme as it was being revamped.

But we’re also looking at doing some training with HR to sort of talk through about kind of how we provide the whole sort of support for people, particularly with mental health problems so about early identification, and then about a good ... HR, in this organisation ... HR do a lot of things that line managers do in other organisations and so a lot of line managers as soon as there is an issue in the department they don’t solve it themselves, they ring HR and say ‘What do I do about it?’ so we kind of felt if we, initially, at this stage upskill the HR managers and then they can be giving the advice, and then hopefully some of this will be included in the leadership and management programme when it is rolled out to the managers. So hopefully it will all sort of filter down that way. (Phoebe, RU)

Again, recognising the role which HR played with stress management and its influence, Phoebe went on to speak about a certain initiative which was to be piloted with HR. This initiative consisted of equipping HR managers with a framework to give to line managers in their department when they were approached with a stress case. This framework consisted of a series of questions to fuel a conversation between the manager and the employee. This was mainly done to reduce the number of OH referrals, preventing ‘over-medicalising’ the issue. Here, HR were acting as mediators between services (OH) and line managers to help execute certain SMI initiatives, such as this aforementioned framework. When problems stemmed from management issues rather than from the employee’s health, such as high workloads, they could easily be diagnosed and addressed by HR, where they could advise managers to take the relevant practical steps to reduce employee stress. This made HR a crucial filter for OH, saving them time and resources for cases that needed their attention.

Apart from being perceived as a primary source of information regarding stress issues, several HR managers explained that they had a role in monitoring sickness absence and producing reports. This helped them highlight trends, pointing earlier towards any

potential threats. Ester, one of the faculty HR managers, pointed out that as HR they tended to analyse sickness reports. Not only were they reactive to unusual emerging trends, but they also proactively acted by running reports every couple of months. Should anything be flagged up, HR got in touch with the department or manager, to understand the reasons behind the trend and start acting. It was something that could be pulled up easily by HR, but as noted earlier, it missed many absences which were not recorded. Eve, another faculty HR manager, also confirmed HR's monitoring absence rates periodically, allowing her and her team in HR to identify potential risks, which were then used to alert managers. This screening allowed HR to categorise absences as well to enable them to combat them accordingly, whether they were work- or home-related. Sickness monitoring seemed to be an important HR role; however, a key benefit from this was their collaboration with management, encouraging them to take action to improve sickness absence numbers. Emma, from staff counselling, also recognised HR's role as a contact point with central services. She mentioned that it was easier to 'make relationships' with senior persons in faculty HR departments, to maintain contact with all the faculties. She emphasised that this relationship was instrumental in a wide range of cases, from the extreme suicidal cases to the day-to-day stress symptoms of someone experiencing a 'low mood'.

I think the HR managers have been really important so that for each school – not school, faculty ... there would be somebody, a senior person ... so it's easier for us to make relationships with those – they're the people we know best now for example and then there'll be people in the department. So if somebody turns 'what do I do with this person saying that they feel suicidal and they've locked themselves in the loo' and you know ... it goes up and then it will come to us or it'll go to ... you know – it's not always crisis like that ... it might be really ordinary things like you know we've noticed somebody's got a very low mood and they're coming in late and you know, those kinds of things. (Emma, RU)

The point in time at which HR were approached could be important in representing the importance of HR's role regarding stress management. This depended on how important stakeholders viewed the role of HR in stress management. If they were seen as an instrumental actor, they were the first port of call, and otherwise, if they were not perceived to have an impact. The quote below by Hannah, a faculty HR manager, explained her point of view. She mentioned that line managers tended to initially contact HR as the first port of call should an incident happen, compared to individual employees who tended to classify HR as a final option for any stress-related problems. However, it was evident that Hannah was pushing for line managers to become more independent, by using the aforementioned stress management action plan/framework (SMAP). Although

there was no evidence of explicit action towards encouraging management independence, this form (SMAP) stimulated management involvement in the process, which increased the chances of them resolving the issue before escalating it to HR. This gave the impression that line managers tended to over-rely on HR regarding stress cases. Here we see HR trying to ‘devolve’ (Renwick, 2003) the job to line-managers by introducing the SMAP, providing that stress management was considered the responsibility of HR in the first place.

For individuals themselves ... yes, we are [the last resource]. For line managers then we’re probably earlier down the chain. And I think what we will start and see ... we will start and see when we start and discuss the stress management action plan with line managers ... that they’ll actually use that resource before they come to see us. And so probably, you know, again it’s when it’s become more complex that we’ll be asked to give advice. (Hannah, RU)

Participants were asked to comment on who they thought should have been and/or was in charge of stress management. Some believed that HR were ultimately involved. Carter, a technical officer from one of the schools, is quoted below identifying HR managers as main actors in stress management. Moreover, Carter mentioned that the director of central HR should have been responsible for managing and mitigating for university-wide stress levels. Previous quotes showed HR to have a monitoring and operational role when it came to stress management. However, the quote below implies that central HR should have been involved strategically, looking at university-wide stress levels rather than simply possessing an operational role. This might have been displayed by introducing a better, more detailed stress policy, and implementing new initiatives in the health and safety and wellbeing departments.

I guess with the individual stress, in theory your school’s manager should deal with that, or your HR manager within the school. University-wide stress levels maybe [the director of central HR] so maybe central HR ... I don’t know ... I mean I guess ... yeah it should be central HR or staff [training unit] ... those guys ... but I guess they’re more like the treatment than the responsible ... I guess really HR is responsible. (Carter, RU)

The role of HR was seen differently across faculties, and involvement varied greatly. This was mainly due the university’s management structure. HR were branched from a central directorate into separate faculty HR departments, with their own managers; thus different faculties tended to have different approaches to stress management. The quote below from Eve, one of the faculty HR managers, explained one of her personal initiatives to manage stress in her faculty. Her initiative consisted of putting together a ‘pack’, which she researched and collated herself, for managers who might approach her for advice. She

made it clear that this was unique to her faculty, again confirming the point that each faculty HR varied in its interventions and involvement.

But in terms of let's say local managing sickness, that would vary ... so like these return to work meetings and I don't know if all faculties do that so that's one thing ... the other thing that I've done, which I don't think other faculties have done or not many of them ... I'm putting together like a pack ... for line managers in terms of dealing with particularly stress cases ... because stress is an area where line managers feel like 'Ooh I don't know what to do ...' because it's nothing tangible and I think that they're [...] not confident in knowing how best to deal with if a member of their staff is off sick ... what do they say to them if they're off sick with stress. (Eve, RU)

So far, the role of HR in the university was discussed, illustrating the several roles that HR were perceived to have about their own role and the perception of other entities, such as central services (OH, and counselling and psychological services), line managers and employees. HR predominantly appeared to have a substantial role in 'hand-holding' with management, through many procedures regarding stress management. HR also appeared to have a surveillance role, monitoring absences to try and encourage early intervention from management. Moreover, they also seemed to have an important role in mediating between central services and the individual faculties and their management.

HR in Bravo City Homes

The second part of this section will examine the role of HR in BCH. HR in the university seemed to play a much more instrumental role in stress management, compared to BCH where its influence was non-existent, carrying out purely administrative tasks. BCH had a small central HR department which was in charge of all departments across the organisation, unlike the university where each faculty had its own HR department and manager. Only one of the three HR staff members was interviewed from BCH, which reflected the size of data collected on HR in BCH. The data indicated that the department experienced a high turnover, with HR personnel not staying in post for long periods of time. This affected the level of participation that HR had with ongoing SMIs. When asked about her role in HR, Carla, one of the HR advisors, highlighted her role as mainly supporting managers to understand policies and implementing interventions, such as the stress risk assessment, simply and effectively. She explained how her role revolved around giving management independent advice on a number of issues. However, it was interesting that Carla mentioned the need to 'pitch' advice to managers. This gave the impression of management not being easily receptive to HR advice regarding employee matters, and that HR were required to exert sufficient effort to convince managers, which might indicate that HR were perhaps not as strong or as trusted by management.

Carla further confirmed that her role was purely an advisory one and that she had no part in decision-making. She explained that she possessed the ability to attend meetings in variant situations such as absence management reviews. However, it was clear that HR in BCH carried out an advisory and monitoring role for a number of issues, including managing employee stress. Having an advisory role implied that HR did not have much influence on stress management in BCH; even the basis which they advised upon was not related to improving employee wellbeing or managing stress, but was more administrative. This largely contrasted with the RU case, where HR played several roles with stress management, from leading several initiatives via OH and the psychological services, to the departmental HR managers administering stress risk assessment forms, which is further explained below.

I am not making decisions ... that is for the manager to make. Thinking on the whole, that is my role in a nutshell. It is the one-to-one advice to the manager, I can attend meetings with managers for absence management review – welfare meetings. Meetings where any concerns may be issued to any appeal against a situation or any notice of concern issued, and also at hearings where somebody may be dismissed, depending on what the employee relations piece of work it is, it is sickness, discipline, grievance etc. And I would then also attend appeal meetings once that process is completed, I work with managers, directors, assistant directors, everybody right throughout the organisation. (Carla, BCH)

It is evident that HR can have a different role in different organisations in general, but specifically regarding stress management for the current study. The following quote is from Linda, a service manager, reflecting Carla's statement on the role of HR being an advisory one, compared to the role of HR in the university, which took a more active role in directing the health and safety and wellbeing services and introducing new initiatives such as the SMAP. Linda had a particular employee who suffered from stress, which she had to manage. HR helping Linda manage her employee's stress did not only prove to be beneficial to the employee who was being looked after, but was also beneficial for the manager herself, boosting her confidence to deal with the situation. Linda felt particularly supported and equipped through HR's support, guidance and follow-ups. As she compared previous HR staff, Linda also highlighted the importance of having individual members of HR being interested in aiding line managers mitigating stress which their employees experienced. This shows that efforts from HR tended to stem from individual initiatives rather than being an official role of the HR department. This could be a problem for BCH, particularly due to the high turnover rate in the HR department, mainly because this initiative was based on the agency of the staff rather than the structure of the department. Although Linda had found some of the HR team helpful, other participants

felt differently. Becky from BCH thought that HR should be leading on the stress management initiative; however, she believed that they were neither dynamic nor proactive enough when it came to stress management. This could also be associated with the high turnover rate which the department experienced, inhibiting anyone from embedding themselves enough to make an impact.

Every time there's a stress situation I always speak to HR. HR have always had, and particularly last time, actually both times to be fair. HR have been particularly supportive, giving me lots of advice and support ... 'Think about this, think about that and let me know how you get on all of that.' HR did ring me saying 'How is it going on, what's the latest?' sort of thing. So there is that care involved from HR. They were interested last time, but guess they were too busy, but this time it has changed staff and they're more interested, and more sort of able to give advice, 'If you need anything just give me a ring'... I knew that support was there from HR basically (Linda, BCH)

Although HR proved to play an important role in advising managers on stress matters as in the university case, HR staff and advisors did not receive any formal training regarding stress. This was also evident when Carla was asked about being equipped to advise managers through training: "No, it isn't (through training) – it is just experience." Lack of training could be due to the fact that their role as advisors might not have been recognised by higher management and/or the lack of resources in the organisation. This contrasted with RU, where HR managers had been identified as an essential point of contact for line managers, thus efforts had been made to upskill the HR managers.

This section explored the role of HR regarding stress management in both organisations and how they varied compared to one another and within themselves. In RU, different HR managers from different faculties had different opinions about they perceived the extent of their role regarding stress management. This highlighted the issue of lacking clearly assigned roles, as it would have been difficult to hold parties accountable for specific shortcomings. While some managers assumed responsibility and introduced new initiatives to the department, others attributed the responsibility of stress management to other departments, such as occupational health and counselling. The evident data imbalance between both cases was a reflection of the larger number of HR managers in the university (thus more interviews) and the greater role they played in stress management, compared to that of BCH. Despite this, the data was still very interesting and important in terms of the relationships of line managers and other stakeholders with HR. The role of these support services will be discussed in the following section.

Support Services

Support services are determined differently in different organisations and contexts. In the university this consisted of health and safety, the staff training unit, Staff Counselling and occupational health, all of which were supplied ‘in-house’ by the university and under the umbrella of central HR (see Figure 3 above). On the other hand, in BCH these support services included health and safety, and occupational health which were in-house, and an employee assistance helpline which was external to the organisation. This section will explore the importance of the role that support services played in stress management and de-stigmatising stress in the organisation. Support services in both organisations were valuable, mainly because they were viewed as being an impartial and credible source of information/guidance to management and HR, playing a large role in rehabilitating sick employees back to work (e.g. arranging phased returns). One characteristic that particularly emerged from the data was the impact of having ‘in-house’ versus outsourced services for such support in managing stress in the organisation. The university in particular had all their services ‘in-house’, compared to BCH which mostly relied on outsourced services.

In RU, the support services at the time of data collection had started a collaboration. The main initiative was to decentralise the responsibility of employee wellbeing, by promoting dialogue around mental health issues in general and creating a communication channel for all those different services, to share their agendas and potentially synchronise the different initiatives and projects to complement each other, instead of separately exhausting resources which offered similar services. Peter, the senior staff development advisor, emphasised the importance of linking the different services to ‘speak the same language’, to create a stronger impact on combatting mental health issues in general, and stress specifically across departments.

That initiative (the People Partnership) brings together, OH, H&S, psychological services, staff development, and equality. And the whole purpose was to get us all talking about mental health within the workplace and sharing ideas about interventions or projects which can help reveal the way which the organisation makes things more difficult or easy for people helps them to cope and build resilience skills. So it’s early days, we’ve only been meeting for about a year (since 2015) but the progress has been around discussing one another’s respective agendas [...] So there’s a link between all of these parts and it’s making sure that we’re all speaking the same language, using the same terminology. (Peter, RU)

Phoebe, from the OH team, mentioned that the collaboration was developed to improve the way stress was managed, because not enough was done regarding the implementation

of policies and procedures. This collaboration arose from a realisation that the services were fragmented, overlapping and possibly conflicting with each other's initiatives, which proved to be very counterproductive. This was initially realised by the counselling services, which started to notice that an increasing number of their cases were related to how the work was structured and how the system was run. Thus, the main driver for the partnership was to harmonise efforts across the departments and improve the way in which the organisation ran. It proved to be very important for the services to work together synergistically in order to effectively support employees. Claire, a faculty HR manager, recognised this in the quote below, acknowledging that RU had services that competed with the services of top universities in the UK. They described and praised the services provided by the university as being 'at a par with Oxford and Cambridge' relating to their presumed high, benchmark-quality services, signalling that the university had high-quality resources to tackle stress. However, this did not automatically imply that these resources were used to their potential.

Yeah from my point of view, I think ... that ... the uni ... as a whole in my experience .. it's very *inclusive* in that we are encouraged to support and work with individuals on finding the solution and I think this slightly new approach demonstrates that ... it's acknowledging that stress exists ... that there's an impact on mental health and wellbeing and ... the support services that are provided to staff in the university ... I was in a session this morning from the staff counselling and psychological services ... and the services that they provided to staff are at a par with Oxford and Cambridge. So we're UP there in terms of university support services. So to have that infrastructure there and we've got our world class OH service as well. (Claire, RU)

OH and staff counselling in the university, although serving similar purposes, operated quite differently. OH tended to look at the relationship between work and health and try to advise the organisation and employees on issues related to variant matters. Partly it supported employees and aimed to keep people at work, alongside supporting the organisation, providing them with advice to keep them out of any legal issues, keeping them out of court. On the other hand, staff counselling tended to just see people when it was psychological only, while OH dealt with physical aspects as well. The most significant difference between both services was that the staff counselling and psychological service had an exclusive relationship with the client, being completely confidential with no reports sent back to management, which was the case with OH managerial referrals.

The occupational health (OH) team, to start off, started to pilot the new framework called the Stress Management Action Plan (SMAP), mentioned earlier, across faculties to aid

manager–employee discussions around stress, prompting appropriate questions in order to encourage early recognition of the problem and intervention. This had mainly been implemented due to OH realising that the service has been unnecessarily utilised with issues that could have been resolved at the local level, causing an increase in the medicalisation of cases. This was illustrated by Hannah, one of the faculty HR managers in RU:

What our OH team have just developed which we are now piloting ... is umm ... a stress management action plan (SMAP) which gives a bit of a framework to follow for the discussion and so ... ideally we would share that with an individual before having a formal discussion about it and it kind of prompts the individual to think about ... what has been the triggers ... we're trying to move away from that overuse of the OH team to only using it when it has become a medical problem that we're dealing with ... rather than 'I am stressed and I need to talk about it'. (Hannah, RU)

Moreover, the SMAP was implemented by OH to enhance communication between the managers and the employees, mainly because managers had the control to change their subordinates' working conditions, whereas OH had limited power to do so. Phoebe, one of the OH team, explained this in the following quote, displaying their role in giving 'advice' and their 'professional opinion' rather than having the power to implement change in the workplace.

We can give advice in our professional opinion 'If you do ABC we think this will help support this person to get back to work' but it's for them to determine ... they might say we can do A & B but we just can't do C ... umm but you know we always say to them 'Well, what you need to do is to be able to justify your decisions, so if you are in an employment tribunal and judge says to you ... You did A&B why did you not do C? as long as you've got your reasoning', well actually if we've done C it would have cost us two million pounds – well fair enough – so but be able to justify your decisions. (Phoebe, RU)

This had been clearly communicated to HR managers across the university. This was clear in the quote below by one of the faculty HR managers, Abigail, as she clearly explained the purpose behind the framework. The HR managers were the ones trained to use the SMAP rather than line managers. It was sought to be a faster solution to upskill the faculty HR managers in dealing with employee stress.

Well, the stress risk assessment (SMAP) that I've just mentioned came originally from OH. So all of the HR managers have got access to that ... I think it's up to us how we use it. I think most managers are now using it ... So if we're referring people... the [...] guidance from OH that this is what we should use. Because rather than just referring somebody to OH saying 'This person has got a stress issue' it's better to be able to go through the management stuff and see what you

can put in place ... and then refer to OH if we still need further guidance. (Abigail, RU)

Abigail's quote below also reflected the benefits of implementing SMAP across faculties. She realised that an efficient risk assessment could save time on an unnecessary trip to OH which would reap similar results. Also, because there was only one OH department that catered for all faculties and services, there was an understandable waiting list. Thus, the SMAP developed by OH proved to be a useful tool for HR managers to use before they decided to formally refer an employee to OH. This served as a filter to exclude any cases that could have been dealt with on the local level by the faculty HR manager, in conjunction with the employee and potentially their line manager, to deal with stressors that the department could control, reduce or eliminate.

So psychological services I think are really good ... and we do sort of encourage people to use them ... we've had really good feedback from people that have used them ... so we definitely encourage them ... there's a bit of a waiting list though ... in terms of OH when, if we do referral, we tend not to get much back that's meaningful if it's about stress, because they tend to just repeat what the person is saying. This person is saying that they're stressed because they're overworked... so therefore it's a management issue... see back to the stress risk assessment. (Abigail, RU)

Deborah, another faculty HR manager, explained the benefits, similar to those mentioned by Abigail, SMAP had had since they first started using it in their department. The similarities across both quotes validated what had already been said and their awareness of the intervention, which they spoke about without being prompted. Her quote proved that OH had been successful in sufficiently equipping managers in dealing with employee cases proactively, preserving OH referrals for cases that rightfully needed it.

Historically we did that (the risk assessment) often, *after* the OH referral ... so OH would recommend to us that we do that risk assessment ... but we're being more proactive working closer with OH now ... we are more often than not – doing it at an earlier stage [...] and then we may not need to refer to OH then or we can go to OH with more specific questions. (Deborah, RU)

In the university, besides offering support to managers and distributing tools such as the SMAP, the support services also worked with individual faculties to promote their services, raise awareness amongst the staff, and deliver workshops and training. The quote below was from a faculty HR manager speaking about how counselling services came to one of the school away-days, to make employees aware of their services. One of the misconceptions mentioned was that counselling was reserved for colleagues who were suffering from grievances or similar situations, while the services could be used in a wide

range of ways; thus, these promoting events were beneficial for displaying the full potential of the service.

One of the schools actually did ask counselling people to come in to one of their school away-days – you know to promote their services [...] I think another thing that people have thought about counselling is ... oh I don't know you see you only go to counselling – I don't know – say if somebody's died and you're struggling to get over it' or whatever. But actually they are very very good, and they can also offer just support to managers as well. So I don't think people are aware of that or – *as* aware of that – as they could be. If you're – as a manager – struggling with a difficult member of staff obviously you can talk to HR about it – but you know you can talk to counsellors again about techniques and strategies. (Ester, RU)

Helen, a faculty HR manager, recalled and explained the roles of OH and Staff Counselling in the organisation. She highlighted how instrumental they were in helping to combat stress, through their sessions on things like resilience, dealing with change and coping with personal stressors, such as bereavement. These were all good examples of secondary interventions implemented by those services. Support services, especially OH, also worked to appropriately rehabilitate employees who had been off sick for a period of time to ensure that they would not suffer once again. This could be in the form of a 'phased' return to work; this was a supportive arrangement which helped employees who had been off with long-term sickness return to work. It usually consisted of allowing the employee to work fewer hours and/or responsibilities, which gradually increased back to normal. Claire, a faculty HR manager, explained the role of OH in her quote below with regard to supporting individuals returning to work. This was also recognised by a chair from one of the unions, Matt, further explaining OH's role in managing stress regarding returning employees.

And we've used the university's OH services as well, so it may ... *it may...* it doesn't always, but it may involve a referral to the OH service asking questions about whether the individual is fit to be back in the workplace ... what restrictions, modifications OH would recommend to support the individual coming back, then having that conversation with them, before they come back and it may involve, if they've been off for a long period of time, it may involve a phased return to work. (Claire, RU)

The OH service ... if someone has been off for a while ... they will have an appointment with the medical practitioner there ... and this person will ... umm ... be in consultation with the individual's GP, discuss a good return date, what we need to do in terms of getting them back into work in a way that is not going to further damage them. And so we will talk about a phased return ... and look at the number of hours. (Matt, RU)

According to Hannah, a faculty HR manager, employees in the university seemed to feel inhibited about going to counselling for several reasons. One of them was feeling that

their issues were not ‘serious’ enough that they required seeking the help of the counselling services. Moreover, they felt reserved, worrying about the service’s partiality towards the university. It was clear in the quote below by Hannah that there was a need for HR managers to encourage employees in their departments to use these services when needed, reassuring them that they were impartial and decreasing the stigma associated with going to counselling. It was clear here that Hannah had faced a few obstacles encouraging staff to utilise the services, due to preconceived ideas and misconceptions regarding who could/should see a counsellor. This raised another important role that HR played, which was to encourage the proper utilisation of the services on offer. It appeared to be very important for HR to normalise and remove the stigma of services such as the Staff Counselling.

As a part of early discussion I’ll have with an individual I do explore [if they are] seeking external help or the internal counselling service ... and often you have to talk to them about the fact that counselling is impartial and [...] independent and often ... I think as well people think it’s a big deal if I have to go and talk to someone ... I had to try and bring it to life and say I’ve dealt with difficult situations where I then made an appointment with the counselling just to offload ... so and I think if you start to talk to people and say ‘That’s the kind of role that they play and I’ve been and other colleagues have been.’ (Hannah, RU)

Support services were seen an important source of expertise in the area which helped HR managers and line managers deal with peculiar cases, with verbal support or via information sheets, such as when staff disclosed suicidal feelings, as described by the head of the staff counselling and psychological services. By doing this, they aimed to equip managers by making them more proactive and comfortable having discussions about stress and/or other sensitive topics. Having this expertise proved to be very important and instrumental for them in being effective at dealing with stress in the organisation, as highlighted by the HR managers interviewed. Also, the fact that they were a separate and confidential service granted them credibility amongst employees, giving them a sense of security. They also delivered training around personal resilience which also helped the employees in the form of a secondary intervention.

OH had been used as a tool by HR managers, when line managers were cynical about employee stress cases where they believed that employees might have been overreacting to a situation or were not *really* stressed. Reports from OH could then be used as proof for management to incline them to support employee cases. James, a faculty HR manager, mentioned this in his quote below, stating that the expertise provided by the OH service was a credible source of information which management had to heed:

I'd always use OH and OH come back that they have medics far more experienced than I am. So as far as I'm concerned if they say that these are issues and they need to be addressed – that's it as far as I'm concerned ... the issue is there and it needs to be addressed ... and if a manager might you know be slightly cynical about things – well I'm sorry – you know we've got it and that's what we're gonna look to do. (James, RU)

The data collated from variant sources illustrated that the psychological services and occupational health departments in the university proved to be very instrumental in tackling stress at multiple intervention levels (mostly secondary and tertiary), maintaining employee wellbeing and rehabilitating employees who were on long-term sick leave; although these accounts were only qualitatively collected from participants with no official numbers, it served as a good indication. However, their services were hindered by limited resources, thus leading to long waiting lists for employees to see counsellors or OH specialists. Furthermore, this hindered the ability of these services to continue to develop wider initiatives to promote early stress intervention and prevention by organising workshops and providing resources such as information sheets and leaflets. Emma from the Staff Counselling in the quote below reflected on how they needed to 'justify' their selves as a department for more resourcing.

According to testimonies collected by the service from employees who had used the service, the service played a role in decreasing absence statistics and keeping employees engaged at work. Therefore, the service helped the university mitigate potential costs inflicted by employee absence.

One of the things that we have some data on that it's only self-reported after the end of counselling but there are some good percentages of people saying that ... they would have had time off if they hadn't had the service to come to ... that the service has helped them to stay engaged at work and return and of those that *were* off work, that the service helped in their process of returning to work ... so we're hoping to try to use that a bit to try and justify ourselves! (Emma, RU)

Emma further mentioned how their service, along with any strategies arising from the 'people partnership', needed to be sufficiently resourced by the university because the service was already meeting maximum demand. Therefore, it was unlikely that the staff (from counselling and OH) were able to take on additional workloads and initiatives if staffing levels remained stagnant.

Umm ... I think, for me, the next thing is ... making sure that the strategies that come out of this new working group – are resourced in some way because we, for example for us we're at the top of our maximum caseloads ... in order to have time in order to develop the training for managers you know and that would be the same for the other members of staff. (Emma, RU)

Having in-house support services proved to be beneficial to the university. Being a part of the university made these support services aware of the organisational culture and allowed them to develop long-term initiatives to improve organisational systems in collaboration with one another. Moreover, it facilitated employee access to the services as they were on campus. Hannah, one of the faculty HR managers, expressed her opinion on how useful she thought it was having the services in-house. She found it very useful that they were physically on campus, allowing her to walk over with her 'difficult case' to the counselling service, something she might have not been able to do if the service had been outsourced. Hannah found value in simply being able to 'pick up the phone' to ask the counsellors for professional advice. This gave the managers confidence when it came to dealing with cases, thus helping them with their own stress, as well as providing enough support for their employees.

Yeah it is really really valuable (having the services in-house) ... with a particularly complex and difficult case that I was dealing with ... [one of the counsellors] kind of used to be on standby if I needed to take the person to go to talk to her [...] What I find really valuable about [the counsellors] is that if I am in the middle of dealing of a situation particularly where mental health is an issue then I will pick up the phone 'How best do you think I should have this conversation?' because I am not medically trained, I'm not a psychiatrist, I don't know if the way I approach the situation might tip somebody over the edge. (Hannah, RU)

Emma, one of the counsellors, commented further on how being internal to the organisation proved to be beneficial. This was especially evident when it came to developing relationships with both individuals and their managers, particularly to get a full picture of any problem faced, without of course breaching any confidentiality. This would have not been possible had the counselling service been insourced, giving them the advantage of understanding the internal culture and logistical convenience of being present on campus to enable them to easily speak to all parties involved.

The counselling team in the university were also found to be very active, running a wide array of courses. These courses were on several mental health issues and remedies including mindfulness. They also, as mentioned before, assisted staff in management positions, by welcoming them to seek advice whenever they were faced by challenging situations. Besides that, the counselling team sought to run workshops for individual departments, not just to support them, but to also promote their services and encourage employees to come to one-to-ones, removing the stigma and having a spread of services that people could access in different ways so 'they see that we're (the counsellors) not scary psychiatrists or people who are going to make them lie on the couch and talk about

their dreams' (Emma, RU). This showed their clear effort, trying to manage stress proactively, according to Deborah, a faculty HR manager quoted below. This had been strategically supported, with the accordance of the partnership, mentioned above, which had been formed with the main wellbeing, health and safety departments.

So the counselling team ... staff counselling team that we have, they run mindfulness courses ... and we often refer people on to those. They will speak to managers ... and support them in managing staff who've got particular issues...and they'd come and speak to us as a team ... they've done a number of courses that HR managers have been on and others ... so they're very much a proactive team ... rather than just a reactive ... 'We counsel staff' so they are very good and very integrated into HR. (Deborah, RU)

Peter, one of the leaders in the staff training unit, explained that the fact that the university had its own dedicated staff counselling service was a unique privilege that not many organisations benefited from. This was indeed evident in BCH's case where they did not have dedicated in-house services as such, which negatively impacted stress management.

I think organisationally there's a care – we care ... and there are various initiatives to show we care, so things like flexible working policies, return to work meetings when people come back to work OH service, the fact that we've got our own dedicated staff counselling service is unique. I think it's a very good thing to have. (Peter, RU)

BCH employees, on the other hand, lacked equivalent in-house services such as the Staff Counselling in RU. Several participants from BCH expressed their need for such in-house services, believing that this would improve stress management in the organisation. Paul, a mobile caretaker in BCH, suggested that for their organisation to improve, there was a need for in-house counselling service for the team, such as the services found in the university. He felt that there was a need for someone to be available, even periodically, who was independent of the department to ensure their partiality. Below is an illustration of what Paul thought was needed in the department.

[We need something] like a drop-in surgery, where you can sneak in if you don't want anybody else knows your problem. we've got a lot of macho men in here, if we've got a problem, we'll hold it and we'll make it eat us internally, before we do anything about it ... because we can't be low in the team, we've got to be up all the time! But we're down but we got to stay up. (Paul, BCH)

Paul also raised the issue of how having in-house services would preserve their confidentiality, particularly due to the 'macho men' atmosphere and fearing to look weak, due to the fact that there was no need for referrals to external counselling at an extra cost. Pamela, another caretaker from BCH, also mentioned how having 'in-house' services

would positively impact her wellbeing. Pamela thought that having 'in-house' counselling would be such a privilege that she felt it might be unattainable.

Yeah, yeah ... especially one on site ... I don't know, I don't think it could be done ... I don't know, not all ... not 24/7 ... just during working hours or so many hours a day ... or like say if you were a counsellor I need to come and see you to talk to you, and then I tell you what I'll let Linda (her line manager) know, what time, and when and then she gets back to me and say ... yeah that's fine ... but I keep a lot of stress in, and it's not good for me, no it's not. (Pamela, BCH)

BCH also provided an occupational health service; however, they were not perceived as positively as the OH service in RU. According to Nathan, a line manager in BCH, he felt that OH had no value to add to the welfare/absence management meetings. This was perhaps due to the lack of collaboration between OH and other services as displayed in RU.

I mean we've still got a lot of the support mechanisms in place, HR, occupational health umm ... I ... we do OH referrals as quickly as we're able to. I'm not a 100 per cent convinced on how useful these OH referrals are because generally, I think if you've done welfare/absence management meetings correctly. The information you get out of that, you get told the same by OH, so there's not a great big deal of difference in there, or it is a lot quicker now to get a referral. (Nathan, BCH)

Compared to RU, BCH did not have sufficient help for the counselling and occupational health services. However, this was supplemented by the involvement of the health and safety department. BCH's health and safety department were initially involved to an extent, even leading stress management in the organisation, compared to the university's health and safety which was mainly occupied with the physical, rather than the psychological, wellbeing of the employees. BCH also provided a helpline which employees could call at any time to receive help and advice on any issues that might have been affecting them, either work-related or not. However, this, although quite helpful, convenient and confidential, was found to be quite impersonal, being over the phone and external to the organisation.

Luke, one of the health and safety advisors, was the main initiator of implementing SMIs in BCH, which led them to applying for and receiving the European award, which they sought and applied for, acknowledging their efforts managing stress. Luke started by collaborating with the trade unions, on purpose to gain employee trust, to administer a survey diagnosing the main sources of stress. The health and safety department then put together the stress policy and procedure documents and risk assessment forms. Management training was then administered by them, to train managers to use the new documentation. The substantial role of health and safety was acknowledged by other

participants during data collection. BCH were more intentional about addressing the stressors that surfaced during their diagnostic stage. This was different from RU, which did not rigorously and explicitly diagnose the occupational stressors that were present.

This section explored the role of support services such as health and safety, occupational health, counselling services, staff training and development, and external employee helplines. In the university, support services collaborated to work together to manage stress through their 'people partnership' collaboration, working in synergy to combat stress at a secondary and tertiary level. They even displayed some efforts in preventing stress by reducing stigma and raising awareness, working with management and staff. It proved to be advantageous for the university to have these services provided 'in-house' as they were more embedded in the organisational culture and had a stronger presence due to their longevity in the organisation. Although they did claim to be effective, receiving positive feedback from service users, the services argued that they needed further resourcing to enable them to remain effective and continue to implement new initiatives.

BCH felt that they suffered from the lack of in-house services, such as on-site psychological services, compared to RU, and were provided mostly by external help through counselling and employee assist lines which they could call at any time. Although they lacked in-house services, their health and safety department was the initiator of their SMIs, playing a crucial role in the intervention implementation, which brought together all the departments and trade unions to manage stress at an organisational level. It was clear that support services proved to have a substantial role in both organisations managing stress, each organisation in its unique form with an emphasis on the importance of collaborations across departments. The BCH's support services, namely the health and safety department, displayed the importance of collaborating with trade unions as well, which will be discussed in the following section in more detail.

Trade unions

The previous sections in this chapter looked at the various parties found to be responsible in the stress management process in both case studies. Hitherto, these included the department of human resources and various support services which participants described as having a role in stress management. This section will explore the role that trade unions had in stress management, the extent of their power, and impact on initiating and choosing SMIs. This will be done by looking at the level of involvement of trade unions in both

case studies, their role pushing ‘stress management’ to the top of the agenda and finally looking at how employees perceived trade unions in relation to their role in stress management which has been underexplored in previous studies.

Unions in both case studies appeared to have a role in stress management, albeit different in each organisation. Overall, unions seemed to be more involved in the initial stages of SMIs and less so in later stages of the SMI process. However, the role of unions was especially prominent in BCH compared to RU. This perhaps could be because BCH had a more prominent union presence, having health and safety representatives from each union across the business, with full-time union representatives for each of the unions employed within the company. Moreover, the nature of the unions present (UCATT, GMB, Unite and UNISON) seemed to be more assertive in terms of pressuring management into taking action, when it came to pushing for administering a stress-specific survey and initiating the development of SMIs based on the survey results, compared to the unions who were present in the university (UCU, UNISON and Unite). Steven, quoted below, is a health and safety union representative in BCH. Unions played a crucial role fighting for action against work-related stress, which was constantly ignored by the organisation. This quote from Steven illustrated the role unions had in BCH to help initiate action against stress.

We were hammering on the door saying, look you’ve got to do something about stress and things like that ... it was just put on the minutes and it was just forgot about ... and then we’d hammer about it again in the next one ... why hasn’t this been done? ... And in the end this is where it started. (Steven, BCH)

It is evident that they have a role of keeping ‘stress’ at the top of management’s agenda. Only through their ‘door-hammering’, was action taken to implement SMIs in the organisation. This was even recognised by Luke, BCH’s health and safety advisor, in the following quote:

I think it’s all come together because the unions have been banging all about it to the members and the members are sort of gone – the unions are really passionate about this and then they’re seeing things coming out ... and I think people are kind of surprised when the manager now does sit down and go ‘Now we’re going to talk about this, I’m going to do your stress/wellbeing risk assessment. (Luke, BCH)

In contrast with BCH, whose unions were quite assertive pushing for action to be taken, RU unions seemed to carry a more ‘consultative’ role. These consultation rights were made clear in writing in the university’s policy. However, they did not necessarily have assertive power over what was being done at the university level still. Although

consultation here could present participatory opportunities, it was also seen as a constraint they seemed to be involved in, in theory; however, their opinions might not have been considered or executed. The comments below by Deborah, one of the faculty HR managers, and a union leader, Dan, illustrated this ‘consultative’ nature of the unions in RU. This difference in union roles across both organisations could have been attributed to the different types of unions available, and the extent to which they had been marginalised in the organisation.

Well, the unions are of course another source of advice that the individual can go and talk to ... yeah so I mean, sometimes people would like to talk to the unions as well as their manager just to get another perspective and obviously if we have meetings with people that've been off ill for a while then we offer them the facility to bring in the union rep with them ... so the rep can talk to them before or after the meeting. (Deborah, RU)

Well, unions have a right to be involved in H&S, so we have an officer who is dedicated to H&S, so do the other unions. And the university has to negotiate and consult with us on broad matters ... umm ... so we are, if you like, integrated into those processes we are on H&S committees. So every H&S committee around the university, at school level for example, ought to have a union representative on it. So we are *in theory* integrated into that process and brought into that process ... umm and we have the right to see and know about any incidents. (Dan, union leader, RU)

The unions in RU wanted to administer their own stress survey alongside the university wide biannual survey. However, because central services, which is led by the HR directorate, believed that having a separate survey may cause the university-wide survey to lose momentum thus yielding lower response rates, they declined this suggestion. For that reason, the unions negotiated adding a few wellbeing-related questions to the university-wide survey and collaborated with central services to enable them to collate data on employee wellbeing. Nevertheless, they played a big role in constructing the appropriate additional questions. Deborah, a faculty HR manager in RU, confirmed this by saying, ‘I think the unions actually were a big part in raising that agenda and making sure that we did have good health and wellbeing questions in the [Staff] survey’ (Deborah, RU); however, there was no indication of how the problems raised were to be tackled and the unions had very little say regarding this. This signified the limited role of unions and how they were sidelined further down the SMI implementation process, as the agenda was increasingly determined and steered by management.

On the other hand, BCH’s unions were successful in administering their own stress survey, which was then used to diagnose the workforce, understanding where the main stressors lay. This showed that the BCH unions had a more influential role incorporating initiatives

in the organisation. Besides holding a consultative role, RU unions also felt like equal partners in committee meetings, although it was not translating into action and was mostly acting as a communication channel. This is clear in the comment below from Mark, a health and safety officer for one of the three unions in the university. It showed that they had a clear role at board-level meetings and played a big role in communicating messages up and down.

I attend the H&S committees at a senior level. So I would attend the nine faculty H&S committees, which meet three times a year ... I attend the university H&S committee and I also attend the central services and facilities directorate H&S committees. At those meetings I sit there as an equal partner with the health and safety, with the deans and the management that make up that committee. All three unions are invited to the committees and all three unions tend to attend as well. The university uses the committees of a way of cascading the H&S agenda upwards and also downwards to the staff ... and upwards to the university committee. (Mark, RU)

Both cases showed that unions had a clear role in initiating action for stress management, regardless how assertive they were. Whilst unions were involved in the initiation of some SMIs, beyond this, evidence of involvement was lacking. As will be explored below, in some cases this seemed to be circumstantial and reflected a broader waning of interest from all parties in some specific interventions. In other cases, it seemed to be more deliberate in nature, with management forcing control or shaping SMIs, following a seemingly equal power-balance between unions and management at the initiation stage. This sidelining was facilitated in some cases by a structure for implementing SMIs, which required them to be developed through centralised processes, which provided an infrastructure in which some stakeholders' views were given less emphasis in the implementation phase.

BCH had a more defined action plan, including management training, worker stress-awareness workshops and the implementation of new policy and procedure and risk assessment forms, which were all introduced around the same time to revamp the organisation's attitude towards stress, working towards the award application. Contrastingly, RU had vaguer interventions that greatly varied across faculties, which had been slowly accumulating over the years and were still being developed. These interventions were mostly determined by higher management and central services, such as HR and health and safety, rather than recommendations from unions. Although the sharing of decision-making responsibility by managers had been recognised in the literature (La Montagne et al., 2012) as influential to the success of interventions, it was not evident from the data collected. Parker and Williams (2001) associate this behaviour

with management feeling that their power is threatened in empowerment-based initiatives, which could be the reason behind the reluctance of the management in RU when it came to involving trade unions in the decision-making.

After they raised the agenda for stress management, unions seemed to have been sidelined in the intervention development process, with management taking over the steering wheel, reflecting what was mentioned above by regarding the threat of the loss of power. This sidelining of unions could have been, as mentioned above, due to the fact that management could have started to feel a loss of power to trade unions. Furthermore, this sidelining could have been caused by the unwillingness of management in applying what trade unions were suggesting, due to cost or inconvenience. An example of this could be drawn from BCH. This was seen when union representatives expressed their objection during the employee stress-awareness workshop carried out by an external consultant, Julia.

Union reps who actually came to the workshop would sometimes have that attitude of ‘This workshop is just to tell us to shut up rather than being helpful,’ but generally speaking I’d like to think that I dealt well with that to sort it out ... I don’t know. [...] I can totally understand how the unions might be more concerned about that structural (sic) – the organisation needs to change. We don’t just need to be sticking-plaster for the people. But for me you’ve got to do both. There aren’t the resources to make it a perfectly un-risky workplace in terms of stress. So there’s got to be a level of teaching people – even if you’re only teaching them to notice stress and to say something about it. (Julia, BCH)

Julia here sensed the hostility of union representatives against the intervention chosen (her workshops). This was a clear indication that they were not consulted enough or listened to, regarding the types of interventions implemented. This illustrated yet again the decline in their role in managing stress after the initial period. When asked for his thoughts regarding union impact in stress management in the university and their involvement in the process, Dan in the comment below mentions that the unions had adopted a ‘monitoring’ role when it came to SMIs. This was also accompanied by a policing role, ‘where there is an issue’. However, nothing had been mentioned by unionists about being consulted on what kinds of interventions should be implemented, although they reserved the right to be involved to that level.

Well that’s a good question ... I think the fact that we are there or monitoring it and that we are able to be involved with it at that level, means that we can have very good impact where there is an issue. (Dan, union leader, RU)

This illustrated the unions’ limitations when it came to implementing interventions and voicing their concerns. Although they may initially have had some power in conveying

their concerns to management and initiating action, they tended to adopt an auditing role, rather than a leading one. This was particularly clear in an interview with two union representatives from BCH, who are quoted below. They argued that their role mainly revolved around pushing stress management up the agenda.

Would it be a hot topic for them to discuss around management meetings? No. People like me and Mark make them aware of their liabilities a little bit. There's one or two who've suffered with it, who are actually very good, and aware and offer help. (Tony, BCH)

So despite the initial apparent differences, there was convergence in the sidelining of unions as SMIs evolved. They also acknowledged that the ultimate control lay within the hands of senior management, and not even their line managers had sufficient authority to take meaningful action regarding stress management, having their 'hands tied behind their backs'. This confirmed what is discussed in more detail in the following chapter, which talks about the role of management, managing stress and more specifically the role of senior managers, illustrating the importance of having senior managers involved.

Well, senior management have got the power to acquire budgets and actually when things happen, because ... for me I see, a lot of my managers work with their hands tied behind their back and they're under constant pressure, and there's a lot of people off with stress and they might feel stressed at that level, because they want to do things, but they just can't. So the responsibility for it all does lie right at the top. Because if you then empower people like Luke, they can put these stress awareness courses on and they can make it a company policy. They can determine the way the company goes. Unions can only have so much input, so can the committees but the people on the top are the ones ultimately. (Tony, BCH)

They then mentioned what they did have in their power. The union members sometimes felt restricted regarding assisting their members at an organisational level. This forced them to take matters into their own hands sometimes on a very small scale, acting as if they were counsellors themselves. In the quote below, it is evident that unions played an essential role to help ease employee stress; this was done informally at a smaller, more individualistic scale. However, the level of impact that this had on employee wellbeing was small, given the fact that it was quite an individualistic, ad hoc intervention. Jacob and Tony, the union leaders highlighted below, displayed the duty of care they had towards their members, especially that they had a close relationship to them 'knowing' when they seemed unwell.

Jacob: To talk ... that's the main thing ... you can always come and have a chat ... if I see somebody suffering, I'll take him to one side and say 'Come on, we've got to sort this' and either get him off home, go see the doctors or what have you ... it's the sort of thing we pick up ... we *know* people.

Tony: We can see people when they change.

Jacob: We seem to manage it, in one way better than them ... because we spot –

Tony: And then there's a trust element you see ... they trust the union more than they do the management.

(Tony and Jacob, BCH)

Unions also recognised that they played an important role in holding the organisation accountable for their actions. If unions were able to hold the organisation responsible for employee stress, that then created an obligation for them to implement effective interventions to reduce employee stress. However, according to Dan from one of the unions in the university, unions found it challenging to 'create that alignment of blame', or create a burden of proof on the unions to suggest action.

It's difficult to deal with it in terms of making the university take accountability, that's a very difficult thing to do ... the university has a duty to care, not to cause stress but it is very difficult to create that alignment of blame when it happens. We just keep pushing; we just keep moaning ... we just keep making the case.
(Dan, RU)

Unions could also be the only source of support for employees who had little or no trust in management. Some employees were scared to speak to management about any problems they may have, thus having the unions as a source of support for them might have been instrumental in improving their wellbeing. Union members in BCH recognised that they had a role in being the voice of other people as well as their own, as reflected in the quote by Tony, a union member below. However, this view was not shared by the employees themselves, many failing to see unions as being 'useful' when it came to dealing with their stress.

For me and Jacob ... see, we haven't just got our own worries as such or what we think. We also have ... we go into a meeting with the voice of nearly, maybe 80-odd people in our section. So when they come to us with their problems, yeah – they tell us their problems because they might be scared of talking to management.
(Tony, BCH)

Although union members and some departmental managers recognised the role unions played in stress management, many employees failed to acknowledge that. During the interviews, not many participants mentioned trade unions as stakeholders with an active role in stress management. This could sometimes be associated with the participants' personal experience, where they did not find a need to consult with trade unions or seek their help. Linda was a line manager from BCH, whose quote below responded to the question about the role of unions with stress management. She mentioned that she only

spoke to unions regarding the possibility of losing her job. This showed that trade unions were to an extent still perceived to take care of traditional trade union concerns, such as redundancies. Linda did not perceive the union to have a role in stress management, although she herself suffered from great amounts of stress in her job. The trade unions, although implicitly, helped with reducing her stress by offering advice regarding redundancies.

I'm yet to find that out. I've never spoke to the union. The only time I've ever spoke to the union in all my years is when we heard that we were losing our jobs. And I've got the union to come and see me at home, and Mike came to my house, so that we can get advice about what's going to happen, and advice about redundancy, he gave us advice on the pathways. But I don't really know how, and this is what I'm looking for as guidance from the union from that sort of thing. (Linda, BCH)

On the other hand, other participants failed to find a purpose to 'use' the unions. This could be due to their lack of knowledge regarding what trade unions could do, or not feeling the need to consult them. Another reason they might have chosen to not involve unions was due to negative publicity from colleagues. For example, Paul, one of the mobile caretakers in BCH, expressed this below, showing that he 'never had the cause to use them' and that colleagues thought they (the unions) were not very helpful.

To be fair, I've never had the cause to use them yet, but some of the guys that I've worked with tend to use them, say it's not that much helpful, from what I could gather from them. (Paul, BCH)

Trade unions also had the role of representing workers and supporting them with varying processes. BCH was a highly unionised workplace and it was the norm for employees to have support from the union when they were going through any process, as highlighted by Carla, from HR in BCH.

BCH is a very strongly unionised working environment, so employees more often than not have a trade union rep to support them whilst undergoing any of these different processes that we have, and my role is to advise managers, or the hearing officer or the appeals officer depending where we are in the process. (Carla, BCH)

This contrasted with the situation in RU where it seemed to be less favourable, to a degree, to be part of a union or associated with one, according to Theo, a newly appointed line manager. This could be accredited to the poor employment relations during the past few years. Some participants, especially from the university, did not engage with unions because they feared being perceived as 'troublemakers'. On the other hand, low engagement could also have been attributed to the cynicism of members about what the union was able to deliver to them, following a number of disputes in recent years, many

of which had not delivered gains for members. This may also have been for the specific case of stress management, because the unions had focused their attention on other agendas, such as pensions and casualisation. This was not the case in BCH, because the organisation was highly unionised where it was the norm for most of the employees, especially the craft operatives, to be part of the union. With Theo's grade change (in RU), he perceived that he needed to join a different union, therefore sought advice from a union representative. He felt unwelcomed by the union representative, simply because he was not an academic member of staff, rather than being constructively directed to one of the other two unions on campus which might have been better suited to his profession. Thus, this experience left Theo discouraged from participating, leaving him feeling further 'alienated', which other staff could have been experiencing as well, due to this conflict between unions. This was faced by members who had been promoted to managerial positions, like Theo below from RU, with members feeling 'alienated' by the unions as they were unable to fit in, which illustrated the importance of different job roles and different union representation. Thus, the lack of approachable union members or leaders discouraged employees from interacting with the unions. This meant that employees were less likely to turn to unions regarding stress issues or any other general problems.

Some employees acknowledged the role that unions played in managing stress, especially by campaigning for stressed employees. This was found in examples where union representatives supported cases, on a one-to-one basis, in meetings with management, and in helping to mediate phased returns for members who had been off sick due to stress. However, some remained sceptical and were unable to trust the unions, based on their personal past experience. Carter, an employee from the university, shared his experience in a previous job, where the unions 'used' stress to ensure that he received income while he remained off work. His experience caused him to lose confidence in trade unions. He felt that they could take advantage of stress in the workplace in order to help employees reap more benefits from the organisation. Because stress could be used by the unions as a pressure point against the organisation, they might have tried to thrive on it rather than actively seeking to collaborate and reduce stress.

Besides the negative view offered by some employees regarding the role of trade unions with stress management, some managers seemed to view unions as an obstacle or hindering factor as well. Trade unions were seen to be destructive, failing to positively try to help reach middle grounds. Unions were perceived to adopt a 'them and us' attitude, displaying a very protective persona of their members, causing them to inevitably be

biased and one-sided. Jonah, a service manager in one of the faculties in the university, quoted below what he felt about trade unions. He described them as being ‘rash’ and not carefully understanding the situation to reach a mutual agreement. Jonah acknowledged that they did have an important role in stress management. However, according to Jonah, it was important that they exercised this role effectively to enable them to support their members, and gain the trust of both the employees and management.

I found that the unions ... understandably in a way but they tend to ... you know ... somebody comes and says ‘Oh all of those things are happening to me – union’s immediate reaction – right we’re going to support you – and without often maybe trying to find out a bit more about what the situation is. So I think it can be a bit of a ‘them and us’ thing, which doesn’t seem right... but I can understand their role and why they react like that – I’ve had support from them in the past myself in a different context. So they do have a role and it’s important but it’s about how it’s done and how they support staff in that area. (Jonah, RU)

Trade unions were aware of this negative image which was portrayed of them regarding strikes and industrial action. Matt, a union chair from the university, below illustrated the potential support they could provide for their members, enabling them to return to work. Furthermore, Matt mentioned that they also often acted as a mediator between employees and management, supporting management. However, their potential positive initiatives seemed to be masked by the negative perception of trade unions, from both employees and managers, which has been mentioned hitherto.

We’re always trying to improve the working lives of workers ... and that applies to any trade union in any place of work ... but in this place we are very much aware of trying to make things right. It’s funny when you go into a broader campus, a lot of people have a very negative view of trade unions. And yes, there are industrial actions, there are strikes about pay, there are all that kind of thing ... but we are also very constructive, enablers for staff to come back to work after a difficult time ... we carry out a lot of that mediation between the employer and the individual ... we can provide a lot of support ... if we are not qualified to provide that support we can put some in touch with agencies that can provide that support. There’s an awful lot of good stuff that comes through trade unions as well. (Matt, RU)

This section explored the role trade unions played managing stress in an organisation. Trade unions in both case studies appeared to have a role in SMIs. However, their role appeared to be limited to initiating SMIs in the beginning and convincing management to take action. Their role seemed to be limited thereafter, not having much autonomy regarding which interventions should be implemented and/or how. Trade unions were marginalised after the initial stage of them igniting initiatives, with management taking over steering stress management. Management then had control over which interventions were implemented, with minimal involvement from the unions. This was especially

evident in the BCH case study, where there was a clearly defined starting point for when interventions were implemented purposely, contrasting with the university which was more casual and ongoing. In the university, the unions appeared to have a more 'consultative' role where they had the right to sit on board meetings, but their impact seemed to be diluted, failing to push forward much action.

Failing to have a strategic role with stress management across both cases, trade unions resolved to provide smaller-scale support for members regarding stress. Trade unions appeared to offer several means of support for members, including representing them in meetings and informal one-to-one 'chats' if it had been noticed that someone was suffering with stress. However, trade unions were not practising their full capacity for supporting members, mainly due to how their role with stress management was negatively and/or incorrectly perceived by both employees/members and management. They were marginalised by management and still assumed by other employees to only carry their traditional role with issues such as pay, job security and redundancy. It was evident that many employees did not think of the union, at least initially, when they were asked about who had a role in managing stress in the organisation. Furthermore, some employees lacked trust in unions, which stopped them from turning to them for stress-related issues. Managers also perceived unions as being a hindering, rather than a helpful participant in stress management. This was mainly due to their perceived biased and protective attitude towards members, rather than considering different perspectives as well to collate a full picture of an issue.

Whether the unions had a voice initially in the process of SMI implementation or were formatively consulted, in both cases, their role seemed to be diluted when it came to meaningful decisions about what kind of interventions were implemented. This observation from the data collected explained, to an extent, the reason behind why the interventions implemented tended to be individualistic ones rather than primary preventative organisational (collective) interventions. Their marginalisation was mostly attributed to the possessive attitude management had towards their own decision-making powers. The following chapter looks at the overly influential role of management in the SMI implementation process, which explains this power imbalance.

Conclusion

The research revealed that responsibility for the management of stress remained complex and contested. These departments included the HR department, support services

(including occupational health, psychological services, staff development, and health and safety) and trade unions. This chapter illustrated the roles that these departments were perceived to have regarding stress management, by themselves and others in the organisation. This was evident from the data collected across both case studies. There were three main types of answers regarding who was perceived to be responsible for stress management. Participants either indicated that they were unsure who was responsible, pointed at a different department than their own or gave the hypothetical answer of ‘everyone’ being in charge of stress management.

The ambiguity behind who was viewed as responsible for stress management illustrated insufficient communication, which indicated a lack of strategic direction regarding stress management. This was found in both the organisations; however, it was especially evident in the university, perhaps due to its larger size and more loosely defined action against stress. In many cases, responsibility was pointed towards another department. When questioned, *that* department would redirect the responsibility again to another. A problem was then created where nobody was taking ownership of stress management, thus diluting the impact of any action. This problem was also shared with the third category of responsibility. Once again, because no one was held accountable of stress management, which indicated an unstructured approach to stress management.

The HR department in the university had quite a unique structure, where each faculty had its own department and manager that reported to the director of central HR. This was found to benefit departments by having concentrated services more tailored to the department, catering to the culture of the faculty. However, this imposed a challenge of consistency, as some faculty HR departments were better than others in managing stress. This was mainly because it was up to the agency of the faculty HR manager, and whether or not they assumed the responsibility of managing stress in the department. On the other hand, BCH faced a different problem of the HR department having a high turnover of staff; moreover, they were not perceived by employees to play an effective role in stress management.

Support services in the university, including occupational health, Staff Counselling and the staff training unit, were all under the umbrella of the HR directorate, which established a collaboration, the People Partnership, to address stress management mentioned above. Their initiatives included several primary interventions, such as upskilling HR managers and providing training for line managers. Secondary and tertiary interventions were also offered, including awareness workshops held by psychological services and the

availability of on-site counselling. At the time of data collection, it was too early to determine the effectiveness of this partnership, as it had only been running for a year. BCH also provided some employee assistance programmes in the form of a helpline they could call. RU benefited from its services being 'in-house' rather than outsourced, as it was in BCH. This proved to be beneficial, as it was more convenient for employees to access the service, and the service providers were embedded in and had a greater understanding of the organisation. However, the health and safety department in BCH was more involved in stress management, being initiators of various interventions. Contrastingly in RU, the health and safety department were mainly reserved for physical rather than psychological hazards.

Finally, trade unions were also found to have a substantial role in stress management, especially in BCH, compared to RU, where they had a prominent role in initiating action against stress. This was firstly done by administering their own stress survey where stressors were diagnosed. Then they helped by 'banging on the door' to hold management accountable, demanding that action be taken. On the other hand, unions in the university held a more 'consultative' role, where they had the right to sit on board meetings and were sometimes consulted; however, they had a smaller impact on decisions compared to BCH. Unions in RU were only able to add a few more questions to the staff survey to measure employee wellbeing, compared to BCH where they were able to administer their own stress-specific survey.

Although unions in both organisations, which differed in size and structure, played a part in stress management, regardless of how big or small their impact was, their role seemed to be marginalised after the initial stage. Unions in both organisations to different degrees seemed to be limited to initiating action, holding management accountable and monitoring progress; however, they had limited to no discretion in determining which interventions should be implemented. This chapter illustrated the difficulty of associating the role of stress management with a single person and/or department. It also displayed the negative effect this had on the organisation, not being able to hold a single entity accountable for any shortcomings.

Chapter 6: Managers' role in stress management

This chapter explores the main actors involved in the implementation of SMIs, specifically by highlighting who they were and how they shaped the various stages of SMI implementation. This is one of the key research questions that was intended to help answer the overarching research question/aim, which is to understand the process of SMI development and implementation, while identifying the main actors, understanding their role in the process, and enabling and hindering factors of SMI success. The key finding that emerged from the data was that managers seemed to play a key role with regard to managing stress and the implementation of SMIs. Not only did they have a significant role in deciding which interventions were implemented, but also most were unwilling to share decision-making power with other stakeholders, as displayed in the previous chapter, marginalising stakeholders. Furthermore, by doing this, SMIs failed to reach their full potential, due to omitting the potential of valuable input from stakeholders. This chapter looks at management as a contributor to stress management in the organisation, looking at how their support of a project, such as intervention implementation, was crucial; furthermore, their competence, leadership style and compassion were shown to be a great determinant over the wellbeing of their subordinates. Furthermore this chapter explores how management was also found to be a prominent source of stress/ stressor. The research analysed a range of factors which were revealed to be important factors in the success or failure of SMIs. These are support from the top, management compassion and clear role descriptions for staff. These include topics raised by participants around having 'support from the top', 'management compassion' and the importance of having 'clear job descriptions and expectations'.

An 'Appetite from the Top'

Research recognises the importance of the role of senior management when it comes to effectively executing decisions, regardless of how big or small, in an organisation (Bourbonnais et al., 2012; Department of Labour, 2003; Dollard, 2012; Tetrick et al., 2012). Stress management strategies (or the lack of them) proved to be one of the actions that required strong backing and support from the 'top'. This was clearly evident in both of the case studies. This section of the chapter will illustrate examples which demonstrate the importance of senior management backing interventions to ensure a higher probability of success and effective implementation. To begin with, it was recognised that organisations had limited budgets and/or resources which shape the length of the

organisation's priority list. In the university for example, stress management initiatives were recognised to be competing with a range of other issues for resources. Jonah, a service manager in one of the faculties, highlighted this nicely in the quote below, illustrating that they were more concerned that the job was done rather than necessarily dealing with stress.

I suppose as a university we do seem to flip from one thing to the next. So it's like 'What is our priority?' Is it developing our programmes and doing more? Cutting costs and managing stress? ... All those things don't necessarily go together, do they? One thing may cause the other and I think at times we have such competition you know. At some point health and safety (H&S) is a big priority and then it's something else. You know if we're serious about it ... if stress is a big issue we're focusing on, it's going to have an impact on it. What seems to work is you have a kind of strong message that comes from the very top, either the vice chancellor or somebody who's very senior saying this is our priority. Whether if that will ever be a priority I don't know, but it's very hard I think to do everything that's expected. [...] I mean I think the university will say that it's concerned about stress and has to say that, but I'm not convinced – not that people don't take it seriously, but not enough is done to turn it into action. (Jonah, RU)

Jonah here confirmed the restricted nature of the organisational agenda, where issues competed for a place on top of the agenda due to the difficulty of 'doing everything'. However, it seemed that the biggest determinant of what was prioritised on the agenda was senior management preferences and motives. Jonah was not convinced that stress was seen as a serious matter in the institution, believing this was the reason behind the lack of stress management initiatives. This was also clear in another section of the interview, where Jonah felt that 'people are more concerned that the job is done' and that stress was ignored unless it was already too late. Most importantly, although he was a line manager himself, it was clear that it was not at his discretion to have any powerful influence on tackling stress, without the backing of a 'strong message' coming from the very top, declaring that tackling stress was now a priority. Phoebe, a practitioner from the occupational health service, also echoed this concern and frustration, feeling the same restriction Jonah faced, highlighting the necessity of having senior management support.

She confirmed that her suggestions and efforts were inadequate, regardless of her profession, if they were not met by an 'appetite from the top'. This again showed the importance of having senior management interest in stress management, in order to increase the likelihood of success for the implementation of interventions and bringing change into the organisation. Besides this, there was the negative notion of senior management being negligent in recognising stress as an organisational threat, failing to take effective action against it. It was made evident by an RU union representative, Tony,

that the lack of autonomy given to service managers was restricting the improvement of the work environment and employee wellbeing, because their ‘hands were tied’ unless there was a push from the top, ultimately supporting the change. More than service managers, unions also experienced the restriction of input and a limit to their influence. Nathan, a service line manager in BCH, expressed the same views as Jonah from RU, stating that senior management had the power and discretion to implement decisions.

I just think that there’s a kind of, a reluctance to senior management level to drive things through and stick with the original decisions really. Yeah, budgetary constraints now are kicking in. I think what kind of tends to happen again from the executive management team, they tend to get involved in the most crazy (sic) basic things, and the bigger things don’t seem to be dealt with. We can be told to make sure there’s no litter out in a particular alleyway, you know the director and the chief exec, and there are issues about staffing and structure, taking years to sort out [...]. So the bigger stuff doesn’t get sorted. Yeah it’s getting to a situation where whichever council shouts loudest, gets something done. (Nathan, BCH)

Management seemed to exhaust their time, effort and resource on menial, operational tasks while dismissing crucial structural issues and neglecting to address them. Nathan above illustrated this misuse of power, and marginalisation of important decisions and procedures. He also shed light on the same issue which Jonah mentioned, about having to compete for a place on the agenda to get things done. Nathan mentioned that the most compelling topics suggested by certain individuals or departments tended to be granted that privilege of getting on the agenda, rather than concentrating on what was needed and important. However, when senior management were more tuned to employee wellbeing and sharing their power by collaborating with other departments and entities, it had proved to be effective. Below Matt, a union chair, compared the attitude of the university towards wellbeing during the era of two different vice chancellors, with the research taking place soon after the appointment of the new one, highlighting the importance of the role a single leader might have on the organisation.

I mean I think the new vice chancellor is much more tuned into the worker as a human being [laughs] than the previous one was. The previous vice chancellor was very much more bottom line, money driven and saw each individual as a drain, that’s another red number on the balance sheet. Rather than seeing them as a resource that can help. Which was kind of a negative and destructive view. It would be really nice to be treated as a human being but ... with some people, what can you do? (Matt, RU)

The way in which senior management approached decisions and viewed employees could be an important indication to senior management inclinations regarding agenda priorities. One dichotomy was whether leadership was people-oriented or task-oriented. Matt recognised that he felt a change in the university’s managerial attitude and culture with

the appointment of the new vice chancellor, more empathetic to employees, implementing a people-oriented leadership. In relation to this point, management empathy and compassion towards employees will also be discussed in upcoming sections. When senior management collaborated with other departments like health and safety, and recognised the health risks in an organisation, positive changes and collaborations were made. Mark was a health and safety officer for one of the unions involved on campus. Here he was describing the rise of a ‘partnership agreement’ established between the unions and the university’s management. This collaboration between senior management and unions initiated change within the organisation in terms of becoming more risk-aware about health and safety in general, including in relation to psychological health and safety risks like stress too.

So it was identified by all parties, the senior management of the university, the health and safety management and the structure of health and safety, that we had to change and we had to become more, more risk aware. I would say it’s paid off ... and I think it’s fair to say that the partnership agreement was the first one of its kind in HE (higher education) anyway. So it has been held up there on a pedestal as being a groundbreaking piece of work ... and that has ... certainly brought some benefits. (Mark, RU)

The Psychological and Counselling service manager, Emma, also recognised the importance of having a collaborative senior manager, in this case, the director of HR. Because the new director of HR encouraged cross-departmental collaborations across the services under the umbrella of HR (these included staff training and development, Staff Counselling, and occupational health), substantial projects were initiated which helped promote staff wellbeing up the agenda. This collaborative atmosphere helped central HR and the services under its directorate to collectively work to tackle stress by setting up a new leadership training framework, and moreover played a role in raising awareness across the university regarding mental health in general.

What’s been really helpful is that with the changes in the management structure in HR, with people coming in who are much more ... collaborative and interdisciplinary have made a big difference. I think we’ve been going at the bottom ... but recently this last year and half we’ve had a new director of HR that is much more collaborative and sees the importance of working across HR, Training and the kind of support services. (Emma, RU)

When they started to implement the compulsory management training in BCH, they faced an ‘uphill battle’ with management attendance at the start until the involvement of more senior management, which proved to be very effective when they backed the initiative, as apparent from the quote below from the health and safety advisor Luke, practically yielding full attendance. More on management training is explored in the section to follow,

illustrating the importance of senior management involvement to encourage, one way or the other, the involvement of line managers. This was similar to the university where managers were personally invited by the vice chancellor to attend the leadership excellence programme, which is discussed in the following section.

They (management) don't like being told off by the executive management team ... the director of organisational development [told the] heads of service ... 'You're not going to be upsetting me ... you've got to go ... you've got to set an example ... it's mandatory ... and it'll be fed back to the executive management team.' After that ... it was practically full attendance ... but initially umm, it was like flogging a dead horse. (Luke, BCH)

The previous quotes and examples illustrated the extent of the influence that senior management had in both cases, over pushing any topic specifically looking at putting stress onto the organisational agenda, as well as their influence on how far such topics ascended or descended the agenda. It depended on the senior management's 'appetite', for employee wellbeing and stress management either being a priority, worth striving for and dedicating resources to deal with it, or, on the other hand, neglecting it in place of menial things, which might be easier to implement and quicker to yield results, that might not deserve the attention and resource consumption. However, ranking the importance of stress management on the evidently competitive agenda, senior management also had an effect on stress in yet another manner. On the other hand, decisions made by senior managers could cause damaging stress. An example of this was highlighted by Steven and Luke, H&S union representative and H&S advisor respectively, where the senior managers reduced the number of days to refurbish void properties from ten to eight days, which inflicted intensive working conditions on the employees. This highlights how decisions made by senior management could impact employee wellbeing by affecting their working conditions. In this example, where they had tightened the deadline, this increased employee workloads, thus increasing the risk of employees experiencing work-related stress.

This section looked at how the influence of senior management and their role was viewed in both case studies. They played an essential role in placing topics, such as stress management, on the agenda, possessing ultimate control over decisions about what made the cut regarding the dedication of resources. Nevertheless, it was proved that, when supported from the top, interventions tended to be more effectively executed (Lewis et al., 2012), such as the example of the improvement of management training attendance in BCH. This section highlighted the importance and magnitude of the influence that management had on the success (or failure) of interventions, making management

training an essential intervention in itself. The following section will explore the management training carried out across both cases, where data showed the importance of rearing competent managers in improving and preserving employee wellbeing and in tackling stress in the long run.

Management Training

Literature suggests that management training is considered to be an important intervention (Kelloway and Barling, 2010). It is classified as a primary intervention, due to its properties of equipping managers with the awareness of stressors and ways to prevent them. Provided that the managers implement their training, this can help prevent stress from occurring in the first place, protecting employees. It is important to note that tackling stress is not as simple as training management. However, training can allow managers to be aware of early signs of stress in employees, which aids in early identification of issues arising, encourage timely interventions and prevent potential irreversible damage to both the employee and the organisation. This section will explore the notion of management training in both organisations, looking at their efforts as evidenced by the case studies. Furthermore, the section aims to determine how effective the intervention of management training was considered to be, looking at both employee and management opinions, while understanding the various obstacles which were faced. Both organisations had some form of management training in place, which was mandatory in BCH but voluntary in RU. It is important to note that RU's management training initiative was only recently launched when the data collection was taking place. For that reason, its full effects will not be illustratable at this point in time.

When BCH started to implement their various SMIs, including their new policies and procedures, their managers needed to be given technical training in order to be informed of the new changes. Furthermore, the organisation aimed to raise awareness amongst the managers regarding stress in general, its causes and cures. However, according to the interviews carried out, the participants who were leading the intervention implementation felt that it was particularly difficult to convince managers to attend the training, although it was considered mandatory. This can be seen in the quote below by Luke, describing the implementation of this intervention as a 'battle'.

So ... to start this battle ... many years ago, one of the key issues was ... lack of attendance at mandatory management level stress awareness training ... so they were told by the learning and development team – this training is mandatory ... it's about stress management, it's about you managing stress for your team ...

initially there was an uphill struggle that people just didn't attend and this was mandatory from the management team. (Luke, H&S, BCH)

This seemed to be the case because managers were failing to see the important effect that their role had on the wellbeing of their employees. The quote from Steven below, a union representative, illustrated this point.

Why should I attend this stress management? What has it got to do with me? Why am I in this meeting? What am I doing? It was sort of fed down and they start to realise then that as managers they're sort of first port of call if you've got a problem ... their manager should be there – 'Right, can I have a word with you? I don't feel too good.' (Steven, Union Rep, BCH)

His words implied that one of the reasons that the training sessions were poorly attended was that management failed to see the relevance of their role regarding stress management. Furthermore, relating to the previous section on the importance of senior management, Steven demonstrated that messages from senior management had to be 'fed down', in order to make managers aware of their role as the first port of call if their employees were unwell. The quote below shows how this problem of attendance was addressed. The training and development department resolved to report a list of managers who failed to attend the training; as the list was quite extensive, it was considered that action had to be taken. There was an improvement in attendance after executive management became involved, actively pushing the case to increase training attendance.

You know, the boot comes down the line, people whether they like engaging with it or not, they don't like being told off by the executive management team, and that was driven from the top. So it's come from [...] [the head of the company secretariat, who is in charge of organisational development] towards heads of service. 'You're not going to be upsetting me [the head of the company secretariat], you've got to go, you've got to set an example, it is mandatory! And your manager has got to go. And it'll be fed back to the executive management team which will be meet monthly and whoever is not attending, they'll want to know why, and it better be a good reason for not turning up'. After that ... it was practically full attendance ... but initially umm it was like flogging a dead horse, because people were going 'I'm just not going to it'. (Luke, BCH)

In RU, a new collaboration, which only had been operational for a year (started in 2015) at the time of the data collection, led by central HR, had taken place between psychological services, occupational health and the organisational development unit. The main aim of this collaboration was to create a new management excellence programme, to establish a set of clear definitions and expectations which reflected effective leadership in the university. The head of staff development stated the following as the main reason for the collaborative efforts towards management training:

I think it was a realisation from the counselling side that the staff who are presenting for counselling were bringing quite systems-based issues which have been caused by the way that the organisation runs, as opposed just to the personal dimension of their own stress (Peter, RU)

Furthermore, a staff member from the occupational health service further commented on the new leadership programme which was led by the new director of HR in the following quote. The HR director at the time had just been appointed to their new role, the same year the partnership was developed; additionally, the new leadership programme was launched a year later after her appointment. This indicated that at least in this case, she was keen on changing, to revamp the university's resources, and show that individual managers can play a huge role in implementing interventions or change in general, rather than relying on the structure of the organisation.

And so I know she's [HR director] looking at revamping the whole leadership and management programme and so I think when that's rolled out, there's going to be a focus on those management skills, and you know, management skills are not just about, delegating the work. The management skills are relationships with colleagues and building a team and also recognising when people that are with you and for you are struggling. And then having the skills to approach that. People get scared, you know ... 'Oh I can't ask them that question! It's really personal ...' or they ask the question and have no idea what to do with the information afterwards. So it's going to be a long process ... but certainly I think we'll be taking steps in the next year to improve it. (Phoebe, RU)

This 'revamp' in the leadership and management programme was therefore viewed as a necessary development due to the reasons given above. Furthermore, there was a consensus from various sources across the university that management training was crucial. A great number of participants believed that many academics lacked sufficient management skills to run a department. This proved to be a cross-departmental issue across most faculties, as most management positions were held by academics. One non-academic participant who held a managerial position stated the problem with management in universities in general in the following quote.

Universities and schools are very peculiar in where the people at the top have no training so the people at the top of the department of biological sciences are biological sciences. They're not managers, they're not HR people, very often ... I mean the PhD itself is a solo pursuit, two, three, four, five years... depending on what you're doing. That doesn't set you up to be a people person, that sets you up to be a lone gunman. If you're one of the good ones, you would have done some teaching along the way and it's not such a terrible, terrible shock when you get out the other end. (Martin, RU)

Martin's viewpoint was not uncommon, carrying a particularly negative view of academic management. Many other participants also felt that there was a clear gap between being

an academic and being a good manager. In the comment below, Jonah shed light on the problem of promoting academics into managerial position, solely based on their performance in academia, rather than their people-skills as well. This was yet another reason to prioritise management training.

Speaking of someone who for the last fifteen years has been managed by academic staff ... you know some academics don't necessarily make the best managers. I mean some people don't make the best managers, but I think you know academia in particular, because it's like anything where somebody is good at something and they get promoted and they end up being a manager but they're not necessarily a manager. They probably don't want to be a manager, but they'll end up doing it. So I think we need to focus on better management. (Jonah, RU)

Peter, from the staff development department, also commented on a further problem with academic staff management. However, in this case, he was referring here to their overly-high expectations of staff, which in turn could be a stressor for employees.

Like I said the academic mind-set is wonderful, but it doesn't always lay into the leadership mind-set. So you might have a wonderful research leader but when you actually get them to manage staff, then there's a bit of an issue because they manage people as if they were themselves, they have high expectations. (Peter, RU)

A technician, Carter, from one of the sciences faculties, expressed his view regarding problems with academics who managed, and claimed that this view was shared among many lab technicians across the institution. He mainly highlighted that the problem was centred around them not dedicating enough time to strategically manage, but rather acted in a predominantly operational manner. This in itself might have been caused by a plethora of reasons; a few may include the academics' own pressures, lack of managerial expertise or leadership skills, or lack of interest in that specific aspect of their role. This lack of direction from academic managers displayed in Carter's quote below caused even more stress to the subordinates as their job ambiguity increased. Carter also highlighted the importance of management empathy and/or knowledge of technical work, making it difficult to speak to academic managers because they 'don't really get it'.

I think in general having academic line managers for technicians is a bad idea ... because I don't think that they have the time or the understanding of the situation to deal well with that ... and I think that makes it difficult. I suppose it makes it difficult to talk to them as well, because they don't really 'get it' ... umm ... so I think that would be something that would be better ... I think generally spending time ... I think the biggest problem is actually just committing time to being a manager which I think is something they don't really do. I think it's just the job that they think about for ten minutes at five o'clock on their way home, if they do that. They think about it when they have to do something, as opposed to a strategic thought about it, I guess. I think talking to other technicians that seems to be

something quite common, their biggest stressors are managers who don't manage because that just leaves them going ... 'Umm, am I doing a good job? Am I not doing a good job? I don't really know.' And that's not saying that that's the same across the whole university, but from talking to lots of technicians about those things, that seems to be a common theme. (Carter, RU)

The following quote by Helen, one of the faculty HR managers, resonated similarly to that of Carter, regarding the issue with having academics in leadership or managerial positions. She highlighted the difficulties that came along with having academic leaders; however, this time she was justifying the reason behind academics facing difficulty becoming leaders, stating that they chose a career path which did not necessarily require leadership skills in the sense of line management, as they 'didn't go to academia to be leaders'. Thus, she echoed the need for management training to make academics more capable leaders and facilitate their adjustment to the role, to which they were potentially new. However, it was questionable how effective management training would be to fix this issue.

There's lots and lots of training available ... whether they do it before they go in the role or actually as they are taking it up ... probably most people actually go have training as they take up the role ... and like ... I think it's a big issue for heads of division ... I mean they do have an induction so ... all heads of school ... so academic leaders ... that's actually quite a big adjustment for them ... because they go ... as in a lot of ... huge ... they didn't go into academia to be leaders ... so that can be quite a big adjustment for them. (Helen, RU)

Like BCH, RU faced a problem when it came to the attendance of the available management training. James, one of the HR managers, highlighted the fact that the training was voluntary rather than mandatory. He felt that it was a disadvantage because the particular manager he had in mind, who he would have wanted to undergo the training, was not registered and did not attend. The following quote by Martin also highlighted the problem of this programme being voluntary, with the consequence that only the keen managers would attend.

That's a really good point because ... no it isn't (mandatory) ... and the certain manager I'm thinking of *pulls out attendance list* isn't down on it because we've just been given a list of everybody that signed up. (James, RU)

But only the keen ones (would go) ... so the ones that could actually do with it, won't go. So bad managers stay bad managers, not that the training changes them into good managers but at least they're an informed bad manager. So perhaps ongoing training, perhaps – professional development and possible, this is something that happens in the technology field – possibly an obligation to renew your credentials. So you did the management training like a fire & safety training ... you have to that every year! (Martin, RU)

The comment below from Mark, a union officer, also illustrated the same concern around management training usually being at the individual's discretion. Mark further highlighted the problems regarding promoting people into management posts without enough support.

We've got an awful lot of managers ... we've got an awful lot of good managers ... but we've also got an awful lot of bad managers, who think they know the policies, think they know the procedures, when in actual fact – they don't! And that's no failing on behalf of the university [sic] – is what it is that that person maybe promoted into management ... and this is something that we keep pushing at ... is that if somebody becomes a manager, the university has got to give them the support to ... they become a good manager. Somebody who just can't be appointed into a manager role ... then just be expected to become a manager and to get on with it. So we keep pushing at this and say that 'Anybody who becomes a manager has to do certain training which is mandatory'... which is a big battle, because all training for managers tend to be a discretionary ... and it's not good. (Mark, RU)

However, regardless of the comments and thoughts conveyed above regarding how the training should be mandatory, the training and development department intentionally kept it voluntary to maintain the quality of the training, claiming that if they mandated it, the training would lose its potential value.

What [training and development] don't want to happen is to have people on those courses who don't want to be there because they want to make them engaging, meaningful you know, really get a conversation going amongst the participants. If you've got people, there saying 'I've been sent on it' then immediately it's not those things ... Umm but ... I think actually the point which we should get to is ... where people move in to roles where there's a leadership element is almost making it part of the kind of suite of support that they get. (Hannah, RU)

Training line managers was crucial, because they were usually the ones with the discretion to implement action and change, and their role was highlighted in several quotes hitherto, and in the quote below showing that line managers' authority was critical to affecting any change. The quote below by Abigail, a human resources manager of one of the faculties, illustrated this. She explained the extent to which line managers feared 'stress' and having conversations with their staff. This was then where they resolved to approach HR for advice, who then directed them to the appropriate resources. Management training would have been instrumental in decreasing the time it took for management to act, as they would have been sufficiently self-equipped to deal with any case. Furthermore, it would also have decreased the unnecessary supplementary tasks burdening HR.

I think managers are often afraid of stress, so as soon as that word 'stress' is mentioned ... you can't talk to the person about what's going on and I think they

figure almost that they can't do anything. Whereas I would turn it around and say ... 'You can!' and the idea is, that you do have a discussion with a member of staff, so you can understand what's happening and how then you can help them with that. As an example, last week we've had a senior contact as in HR came into this office and said he wanted referral into OH because of stress. So I said that's fine, but the first bit is me to meet with you and your head of school ... to go through that stress risk assessment that I've mentioned so that we can identify what the issues are and see it then with the help of the head of school and compact actions around that ... Because I'm powerless to be able to put actions in place ... it has got to be the line manager. (Abigail, RU)

This section illustrated the different reasons for which management training was needed and introduced. In BCH, the need for management training was initiated with the introduction of the new stress policies and procedures across the organisation and to increase awareness of stress as a risk. In RU, the problem mainly originated from the fact that many academics who became managers were not well equipped to do so. It was acknowledged by the participants above that they were promoted to manage, based on their academic-related performance, rather than on their management and people skills. Initially, BCH faced a 'battle' with training attendance, although it was mandatory. By contrast, in RU attendance was intentionally kept voluntary to ensure a high degree of involvement and a collaborative atmosphere in the sessions. However, that meant that managers who were in need of the programme chose not to go, leaving the attendance list with managers who were self-aware rather than with the managers who were stubborn or oblivious to their ignorance.

This section illustrated how having good management was perceived to be a very important aspect of stress management and maintaining a healthy workforce. One way to ensure good management was to have good management training available. This was far from being a panacea for stress management; the training programmes and success were shaped by a range of institutional and structural factors which were pointed out above. Although the availability of management training was no guarantee of having good managers who could maintain a healthy workforce, it did increase the chances of this occurring. Although management training might not reap fast results, having good, well-trained managers would help with appeasing a stressful working environment, if not improve it (CIPD, 2011; Kelloway and Barling, 2010); on the other hand, having poor leadership had detrimental effects on the employees' wellbeing. The following section looks at how leaders' actions and expectation settings can affect employee wellbeing.

Leadership and Setting Expectations

According to the HSE and the literature (Cox, 1993; Cooper et al., 2001), unrealistic demands, role ambiguity and unclear management expectations (Behrman et al., 1981) have been highlighted as some of the work-related stressors that employees face. This section illustrates how some leaders/managers fuelled these stressors by overloading employees, and by lack of direction, unclear expectations and lack of structure. The section illustrates employee experiences from both cases, showing some of the aspects that caused them stress in relation to leadership issues.

Carter, from RU, demonstrated that the ambiguity behind the lack of management structure was a significant source of stress at work. This illustrated the importance of having clear job descriptions in order to reduce ambiguity amongst employees and help them to understand what their role involved. His other comment gave the notion that management and leadership structures seemed to be haphazardly organised and vaguely structured. Furthermore, Carter's quote showed that there seemed to be no rationale regarding why certain things were put in place, as 'they're not looking into how it's working'.

Generally, the most stressful thing I find is the lack of leadership [...] when I started the job it was very much, 'Make the job your own'. There was very little kind of description of what the job should be [...] But it's all kind of ending up coming from me with very little from any management structure. Which I find quite stressful.

You've probably been through enough people now to know there is no management structure really ... like there's a kind of management structure but it's really ... unclear, and people are very unwilling to take responsibility for things which makes it difficult. (Carter, RU)

Martin, also from the university, felt that he suffered from a lack of direction from his previous manager and was given menial work which was not relevant to his job, leaving him feeling unfulfilled and 'not useful'. He illustrated the importance of having a manager who was 'bothered' about the work and the team. Furthermore, he demonstrated the importance of giving employees meaningful work, in order to reap their potential. In this case, Martin, who clearly had the potential to, become the manager of this team, and did, was asked to do meaningless tasks such as printing out essays for someone else.

I think something that makes or has made things stressful in the past is when we have lack of leadership and lack of direction. So when I joined this team, I was not in charge and I felt it was quite stressful, working for somebody who didn't really seem to care about us or the work, wasn't really particularly bothered. (Martin, RU)

On the other hand, BCH participants tended to illustrate problems regarding unachievable tasks. Steven, a union representative, explained how the number of days that they were given to complete a job had been reduced, including the setting of tight targets. Setting unrealistic targets could negatively impact the quality of work produced and employee wellbeing (Cooper et al., 2001). Furthermore, Paul, a mobile caretaker who was required to work outdoors most of the time, had to do so regardless of the weather conditions because this was what was expected by his line manager.

It is a very stressful job. I suppose it's what's demanded, it's what's expected of you to do, no matter what the weather ... it could be sunny/windy/rainy you still got to perform, that's stressful, when you're working in the rain and then you have your dinner in the break at twelve and then you're wet and you get cold and then you have to wind yourself up and get back out again. (Paul, BCH)

Moreover, besides the issue of having unrealistic targets, Tony below explained the need to have job evaluation, as he showed how some jobs had been evolving to include more tasks while employees were still paid for what was in their contract. Reviewing job descriptions and evaluating them against what was actually done by the employees gave individuals a clearer set of expectations to work towards, thus reducing their ambiguity, according to Tony's quote below. This related to the issue in the university, highlighted by Martin above, regarding the lack of role clarity and accurate job descriptions.

A lot of people might be working above the contract because they're been here ten years ... somebody has asked them nine years ago 'Can you look at this because so and so has gone off?' ... okay... but nobody has took it back [...] and it became a part of their role[...] they might have only been employed as a letter opener but all of a sudden they're doing admin, they're planning people's work, they're answering the phones on customer complaints ... so we've had a what's called a job evaluation. (Tony, BCH)

Unrealistic expectations were also expressed in the university. Carter, in the quote below, showed that a significant share of work-related stressors was associated with employees and being assigned unrealistic expectations. He indicated that employees were given more than they could potentially handle. This reflected one of the other main cause of stress, demands, which was highlighted by the HSE. In other words, employees experienced stress when they felt or/and reported that they 'are not able to cope with the demands of their jobs', according to the HSE website.

I think ... the expectations, a lot of it (stress) comes from expectations and the expectations of what work and things, people are gonna deal with is sometimes over the top, so maybe that's a large part of it. (Carter, RU)

When asked about the presence of any policies regarding workload models and employee expectations, Diane, a human resources manager in one of the faculties, also reflected on the problem of having workload models which were considered unreasonable to ask of staff. However, she raised the argument that these reflected what academics tended to do anyway. Here, the issue lay in whether the workload models were based on what was already being done, or what should have been considered a reasonable, healthy expectation of staff. This posed the question of whether workload models acted as stressors or a vehicle through which stress could be managed.

I don't think so specifically, different faculties and schools have workload models they tend to be academic workload models so it's really about sort of expectations in relation to teaching – grants – writing – publications those type of things, they do differ between different faculties ... because what might be an expectation in sort of a STEMM faculty might be difficult to a social science faculty so they tend to tailor them in relation to that ... and they do tend to be measures of expectation ... umm, some people may argue that those expectations are not reasonable but others would argue it's reflecting what staff do so it's accurate in terms of those reflections ... so there isn't an overall policy in relation to that, that I'm aware of. (Diane, RU)

Jonah, a student education service manager in RU, was asked about how the university could manage stress more effectively. He mainly spoke, again, about the university needing to set clear expectations to prevent two main problems. Firstly, to prevent people, especially management, abusing the vague description of what was expected of employees, and overloading colleagues who did not object to the additional requests. Secondly, relating to Carter's point, setting clear expectations which mitigated the lack of clear direction by management and the need for a clearer management structure. Overall, clearer expectations could perhaps have been achieved by having better, more specific contracts and job descriptions.

I think it (the university) can send out the right messages around the fact ... of setting expectations I suppose. [...] unfortunately, we have certain people who might take advantage of that in the other way and that perhaps find ways of not working as [...] and it will be the other people who have such a high commitment or sense of responsibility they will just work seemingly [...]. I think there is something the university could/should do around expectations. I suppose when you have sort of open-ended contracts which again don't really specify what the hours are or what the expectations are at least [...] it's very unclear to some people what is expected, and you can just get bogged down in doing all kinds of things. [...] People should not be spending all weekend... I mean one thing that's causing a lot of stress now is around email ... I know people who are constantly ... they never seem to get away from it, they'll be on holiday answering their emails and at night time ... okay that's become kind of almost accepted but when I started working – too long ago, twenty years ago, it wasn't part of the expectation. (Jonah, RU)

It was evident from the quote above that Jonah described the change that he had witnessed over the past twenty years of his employment, where the need to be available and respond via email during the weekends and outside working hours was not a normal expectation of employees. As technology advanced, workplace expectations were changing, like the answering of emails outside of hours, which might have felt like an unspoken expectation to employees, which they felt that they needed to meet. Jonah suggested that perhaps there should have been a clearer policy around clarifying expectations; this in turn could have then reduced stress and prevented burnout. Such initiatives had been undertaken, although on a larger and national scale, by the German labour ministry in 2013, banning out-of-hours working (Vasagar, 2013). Providing a clear illustration of expectations would reduce employee stress caused by ambiguity, causing them to question whether what they were doing as enough to be considered doing a 'good job'.

Theo from RU illustrated the importance of not just having expectations clearly written down, but also the need for this to be executed from the top. Although his manager advised him to not work outside his contracted hours, while doing so herself by sending emails over the weekend, this sent conflicting messages to her staff. Theo was understandably left doubting whether he was doing enough or not, after seeing his manager's approach. This illustrated the importance of managers leading by example, as well as having policy and workload models written down to ensure that employees knew what was clearly expected of them to omit any ambiguity. There was another stress arising from expectations, aside from management-set expectations. Lindsey showed that the institution itself might impose pressures and high expectations of all staff. In this case, the university had just been awarded a prestigious award, creating an increasing pressure to maintain top standards. Furthermore, the increase in student numbers had substantially added more work and stress at different employee levels, including academics, health and safety and timetabling.

This section looked at experiences from both cases, specifically around the notion of having clear leadership structures and clear, attainable expectations. In the university, it was evident that there was a sense of ambiguity arising from vague work descriptions, generic contracts and maintaining a positive student experience to match the reputation of being world class. Furthermore, there were several references made by participants to working out of hours, and how it was becoming an expected and accepted culture in the organisation. It was highlighted that not only was it important to have good policy in written form, but it was also equally important for the university to ensure that these

policies were indeed being implemented at all levels of the university, making sure that, in the process, leaders acted as role models. On the other hand, issues in BCH were not centred around stress arising from the ambiguity of expectations, rather on the intensity of expectations which were not reflected in job descriptions. Employees were given tighter deadlines to perform the same tasks. This understandably caused more stress amongst employees, where some might decide to compromise on quality in order to meet deadlines. Furthermore, some employees who worked outdoors described how their role required them to still deliver to targets, regardless of the weather conditions.

This section highlighted the importance of having a clear management or leadership structure in an organisation, clearly defining what was expected of employees. This could have been aided by having clear contracts and job descriptions. Moreover, the importance was highlighted of designing and implementing reasonable workload models for employees and ensuring that managers adhered to it. This included clarifying employee expectations and ensuring that they were not exploited by making them feel that they should have been responsive out of work hours, including during annual leave. This would evidently have helped prevent employee burnout, which cost both the individual and the organisation.

Compassion

Initially, the notion of compassion was not considered as a potential theme in the primary stages of the data collection, as it was not explicitly mentioned in the literature around stress. However, it began to draw attention by recurrently emerging from various interviews across both organisations. Many participants spoke directly about compassion or indirectly referred to it by describing its characteristics, such as kindness, caring, listening etc. This section will portray the importance of having a compassionate manager and the positive effects it has on employees' wellbeing. This section will also illustrate the implications of a non-compassionate manager on an individual's wellbeing.

The role of a line manager, as mentioned above, could have a crucial impact on an employee's wellbeing. This was mainly because line managers were the ones in direct contact with the employees, giving them the ability to monitor changes in employee behaviours over a period of time, which could have aided with identifying symptoms related to stress. However, although managers had the capacity to do so, they had to be willing to 'trigger awkward conversations' with their employees and actively listen to their concerns, as illustrated by the quote below by Luke, from BCH health and safety.

He further commented on the role of management during redundancies and how directors should have had empathy during such a stressful period to protect employees' mental health.

So you know we've got team leaders and sort of a hundred staff who sort of have managerial responsibility over staff who can cause the stress *laughs* and also who actually need to identify the stress, because you know they need to be spotting 'Why is he acting different today?' ... like 'Come here we'll have a chat ... what's the issue?' Actually having those trying to trigger awkward conversations [...] So it is really about ... an understanding and respect and support through the whole business ... the directors giving out moves need to have empathy ... the manager of that service really needs to look out for his staff who are being made redundant ... it's about cutting people some slack. (Luke, BCH)

In order for the organisation to communicate this point amongst other stress-reduction interventions, BCH invited an external consultant in 2013, Julia, to offer management training and to increase their awareness on how to treat their employees in general and especially during restructures. Although they met some resistance, Luke explained how some of the 'headstrong' managers changed after the training and how this positively impacted their employees, as they felt as if they were more cared for. Julia highlighted the importance of small gestures from managers towards their employees, such as buying the team some ice cream on a hot day when they were required to work outdoors. Small gestures as such may not have had a significant impact; however, it started to create a culture of care amongst the team.

Some people might critique the assistant director of that service as being very headstrong and bullish ... but he's got a very good working relationship with Julia (the external consultant) and he understood that to get what he needs out of his team he might have to bend a little ... and some of the managers like 'I don't get it, why should I bring ice-creams to my team on a heatwave?' cause it's not about the ice-cream ... it's just about 'Ah, I didn't expect the manager to think of me like that ... and then some people even gone away like ... I heard what Julia said and I went and brought all my team a Cadbury's crème egg at Easter. (Luke, BCH)

Being able to openly speak with a manager was also considered to be crucial, therefore an employee needed to feel safe to be able to do so. The main reason that this was crucial was that line managers were likely to have the power to change any perceived stressors an employee was facing. Of course, many line managers may have had limited discretion over many decisions, but the dialogue between the employee and line manager was in itself perceived by employees to be healthy. Hannah below showed the danger of employee silence, if they did not feel safe speaking to their manager, potentially causing a higher level of absenteeism, if employees felt burdened. In order for employees to feel

safe to speak to their line manager, they needed to feel that their manager was willing to hear them and be empathetic to their position.

I think it's crucial ... I think having the ability to talk to a line manager about factors causing stress, is the best way of resolving it ... because if you know ... that actually my manager is open to me talking to them about something, then you will do it as soon as something happens. Typically the worst cases I've seen have been where people feel that they can't go and talk to anyone, and so it just piles up and piles up until they have got to breaking point. And it's much more difficult to get that back from that point to a state where people feel that they can cope – it takes much longer to do. (Hannah, RU)

The following example illustrated the benefit of employees being able to speak with their manager. Pamela was a caretaker who faced many personal issues that caused her a lot of stress, which was inevitably carried to work as well. She illustrated how having a caring and compassionate manager was absolutely instrumental in improving her wellbeing and in turn, her ability to stay in work. This compassion was conveyed in the form of Linda, her line manager, simply listening to her problems and directing her to the appropriate resources for her to seek help.

I think I've got the best manager going, Linda, she's not only me manager, she's me friend as well...and that's nice, she's so nice [...]To me obviously I've been through a lot of stress just recently, and I'm still going through it now[...] like I said about Linda ... if I feel stressed out she's coming and giving me phone numbers or people to see, or recommending, there's more places to go to and people to talk to about it[...]. Linda always says to me, 'Are you alright?' If I'm stressed – no I'm not – she'll say, 'What's wrong?' Then she'll refer me, or she'll try to sort it out or whatever it is [...] it's just that engagement ain't it ... it's the engagement of the managers being thoughtful and realising you've had a stressful day, 'You know what, I'll bring you a cup of coffee ... or buy you a sandwich.' (Pamela, BCH)

Connecting with and caring for others, focusing on them, desiring for good things to happen to others or for them to overcome adversity and the display of warmth, affection and kindness are some of the characteristics that are involved in compassion (Miller, 2007). The following example illustrated a different form in which compassion could have been expressed by a manager. The quote below by Carter, who was a technician who managed a small team, indirectly illustrated how a compassionate manager could act by speaking about his role in managing his team's stress. It was obvious that he understood his employee's strengths and weaknesses, and worked around them to the best of his abilities. This was done by controlling the workload and helping out with tasks with which she clearly needed help and, furthermore, constantly offering reassurance regarding tolerating mistakes.

Umm ... what I try and do is ... basically protect them from crap so a better example is Juliet [...] she's not particularly good at writing so when I was trying to get her through the promotion process, I would take on that part of it [...] controlling her workload on things she's capable of and things that she's doing well. [I] make sure that she knows that what she does, I'm backing her ... and if she makes a mistake – that's okay and those kind of issues, letting her know that I trust her, letting her know that she can try things, make mistakes and that's OK ... and also making sure I know what she's doing and I know what her workload is, and if I think that she's doing too much, we can discuss that and keep in dialogue about that process. Yeah and I think also make sure that she knows that I'm there for her. (Carter, RU)

Carter found ways of alleviating some stress of which his subordinate was to face by making her feel supported. This was done even to the extent where he felt the responsibility to protect her from stressors which he anticipated. Thus, compassionate management was not limited to reacting to toxins which the employees carried (Frost, 2003), but displaying compassion could act as a primary/preventative intervention and not be limited to emotion management. Susie, a team leader, also illustrated how she assisted her team with their stress by being a practical hands-on manager as well, at peak times where the workload could be stressful. Managers 'rolling up their sleeves' and assisting their teams also illustrated a form through which compassion could be conveyed.

Umm, a variety of different things (to reduce employee stress), depending on what types of stress and what areas those are in. So I'm thinking about volume of work and resources within the team. Quite recently we've been low on resources so it's meant that individuals have had higher volumes of complaint cases to manage individually and it puts us in a difficult position because resource-wise we are limited, the budgets that we've got, we've got available. In situations like that I will carry out daily monitoring to check what volume of work individuals have got, keep that communication going, checking that they're okay and that they're able to manage. I will also jump on the service myself, roll my sleeves up, take on some of the work to ease some of the pressure. (Susie, BCH)

This same notion of managers getting their 'hands dirty' and displaying practical compassionate management was also mentioned by Steven in the following quote. This also displayed aspects of what is known as servant leadership, which could be greatly appreciated by employees. Therefore, besides the fact that managers practically helped employees in completing tasks efficiently, employees felt appreciative and emotionally restored as a result of that.

I think what would help a little bit more as well with some of the managers, if you got a job to do, then if they sort of – 'Oh I see you're having a problem there ... I'll come and give you a hand,' and if the managers come and get their hands dirty and help you out, you appreciate that more ... you know 'This is stressing me out, I'm fed up with this' and the manager comes along and says, 'Don't get stressed ...

let's sort it out,' so he sits there or stands there and says 'Right we'll do this, we'll do that' ... that extra person being there and helping. (Steven, BCH)

Another good example of a compassionate manager is Theo from RU. Theo had recently been significantly promoted, finding himself in charge of a team as well as many ongoing projects inherited from the previous manager. However, in the midst of that he still recognised that displaying 'care' to team members was part of his role as a manager he and enjoyed doing so for his colleagues.

But I find that kind of care role is something that I've enjoyed a bit, so with regular catch-up we always just go out for coffee, like once every fortnight and always try to make sure that they're okay, in terms of their professional life, and if they want to tell me anything else, but I think that they've probably held back because they understand that I've possibly dropped into the deep end this year as well, so it's like a we're all in it together approach. (Theo, RU)

Martin from RU spoke about an employee who he wanted to hire and offer her the job. However, to his surprise, she declined the offer due to concerns regarding her work-life balance. He decided to approach her personally to convince her to take up the job, being a valuable asset to the team. This was again another example of compassion illustrated. Martin ensured that the new employee would benefit from flexibility and empathy regarding needs arising from her personal life. In so doing, Martin acquired a capable team member who would have otherwise declined the job. Being an empathetic and compassionate manager, Martin attracted the appropriate talent he needed, reaping positive results from a satisfied employee.

And she did ring me and it took me half an hour in my best salesman techniques to convince her to come back for the university, she's worked for us before, and that working with me and my team, she'd be part of a supported network and if little Johnny was up all night I wouldn't expect her to come in, I'd expect her to see to what little Johnny needs and then sit and work from home. (Martin, RU)

Furthermore, Martin showed the importance of making employees feel that they were 'cared about'. After attending a management training, when he was promoted to his current post as manager, he felt anxious and stayed behind to speak to the workshop instructor to ask further questions. We see in the quote below that the instructor commended him for at least caring about becoming a better manager and that this could have a significant impact on people and improve their working conditions. He also demonstrated one of the initiatives that he carried out in his team, simply giving good wishes to his team members on their birthdays, which improved employee morale and in return could positively influence their engagement and productivity.

So there were 30 people in this room, ‘You’re the only one who stayed behind’ – so I was like, ‘Oh that’s really kind ... and he said, ‘I’m not saying it to be kind, what I’m saying is you give a damn,’ it’s a big part of it, just caring about people that work for you and hoping other people will care about you and building those relationships and I think that will de-stress about the whole process ... if you feel cared about ... you don’t have to be loved, just cared about. I am bothered about it, you find on the calendar behind me all the birthdays marked with little smiley faces, we don’t do presents but we do – do ‘Happy Birthday!’ – It’s Chris’s birthday this week, ‘Hey Chris, happy birthday! What did you get?’ It doesn’t have to go any further it’s just ... you know. (Martin, RU)

Although expressing compassion to employees may cost very little or no money, many managers failed to deliver either due to their individual style, feeling the need to be emotionally distant from subordinates to maintain professional relationships, or due to a ‘masculine’ organisational culture such as the one found in BCH. As mentioned before, showing employees compassion might not have reaped extensive benefits but its absence might have had detrimental effects on employee wellbeing and thus on their productivity as well. Linda, a line manager herself, depicted the negative feelings she had caused by *her* manager’s lack of compassion and empathy towards her. She found this especially painful as it was a sensitive point in her career where her job, along with those of others, was under review and she was possibly going to be made redundant. She related this lack of empathy with managers being ‘detached’ from day-to-day issues. Many employees said that they would have been happy if someone had simply asked them ‘How are you?’, especially when an individual was experiencing a difficult time.

Sometimes I don’t think there’s always that empathy ... and/or understanding from my senior manager ... my line manager [...] I think sometimes being a senior manager and you’re not sort of there out on the front of it, you sort of get detached from issues ... do you know what I mean, [...] I suppose I’m more of a sensitive person, a more of that compassion and understanding, but yeah, on the whole I will support my staff as much as I can.

But nobody at one point, has anybody come to me and said, ‘How are you?’ you know ... not in the work capacity, I mean yes, I have friends and colleagues look after me, but not a manager saying ‘How are you?’ do you know what I mean? And I was stressed ... I was rethinking my career options, I was rethinking home, you know... everything. (Linda, BCH)

Linda’s department was largely male-dominated, as BCH was in general. In the following quote, she made the connection between compassion/empathy deficiencies with the organisation being male-dominated. This could of course have played a role; however, as we saw above, Carter, Martin and Theo, although male, all displayed compassionate characteristics towards their team.

I think partially yes; I think it (being a male-dominated organisation) does have a lot to do with it ... it's difficult to say... I don't think there's much sort of empathy towards, not empathy, but sort of understanding toward people who've got children or wanted to have a family, I don't think there's a lot of sort of proper support. (Linda, BCH)

Tony and Jacob, who were union representatives, in a joint interview, mentioned one of their most recent cases who they were representing. The employee they were representing had been told to 'get on' with their job, regardless of the fact that she was clearly suffering from a serious medical condition, along with several personal circumstances. However, it was important to note how much that employee appreciated the union representative just listening to her speak about her problems. Tony and Jacob argued that managers tended to focus on the fact that work was not being done, rather than understand the reasons behind this. This particular case was about an employee battling cancer while suffering from several tragedies in the family, who was then told off for underperforming at work. They mentioned how the employee appreciated what they had done by just sitting and listening to her alleviating some of her toxic emotions.

When somebody is underperforming ... they don't look at why, they don't look for the underlying bit that might be happening from life and what have you. (Jacob, BCH)

Carter, from the university, also gave an example of how the lack of empathy from managers impacted individuals. There was a clear problem with resourcing in this example, where there was an insufficient number of staff to perform the jobs requested. Moreover, this inadequate resourcing was paired with a non-empathetic manager who consistently pressured the already-stressed employee.

I was thinking of an example – yesterday I was talking to a technician who's had to go off with stress because there weren't enough staff, so she was put on a project and her manager said ... 'Oh and do this as well and this as well' and she just exploded ... and when she came back they told her 'Okay we won't ask you to do all of that but can you just do this and this?' 'It's basically what I went off with!' It is that lack of empathy and yeah ... lack of sane management. (Carter, RU)

There might be several reasons behind why some managers may have lacked compassion towards their employees. It could have linked to different personalities and product of different socialisation and upbringing (Carmel and Glick, 1996), where some people tended to be more compassionate than others, for example Linda managing Pamela, compared to how she was treated by her manager. Another reason may have related to managers not being aware of the important impact that compassion may have had on their team. However, they appeared to display compassionate characteristics after training

when they were made aware of the effects it could have on their employees, referring back to the case of the external consultant's workshop changing some managers. One other reason might have been that managers may have felt detached and distanced from their subordinates, not paying enough attention to why particular behaviours were being displayed. Regardless of the reason, in both case study organisations, compassion deficiency in a team, department or organisation proved to be damaging to employees, their productivity and, eventually, to the organisation's performance in the long run.

The quote below from Luke suggested that managers needed an awareness that employees' performance could have been hindered with the absence of, or boosted with, simple gestures, such as displaying appreciation by simply saying 'Thank you', and listening to employees and having empathy towards them. Ultimately, if managers kept neglecting absenteeism due to stress and mental ill-health, this could have become a bigger problem than taking the time out to display some care towards employees. Finally, the quote by Linda which follows summarised the problem which organisations faced. She reflected on the importance of compassion and suggested that there should have been a greater flexibility within HR rules, such as the number of sick days, coming in on time and being more lenient with employees if they were suffering or going through difficult circumstances. Linda's thoughts were also echoed by others, stating that there was a need 'to see a bit of compassion to come back into the place' (Jacob, BCH) and for managers to manage stress better by simply listening.

Your staff not being here causes you a problem, your staff not hitting deadlines causing you a problem ... what's an easy way not having your staff off and not having them hit deadlines? ... just say 'Thank you', just go 'Actually I've seen what you're doing this week and actually you're doing a great job so thank you ... have a good weekend, see you Monday.' Sets them up for a brilliant weekend and they're like, oh thank you ... it doesn't cost anything and that's what we need to get through to some of them because they are so wrapped up in their own little world of spreadsheets and deadlines and data and stress. (Luke, BCH)

I'm sure everybody gets a bit of stress in their lives one way or another, and I think we need to have a bit more compassion about it, you know a bit more ... I've been recently appointed as the chair of the disabled employees and I had a meeting and I said I feel that there needs to be more compassion toward things, you know when people have a death of a loved one the compassionate leave reflects that, and that adds to their stress and they're expected to take it from their own leave that sort of thing. Not everything is taken into consideration, whether it's cultural or that sort of thing. (Linda, BCH)

One of the faculties in the university invested money, time and effort in putting together, designing and offering their own mental health awareness training. This initiative could potentially have increased management empathy and compassion towards employees

who needed it, simply because they had a better understanding of the circumstances that some individuals might have been experiencing. The quote below by Phoebe, a member of occupational health, illustrated this point, along with the importance of treating people ‘kindly’ and being non-judgemental. Furthermore, she highlighted the importance of managers just ‘listening’ to employees, which could prove to be effective, even if the manager was unable to solve the actual problem at hand.

A bit of common sense and just treating people kindly ... [laughs] I think it was the faculty of [...] that did get some trainers in about mental health and got a lot of ... a lot ... I mean it's a huge faculty so by no means all the staff ... but they ran 20 plus sessions, and it wasn't all about raising awareness of, there are likely to be people in this workplace with mental health problems and you know.

Now you might not be able to ... actually solve someone's problem ... you know if they are saying – ‘Well I'm doing the work of two people and you need to get another person!’ – I mean genuinely we have some situations where... they're trying to recruit for that other role ... but they can't get the right person in ... or someone came and then didn't stay or was no good and left again ... you know ... we need ... and again it's about the training of management ... we need to get managers to listen ... and to make people feel like that they're being listened to ... even if they can't actually solve their problems. (Phoebe, RU)

Based on the data collected, having a compassionate manager appeared to be an important factor in ensuring employee wellbeing and reducing stress levels. Participants, as displayed above, expressed the need for their managers to display compassion and kindness, especially during the experience of difficult times. Besides compassionate management, having onsite dedicated staff for occupational health and counselling was one way that organisations could show care towards their employees. Staff from the university case benefited from these onsite services, while staff in BCH did not. Furthermore, how senior management, in this case the vice chancellor, viewed employees and whether they (top management) were people-driven or task (money)-driven, was considered to determine where they prioritised their spending and resourcing. This ultimately then filtered down to the various departments in the organisation, encouraging a ‘caring’ and compassionate atmosphere.

Compassion emerged as a key theme in the research due to its considerable number of mentions during the data collection. This theme emerged from both of the case studies, either directly or indirectly, by participants mentioning notions such as empathy, listening, kindness, caring etc. By drawing on examples from both organisations, this section

demonstrated the importance of having a compassionate manager and the detrimental effects of having a manager who lacked that quality.

It was clear that compassion could be expressed in various ways: most of them were considered simple and of either no or low cost. Just listening and correctly directing an employee at a time of trouble proved to be very effective in retaining employees and decreasing absenteeism. This then raised the question as to why many managers lacked this quality, if displaying compassion was evidently as simple as triggering conversations with employees and listening to their concerns. Was it because they underestimated its importance? Or because of gender domination in certain organisations, such as in BCH? Or because managers were becoming increasingly goal-, rather than process-oriented? Or was it because compassion was simply not part of their personality make-up? Although compassionate line management proved to be important, managers made decisions and acted in particular organisational/departmental culture which may not have promoted or been conducive to compassionate management. Going back to the example of BCH senior management shortening the time required for craft operatives to complete their jobs would have required line managers to ensure that these goals were reached, even if they had wanted to give their subordinates more time to protect their wellbeing.

Regardless of the reason, there was some evidence that compassion could be nurtured in an organisation. BCH's external consultant was clearly able to, through her workshops, change the way one of the line managers treated his employees. This shows that, if organisations exerted enough effort, they could have altered their culture to be more compassionate, and they could have reaped the benefits of doing so. As mentioned earlier, this particular element of SMIs has not been sufficiently researched in previous studies around stress, whereas this thesis highlighted that it could be very instrumental in improving employee wellbeing and morale.

Management as the Problem

So far, the role of management in stress management has been discussed, and several suggestions have illustrated how managers could have played a role in improving employee wellbeing and in the implementation of SMIs, in particular, how SMIs benefited, and were more likely to be successfully implemented, from management support.. However, based on the evidence provided by participants from both organisations in this study, it is very important to highlight how managers could also be primary stressors and constitute the problem,

As Buhi et al.(2016) highlight, management can be the cause of stress due to certain behaviours, such as setting unrealistic demands and low decision latitude affecting the job demands-control (Fila et al., 2017). Additionally, management can cause stress to employees through lack of support, unfair treatment, lack of appreciation, lack of management experience (Ahmad et al., 2015), conflicting roles, lack of transparency and poor communication. Destructive managerial behaviours across both case studies were evident due to, both, abusive (Tepper, 2000) and laissez-faire/passive management (Barling and Frone, 2017; Skogstad et al., 2007).

In the case of BCH, some participants attributed stress to unrealistic management expectations, such as decreasing the number of days required for void properties to be turned around and fitted ready to be occupied (Chapter 6). This resulted in the burnout of employees, as their workload increased and was intensified due to management decisions which aimed to maximise profit. Unrealistic expectations was also experienced by RU staff, where union leaders spoke about how they needed better workload models (Chapter 4) because they felt that workloads were unreasonable and that management gave workloads insufficient consideration. This contributed to an increase in work pressures on employees.

As mentioned above, senior managers played a crucial role in dictating the amount of power granted to different stakeholders, such as trade unions. Low decision latitude was mostly experienced with trade unions, especially in RU, who were inhibited by management unwilling to share power. This was obvious from the example of management not being willing to share their decision-making powers with trade unions regarding SMI implementation, despite trade unions having initiated discussions around managing stress. Their marginalisation later became evident in relation to the execution of SMIs, as management implemented their own choices. This was also seen in the BCH case, where unsuitable SMI interventions were implemented because the relevant stakeholders (craft-operatives) were not given a voice.

Lack of managerial experience, or managerial incapability was particularly highlighted in RU, where academics were seen as lacking the sufficient skills needed to manage people. Subordinates found this to be particularly stressful, due to lack of faith and being unable to trust their manager's skills and judgement. Participants from RU felt that managers who were academics tended to dedicate little to no time to being a manager and that, instead, it was a side-task that academics considered to be a small part of their job.

This insufficient attention given to the managerial side of their responsibilities consequently contributed to their poor management practices.

Lack of support and unfair treatment was especially exhibited by two participants from BCH. The first was Linda, who was described by her subordinate Pamela as a good and compassionate manager herself, faced lack of support from her own manager. Linda had a hearing impairment and described how her disability was not taken into consideration by her manager. Furthermore, she mentioned how, when her job was in danger of redundancy, her manager showed little support, exhibiting poor communication skills. Another example was described by the union leaders, Tony and Jacob from BCH. They mentioned a case they were defending, where the employee was suffering from cancer and did not receive enough support from her manager.

Lack of communication, although not seen as abusive behaviour, is still considered destructive, being a laissez-faire/passive management. This is especially destructive and can also be a prominent stressor for employees, causing role ambiguity to arise. This was displayed by Carter the lab technician from RU. He explained how he lacked sufficient communication from his academic line manager. This caused him to question whether or not he was doing a good job, because of the lack of feedback and interaction he received from his manager.

Failing to prioritise stress management in their agenda was another way management were a source of stress. Examples of such management were illustrated above, in the section 'Appetite from the top', by the prioritisation of menial tasks by management. These tasks or initiatives included examples such as management exhausting their time and attention in ensuring that the hallways were free of litter, rather than concentrating on employee mental health and well-being. Furthermore, some management agendas, such as cost-cutting, contradicted or restricted the implementation of effective SMIs. This section has discussed, using some examples, how management could be a prominent source of stress. This was embodied either by aggressive or passive leadership. It is critical that management is recognised as one of the main sources of stress in the workplace, as the literature suggests, in order to implement appropriate SMIs which target managerial behaviours and actions.

Conclusion

This chapter explored how crucial the role of management was regarding maintaining employee wellbeing and stress management, by looking at four main areas relating to

management: the importance of senior management and having an ‘appetite from the top’; management training; the role of clear leadership and expectation-setting; and, finally, the importance of compassion displayed by managers in an organisation.

Senior managers proved to play a major role in both organisations, especially when it came to prioritising initiatives on the agenda and determining how high up the agenda they were. Employees from both organisations agreed that senior managers had the ultimate say in deciding how many resources were allocated to different initiatives on the agenda. In the case of BCH, during the initial stages of their intervention implementation, the workshops received high attendance from managers following the intervention of senior management. This illustrated the power that management possessed to implement change, should they have wished to. When supported from the top, interventions tended to be more effectively executed and implemented. Furthermore, having a ‘people-oriented’ senior manager clearly reflected in the initiatives implemented in the organisation. This was displayed in RU, as they began to see collaborations between departments to create programmes to tackle stress, such as the management training programme and having in-house counselling and psychological services.

Both organisations had different reasons for the introduction of management training. In BCH, the need stemmed from the implementation of a number of new policies, and the need to inform management of these changes, which served an operational purpose. RU faced a different and a more deep-seated problem, of needing to train managers, mainly because most were promoted on academic basis, rather than on managerial qualities. Furthermore, managers seemed to lack the confidence to deal with employees suffering with stress, and usually resolved to seek advice from HR in the university. In both organisations, management training proved to be an area which needed more investment, especially regarding ‘refreshers’, rather than treating it as a one-off box-ticking task organisations needed to complete.

This chapter also looked at the importance of having a clear management structure, which could also have been addressed in management training, including ensuring that managers had clear and, more importantly, attainable expectations of their subordinates. Participants from RU particularly demonstrated a problem with role ambiguity through having vague contracts. They also faced an unwritten expectation that they must always be attainable via email, even out of hours. Although this was not an official expectation of staff, the university had taken no initiative to actively address and combat this issue to clarify expectations. One way these expectations could have been clarified was through

management and/or HR sending out clear emails stating that such practice was strongly discouraged, and explicitly stating that it was not a requirement of the job. On the other hand, participants from BCH faced diminishing timeframes to get the same jobs done. This was mostly driven by revenue creation amidst pressures resulting from cuts to the council budgets, and not considering the costs this may have had on employees. Moreover, the chapter showed that the organisation itself and its reputation could impose pressures on employees to perform highly, such as in RU. Having clear leadership structures and having clear and attainable expectations of employees proved to have a strong impact on employee wellbeing and their perception of work.

Then there was the importance of the notion of compassion in organisations. Compassion proved to have a positive impact when it was expressed by managers, enabling the retention of employees (Pamela and her manager Linda from BCH), but its absence had a detrimental effect on some employees, especially if they were facing hardships, such as the employee suffering from cancer and defended by Tony and Jacob in BCH. Although the case studies displayed aspects of compassion which were of low or no cost, it was expressed by participants that many managers tended to lack it. This compassion deprivation could have arisen from several different issues, including the underestimation of its importance, gender domination (usually male, as compassion is stereotyped to be a feminine trait (Arkkelin and Simmons, 1985)) in particular industries, such as in the housing industry. Management personality and the organisational culture also played a role in determining the presence or absence of compassion. Finally, besides showing how instrumental management could be in improving employee wellbeing and stress levels, the different ways in which management could have been the cause of stress were highlighted, which jeopardised employee job quality and wellbeing.

Chapter 7: Conclusion

This thesis argued that the neglect in the examination of the process of SMI implementation has meant that analysis of why and when SMIs work or do not work remains only partial. There has been a great body of literature around the causes of stress but less so on SMIs. Amongst the scarce literature on SMIs, a very small fraction give attention to the full process of SMI implementation. Such an examination of the full process would entail highlighting the detail of which SMI was carried out, how it was designed and implemented, and who was involved at each stage. This negligence of an examination of the SMI process in depth has been recognised by several scholars to be problematic, failing to illustrate reasons behind intervention success or failure (Nytro et al., 2000; Cox et al., 2007; Baril-Ginras et al., 2012; Biron, 2012). The lack of sufficient research on SMI processes thus conveys an inaccurate image of which interventions should be implemented in an organisation based on evidence of success, and specific contexts in which interventions are successful. Secondary and tertiary (reactive) interventions have proved to be easier to evaluate and thus are more actively promoted as successful SMIs, compared to primary (preventative) interventions (Havermans et al., 2018; Pignata et al. 2018). Primary interventions, more than the other SMIs, require a close and a more qualitative examination of the whole process to extract the benefits of their implementation.

This gap in the literature has been addressed in this thesis by gaining insight into the whole process of SMI implementation. This was done in a retrospective manner through case studies, to determine the components that have contributed to intervention success. These components, about which previous studies offered limited views, explicitly around their role with stress management, include the role of key stakeholders such as HR (Daniel, 2017; Donaldson-Feilder and Lewis, 2011; Meisinger, 2005; Stephen, 2000) and trade unions, which were particularly neglected (Dollard, 2012; Stevenson and Farmer, 2017; Sutherland and Cooper, 2000; Walters, 2006). This gives a more accurate representation of how interventions are devised and implemented by organisations/departments in order to tailor specific components of SMIs to their own contextual needs. Specifically looking at the process of SMIs starting from the rationale behind their choice, the role of different stakeholders in each organisation was examined, specifically looking at the crucial role of management. The overall aim of this research was to understand the process of SMI development, implementation and evaluation in two contrasting organisational contexts.

Furthermore, this thesis identified the main drivers and constraints of SMI success. This was achieved through forty semi-structured interviews with individuals from two separate organisations who are involved in the SMI implementation process, including managers, employees, trade union leaders and members, and heads of department services (HR/health and safety etc.). Participants were chosen on the basis of their relevant role in the SMI implementation process, which differed in each organisation and to express the views of stakeholders who are underrepresented in literature revolving around stress management, such as trade unions . Participants were further recruited through snowballing as their roles emerged as relevant to SMI implementation in the specific organisational context.

This thesis contributes most strongly in its exploration of the process of SMIs, the elaboration of the roles of different stakeholders, and the determining of the contextual factors that explain organisational actions around stress. This thesis yielded a more complete analysis of the process through two detailed case studies, using retrospective data on the implementation of SMIs. This analysis highlighted key factors which hinder the effectiveness of SMIs, notably a lack of clear accountability for tackling stress in the workplace. This lack of accountability hindered the effectiveness of SMIs, due to the lack of a central point of reference and/or a specific driving force to take forward SMI programmes and specific interventions. Clearly defined roles and responsibilities, at the organisational level, were shown to be an essential element in the success of SMIs. Whilst this research points to the role of multiple stakeholders in successful SMIs, management in particular emerged as, arguably, the most important and influential stakeholder to determine SMI success. Having competent, clear and compassionate leadership seemed to be highly desired for stress reduction in the organisations studied. However, it was found that management proved to be a significant source of stress to their subordinates, equally, or more so. This was embodied in the control that management had over the crafting of policies and organisational structures which could offer either opportunities or constraints (Piszczek and Berg, 2019). More examples of how management and organisational structures worsen employee wellbeing include the introduction of high performance work systems (Boxall, and Macky, 2014), which increases work intensity without necessarily increasing resources and support (Han et al., 2019).

Important aspects of interventions included the three main stages of implementation: diagnosis/design, execution and evaluation. Moreover, it was crucial to note the

stakeholders who were responsible for each stage in each of the case studies. This was achieved by directing sufficient attention towards each stage of the process, from its design to its summative evaluation. This thesis offered three main contributions which will be discussed in detail below. Firstly, the conceptual contribution will be outlined, which is informed by the empirical contribution, which will then be explained, and finally its methodological contribution.

Conceptual Contribution

It has been highlighted that the literature has neglected examining the SMI implementation process from its design to evaluation, where there is a demonstrated need to concentrate on the process rather than the outcomes of SMIs (Mellor et al., 2013); thus, analysis of why and when SMIs work or do not work remains only partial. SMI research is also mostly dominated by secondary and tertiary interventions. Consequentially, due to the insufficient research on primary/preventative SMIs (See Richardson and Rothstein, 2008 meta-analysis), organisations are discouraged from implementing primary interventions, although some argue that most stressors stem from the workplace itself (Caufield et al., 2004), implying the need for primary interventions which are aimed at the organisation. Therefore, primary interventions were given special attention in this thesis, especially concentrating on interventions such as management training which was displayed in both cases. Research that looked at SMIs to an extent has usually failed to provide detailed descriptions of the full process of the SMI under research (from diagnosis/design to evaluation) (Cox et al., 2007; Randal and Nielsen, 2012; Trvedt and Saksvik, 2012); furthermore, the importance of contextual detail is not transferred to the reader. This makes it difficult for future research and organisations to apply any of the desirable concepts to new research or organisations.

To address this gap, the researcher ensured that, during the interviews, relevant participants were asked detailed questions about how interventions were implemented from their design phase to their evaluation. This was done by looking at how the stress issue was flagged, whether there was a diagnostic stage, and whether or not there was a bottom-up approach (Riva and Chinyio, 2018), by reviewing survey questions administered and any other actions taken to raise the problem, such as trade unionists voicing concerns to management. Understanding how SMIs were chosen and by whom was the second element explored, to clarify the motives behind intervention choices.

Finally, understanding how the intervention was evaluated (if at all) was also considered an important element of the process, as this would provide feedback and direction on potential improvements to the intervention. This allowed this thesis to supplement the literature with detailed information around how interventions were developed, noting areas of contextual differences which must be considered in different organisations or departments. Previous research has appeared to underestimate the importance of documenting SMI failures and, more importantly, the reasons behind these failures (Gratwitch et al., 2015) for researchers and practitioners to learn from. Therefore, reasons why certain SMIs were unsuccessful are highlighted in this thesis, to provide a prognostic tool to account for possible intervention shortcomings.

Literature on SMI research also lacks explicit examination of the role of certain stakeholders in the organisation. The role of stakeholders, such as management, trade unions, support services, the HR department and employees, were specifically sought within interviews and organisational documents. One of the main findings of this study was that sufficient managerial support and an ‘appetite from the top’ were considered as one of the main determinants of a successful intervention in both the organisations studied; without it, exerted efforts from other stakeholders could be ineffective. The study also found that collaboration amongst all the involved stakeholders was an essential characteristic of successful SMIs, which highlights the importance of acknowledging and documenting the role of stakeholders that many researchers fail to include. The role of trade unions was seen to vary considerably and, in some cases, the process of SMIs involved a gradual (or in some cases, more rapid) decline in the involvement of unions from inception to implementation, due to the organisational culture on the one hand and on the other hand, the nature of the union involved. Where this collaboration and communication were absent, resources were ineffectively utilised trying to satisfy conflicting agendas and leading to duplicated initiatives, thus wasting precious resources.

This study extracted aspects that contribute to SMI success (or failure) while concentrating on contextual factors and various stages of the intervention. These findings were illustrated in the three empirical chapters (four, five and six) of this thesis. Important aspects of contexts that emerged, and which are discussed in more detail below, include the deliberate nature of intervention design and implementation; tailoring interventions to particular contexts; commitment from leaders; the role of line and other managers; involvement from stakeholders; being able to pin down accountability; and finally the

importance of having effective evaluation. These several factors that played a role in determining the success and/or failure of SMIs found in this research agreed with what previous scholars, such as Randall and Nielsen (2012), have found and suggested. However, this study uniquely explored the specific perceived roles of stakeholders involved in the SMI implementation process. These factors were situated along the whole process of intervention implementation, from its design to evaluation.

Firstly, the rationale behind the choice of a certain intervention proved to be an important indication of the SMI's success. When interventions were implemented in a more deliberate manner and when more planning was involved in diagnosing the most prominent stressors in the department/organisation and designing the appropriate SMIs, the higher the chance of its success rate. This echoed the findings of Tvedt and Saksvik (2012) and Tetrick et al. (2012), which treat the intervention process as a special case of organisational change, highlighting the importance of concentrating on the actual impact of the process, which of course includes accurate diagnosis of the situation. In contrast to RU, this was evident in the BCH case, where a survey was initially administered as a diagnostic tool, which proved to be helpful in concentrating resources at problem areas, thus making their interventions more focused and systematically implemented.

This thesis found that tailoring SMIs to particular contexts, including departments and/or occupations, was also recognised to be an important factor (Biron, 2012). The most evident example that highlighted the inappropriateness of the SMIs implemented was BCH providing their craft operatives (manual labour force), who have limited access to computers, with online-based stress awareness training. It was self-explanatory why this intervention was unsuccessful. This could have been diagnosed in a timelier manner if formative evaluation had taken place alongside the SMI process; however, this was only addressed by craft operative representatives raising the issue. This brings us to the observation, which will be discussed later in this section, that both cases paid little or no attention to systematically evaluating the effectiveness of the SMIs implemented, leaving it too late to fix any deficiencies, just as the literature highlights the issue of the lack of evaluation (Biron, 2012; Tvedt and Saksvik, 2012). This thesis therefore is aligned with these authors in voicing the importance of evaluation which was scarce in the empirical results.

The role of managers was particularly recognised to have an essential role in the success

of SMI implementation. Data from this study has illustrated that, regardless of the efforts exerted from ‘the bottom’, there must be ‘an appetite from the top’, driving and supporting stress management in the organisation. Besides supporting SMI implementation, having competent, clear and compassionate leadership seemed to be highly appreciated to reduce stress in the workplace, in the cases studied by employees who experienced it from their own managers. These management characteristics seem to be highly dependent on manager personality, regardless of the sector; however, it is less common to find compassionate leaders in particular, especially in sectors which are stereotypically more masculine (Frost, 2003), such as the housing association. The role of management in stress management is not sufficiently discussed in current research compared to the significance it represents in SMI success.

Although managers could be perceived as toxin handlers in organisations, as highlighted above, they were also found to be a source of toxin in the workplace in many ways including bad management practices, having unrealistic demands, not supporting their subordinates, demonstrating unfair treatment, enforcing low decision latitude, lack of appreciation, effort-reward imbalance, lacking transparency and poor communication (Bhui et al., 2016) making them a prominent source of stress. Much of the literature in this thesis was framed from a management/ organisational perspective, paying particular attention to the central role that management carries in both causing stress, and having the ability to lead in managing it. This is reflected in Fig 1 below, where initiation, prioritisation and formulation of SMIs is seen to come from senior management. Thus, much of the empirical chapters, looked mostly at management actions (Chapters 4 and 6), management responsibility, along side other stakeholders (Chapter 5). Therefore many of the practical implications generated later in the chapter revolve around management/organisations can do to address workplace stress.

The role of the various stakeholders in organisations has been neglected in most of the previous intervention studies. This thesis encompasses the essential and variable roles of the stakeholders present in the organisation, highlighting how their participation throughout the SMI process affected the success of an intervention. In particular, in this study, important stakeholders that were discussed included Human Resources departments, where they were either purely administrative, such as in BCH, or had a more strategic role, such as in the university where HR directed key services (OH, Staff counselling and H&S), which created a partnership to unite how stress was addressed in

the university. Support services (such as occupational health) also played an instrumental role in both organisations, providing services, and secondary and tertiary interventions, such as providing stress management workshops and counselling. The main difference between organisations was that the university owned their services ‘in house’, while BCH outsourced their services, which might have made the provided service distant from the employees and disconnected from the work culture. Finally trade unions, whose roles in SMIs have been particularly ignored by previous research, were found to have instrumental influence on organisations to initiate action to manage stress. This influence progressively withered, at different rates, in both organisations, where trade unions then become marginalised by management where they had little or no decisional power regarding which SMIs should be implemented and how.

One of the major problems that was found was stakeholders’ own perceptions of the responsibility of their roles in the SMI process, where no one took ownership of interventions. When asked, participants would point the responsibility of managing stress to another department or position, clearing themselves from that obligation. Not having a clear indication of accountability for tackling stress in the workplace proved to hinder the effectiveness of SMIs, due to the lack of point of reference and/or a specific driving force taking the intervention forward. Consequently, the study found that clearly defined roles and responsibility, at the organisational level, in relation to implementing SMIs were an essential step towards SMI success.

Formative evaluation is essential to early diagnosis of any issue at any of the stages of SMI implementation (Biron, 2012). The failure of SMIs does not necessarily reflect a defect in the actual SMI or the theory behind its design, but it could rather be associated with a fault in the implementation process itself (Tvedt and Saksvik, 2012). Evaluation of the SMIs was not possible within the parameters of this research, as it would have required the involvement of the researcher from the start of the intervention implementation, while the current research is based on retrospective reports. However, the data collected confirmed the statement that intervention evaluation, particularly formative evaluation, was highly neglected by organisations. This negligence was true for both case studies, due to lack of SMI assessment planning before its launch and low perceived benefit of formative assessments, believing that summative evaluation was sufficient for SMI evaluation.

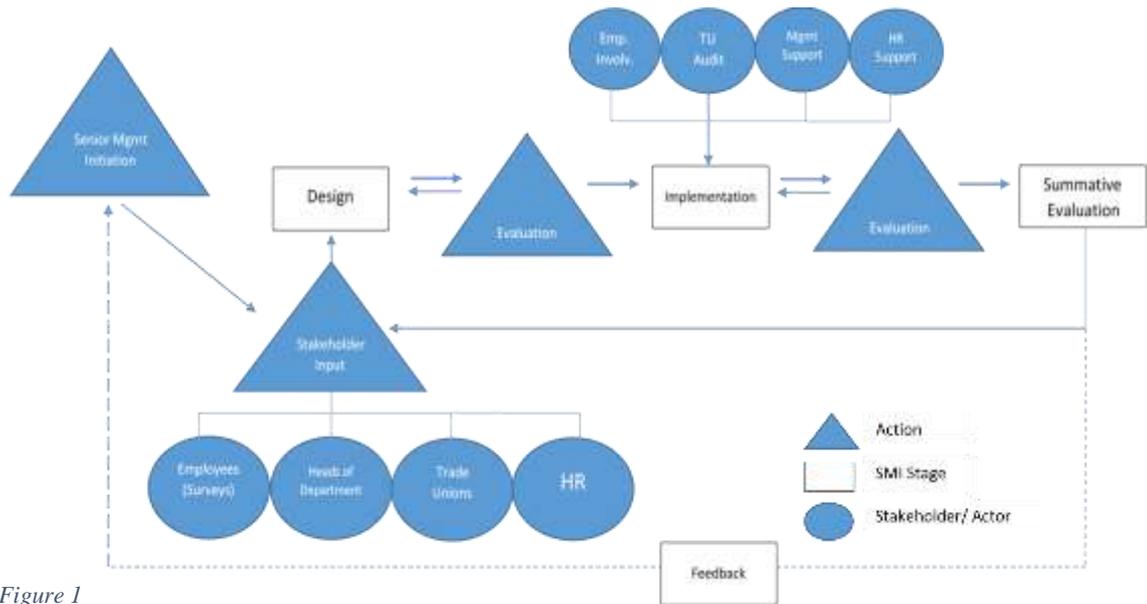


Figure 1

Figure 1 above reflects the data collected, illustrating the idea of the different stakeholders involved and some of the factors that shape SMIs. It serves as a map of the SMI process and highlights its possible relationships and key elements, rather than being a prescriptive, diagnostic tool. After the data analysis, it was made clear that this was what many participants felt SMI implementation should be like. However, it was apparent that this was not the situation in the case studies, where stakeholders did not necessarily equally contribute to the process as mentioned earlier. Furthermore, evaluation, especially formative, seemed to be non-existent in both cases, placing the intervention under threat as the process of the intervention served to be more effective than the outcome (Mellor et al., 2013).

As mentioned above, this thesis concentrates on the SMI process rather than intervention outcomes. Figure 1 displays different aspects of the SMI process which were considered to be important by the participants interviewed. Most participants argued that it was the role of senior management to initiate any SMI initiatives, which agreed with Tetrik et al. (2012) that implementation of planned change efforts is generally managed from the top down. In the meantime, several stakeholder inputs were encouraged, which varied from one organisation to the other, but they generally included employees, heads of department, HR and trade unions, though, as illustrated throughout this study, the extent of their input at various stages could differ. Together, the input of stakeholders towards the SMI design, regarding various perspectives and needs.

Although the diagram shows that the SMI process was initiated by senior management, this was not always the case; however, senior management and line managers proved to play an essential role in SMI success, as suggested by Brown and Peus (2018), Kelloway et al. (2004), Marks et al. (2013) and Mellor et al. (2013). SMI initiation could be done by any of the stakeholders, such as trade unions in BCH, but it eventually needed to be approved and tends to ultimately be overtaken by management. Therefore, the initiation of management in the diagram illustrates the importance and the power of management in intervention success.

The literature suggests that stakeholder involvement in intervention design is also another important factor in SMI success (Randall and Nielsen, 2012), as it allows the needs of all stakeholders to be taken account of and addressed/targeted by the intervention. The involvement of stakeholders in the SMI implementation process was found to be important, as suggested by the literature in both organisations. However, the type of stakeholders and the degree of their involvement differed in both organisations. In BCH unions had a bigger influence, voicing employee needs by administering their own stress interventions, compared to RU, who were only allowed to add a few questions regarding stress to a university staff survey. On the other hand, HR in RU were more instrumental and had a bigger role in SMI design and implementation, especially since other departments such as occupational health and psychological services were under the directorate of HR. On the other hand, the HR department of BCH was much smaller and carried out a purely administrative role.

Formative evaluation would then take place in between each SMI stage (design, implementation and summative evaluation) because the intervention could fail at any point in the process. Thus, formative evaluation increases the chances of SMI success by early diagnosis. This can be done by the stakeholders who are involved in the SMI design, trade union audits, employees through feedback and involvement, management and HR. Finally, summative evaluation is also important to give stakeholders a chance to reflect on the overall process enabling them to improve future implementations. Figure 1 helps give a better understanding of what works and why in the SMI process. Evaluation, although proved to be important for SMI success (Kompier et al., 2000), seemed to be neglected in both cases with no predefined SMI success factors planned to be measured. Communication between stakeholders seemed to be an important factor for SMI success which the cases lacked in some respects. This was particularly visible when participants found it difficult to identify who was in charge of driving forward intervention

implementation. Although some claimed that ‘everyone’ was responsible, little was known about who was responsible for which aspects of the intervention. The following section will highlight how the stated conclusions above were reached empirically.

Empirical and Methodological Contribution

This study contrasted two different organisations to help extract transferrable results to other organisations. Contrasting both cases helped determine similar struggles and successes organisations face when managing stress. Both case studies were based in the UK: the first one, Bravo City Homes (BCH), was an arm’s-length management organisation (ALMO) and the second, Russell University (RU) was in the public sector. BCH was a housing association which had acquired an award of recognition for stress management; they were especially recognised for implementing primary interventions as well as providing secondary and tertiary. On the other hand, RU was a large higher education institution mainly reliant on reactive rather than proactive SMIs in comparison to BCH. These two case studies were particularly chosen to examine work-related stress and SMI implementation in different contextual settings in terms of size and sector; furthermore, they were chosen to compare differences in SMI orientation (reactive versus proactive).

Using a case study approach was found to be the most appropriate, method to allow the researcher to focus on the detailed process of SMIs and determine the contextual factors which shape their effectiveness, which was critical to address the gap in the literature mentioned above, highlighting the great impact the *process* has in comparison to the actual content of the intervention (Tvedt and Saksvik, 2012), yet paradoxically it is scarce in the literature. This thesis followed Stake’s (1995) epistemological beliefs regarding how case study research should be carried out. Stake takes a more constructionist epistemology, where less emphasis on validity is placed on the case study; however, more concern is placed on the generation of rich data of behaviour in organisations (Stake, 1995). The case studies in this thesis were instrumental case studies, serving to better inform the phenomena of work-related stress and how they are managed, rather than solely concentrating on the particular cases, classifying them as intrinsic case studies. A collective case study was designed and used, in that two instrumental case studies were researched. The case studies were chosen based on the similarities and differences they had, as stated above. The main empirical findings follow, which have emerged from the thesis.

The importance of strategy

The literature highlighted the importance of identifying the reasons why organisations adopt (or do not) different SMIs (Dewe and O’Driscoll, 2002). The rationale behind why each organisation chose to (or not) implement was examined via the case studies, which showed that some interventions were implemented as a result of strategic planning, while others were less intentional, as a result of compliance for awards, and finally as a result of following regulations (such as from the HSE). In both the case studies, these interventions were implemented differently in different departments and/or faculties, and were also found to be experienced differently by different employee levels (academics/non-academics and office staff/craft operatives).

Each case had a set of different interventions which were chosen based on different rationales. It was clear that within organisations, sustaining SMI consistency across the organisation proved to be a difficult task. Awards and accreditations had also proved to encourage organisations to implement interventions which both directly and indirectly reduced employee stress. However, due to the lack of strategic planning behind SMI implementation, evaluation, although important, did not get enough attention from organisations, therefore inhibiting the potential of substantially and effectively improving SMI implementation. This was due to the unintentional nature of the SMIs; thus, there were no predetermined success factors that were planned to be measured prior to the SMI implementation.

The role of trade unions

The question of accountability for SMI implementation has received relatively limited attention in the literature on stress, and where this has been covered, studies tend to fall short of explicitly stating which stakeholders should do what (La Montagne et al., 2012; Randall and Nielsen, 2012; Department of Labour, 2003). This is a clear indication of the ambiguity around whose job is it to manage stress in the workplace: this might be different departments or entities who have been identified to have a role in stress management, both mentioned in and neglected by previous literature. These groups or departments include the department of Human Resources, trade unions, central services (such as occupational health, health and safety, and psychological services and counselling). The ambiguity behind who was viewed as responsible for stress management illustrated the insufficient communication of who was responsible for stress management in the

organisation, which indicated a lack of strategic direction regarding stress management, as revealed in the point made above.

The role of trade unions in SMI implementations has been under-explored by the literature, although the literature illustrates the role of trade unions regulating health and safety in an organisation and how they are more likely to encourage policy enforcement (Weil, 1991; Weil, 1992). When supported by trade unions, worker representation in health and safety is argued to be a powerful force to improve workplace health and safety arrangements and performance (Walters, 1996); it rarely includes the psychological aspect of health and safety. This thesis argues that trade unions, although to a large extent neglected in the stress management literature, had an influential role in initiating interventions. However, it was also found that they became marginalised by management down the SMI process, hindering their decision-making powers and influence on the process.

Senior management appetite

The role of leaders is highlighted as vital and having a profound impact on employee wellbeing and stress (Kelloway et al. 2004; Brown and Peus, 2018; Marks et al., 2013; Mellor et al., 2013). Management are considered one of the main stakeholders who play a primary role in how healthy the workplace is (Caufield et al., 2004). The crucial role of management was explored by this thesis, regarding maintaining employee wellbeing and stress management, by looking at four main areas relating to management: the importance of senior management and having an ‘appetite from the top’; management training; the role of clear leadership and expectation–setting; and, finally, the importance of compassion displayed by managers in an organisation.

Senior managers proved to play a major role in both organisations, especially when it came to prioritising initiatives on the agenda and determining how high up the agenda they were. Employees from both organisations agreed that senior managers had the ultimate say in deciding how much resource was allocated to different initiatives on the agenda.

As mentioned above, senior managers played a crucial role in dictating the amount of power granted to different stakeholders, such as trade unions who were inhibited by management unwilling to share power. Furthermore, the impact of negative management

relationships was also found and confirmed by this study, as suggested by Barling and Frone (2017). Without an ‘appetite from the top’, SMI interventions were deemed to fail, or at least hindered. Finally great attention must be given to management styles and how they effect the well being of their subordinates as they were identified as a main source of stress in the first place.

Viewing the perspective of different stakeholders regarding their own role and the role of others

Participants were purposively chosen. This was done to capture, in a cross-sectional manner, the views of relevant stakeholders across the organisation, to represent as many stakeholders as possible and to illustrate a comprehensive picture of how organisations viewed and tackled stress through different stakeholder lenses. Furthermore, participant diversity, in positions and departments, helped validate information gathered from others, to ensure an honest and complete composition of the story. This greatly enriched the data collected and gave it more value. Previous studies on SMIs did not include explicit input from different stakeholders, of qualitative nature in particular, on what they believed their own role in SMI implementation was and their view on the role of other stakeholders in the process. By doing this, this research extracted the finding that a large hindrance to SMI success was the ambiguity behind the accountability of each stakeholder in the process, where they were undecided upon the role of other stakeholders amongst their own. This was found in both organisations, in spite of their diverse nature.

Retrospective process evaluation of interventions

The evaluation of primary interventions in particular proves to be difficult to evaluate, due to their unique nature. Primary interventions tend to yield their effects in the longer term compared to secondary and tertiary interventions, whose results can be visible in a much shorter time frame. Thus, retrospectively evaluating some of the primary interventions implemented by the case studies after at least one or two years, allowed for their effects to have crystallised and been taken notice of amongst participants who were present during the change. The shortcoming of retrospective research recall bias (Miller et al., 1997) was accounted for, by allowing employees to freely mention what was relevant enough for them to remember, rather than prompt them to answer very specific questions. Furthermore, data was crosschecked against documents and other participants. This was also instrumental in reviewing the SMI process throughout, formatively, rather

than the popularly evaluating the outcome of interventions in a summative manner. A retrospective approach meant that this study yielded quicker results in comparison to a prospective approach (Schulte et al., 1996). The use of this retrospective approach helped with meeting the aims of this study, by illustrating a full picture of the implemented processes, allowing the analysis of the details around the role of different stakeholders in the implementation of the SMIs. It also revealed which interventions or initiatives were situated and recalled by the participants, indicating their significance.

Looking into a new sector which had not been covered in stress research (ALMOs)

ALMOs are a relatively new sector, been introduced just under two decades ago. Thus, this was reflected in the scarce amount of research in general done around it, and even more so, research particularly around stress in ALMOs is hardly existent, as displayed in the literature review. Cole and Powell (2010), two of the very few academics to conduct research around this sector, voice the concerns of their participants over the future of ALMOs. The two main critical challenges that surfaced in their research were multiple pressures on revenue budgets, and the quality and maturity of their relationship with the parent local authority (council). Stressors seemed to mainly stem from the precarious nature of the sector's future, financial cuts due to economic fluctuations and change in governments, and policies and the introduction of new infrastructure such as UC and dealing with tenants. This thesis contributed to studying work-related stress faced by employees in ALMOs, whose literature is currently non-existent, through its case study on the housing association, and initiated research on the nature of stress and stress management in the unique setting and culture of ALMOs.

Qualitative insight of employee opinions on interventions

Employee involvement in previous research was mostly limited to measuring the effects of the SMI on their performance and/or wellbeing, and where their perspectives on the SMI processes were taken account of, they would usually be limited to quantitative methods which might not provide suffice detail of their insights to assist SMI improvement. Qualitatively collecting employee insights into the intervention process helped gain insight into what employees felt was effective and where they felt otherwise. Their perspective proved to be crucial (Dewe and O'Driscoll (2002), due to the transactional nature of stress where their evaluation of the situation had a great impact on how they reacted to the stress and respond to the interventions.

Practical Implications

The findings of this research extracted a number of factors that could encourage the success or failure of SMIs. This section highlights these factors and illustrates them in the form of practical recommendations for both the case studies and other organisations. Alongside the empirical findings of this thesis, the recommendations are further informed by the latest CIPD 'Health and Well-being at Work' April 2019 survey report. This survey explored the trends and practices in health, well-being and absence management in UK workplaces. It was completed by more than 1,000 professionals, covering 3.2 million employees across the UK. The recommendations revolve around highlighting the importance of strategically planning stress management, as opposed to haphazardly implementing random interventions. Furthermore, recommendations around management and their role in stress management, the involvement of other stakeholders (HR, OH, trade unions and employees) in the implementation of SMIs and the importance of evaluation was also covered.

In this thesis, the level of proactivity and strategy with which the organisations approached employee wellbeing and stress management varied. This also agreed with the survey findings (CIPD, 2019) which found that only two-fifths of organisations were found to have a wellbeing strategy, while the majority were mostly reactive or altogether passive. This divide was clearly evident with both case studies, where BCH appeared to have a clear strategy across the organisation, while most of the interventions implemented by the university were individualistic and reactive. Strategically approaching stress management increases the probability of SMI success across the organisation, as opposed to the implementation of fragmented efforts which may not complement one another, creating an inconsistent approach towards tackling stress, as seen in RU. Organisations are advised to consider stress management strategically, laying out success criteria in advance to enable systematic intervention evaluation. It is also important that this strategy is supported and clearly communicated by senior management.

In line with the findings of the CIPD survey, this research found that management played a crucial role in determining the wellbeing of their employees. On the one hand, they were found to be a main source of stress in several examples; on the other hand, SMIs had a better chance of being successful with sufficient managerial support. Therefore, managers should initially become aware of their management style and decisions that could be causing their employees distress. These could be implementing tight deadlines as seen in BCH, when management reduced the turnaround for void properties to be completed.

Management's lack of compassion toward their employees was also found to be another cause of stress, especially to individuals who were suffering outside the workplace with relationship or health issues.

The negative impact on employees caused by managers could be reduced by management training on stress and understanding the various stressors over which they have control. Stress could also be reduced by having management behaviour closely monitored, and being held accountable by other stakeholders in the organisation, such as trade unions and/or HR. More importantly, special attention must be given to managerial recruitment, to ensure that managers acquire adequate people management skills, and not merely technical skills and performance on which promotions are generally based. This was especially found to be a problem in the university, as some participants pointed out that academics did not always make good managers, as their promotions were based on their research achievements rather than their ability to manage people well. This must be seriously considered because such candidates will reduce the efficacy of training resources. Besides being a potential cause of stress, managers were found to have a great influence on SMI implementation success. An example of this was how the attendance at stress awareness training workshops increased when senior management communicated the message that it was a requirement for line managers and employees to attend. It is very important to have management on board when it comes to implementing SMIs, as they hold influential power and control many of the resources and where they are spent.

Although senior and line managers play a very important role in SMI implementation and its success, it is very important to involve all relevant stakeholders to be affected by the interventions. This is found to be important to mainly understand the needs of each stakeholder, as different departments/job roles are exposed to different stressors and are suited to different interventions, in order to best cater for them during the SMI design phase. Previous literature has also advised the involvement of stakeholders for SMI success (Randall and Nielsen, 2012). The best example of this would be BCH's lack of consideration for their mobile craft operatives. Most of the SMIs implemented were self-help links on the company intranet or were in-office events (such as massages) which were unsuitable for the craft operatives, as many of them had low literacy rates and did not have access to computers. Furthermore, most of them were located off-site away from the head office where any in-house interventions were located, with operatives lacking opportunity to leave their tasks and drop in. Had they been considered and involved in the design process, the needs of these stakeholders would have been heard and catered

for. Moreover, it was found to be important to involve trade unions and HR and OH in order to ensure that management were held accountable for any plans implemented.

Measuring the impact of implemented SMIs, both in a formative and a summative manner, is crucial in ensuring the SMI implementation success (CIPD, 2019). The formative evaluation serves to signpost any problems early on in the intervention implementation, thus allowing for changes to be applied; summative evaluations serve as crucial evidence for convincing management of the efforts implemented by the organisation. Although evaluation is recognised to be a crucial step of SMI implementation (Grawitch et al., 2015; Kompier et al., 2000) and both participants from this research and the CIPD survey respondents share this view, it is not matched by practice. Organisations are encouraged to have success criteria and set organisational targets, determined ahead of implementation, which they aim to measure and achieve during the SMI process. This, once again, relies on the SMIs to be strategically considered as mentioned earlier. Evaluation can take place in several forms in the organisation, by staff surveys, focus groups, observation and measuring a range of key indicators (absenteeism, sickness absence etc.).

This section reflected upon the main areas that sparked concern during the data collection and analysis that were suggested to impact on intervention success. These were further validated when similar concerns were mirrored by the results yielded by the CIPD health and wellbeing at work survey. Organisations are advised to strategically plan and design interventions. While it should be mostly driven and supported by management, all the relevant stakeholders should be consulted and involved in the design, implementation and evaluation of the interventions. Finally, there needs to be a more rigorous approach to evaluation, both formative and summative, in order to highlight any issues that arise during the process, and to measure the effectiveness of the interventions, ensuring that they are worthwhile.

Implications for Future Research

This section outlines implications for future research. Possible exploration points which could greatly benefit the field and were not addressed in the scope of this current research are also illustrated in this section. This thesis implicitly highlighted the importance of considering organisational contexts when researching SMIs. Based on the evidence from this study about the importance of organisational or departmental contexts on the success or failure of SMI implementation, future research on SMIs could now be inspired to start

placing greater emphasis on this, to better understand the implications they impose. This could include extensive exploration of every step in the SMI process, in addition to the initial investigation that was employed in this thesis

This thesis examined one example from the public sector and one from an ALMO organisation. Different sectors could be explored, especially the private sector, and how they would implement SMIs. The extent to which sectors differ or concur could then be determined. Gaining this knowledge would further equip researchers and practitioners, in determining which parts of SMI implementation could be transferred into other departments, organisations or sectors. Moreover, this study illustrated the importance of examining the roles of a range of diverse stakeholders in SMIs, resulting in a rich organisational analysis. The specific contribution of discrete groups of stakeholders could be studied further. Trade unions appeared to have an instrumental role in stress management in both the organisations in this study; however, explicit research concentrating on that phenomenon is scarce. This could then provide organisations with the tools to assign appropriate tasks to suitable stakeholders, to raise the probability of successful SMIs.

Great emphasis was placed in this thesis on SMI evaluation, especially formative evaluations. Future projects around SMIs could benefit from undertaking action research, which was originally considered for this thesis before deciding that case study research was most appropriate and fit for purpose to answer the imposed research questions. Carrying out action research would allow researchers to be active participants in the SMIs' life cycle, allowing them to independently and rigorously evaluate the effectiveness, qualitatively, of the implemented intervention(s). It would be highly beneficial for SMI literature to qualitatively evaluate implemented SMIs, especially concentrating on organisational interventions, as their effectiveness is not fully captured with quantitative evaluations.

Finally, this thesis was solely based on cases from the UK, due to the scale of the project and to ensure a certain level of comparability between both cases in terms of institutional context. Results from this thesis highlight several similarities regarding what makes SMIs successful amongst these different organisations which lie in different sectors. Cultural differences in stress management remain an under-explored area in the field. More research in this area could be particularly useful in the globalised world in which

organisations operate. This could assist multinational organisations to strategically manage stress across their international branches in an effective manner. This could further help in extracting the factors that lead to successful stress management in organisations, whether in a different setting, department, organisation, sector, country or region.

This thesis laid the foundation for the suggestions stated above by redirecting the attention of future researchers towards concentrating on primary organisational interventions. It also served to further initiate the conversation around the role of involved stakeholders. Looking at the differences evident between the two sectors exhibited in the study highlights the potential differences that could further be found in others, such as the primary sector. Its strongest contributions lie in the exploration of the process of SMIs, the elaboration of the roles of different stakeholders and determining the contextual factors that explain organisational actions around stress. By analysing the retrospective accounts of the participants, the importance of formative intervention evaluation and the potential benefit it could have yielded for improving the SMIs was highlighted. Finally, the crucial role of contextual impact on SMIs, whether at the occupational, departmental or national level, was highlighted throughout the thesis. The contribution of this thesis could be further built on, by conducting cross-national studies, determining intervention norms in different regions and studying different roles of stakeholders in the varying contexts. This could be instrumental in the contribution to the sharing of best practice and to ongoing debates around SMIs.

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