



Research Summary

Qualitative research into work-related stress

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Contents

Background and objectives	2
Commissioning	2
Business context	2
Research methodology	3
Main findings	4
Understanding of work-related stress (WRS)	4
Causes of work-related stress	5
Workplace WRS interventions	6
Knowledge and perceptions of HSE and WRS	8

Background and objectives

Commissioning

This report is a summary of research conducted in 2024 by Verian, an independent social research agency. This research was commissioned by the Insight and Service Design Team at the Health and Safety Executive (HSE).

The content of the report, including any opinions and / or conclusions expressed, are the views of participants and the research agency, they do not necessarily represent the views of HSE.

Business context

In 2023/24, an estimated 1.7 million workers in Great Britain were suffering from an illness which they believed was caused or made worse by work (either new or long-standing), equivalent to a rate of 4,940 per 100,000 workers (4.9%)

Stress, depression or anxiety accounted for around a half of all cases of self-reported work-related ill health to workers in Great Britain in 2023/24.

HSE aims to address this by delivering interventions that make a positive difference to workers' health and, as a result, the economy. Achieving this objective requires HSE to develop its understanding of existing perceptions, attitudes and behaviours around work-related stress (WRS), which could be used to help reduce incidence rates and severity.

Through internal consultation, HSE identified three sectors with high rates of WRS – construction, health and social care, and final-mile parcel delivery – which were the focus of this research. This research explored:

- The perceived causes of WRS.
- Existing workplace interventions.
- Knowledge and perceptions of HSE's role and offering in relation to WRS.

Research methodology

The research was qualitative in nature, comprising in-depth interviews and on-site visits across the three sectors. The sampling strategy was designed to capture a diverse range of perspectives, including frontline staff, middle managers and senior managers / owners.

- The health and social care sample included a mix of ambulance service workers, healthcare assistants, carers and registered healthcare professionals working in GP surgeries, hospitals, care homes and domiciliary services.
- The construction sample focussed on small and medium-sized enterprises (SMEs) working on commercial and infrastructure projects.
- The final-mile parcel delivery sample consisted of parcel delivery and parcel courier businesses of various sizes. It also included a mix of directly employed and self-employed workers.

The initial phase of the research included a literature review, workshops with HSE stakeholders, and an ethics review. This was followed by the main fieldwork phase, which comprised 52 in-depth interviews and 6 site visits. The site visits were conducted with organisations which appeared motivated to prevent work-related stress. These visits included workplace tours, observations and interviews with staff from various levels of the organisation.

Main findings

Understanding of work-related stress (WRS)

Participants had a broadly consistent understanding of the term 'work-related stress', emphasising its emotional and psychological impact on individuals:

- Feeling anxious, overwhelmed, dissatisfied, unhappy or undervalued.
- Not being able to concentrate at work.
- Thinking about work outside working hours, broken sleep or being ill-tempered with those around them.

Participants described a complex relationship between stress at work and at home. Stress from home could affect job performance, while WRS could impact personal lives.

Senior and middle managers saw WRS as a risk to business, primarily due to staff absences and high staff turnover.

When asked about WRS, some participants shared views that, while containing elements of truth, could shape unhelpful narratives about the issue:

- **Resilience against WRS is a personal issue:** One perspective suggested that individuals have varying levels of resilience, with some being more susceptible to stress than others. This could serve as a convenient rationale for believing that WRS is purely a personal issue and deflect attention from an organisation's own responsibility. It may also discourage workers from discussing WRS, to avoid being perceived as "weak" and possibly jeopardising their employment.
- **WRS is inevitable:** Another belief was that WRS is simply unavoidable in certain sectors or roles, especially in the Health and Social Care sector. This assumption may reduce motivation to engage with preventative interventions, if all stressors are seen as an inherent part of the job.
- **WRS can improve productivity:** Some participants suggested that WRS might be beneficial, with some managers believing that high demand could enhance productivity. However, this perspective may hinder open communication between employees and their line managers about prevention.

Causes of work-related stress

Participants identified several direct causes of WRS, meaning causes linked to work design and the work environment. These included¹:

- **Excessive work demands** and insufficient resources to do the job to the required standard. A lack of adequate breaks, rest and flexibility when things go wrong.
- **A negative work culture** focused on blame, competition, or conflict.
- **A lack of properly functioning management** to provide oversight, direction, support and reflection space.
- **Long and/or inflexible working hours** making it difficult to balance work with personal priorities, childcare and caring needs.
- **A lack of basic amenities**, such as toilets and facilities for making drinks and storing food.
- **A lack of time and ways to de-brief** after stressful incidents.
- **The absence or poor maintenance of equipment** required to do the role.
- **A lack of clarity about roles and responsibilities** or expectations, or lack of sufficiently trained staff in roles.
- **Poor communication** in the organisation leading to confusion, suspicion or conflict.

Participants identified several indirect causes of WRS, meaning factors not directly linked to work design or the work environment, which still influenced stress levels at work. These included:

- **Work failing to provide a secure and sufficient income** for workers and their families, particularly amidst a 'cost of living crisis' (all sectors, particularly non-management participants).
- **Working excessive hours** to offset low pay or try to achieve promotion and higher salaries (health and social care).
- **Working through illness and injury**, to avoid being seen as unreliable by lead contractors and losing work (construction).
- **Alcohol and drug misuse**, leading to accidents and conflict on site (construction).
- **Excessive travel** to construction sites.
- **The costs associated with self-employment** – vehicle maintenance, fuel, insurance – lowering take home pay (final-mile parcel delivery).
- For self-employed drivers, **job insecurity and inferior terms and conditions** compared to directly employed drivers, including lack of sick pay (final-mile parcel delivery).

¹ The causes are listed from most to least commonly reported, although the order is approximate given the qualitative nature of the findings.

Workplace WRS interventions

Risk assessments

Employers are required by law to protect their employees, and others, from harm. Under the Management of Health and Safety at Work Regulations 1999, the minimum they must do is to: identify what could cause illness or injury at work (hazards), decide how likely it is that someone could be harmed and how seriously (the risk); take action to eliminate the hazard, or if this isn't possible, control the risk, and review controls to ensure that they are working.

However, in all three sectors, there was low awareness of the legal duty to assess and eliminate or control the risk of WRS. Assessing the risk of WRS was rarely mentioned by participants.

Among health and social care participants, only one person mentioned WRS risk assessment. They described using HSE risk management templates reactively, to address severe individual cases, rather than to prevent WRS across the workforce.

In the construction sample, there was also low awareness of the law and its requirement to assess the risk of WRS. Where awareness did exist, it was primarily amongst middle managers, including HR managers. Workers did not usually know whether their organisation conducted or acted on WRS risk assessments. In some cases, risk assessments of WRS were said to be produced when bidding for work, but not meaningfully implemented once contracts had been won.

In the final-mile parcel delivery sample, very few participants mentioned risk assessments; participants only described requiring more guidance and support about how to complete them, particularly for WRS.

Effective interventions

This research aimed to understand the types of interventions that organisations had implemented to prevent WRS. Few organisations were formally evaluating their interventions. We have therefore reported what participants perceived to be effective interventions. Overall, four intervention areas, that focused on improving how organisations operated, were seen as the most effective:

- **Demand management:** Managing demand through achievable workloads and / or appropriate levels of resourcing was seen as the most effective way of preventing work-related stress. However, such interventions were rare in this sample. Examples included adjusting shift patterns, reviewing targets, improving project management and resource management systems, and ensuring sufficient breaks.

- **People management:** Interventions that improved how people were managed helped staff organise their workload, report concerns, have space to debrief, and identify clear ways to escalate issues. This type of intervention was common in this sample. Examples included improving line management structures, supervision arrangements and escalation routes, management training and proper site inductions.
- **Workplace culture:** Creating positive, open, supportive and collaborative workplace cultures was seen as important. Organisations were seen as less stressful when they had a sense of team spirit and joint working towards a common goal. Messaging from senior leaders was seen as key. These interventions were common, especially in the health and social care sample. Examples included regular team events or social activities, as well as promoting inclusivity in the workplace.
- **Flexible working:** Where available, flexible working was viewed extremely positively. It allowed participants to balance work with other priorities, such as childcare. Interventions around flexible working were generally common in this sample.

Less effective interventions

Participants identified several other interventions, which they felt were less effective in preventing WRS:

- **Communication:** Good organisational communication was seen as important, especially during times of high demand, challenge or change. However, its effectiveness depended on the quality of management and their approach to communication. Examples included regular team meetings, updates, and open-door policies for managers and senior leaders.
- **Non-pay benefits:** Non-pay benefits, such as health checks, made employees feel valued. However, their effectiveness in preventing WRS was seen as limited.
- **Basic amenities:** Provision of normal amenities, such as access to toilets and kitchens, made workers feel they were given a basic level of respect, but their effectiveness in preventing WRS was perceived to be limited.
- **Stress management initiatives:** Senior managers often discussed stress management initiatives. This included employee assistance programmes, mental health first-aiders and wellbeing activities and spaces. While these interventions could help participants to feel valued and help to manage existing cases, they felt that they were less effective in preventing WRS.

Knowledge and perceptions of HSE and WRS

Participants typically associated HSE with physical health and safety rather than WRS.

Awareness of HSE's remit regarding WRS, as well as its tools and resources, was generally low across the sample.

- Construction - HSE was perceived as a strong presence with high awareness of its physical health and safety role, especially amongst senior and middle manager participants. A small number of participants had used HSE's stress indicator toolkit² and HSE's talking toolkit.³
- Health and social care - awareness of HSE in relation to physical health and safety was high, especially among senior and middle management participants.
- Final-mile parcel delivery - awareness of HSE and its WRS remit was generally low among driver participants, with higher levels among senior or middle management. When driver participants were told about HSE and its WRS role, many were interested to learn more. Self-employed drivers often felt unsure about their rights and how to raise concerns. Some drivers who had experienced WRS indicated that they would consider reporting current or previous employers (usually large delivery companies) to HSE if the process was easy and quick.

² <https://books.hse.gov.uk/Stress-Indicator-Tool/>

³ <https://www.hse.gov.uk/stress/talking-toolkit.htm>

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