Responding to Perceived Stress in a Social Services Department: Applying a Participative Strategy

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Abstract

The paper outlines an action research project focused on exploring ways of improving corporate and individual responses to stress in a social services department. This was achieved through the application of a participative approach including developing a database of this central, yet largely hidden, issue. The process, major outcomes of the strategy and the questionnaire findings are presented to portray a social care organisation in discomfort and dissonance over this crucial issue for its ability to deliver good quality social care. Self-report on stress revealed a majority of staff often experiencing stress, perceiving it as having a negative impact, but able to ask and receive sufficient support. This came mainly from family and friends. It enables staff to continue to function reasonably well professionally. A minority of staff is experiencing a high level of unalleviated stress, to the point of inadequate functioning, while being unable to get the support needed. For both groups stress at work is perceived as coming from the impact of the organisational culture, rather than from the nature of social care work. The paper concludes by analysing the response of senior management to the strategy document and database findings, and its significance for the social care workforce.

Keywords: stress, social work, social care, workplace stress

Introduction

It is estimated that in the UK intolerable stress within the workplace has led to increased absenteeism with 6.5 million days lost each year (Health and Safety Executive 2000), reduced productivity, and difficulties in recruitment and retention (Ramon and Hart, 2003; Morris, 2003). Unalleviated stress and mental distress have now become the most common cause of absenteeism, overtaking back pain (EU Survey on Working Conditions 2002).

In this study stress was operationally defined as a multidimensional, yet subjectively perceived phenomenon. At an individual level it refers to a perceived or actual threat, often accompanied by physical and mental disturbances in functioning which may vary from one person to another. Abrams and Ellis (1994) propose that individual perception is the core of perceived stress, rather that stress related events. This is bound by individual perception, coping skills and coping resources. It is not possible to do justice in this paper to the vast literature available on stress. Stress tends to be recognised for its detrimental rather than its potentially motivational effect on the workforce, leading to high levels of absenteeism (Almond and Healey 2000) and loss of productivity (HSC 2000).

Workplace stress is a term used to describe the experience of stress within the work environment. People who experience stress that they consider workplace related, are likely to become absent from the workplace for considerable time (HEA 1997). Wellbeing is a state of being at peace with oneself and one's world, in which stress is felt as a stimulant, and experienced or managed without leading to functional difficulties. Nilson *et al* (2001) identify wellbeing as comprising physical, psychological, social and existential dimensions which reflect the individual's perception of their condition, related to self, to others and to their own existence.

A range of studies has been undertaken to understand better the triggers associated with intolerable stress (TUC 2001, Revans 2001, HSE 2003). Despite the wealth of information, none of these approaches thus far have offered a comprehensive strategy to significantly reduce intolerable stress levels or have proven to be effective long term (Briner and Reynolds 1999). This is in part due to the complexity of its causes which span both work and personal lives, corporate and personal responsibility. These are likely to be compounded by ambiguity surrounding the origin of the stress, leading to a lack of accepted individual or organisational responsibility.

Furthermore, the perceived impact of stress upon the workforce, the way in which incidents of stress are recorded and responded to, is often dependent upon specific organisational culture. Workers used to a culture which stigmatises those experiencing a high level of stress and especially mental distress, are unlikely to disclose their experiences or seek help for fear of repercussions (Glamorgan Gazette 2003).

Relatively few studies focus on stress experienced and managed by social care workers. Balloch *et al* (1999) conducted the largest UK study of perceived stress in social care among different groups of workers, twice interviewing the respondents and applying the General Health Questionnaire. Stress levels were higher in England than in Scotland and Northern Ireland. Control over one's work, role conflict, and ongoing organisational change were identified as the major causes of stress; one third of the workforce experienced systematic difficulties in these areas and a high level of stress.

Storey and Billingham's (2001) study of occupational stress and social work concluded that the majority of respondents were experiencing differing levels of stress. Stressors included the experience and threat of physical violence, high workload and short deadlines, experience of re-organisation, lack of support from managers and negative experiences of complaints procedures. Stanley *et al.* (2002) explored social workers' perspectives of their mental distress, following a methodology developed by Brandon in the context of nursing (Caan *et al.* 2001). Of the 700 social workers who responded to their survey, the majority experienced depression. Almost three-quarters stated their depression occurred after entering social work with 80 per cent of these identifying work, high workloads and lack of support as the major cause. Difficulties in personal relationships, bereavement, physical ill health and other personal problems were also identified as contributory factors.

In social care, stress is viewed as an inevitable aspect of the work (Smith and Nursten 1998). Balloch *et al*. (1999) suggest that stress is more common amongst social workers than either the general population or health care workers, due to the sensitivity of the difficult problems presented by clients which their work requires. The contradiction between control and care in social work can be complex and stressful, often compounded by insufficient resources to offer clients (Davies 1998). Social workers may also become over-involved, thereby contributing to stress (Rushton 1987).

Promoting Mental Wellbeing in the Workplace

The issues arising from the above mentioned studies were also evident in a study we conducted within two environments; an NHS Trust and a social services department in the same region between 2000 to 2003. *The Phoenix Project: Promoting Mental Wellbeing in the Workplace* involved staff from several disciplines within Anglia Polytechnic University. A participatory action research methodology was used, aimed to assist organisations in develop a context-specific mental wellbeing strategy in the workplace, sensitive to self-defined needs of the workforce, and to solutions proposed by staff. The range of expertise within the research team enabled a multi-disciplinary approach and consideration of the multi-dimensional nature of the research topic.

The first phase of the research entailed working with an NHS Trust undergoing a major re-configuration (Ramon and Hart, 2003). In the second phase the study was carried out with a Social Services department which had recently experienced major restructuring. This paper focuses on the findings and experiences of staff within that department.

Existing support in the organisation included:

- A group of team leaders already committed to and interested in wellbeing within the department;
- Policies and procedures on handling supervision, bullying, harassment, and employee grievance;
- An external Support line offering a telephone counselling service;
- Parental leave and time off for dependants;
- Compassionate leave for bereavement.

However it was unclear if these strategies were working and whether they met their objectives, as no clear monitoring process was in place.

Aims and Methodology

Participative action research was chosen as the most appropriate strategy for the purpose of enabling participants to be part of an inquiry based on shared ideas and directed by the issues they raised (Hart and Bond, 1995). Participants were involved in determining causes and solutions to problems experienced within the workplace affecting their wellbeing. The methodology and its outcomes offered the organisation whole tools for improving ways of handling stress in the workplace. The process enabled the participants and the research team to do the following:

- Establish a participatory strategy aimed at promoting mental wellbeing in the workplace,
- Obtain an updated database from the workforce as to its views and prevalence of stress, mental distress and support mechanisms within the workplace,
- Develop specific measures aimed at further improvement of mental wellbeing in the workplace,
- Disseminate the findings of the research at various levels within and outside the organisations.

It took the research team considerable time to engage with a social services department. A number of departments approached were reluctant to take part as they did not accept corporate responsibility to meet the needs of staff in the way we proposed; were uncomfortable about what the project may reveal; and felt the project would just provide another moaning opportunity (Ramon 2002). The social services department which agreed to participate had undergone a major restructuring two years previously; a number of workers were continuing to experience its effects. In particular there was a lack of experienced staff and continued recruitment and retention problems, in part caused by the significant increase in house prices in the locality. A further layer was poor morale, associated with an inquiry on child protection (a feature shared with a number of similar departments), and the experience of a culture which tended to view stress as reflecting individual weakness.

Process of Participation: Developing a Strategy and Database

The participatory phase entailed five 2½-hour meetings every fortnight, spanning 10 weeks. The participants selected by the department were team leaders already involved in a group focused on wellbeing. In total 17 managers were invited of whom most (n=13) agreed to attend. The group consisted of four men and nine women, mostly aged above 40, and white; a composition representing accurately the middle management group in the department. Most of these managers carried a caseload involving direct client contact, as well as supervising and managing a staff team.

The participatory meetings focused on identifying causes and frequent instances of perceived stress within the workplace, current solutions on offer and future means by which stress could be reduced. Examples of strategies to ease workplace pressures, information on various stress management techniques and literature on mental wellbeing at individual, structural and organisational response were provided to the group. Key exercises included vignettes, presentations and discussions around specific issues pertinent to stress and mental distress. At the end of each meeting notes and flipchart contents were written up and disseminated to group members before the next meeting. This enabled them to revisit issues discussed within group session and to contribute in the following group through meeting observations or queries arising from the last session. The final two sessions focussed on developing a strategy document for the whole organisation.

Developing a Questionnaire

In parallel, an anonymised questionnaire was sent to every social care worker in the department (n=700), to ensure the organisation would have an updated database on the prevalence of stress and mental distress. Such a database is missing from most organisations, as employees are reluctant to provide this information, believing it will be held against them.

The version incorporated elements from the Maslach Inventory (1988), and McIlven Scale (1992), which required the use of a 1-4 rating scale. These scales have been validated internationally and are frequently used in studies of stress in the workplace. They include statements looking at job satisfaction, feeling valued and feeling satisfied at the end of each working day. The statements indicate the relationships between experiencing stress, level of control, autonomy and flexibility within their job or role. The questionnaire had been amended from that originally used in the NHS project, following comments made by the social services strategy group.

Questions covered demography, qualifications, role within the organisation and ethnic background, self-definition of stress and when it becomes a mental health problem, feeling stressed at home and/or in the workplace and who one would approach for support in the first instance. Participants were asked whether they experienced a list of factors relating to stress and what they would like to see the organisation provide to staff. We did not ask participants to specify their family structures as the questionnaire focused primarily on work base response, however findings revealed that family can offer a support mechanism as well as generate stress in response to difficulties.

Quantitative and qualitative questions were included; responses were analysed using a multi method approach incorporating SPSS and identification of qualitative themes to code data. Data was cross tabulated to gain a greater depth of analysis, and descriptive statistics utilised to illustrate quantitative information. Inferential statistics were used in order to determine whether any statistical significance lie within the data: a Spearman's Rho correlation was carried out to test relationships between variables and parametric independent t-tests and one way ANOVA's were undertaken to compare mean scores of variables.

The response rate to the questionnaire was 23.6 per cent (n=165/700), a higher rate than that of the health trust, but remaining low. We speculate that this was due to the prevailing culture in which admission of stress was frowned upon, coupled with the belief that responding would not lead to positive change.

Respondents' demographic and professional characteristics were representative of the professional workforce in the departments and are presented later in this article.

Findings

Process of participation in the strategy formation

Most participants came regularly to the group and contributed actively to its discussions. Some exercises, such as role-play, were disliked by some members of the group, who felt these were childish. Discussions were lively and to the point. However, often it was up to the facilitators to remind the participants of the positive qualities the organisation had to offer. The meetings provided opportunities for discussions in pairs and other small groups formations, and space for individual self-expression.

An overall evaluation of the process was carried out with individual participants through a telephone interview, conducted by a researcher who was not involved directly with the group. The response to the process and content of the meetings was very positive.

Content

Table 1 outlines the key findings arising from developing the strategy document based upon rank order of the problems identified within the organisation. Participants were asked to determine whether these priorities were to be resolved in the short, medium or long term. Examples of solutions to the problem are listed under these headings.

The identified major stress inducing factors in the workplace relate to organisational culture and senior management style of communication, followed by poor physical environment, and a low departmental internal and external image. Little was expressed about difficulties arising from direct work with clients, lack of resources for them, or in work with team members. Direct work with clients and with colleagues was described in more positive terms than with senior management. Solutions proposed were relevant. While many of them are relatively easy to implement, some would require a fundamental change in organisational culture.

One of the key concerns of staff expressed was the wish for action arising from the development of the strategy document. Indeed many commented that they would only see their participation and that of

Table 1: Issues identified for the strategy document in rank order

	Short term	Medium term	Long term
Improved physical environment	Health and safety assessments Access and use of a gym Access to meeting rooms	Improved IT Watercoolers	Appropriate office space Video conference facilities
Improved communication between Management and workforce	Shared vision	Strategic planning that is communicated clearly Clarity over organisations Feedback systems Professional role and sense of purpose Task force for action plans	Cohesion between depts Effective communication system
Promoting a positive workplace culture	Don't fudge issues	Develop shared ethos	Reverse rigid blame culture Learn from 'how not to' examples Develop sincerity and positive regard
Establishing a viable and visible Retention policy and practice	Skills audit across the depts	Early identification of stress indicators	Loyalty bonuses and a workable management system
Enhanced positive departmental profile	Have a clear remit as to what is not achievable when working in collaboration with external agencies	Increase the profile of expertise within the Dept	Develop and present a positive profile of the work and successes
Mental wellbeing in the workplace	Promote via different support systems within the dept. Induction programme for new employees	Buddies Peer supervision Support group for returnees to work	Chat room

the research team as successful if the recommendations were implemented. They were concerned that given the blame culture pervading the organisation, any proposed change was unlikely to be implemented.

The questionnaire findings

Demographic Details

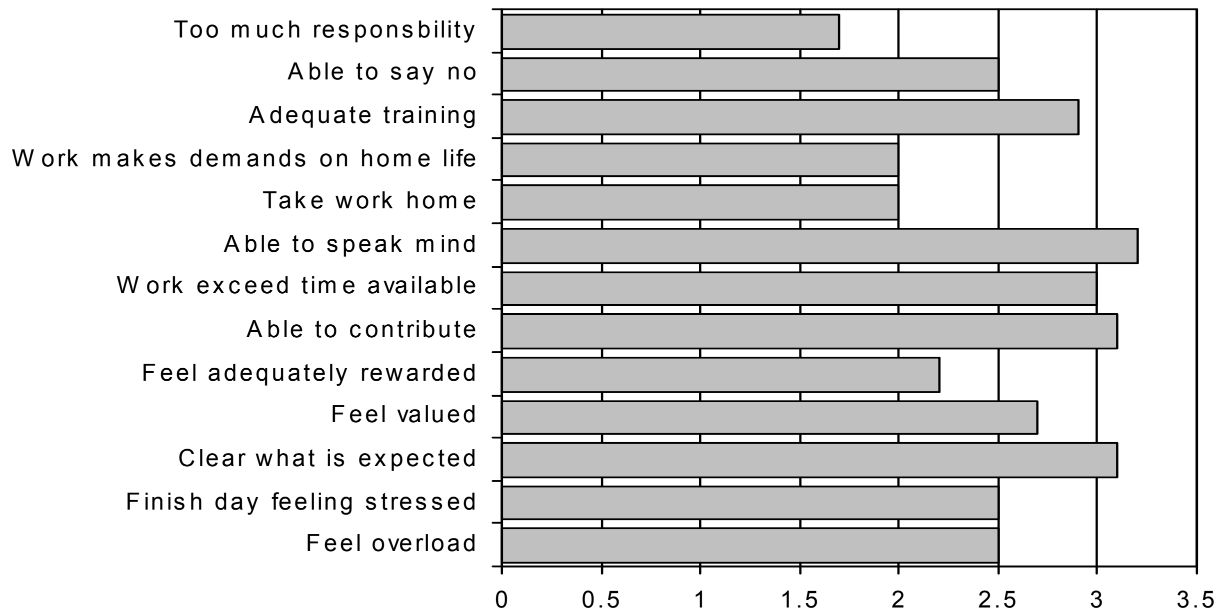
The majority (79.4%) of the 165 workers who responded to the survey were females; of whom 29.7 per cent were within the 42-49 age group, followed by the 50-57 age bracket (25.5%), with the smallest age group being the 18-25 range (5.5%). Most (93.9%) were White British.

The great majority (84.2%) held a professional qualification, with the majority holding a degree (38.8%), followed by a Certificate of Higher Education (18.2%), or a Diploma (17%). Most defined themselves as social workers, but some saw themselves as administrators or managers.

Over three quarters (77.6%) felt they were sometimes stressed in the workplace, compared with 11.5 per cent who felt stressed in the workplace most of the time and only 10.3 per cent felt they were not stressed in the workplace. However, 60 per cent felt stressed sometimes in their personal lives, 33.9 per cent did not, and 4.2 per cent felt stressed most of the time. Overall 13.9 per cent felt that stress resulted in them working effectively. However the majority (71.5%) saw stress as making them less effective in work.

Asked if they felt isolated as a result of stress, half (49.1%) felt isolated, with 38.2 per cent not feeling that stress isolated them, and 12.7 per cent declined to respond.

Figure 1: Mean Responses to Maslach Burnout Inventory



In summary, the mean score was taken within each category, and the findings of the of the Maslach indicators are shown in Figure 1:

A complex feature found in the data was the existence of a difference between perceived stress and actual stress. This arose in previous research within the NHS Trust and warranted further investigation in this sample too. Inferential statistics were carried out to correlate and explore potential differences amongst elements of the questionnaire that were likely to be of significance.

The responses to the Maslach Burnout Inventory highlight that most of the respondents did not experience burnout, as indicated by the relatively high scores for being able to speak one's mind, being clear as to what is expected, able to contribute, and feeling valued. However, inherent sources of stress - as distinct from experiencing burnout for most of the respondents - are identified by the number of people in agreement with statements such as ‘work exceeds time available’, ‘feeling overloaded’, ‘taking work home’ and ‘work making demands on home life’.

A one-way ANOVA was performed to compare mean scores of the variables *'Are you stressed in the workplace?'* and *'Do you feel overloaded?'*. Descriptive statistics indicate the highest mean score within the ‘Yes’ category (mean=3.42, n=19) and the widest standard deviation (sd=. 607). A statistically significant difference was found between the mean scores (F=30.335, df=2, 159, p=.000), implying that those who stated 'yes' to being stressed in the workplace were significantly more overloaded in the workplace than those who stated 'no' to being stressed in the workplace. A post hoc test verified the significance.

Descriptive statistics for 'Do you feel valued?' and 'Do you feel stressed in the workplace?' indicated the highest mean score within the 'no' category (mean = 3.06) and also showed the second highest standard deviation (sd=.748). Those who did not feel stressed in the workplace also felt that they were valued. A one-way ANOVA indicated a statistically significant difference between the mean scores of 'Do you feel valued?' and 'Do you feel stressed in the workplace?' (F=7.868, df=2,159, p=.001). A post hoc test verified the significance.

Qualitative responses

Analysis of the definitions of stress fell into three central themes:

- Physical response to stress (e.g. lack of concentration, inability to sleep, being anxious);
- The process of experiencing stress and its effects (e.g. reduction in the ability to balance/juggle tasks or achieve them to an individually imposed degree of satisfaction);
- The actual coping and functioning whilst in a stressful state.

Respondents stated that stress became a mental health problem when **loss** of control was felt. This could be evidenced through its impact on other areas of life (such as personal life, leisure/social life), or negative impact upon physical wellbeing to the extent where the individual was unable to function as usual. Increased worry leading to disagreements or withdrawal from others, increased or reduced sensitivity towards others, anxiety, sleeplessness for prolonged periods, being unable to 'switch off', loss of humour and withdrawing from others emotionally and physically were specified as additional instances of loss of control.

Performance and enjoyment of the work were hindered through physical symptoms (such as tiredness, coupled with rushing to get things done), and emotional states such as increased anxiety, loss of focus and feeling overwhelmed. This was compounded by a decreased ability to make decisions due to slower thought processes, avoidance of tasks, perceived as too complex or as requiring too much time or attention, or a task which fed into the individual's current anxiety state.

This perceived decrease in ability led to erosion of self-confidence and a negative perception of ability to do the task at all. Stress was perceived as contributing to an increase in errors, being irritable, forgetful or being in a rush to complete tasks which also led to errors and loss of satisfaction and confidence in own ability.

Factors which caused stress at work were identified as:

- Workload (including overload, associated paperwork); exacerbated by lack of staffing;
- Work focus - more emphasis placed upon paperwork being carried out efficiently rather than the work with clients - hence reduction in time spent with clients;
- Poor organisational re-structuring; lack of stability;
- Expectations of Management and Directorate;
- Lack of funding and/or resources;
- Travel to the place of work and within the working day;
- Lack of clear communication;
- Poor or overcrowded accommodation.

Stress within personal life due to life events such as bereavement, illness, moving house, caring for children and/or elderly relatives led to strained relationships. Finance was seen as an element, which compounded existing problems and led to stress. A very small group of workers also had second, even third jobs outside their main job, which meant very little time for personal and family time.

Current factors at work causing stress included:

- The organisational change process created more stress more work and negative repercussions;
- Constant smaller changes continued in parallel to the big changes across different areas/systems;
- Lack of good enough consultation by senior management with frontline staff as to the potential consequences of proposed changes. Staff do not feel listened to;
- Erosion of team/colleague support due to low morale and increased feelings of isolation; as well as difficulties in retention and recruitment, leading to increased workload for those remaining;
- Administration and accommodation problems.

Family members were the first to be asked for support when stressed (see Appendix 1). In terms of helpfulness, colleagues were rated as the most helpful (72.1%), followed by friends (65.5%) and partner/family member (61.8), with managers in the fourth place (53%) (table 2, appendix 1). Support consisted of talking, sharing a sense of humour, developing a 'team' approach, good communication, identifying and using activities providing some form of relaxation (e.g. gardening, music, yoga).

Most respondents felt they were able to talk to someone about either stressful work or personal life factors. If unable to talk to someone, they would take time to think things through, leave the job, or take time off on sick leave.

Participants were asked to list what they would like to see available in the workplace to counter stress and mental distress. The strategies proposed were:

- Regular, independent supervision
- Increased consultation and communication
- Better physical environment (including office space, access to better lighting, air conditioning, relaxing areas)
- Increased resources (including more staff, shared work tasks)
- Greater flexibility (job share, work from home etc.)
- Focus on retention through reducing blame culture, encouraging a positive culture.

Discussion

Process related issues

The themes, analysis, and proposed solutions within the participatory strategy were developed by the participants at the meetings. Participants were very committed to the process and outcome. Clear, strong messages were received about the critical state in which the organisation was currently functioning from the participants' perspective and the impact that this has on workers' wellbeing, and hence on their ability to meet their job demands. The strategy document highlights that the group was able to identify causes for stress in the organisation, as well as outside it, and to propose clear solutions. Solutions selected were on the whole pragmatic and achievable. The fear expressed by senior management that the meetings would be used as moaning sessions was unfounded. The group was able to work well with each other and with the University facilitators.

The interface between evidence from the strategy meetings and from the questionnaire

The strategy group conceptualised stress as caused by poor physical environment and problematic communication between management and the workforce. Overwork, and spilling of work into private lives were noted. Responses to the questionnaire corroborated most, but not all, of the views expressed in the meetings. The low response rate (although slightly higher than the response rate in the health trust), suggests a reluctance to disclose what is perceived as personal weakness, fear of stigma and retaliation, and the deep-seated belief that management is not going to respond positively to proposals focused on promoting wellbeing of the workforce.

Stress was experienced by the respondents to the questionnaire as a common, largely negative, element rooted in both professional and personal lives by 71 per cent of the respondents to the questionnaire and by all of the strategy group members. When persistent and unrelieved it was said to lead to mental distress and ineffective work performance, a crucial warning sign for social workers and their clients, as both rely on the decision making ability of social workers within a wide margin of uncertainty.

The majority of the respondents were resilient and able to find support to the stress they are experiencing in the workplace. The value of teamwork as a support structure and of the intrinsic work satisfaction were indicated, as well as staff's ability to be supported outside of the workplace. Yet if their stress remains unalleviated, it may become intolerable for this group too.

The responses to the Maslach Burnout Inventory highlight that most respondents were not at the burnout stage, and felt supported within the workplace. But these also indicated areas of concern in terms of stress level around workload and work spilling into private lives. The questionnaire responses demonstrated that the support comes from team members and professional supervisors, rather than from management.

A small, but significant, number of staff (11.2%) were experiencing high stress levels and seemed at risk of being unable to function at an acceptable professional level. Despite current sources of support on offer, this group had neither accessed such support nor intended to do so within the traditional support mechanisms offered by the organisation. This was worrying given that they were therefore likely to experience escalating stress. It indicates perhaps the paucity of options available to staff as well as the inability to feel sufficiently safe in the department to access existing options. Furthermore, the difficulties faced by this minority impacted on the ability of the majority to continue to function at a high level in a context of continuous work overload.

The questionnaire data sheds light on the meanings staff gives to stress and mental distress, the processes by which one turns into the other, and the impact on work performance. The complex relationships between feeling and being stressed, not feeling stressed and feeling valued are highlighted too, indicating that this is an area where subjective perception may count as much as objective indicators in terms of effect on actual performance.

The major difference between the strategy group dialogue and the questionnaire data was that the group was very surprised at the respondents feeling able to speak one's mind and feeling valued. They argued that this was not how they experienced the organisational culture. Perhaps those who felt able to respond to the questionnaire represent a sub-group with positive feelings and abilities, while those who did not respond feel less positive. Both sources of data highlight that the major satisfaction from work is the face-to-face contact with clients.

Evidence for internal cultural conflict/clash

Both the meetings and the questionnaire responses identified organisational culture as a major cause of stress in the workplace. Poor communication and consultation within the organisational culture were cited as the major cause for stress, a finding reflecting the work of Balloch *et al.* (1999), Storey and Billingham (2001) and Stanley *et al.* (2002).

In the feedback event, senior management felt offended at this statement, and cited the many formal memos sent to staff and the annual conference as indications of how much they were attempting to communicate with staff. From the staff perspective official communication was perceived as yet another form of imposed communication, instead of a more horizontal consultation. Furthermore, those who engage regularly in informal discussion with senior management expressed their unhappiness at the impolite and inconsiderate style pervading these meetings.

Compared to the NHS staff we worked with in the first phase of this project, the social services staff group was more unhappy with their top managers, and less inclined to believe that the latter would be ready to act upon the recommendations. We are sorry to report that we have to agree with them, as the response we got amounted to a short shrift too, while we continue in contrast (two years later) to develop collaborative measures to enhance wellbeing in the workplace with the re-configured health trusts.

The recommendations did not even get to the stage of serious discussion or consultation within the social services department. Instead, these were dismissed, together with the project team's proposals for the next step, as 'unproven', accompanied by comments such as that 'those in the workforce who do not like it may as well leave', at a time when recruitment has considerable difficulties. This vindication of the pessimistic view of the team leaders group highlights the defensiveness of some senior managers of social services departments who view constructive criticism as an affront and are therefore unable to use it to improve the state of their department, to the detriment of the whole staff group and the clients. This defensive approach is part of the blame culture and only intensifies poor communication.

Conclusion

Stress is diffused in the British health and social care workforce. Although some good quality research as to the causes of the high level of stress in social care does exist, insufficient effort has been put into exploring with the workers their views on likely solutions, and attempting to implement the latter.

This project focused how a participatory approach might enable employees in a social services department to identify stress related causes and solutions, and recommend a strategy tailor made for the department. This investigation was reinforced by including the views of the whole workforce obtained through responses to an anonymous questionnaire, with items vetted by the participatory group. However, the low response rate raises questions whether this is the best method of exploring these issues.

The participatory approach proved to be a viable method to enable an existing group of team leaders already interested in wellbeing issues to focus on the manifestations, causes, and solutions to stress and mental distress in the workplace, while not negating the impact of personal factors. The group worked well in producing a strategy document for the department which highlighted the major issues and the short, medium, and long-term ways of resolving them within the workplace. There was agreement that high levels of stress were indeed experienced by the workforce. The two major issues to emerge were the contribution of the poor physical environment and the problematic communication between senior management and the workforce to the level of stress experienced. Largely pragmatic and achievable solutions were outlined.

The questionnaire findings based on anonymous returns from a quarter of the workforce largely corroborated the views expressed in the participatory strategy group about experiences of stress and mental distress, the largely negative effect of stress, the underlying reasons for it within the workplace, and the likely solutions. Interestingly, work with clients was not perceived as a major stress issue, but as a major source of satisfaction. It is intriguing to speculate that stress in direct work with clients may be displaced on management, but this study was not designed to look into such a possibility. Both methods indicate that relationships within teams are mainly supportive, and that the majority of the workers is able to call on support in the workplace and from their circle of friends and relatives. However, a minority seemed to have a high level of stress and is either unable to use available support or unwilling to do so. Fear of negative responses by management to acknowledging stress by individual workers was indicated. The usefulness of existing measures needs to be explored.

Doubts were expressed in the group as to whether the senior management group which sanctioned the study would accept and follow the strategy document. These were vindicated by the response of senior management, as explored above. Compared to the study conducted in a health trust in the same region which used the same methods, social care staff were as stressed as their health colleagues. However, they were much less confident that their management would engage in the effort to reduce the stressors related to the workplace. Therefore, the defensive culture of some social services departments needs to be both explored further and enabled to change.

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Appendix 1: People selected as first point of contact regarding work and personal issues

	% Identifying as first point of contact	
	Work issue	Personal issue
Friend	3.8	3.8
Counsellor	1.9	0
Work colleague	13.5	13.5
Family member	30.8	48.1
Line manager	13.5	9.6
Supervisor	7.7	1.9
Line supervisor	23.1	13.5
Declined to comment	5.8	9.6

Appendix 2: Helpful or unhelpful support

	% Helpful	% Unhelpful	% Neither*
Manager	53.3	9.7	37.0
Supervisor	27.9	7.3	64.8
Colleagues	72.1	1.2	26.7
Occupational Health	3.6	2.4	93.9
Counselling	12.1	4.8	83.0
Changing Work Duties	18.2	1.8	80.0
Changing Hours	13.3	2.4	84.2
Discussing with Team	32.7	3.0	64.2
Training Courses	23.6	1.8	74.5
Debriefing	13.3	1.8	84.8
Support Groups	5.5	3.6	90.9
GP	15.8	3.6	80.6
Other Professionals	3.0	1.2	95.8
Other Support	2.4	1.2	96.4
Talking to a Counsellor	9.1	2.4	88.5
Talking to a Friend	65.5	0.6	33.9
Talking to a Relative	43.0	1.8	55.2
Talking to a Partner/Family Member	61.8	1.8	55.2
Relate	0.6	1.8	97.6
Samaritans	0.6	1.2	98.2

*Neither indicates those either not using this form of support or those who chose not to respond to the question