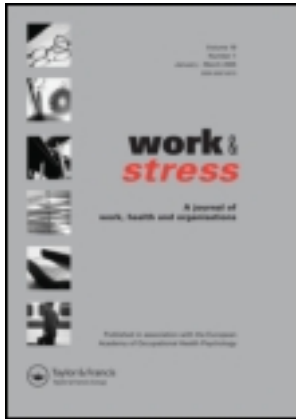


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On: 28 February 2012, At: 02:37

Publisher: Routledge

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Work & Stress: An International Journal of Work, Health & Organisations

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/twst20>

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Available online: 23 Feb 2007

To cite this article: Michiel Kompier (2004): Does the 'Management Standards' approach meet the standard?, *Work & Stress: An International Journal of Work, Health & Organisations*, 18:2, 137-139

To link to this article: <http://dx.doi.org/10.1080/02678370412331291434>

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Commentary

Does the 'Management Standards' approach meet the standard?

MICHIEL KOMPIER

It is the policy of *Work & Stress* to publish academic papers as well as scholarly articles of concern to policy-makers, managers and trade unionists. This double orientation reflects the ambition of *Work & Stress* to narrow the gap between the world of academic high quality research and the 'real company world'. Both HSE papers in this edition of the journal (Mackay *et al.*, 2004; Cousins *et al.*, 2004) do fit in this tradition.

Within the European context, these authors' advocated Management Standards approach provides a major example as to how a national authority responsible for occupational health and safety may introduce and implement organizational methods for the reduction of work-related stress. Fortunately, in Europe there are more of such examples. In the Netherlands, for instance, in an attempt to reduce job stress, in the last five years so-called Covenants on Health and Safety at Work were concluded in many sectors of the labour market among representatives of the Dutch Ministry of Social Affairs and Employment, trade unions and employers organisations. These Covenants consist of sectoral agreements with respect to stress management, over and above existing policy measures such as working conditions regulations, financial incentives for individual organisations, and public information campaigns. It is important that such initiatives are carefully documented and evaluated.

In this commentary I focus on what I consider to be the stronger and the weaker points of the UK Management Standards approach, which essentially consists of a three phase process: (i) the development of management standards (and associated 'states to be achieved'), (ii) a risk assessment process, and (iii) the development of a risk indicator tool.

Strong Assets

1. The Management Standards approach is not an incidental initiative, but it is solidly embedded in a well-organised HSE Stress Priority Programme. In this policy programme, HSE works together with researchers in this area.
2. It applies the concept of risk assessment and management, traditionally utilised with respect to the physical and chemical work environment, to the psychosocial work environment. It thus acknowledges that modern worker protection implies dealing with traditional health and safety issues and with modern psychosocial work

characteristics. It also recognizes that the psychosocial work environment has been created and thus can be recreated, should a risk assessment and risk evaluation point in that direction.

3. It utilises the hierarchy of control: Collective protective measures must be given priority over individual protective measures.
4. It is diagnosis-based, as its starting point is the assessment of the current state of the psychosocial work environment (there is no stress prevention without a stress audit!).
5. It is solution-oriented as it compares this current state with six standards of good management practice and six related desirable states.
6. It is a participative approach: Major stakeholders (employers, employees, researchers) are involved in the development of the approach itself; the employer and employees play an active role in the risk assessment and risk management in their company. From the stress management literature we have learned that an active role of those persons involved is one of the 'conditio sine qua non' for success.

Weaker Points

In addition to these strong assets, I believe there are some debatable points as well. They refer to the clarity of the standards, the risk Indicator Tool, the relation between risk assessment and standards, the utilised 'cut-off' percentages, and to associated risk management practices.

1. Clarity of the standards: According to Cousins *et al.* (2004, p. 118) it was noted in the workshops that some of the states to be achieved were very general and hence vague. I believe that this problem, which relates to both the standards and the states to be achieved, has not been solved yet. Especially the recurring standard that 'Systems are in place for individuals' concerns to be raised and addressed' seems to be difficult to confirm or to deny. Also questions like SS3, SS5 (of the Support "States to be Achieved") and RoS1 (relating to Role) are hard to interpret.
2. The risk Indicator Tool: This basic questionnaire undoubtedly has face validity, but I suggest that more psychometric properties should be provided. Currently information on the correlations between these six dimensions (sum scores) is lacking, though it is probable that some factors will be highly related, e.g. 'Support', 'Relationships' and 'Change'. There also remain the perennial problems with the answering categories – for instance, one may wonder what the difference is between 'seldom' and 'sometimes'. Currently, the Indicator Tool comprises a two-stage questionnaire. As acknowledged by the authors, the risk of the shortest version is that 'false negatives' may occur. Therefore, since both versions are short, I would prefer to use the long version only.
3. The relation between the risk Indicator Tool and the standards is not clear. Based on this tool, how exactly does one decide upon (non)conformity with the 65% or 85% standards as proposed in the present, pre-consultation draft? I believe such decision rules are yet lacking, or should the 65% or 85% rule also be followed for the questions in the Indicator tool questionnaire (each item? the average item?). If so, do we still need a general cut-off score for the Standard?
4. The cut-off points: I agree with the authors that 'a standard that acts as a yardstick to enable organisations to plot and target progress is likely to be the most effective'. However, the scientific basis for the two different threshold points is weak, as already noted by the authors. We should however keep in mind that this problem

(deciding on acceptable/unacceptable situations) is not restricted to psychosocial hazards. It equally applies to traditional hazards such as lifting, vibration and exposure to chemical agents. I believe that such decisions should take into account the scientific state of knowledge, but in the end will always bear the character of an agreement between partners.

5. Risk management: Both papers leave it unclear whether the risk assessment and the comparison of its outcomes with the standards and achievable states provide sufficient detail for proper interventions. I believe this has not been studied yet. We do not know whether (and if so, what kind of, and how) interventions have been chosen and implemented by the 22 pilot companies, nor do we know the outcomes of these interventions or what exactly happened in these focus groups.

Comparing Pros and Cons

This Management Standard approach is appealing and it has many strong points. Obviously there are some problematic points as well, some of them being mentioned by the authors themselves. For a further development of this approach one should keep what is good and diminish the weaker points. In order to do so, I would recommend further cooperation between HSE and researchers in this field.

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