

Psychosocial risk management: An overview

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Background

- Gradual accumulation of data on prevalence and impact of psychosocial risks, especially in the last 30 years
- Campaigns in different countries and regions
- Revision of OSH policies in many countries
- But also media attention to dramatic cases such as the France Telecom suicides in the late 2000s as a result of extensive organisational restructuring and subsequent productivity pressures
- However... there remains resistance by key stakeholders in prioritizing psychosocial risk management both in business and policy making

Why?

- Are psychosocial risks clearly defined and understood by key stakeholders, including the social partners, policy makers and occupational health services?
- Is the ‘case’ for managing psychosocial risks clear?
- Are there appropriate policies, methods and tools to deal with psychosocial risks?
- Conclusions and suggestions for the future
- *Leka, S., van Wassehove, W., & Jain, A. (2015). Is psychosocial risk prevention possible? Deconstructing common presumptions. Safety Science, 71(1), 61-67.*



Are psychosocial risks clearly defined and understood?

Definitions

- **Psychosocial factors:** aspects of work organization, design and management (e.g. work demands, organizational support, rewards, interpersonal relationships) > notice lack of negative connotation to the concept
- **Psychosocial hazards:** aspects of work organization, design and management that have the potential to cause harm (e.g. unrealistic job demands, lack of role clarity, lack of organizational support, harassment and bullying in the workplace) on individual health and safety, on organizations (e.g. sickness absence, reduced productivity, human error) and on society (e.g. increased disability pensions, healthcare costs, etc.)
- **Psychosocial risks:** potential of psychosocial hazards to cause harm

Job content	Lack of variety or short work cycles, fragmented or meaningless work, under use of skills, high uncertainty, continuous exposure to people through work	Meaningful work, appropriate use of skills, work retaining employee interest and engagement, appropriate support
Workload & work pace	Work overload or under load, machine pacing, high levels of time pressure, continually subject to deadlines	Appropriate level of workload, appropriate work pace, sensible and achievable deadlines
Work schedule	Shift working (especially irregular), night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours	Sensible shifts and reasonable working hours to maintain work-life balance, flexible working practices
Control	Low participation in decision making, lack of control over workload, pacing, shift working	Participation in decision making, control at work
Environment & equipment	Inadequate equipment availability, suitability or maintenance; poor environmental conditions such as lack of space, poor lighting, excessive noise	Good physical working conditions according to good practice guidance

<p>Organisational culture & function</p>	<p>Poor communication, low levels of support for problem solving and personal development, lack of definition of, or agreement on, organisational objectives</p>	<p>Clear organisational objectives, appropriate support for problem solving and personal development, good communication processes</p>
<p>Interpersonal relationships at work</p>	<p>Social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support, harassment, violence</p>	<p>Good relationships at work, teamwork, social support, appropriate policies and procedures to deal with conflicts</p>
<p>Role in organisation</p>	<p>Role ambiguity, role conflict, responsibility for people</p>	<p>Clear roles and responsibilities, appropriate support to meet objectives</p>
<p>Career development</p>	<p>Career stagnation and uncertainty, under promotion or over promotion, poor pay, job insecurity, low social value to work</p>	<p>Appropriate career prospects & development matching skills & performance, effort reward balance, valuable/meaningful work, job security</p>
<p>Home-work interface</p>	<p>Conflicting demands of work and home, low support at home, dual career problems</p>	<p>Work-life balance, supportive organisational policies and practices to achieve 'life balance'</p>

Key Stakeholder Perceptions 1

- European Trade Union Institute: first European trade union seminar on psychosocial risks in Bilbao on 19-21 June 2013 with the support of EU-OSHA and 19 union representatives attending: **an alternative term to “psychosocial risks” is needed “that will not perpetuate the confusion between cause and effect... [and will shift] the focus from work stress (effect)... towards acting on the causes of it, most often found in work organization (e.g., workload, management methods, etc.)”**
- Lack of clarity on the meaning of the term ‘psychosocial risks’, often being considered synonymous to work-related stress, even when key guidance has clarified their distinction a long time ago

Key Stakeholder Perceptions 2

- Occupational health services experts criticised to traditionally have a 'reactive' perspective, supporting individuals and organizations *deal with problems* they experience, and not designing a work environment that will *prevent them from occurring* (e.g. Westerholm & Kilbom, 1997)
> focus on 'mending harm' and not sufficiently on prevention
- Felton and Keenan (2005) highlighted that only 11% of 1000 surveyed company directors claimed to have a complete understanding of the risks their organizations currently face, whilst 23% stated to have limited or no understanding at all
- ESENER (EU-OSHA, 2010) found that only about 20% of European enterprises inform their employees on psychosocial risks, let alone taking appropriate actions to tackle them

Terminology in policies and guidance

- Senior Labour Inspectors (SLIC) 2012 campaign on psychosocial risks: highlighted confusion from labour inspectorates on legal requirements of the Framework Directive 339/89/EEC which concerns all types of risk to workers' health and safety and also refers to work organization
- Lack of specificity and diversification of terminology used in policies and guidance of relevance to psychosocial risks in Europe a concern (e.g., Widerszal-Bazyl et al., 2008; Leka et al., 2011) > Criticisms that this has negatively affected an understanding of legal requirements and practice (e.g. Ertel et al., 2010; Leka et al., 2011)

Or is it about risk management itself?

- Several scholars are debating about the use of concepts like 'risk' as opposed to 'resources' or other concepts that might be perceived by employers as more positive, and argue that models like that of Demand-Control or Effort-Reward which are essentially risk assessment models, are not able to identify positive outcomes – *is this true? E.g. JDC model reference also to 'active jobs'*
- The use of the concept of risk in OSH

Risk management

- ISO 31000 defines risk as an ‘effect of uncertainty on objectives’ (Leitch, 2010) > risk not conceptualized in terms of negative or positive outcomes
- As a result, risk management is a dynamic process that can act as a catalyst with the potential to alleviate negative outcomes and promote positive ones – however in OSH only half of the story has usually been told clearly
- Risk management is used by individuals and organisations routinely and daily and will continue to do so as it is embedded in operations and strategic development



Is the 'case' for managing psychosocial risks clear?

Accumulating evidence...

- WHO report (2010): health impact of psychosocial hazards: detrimental effect on mental health (including depression and anxiety), physical health (including cardiovascular disease, musculoskeletal disorders and diabetes) and health behaviours (including smoking, alcohol consumption and exercise)
- Cumulative evidence indicating a causal association in terms of prospective observational epidemiological investigations based on theoretical models of work stress and associated psychosocial risks such as poor work demands and control, effort-rewards imbalance, and organizational injustice (e.g. Marmot et al, 2010; Chandola, Heraclides, & Kumari, 2010) - Main health outcome variables examined are cardiovascular diseases and poor mental health (mainly depression)

Key Findings 1

- Cardiovascular disease: majority of at least 30 reports derived from prospective studies document elevated odds ratios of fatal or non-fatal cardiovascular (mostly coronary) events amongst those reporting job strain, effort-reward imbalance or organizational injustice (e.g. Tsutsumi & Kawakami, 2004; Eller et al., 2009; Kivimäki et al., 2006, 2012; Marmot, Siegrist, & Theorell, 2006)
- Overall, risks are at least 50% higher amongst those suffering from stress at work in comparison to those who are not

Key Findings 2

- In addition several cardiovascular risk factors are associated with an adverse psychosocial work environment in terms of job strain and effort-reward imbalance, in particular:
 - metabolic syndrome (Chandola, Brunner, & Marmot, 2006),
 - type II diabetes (Kumari, Head, & Marmot, 2004),
 - hypertension (Schnall et al., 2000)
 - obesity (Kivimäki et al., 2002)
 - health-adverse behaviours (Head, Stansfeld, & Siegrist, 2004; Siegrist & Rödel, 2006)
 - markers of dysregulated autonomic nervous and endocrine system activity (Chandola et al., 2008; Hintsanen et al., 2005; Vrijkotte, van Doornen, & de Geus, 2000; Steptoe et al., 2004)

Key Findings 3

- Large majority of results from more than a dozen prospective investigations confirm elevated risks of depression amongst employees experiencing work-related stress, and odds ratios vary between 1.2 and 4.6, depending on type of measure, gender and occupational group under study (e.g. Bonde, 2008; Ndjaboué, Brisson, & Vézina, 2012)
- Other adverse outcomes concern reduced physical and mental functioning (Stansfeld et al., 1998), musculoskeletal disorders (Bongers, Kremer, & ter Laak, 2002; Gillen et al., 2007; Rugulies & Krause, 2008), sickness absence (Chandola, 2010; Marmot, Siegrist, & Theorell, 2006; Head et al., 2007), disability pensions (e.g. Blekesaune & Solem, 2005; Dragano, 2007; Stattin & Järvholm, 2005)

Financial burden

- Even from early 2000s, studies suggested that between 50-60% of all lost working days have some link with work-related stress (EU-OSHA, 2000)
- E.g. each case of stress-related ill health has been reported to lead to an average of 30.9 working days lost (Mental Health Foundation, 2007)
- Estimates from the UK Labour Force Survey indicate that self-reported work-related stress, depression or anxiety accounted for an estimated 11.4 million lost working days in Britain in 2008/09 (HSE, 2010) costing employers around €571 million and society as a whole as much as €5.7 billion

**Are there appropriate policies, methods
and tools to deal with psychosocial risks?**

Examples of approaches

- Several approaches implemented to make employers engage in psychosocial risk management: regulatory approaches, agreements at national, sectoral or organizational level, and voluntary approaches in the form of standards, guidance, and specific tools and methods
- Management Standards for Work-related Stress in the UK and Italy, Work Positive in Ireland, the Work and Health Covenants and Catalogues in the Netherlands; PRIMA-EF guidance; EU-OSHA's OiRA tool, ILO Stress Checkpoints
- Further work necessary to develop tools that will assist enterprises put in place appropriate interventions to follow up on the psychosocial risk assessment results (e.g., Randall & Nielsen, 2010)

National Standards

- Launch of two standards at national level:
 - British Standards Institution in 2011: first national guidance standard on the management of psychosocial risks in the workplace (BSI, 2011)
 - National standard on psychological health and safety in the workplace in Canada in 2013 (BNQ, CSA Group and MHCC, 2013): the first standard that is auditable in this area
- Inclusion in comprehensive frameworks such as WHO Healthy Workplace Model and NIOSH Total Worker Health

**If psychosocial risk
management was conceived as it should
be... synonymous with good management**

More strategic approach needed

- The arguments used, the approaches employed, and the actions taken would be more strategic both in policy making and at organizational level
- Psychosocial risk management would not be approached solely through an OSH or HRM perspective but from a strategic perspective both at organizational and at policy level (Langenhan, Leka & Jain, 2013)
- It would be a key part of Business School curricula and would be highlighted as an opportunity that could bring positive outcomes both to individuals and organizations

A value case should be promoted

- Instead of the business case, a ‘value case’ (van Scheppingen et al., 2012) would be promoted for psychosocial risk management, highlighting economic, social, ethical and ecological dimensions
- It would be embedded in business operations through management systems, and in policy making, and appropriate competencies would be developed for managers, employees, and policy makers
- It would be an essential part of responsible business practices that would be taken into account in working partnerships in the supply chain between large and small enterprises

Prevention and sustainability

- Frameworks, tools and services that support businesses in this process, would clearly prioritize preventive approaches aiming at sustainable solutions and not just reactive actions
- Available guidance would be conceptualized more clearly within this thinking and there would be cross-fertilization of knowledge and good practices across countries
- Inspectorates would act as catalysts of change in this process supported by a suitable ‘policy mix’ including both enforceable regulations and voluntary standards
- Psychosocial risk management would be linked to business and societal sustainability



How far are we from the ideal?

Policy level

- Policy level: a number of both regulatory and voluntary approaches, but some, like standards, too new to evaluate
- Some policy approaches have been implemented in different countries, like in the case of the Management Standards for work-related stress in the UK and in Italy (Iavicoli et al., 2013) > lessons learned
- Decisions made in policy making need to be evaluated on the basis of a new 'value case' instead of solely an economic case

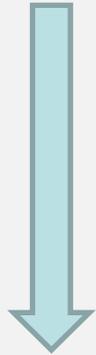
Capabilities

- Efforts have been made to share knowledge and develop competencies of key stakeholders in this area, such as inspectors (SLIC, 2012) and occupational health services
- However, in many countries, deregulation coupled with budget cuts has led to the weakening of labour inspectorates that are turning into reactive agents (e.g. HSE in the UK)

The macro context

- Economic recessions challenge ability to deal with psychosocial risks since austerity measures are implemented in many countries that have a pervasive effect on national economies > Unemployment rates shoot up and there are severe impacts in terms of ill health and increasing suicide rates (e.g. Kentikelenis et al., 2011; Kivimäki et al., 2003)
- Approaches taken by businesses and policy makers are not innovative and forward-thinking in this area, instead, in many countries there is a turn towards reactive measures focused on the individual, their rehabilitation and return to work (e.g. DWP, 2011)

What do employers do?



Forecasting

**Work Design
Organisation and
Management
[Sources]**

**Employee
Behaviours
Health and
Wellness
Safety**

**Ill health
Absenteeism
Presenteeism
Turnover
Accidents/Near
Misses
[Outcomes]**

Policy recommendations in Europe

- European Commission project funded by Directorate General on Employment, Social Affairs & Inclusion
- Aim of the study: to review the existing policy context in EU-EFTA countries and propose policy recommendations for EU action in the area of mental health in the workplace
- In collaboration with: Prevent (Belgium), TNO (The Netherlands), Work Research Centre (Ireland), London School of Economics

Future Scenarios

- Analysis of EU and member state policies and good practice case studies, Delphi study on policy options
- 5 scenarios: Maintaining the status quo; Introducing non-binding EU initiatives; Combining or consolidating EU Directives; Providing a technical update of existing EU legislation; Developing EU legislation in this area
- Overall, 'Non-binding EU initiatives' were most often preferred - 'Developing a technical update of existing legislation' ranked overall second, whereas 'Combining or consolidating EU Directives' ranked third

Key Project Outputs

- <http://ec.europa.eu/social/main.jsp?catId=716&langId=en>
- Interpretative Document on the Implementation of Council Directive 89/391/EEC in relation to Mental Health in the Workplace
- Promoting mental health in the workplace - Guidance to implementing a comprehensive approach

The ultimate question and way forward...

- What risks is each of us willing to take – as an employee, manager, policy maker, researcher/expert, individual???
- The answer will depend on the context each of us finds ourselves in, associated pressures, needs, and values
- In an increasingly complex context, we need to employ a truly multidisciplinary (and multi-level) perspective to move forward and expand our frameworks accordingly
- It's time to be truly innovative!

Thank you!

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