PRIMA *ef*

The European Framework for Psychosocial Risk Management: PRIMA-EF

Edited by Stavroula Leka and Tom Cox

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PREFACE

This book forms part of the outputs of the PRIMA-EF project, a Specific Targeted Research Project funded under the European Union (EU) Sixth Framework Programme and orientated towards the promotion of EU policy and practice. It presents research carried out as part of the PRIMA-EF project that contributed to the development of a European framework for the management of psychosocial risks at work.

Psychosocial risks, work-related stress, violence, harassment and bullying (or mobbing) are now widely recognised major challenges to occupational health and safety (European Agency for Safety & Health at Work, 2007). Reports indicate that work-related stress alone affects more than 40 million individuals across the EU, costing an estimated €20bn a year in lost time and health bills; it is among the most commonly reported causes of occupational illness by workers (European Foundation for he Improvement of Living & Working Conditions, 2007). According to the Fourth European Working Conditions survey (2007), 6% of the workforce had been exposed to threats of physical violence, 4% to violence by other people and 5% to bullying and/or harassment at work over the past 12 months. In a wider perspective, psychosocial risks are a major public health concern as well and are associated with economic and social security challenges.

Throughout Europe, researchers, practitioners, government bodies, social partners and organisations differ in awareness and understanding of these new types of challenges in working life. Although in some member states there appears to be widespread awareness of the nature and impact of these issues as well as agreement among stakeholders on their prioritization for the promotion of health, productivity and quality of working life, this situation is not reflected across the enlarged EU. However, even though in some EU member states systems and methods have been developed to deal with these challenges at different levels, a unifying framework that recognises their commonalities and principles of best practice that can be used across the EU has been lacking. PRIMA-EF has been built on a review, critical assessment, reconciliation and harmonisation of what exists and has proved valid in the management of psychosocial risks and the promotion of (mental) health, and safety at the workplace and beyond it.

Particular challenges in relation to psychosocial risks and their management exist both at the enterprise level and at the macro level. On the enterprise level there is a need for systematic and effective policies to prevent and control the various psychosocial risks at work, clearly linked to companies' management practices. On the national and the EU levels, the main challenge is to translate existing policies into effective practice through the provision of tools that will stimulate and support organisations to undertake that challenge, thereby preventing and controlling psychosocial risks in our workplaces and societies alike. At both levels, these challenges require a comprehensive framework to address psychosocial risks.

PRIMA-EF is meant to accommodate all existing (major) psychosocial risk management approaches across the EU. The framework is built from a theoretical analysis of the risk management process, identifying its key elements in logic and philosophy, strategy and procedures, areas and types of measurement, and from a subsequent analysis of typical risk management approaches as used within the EU. PRIMA-EF, when agreed and disseminated, should inform decisions on the development of new and existing approaches concerning policies and practical applications of the psychosocial risk management process.

The model developed is relevant to both the enterprise level and the wider macro policy level. The developed framework was used to examine key issues of relevance to the management of psychosocial risks at work, such as policies, stakeholder perceptions, social dialogue, corporate social responsibility, monitoring and indicators, standards and best practice interventions at different levels. In doing so, the project aimed at identifying the current state of the art in these areas and to suggest priorities and avenues for improvement on the basis of the key aspects of the framework. To achieve its aim and objectives experts, researchers, social partners and a number of key European and international organisations were involved throughout the project activities. A number of methods were used to explore the above issues, including literature and policy reviews, interviews, surveys, focus groups and workshops. The findings are discussed in relevant chapters.

Chapter 1 sets the context by describing and discussing PRIMA-EF and its relevance and

application at the enterprise and macro policy levels. It discusses key concepts and also the philosophy behind psychosocial risk management that underlie policy and highlights best practice at both levels. In addition, at each of the two levels, the logic of psychosocial risk management is presented in a conceptual model. Chapter 2 then identifies the main indicators on psychosocial risks at work and psychosocial risk management and discusses the process of monitoring these issues across the EU. An indicator model for psychosocial risk management developed on the basis of PRIMA-EF is presented.

The following chapter (Chapter 3) presents a review, analysis and discussion of available standards in relation to psychosocial risks and their management. These include EU and member state legislation, guidance, social partner agreements, ILO conventions and ISOs. The standards presented are analysed on the basis of the PRIMA-EF indicator model. Chapter 4 then moves on to discuss social policies and infrastructures in relation to psychosocial risk management and focuses on the issue of social dialogue and its importance for the effective management of psychosocial risks both at the enterprise and policy levels. Key indicators for successful social dialogue in this area are identified. This chapter is closely linked to Chapter 5 that explores the perceptions of EU stakeholders on psychosocial risks and their management. The chapter presents and discusses the findings of a stakeholder survey that was conducted as part of the project.

Chapter 6 again touches on policy issues but from another angle, that of corporate social responsibility (CSR). It explores the link of CSR and psychosocial risk management and discusses the business case underpinning this area. It also identifies both a CSR indicator model for use at the enterprise level and a CSR inspired approach to psychosocial risk management. The following chapter (Chapter 7) explores in more detail the macro policy level and its impact on the management of psychosocial risks by focusing on the often neglected key concept of policy-level interventions. A model of macro policy level indicators for psychosocial risk management is presented and discussed. Chapter 8 then focuses on enterprise-level interventions for psychosocial risk management and in particular discusses best practice in relation to interventions for the prevention and management of work-related stress and workplace violence, harassment and bullying. The final chapter of the book (Chapter 9) brings together the key findings of the PRIMA-EF project and identifies key priorities in policy, research and practice that need to be addressed in the EU (and beyond) to promote the effective management of psychosocial risks at the enterprise and macro levels.

The scientific findings of the PRIMA-EF project have also been used to develop user friendly tools for use at the enterprise and policy levels such as indicators, guidance sheets, inventories and web-based tools. All outputs are available through www.prima-ef.org.

Finally, the PRIMA-EF consortium would like to thank the EC for supporting the development of the framework. Special reference must also be made to the World Health Organization and its strong support and involvement in the development of PRIMA-EF since the idea was born at WHO Headquarters in Geneva in 2004. In addition, the PRIMA-EF consortium pays special tribute to the former Swedish National Institute for Working Life that (with SALTSA) supported the initial development of the framework idea and would have been the seventh scientific partner in this project.

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THE PRIMA-EF CONSORTIUM

Institute of Work, Health & Organisations (I-WHO), United Kingdom

PRIMA-EF has been developed under the lead of the Institute of Work, Health & Organisations, University of Nottingham. The Institute of Work, Health & Organisations is a postgraduate research school in applied psychology. It is concerned with the contribution of applied psychology to occupational and public health and safety and to the provision of related health services. This concern focuses, in part, on the development of healthy behaviours, healthy communities and healthy work organisations. The Institute is a designated WHO Collaborating Centre in Occupational Health and a long standing member of the European Agency's Topic Centre programme. It is the only WHO Collaborative Centre in Occupational Health in the world staffed solely by applied psychologists.

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Federal Institute for Occupational Safety & Health, Germany
Bundesanstalt fuer Arbeitsschutz und Arbeitsmedizin (BAuA)

The German Federal Institute for Occupational Safety & Health (BAuA) was formed in 1996 as a public law institute. The aims and focal activities of BAuA as reflected in the tasks assigned to it are oriented towards the basic concern of maintaining and improving safety and health at work. The approaches adopted to achieve this are the safe design of technology and the humane design of working conditions. An essential element here is the maintenance and promotion of health and work ability on the basis of an all-embracing notion of health and health-based behaviour. BAuA is a WHO Collaborating Centre in Occupational Health.

Persons involved: Michael Ertel, Ulrike Stilijanow, Jadranka Cvitkovic and Uwe Lenhardt

National Institute for Occupational Safety & Prevention, Italy
Istituto Superiore per la Prevenzione e la Sicurezza del Lavoro (ISPESL)

ISPESL is a technical-scientific body of the Italian National Health System and it acts as a national centre of experimentation, information, documentation, research and training in the field of occupational safety and health. The Institute reports to the Italian Ministry of Health. It is the Italian focal point for the European Agency for Safety and Health at Work of Bilbao and a WHO Collaborating Centre in Occupational Health and it participates in international networks such as METROnet, PEROSH and Sheffield Group.

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TNO Quality of Life - Work & Employment, Netherlands
Nederlandse Organisatie Voor Toegepast-Natuurwetenschappelijk Onderzoek TNO
(Netherlands Organization for Applied Scientific Research TNO)

TNO is Europe's second largest research institute for technological and strategic research and consultancy. By aptly bringing scientific knowledge into practice TNO aims to optimise the innovative abilities of industry and government. TNO has established, together with universities and companies, some 30 knowledge centres to develop knowledge in carefully selected fields. These knowledge centres function as innovation centres. Under the heading 'Quality of Life', TNO carries out research aimed at providing concrete solutions to problems encountered by industry and government bodies

where TNO is an important partner in the area of (health) care and employment issues. It is also a WHO Collaborating Centre in Occupational Health.

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Central Institute for Labour Protection - National Research Institute, Poland
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CIOP-PIB is a legally and organisationally independent state research institution. The institute conducts scientific research aimed at new technological and organisational solutions, which are useful in the design of working conditions that conform to occupational safety and ergonomics requirements as well as determining scientific foundations for the development of socio-economic policies in occupational safety and health. CIOP-PIB's main activities include among others: research and development in the field of occupational safety and health (including psychosocial risks), determination of exposure limits; standardization, testing and certification (machinery, manufacturing devices, personal and collective protective equipment), education and training, promotion and dissemination through publications and websites.

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Finnish Institute of Occupational Health (FIOH), Finland
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FIOH is a multidisciplinary research and specialist institute in occupational health and safety, founded in 1945. It is a national governmental institute covering relevant research aspects of work life and conditions of work, including surveillance of working conditions, well-being at work, physical, chemical, biological and physiological exposures, occupational medicine, psychology and stress, epidemiology, safety and organization of work. The main functions of the Institute are research, specialist advisory services, training and dissemination of information. The Institute acts as a specialist institute of the WHO and the ILO in the field of occupational health. FIOH specialists contribute to various EU advisory bodies and standardization groups. FIOH is an active member of the Bilbao Agency Topic Centres.

Persons involved: Maarit Vartia, Krista Pahkin, Kari Lindstrom and Sanna Sutela

The European Framework for Psychosocial Risk Management (PRIMA-EF)

Stavroula Leka, Tom Cox & Gerard Zwetsloot

1. Introduction

Psychosocial risks, work-related stress, violence, harassment and bullying (or mobbing) are now widely recognised major challenges to occupational health and safety (EASHW, 2007). Nearly one in three of Europe's workers, more than 40 million people, report that they are affected by stress at work (EASHW, 2002). In the 15 Member States of the pre-2004 EU, the cost of stress at work and the related mental health problems was estimated to be on average between 3% and 4% of gross national product, amounting to €265 billion annually (Levi, 2002). On the national level, it is estimated that stress-related diseases are responsible for the loss of 6.5 million working days each year in the United Kingdom, costing employers around €571 million and society as a whole as much as €5.7 billion. In Sweden in 1999, 14% of the 15000 workers on long-term sick leave reported the reason to be stress and mental strain. The total cost of sick leave to the state in 1999 was €2.7 billion. In the Netherlands in 1998, mental disorders were the main cause of incapacity (32%) and the cost of work-related psychological illness is estimated to be €2.26 million a year (Koukoulaki, 2004). In a wider perspective, psychosocial risks are a major public health concern as well and are associated with economic and social security challenges.

Throughout Europe, researchers, practitioners, government bodies, social partners and organisations differ in awareness and understanding of these new types of challenges in working life. Although in some member states there appears to be widespread awareness of the nature and impact of these issues as well as agreement among stakeholders on their prioritization for the promotion of health, productivity and quality of working life, this situation is not reflected across the enlarged European Union (EU). However, even though in some EU member states systems and methods have been developed to deal with these challenges at different levels, a unifying framework that recognises their commonalities and principles of best practice that can be used across the EU has been lacking.

Particular challenges in relation to psychosocial risks and their management exist both at the enterprise level and at the macro level. On the enterprise level there is a need for systematic and effective policies to prevent and control the various psychosocial risks at work, clearly linked to companies' management practices. On the national and the EU level, the main challenge is to

translate existing policies into effective practice through the provision of tools that will stimulate and support organisations to undertake that challenge, thereby preventing and controlling psychosocial risks in our workplaces and societies alike. At both levels, these challenges require a comprehensive framework to address psychosocial risks. This chapter presents a framework for psychosocial risk management for the EU that relates to the enterprise and the macro levels. Within this framework, key concepts and also the philosophy behind psychosocial risk management that underlie policy and best practice at both levels will be highlighted. In addition, at each of the two levels differentiated above - the enterprise level and the macro level - the logic of psychosocial risk management will be discussed and presented in a conceptual model.

2. Psychosocial risks: Policy and practice at the enterprise and the macro levels

The term psychosocial hazards relates to that of psychosocial factors that have been defined by the International Labour Organization (ILO, 1986) in terms of the interactions among job content, work organisation and management, and other environmental and organisational conditions, on the one hand, and the employees' competencies and needs on the other. Psychosocial hazards are relevant to imbalances in the psychosocial arena and refer to those interactions that prove to have a hazardous influence over employees' health through their perceptions and experience (ILO, 1986). A simpler definition of psychosocial hazards might be those aspects of the design and management of work, and its social and organisational contexts, that have the potential for causing psychological or physical harm (Cox & Griffiths, 2005). There is a reasonable consensus in the literature of the nature of psychosocial hazards (see Table 1.1) but it should be noted that new forms of work give rise to new hazards – not all of which will yet be represented in scientific publications. Factors such as poor feedback, inadequate appraisal, communication processes, job insecurity, excessive working hours and a bullying managerial style have been suggested as imminent concerns for many employees. A number of models exist in Europe and elsewhere for the assessment of risks associated with psychosocial hazards (termed psychosocial risks) and their impacts on health and safety of employees and the healthiness of organisations (in terms of, among other things, productivity, quality of products and services and general organisational climate).

Table 1.1. Psychosocial Hazards (Adapted from Cox, 1993)

PSYCHOSOCIAL HAZARDS	
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
Workload & work pace	Work overload or under load, machine pacing, high levels of time pressure, continually subject to deadlines
Work schedule	Shift working, night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours
Control	Low participation in decision making, lack of control over workload, pacing, shift working, etc.
Environment & equipment	Inadequate equipment availability, suitability or maintenance; poor environmental conditions such as lack of space, poor lighting, excessive noise
Organisational culture & function	Poor communication, low levels of support for problem solving and personal development, lack of definition of, or agreement on, organisational objectives
Interpersonal relationships at work	Social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support
Role in organisation	Role ambiguity, role conflict, and responsibility for people
Career development	Career stagnation and uncertainty, under promotion or over promotion, poor pay, job insecurity, low social value to work
Home-work interface	Conflicting demands of work and home, low support at home, dual career problems

The psychosocial risk management framework presented here is meant to accommodate all existing (major) psychosocial risk management approaches across the EU. This framework is built from a theoretical analysis of the risk management process, identifying its key elements in logic and philosophy, strategy and procedures, areas and types of measurement, and from a subsequent analysis of typical risk management approaches as used within the EU. This European framework for psychosocial risk management (PRIMA-EF), when agreed and disseminated, should inform decisions on the development of new and existing approaches concerning policies and practical applications of the psychosocial risk management process. It is important to note that psychosocial risk management is not a research exercise: it is focused clearly on intervening to reduce harm caused by exposure to psychosocial risks. It should be an action-led programme.

2.1. Key concepts and the philosophy underlying the European framework for psychosocial risk management

PRIMA-EF has been built on a review, critical assessment, reconciliation and harmonisation of what exists and has proved valid in the management of psychosocial risks and the promotion of (mental) health, and safety at the workplace and beyond it. Within PRIMA-EF, the concept of equivalence, and allowing diversity, continues throughout the life of the framework. Equivalence allows the overall approach to be tailored to the context in which it is used without losing the opportunity to compare across situations, at one level, and to draw general conclusions at another.

In reviewing best practice models for psychosocial risk management across the EU, a number of key concepts can be identified and have been incorporated into PRIMA-EF.

2.1.1. Good psychosocial risk management is good business

In essence, psychosocial risk management is synonymous to best business practice. As such, best practice in relation to psychosocial risk management essentially reflects best practice in terms of organisational management, learning and development, social responsibility and the promotion of quality of working life and good work.

2.1.2. Evidence informed practice

Risk management in health and safety is a systematic, evidence-informed practical problem solving strategy. It starts with the identification of problems and an assessment of the risk that they pose; it then uses that information to suggest ways of reducing that risk at source. Once completed, the risk management actions are evaluated. Evaluation informs the whole process and should lead to a re-assessment of the original problem and to broader organisational learning (Cox et al., 2005).

Risk assessment provides relevant information on the nature and size of their possible effects or the number of people exposed. These data should be used to inform the development of an action plan to address the problems at source whenever it is reasonably practicable to do so (Cox, Randall, & Griffiths, 2002).

Different risk management methods are being used in health and safety to deal with a wide variety of problems. Methods differ depending on the type of problem that they address (e.g. mechanical hazard or microbiological hazard), on the focus of the likely control intervention (e.g. the person working with the hazard, their work system or the culture of their organisation) or on the control strategy to be used (e.g. prevention at the organisational level, enhanced training or improved occupational health support). Of course, often in real situations a mixture of foci and strategies must be used to deal effectively with a hazardous situation in which there are many challenges to health and safety.

The adaptation of the traditional risk management paradigm to deal with psychosocial hazards does not have to aim at an exhaustive, precisely measured account of all possible hazards for all individuals and all health outcomes. The over-riding objective is to produce a reasoned account of the most important work organisation factors associated with ill-health (broadly defined) for a specific working group and one grounded in evidence (Leka, Griffiths, & Cox, 2005). The account simply needs to be 'good enough' (both in terms of pragmatic consensus and the available evidence) to enable employers and employees to move forward in solving the associated problems and comply with their legal duty of care (Griffiths, 1999).

The model underpinning risk management for psychosocial hazards is relatively simple. Before a problem can be addressed, it must be analysed and understood, and an assessment made of the risk that it presents. Much harm can be done, and resources squandered, if precipitous action is taken on the assumption that the problem is obvious and well enough understood. Most problems, even those that present simply, are complex and not always what they seem. Some form of analysis and risk assessment is required to prevent psychosocial risk management to become 'fighting symptoms'.

2.1.3. Ownership

Psychosocial risk management is an activity that is closely related to how work is organised and carried out. As a consequence, the main actors are always managers and workers that are responsible for the work to be done. They can, of course, be supported by internal or external experts or by external service providers. However, in the management process it is very important that managers and workers feel the 'ownership' of the psychosocial risk management process. Outsourcing ownership to service providers is a failure factor, even when, e.g. in the case of a rehabilitation programme, most of the activities can be done by external agents. In relation to ownership by managers it is very important to emphasise the link with good business, e.g. by assessing business benefits besides health benefits, or by developing business cases.

2.1.4. Contextualisation and tailoring

Contextualisation, tailoring the approach to its situation, is a necessary part and facilitates its practical impact in workplaces. Because national and workplace contexts differ, contextualisation is always needed to optimise the design of the risk management activities, to guide the process and maximise the validity and benefit of the outcome.

Closely related to contextualisation is the concept of tailoring. Tailoring aims to improve the focus, reliability and validity of the risk management process. It improves the utilisation of the results of the risk assessment and the feasibility of the results and helps to make effective action plans. Areas that should be considered in the tailoring process include: what will the process cover (in terms of hazards, target and data collection), who (people or agencies) will be involved in the process, the process itself (risk assessment, goal setting and planning, implementation, monitoring, evaluation, etc.), who will review the process etc.

Tailoring is often needed to find a useful approach and tools for managing the actual psychosocial risks at work. When planning the assessment and management of psychosocial risks at a workplace, several choices and decisions should be made to prepare for action. At the enterprise level, these must be made taking into consideration the size of the enterprise (especially small and medium-sized enterprises (SMEs) require specific attention due to problems such as lack of resources), its occupational sector, characteristics of the workforce (such as gender, age, and contingent work) as well as the wider context of the country.

Tailoring means that the method chosen should suit the actual aim of policy and the management of psychosocial risks. Its coverage must be relevant, and those using the method should be competent to carry out the risk assessment and to interpret the results. The content of the method should also suit the type of work assessed. Finally, the competence of the user should be taken into account.

2.1.5. Participative approach and social dialogue

Inclusion of all parties in prevention efforts can reduce barriers to change and increase their effectiveness. Including all actors can also help increase participation and provide the first steps for prevention. Access to all the required information is also facilitated with a participative approach. It is clear that each member of an organisation, and other social actors which surround it, have expert knowledge of their environment (needed for successful tailoring) and the best way to access this is through inclusion.

In good risk management models, the validity of the expertise that working people have in relation to their jobs is recognised. In some countries worker participation is laid down in the constitution and specified for risk management by labour law and court orders (in countries such as the UK there has been increasing stress litigation that has led to successful compensation claims from

affected employees). These models draw on employee expert judgments at the group level. They work with consensus and seek to validate consensus judgments against health data. The overall risk management process seeks to involve employees in the prevention of psychosocial risks and not by requiring them to simply change their perceptions and behaviour. Much of what needs to be done to reduce psychosocial risks at source involves implementing good management practices, or organisational development activities. For such changes to be effective, the people involved in them must have a sense of ownership and be involved in the changes that take place.

At the policy level, participation is also relevant for the effectiveness and ownership of workers' representatives. Therefore, synergy can be created between good risk management approaches for psychosocial risks on the one hand and social dialogue and dialogue with external stakeholders on the other hand. These dialogues are also important because psychosocial risk management is part of responsible business practices in any organisational context (and transparency and communication are key in any responsible business policy).

2.1.6. Multi-causality and identification of key factors

In every day practice, psychosocial risks have many causes. Typically, factors like characteristics of work organisation, work processes, workplace, work-life balance, team and organisational culture, and societal arrangements (e.g. the provision of occupational health services and social security arrangements) all play a role. Some of these may be very apparent; others may require a good analysis to identify them as underlying causal factors. As a consequence there are usually no quick-fix solutions at hand; a continuous management process is usually required. In order to be effective, it is important to understand the most important underlying causal factors before solutions are selected.

2.1.7. Solutions that are fit for purpose

Psychosocial risk management is not rocket science. Scientific evidence is important to inform the psychosocial risk management process. However, in its purest form (scientific evidence from randomised clinical trials) it requires research on standardised items, in controlled situations, and involvement of large populations. Knowledge from this kind of research is usually not very practical, especially not for SMEs. It is more important to make the problems in SME practice the starting point for research, and to develop knowledge and solutions that are "fit for purpose".

2.1.8. Different levels of interventions with focus on measures at source

The emphasis here, and in European legislation on health and safety, is on primary risk prevention targeted at the organisation as the generator of risk. However, specific actions targeted at the individual level can also play an important role depending on the magnitude and severity of the problem within organisations and its effect on employee health.

Primary prevention

The management of psychosocial risks should prioritise interventions that reduce risks at source. There are a number of arguments for giving it precedence. European law, and transposed national legislation in member states, prioritise such measures within organisations and the need to target problems at source. They also can be significantly cost-effective as the focus of interventions is put on the causes and areas within the organisation where change is required. Moreover, they promote organisational healthiness as they address issues relating to organisational culture and development. Interventions of this kind call for and promote social dialogue and a participative approach. Finally, in line with the risk management paradigm, actions can be tailored to different contexts and are systemic in nature.

Secondary prevention

The majority of interventions to manage psychosocial risks found in the relevant literatures are more focused on individuals. They have been proven to have a positive outcome in "temporarily reducing experienced stress" (Cooper & Cartwright, 1997). These involve taking steps to improve the perception and management of psychosocial risks for groups which can be at risk of exposure. It is assumed that

more training and knowledge would provide employees with the tools to cope with the difficulties they encounter at work, either taking independent action to manage the risks or using relaxation techniques to buffer their effects. The focus of these actions is on the provision of education and training. Issues that can be covered through training include interpersonal relationships (between colleagues and with supervisors), time management, relaxation techniques and communication, handling conflicts, responding to (coping with) violence, harassment and bullying, among others.

Tertiary prevention

In the cases where individuals have already been harmed by exposure to hazards, actions can be taken once a problem has become evident to limit its effects. The action here is on *the consequences of exposure to psychosocial hazards*, which can be either psychological or physical. In this sense, people who are suffering from psychosocial complaints, which include burnout, depression or strain, can be provided with counselling and therapy at the workplace and those suffering from physical symptoms can benefit from occupational health services provision. When affected employees have been off work because of ill health, appropriate return-to-work and rehabilitation programmes can be implemented to support their effective re-integration in the workforce.

2.1.9. Ethics

The management of psychosocial risk is about people, their (mental) health status and business and societal interests. Protecting the psychosocial health of people is not only a legal obligation, but also an ethical issue. As interests between various agents involved differ, their sphere of influence is not always clear. Shifting of consequences from enterprises to individuals or society at large may occur (externalisation). Frequently there are ethical dilemmas that are easily overlooked or that (often implicitly) underlie a seemingly fully rational discussion.

2.1.10. Relevance for broader policy agendas

Psychosocial risk management is relevant not only to occupational health and safety policy and practice but also to broader agendas that aim to promote workers' health, quality of working life and innovation and competitiveness across the EU. In particular, psychosocial risk management clearly maps on the World Health Organization (WHO) global plan of action on workers' health and its objectives to: protect and promote health at the workplace through integrated measures to manage psychosocial risks; adopt clear occupational health standards to introduce healthy work practices, work organisation and a health-promoting culture at the workplace; and create practical tools for the assessment and management of occupational risks. In addition, psychosocial risk management is relevant to the Lisbon agenda that aims to promote quality of work and innovation and enhance economic performance and competitiveness of EU enterprises. Psychosocial risk management can contribute to the creation of positive work environments where commitment, motivation, learning and development play an important role and sustain organisational development.

2.1.11. Minimum standards

Another key concept is that of minimum standards for psychosocial risk management that can and must be met across EU countries and irrespective of workplace contexts. Here management refers to the management process and its direct outputs (measures taken). Such standards must be rooted in legal requirements and the policy context and best practice principles.

2.1.12 Capabilities required

Policies for psychosocial risk management require capabilities at the macro level and at company level respectively. The capabilities required comprise:
   o   adequate knowledge of the key agents (management and workers, policy makers),
   o   relevant and reliable information to support decision-making,
   o   availability of effective and user friendly methods and tools,
   o   availability of competent supportive structures (experts, consultants, services and institutions, research and development).

Within the EU there are great differences in existing capabilities. In those countries where only minor capabilities are available, this is a major limitative factor for successful psychosocial risk management practice as this is linked to lack of awareness and assessment of the impact of psychosocial risks on employee health and the healthiness of their organisations. It is also linked to inadequate inspection of company practices in relation to these issues.

It is important here to refer to the role and influence of cultural aspects such as risk sensitivity and risk tolerance (both at the company and societal levels). These aspects are important and need to be considered as they can facilitate or hinder the effectiveness of psychosocial risk management. These are often relevant to awareness, education and training and availability of expertise and appropriate infrastructures at the organisational and national levels.

The execution of a risk management project is a professional undertaking that should be based on scientific know-how and subject to common sense with an awareness of the sensitivities of those involved. For those with a recognised professional background, their codes of conduct, ethical principles and advice and issues of best practice should be brought to bear. Its completion is also framed by the national and European health and safety legislation and by the employers' legal duty of care. It is essential that those involved have evidence of their competence and are fully aware of the ethical aspects of this work as well as the legal and scientific aspects.

3. Psychosocial risk management policies and practice at the enterprise level

This section aims at translating the above key concepts and philosophy to a model for the management of psychosocial risks at the enterprise level.

3.1. The psychosocial risk management process and model (enterprise level)

3.1.1. A stepwise iterative process

The use of risk management in health and safety has a substantive history, and there are many texts that present and discuss its general principles and variants (Cox & Tait, 1998; Hurst, 1998; Stranks, 1996) and its scientific and socio-political contexts (Bate, 1997). Although the risk management approach was initially developed to reduce the exposure to hazards of a physical nature, the model is relevant to tackle psychosocial hazards as well.

Risk management models are often based on, or variations of, the Deming Cycle, consisting of the steps Plan, Do, Check and Act. They incorporate five important elements: (i) a declared focus on a defined work population, workplace, set of operations or particular type of equipment, (ii) an assessment of risks to understand the nature of the problem and their underlying causes, (iii) the design and implementation of actions designed to remove or reduce those risks (solutions), (iv) the evaluation of those actions, and (v) the active and careful management of the process (Leka et al., 2005). These principles are also relevant and applicable at the macro policy level (see section 4).

Managing psychosocial hazards is *not* a one-off activity but part of the on-going cycle of good management of work and the effective management of health and safety. As such it demands a long-term orientation and commitment on the part of management. As with the management of many other occupational risks, psychosocial risk management should be conducted often, ideally on a yearly basis.

3.1.2. The extended psychosocial risk management model

Figure 1.1 shows how psychosocial risk management is relevant to work processes and a number of key outcomes both within and outside the workplace. It also clarifies the key steps in the iterative risk management process. Each step will be described in more detail later.
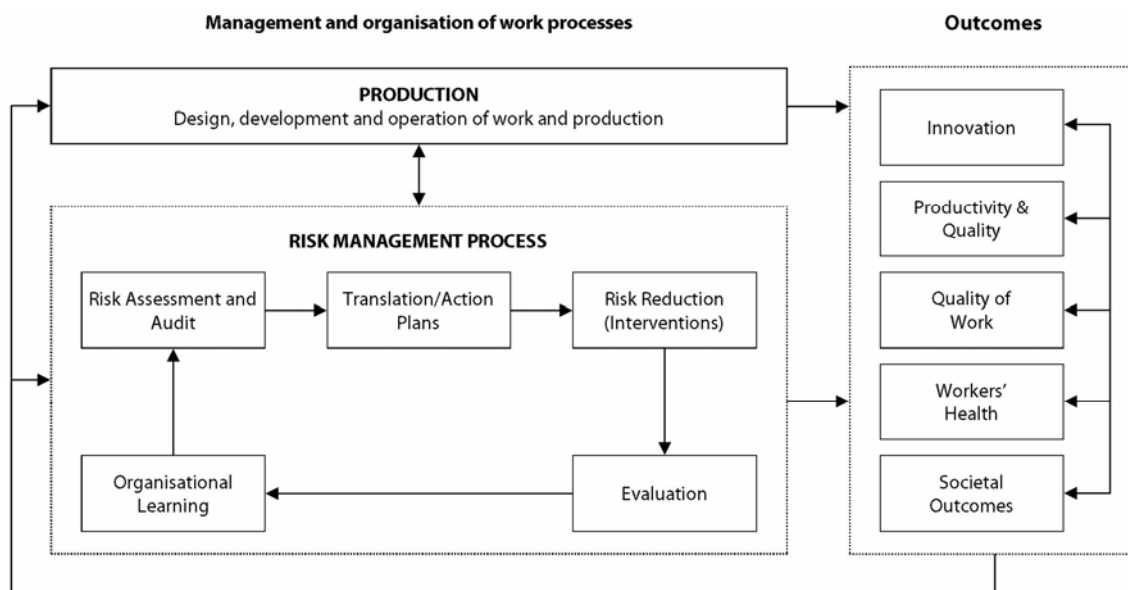
Figure 1.1.: The framework model for the management of psychosocial risks – enterprise level

3.1.3. Risk assessment

Risk assessment is a central element of the risk management process. It has been defined by the European Commission as "a systematic examination of the work undertaken to consider what could cause injury or harm, whether the hazards could be eliminated, and if not what preventive or protective measures are, or should be, in place to control the risks" (1996, par. 3.1).

The risk assessment provides information on the nature and severity of the problem, psychosocial hazards and the way they might affect the health of those exposed to them and the healthiness of their organisation (in terms of issues such as absence, commitment to the organisation, worker satisfaction and intention to leave, productivity etc.). Adequately completed, the risk assessment allows the key features of the problem (symptoms and causes, including underlying causes) to be identified. It is important to note that information generated through a well-conducted risk assessment does not only identify challenges in the work environment but also positive aspects of the work environment that should be promoted and enhanced.

Analysing possibly hazardous situations and assessing the risk that they might pose to the health of individuals or the healthiness of their organisations should provide sufficient appropriate evidence to initiate discussions of psychosocial hazards at work and provide an informed basis for managing those problems through a risk reduction action plan. The purpose of the risk assessment is to inform, guide and support subsequent risk reduction: it is not an aim in itself.

The risk assessment brings together two elements to allow the identification of likely risk factors. First, it requires the identification of psychosocial hazards. Second, information about the possible harm associated with psychosocial hazards is collected both from the risk assessment and from otherwise available organisational records, such as absence data and occupational health referrals. This information is used to determine which of the psychosocial hazards actually affects the health of those exposed to them or the healthiness of their organisation as conceptualised before. This exercise, relating psychosocial hazards to their possible effects on health, can be an exercise of logic or can be more formally investigated using simple statistical techniques complemented by the registration and analysis of incidents with respects to violence, harassment, etc. Most organisations, especially smaller enterprises, will use the former approach.

It is important to note here that in PRIMA-EF, psychosocial hazards include also violence, bullying and harassment at work. Risk assessment of physical customer violence needs to also take into account the physical work environment, e.g. workplace design and the state of safety devices as enabling factors of violent attacks. Bullying at work is a multiform phenomenon from the psychosocial risk management perspective. To become bullied is a psychosocial stress situation causing psychological harm (Einarsen, Matthiesen & Skogstad, 1998; Vartia, 2001; Zapf, Knorz & Kulla, 1996). On the other hand, bullying at work should be regarded and discussed as a consequence of a poor

psychosocial work environment (Hauge, Skogstad & Einarsen, 2007; Salin, 2003; Vartia, 1996). Leadership styles are particularly important in relation to bullying and should be considered.

Methods and tools for risk assessment

A baseline should be established through risk assessment. Surveys can be part of this process, and they are an important element in some of the available tools for the management of psychosocial risk factors. However, other qualitative and observation methods can also be used, especially in smaller enterprises, provided the scope is the same and there is a clear intention of taking timely action on the results. The risk assessment should take into consideration diversity issues and should not ignore the wider context, such as the occupational sector characteristics or socioeconomic and cultural variations across member states.

Psychosocial hazards are usually situation specific; what is present in one type of work or affects a particular type of worker may not be present in another job or affect a different type of worker. The identification of psychosocial hazards relies on the expert judgment of groups of relevant working people about the adequacy of the design and management of their work. The knowledge and expertise of working people in relation to their jobs is recognised and treated as valuable evidence. This information is treated at the group level and consensus is measured in those expert judgments on working conditions. The method does not seek to catalogue individual views about work.

The exercise of logic is straightforward and involves comparing groups or areas that differ in terms of their exposure to, or report of, psychosocial hazards in terms of the data on possible health outcomes. What is required here is that the exercise of logic is described and that decisions based on it are justified in terms of the available evidence so that they can be audited at a later stage if necessary. Bringing together the information on psychosocial hazards and their possible health effects allows the identification of likely risk factors. These risk factors can be prioritised in terms of the nature of the hazard or the harm it causes, the strength of the relationship between hazard and harm, or the size of the group affected. Similar decisions on priorities are made every day in other areas of risk assessment.

3.1.4. Audits to understand underlying causes

However, before action can be sensibly planned, it is necessary to analyse what measures are already in place to deal with psychosocial hazards and their effects on the individual or their organisation. This analysis requires an *audit* (review, analysis and critical evaluation) of existing management practices and employee support. This is an examination of initiatives for handling psychosocial hazards, work-related stress and other associated health outcomes. The support available to employees to help them cope or look after them if they are affected is also examined (Leka et al., 2005).

This information from the audit together with the risk assessment information allows a notion of the residual risk to be formulated (i.e. the risk associated to psychosocial hazards that is not currently being managed by the organisation). All this information feeds forward to the process of translation: discussing and exploring the risk assessment data to allow the development of an action plan for risk reduction.

3.1.5. The development of an action plan

When the nature of the problems and their causes are sufficiently understood, that knowledge is used to develop an action plan: the translation of the risk assessment information into a reasonable and practical plan to reduce risk (solutions).

The development of the action plan, based on the evidence from the risk assessment, involves deciding on: what is being targeted, how and by whom, who else needs to be involved, what the time schedule will be, what resources will be required, what will be the expected (health and business) benefits and how they can be measured, and how the action plan will be evaluated. If properly handled, planning to reduce risk in relation to psychosocial hazards is no different from any other management activity.

In practice, those involved in action planning discuss and explore the results of the risk assessment (the likely risk factors and the problems identified by the majority of staff), further developing their understanding of the problems identified and their underlying causes.

Thorough planning

Clear aims should be set and target groups identified, as well as identifying tasks, responsibilities and allocating resources. Best practice approaches place great importance to process issues which have the objective of developing actions to reduce psychosocial risk factors.

Priority setting

Interventions can help prevent health complaints through the design of work and the reduction of hazards; they can provide tools to manage hazards so that risks are reduced; or they can provide treatment and rehabilitation for those who have already been harmed by the exposure to hazards.

Changing the organisation and work environment is one of the main strategies of managing psychosocial risks, as it can be accomplished before the problem actually arises. A good employer designs and manages work in a way that avoids common psychosocial hazards and prevents as much as possible foreseeable problems. A well-designed work should include clear organisational structure and practices, appropriate selection, training and staff development, clear job descriptions, and a supportive social environment. Risk reduction interventions modify the psychosocial risk factors at source focusing on the organisation or groups within it (Cooper & Cartwright, 1997; Cox, Griffiths, Barlow et al., 2000; Cox et al., 2002).

Although it is clear from the risk management framework, the structure of European law and the levels of prevention that priority must be given to collective and organisational interventions to tackle risks at source, worker-directed measures can complement other actions and are an important source of support for those employees who are already suffering from the negative effects of the exposure to risk factors. Worker-directed measures can also be useful when a risk cannot be easily reduced. As discussed previously, interventions at both levels are important and should be applied to deal with the issues of concern.

Besides psychosocial factors, and the understanding of underlying organisational factors, priority setting in psychosocial risk management is always influenced by other factors as well. In every day practice, prioritisation is also influenced by:
- o the capabilities in the organisation (including risk awareness and understanding)
- o the costs of investments needed and their expected business benefits
- o the feasibility of the measures or interventions (including whether they fit the company culture)
- o anticipation of future changes in work and work organisation.

Tackling those factors is also an option that needs to be considered in the priority setting process.

3.1.6. Risk reduction (implementation of the action plan)

The action plan should then be implemented as planned. Often this is easier said than done. Implementation of measures and interventions is, however, the crucial step in reducing risks. Without adequate measures or interventions realised, no risk reduction will be achieved at all.

The implementation of the action plan for risk reduction therefore needs to be carefully and thoughtfully managed. It is effectively a change process, and, like all change processes, it has to be planned and managed to be effective. The progress of the action plan must be systematically monitored and discussed, as well as provision made for its evaluation. During implementation its progress is monitored and reviewed to identify where necessary corrective action should be taken.

Ownership and participation play an essential role in the implementation process. The more ownership of managers and workers is developed, the more likely it is that the action plan will be realised and risk reductions achieved.

3.1.7. Evaluation

The evaluation of the risk management process, especially the implementation of the action plan, is an important step, but one that is often overlooked or avoided. It is essential for any action plan to be evaluated to determine how well and in what respects it has worked. The *process* of implementation as well as the *outcomes* of the action plan must be evaluated. Evaluation must consider a wide variety of different types of information and draw it from a number of different but relevant perspectives (e.g. staff, management, stakeholders etc.).

The results of the evaluation should allow the strengths and weaknesses of both the action plan and its implementation process to be assessed. This information must not be treated as an issue of success or failure, praise or blame, but treated more dispassionately. It should inform a re-assessment of the original problem and of the overall risk management process, as well as providing feedback on the outcomes.

Evaluation does not only tell the organisation how well something has worked in reducing psychosocial hazards and the associated harm but it allows the re-assessment of the whole situation, providing a basis for organisational learning. Essentially, it establishes a continuous process for improvement that should be repeated within an established timeframe in the organisational context. Lessons learned should be explicitly identified.

3.1.8. Organisational learning

The organisation should use the evaluation to establish a vehicle for continuous improvement and also as the basis for sharing (discussing and communicating) learning points that may be of use in future risk management projects, but also in the (re)design of work organisation and workplaces as part of the normal organisational development process. Again, a long-term orientation is essential and should be adopted by organisations.

Lessons learned should be discussed and, if necessary redefined, in the existing work meetings and in the social dialogue within the firm. Lessons learned should be communicated to a wider company audience. Finally they should be used as input for the "next cycle" of the psychosocial risk management process.

3.1.9. Outcomes of the risk management process

Knowledge on the outcomes of the risk management process is an important input for the continuous risk assessment process. As stressed before, in essence, psychosocial risk management is synonymous to best business practice. A healthy organisation is defined as one with values and practices facilitating good employee health and well-being as well as improved organisational productivity and performance (Cox, Griffiths and Rial-Gonzalez, 2000). Managing psychosocial risks and workplace health relates to managing the corporate image of organisations (Frick and Zwetsloot, 2007). It can lead to a reduction of the cost of absence or mistakes and accidents and hence associated production. In addition, it can reduce the cost of medical treatment and associated insurance premiums and liabilities. It can contribute to the attractiveness of the organisation as being a good employer and one that is highly valued by its staff and its customers. It can lead to improvements of work processes and communication and promote work effectiveness and efficiency. It can also contribute to the promotion of health in the wider community setting. And it can contribute to the development of an innovative, responsible, future-orientated corporate culture. As such, best practice in relation to psychosocial risk management essentially reflects best practice in terms of organisational management, learning and development, social responsibility and the promotion of quality of working life and good work.

4. Psychosocial risk management policies at the macro level

The important level of policy interventions for the management of psychosocial risks has been largely ignored in the mainstream academic literature. Policy level interventions in the area of psychosocial risk management and the promotion of workers' health can take various forms. These may include the development of policy and legislation, the specification of best practice standards at national or stakeholder levels, the signing of stakeholder agreements towards a common strategy, the signing of declarations at the European or international levels, often through international organisation action and the promotion of social dialogue and corporate social responsibility (CSR) in relation to the issues of concern.

Examples of these policy-level interventions can be found in EC law, the Management Standards approach to work-related stress in the UK, the signing of the work-related stress framework agreement and the framework agreement on harassment and violence at work between social partners at the European level, the signing of the Global Plan of Action for Workers' Health at the

recent WHO World Health Assembly, ILO initiatives to promote social dialogue on health and safety issues and the development of an EC CSR strategy.

It has been widely acknowledged that initiatives aiming to promote workers' health have not had the impact anticipated both by experts and policy makers and the main reason for this has been the gap that exists between policy and practice (Levi, 2005). There are a number of reasons for this gap. One is a lack of awareness across the enlarged EU that is often associated with lack of expertise, research and appropriate infrastructure. At the same time, the responsibility for understanding and managing the interface between work, employment and mental health varies greatly across countries. There are fundamental differences between countries where the responsibility is shared between Ministries of Health and of Labour and those where it clearly belongs to the former or latter. This situation usually reflects a national governance structure. It is not uncommon that overall responsibility for public health resides with the Ministry of Health and the responsibility for occupational health and safety resides with the Ministry of Labour or an independent agency. Part of the impact of different national governance structures is found in marked differences in understanding, approach and priorities between public health and occupational health. Ministries of Health operate from a public health framework and culture, while Ministries of Labour with responsibilities for occupational health and safety operate from an occupational health framework and culture. It has been highlighted that the priorities and actions of these two groups differ in relation to work, employment and mental health (Cox, Leka, Ivanov & Kortum, 2004). In addition, two other issues of relevance are the situation in 'transition countries' in Eastern and South-eastern Europe and the challenge of globalization and in particular shifts in international division of labour and the dominant neo-liberal policy in European member states aimed at enhancing productivity and competitiveness, with consequences such as rising work pressure, job intensity, longer working hours and growing precariousness.

However, despite the diversity that exists across the EU and in different member states in terms of socioeconomic conditions, and capabilities like the existence of infrastructure, availability of expertise, knowledge and understanding and prioritisation of psychosocial risks and mental health at work, systematic evaluation of policy-level interventions across the EU has not been conducted adequately. It is important that both an increase of national capabilities and a systematic evaluation of policies focussing on psychosocial risks are seriously considered if progress both at EU and national levels is to be achieved and the gap between policy and practice in this area is to be addressed and minimised.

4.1. The policy process and model for psychosocial risk management (macro level)

As the underlying key principles and philosophy are the same for the risk policy process compared to the risk management process at company level, it comprises similar steps and elements as those discussed at company level.

4.1.1. Risk and psychosocial health monitoring

Where risk assessment provides information and stimulates understanding of the problems and their origin at company level, the same is true for risk monitoring at macro level. Risk monitoring could be defined as a systematic examination of economic activities undertaken to consider what could cause injury or harm, whether the hazards could be eliminated, and if not what preventive or protective measures are, or should be, in place to control the risks. It requires the identification of psychosocial hazards and the generation of information about the possible harm associated with psychosocial hazards. This information is used to determine which of the psychosocial hazards actually affects the health of significant groups of those exposed to them. Bringing together the information on psychosocial hazards and their possible health effects allows the identification of likely societal risk factors.

4.1.2. Policy audits to understand underlying causes

Before action can be sensibly planned, it is necessary to analyse what policy measures are already in place to deal with psychosocial hazards and their effects on organisations and the working population. This analysis requires a policy audit (review, analysis and critical evaluation) of existing policy practices and the support of the social partners. All this information feeds forward to the

process of translation: discussing and exploring the risk monitoring data to allow the development of a policy plan for risk reduction.

4.1.3. The development of policy plans

When the nature of the macro level problems and their causes are sufficiently understood, that knowledge is used to develop a policy plan: that is the translation of the risk monitoring information into a policy plan to reduce risks. Again, translation involves agreeing what needs to be done, how it will be achieved, by whom and when, whether other stakeholders need to be involved, what resources are required, and, importantly, how the success aimed for could be demonstrated, and how it will be evaluated. Translation is also a societal process and involves aspects of good industrial relations, including contextual factors such as changes in economic prospects (job insecurity, levels of unemployment) and/or political factors (level of regulation, union representation etc.). These contextual factors play an important role in different national and organisational contexts.

Clear aims should be set and target groups identified, as well as identifying responsibilities, economic incentives and allocating resources. Participation of social partners in the policy development process is essential for developing sufficient 'ownership' and policy support.

Besides psychosocial factors, and the understanding of underlying societal factors, priority setting in psychosocial risk management policy is always influenced by other factors as well. Important factors are for example:

- o the capabilities in the country or region (including risk awareness and understanding, knowledge, experts, services available, methods and tools available, etc.)
- o the costs or investments needed and their expected economic benefits (including benefits for social security arrangements and the development of health care costs)
- o the feasibility of the measures or interventions (sufficient support from social partners, business organisations, and the general public)
- o anticipation of future changes in national economy.

Tackling those factors, especially an increase in national capabilities, seems a very relevant policy option that needs to be considered in the priority setting process.

4.1.4. The implementation of policy plans to achieve risk reduction

The policy plan should then be implemented as planned. Essentially it is a societal development process. The implementation of the policy plan needs to be systematically monitored and reviewed to identify where necessary corrective action should be taken. Again, ownership and participation are essential in the policy implementation process. The more ownership and involvement of the social partners and other key stakeholders is developed, the more likely it is that the policy plan will be realised and risk reduction will be achieved.

4.1.5. Evaluation

The evaluation of the policy process, especially the implementation of the policy plan, is an important step. The *process* of implementation as well as the *outcomes* of the policy plan should be evaluated. Evaluation must consider a wide variety of different types of information and draw it from a number of different but relevant perspectives. The results of the evaluation should allow the strengths and weaknesses of both the policy plan and the implementation process to be assessed. They should provide the basis for societal learning. Evaluation should be carried out periodically. Lessons learned should be explicitly identified and communicated.

4.1.6. Societal learning

Policy bodies should use the evaluation to establish a vehicle for continuous improvement and as the basis for sharing and communicating learning points that may be of use in future risk policies, but also for the interaction with other policy areas (e.g. economic development or public health policies). A long-term orientation is essential and should be adopted. Lessons learned should be communicated to a wider audience, especially to external (non traditional occupational health and safety stakeholders). Finally, they should be used as input for the "next cycle" of the psychosocial risk management policy process.

4.1.7. Outcomes of the risk management policy process

In essence, psychosocial risk management is synonymous to best economic development, especially with a view on the emerging knowledge society. A healthy workforce and healthy organisations are key for the optimum use of human and social capital, and so for a vital economy. It will help for increasing productivity, fostering innovation, improving economic performance, improving public health (including reductions in health care costs), improving the functioning of the labour market (including strengthening of associated social security arrangements and social inclusion impacts). As such, best practice in relation to psychosocial risk management policies reflects best practice in terms of societal development and learning, economic development, social responsibility and the promotion of good work. In EU policy terms: it should be a cornerstone in the Lisbon Agenda policy.
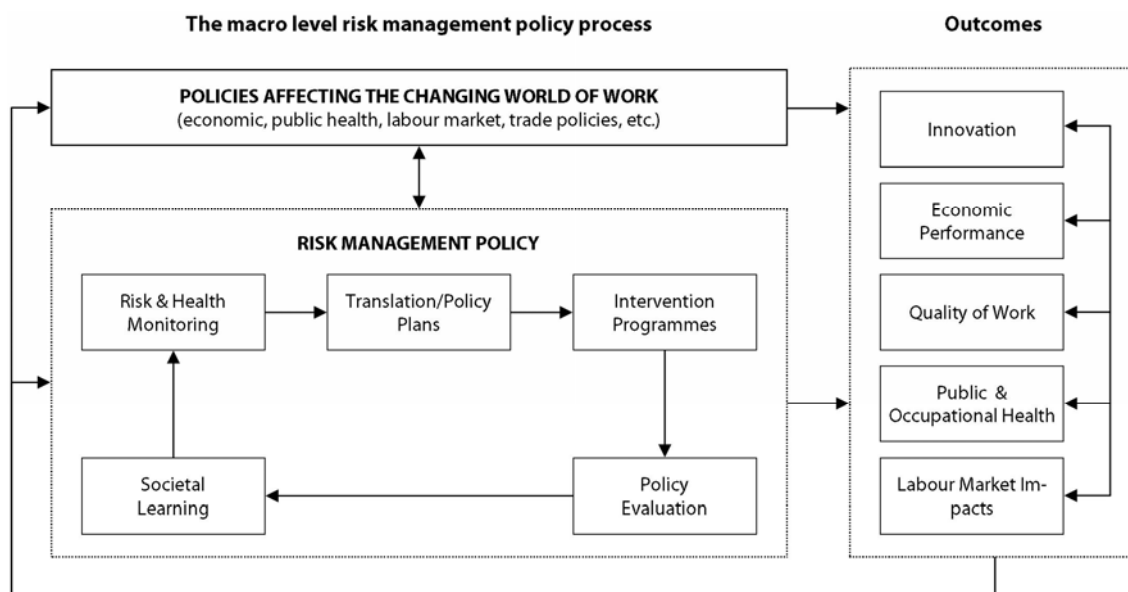
Figure 1.2.: The Framework model for policies regarding the management of psychosocial risks

5. Aim of the PRIMA-EF project

The PRIMA-EF project aimed at defining a European framework for psychosocial risk management. The model developed is relevant to both the enterprise level and the wider macro policy level. The project then used the developed framework to examine key issues of relevance to the management of psychosocial risks at work, such as policies, stakeholder perceptions, social dialogue, corporate social responsibility, monitoring and indicators, standards and best practice interventions at different levels. In doing so, the project aimed at identifying the current state of the art in these areas and to suggest priorities and avenues for improvement on the basis of the key aspects of the framework. To achieve its aim and objectives experts, researchers, social partners and a number of key European and international organisations were involved throughout the project activities. A number of methods were used to explore the above issues, including literature and policy reviews, interviews, surveys, focus groups and workshops. The findings are discussed in relevant chapters. The scientific findings have been used to develop user friendly tools for use at the enterprise and policy levels such as guidelines, indicators, guidance sheets, inventories and web-based tools. A discussion of the overall project findings and the way forward is presented in Chapter 9.

The following chapter presents the indicator model for the management of psychosocial risks that has been developed on the basis of PRIMA-EF.

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Monitoring Psychosocial Risks at Work

Maartje Bakhuys Roozeboom, Irene Houtman & Seth van den Bossche

1. Introduction

Since the early 1990s, work-related stress and issues of workplace violence and harassment are increasingly affecting a growing number of workers. Working within stressful or violent workplaces has a negative impact on the individual, the organisation itself and on society.

The PRIMA-EF project aims at defining and promoting a strong European agenda and a framework for action to address the challenges of work-related stress, violence and harassment at work. It also seeks to provide a comprehensive point of reference for European companies, employers, employees, trade unions, policy makers, occupational health and safety experts and services. The development of international indicators is one of the first steps forward in this process.

Identifying the main indicators on psychosocial risks at work and psychosocial risk management is very important for the process of monitoring these issues across the European Union (EU). Dollard et al. (2007) emphasised the importance of surveillance systems of psychosocial risks, factors and outcomes. They argue that these monitoring instruments play a vital role in identifying groups and occupations at risk and evaluating the effectiveness of programmes, policies and interventions. Monitoring is defined here as the measurement and analysis of (relevant) indicators with the aim to identify the prevalence of, trends in, and impact of these indicators at the individual, organisational or higher order level to guide policy making and preventive action (WHO, 2004).

The first step in the development of international indicators is the development of an indicator model. An indicator has been defined as a concept that is operationalisable, and is considered to be relevant to a specific context, research or policy (WHO, 2004). This definition implies that all indicators presented in the model are concepts that may or will eventually be operationalised. The operationalisation additionally asks for validity checks etc. However, this latter elaboration of the research will not be within the scope of this book chapter.

Work-related stress is generally understood to be a pattern of reactions that occurs when workers are presented with work demands not matched to their knowledge, skills or abilities and which challenge their ability to cope (Houtman, Jettinghoff & Cedillo, 2007). When there is perceived

imbalance a so-called stress response may occur[1] and when it persists in time ill-health will be the result.

This chapter will present a European indicator model for psychosocial risk management with a special focus on work-related stress, physical and psychological violence, harassment and bullying. The model has been designed in a way that cost-benefit models or issues relevant for psychosocial risk management as well as social dialogue and corporate social responsibility could be linked up with, or incorporated into, the model. The integrated indicator model is used as a reference for the inventory of indicators in the literature. Additionally sensitive data already available will be identified, and gaps in available indicators will be highlighted. An indicator list which is consistent with the indicator model will be presented which includes indicators thus far not, or not often, operationalised. Subsequently, an overview on available methodologies for monitoring psychosocial risks and psychosocial risk management will be presented. The results of a Delphi-study used to identify priorities of researchers and stakeholders in relation to the indicator list will be presented. Finally, findings and future steps are discussed.

2. Indicator model

In this section, indicator models that are already present are discussed. Criteria deduced from documents that are relevant in this respect are presented, and the indicator model that best fits psychosocial risk management and relevant criteria are identified.

2.1. State of the art

There already are some models presenting indicators on work-related risks (and health) in Europe. The European Foundation for the Improvement of Living and Working Conditions (EuroFound) has been active in the area of indicator development for more than a decade now. Dhondt and Houtman (1997) adopted a quite general model for indicators of working conditions that is relevant attentive to the psychosocial area. This model included indicators for several categories of risk: indicators for means (like company policy), worker characteristics, non-manipulative indicators (company characteristics), work environment including the psychosocial demands, and outcomes. At a later stage indicators were expanded by the European Foundation into a broader model covering (1) job and employment quality as a central issue, which was determined by (2) health and well-being, (2) career and employment security, (3) skills development, and (4) reconciliation of working and non-working life (EuroFound, 2002). On the basis of the work of the EuroFound, in an ILO seminar Tangian (2005) suggested a composite set of indicators of working conditions, comprising of (1) the physical environment, (2) time factors, (3) stressing factors, (4) independence, (5) collectivity, (6) social environment, (7) career/training, (8) work-life balance, and (9) health-based indicators.

A very different model looking at indicators on work and health comes from an EU project that has been undertaken and subsidised from the 'Health Monitoring Programme' between 1997 and 2002 at the Directorate General Health and Consumer Protection on 'Work-related health monitoring in Europe'. The policy cycle was used to construct the model resulting in three main indicator levels of (1) policy, (2) workplace, and (3) health. The workplace indicator level was subdivided in (2a) organisational policy domains, (2b) activities, (2c) output, and (2d) outcome indicator (Kreis & Bodeker, 2004).

2.2. Content criteria

In developing an integrated model on the process of work-related stress important aspects should be taken into account, and all deduced from previous indicator models as described above, as well as from the PRIMA framework (as discussed in chapter 1). Three aspects emerge as important building stones of the indicator model. Exposure, outcome and action indicators should at least be identified. A risk assessment, obligatory in the EU regulation framework, aims at establishing the risks (in this case

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[1] These responses at the individual level are (1) physiological responses indicating alertness and activity, (2) emotional responses indicating tenseness, (3) cognitive responses like a narrowing of attention and perception, and (4) behavioural responses like aggression, less vigilance or making mistakes.

psychosocial risks), and their harmful effects pointing to action as necessary to reduce the risk. The indicator model should be developed in a way that it illustrates the exposure or causes and the outcome or consequences of work-related stress, as well as preventive action and interventions. When indicators are chosen well, more insight can be gained on the effectiveness of interventions and preventive action, as well as on the factors that contribute to their effectiveness, for example social dialogue and employee participation. Indicators on the prevalence of risks and outcomes, as well as on preventive action and interventions will give more insight on the awareness of the impact of psychosocial risks and their consequences.

In addition, the control cycle should be the basis of the model. The psychosocial risk management process is a cyclical process, proceeding from risk assessment to risk reduction action and re-assessment of risks. EU enterprises are obligated by EU law to repeat the risk assessment itself periodically. Action indicators may be deduced from changes in exposures and outcome levels *measured over time*. The monitoring of indicators should provide trend information, and it is important to be able to indicate changes in time for the (core) indicators. Indicators for monitoring should therefore remain the same in time, and be sensitive for change on the issue they are supposed to indicate. Therefore, the validity of the indicators and even more of their operationalisation are key quality indicators themselves. Also at organisational and societal level, a cyclical process will take place. When the development is a negative one, long term absenteeism and less productivity may result, leading to financial costs for the organization or even for society. The cyclical aspect of the model stresses the importance of a follow-up of the exposure-outcome relationship, in order to monitor if the follow-up heads towards the positive or negative outcome and follow-up measures - when taken- result in a (positive) change.

Finally, three levels of exposure, impact and action should be taken into account: the level of the individual worker, the organisation and society as the impact of work-related psychosocial risks and issues such as work-related stress and workplace violence, harassment and bullying reach beyond the workplace level.

2.3. Contextual criteria

The three criteria as discussed above could be presented as content criteria, since they relate to the definitions and the process of the primary topic. Apart from content specifications the indicator model and indicators have to take into account several contextual criteria that also appear to be important considering their practical implementation (e.g. WHO, 2004; Dollard et al., 2007):

o   The indicator model and indicators per sé should be considered to have *policy relevance next to expert assessments*. It has been argued that expert assessments may not necessarily be in accordance with the burden of disease caused by the environmental (risk) factor under consideration, nor with the assessment of national policy makers;

o   *Data availability* is another important and practical consideration to take into account. New initiatives will always take a lot of time to develop and materialise, unless part of what is initiated is already covered by an ongoing action;

o   *Comparability* considered from a multinational perspective is often considered to be important as well. The opportunity to perform sub-group analyses e.g. by country (or country cluster), sector, occupational group or demographic characteristics is important from a benchmark point of view.

The above criteria indicate that it is important to closely involve stakeholders (employer and employee representatives, as well as policy makers) in the discussion on which indicators to use in monitoring psychosocial risks at work, their impact and preventive action. Next to this, it is important to take into account monitoring instruments that are already available. The 'European Working Conditions Survey' (EWCS) which aims to monitor exposure to risks and the impact on health of indicators for 'quality of work' is one of them. At present this survey has been conducted four times in the EU, and several data sets are available, including new EU-member states and candidate countries, even countries that formally are not part of the EU (e.g. Norway and Switzerland). This dataset does cover psychosocial risks but it should be critically assessed whether and how it meets the other criteria presented above.

The final issue implies that comparability is an important issue as well. This issue may be considered equivalent to benchmarking by risk groups – e.g. countries, sectors, or groups by gender,

age, ethnicity or other distinguishing aspects. This final characteristic implies the importance of comparable (statistical) analyses to identify significant differences.

2.4. The indicator model

The process of work-related stress can be summarized in a model which illustrates the risk factors for work-related stress, consequences of stress at three levels and individual characteristics, as well as their interrelations. In this model, workplace violence will be perceived as a risk factor for work-related stress (Figure 2.1).
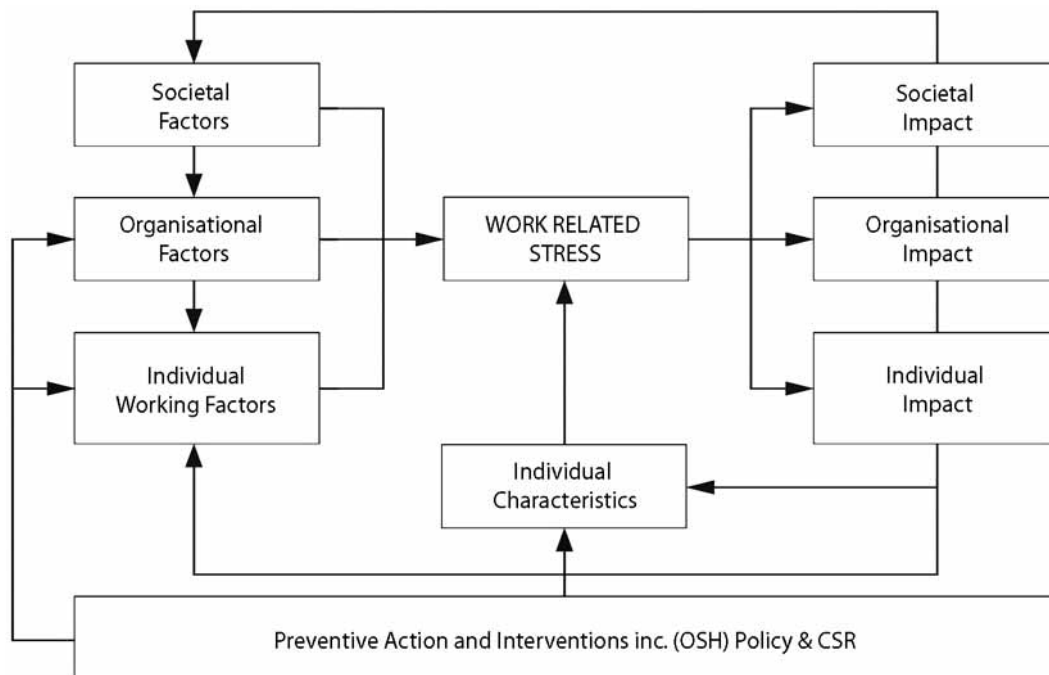
Figure 2.1.: Indicator model on psychosocial risks at work linked up with preventive action

2.4.1. Exposure indicators

Much research has been done on the subject of work-related stress and several models of indicators were used. Most common is the Job Demands - Control (-Support) model, developed by Karasek in 1979. This model hypothesises that stress particularly occurs when the individual perceives high job demands and low job autonomy, but also social support is believed to play an important role in the development of work-related stress (e.g. Kahn et al., 1964; Johnson & Hall, 1988; Karasek & Theorell, 1990). Other stress models more strongly point out the importance of individual factors that contribute to the effect working conditions may have on work-related stress. For example, according to the 'effort-reward imbalance' model (Siegrist et al., 1996) work-related stress is on the one hand related to an imbalance between the amount of effort a worker has to deliver and the reward a worker receives, and on the other to an individual characteristic called 'over-commitment'. Individual characteristics like self-confidence and commitment to work are in this respect perceived as moderators in the process of developing work-related stress. The prevailing view, however, is that certain working conditions are related to psychosocial risk factors and the development of work-related stress. As discussed in chapter 1, examples of these working conditions are: too high or too low job demands, fast work pace, time pressure, tight deadlines, lack of control over work load and the work process, lack of social support from colleagues or staff, job insecurity.

In addition, organisational factors like sector, company size, composition of the workforce, staffing, restructuring or organisational change can all have a major impact on the prevalence of different psychosocial risks. As the economy leads to global and European increases in competition for market shares and survival, pressures will mount at the organisational level. This, in turn, can lead to organisational changes that affect working conditions for individual workers. In this sense, the

exposure to psychosocial risks can be observed on several different levels, related to e.g. the organisational context or the societal context.

2.4.2. Outcomes indicators

When workers are exposed to risk factors at work, work-related stress reactions may occur. These reactions may be emotional, behavioural, cognitive, and/or physiological in nature. When stress reactions persist over a longer period of time, they may develop into more permanent, irreversible health outcomes. For instance, exposure to psychosocial risks can lead to anxiety, depression and post-traumatic stress syndrome, chronic fatigue, musculoskeletal problems, coronary heart disease, certain types of cancer and series of minor health complaints as psychosomatic symptoms, migraine, stomach ulcers and allergies (Cooper et al., 1996). The impact of work-related stress on the health of the employee has negative effects on the organisation. More health complaints, performance deficits when people keep on working, higher sickness absenteeism, impaired productivity and higher turnover rates, are frequently associated with the experience of stress (Cooper et al., 1996). In addition, the exposure to psychosocial risks can also have impact on society. Medical expenses arising from the stress experience may become a substantial cost to society.

2.4.3. Action indicators

Since the PRIMA-EF project aims at establishing a framework that will accommodate existing (major) psychosocial risk management approaches across the EU, a monitoring instrument should include indicators on preventive action and intervention as well. These actions contain measures on risk prevention, but also on risk assessment, implementation of interventions, evaluation of measures, as well as structural measures like policies etc. These different kinds of action can have a direct impact on the exposure to work-related risks, but they can also have a more indirect effect, either because they are primarily directed at the outcomes (e.g. complaints or absence levels) or when they are part of organisational strategy, social dialogue or the corporate social responsibility.

2.4.4. Indicators on cost-benefits

Indicators of cost- benefit of interventions, the so-called action indicators, are related to costs of the intervention on the one hand, and the effectiveness of these interventions on the other. The cost aspect may be most easily covered when asked at the organisational, sectoral or national level. Costs are produced by the direct costs related to having the intervention being implemented. In addition, costs, less often considered, are those involved in time or production loss when taking courses, or when being absent from work due to the negative consequences of work-related stress. At the more macro level, societal costs at all sorts of subsidies or other support for taking measures, as well as societal information on drop out of workers (absenteeism and disability) should be taken into account (see also Koningsveld et al., 2003; Cooper, Liukkonen & Cartwright, 1996).

2.4.5. Indicators on social dialogue and corporate social responsibility

The issues of social dialogue and corporate social responsibility (CSR) relate to effective risk management and also apply to psychosocial risk management at the organisational or higher order levels (see also chapters 1, 4 and 6). Social dialogue relates to the issue of participation that is key in psychosocial risk management (e.g. Landsbergis et al., 1999; Kompier et al. 1998; Kompier & Cooper, 1999; Kompier, Augst, Van den Berg & Siegrist 2000; Kompier & Kristensen, 2001). CSR relates to the way health and safety or in this case psychosocial risk management is integrated in policies, systems and structures of business operations. Examples are the way psychosocial risk management is integrated into the company culture, or in learning and development of the organisation, or in addressing ethical aspects. In summary, the presented indicator model offers an overview of main indicators for monitoring psychosocial risks at work, their consequences and the effectiveness of psychosocial risk management in terms of preventive actions and interventions. In distinguishing three different levels, it addresses the interests of the employee, the organisation as well as the policy level.

3. Available methodologies

Next to the importance of main indicators on psychosocial risks at work and psychosocial risk management, also valid methodologies are of high importance in monitoring these issues. Several methodologies are available for measuring indicators depending on whether the indicators can be translated into operationalisations to be transmitted verbally or in a written form, either by regular questionnaire or by digital survey. In the table below, several pro's and con's of these methodologies are presented (Table 2.1).

Table 2.1.: Available monitoring methodologies and their pro's and con's

SURVEY METHOD	PRO'S	CON'S	LITERATURE
Postal surveys, using printed questionnaire	Most questionnaires are validated this way Cost effective because many people answer questionnaire at the same time	Takes time Costly (costs relate to printing and mailing costs and to data entry costs)	Amodei, Katerdahl, Larme & Palmer, 2003
Telephone interview	Is often seen as more compelling, and it is easy to check if a question is understood One is sure that all questions are 'walked through' Minimising disadvantages associated with in-person interviewing Develop positive relation between researcher and participant Improve quality of data collection	Costly Sensitive to socially desirable answers Maintaining participant involvement Maintaining clear communication	Burnard, 1994 Musselwhite, Cuff, McGregor & King, 2007 Greenfield et al., 2000
Face to face interview	Appears very valid	Costly (costs relate to travelling time of interviewer and data entry)	
Internet/digital survey method	Relatively low costs (you don't have mailing and data entry costs) Quick response and quick building of data set	Approach of large number of workers at the same time, but partly workers that may not contribute otherwise Only works when employees are experienced in	Graham et al., 2006 Graham & Papandonatos, 2008 Bar-Ilian, J. Data collection on the WEB for infometric purposes Ritter, Lorig, Laurent &

		computer use (specific non-response)	Mathews, 2004
			Kleijngeld & Samuels, 2004
Registration	Low costs (already available) Relatively 'objective'	Often not complete Often not to be linked to other data bases, herewith restricted as to studying (cor)relations between indicators	
Combination of methods	Filter questions may add to the utility of using combined methods		Hawthorne, 2004

Postal surveys, using printed questionnaires, may be considered the most traditional and the most widely used way of performing surveys. Because of technological developments, internet or web-based surveys are used more and more. In modern settings, they are often used as an additional option way or addition that precedes telephone surveys or are put forward as an alternative for postal questionnaires. The respondent that uses web-based or internet surveys is found to differ from the normal population quite often (e.g. Kleijngeld & Samuels, 2004). However, it often is very unclear if the population that answers through the web or internet is different as related to the topic of interest to the research as such. As related to specific topics, such as ICT-use, this bias -depending on the specific target of the research- can even be of little interest to researchers. When representativeness is an issue, web- or internet-based surveys may be completed by different types of workers: these are often younger and higher educated (e.g. NEA; Bossche et al., 2006).

Using registers may be a relevant way to collect information on indicators. However, in many cases, registers cannot be linked to many other relevant data of populations. A major problem of registrations is that they often are incomplete, and one does not know what percentage of the target group or target problem is really covered. In some countries linkages can be achieved between several methodologies, e.g. registers and surveys. This may give some idea of the 'problem' of non-coverage, although surveys themselves are samples as well. No publications on these kinds of errors are known to be reported. However, using registers may pose a relevant option for formulating indicators and collecting indicator information at the level of the organisation or higher.

Based on the inventory of available methodologies for monitoring in general and psychosocial risks in particular, it can be concluded that the appropriate methodology of monitoring is heavily dependent on the specific topic and the context of the survey.

4. Available indicators

This section describes indicators already available in relevant surveys. Particularly EU-based surveys and relevant reviews are described.

4.1. The European working conditions survey

As pointed out earlier, important (contextual) criteria for the discussion on indicators are the availability and the comparability of the indicators. In addition, for the PRIMA-EF project comparability across Europe is considered to be very important as well. The EU, by way of the European Foundation for the Improvement of Living and Working Conditions (EuroFound), already has a survey instrument, measuring indicators on 'quality of work and employment', including psychosocial risks for work-related stress and violence and harassment at work: the European Working Conditions Survey (EWCS), and thus provide important indicators as well as validated ones on several EU-countries.

The EWCS should be considered an important (but not the only) starting point in this work next to defining an indicator model. This EWCS is a worker survey based on face-to-face interviews at the employee level. The EWCS is held every 5 years since 1990, the most recent one was held in 2005,

covering all EU-member states and acceding countries. Amongst other things, the EWCS makes it possible to provide information on the prevalence of psychosocial risks in the European Union, trends in time and differences amongst sub groups, e.g. cultural regions within the EU.

Although the EWCS indicator list provides a good starting point for the inventory of important indicators on psychosocial risks, some important indicators are lacking for the purpose of monitoring psychosocial risk management. For example, no indicators on preventive action or intervention are available in the EWCS. Furthermore, since the EWCS is directed at obtaining information on indicators from workers (i.e. at the individual level), it may not provide the necessary information on the organisational and the societal level.

EuroFound itself is rather critical on the fact that surveys may not be the best instrument to capture some of the psychosocial risks at work, in particular on harassment and sexual harassment (EuroFound, 2006). Problems may be related -in this case- to the fact that some of these risks may be difficult to operationalise in general and/or to translate into the different (EU) languages. The Foundation also indicates methodological difficulties related to different questioning, different timeframes (for some of the intermediate measurements), different cultures and populations.

4.2. Other monitoring instruments

Apart from the EWCS, other survey instruments on psychosocial risks and psychosocial risk management are available as well. There is a variety of national surveys on working conditions containing indicators on psychosocial risks, both inside (e.g. EWCO-web-site) and outside the European Union or abroad. Research has been done to inventory survey instruments on working conditions (Weiler, 2007). This inventory of working conditions surveys and surveys including working conditions issues provides a rich picture of survey design and methods that exist for conducting working conditions surveys, as well as a wide range of indicators and operationalisations of indicators that are being used throughout Europe. Although the inventory focuses primarily on working conditions and not so much on psychosocial risks, their outcomes and psychosocial risk management, the Weiler study provides great insight into indicators on working conditions that are used in different survey instruments across the EU. An important conclusion of that report was that more quality of work and employment indicators should be included and that surveys will need to adapt the questionnaires and survey design to changes in work processes, new risks and new demands in relation to workers and organisations.

Another review comes from Dollard et al. (2007) and focuses on the correspondence between surveillance data currently in use and the key psychosocial risks identified in the research literature and by expert opinion in the area. They provide a comprehensive overview of indicators used for monitoring psychosocial risks including exposure (e.g. emotional labour, workplace bullying, acute versus chronic exposure), organisational factors (e.g. organisational justice, organisational change), individual factors (psychosocial states and well-being) as well as outcome variables (stress, sick leave, as well as positive outcomes like engagement).

Based on the inventories of Weiler (2007) and Dollard et al. (2007) and some additional research (EWCO), an inventory has been developed on survey instruments covering psychosocial risks and psychosocial risk management issues. Based on indicators from these survey instruments, an extensive list has been developed of available indicators on psychosocial risks and psychosocial risk management, using the indicator model as a reference. This list formed the basis of a Delphi study in which experts were involved in the prioritisation of the most important indicators on psychosocial risks and psychosocial risk management. In the next section an overview will be presented on the process of the inventory development and prioritisation of psychosocial risk management indicators (methodology) and the results. A copy of the extensive indicator list can be found in the technical report (Bakhuys Roozeboom, Houtman & Bossche, 2008).

5. Prioritisation of main indicators

On the basis of reviews and monitors already available, a large indicator list was constructed initially. It resulted in some clearly different categories and many, sometimes very similar indicators. In order to achieve 'policy relevant' indicators, it was important to gather stakeholders' view on priorities. In order to obtain both researchers' and stakeholders' priorities on the indicators for psychosocial risk

management as had been inventoried thus far, a small scale Delphi study was performed, using both the research group involved in the PRIMA-EF project as well as the Advisory Board and liaison organisations. The Advisory Board and liaison organisations included the social partners, key European Commission experts as well as additional experts and international organisations. The results of this small scale Delphi study will be described in this section.

5.1. Indicator list

The European Working Conditions Survey was used as the primary source of indicators for the indicator list to be constructed (data available and comparable across Europe). The lists of Dollard et al. (2007) and Weiler (2007) and additional EU survey instruments (EWCO) were used to add missing and relevant indicators. The following were used as main indicator categories:

- o individual characteristics and demographics (e.g. age, education, characteristics of household, healthy lifestyle, ability to cope with workload, etc.),
- o organisational characteristics (e.g. sector, economic situation of company, policies/ facilities, organisational culture, industrial relations etc.),
- o work-related risk factors (e.g. employment conditions, organisational design, quality of work, for example job demands, violence and harassment, working time, work-home interference, technology use etc.),
- o outcomes (e.g. accidents at work, health complaints, physical health, job satisfaction, performance, absence, workability etc.), and
- o preventive action and interventions (e.g. assessments, measures, evaluations, participation of employees etc.).

Additionally a distinction was made between indicators to be measured at the level of the employee and indicators to be measured at the level of the employer. Higher level indicators could be identified, but were not included in the Delphi study.

5.2. Methodology

The methodology of the prioritisation process was partly based on the expert forecast on emerging psychosocial risks related to occupational safety and health (European Agency on Occupational Safety and Health, 2007). The extensive indicator list was sent out to all the project members as a pilot. Project members were asked to rate the indicators on their importance in the surveillance of psychosocial risks and psychosocial risk management and were asked to add comments. Based on the ratings and comments of the project members, the list was rearranged to minimise overlap. Particularly the multi-source strategy to come up with the indicator list initially appeared to result in a lot of indicators that were quite similar although not exactly the same. After condensing the indicator list, the adjusted indicator list was sent out by e-mail to all project members, as well as to all members of the Advisory Board and the liaison organisations of the PRIMA-EF project (indicator lists were sent out to all 7 project members, 12 members of the Advisory board and 5 members of the liaison organisations). In total, a response was received from all project partners (response rate was 100%), 8 Advisory Board members (response rate was 67%) and 2 members of the liaison organisations (response rate was 40%). The average response rate was 71%.

In this chapter, an indicator is considered to be very important if the mean value of the ratings is at least or equal to four, an item with a mean value between 3.5 and 4 will be considered as agreed to be important as well. An indicator is considered to be undecided when the average rating is between 2.5 and 3.5 and is agreed to be not important if the mean rating is lower than 2.5.

5.3. Results

Figure 2.2 presents the mean ratings on the main categories of the indicators to be measured at either employee or employer level. Indicators on individual characteristics are only distinguished at the level of the employee. All categories of indicators appeared to be important (M>3.5). In general, indicators to be measured at employee level were rated somewhat higher as compared to indicators to be measured at employer level. Indicators on outcomes appeared to be most important regarding the surveillance of psychosocial risks and psychosocial risks management, regardless of the level of

measurement. Indicators on individual characteristics were rated relatively less high. It thus should be concluded that the stakeholders and researchers did not differ much in their prioritizing; stakeholders even appeared to rate all indicators as more important, thus considerably contributing to the restriction of (upper) range. In the discussion below, we therefore will not explicitly distinguish between the rating of these different groups.

Figures 2.3 and 2.4 show the top five highest rated indicator categories to be measured at employee level as well as at employer level. In 2.3 the top 5 indicator ratings measured at employee level is compared to the ratings of these indicators when measured at the employer level. In figure 2.4 these perspectives were reversed. Indicators on 'assessments' and 'health related outcomes' were among the top 5 of highest rated indicator categories of both the employee and employer measurement level.

At employee level, 'organisational culture', 'outcomes related to job satisfaction' and 'quality of work' were considered to be very important, whereas these indicator categories were rated somewhat lower when measured at employer level. At employer level, 'participation of employees in risk management', 'economic outcomes' and 'evaluations' were considered to be among the top 5 most important indicator categories, whereas 'participation of employees in risk management' and 'evaluations' were rated less high when measured at employee level. Indicators on economic outcomes were not available at employee level.
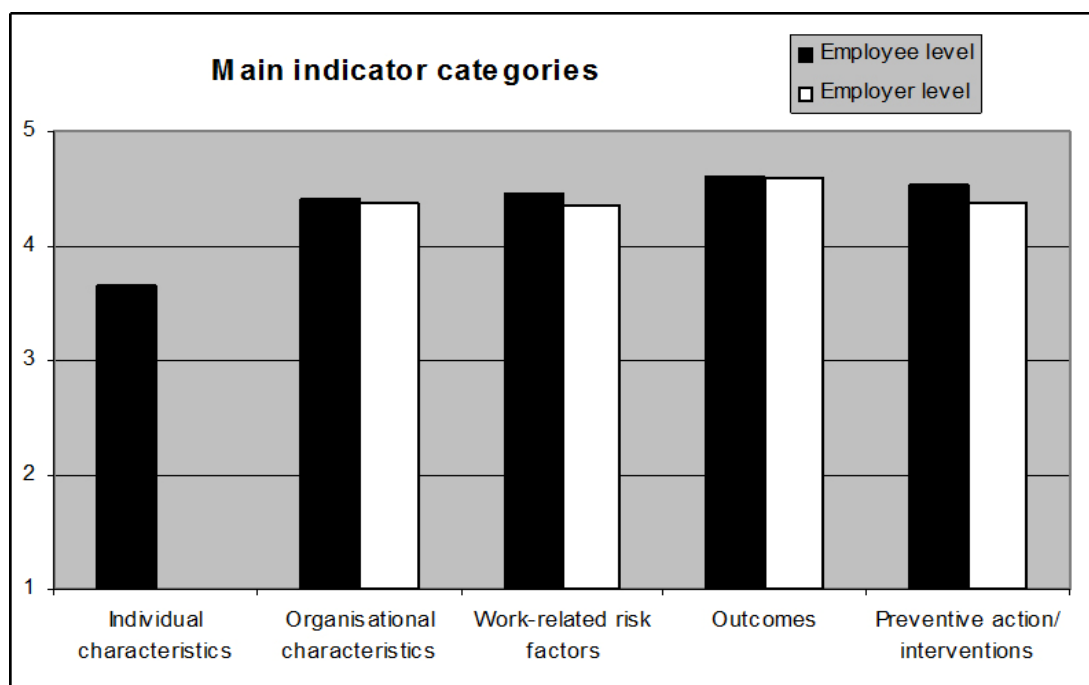
Figure 2.2.: Mean ratings on main indicator categories
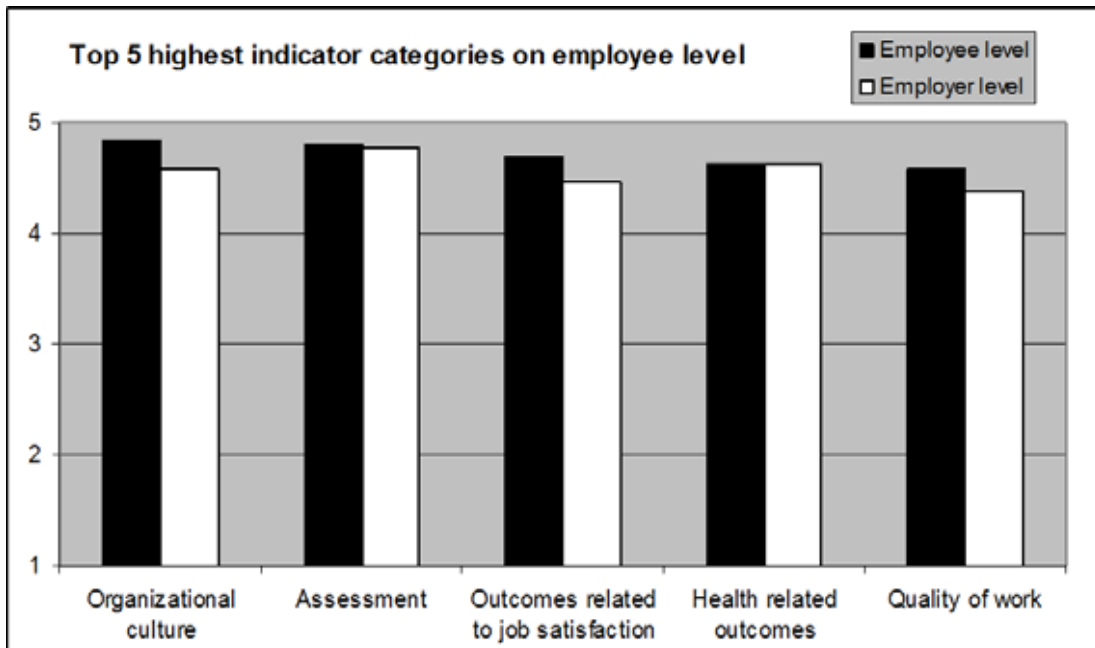
Figure 2.3.: Top 5 highest rated indicator categories based on employee level ratings and compared to employer level ratings
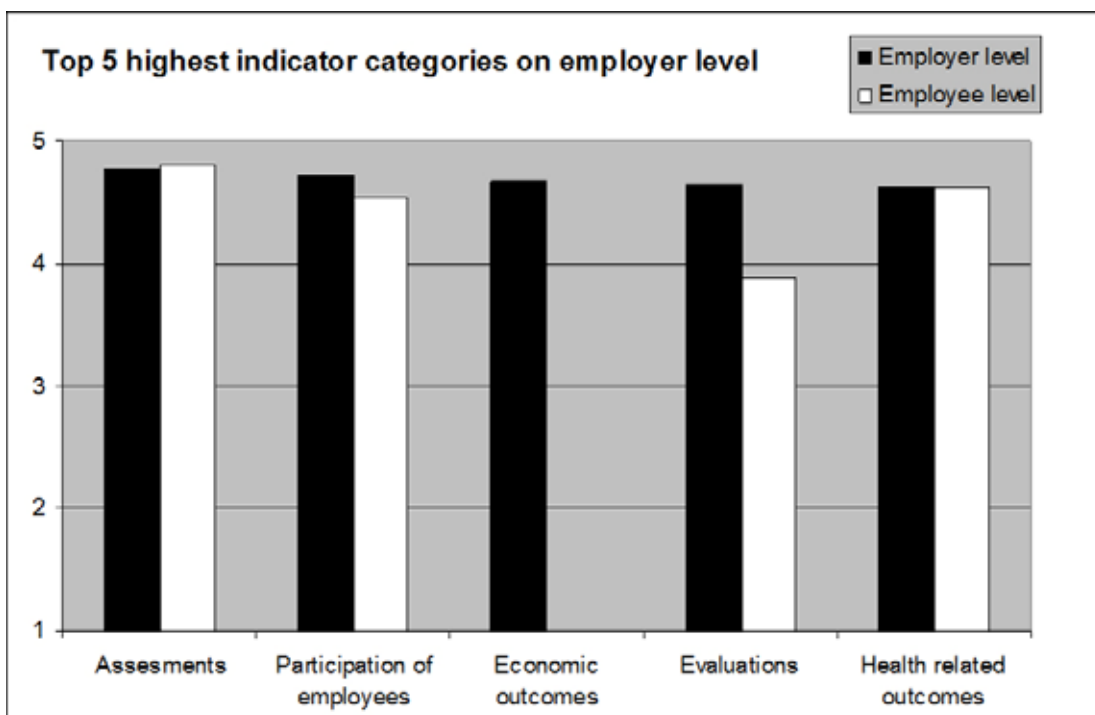
Figure 2.4.: Top 5 highest rated indicator categories based on employer level ratings and compared to employee level ratings

Figures 2.5 and 2.6 show the *lowest* rated indicator categories to be measured at employee level and at employer level, respectively. It is interesting to note that despite the fact that the lowest rated indicator categories are shown, the absolute ratings of the indicators are still considered to be high (all are rated as at least 'important'). Indicator categories on 'industrial relations', 'policies/ facilities' and 'employment conditions' were among the top 5 of lowest rated indicators when measured at employee level as well as when measured at employer level. At employee level, 'general characteristics' (marital status, spouse etc.) were rated relatively low, as well as 'evaluations', whereas 'evaluations' was rated to be substantially more important when measured at employer level. At

employer level, 'organisational design' as well as 'quality of work' were among the top 5 of lowest rated indicator categories, whereas 'quality of work' was considered to be among the top 5 of most important indicators when measured at employee level.

Figure 2.5.: Top 5 lowest rated indicator categories based on employee level ratings and compared to employer level ratings

Figure 2.6.: Top 5 lowest rated indicator categories based on employer level ratings and compared to employee level ratings

Figures 2.7 and 2.8 show the highest rated indicators on employee level and on employer level. The most important indicators on employee level were 'job security', 'quantitative demands' and 'stress', which are all indicators related to exposure. Also 'satisfaction with job' was considered to be

among the most important indicators at employee level. All these indicators were rated relatively less high when measured at employer level. At employer level, the most important indicators were related to organisational characteristics, i.e. 'organisational change', 'policy on absence' and 'staffing', as well as to 'preventive action and intervention' (plan of action present) and to 'exposure' (bullying and intimidation). 'Bullying and intimidation' was rated higher at employee level.
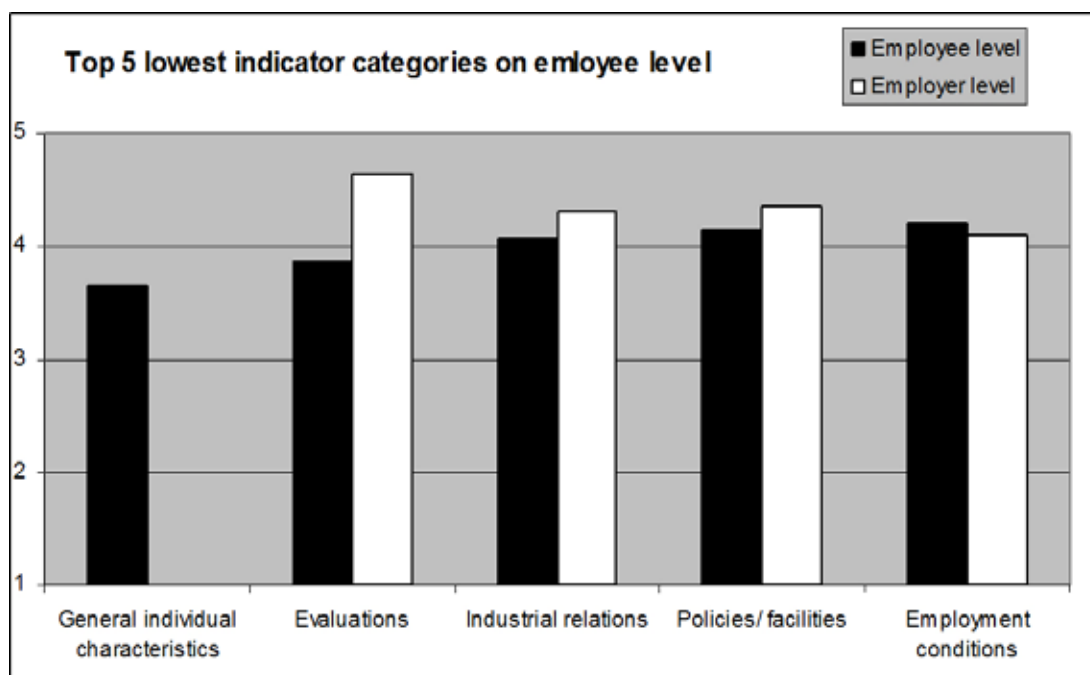

Figure 2.7.: Highest rated indicator categories based on employee level ratings and compared to employer level ratings
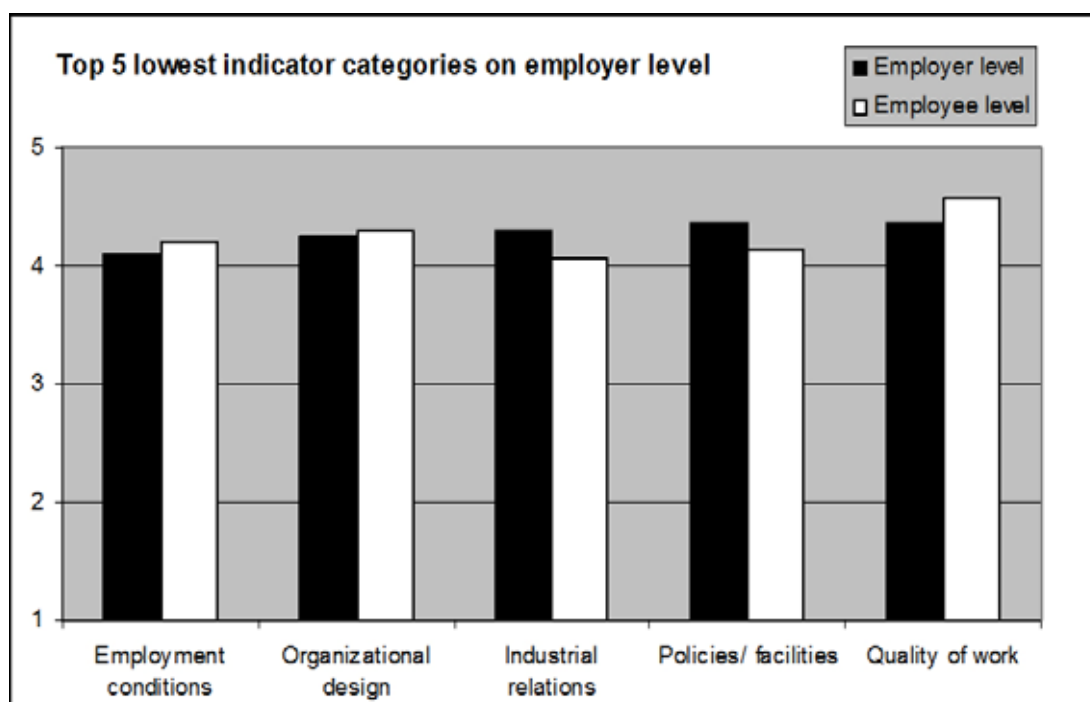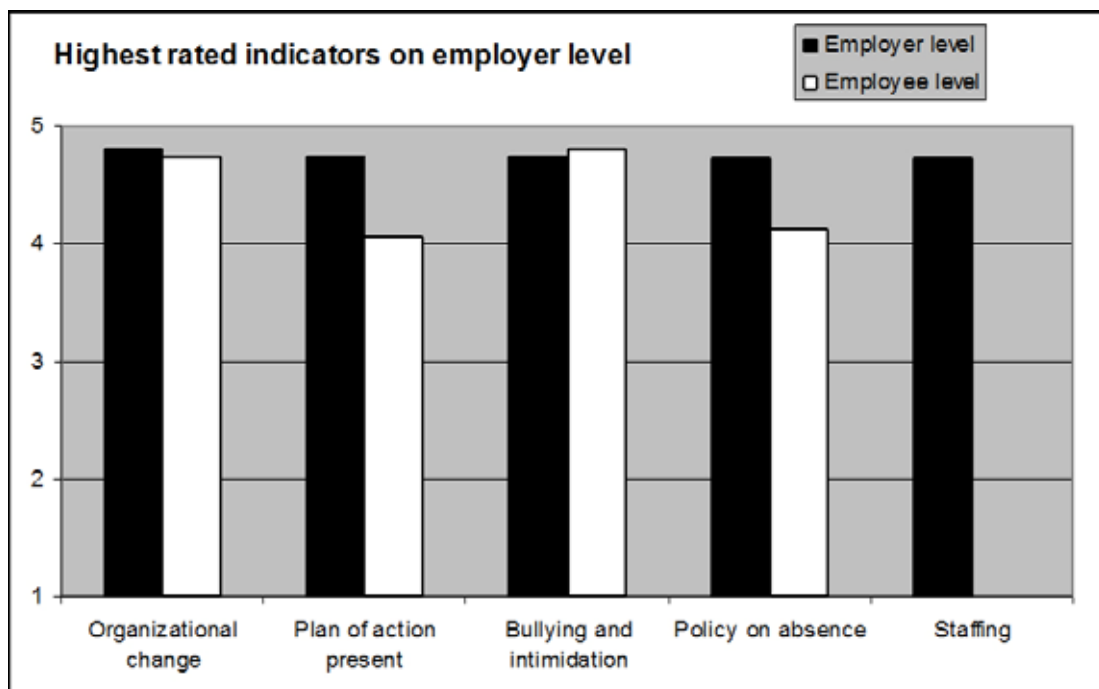

Figure 2.8.: Highest rated indicator categories based on employer level ratings and compared to employee level ratings

Figures 2.9 and 2.10 show the *lowest* rated indicators on employee and employer level. Indicators that were considered to be least important were all indicators on individual characteristics, i.e. 'marital status', 'sharing household', 'having a spouse/ partner', 'people in household working' and 'nationality'. On the employer level the lowest rated indicators were almost all very specific indicators on exposure, or work-related risk factors like 'training ICT use', 'commuting', 'preference for more or less hours of work' and 'computer or machine use'. One indicator that was rated relatively low as well at employer level is an indicator on organisational characteristics: 'market leader or not'.
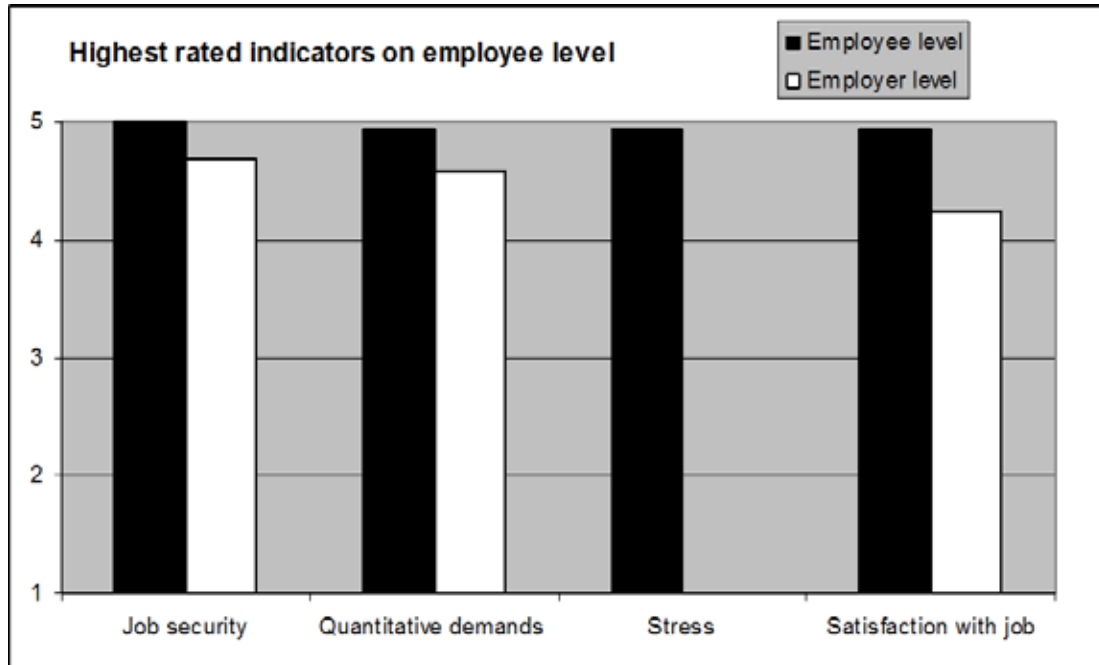

Figure 2.9.: Lowest rated indicator categories based on employee level ratings and compared with employer level ratings

Figure 2.10.: Lowest rated indicator categories based on employer level ratings and compared with employee level ratings
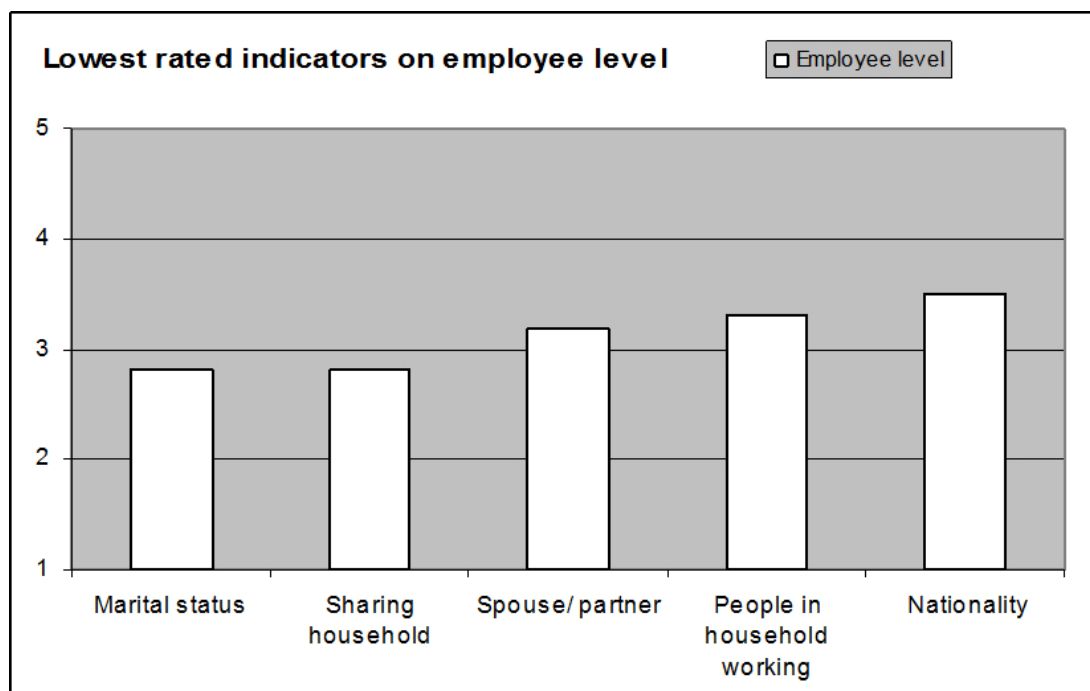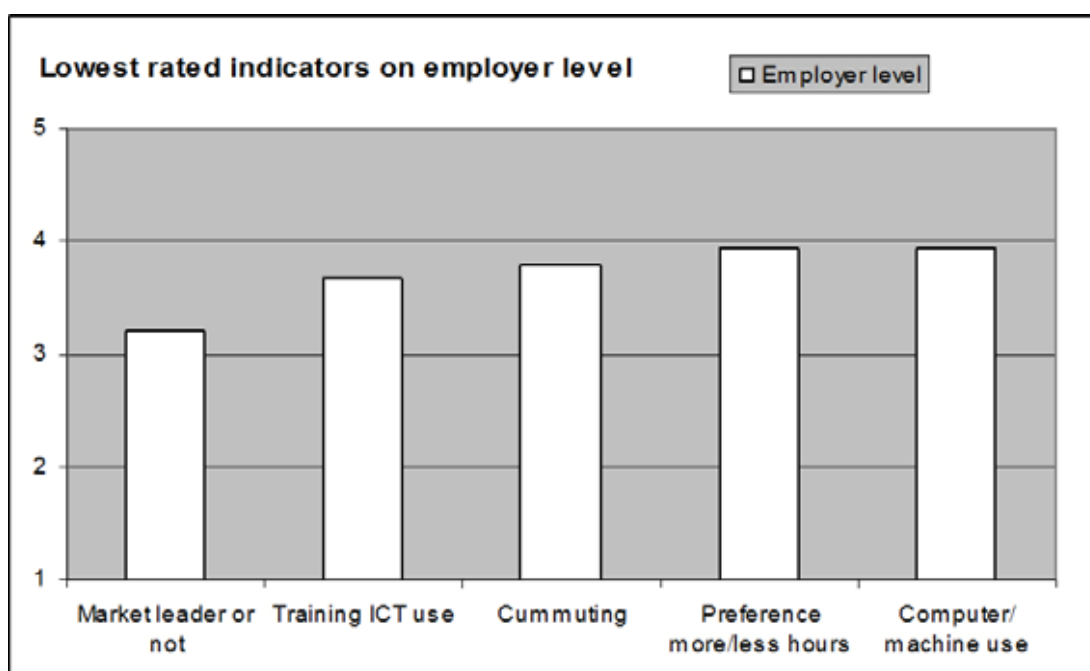
6. Discussion

Overall, several conclusions can be drawn from the prioritisation of indicators on psychosocial risks and psychosocial risk management. First of all, almost all indicators of the extensive indicator list were rated to be at least 'important' and none of the indicators was rated to be 'not important'. Only a few indicators were rated as 'undecided'. Second, the project members appear to be somewhat more critical when it comes to rating the importance of the indicators as compared to the external experts, i.e. the Advisory Board members and the liaison organisations. Despite this difference, most of the time, both groups agree on the order of importance of the indicator categories. Regarding the main categories of indicators to be measured at the level of the employee, both groups rate indicators on individual characteristics as least important, whereas indicators on outcomes and work-related risk factors are rated by both groups to be most important. The project members and the external experts do not agree on the importance of preventive action/intervention indicators and indicators on organisational characteristics, whereas both categories of indicators are rated substantially higher by the external experts as compared to the project members. Regarding indicators to be measured at the level of the employer, both groups rated indicators on preventive action and intervention highest, followed by outcome indicators. However, the project partners rated work-related risk factors to be least important, whereas the external experts rated organisational characteristics to be least important.

Indicators that were rated highest of all, were indicators on organisational change, organisational culture, type of contract, quality of work, health related outcomes, job satisfaction and assessments, all measured at employee level. The highest rated indicators to be measured at employer level were indicators on organisational change, organisational culture, assessments, measures and participation.

In some cases, there appear to be substantial differences in the rating of importance between different indicators in the same indicator category. At employee level for instance, the indicator category on individual characteristics is rated to be least important by both groups. This is mainly due to low ratings on indicators related to marital status, to spouses or partners or to sharing a household, whereas indicators on age and gender are rated as very important. This implies that means of indicator categories have to be read carefully, as an indicator category with a relatively low rating may still contain indicators that are considered to be very important.

Apart from differences in ratings on the importance of the indicators between the project partners and the external experts, there appear to be differences related to level of measurement as well. As it comes to the ratings of the subcategories on organisational characteristics, certain interesting differences can be seen. In general, ratings of indicators on industrial relations and policies/facilities appear to be somewhat higher when measured at the employer level, whereas indicators on organisational culture and the current situation in the firm are rated substantially higher when measured at the employee level. Furthermore, project partners rate general (organisational) characteristics relatively higher when measured at employer level, whereas external experts rate them relatively higher when measured at employee level. The project partners rate the indicators on policies/facilities somewhat higher when measured at employer level, whereas external experts rate them somewhat higher when measured at employee level. Regarding work-related risk factors, no major differences were shown in relation to the level of measurement, except for employment conditions. These were rated substantially higher by the project partners when measured at employee level. Regarding indicators on outcomes, again some differences were shown regarding the level of measurement. Indicators on absence and presenteeism were rated substantially higher when measured at employer level, whereas indicators on job satisfaction were rated somewhat higher when measured at employee level. Regarding preventive action and intervention, indicators on evaluation were rated substantially higher when measured at employer level, especially by the project partners.

The relatively high ratings of almost all of the indicators implicate that monitoring psychosocial risks and psychosocial risk management ideally requires an extensive survey instrument in which almost all issues and topics in the indicator list as produced in this project are covered. Unfortunately, in reality this instrument should not be too long in order to be of practical use. This implies that monitoring instruments on psychosocial risks and psychosocial risk management should have a clear focus. Nevertheless the indicator list as proposed in this document provides a clear overview of important indicators on psychosocial risks and psychosocial risk management, which can be of use in the development of monitoring instruments on psychosocial risk management through employee, but in particular through employer surveys. The latter appear to be lacking at pan-EU level.

On the basis of the prioritisation of indicators exercise completed, the indicator list was revised and some key indicators under the different categories discussed are presented in Table 2.2 below. Additional indicators on social dialogue, corporate social responsibility and policy can be found in chapters 4, 6 and 7.

Table 2.2.: Summary review of key indicators at different levels

EXPOSURE (INCLUDING PSYCHOSOCIAL RISKS)	
ORGANISATIONAL FACTORS	
Policies/ facilities	Facilities for optimizing work-home balance
	Human resource management
	Occupational Safety & Health policies
	Corporate social responsibility as related to psychosocial risk management
	Business strategy
Organisational culture	Open/trust-based relationship between management and workers
	Information from management / feedback
	Communication (bottom up/ top down)
	Organisational justice
Industrial relations	Existence of works council/employee representatives
	Trade union membership
	Collective agreements
WORK-RELATED FACTORS	
Employment conditions	Contract
	Pay
	History of work
Organisational design	Job rotation / cross-training
	Team work
Quality of work	Multi-skilling
	Job demands
	Autonomy / decision latitude
	Job security
	Social support and conflicts
	Violence, harassment, bullying
	Discrimination
	Working time
	Work from home, telework
OUTCOMES	
Health-related outcomes	Accidents at work
	Health complaints
	Physical health
	Mental health
Outcomes related to job satisfaction	Job satisfaction
	Turnover
Absence, presenteeism	Sick leave
	Cause of absence
	Working while being sick / presenteeism
Economic costs	Economic costs of accidents and absence
	Performance / productivity
Work ability	Evaluation of one's health and capacity for work

PREVENTIVE ACTION / INTERVENTIONS	
Assessments	Risk assessment
	Recording/registration of attendance, accidents and illness
	Investigation into causes of accidents etc.
Measures	Directed at: ○ reducing psychosocial risks ○ improving autonomy, control and organisational resources ○ improving coping capacity, providing information & training ○ return to work ○ drivers/barriers for taking measures
Evaluation	Use of policies/facilities
	Effectiveness of measures
	Process evaluation of implementing measures
Participation of employees	Risk assessment
	Development & implementation of a plan of action

7. Conclusions and way forward

In this chapter an indicator model has been presented that meets several important criteria: it (1) considers exposure, outcome and preventive action, (2) is cyclic in nature, and (3) distinguishes three levels of impact (employee, employer/organisation, and larger level of impact: sectoral/national/EU). Next to these more content-related criteria, context-related criteria were formulated as well which were related to: (1) the need to consider policy relevance next to 'scientific' relevance, (2) data availability, and (3) comparability considered from a multinational perspective.

There appear to be sensitive data available. The main statistical data base is the European Working Conditions Survey (EWCS) by the European Foundation for the Improvement of Living & Working Conditions. These data allow trend analyses to some extent since 1990 and the data allow subgroup comparisons by e.g. gender, country and sector (as well as several other characteristics). However, data are measured at the employee level and the survey mainly covers exposure and outcome indictors but not action indicators. Another 6th Framework project called 'Meadow' considers indicators on 'organisational change' as its main focus (http://www.meadow-project.eu/). This project as well as two large reviews on (national) surveys considering psychosocial issues (Dollard et al., 2007; Weiler, 2007) support the same conclusion: there is a major lack of coverage on preventive action.

The outcomes of this research indicated that researchers and stakeholders did not differ in their prioritisation of indicators. When stakeholders and researchers appear to be unable to prioritise indicators, model wise priorities should play an important role. Psychosocial risk management and preventive action thus far have been a neglected aspect of monitoring and have been missing in the indicators defined thus far. The difference between exposure and outcome measures on consecutive measurements could be considered as indicative of risk management, but does not necessarily relate to effective risk management. It is considered important that indicators of that type should be further developed.

The main conclusion of this project is that actions are needed to improve monitoring of psychosocial risk management at different measurement levels. A promising initiative comes from the European Agency for Occupational Safety and Health at Work and focuses on monitoring of psychosocial risk management at EU-level collecting relevant data at the employer (establishment) level. The data to be collected may further support the development of indicators and their operationalisation and, in doing so, facilitate psychosocial risk management at the enterprise and policy levels across the EU.

Having presented the indicator model developed on the basis of the PRIMA framework, the next chapters will start exploring in more detail different important aspects of the framework. Chapter 3 presents a review of standards of relevance to psychosocial risks and their management.

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03 Chapter

Standards Related to Psychosocial Risks at Work

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1. Introduction

Standardisation is an integral part of the European Union (EU)'s strategy to achieve the Lisbon goals by carrying out better regulation, by simplifying legislation, by increasing competitiveness of enterprises and by removing barriers of trade at the international level (EC, 2002). In the communication from the Commission to the European Parliament and the Council on the role of European standardisation in the framework of European policies and legislation (EC, 2004), it was emphasised that the role of European standardisation in the international context and the visibility of its achievements in enhancing market access and competitiveness must be reinforced. It was also considered important to urge European industry, Member States and other parties concerned to reiterate their commitment to European standardisation.

A standard is defined by the International Organisation for Standardisation (ISO) as a "document, established by consensus and approved by a recognised body that provides, for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum degree of order in a given context" (ISO, 2004). However, development of standards should be based on the consolidated results of science, technology and experience, and aimed at the promotion of optimum community benefits (BSI, 2005). Standardisation is defined as the "activity of establishing, with regard to actual or potential problems, provisions for common and repeated use, aimed at the achievement of the optimum degree of order in a given context". In particular, this activity consists of the processes of formulating, issuing and implementing standards" (ISO, 2004). Important benefits of standardisation are improvement of the suitability of products (including services) and processes for their intended purposes, prevention of barriers to trade and facilitation of technological cooperation (BSI, 2005).

European standardisation is a voluntary activity performed by and on behalf of parties interested in establishing standards and other standardisation products in response to their needs. Albeit not playing an active role in the production of standards itself, the Commission deals with standardisation in relation to many Community policies, in particular with the Single market and Community external trade (EC, 2001). The role standards can play for market access and free movement of goods, and their potential for deregulation and for ensuring a high level of protection was outlined by the Community more than 15 years ago when the New Approach to technical

harmonisation and standardisation was introduced (EC, 1985). On the one hand, European standardisation contributes to the functioning and strengthening of the internal market, specifically due to the New Approach directives in the fields of health, safety and environmental and consumer protection, and to ensuring interoperability in fields such as transport. On the other hand, European standardisation helps to boost the competitiveness of enterprises by facilitating in particular the free movement of goods and services, network interoperability, means of communication, technological development and innovation in activities such as information technology (EC, 2006).

The main shortcoming of standardisation is that standards cannot replace governmental responsibility to safeguard a high level of protection concerning health, safety and the environment as stipulated by the Treaty establishing the European Community. In addition, the international standardisation process is lengthy, and sometimes does not achieve a sufficiently balanced consensus among the stakeholders and does not always meet the level of protection deemed appropriate by the Community. Nonetheless, voluntary standards can reduce the need for regulation and government intervention (EC, 1985). And, therefore, in their communication to the European Parliament and the Council on the broader use of standardisation in community policy, the Commission committed to continue making use of standardisation in the execution of existing policies and give due consideration to them when developing new policy initiatives (EC, 1995).

Primarily, the use of European standardisation in the area of occupational health and safety (OH&S) supports the competitiveness of firms, as a healthier workforce has a direct impact on the firm's competitiveness. Organisations of all kinds are increasingly concerned with achieving and demonstrating sound OH&S performance by controlling their OH&S risks, consistent with their OH&S policy and objectives. They do so in the context of increasingly stringent legislation, the development of economic policies and other measures that foster good OH&S practices, and of increased concern expressed by interested parties about OH&S issues (OHSAS, 2007). Many organisations undertake OH&S reviews/audits to assess their OH&S performance but many 'in-house' reviews/audits may not be sufficient to provide an organisation with the assurance that its performance not only meet, but will also continue to meet, its legal and policy requirements. Standards covering OH&S management are therefore intended to provide organisations with the elements of an effective OH&S management system that can be integrated with other management requirements and help organisations achieve OH&S and economic objectives. These standards, like other international standards, are not intended to be used to create non-tariff trade barriers or to increase or change an organisation's legal obligations (OHSAS, 2008). This chapter reviews existing standards in relation to OH&S management, focusing on psychosocial risk management and sets out to critically review existing developments in the area.

2. Key standards in the field of occupational health and safety referring to the concept of risk in general

Standards have been previously defined as "a universally agreed-upon set of guidelines for interoperability". Standards may also take the form of a specification, method of test, vocabulary, code of practice or guidance (BSI, 2005), as well as, legal regulations (such as EU directives), and other regulations (such as ILO conventions) developed by recognised national, European and international organisations. This section presents key OH&S standards with direct reference to the concept or 'risk'.

2.1. Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work

According to the Directive, employers have "a duty to ensure the safety and health of workers in every aspect related to work." They have to develop "a coherent overall prevention policy." Some important principles are: "avoiding risks", "combating the risks at source", "adapting the work to the individual."

2.2. European Commission guidance on risk assessment at work

It states that "Risk assessment is the process of evaluating risks to workers' safety and health from workplace hazards". The five-step approach to risk assessment is promoted: (1) identifying hazards

and those at risk, (2) evaluating and prioritising risks, (3) deciding on preventive action, (4) taking action, (5) monitoring and reviewing.

2.3. ILO-OSH 2001 guidelines on occupational safety and health management systems

The document provides guidance on the development of occupational health and safety (OSH) management systems of both national and organisational levels. It states that OSH management systems should contain the following elements: policy, organising, planning and implementing, evaluation and action for improvements. An employer, in consultation with workers, should set out in writing an OSH policy. Hazards and risks to workers' safety and health should be identified and assessed on an ongoing basis. Preventive measures should be implemented in the following order of priority: eliminate the hazard/ risk, control hazard/risk at source, minimise the hazard/risk.

2.4. ILO Convention 187: convention concerning the promotional framework for occupational safety and health

"In formulating its national policy, each Member, (…) in consultation with the most representative organisations of employers and workers, shall promote basic principles such as assessing occupational risks or hazards; combating occupational risks or hazards at source; and developing a national preventative safety and health culture that includes information, consultation and training." "(…) the principle of prevention is accorded the highest priority."

2.5. The Occupational Health and Safety Assessment Series (OHSAS)

An international standard on general OH&S management has been developed and implemented (by the BSI) in response to customer demand for a recognisable occupational health and safety management system standard against which their management systems can be assessed and certified, and for guidance on the implementation of such a standard. The Occupational Health and Safety Assessment Series (18001, 18002 and 18004) is compatible with the ISO 9001:2008 (Quality) and ISO 14001:2004 (Environmental) management systems standards, in order to facilitate the integration of quality, environmental and occupational health and safety management systems by organisations, should they wish to do so.

The OHSAS 18001 specifies requirements for an OH&S management system to enable an organisation to develop and implement a policy and objectives which take into account legal requirements and information about OH&S risks. It is intended to apply to all types and sizes of organisations and to accommodate diverse geographical, cultural and social conditions. The success of the system depends on commitment from all levels and functions of the organisation, and especially from top management. A system of this kind enables an organisation to develop an OH&S policy, establish objectives and processes to achieve the policy commitments, take action as needed to improve its performance, and demonstrate the conformity of the system to the requirements of OHSAS 18001. The overall aim of OHSAS 18001 is to support and promote good OH&S practices, including self regulation, in balance with socio-economic needs. The OHSAS 18004 is a revision of the previous standard intended to replace it (Smith, 2008).

Although the OHSAS 18001 and its successor OHSAS 18004 and the ILO-OSH 2001 make specific reference to psychosocial hazards, they do not provide the necessary guidance to enable organisations (including SMEs) to successfully manage psychosocial risks successfully. This makes the case for developing a standard specifically to promote psychosocial risk management at work even more compelling.

3. The case for developing and implementing standards for psychosocial risk management

Despite data pointing to the high prevalence of psychosocial risks to workers' health and safety and the large scale of issues like work-related stress, workplace violence, harassment and bullying and their associated costs (see chapters 1 and 8), standards directly referring to the concept of psychosocial risk, and specific ones referring to the concepts of work-related stress, workplace

violence, harassment and bullying have only been formulated in very few countries. Also, only a small number of reviews summarising the current regulations and standards in the area of psychosocial risks have been published. Koukoulaki (2002) examined stress prevention in Europe and discussed three directives addressing stress at work: Framework Directive 89/391/EEC, Display Screen Directive 87/391/EEC and Organisation of Working Time Directive 93/104/EC. Kompier and Cooper (1999) discuss regulatory frameworks in 11 European countries. Wider explanation concerning standards on mental workload (EN ISO 10075) has been described by Nachreiner (2002). Schaufeli and Kompier (2001; 2002) provide a comprehensive review of the legal framework in the Netherlands. Similar articles examining the unique legal frameworks of other European countries can be found: for example, information on the Belgian system (D'Hertefelt, 2002), and on the British system (Tudor, 2002 and in extended materials from the Health and Safety Executive). Reviews on legislation and standards addressing harassment and violence at work can also be found (Di Martino, Hoel & Cooper, 2003; Vogel, 2002; Lehto & Parnanen, 2007). Additionally, a comprehensive review of legislation in the field can be found in other languages such as in Polish (Chakowski, 2005) and French (Laflamme, 2008).

Levi (2002) highlighted three complementary European approaches to work stress and related ill health which have been outlined in three recent European documents: a) the European Commission's (CEC) Guidance on Work-Related Stress (2000); b) the European Standard (EN ISO 10075- 1&2) on Ergonomic Principles Related to Mental Work Load (CEN, 2000); and c) the European Commission's Green Paper on Promoting a European Framework for Corporate Social Responsibility (2001). These three approaches are based on different but related paradigms, which might lead to confusion and misinterpretation. The Psychosocial Risk Management European Framework, described in Chapter 1, can help to unify these approaches, which in turn can be used as the basis for developing a European standard for psychosocial risk management.

The duty of care placed on employers by legislation argues for research to find a practical way of assisting them. Companies need assistance in assessing the impact of issues and working out strategies for improvement. The need to broaden accountability via standards has been driven by the Corporate Social Responsibility (CSR) agenda (see chapter 6), leading to a wider base than profit-only reporting and including the environment and people (EC, 2002a). Standards following this work are desirable as currently the problem with reporting for most companies is that it is financially driven, concentrating purely on one aspect of the business. Recent moves by standard makers have been to 'roll this out' in order to give a more comprehensive overview of the situation (Beckett & Jonker, 2002). Examples of such standards include AA1000 – that focuses on securing the quality of social and ethical accounting and SA 8000 – the principles of this standard include nine fundamental aspects: child labour, forced labour, health and safety, freedom of association and right to collective bargaining, discrimination, disciplinary action, working time, compensation and management systems. Social Accountability International (SIA, 2008) developed this standard in 1997 (revised 2008) for workplace conditions and as a system for independently verifying factories' compliance. This standard draws from established business strategies of ensuring quality (e.g. ISO 9000) and adds several elements that international human rights experts have identified as essential to social auditing. The extension of standards into the psychosocial aspects of work will increase business accountability and allow uniformity to spread through stakeholders. The growing move towards tri-partite representation (government, business, civil society) is particularly applicable for occupational health and safety and over-locking the European CSR agenda. A continuation of this drive to improve employee conditions through developing and implementing occupational health standards would facilitate improvements in the area.

4. Current standards for managing psychosocial risks at work

The International Labour Office (ILO) defines psychosocial hazards as "interactions among job content, work organisation and management, and other environmental and organisational conditions, on the one hand, and employees' competencies and needs on the other. Psychosocial hazards are relevant to imbalances in the psychosocial arena and refer to those interactions that prove to have a hazardous influence over employees' health through their perceptions and experience" (ILO, 1986). Almost all social and organisational aspects of the work environment theoretically can have "a hazardous influence over employees' health". Consequently a large number of regulations dealing with the social aspects work to a certain degree address psychosocial risks. For example, at the ILO alone, by the end

of June 2007, 188 Conventions and 199 Recommendations dealing with different elements of social aspects of work had been adopted. Therefore, the current review although comprehensive is not exhaustive. An inclusion criterion was developed taking into account only aspects of social situations that are most often analysed in the psychological literature in the context of psychosocial risks. Further this review on standards is mapped onto the psychosocial risk indicator model, presented in chapter 2. The review is addressed to enterprises and social partners and indicates key reference points in terms of legislation and guidance that can be of help when undertaking actions aimed at preventing and managing psychosocial risks at the workplace.

4.1. Standards directly referring to the concepts of: psychosocial risk, stress, harassment and violence

4.1.1. European Commission guidance on work-related stress

This EC guidance defines stress as "a pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organisation and work environment." The following are outlined among the main causes of stress: over and underload; no recognition, no opportunity to voice complaints; many responsibilities, but little authority; lack of a clear job description, uncooperative or unsupportive superiors, co-workers or subordinates; no control; job insecurity; exposure to prejudice regarding age, gender, etc.; exposure to violence, threats, or bullying; unpleasant or hazardous physical work conditions; no opportunity to utilise personal abilities. Organisational improvements ought to be considered in stress preventive measures, above all in the following areas: work schedule (to avoid work-life conflict), participation/control, workload (to ensure compatibility with the capabilities and resources of the worker), task content (to provide meaning, stimulation, an opportunity to use skills), roles (their clarity), social environment (to provide social support), future perspectives (to reduce job insecurity). The document outlines the following prevention steps:
  o   Identification of work-related stress factors, their causes and health consequences;
  o   Analysing the characteristics of exposures in relation to the outcomes found;
  o   Design and implementation of a package of interventions by stakeholders;
  o   Evaluation of short- and long-term outcomes of the interventions.

4.1.2. Framework agreement on work-related stress

The framework agreement on work-related stress that was concluded by the European social partners in 2004 defines stress as "a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them." The agreement does not provide an exhaustive list of potential stress indicators. It does point out, however, that "high absenteeism or staff turnover, frequent interpersonal conflicts or complaints by workers are some of the signs that may indicate a problem of work-related stress." The agreement contains a reminder that "all employers have a legal obligation to protect the occupational safety and health of workers. This duty also applies to problems of work related stress in so far as they entail a risk to health and safety." Examples of anti-stress measures are given in the document: "management and communication measures such as clarifying the company's objectives and the role of individual workers, ensuring adequate management support for individuals and teams, matching responsibility and control over work, improving work organisation and processes, working conditions and environment; training managers and workers to raise awareness and understanding of stress; provision of information to and consultation with workers" (see chapter 7 for a more detailed description).

4.1.3. Framework agreement on harassment and violence at work

According to the framework agreement on harassment and violence at work that was concluded by the European social partners in 2007, "violence [at work] occurs when one or more worker or manager are assaulted in circumstances relating to work," and "harassment [at work] occurs when one or more worker or manager are repeatedly and deliberately abused, threatened and/or humiliated in circumstances relating to work." According to the agreement, raising awareness and appropriate

training of managers and workers can reduce the likelihood of harassment and violence at work. Preventive procedures should be underpinned by, but not confined to, the following:

- o discretion to protect the dignity and privacy of all
- o no disclosure of information to parties not involved in the case
- o investigation and enactment upon complaints without undue delay
- o backing up complaints by detailed information
- o involvement of all parties to get an impartial hearing and fair treatment
- o consultation with workers
- o no toleration of false accusations that may result in disciplinary action
- o external assistance as appropriate.

Chapter 7 provides a more detailed description.

4.1.4. Ergonomic principles related to mental workload (European standard: EN ISO 10075)

Mental stress is defined as: "The total of all assessable influences impinging upon a human being from external sources and affecting it mentally." Situational influences on mental stress include: task requirements (e.g. sustained concentration, responsibility for others), physical conditions (e.g. lighting, noise), social and organisational factors (e.g. control structure, communication structure, organisational environment), social factors, external to the organisation (e.g. economic situation). Mental strain is an immediate effect of mental stress. The impairing (short term) effects of mental strain are: mental fatigue and "fatigue-like states" (i.e.: monotony, reduced vigilance, and satiation). The document lists 29 task features that influence the intensity of mental workload and are sources of fatigue (e.g. ambiguity of task goals, complexity of task requirements, adequacy of information, ambiguity of information, signal discrimination).

4.1.5. Council Directive 90/270/EEC on the minimum safety and health requirements for work with display screen equipment

The Council Directive 90/270/EEC states that employers are obliged to perform an analysis of workstations in order to evaluate safety and health conditions, particularly as regards possible risks to eyesight, physical problems and problems of mental stress.

5. Review of standards related to psychosocial risks

This section presents in a comprehensive manner standards of relevance to psychosocial risk management (directly or indirectly) that should also be taken into consideration by stakeholders and include:

- o Selected ILO Conventions
- o Selected European Directives
- o Framework agreement on work-related stress
- o Framework agreement on harassment and violence at work
- o The Finish Occupational Safety and Health Act
- o The Swedish Order on Victimization at Work
- o The Belgium Law of 11 June 2002
- o The German Work Constitution Act
- o The HSE Management Standards
- o The Dutch Working Conditions Act (WCA)
- o Other examples of national regulations.

To ensure that the review of standards is compatible with the indicator model (chapter 2), the following categories of standards have been identified:

- o Standards on terminology concerning basic concepts
- o Standards covering exposure factors
- o Standards covering outcomes
- o Standards covering preventive actions
- o Standards covering psychosocial risk assessment
- o Standards covering administrative infrastructure of psychosocial risks assessment and prevention.

Table 3.1.: Standards on terminology concerning basic concepts

STANDARD CONTENT	TYPE OF DOCUMENT
Psychosocial hazards = "interactions among job content, work organisation and management, and other environmental and organisational conditions, on the one hand, and employees' competencies and needs on the other. Psychosocial hazards are relevant to imbalances in the psychosocial arena and refer to those interactions that prove to have a hazardous influences over employees' health through their perceptions and experience"	ILO, 1986
Mental stress = "The total of all assessable influences impinging upon a human being from external sources and affecting it mentally" Mental stress is a source of mental strain (= "immediate effect of mental stress within individual (not the long-term effect) depending on his/her individual habitual and actual preconditions, including individual coping styles.)"	ISO 10075:1991
"Stress is a pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organisation and work environment. It is a state characterized by high levels of arousal and distress and often by feelings of not coping"	EU Guidelines
Violence at work occurs when one or more worker or manager are assaulted in circumstances relating to work Physical violence: The use of physical force against another person or group that results in physical, sexual or psychological harm Psychological violence: Intentional use of power against another person or group that can result in harm to physical, mental, spiritual, moral or social development "Violence - a long-term, recurring bullying, oppression, degradation or other negative behaviour designed to make another person feel defenseless. It can be aimed at one or several individuals". Violence - recurrent reprehensible or distinctly negative actions which are directed against individual employees in an offensive manner and can result in those employees being placed outside the workplace community"	European Framework Agreement on Harassment and Violence at Work WHO, ILO, 2000 The Finish Occupational Safety and Health Act The Swedish Order on Victimization at Work
"Harassment at work occurs when one or more worker or manager are repeatedly and deliberately abused, threatened and/or humiliated in circumstances relating to work Harassment: "repeated acts of harassment aiming at or resulting in a deterioration of the employee's rights and dignity, affect their physical health or compromise their professional future". Harassment - repeated abusive behaviour of any origin, external, or internal to the company or institution, particularly made evident by unilateral behaviour, speech, intimidation, actions, gestures and written communications aiming at a worker's personality, dignity or physical or psychological integrity, in the course of their job or create an intimidating, hostile, degrading, humiliating or offensive environment" Harassment - When a person methodically and over a long period of time is exposed to unpleasant an/or humiliating actions that are difficult to defend oneself against"	European Framework Agreement on Harassment and Violence at Work The French Law number 2002-73 of 17 January 2002 and Labour Laws- Art L. 122-49 The Belgian Law of 11 June 2002 The Danish Equal Treatment for Men and Woman Act, 1977

Table 3.2.: Standards covering exposure factors (standards that indicate what should be considered psychosocial risk factors, sources of job stress or strain)

STANDARD CONTENT	TYPE OF DOCUMENT
"There are four main categories of sources of mental stress: task, equipment, physical environment, social environment".	ISO 10075:1991
Sources of fatigue: intensity of mental workload and temporal distribution of mental workload. "The intensity of mental workload is affected by the following characteristics..": 1. ambiguity of the task goals 2. complexity of task requirements 3. serving strategies 4. adequacy of information 5. ambiguity of information 6. signal discriminability 7. working memory load 8. long-term memory load 9. recognition vs. recall memory 10. decision support, 11-29 others Factors of temporal distribution of mental workload: 1. duration of working hours 2. time off between successive work days or shift 3. time of day 4. shift work 5. breaks and rest pauses 6. changes in task activities with different task demands or kinds of mental workload	ISO 10075-2:1996 (Design principle)
"Stress at work can be caused by(…): bad fit between a worker and his/her work" (1); "(…) a problem of work-relates stress can involve an analysis of factors such as: (…) match between workers skills and job requirements"(2)	- (1) EU Guidelines - (2) European Framework Agreement on work-related stress also: - Directive 94/33/EC on the protection of young people at work
"Stress at work can be caused by(…): conflict between roles at work and outside it"(1)	- (1) EU Guidelines also: - C 183 Maternity Protection Convention ILO),2000 - Directive 92/85/EC on pregnant workers, woman who have recently given birth, or are breast-feeding - Directive 96/34/EC on parental leave
"Stress at work can be caused by(…): not having a reasonable degree of control over one's own work and one's own life"(1) "(..)a problem of work-relates stress can involve an analysis of an analysis of factors such as: (…) degree of autonomy"(2)	- (1) EU Guidelines - (2) European Framework Agreement on work-related stress
"Stress at work can be caused by (…): over- and underload"(1)	- (1) EU Guidelines (2) European

"(..) a problem of work-relates stress can involve an analysis of an analysis of factors such as:(…) workload"(2)	Framework Agreement on work-related stress also: - Directive 93/104/EC concerning certain aspects of the organisation of working time - Directive 2003/88/EC concerning certain aspects of the organisation of working time - Directive 2002/25/EC of the European Parliament and of the Council of 11 March 2002 on the organisation of working time of persons performing mobile road transport activities - C175 Part-time Work Convention (ILO), 1994 - Directive 99/70/EC concerning the framework agreement on fixed-term work concluded by ETUC, UNICE and CEEP, - Directive 97/81/EC concerning the framework agreement on part-time working concluded by ETUC, UNICE and CEEP
"(..) a problem of work-relates stress can involve an analysis of an analysis of factors such as: (…) "working time arrangement"(1)	(1) European Framework Agreement on work-related stress also: - Directive 93/104/EC concerning certain aspects of the organisation of working time - Directive 2003/88/EC concerning certain aspects of the organisation of working time - Directive 2002/25/EC of the European Parliament and of the Council of 11 March 2002 on the

	organisation of working time of persons performing mobile road transport activities - C175 Part-time Work Convention (ILO), 1994 - Directive 99/70/EC concerning the framework agreement on fixed-term work concluded by ETUC, UNICE and CEEP, - Directive 97/81/EC concerning the framework agreement on part-time working concluded by ETUC, UNICE and CEEP
"Stress at work can be caused by (…): lack of a clear job description, or chain of command"(1) "(…) a problem of work-relates stress can involve an analysis of an analysis of factors such as: (…) uncertainty about what is expected at work"(2)	- (1) EU Guidelines - (2) European Framework Agreement on work-related stress
"Stress at work can be caused by (…): inadequate time to complete our job to our own and others satisfaction"	- EU Guidelines
"Stress at work can be caused by (…): no recognition, or reward, for good job performance"	- EU Guidelines
"Stress at work can be caused by (…): no opportunity to voice complaints"(1)	- (1) EU Guidelines also: - Directive 2002/14/EC establishing general framework for informing and consulting employees in the European Community
"Stress at work can be caused by (…): many responsibilities, but little authority or decision making capacity"	- EU Guidelines
"Stress at work can be caused by (…): uncooperative or unsupportive superiors, co-workers or subordinates"(1); "(…) a problem of work-relates stress can involve an analysis of an analysis of factors such as: (…) perceived lack of support"(2)	- (1) EU Guidelines - (2) European Framework Agreement on work-related stress
"Stress at work can be caused by (…): no control, or pride, over the finished product of work	- EU Guidelines
"Stress at work can be caused by (…): job insecurity, no permanence of position"(1); "(…) a problem of work-relates stress can involve an analysis of factors such as: (…) employment prospects, or forthcoming change"(2)	- (1) EU Guidelines (2) European Framework Agreement on work-related stress
"Stress at work can be caused by (…): exposure to prejudice regarding age (1)	- (1) EU Guidelines also: - Directive 2004/43/EC and 2000/78EC prohibiting direct or indirect discrimination

	on grounds of racial or ethnic origin, religion or belief, disability, age or sexual orientation, - Directive 94/33/EC on the protection of young people at work
"Stress at work can be caused by (…): exposure to prejudice regarding gender (1)	- (1) EU Guidelines also: - Directive 2004/43/EC and 2000/78EC prohibiting direct or indirect discrimination on grounds of racial or ethnic origin, religion or belief, disability, age or sexual orientation, - Directive 76/207/EEC and – - Directive 2002/73/EC on equal treatment for men and women as regards access to employment, vocational training and promotion and working conditions - Directive 2006/54/EC on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation
"Stress at work can be caused by (…): exposure to prejudice regarding race, ethnicity, religion" (1)	- (1) EU Guidelines also: - Directive 2004/43/EC and 2000/78EC prohibiting direct or indirect discrimination on grounds of racial or ethnic origin, religion or belief, disability, age or sexual orientation
"Stress at work can be caused by (…): exposure to violence, threats, or bullying"	- EU Guidelines
Sources of bulling: - "Unreasonable deadlines - Unreasonable workloads - Remove work tasks without initial information - Withholding of information which make it difficult to perform work tasks - Accusations about bad work performance - Excessive surveillance and control"(1)	(1)The Danish Equal Treatment for Men and Woman Act, 1977

Sources of bulling: "unilateral behaviour, speech, intimidation, actions, gestures and written communications aiming at a worker's personality, dignity or physical or psychological integrity, in the course of their job" (2)	(2) Belgian Law of 11 June 2002
Sources of bulling: "advanced behaviours aimed at harassing, persecuting, or discriminating a person and violate his/her dignity and health" (3)	(3)The German Employment Protection Act
Sources of mobbing: "any actions or behaviour directed towards an employee that aim at long-lasting harassment or intimidation at an employee" (4)	The Polish No. 94, § 2 any-bullying provision of Labour Code (4)
"(...) a problem of work-relates stress can involve an analysis of factors such as: (…) emotional and social pressures"	European Framework Agreement on work-related stress
"Stress at work can be caused by (…)unpleasant or hazardous physical work conditions" (1) "(...) a problem of work-relates stress can involve an analysis of factors such as: (…) exposure to abusive behaviour, noise, heat, dangerous substances" (2)	- (1) EU Guidelines (2) European Framework Agreement on stress also: - Directive 89/391 on Health and Safety at Work - Directive 89/654 on Workplaces - Directive 89/655 on the use of work equipment by workers at work, - Directive 89/656 on the use of personal protective equipment - Directive 90/269/EEC on the Manual handling of loads - Directive 90/270/EEC on work with visual display equipment
"Stress at work can be caused by (…) no opportunity to utilize personal talents or abilities effectively"	- EU Guidelines
"Stress at work can be caused by (…) chances of a small error or momentary lapse of attention having serious or even disastrous consequences	- EU Guidelines

Table 3.3.: Standards covering outcomes (standards that indicate what should be considered as outcomes of psychosocial risk factors, outcomes of job stress/strain)

STANDARD CONTENT	TYPE OF DOCUMENT
Impairing (short term) effects of mental stress are: mental fatigue, and "fatigue-like states (i.e.: monotony, reduced vigilance, satiation) Mental fatigue = "temporary impairment of mental and physical functional efficiency, depending on the intensity, duration and temporal pattern of the preceding mental strain".	ISO 10075:1991

Monotony = "slowly developing state of reduced activation which may occur during long, uniform, repetitive tasks or activities, and which is mainly associated with drowsiness, tiredness, decrease and fluctuations in performance, reduction in adaptability and responsiveness, as well as an increase in variability of heart rate". Satiation = "state of nervously unsettled, strongly emotional rejection of repetitive task or situation in which the experience is of "marking time" or "not getting anywhere", with additional symptoms of anger, decreased performance, and/or feelings of tiredness, and a tendency to withdraw".	
"High absenteeism or staff turnover, frequent interpersonal conflicts or complaints by workers are some of the signs that may indicate a problem of work-related stress"	European Framework Agreement on stress
Outcomes of violence and bulling: "breach in worker's personality, dignity or physical or psychological integrity"(1), "deterioration of the employee's rights and dignity, affect their physical health or compromise their professional future"(2) "anxiety, loss of self-esteem, gastrointestinal ulcers, and depression", "defenselessness"(3), "decreased performance, humiliation as well as isolation or exclusion of an employee from a team" (4)	(1) The Belgian Welfare at Work Act 2)The French Law number 2002-73 of 17 January 2002 and Labour Laws- Art L. 122-49 (3)The Spanish Royal Decree about Employee Status of 24 March 1995 (4) The Polish No. 94, § 2 any-bullying provision of Labour Code

Table 3.4.: Standards covering preventive actions (standards that indicate what should be done to reduce psychosocial risk factors, sources of job stress)

STANDARD CONTENT	TYPE OF DOCUMENT
Employers have "a duty to ensure the safety and health of workers in every aspect related to work". They have to develop "a coherent overall prevention policy". Principles: "avoiding risks", "combating the risks at source", "adapting the work to the individual"	The EU Framework Directive 89
"In formulating its national policy, each Member (…..) in consultation with the most representative organisations of employers and workers, shall promote basic principles such as assessing occupational risks or hazards; combating occupational risks or hazards at source; and developing a national preventive safety and health culture that includes information, consultation and training" "the principle of prevention is accorded the highest priority"	ILO Convention 187 (Convention concerning the promotional framework for occupational safety and health, 2006)
"All employers have a legal obligation to protect the occupational safety and health of workers. This duty also applies to problems of work-related stress in so far as they entail a risk to health and safety"(1)	(1) European Framework Agreement on work-related stress also: United Nations treaty on disability rights, 2007 (promoting employment opportunities and career advancement for

	persons with disabilities)
Employers should carry out an active policy to foster safety, health and well-being	WCA (Dutch)
Employer policy to foster safety, health and well-being must be based on thorough written and regularly conducted inventory and assessment of all work-related risk, including psychosocial risk factors.	WCA (Dutch)
The risk assessment should include a plan of action to reduce risks	WCA (Dutch)
Employers should engage experts from OHSSs to assist in approving out – or carrying out – the risk inventory and assessment as well as the plan of action	WCA (Dutch)
First step to prevent stress: to identify work-related stress, its causes and consequences by monitoring job content, working conditions, terms of employment, social relations at work, health, well-being and productivity	EU Guidelines
Recommended checklists and questionnaires can be used to identify work-related stress, its causes and consequences	EU Guidelines
Action should be taken to improve stress-inducing conditions in the workplace - organisational change by:	
- allowing adequate time for the worker to perform his or her work satisfactorily	EU Guidelines
- providing the worker with clear a clear job description	EU Guidelines
- rewarding the worker for good job performance	EU Guidelines
- providing ways for the worker to voice complaints and have them considered seriously and swiftly	EU Guidelines
- harmonizing the worker's responsibility and authority	EU Guidelines
- clarifying the work organisation's goals and values and adapting them to the worker's own goals and values, when ether possible	EU Guidelines
- promoting the worker's control, and pride, over the end product of his or her work	EU Guidelines
- promoting tolerance, security and justice at the workplace	EU Guidelines
- eliminating harmful physical exposure	EU Guidelines
- identifying failures, successes, and their causes and consequences in previous and future health action at the workplace	EU Guidelines
Considering organisational improvements to prevent work-related stress and ill health, with regard to the following ("*managerial standards*"):	EU Guidelines
- Work schedule. Design work schedules to avoid conflict with demands and responsibilities unrelated to the job. Schedules for rotating shifts should be stable and predictable, with rotation in a forward (morning-afternoon-night) direction. "Approaches to be considered include (..) flexible work schedule.."	- EU Guidelines - Directive 93/104/EC on working time - Directive 2003/88/EC concerning certain aspects of the organisation of working time - C175 Part-time Work - Convention ILO, 1994 - C 183 Maternity Protection Convention ILO),2000 - Directive 92/85/EC on pregnant workers, woman who have recently given birth, or are breast-feeding - Directive 96/34/EC on parental leave
- Participation/control. Allow workers to take part in decisions or actions affecting their jobs.	- EU Guidelines - HSE (control)

"Approaches to be considered include participative management"	- Directive 2002/14/EC establishing general framework for informing and consulting employees in the European Community
- Workload. Ensure assignments are compatible with capabilities and resources of the worker, and… …allow for recovery from especially demanding physical or mental tasks	- EU Guidelines - HSE (demands) - Directive 93/104/EC on working time - C175 Part-time Work - Directive 2003/88/EC concerning certain aspects of the organisation of working time - Directive 94/33/EC on the protection of young people at work
- Content. Design tasks to provide meaning, stimulation, a sense of completeness and opportunity to use skills.	- EU Guidelines - WCA (Dutch)
- Roles. Define work roles and responsibilities clearly.	- EU Guidelines - HSE (role)
- Social environment. Provide opportunities for social interaction, including emotional and social support and help between fellow workers.	- EU Guidelines - HSE (support)
- Future. Avoid ambiguity in matters of job security and career development; promote life-long learning and employability.	- EU Guidelines - Directive 99/70/EC concerning the framework agreement on fixed-term work concluded by ETUC, UNICE and CEEP
- Relationship. Employees indicate that they are not subjected to unacceptable behaviours, e.g. bulling at work	- HSE (relationship) - Resolution on -- - Harassment at the workplace 2001/2339 - International Code to Prevent Mobbing at Workplace - The Swedish Order on Victimization at Work,/ 1993, - The French Modernization of Employment Act/2002 - The Belgian Welfare at Work Act /1996 - The English Protection from Harassment Act/1997
- Change. Employees indicate that the organisation engages them frequently when undergoing an organisational change	- HSE (change) - Directive 2002/14/EC establishing general framework for informing and consulting employees in the European Community

- workplace, working methods, tools, machines are in accordance with personal characteristics of the employees	- WCA (Dutch)
Requested steps of intervention: - 1st step: identify the incidence, prevalence, severity and trends of work-related stressor exposures and their causes and health consequences - 2nd step: characteristics of exposures as reflected in the content, organisations of work are analyzed in relation to the outcomes found - 3rd step: the stakeholders design an integrated package of interventions, and implement it - 4th step: the short- and long-term outcomes of interventions need to be evaluated, in terms of (a) stressor exposures (b) stress reactions (c) incidence and prevalence of ill health (d)indicators of well-being (e) productivity (f) costs and benefits in economic terms	- EU Guidelines
"The aim of the standard is not to reduce mental workload (or stress to the minimum possible (…), but to optimize it"; "What is really required is to avoid any kind of dysfunctional mental workload, and to provide for optimal mental workload which will avoid impairing effects and promote facilitating effects and the personal development of the worker".	ISO 10075:1991
The specific design guidelines to optimize mental workload should take into account: - *effects* they are intended to influence (i.e.: fatigue, monotony, vigilance, satiation) - *the level of design* (task, equipment, environment, organisation) - *quality and intensity* of mental workload - *temporal organisation of work* (e.g. duration of working hours, time off between successive shifts, shift work, breaks and rest pauses, as well as changes in task activities)	ISO 10075:1991
Raising awareness and appropriate training of managers and workers can reduce the likelihood of harassment and violence at Work, A suitable procedure will be underpinned by but not confined to the following: - it is in the interest of all parties to proceed with the necessary discretion to protect the dignity and privacy of all - no information should be disclosed to parties not involved in the case - complaints should be investigated and dealt with without undue delay - all parties involved should get an impartial hearing and fair treatment - complaints should be backed up by detailed information - false accusations should not be tolerated and may result in disciplinary action - eternal assistance may help If it is established that harassment and violence has occurred, appropriate measures will be taken in relation to the perpetrator(s). This may include disciplinary action up to and including dismissal. The victim(s) will receive support and, if necessary, help with reintegration. Employers, in consultation with workers and/or their representatives, will establish, review and monitor these procedures to ensure that they are effective both in preventing problems and dealing with issues as they arise. - the employer must adopt an explicit policy against victimization	European Framework Agreement on Harassment and Violence at Work The Swedish Work Environment Act

- he must provide for an early detection of signs of and the rectification of "such unsatisfactory working conditions, problems of work organisation or deficiencies of cooperation" as can provide a basis for victimization, - he must take counter-measures if signs of victimization become apparent - he must provide support to the victim, and have specific procedures for that - he must provide to the management with the training related to victimization at work, its causes, prevention and legislation issues - he must engage all workers in improving working conditions in order to prevent victimization at work - the physical organisation of the working environment aimed at preventing violence, - quick and impartial investigation of cases of workplace violence, - listening to and assisting victims; - establishing proper assistance and support for the victim, the availability of an advisor on prevention and an complaint resolution officer - supporting and helping victims to return to work; - line management's obligations to prevent the situation envisaged; - provision of information and training to all workers on preventing stress; - informing the Committee for Prevention and Protection at work	Belgium Law of 11 July 2002

Table 3.5.: Standards covering psychosocial risk assessment (standards that indicate how to measure stress, its causes and consequences)

STANDARD CONTENT	TYPE OF DOCUMENT
"it was decided not to standardize individual methods or instruments of mental workload but to prepare a standard on requirements for such methods or instruments" A choice of the most appropriate measurement instruments/procedures in a given situation must take into account: - the intended domain of measurement (assessing mental stress or mental strain or effects of mental strain - the quality of measurement (categorized into three levels: orienting level, screening level, precision measurements - measurement technique (ranging from job and task analysis through performance assessment and subjective scaling techniques to psycho-physiological measurements)	ISO 10075:1991
Measurement quality is defined via psychometric criteria: objectivity, reliability, validity, sensitivity , diagnosticity (*definitions of the above terms are given in the norm*)	

Table 3.6.: Standards covering administrative infrastructure of psychosocial risks assessment and prevention (standards that indicate what systems enable/enforce psychosocial risk management)

STANDARD CONTENT	TYPE OF DOCUMENT
Systems are in place locally to respond to any individual concerns related to the Management Standards	HSE (Management standards)
Recommended low-cost approach to reduce noxious work-related stress: internal control (= self regulatory process carried out with close collaboration between stakeholders: in-house occupational health	EU Guidelines

service, labour inspector, occupational or public health nurse, a social worker, a physiotherapist, personnel administrator)	
Independent commercial enterprises Occupational Health and Safety Services (OHSS) play a central role in psychosocial risk assessment and prevention. They sell services to companies.	WCA (Dutch)
OHSSs must be certified	WCA (Dutch)
Each OHSS must employ at least one certificated professional from each of the following four fields: (1) occupational medicine, (2) occupational safety, (3) occupational hygiene (4) work and organisation	WCA (Dutch)
The W&O experts' job is to advise management on policy issues to improve work organisation. His four key tasks are: (1) organisational advice and recommendation of measures (2) psychosocial risk assessment (3) implementation of organisation-based measures to reduce job stress and sickness absence rates (4) co-ordination and integration of measures – acting as a liaison between the company and the OHSS team	WCA (Dutch)
Employer must have a prevention adviser with skills in the psychosocial aspects of work and violence at work, psychological harassment and sexual harassment on the staff of his company, prevention service. There must be a prevention advisor on the external prevention service used. This person must not be an occupational health doctor. All firms of every size therefore must have a specialized prevention adviser. Employers can also appoint one or more complaint resolution officers to act as a "first line" player to listen to what victims have to say and attempt an informal reconciliation. A range of procedures are available. Victims may take their complaints through company internal procedures via the complaint resolution officer or specialized prevention adviser. Or they can complain to the labour ministry's medical inspectorate either because company procedures have not worked or because the victim lacks confidence in them. If mediation does not work , redress can be sought through the courts either by the victim personally	Belgium Law of 11 July 2002

6. Discussion

As can be seen from the review above, there are many European and international standards concerning workers' rights which refer to psychosocial risks, even though most of these standards do not use the term explicitly. As mentioned previously, the current review is not exhaustive and therefore does not cover all standards referring to, or addressing, psychosocial risks. Only those standards that concerned the content most frequently discussed in the context of psychosocial risks have been reviewed. Yet when reflecting upon the present situation of regulations in the area, we also have to consider the broad spectrum of social standards, which have been formulated in the recent years by international organisations; such as the International Labour Office, the World Health Organization, as well as the European Commission.

In fact, each Convention and Recommendation of the ILO concerns a certain aspect of the psychosocial and work environment. This includes the ILO Declaration on Fundamental Principles and Rights at Work (1998) that focuses on four basic laws: freedom of association, abolition of child labour, elimination of forced labour and discrimination. Additionally, the European directives deal with the social aspect of work. Other such standards – in relation to psychosocial aspects of work – constitute a few key European documents, for instance *the European Convention of Human Rights and Fundamental Freedoms* (1950), *the EU Charter of Fundamental Rights* (2000), the *European Social Charter* (1961). Standards in this field are also being formulated within newer concepts; such CSR.

Although there are many general standards in the area of occupational health and safety, most of these are regulations concerning occupational safety and health, which obligate employers to evaluate and reduce risk at the workplace; therefore indirectly addressing psychosocial risks. But, their weakness lies in the fact that they do not always explicitly define what could be considered as risk factor (more specifically a psychosocial risk). Examples are such documents as the EU Framework

Directive 89/91 and the ILO 187 Convention – both deal with the topic of risk in a general manner and do not specify which forms of risk should be taken into account. Although research documents point out the relationship between psychosocial characteristics of work (such as, demands, social support, insecurity) and employees' health, and thereby psychosocial risk should be treated and examined as an important part of risk at the workplace, this is not always the case. Most stakeholders perceive workplace hazards as primarily relating to physical aspects of the work environment such as, noise, vibration, dust, and lifting excessively heavy loads. Thus, it should be considered that Framework Directives and such regulations (including national ones) should explicitly refer to psychosocial risk and thereby obligate more clearly the employer's responsibility of monitoring and preventing such risks.

The review has displayed interesting diversification of terminology used in the case of psychosocial risk standards. Different authors/institutions use different terms when referring to similar phenomena. On certain occasions they use the term "stress" or "work-related stress" (for example, EU Guidelines or the Framework agreement), whereas on different occasions the term "mental stress" is used (for example, Display Screen Directive 87/391/EEC), or the concept of "mental workload" (for example, ISO 10075), and also in certain cases the term "psychosocial risk" is applied more generally (for example, WCA – Dutch).

Moreover, the main notions are defined in different ways. For instance in the EU Guidelines "stress" is defined in terms of a reaction ("stress is a pattern of emotional, cognitive, behavioural and physiological reactions …"; Levi, 2002, p. 93), and in the ISO Standards – in terms of stimulus ("the total of all assessable influences impinging…"; Nechreiner, 2002, p. 81). In the latter document, the term "mental strain" is being used to describe the stress reaction. It can be concluded, that the regulations on psychosocial risks should apply a unified system of notions.

It should be noticed that problems concerning violence, harassment and bullying are critically defined by legislative institutions in particular countries on more occasions than the terms of psychosocial risk and work-related stress. On the other hand, there are no homogenous, European standards in the area. Definitions used in different countries are similar, but are not identical.

The review (covering terminology, exposure factors, outcomes, preventive actions, etc.) further highlights that the group of standards concerning 'outcomes' is particularly small. This might be due to the fact that this area is difficult to regulate. The outcomes of psychosocial risk are non-specific: both the outcomes observed on the individual level (such as health deterioration in different areas: mental, cardiovascular, musculoskeletal) and the organisational level (absenteeism, decrease in productivity). It is difficult to formulate a standard that would state the most important effects of this particular form of risk. However, as employers are expected to evaluate the level of psychosocial risk in organisations by taking into account potential effects of this risk: both at the organisational and individual level, we can conclude that despite such difficulties, we should aspire to establish a standard which would specifically address psychosocial risks.

Only few countries have developed standards concerning the administrative infrastructure directed specifically at assessing and reducing psychosocial risks (e.g.: each Occupational Health and Safety Service in the Netherlands must employ at least one certificated work and organisational psychology expert who is responsible for psychosocial risk assessment and implementation of organisation-based measures to reduce job stress). These important initiatives should be critically monitored and described in order to assess their advantages and pitfalls (for example the pitfall of previously mentioned example is that in the Dutch system employers do not necessarily have to contract occupational health services). The best initiatives should become examples of best practice for new member states in the EU. Another area for future advancement concerns developing common standards for tools and interventions for psychosocial risk assessment. In the EU Member States there are many instruments being used currently. The principles of the PRIMA framework can prove useful in clarifying best practice components for the assessment of psychosocial risks. However, the least addressed area in current provisions is that of standards related to the psychosocial risk management process as a whole. This also relates to the lack of relevant indicators in this area as discussed in chapter 2.

7. Conclusions

This review highlighted a divergence in terminology used in existing standards of relevance to psychosocial risks. Various authors/institutions use different words to indicate what should be considered as a psychosocial risk factor and what should be done to reduce this risk. Examples of content resemblance in defining risks factors are statements such as "bad fit between a worker and his/her work" (the EU Guidelines) and "match between workers' skills and job requirements" (European Framework Directive). There is divergence even in terms of preventive actions recommended for example – "providing the worker with clear job description" (EU Guidelines), "clarifying the company's objectives and the role of individual workers" (European Framework Directive), "defining work roles and responsibilities clearly" (HSE, Management Standards). These differences in terminology and approaches might lead to confusion and misinterpretation and therefore it seems reasonable to develop a minimum set of standards using unified terminology for psychosocial risk management for all EU countries. PRIMA-EF can help to unify these approaches, which in turn can be used as the basis for developing a European standard for psychosocial risk management.

The following chapters explore the important issues of social dialogue and stakeholders' perception as they relate to the management of psychosocial risks.

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04 Chapter

Social Policies, Infrastructure and Social Dialogue in relation to Psychosocial Risk Management

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1. Introduction

This chapter further discusses the policy context to psychosocial risk management and in particular to work-related stress, violence and harassment at work. Therefore, existing social policies, legislatory frameworks and integrative infrastructures in relation to psychosocial risk management are reviewed and analysed. A central issue considered is 'Social Dialogue' as a relatively novel mode of regulation ('soft law') and how it can contribute to the effective management of psychosocial risks in the changing socio-political and economic context of the EU-27. The chapter combines an analysis of the literature with findings from a stakeholder workshop that was organised as part of the PRIMA-EF project where representatives from employers' organisations, trade unions, governmental institutions and scientific institutes shared their knowledge and experiences about current questions and challenges in the area of psychosocial risk management at work in the enlarged European Union (EU). The stakeholder involvement, on the one hand, allowed to confirm and complement the findings of the literature analysis and, on the other hand, provided room for social dialogue itself, where social partners and other important actors engaged in an open and fruitful discussion. Based on this analysis and considering recent activities on indicators in this area at EU level and by the International Labour Organization (ILO), a social dialogue indicator framework was designed in order to promote discussion on psychosocial risk management in the EU and to support its practical implementation.

2. The policy context of psychosocial risk management: status quo

2.1. Psychosocial risk factors: legal framework and regulations in the EU

In EU legislation, the terms 'stress' and 'psychosocial risks' are not mentioned explicitly. However, the Framework Directive 89/391/EEC lays down employers' general obligations to ensure workers' health and safety in every aspect related to work, "*addressing all types of risk*". In particular, it requires employers to adapt the work to the individual, "*...to alleviating monotonous work and work at a predetermined work-rate and to reducing their effects on health*". In this sense, there is an indirect reference to, and provision for, risks related to the psychosocial work environment. This is also the case for the Display Screen Directive 87/391/EEC, which refers to *"problems of mental stress"* in the context of risk assessment and to the Organisation of Working Time Directive (93/104/EC).

Other issues such as harassment and violence at work – in principle – are also covered under the general duty of the employer to assess, prevent and reduce risks to safety and health at work according to the provisions of the Framework Directive 89/391/EEC. A background paper from the European Foundation for the Improvement of Living & Working Conditions, summarised the policy context in the EU on these issues by stating that, "Despite calls in the past for a specific directive dealing with violence and harassment at work, the European Commission indicated its preference that the issue be dealt with through joint social partner action within the existing structures of the European Social Dialogue. Earlier this year (2007) the social partners at European level responded positively to this call and finalised a Framework Agreement on Harassment and Violence at Work (...) It should also be mentioned that EU "anti-discrimination" directives (Council Directives 2000/43/EC and 2002/73/EC) include new definitions of racial and sexual harassment applicable across the EU (…) In general, policymakers and public agencies at EU and national level have made serious efforts since the early 1990s to combat workplace harassment" (Hurley & Riso, 2007, p. 2).

The European Agency for Safety and Health at Work summarises the legal situation in this domain on country level in its publication on 'How to Tackle Psychosocial Issues and Work-related stress'. It states that, "None of the EU countries have specific regulations on work-related stress, but legal frameworks in all countries refer to psychosocial risk factors that are the cause of work-related stress. In some countries, the legal provisions go further than the framework directive by specifying the need for employers to act against factors considered to be psychosocial risks that cause work-related stress. This is the case in Belgium, Denmark, Germany, the Netherlands and Sweden. (…) In a few countries, revisions of the occupational health and safety laws are ongoing (e.g. Ireland, Austria and Sweden). While, in Finland, a new health and safety law was adopted in spring 2002 encompassing psychosocial work demands, violence and bullying" (EASHW, 2002, pp. 14-15).

Moreover, legal provisions in Sweden demand that employers have to conduct a risk assessment of health and safety impacts before introducing organisational changes. In the UK, the 'Management of Health and Safety at Work Regulations' of 1999 demand an assessment of 'psychosocial hazards' at the workplace (HSE, 1999). In the Czech Republic, a provision on work-related stress was enacted with the new Labour Code in 2006. According to Vogel (2002), new legislation on psychological harassment at the workplace is on the agenda in a number of EU countries. Sweden led the way with its 1993 regulations (Order on Victimization on Work). Also, France and Belgium have passed laws to stop workplace harassment (see e.g. Hirigoyen, 2002). Similar legislation was enacted in Spain, the UK, Portugal and Italy.

Another important aspect is that apart from differences in national compensation systems, no country in Europe expressly lists stress-related illnesses in its official schedule of occupational diseases, making it difficult for employees to claim compensation. Only in some countries (e.g. UK, Italy and Ireland) affected employees have been able to gain compensation for stress-related disorders through court decisions (Koukoulaki, 2002). These stress-related compensation claims were one of the factors that prompted the development of the 'Management Standards' approach on work-related stress in the UK (see section 4.2.4).

2.2. Prevention of work-related stress in the EU: developments, progress and challenges

The changing world of work (e.g. intensification of work due to competitive pressures, growing precariousness, rising levels of stress) brings up new challenges for governments, social partners and companies to protect health, to improve well-being of the workforce and at the same time to increase economic performance in Europe. These changes are highlighted by the opening of European frontiers to provide free flow of labour, products and services, against the background of different national realities and occupational health and safety infrastructures with different levels of protection. The EU community strategy 2007-12 on health and safety at work is to combine long-term economic growth, social cohesion and environmental protection; in short, to create more and better jobs in a growing Europe. This includes improving the quality of work including occupational health and safety. These developments make problems of work-related stress and psychosocial risks in general more important (see e.g. Hurley & Riso, 2007).

Over the past decade, considerable progress has been achieved in recognising the relevance of work-related stress in particular and of psychosocial issues in general. This is due to several factors, many of which are interrelated, such as: a) legal and institutional developments, in particular the common European Framework, starting with the EU Framework Directive on Health and Safety in 1989 and subsequent adaptation of national legal frameworks in EU member states, the development of infrastructures, the initiation of campaigns and initiatives (e.g. Schaufeli & Kompier, 2002), b) the growing body of scientific knowledge on stress and psychosocial factors and the dissemination of this knowledge (e.g. Levi, 2002) and c) complementary actions taken by social partners within the European Social Dialogue, e.g. the Framework Agreements on work-related stress in 2004 and on violence and harassment at work in 2007.

However, in spite of all progress that has been achieved, there is still a considerable science-policy gap, and an even broader one between (declared) policy and implementation with regard to stress prevention. On the one hand, there is a common European Framework, and the new EU culture of risk prevention which combines a broad range of approaches, in particular law enforcement, social dialogue, best practices, corporate social responsibility and building partnerships. On the other hand, the situation at the level of EU member states is quite diverse (Oeij & Morvan, 2004). There are rising levels of stress at work, but countries differ in acknowledgement, awareness and prioritisation of this problem. This situation is certainly accentuated by European enlargement, with the percentage of workers reporting stress at work ranging from 16% up to 55% in EU member states (Parent-Thirion, Macías, Hurley & Vermeylen, 2007). On average, workers in Central and Eastern European Countries report the highest level of work-related health impact.

In line with European and global developments (in particular changes in the division of labour and increased competition over the last years), a shift of emphasis in policies can be observed from improving the quality of work to increasing productivity and economic performance. In this context and referring to the policy-making process in the EU, questions are raised in the scientific and political discourse as to whether recently advocated 'softer' forms of regulation in occupational safety and health are appropriate to guarantee convergence in health and safety standards between new and old member states (Woolfson, 2006).

Challenges for governments and regulatory systems are also connected with current trends toward outsourcing, considering that "the regulatory response to outsourcing has been fragmentary and neither the development of instruments nor compliance measures have kept pace with emerging problems" (Quinlan & Mayhew, 2000, p.185). In terms of research infrastructure, a setback occurred with the closing down of the National Institute for Working Life in Sweden in 2007. This highlights the fact that occupational health and safety resources and infrastructures, which are vulnerable to societal and political developments, need support by stakeholders who have an interest in improving working conditions and in defending 'decent work'. This overarching context has to be considered when looking at the development of European Social Dialogue in more detail.

2.3. The increasing relevance of Social Dialogue indicators: accomplishments and challenges

Since Social Dialogue is a core element of the European social model (Weiler, 2004), there is a great interest to assess its prevalence and quality in the EU countries and to gain a deeper understanding of its strengths and weaknesses. In this context, social dialogue indicators play a decisive role. So far, a number of initiatives have been taken to develop social dialogue indicators and to collect data, internationally and EU-wide; however, with regard to psychosocial risk management, a systematic approach is still lacking.

According to the International Labour Organization, social dialogue is one of the four strategic objectives concerning 'Decent Work' (ILO, 1999). In the conceptual framework for measurement of decent work, two indicators especially deal with social dialogue: union density rate and collective bargaining coverage rate (ILO, 2003). These statistical measures are expected to help all parties involved to assess the current state and the level of progress of social dialogue. Lawrence and Ishikawa (2005) presented such an analysis of computed rates from the statistics collected from 36 countries on trade union membership and from 34 countries on collective bargaining coverage. The results provide an informative basis, but need to be interpreted with caution due to methodological difficulties. Moreover, these quantitative measures do not necessarily reflect diverse qualitative aspects of social dialogue (Lawrence & Ishikawa, 2005) such as 'balanced' conditions between employers' organisations and trade unions. A whole range of other measures exist, both quantitative and qualitative. However, relevant data often is not available for many countries and therefore trade union density and collective bargaining coverage are still the most common indicators used internationally.

In a working paper of the ILO Integration Department, Statistical Development and Analysis Group, a comprehensive review on social dialogue indicators has been presented. Four aspects of social dialogue are distinguished: 1) associational structure, 2) wage setting arrangements, 3) participation in public policy and 4) firm-level employee representation (ILO, 2003). Two indicators have been identified for each of these aspects. While the first two categories – in line with the indicators introduced earlier – deal with unionization and collective bargaining arrangements, the third and fourth cover a wider perspective: the influence of social parties on policy making on the one hand, and the premise for social dialogue at the company level on the other. A similar review in the EU context has been introduced by the European Foundation for the Improvement of Living and Working Conditions, which includes four dimensions of key indicators for industrial relations: a) context, b) actors, c) processes and d) outcomes (Weiler, 2004).

Concerning social dialogue in the area of psychosocial risk management – especially the framework agreements on work-related stress (European Social Partners, 2004) and on harassment and violence at work (European Social Partners, 2007) – no specific indicators have been developed to monitor the implementation progress on national level. The basic implementation steps that should be adapted to national industrial relations systems until October 2007 were: translation of the agreement, dissemination and information, discussion between national social partners and development of an actual implementation instrument (Müllensiefen, 2008). Social partners in EU member states were asked to report on the progress and difficulties of implementation in a yearly joint table, but there has been no standardised review of this process. Accordingly, as can be seen in the two interim implementation reports and the final implementation report (European Social Partners, 2006, 2007a, 2008), the reporting is very heterogeneous (for more detail see chapter 7).

In terms of two PRIMA-EF key concepts, convergence and minimum standards, laid down in the Framework (see chapter 1) indicators are needed to secure a good reporting standard in order to properly assess the implementation process across the EU nations. To this end, further considerations and recommendations for a social dialogue indicator system in the European context of psychosocial risk management are addressed in section 6, integrating existing approaches and drawing on the overall findings of this part of the PRIMA-EF project. Also a wider utilisation of indicators for purposes of benchmarking is discussed, referring to the innovative approach of social benchmarking (ETUI-REHS, 2008). In the ETUI-REHS report "Benchmarking Working Europe" (2008), it is understood as an appropriate instrument with which to mould social processes and social policy; the (ambitious) aim being not only to defend minimum standards but to promote rising standards through benchmarking.

2.4. Benchmarking national policies for implementing the European strategy on health and safety at work

In the context of developing social dialogue indicators focused on psychosocial risk management, relevant policy developments and initiatives in the EU on benchmarking national policies concerning health and safety at work should be considered. In 2007, the European Commission's "Advisory Committee on Safety and Health at Work" established a working group with the purpose to develop an instrument called "scoreboard" for monitoring the member states' performance in relation to the objectives provided by the new community strategy on health and safety at work 2007-2012. Once completed, this new European Occupational Safety and Health (OSH) scoreboard shall illustrate efforts and achievements of the participating countries in several focus areas covered by six scoreboard chapters, three of which being of particular importance with respect to the PRIMA-EF project. A chapter dedicated to "National OSH strategies", will provide indicators of the social partners' involvement in strategy-related decision making and implementation processes. Another chapter on "Work-related health problems and illnesses" will include information on how the EU member states deal with the problem of work-related stress. While the chapter on "Preventive potential" will refer to different components which form a country's potential for developing and maintaining a good working environment. One of these components will be addressed as "Partnership and cooperation". Here, the scoreboard will indicate a) if employers' and workers' organisations have developed (together or separately) autonomous initiatives to improve OSH at the enterprise level, b) if they have taken significant steps at national level for the implementation of European framework agreements on telework, work-related stress, or harassment and violence at work, and c) how closely OSH authorities are cooperating with social partners' organisations. The publication of the first completed European OSH scoreboard is planned for summer 2009. In the meantime, a similar project, dedicated to the preparation of a scoreboard monitoring the performance of regional OSH authorities, has been initiated in Germany. As in the European scoreboard, indicators of Social Dialogue in different areas of OSH, e.g. work-related psychosocial health risks, will be included here too.

3. Methodology

To tackle the issue of social policies, infrastructure and social dialogue in the area of psychosocial risk management, two different methods were used. First, a comprehensive literature review was conducted to capture relevant issues and trends. Second, the opinion of key stakeholders in the area of psychosocial risk management policies was obtained using the qualitative method of focus groups. This complementary approach was chosen to collect and to integrate viewpoints from a scientific as well as from a practical perspective.

3.1. Focus groups

In order to involve relevant stakeholders in the project, national and international stakeholders from trade unions, employers' organisations, scientific institutes and state agencies were contacted and invited to participate in a Stakeholder workshop. Overall, 45 stakeholders and experts from 7 countries participated in the workshop. Prior to the focus groups, the results of the PRIMA-EF stakeholder survey exploring their perceptions in relation to policies and practice in psychosocial risk management (for more detail see chapter 5) were presented to the participants to provide the basis for an in-depth discussion. Additionally, a representative from DG Employment of the European Commission was invited to give a presentation on the current state of implementation of the European social partners' framework agreement on work-related stress (the full schedule of the workshop can be found on the PRIMA-EF website: http://prima-ef.org/stakeholderworkshop.aspx). On the basis of this information, the discussions took place in focus groups on the following topics: a) regulations and initiatives, b) stakeholder perception of work-related stress, c) corporate social responsibility and d) social dialogue. For the purpose of this chapter, only the results from the focus groups on 'Regulations and Initiatives' and 'Social Dialogue' were considered.

Focus groups in this context were understood as a structured group discussion. Under conditions of confidentiality, participants were encouraged to engage in an open discussion. Before each group was held, information was delivered to participants outlining the topics of the focus group and the structure of the session; each focus group lasted approximately one and a half hour.

Each topic was explored in two concurrent focus groups with eight to ten participants. It was ensured that representatives of different stakeholder groups were represented equally in all four focus groups. This qualitative data collection method provided ways to discuss the relevant issues in-depth and to explore commonalities and differences in stakeholders' opinions. The following topics were discussed in detail: a) current state of social dialogue, regulations and initiatives in relation to psychosocial risks in the EU, b) achievements and implementation gaps, including the situation in the new EU member states and differences in problem awareness among different stakeholder groups, c) potential benefits and limits of various approaches (e.g. regulations versus 'soft law') and d) ways forward, suggestions for improvement, and priorities for action.

Participants could draw on their knowledge and experience and bring in detailed information. All focus groups were recorded and professionally transcribed. The transcripts were analysed through thematic analysis (Braun & Clarke, 2006), identifying key themes and core issues that were reported by the participants.

4. Findings

4.1 European Social Dialogue: review and analysis

4.1.1. Terminology and definitions

Social dialogue in a broader picture is part of the industrial relations system. According to Müller-Jentsch (1997: in Weiler, 2004), industrial relations comprise the relation of management and workforce and likewise of employer federations and trade unions. Other definitions also mention the state as a third actor. The issue of industrial relations is "the cooperative and conflictual interaction between persons, groups and organisations (actors) as well as the norms, agreements and institutions resulting from such interactions" (Weiler, 2004). Social dialogue in this industrial relations system can be seen as the part focussing on cooperative interaction.

In an ILO working paper (Lawrence & Ishikawa, 2005), social dialogue is defined as "all types of negotiation, consultation or simply exchange of information between representatives of governments, employers and workers, on issues of common interest relating to economic and social policy." As outlined previously, social dialogue as a central component of the European social model is highly important in the EU. In this context, social dialogue refers to "discussions, consultations, negotiation and joint actions undertaken by the social partner organisations" in two main forms: a bipartite dialogue between the two sides of industry (management and labour) and a tripartite dialogue involving social partners and public authorities (European Commission, 2002).

4.1.2. Stakeholder perceptions of Social Dialogue

In an online survey posted on the European social dialogue website, a broad stakeholder evaluation of the European social dialogue was conducted, concerning awareness, achievements and opinions in this area (European Commission, 2007). Most participants were representatives or members of social partner organisations, both on European and national level, with a majority of employers' organisations representatives (74%). The knowledge of participants was mostly 'medium' to 'good', measured by a self-assessment and knowledge test. However, knowledge was lower on more specific questions. As most important obstacles to effective social dialogue, the lack of commitment by social partners and a lack of communication between European and national social partners were named, followed by a lack of funding for social partners initiatives and language problems. No major differences between trade union representatives and employer representatives occurred in this point. However, concerning the most important issues to be addressed in the future, some differences were detected: trade unionists gave priority to working

conditions and social protection, while employers saw education and training as most important issues, followed by flexicurity and working conditions. The majority of all participants considered that they were contributing significantly to European Social Dialogue, whereas the impact of Social Dialogue on management at workplace level was perceived as less important by employers than by unionists. Social Dialogue in general was evaluated by respondents as a "good thing with some valuable results achieved, but a somewhat limited impact." This appraisal can consistently be found in statements on social dialogue.

In the PRIMA-EF stakeholders' survey, stakeholders' perceptions of work-related stress in the EU-27 states were explored (see chapter 5). Some of the questions concerned the role of Social Dialogue in combating work-related stress. The results show that 69.3% of all participants (EU-15: 74.4%; new EU countries: 62.5%) stated that they were familiar with the content of the framework agreement on work-related stress. In line with the survey described earlier, answers on more specific questions were less unanimous.

In terms of the implementation of the framework agreement on work-related stress, a relatively low percentage of all participants considered that the agreement had been implemented effectively (17.3%). Significant differences in perception occurred between stakeholders in the EU-15 (25.6%) and the new EU countries (6.2%). Furthermore, employers' representatives were much more convinced that the implementation has been effective (42.9%) than government representatives (12.5%) and trade union representatives (11.1%). Likewise, the impact of the agreement on actions taken to tackle stress was perceived higher by employers (50%) than by government representatives (31.3%) and by trade unions (18.6%). This can be interpreted in relation to the tendency of employers' organisations to aim for less binding and voluntary approaches to health and safety issues, which is also reflected in a BUSINESSEUROPE priority briefing on the reform of European social systems to respond to global challenges. There it is argued that "the European Commission policies to promote social dialogue must be based on a genuine respect for the autonomy of the European social partners" (BUSINESSEUROPE, 2008).

4.1.3. From regulations to soft law: changes in EU policy concerning psychosocial risk management

As mentioned before, on the issue of psychosocial risk management, two 'autonomous', non-binding framework agreements on work-related stress (2004) and violence and harassment at work (2007) have been signed by the European social partners. These form part of 'soft law' and are discussed in more detail in chapter 7. In an interview, deputy general secretary of the ETUC, Maria Helena André, spoke about changes in the general political framework concerning psychosocial risk management, which are developing towards less binding approaches. She stated that "the days of social directives may not be over, but are increasingly numbered". She underlined that it would be an oversimplification to say that autonomous agreements are inferior to legislation. There are of course some concerns that autonomous agreements might not offer the same protection as legislation would do, but agreements can be judged as far better than no regulation at all. "…if it's a choice between legislation that may not come in for years, or agreements that are implemented and improved by the social partners, than as the politics stand; I would opt for the latter" (Grégoire, 2007). Social dialogue in this sense can be seen as a learning process evolving with every new agreement. The implementation of the autonomous agreement on violence and harassment at work has just started. It is expected that more 'hard' implementation will be seen on this agreement, than has been the case with work-related stress. ETUC is trying to support social partners in working with this tool by providing guidance on how to interpret the agreement, conducting regional seminars and developing a checklist for the implementation of Social Dialogue instruments.

4.1.4. EU enlargement – a challenge to the EU social model

Support and capacity building is especially crucial in the new member countries in Central and Eastern Europe (CEE), which have to 'catch up' in terms of social dialogue structures. The social acquis on health and safety at the workplace was perhaps the most complex and difficult area where candidate countries were called upon to harmonise. Better occupational health and safety requires a significant investment that most employers in the new member states are not in a position or are not willing to make in the short term. Other problems have been considered more

urgent in the transition process. There has been a tendency that managers – especially of SMEs – also generally fear that upgrading health and safety standards will bring costs that may lower their competitiveness. Such problems have been identified on a large scale in traditional sectors such as construction, agriculture, but also in some high-tech sectors such as engineering.

Paradoxically, there is already significant legislation in place on health and safety standards in CEE countries. But these legislative items are generally not applied by enterprises. An "extremely complex and burdensome set of legal provisions governing industrial relations" is contrasted by a "total lack of influence on the development of industrial relations in the growing private sector" (Vaughan-Whitehead, 2003). Moreover, because of the comparatively low wages in CEE, workers have been ready to accept lower safety standards in exchange for higher wages through risk premiums. Only wage increases might shift the interests and concerns of workers towards safer working conditions and shorter working time in general. As a 'worst case' example, the situation in Lithuania was cited by Woolfson and Calite (2007), who stated that "the norm for work in Lithuania is based on a regime of intensification without participative working environment." This involved in particular "deteriorated working environments and serious defects in the processes of Social Dialogue" whereby "prospects for harmonization of working environments may recede with eastward expansion" (Woolfson & Calite, 2007).

Over the last years, the EU has tried to build the capacities of the new member countries for Social Dialogue on the national and European level, e.g. by financing programmes that increase the relevant competences of the social partners in these countries. The European Foundation has also carried out diverse capacity building activities (EuroFound, 2006), for example, a project on Social Dialogue capacity building at sectoral and company level in 2006 with all twelve new member states and the candidate countries Croatia and Turkey. Further, there are a number of initiatives by the European Agency for Safety and Health at Work (EASHW, 2007). In spite of such initiatives, Woolfson and Calite (2007), suggest that there are significant shortfalls in European policy approaching the problems of EU enlargement. Potential challenges of enlargement have been pointed out very early in the process.

In the European Commission (2004) "Report of the High-Level Group on the future of social policy in an enlarged European Union" some gaps were highlighted that could be a threat to the future implementation of the "acquis communautaire", e.g. a less efficient social dialogue process and a rather neo-liberal approach in most of the new member states. These threats were addressed in the EU OSH Strategy for 2002-2006 to some extent, but specific funded programmes of work involving concrete actions, implementation timetables and measurable outcomes were lacking. Woolfson and Calite (2007) further state that the current strategy for 2007-2012 still failed to take into account the need for significant improvements in this area and has given an even stronger emphasis on competitiveness, this according to them, marks a "retreat from any commitment to the preservation of a social dimension in the European project balancing economic development with social justice across the member states."

From an empirical point of view, qualitative studies suggest that there are some links between the presence of Social Dialogue and improvements in working conditions. Research also shows that the Social Dialogue process is active at all levels, but that it requires a long time to develop efficient Social Dialogue structures. In the new EU countries – as pointed out earlier – these structures are not so well established, but there is some evidence that the process is speeding-up (Broughton , 2008).

4.2. Stakeholder workshop: Focus groups findings

As described before, the topics 'Social Dialogue' and 'Regulations and Initiatives' were explored each in two concurrent focus groups. The key questions for both topics concerned achievements and gaps including differences between old and new EU member states, differences in problem awareness among stakeholder groups, potential benefits and limits of various approaches and ways forward. For practical purposes, the findings of all four focus groups are presented in the four themes that emerged in the focus group discussions.

4.2.1. Current state – achievements and gaps

As an overall result, it was emphasised that work-related stress has been established on the occupational health and safety agenda and is now largely accepted as an issue. There has been a

lot of research on the impact of stress on e.g. sickness leave, so that the problem cannot be ignored anymore. The amount of legislation was on the whole seen as adequate at EU level but should serve as the minimum level rather than as the 'ceiling'. The Framework Directive 89/391/EEC on occupational health and safety stipulates that employers are obliged to assess all types of risk, including psychosocial risks. However, the implementation, enforcement style, relevant resources and infrastructures vary in different EU member states and compliance is in part quite low. It is for instance more difficult to enforce in some new member states due to a lack of capacity, resources and expertise at national level. A new member state union representative said that, *"in the context of the EU enlargement, there seems to be a legal gap, as work-related stress is not explicitly mentioned as a risk factor for ill health in national legislation. Labour inspectors usually have other priorities than work-related stress. They are also rarely trained to deal with psychosocial issues and therefore cannot make a significant contribution"*. Stakeholders from old and new member countries agreed that education, guidance and tools are needed for all parties involved. An employers' representative pointed out *"that managers are quite familiar with the issue of work-related stress and even if it was not their top priority, they would try to address it, only if they knew how"*. The need for toolkits and best practice models was highlighted.

4.2.2. The role of legislation: starting point or "last recourse"?

A controversial point in the discussion was the role of regulations in the social dialogue process for psychosocial risk management. It was brought up that employers tend to oppose legal obligations in this context and focus on the business case, information and support for companies, while union representatives in addition to guidance also focused on the importance of binding regulations. In Poland, a trade union representative said, *"We would like to see stress as an obligatory part of risk management, enshrined in labour law. Polish employers on the contrary dissent from this, because from their perspective, raised awareness of stress would lead to more compensation claims like in the case of bullying, where there is a regulation in the labour code"*.

An employers' representative pointed out that globalisation is going to make a difference in social dialogue and if regulations become too strict, businesses could move their production. Some participants further argued that while a legislatory approach is appropriate for physical, chemical and environmental exposures, this is not the case for 'softer' psychosocial issues, which are difficult to define objectively. Others said that legislation can have quite positive effects, because it involves the allocation of manpower and funds by the government, reporting activities, media coverage and a base for prosecution. A participant from Finland gave an example of such an initiative, stating that, *"A special paragraph on harassment was introduced in 2003 in the legislation. It led to the development of two surveys and to a significant increase of the percentage of organisations with special policies concerning harassment"*. Participants generally agreed that, the existence of regulations per se did not necessarily mean that policies are also applied sustainably. In addition, the need for tools and training was also highlighted. In terms of transferability of example of best practice in legislation to new member states, it was indicated that prior to the law, a discussion should have taken place and that legislation should not be introduced too early, because a lack of problem awareness can cause significant problems in terms of acceptance and enforceability.

Participants also discussed the different role of the state as seen in the case of the Netherlands Covenants, which were developed though a combination of ministry initiative and sectoral social dialogue. The ministry provided a budget and actively approached sectors with a high level of psychosocial or physical risks. Targets for risk reduction were set and a plan of action was outlined, implemented and evaluated at sector level. The success rate varied in different sectors, but in general, a reduction of risks could be achieved. Again, problem understanding and problem solving had developed over decades and these conditions are not yet existent in new member countries.

4.2.3. A difficult situation in the new EU member states

In general, stakeholders observed a tendency for deregulation, especially concerning so called 'soft' issues like work-related stress. In line with this development, increasing importance is attached to European social dialogue. At the same time, the structure and quality of social dialogue were reported to be following a negative trend. A participant commented, *"Trade unions for example are losing members. This development is creating a paradox situation, because strong*

national social dialogue structures are needed when legal deregulation is progressing. This is particularly problematic in the new member states, where there is a weak tradition in social dialogue". The participants generally accepted that social dialogue is better developed in old EU member states than in new EU countries. Although the degree of social dialogue was also reported to vary among the old EU member states as well, the situation in the new EU member states was considered to be much more difficult and diverse. As a participant from a CEE country highlighted, *"The new countries find themselves in the situation that they have very little experience in social dialogue, but have to comply with the EU agreements and are expected to work with this new tool. When the new member states entered the EU, other problems, rather than social dialogue, where more pressing, in particular the political implementation of the enlargement and the adaptation to economic requirements of the common market, which involved the need to restructure the economy, social security systems, etc.".* The participants agreed that, in many cases, the conditions for social dialogue in the new member states were not very good. Some problems lie in the social partners' organisation and it was pointed out that in this context especially employers were not well organised.

The sectoral level was considered as the weakest level of organisation by the participants. The sectoral level is of great importance in the social dialogue process because a shared perception and awareness of sector specific problems can make a considerable contribution to the success of negotiations. Another problem was pointed out by a Polish trade union representative, who stated that *"Employers' organisations in new member states are rarely affiliated to the EU level and therefore important knowledge is not disseminated".* Another new member state trade union representative, said that *"Employers often see stress as an individual problem – not as much as an organisational problem and therefore are not willing to assume responsibility".* Some participants pointed out that, in general, high unemployment rates and job insecurity lead to a power imbalance between unions and employers which limits the social dialogue process in these countries. Under these circumstances, it was therefore considered that, more regulation could be necessary to bring about improvements. In either case, participants highlighted that improvements require significant financial investment, which were difficult to obtain in the new EU countries. Some positive signs were also discussed, an example was provided by a participant from Poland who stated that *"In the telework agreement in Poland, a consensus was achieved in a dialogue between trade unions and employers, and subsequently a change has been made in legislation. From the trade unions' point of view, the negotiating process on the telework agreement could work as a model for implementing the framework agreement on work-related stress, on which the negotiations have recently started".*

4.2.4. Combining 'soft' and 'hard law': the UK Management Standards – a pragmatic approach

A participant from UK provided some insight into the UK Management Standards approach which was further discussed by the attendees. He highlighted that *"legislation is in place and effective in the UK, with specific employer requirements enshrined in the Health and Safety at Work Act, but that there is a political decision to use as little enforcement as necessary, because enforcement as the only driver is more likely to generate merely short-lived results rather than sustainable changes in health and safety practices".* In the Management Standards approach, a great emphasis is put on an additional driving power: the benefits of proper health and safety management for employers (e.g. having a more adaptive and innovative organisation with healthier people, reduced sickness absence, better quality of work and good reputation). The Management Standards concern characteristics of the work that employers can relate to and that actually 'have to be managed in every enterprise', for example, support, control or change. Participants discussed the implementation process of the Management Standards which was reported to be a collaborative process with received support from the government, employers and unions and but was considered a costly process comprising national surveys, training, analysis tools, campaigns, evaluation programmes and a website. The participants also discussed the effectiveness of a method which was voluntary but also had some legal impact, as in the case of the Management Standards. A participant commented that *"If organisations start using these standards and assess risks, they will also have to manage these risks. If they don't, the risks assessed would be foreseeable risks and workers can bring up compensation claims. If employers are aware of the potential advantages, they would be much more interested to engage in risk management".* Still, it was pointed out that a barrier of this voluntary

approach is seen in the different levels of involvement among employers and underlined that some more enforcement could be useful; this was also reported by Mackay (2004).

5. Discussion

In this chapter, social dialogue structures across Europe were reviewed, with a special focus on CEE countries. A detailed literature review and focus groups with stakeholders were conducted to explore the relevance of these structures in relation to psychosocial risk management. The results illustrate that some groups of the scientific community and stakeholders (in particular trade unions) fear that existing social policies and practices in CEE countries are inadequate and may adversely affect the future of Social Europe. The weaknesses that still characterise the European Social Model – inadequately structured industrial relations in several countries, insufficient connection of the different levels of social dialogue – sectoral, regional, national, and supranational - could in their opinion become decisive within the framework of the EU enlargement, which is characterised by tremendous differences in socio-economic levels. Large discrepancies between levels of social protection would almost inevitably encourage workers in the new member states or neighbouring countries to seek more acceptable conditions in the EU-15 countries, and thereby making it more difficult to maintain established social rights in these countries, initiating a sort of a vicious circle. This could push EU enterprises to pursue social dumping to take advantage of the situation in the new member states. Woolfson (2007) warned that incoming Eastern European Labour is a potential threat to labour standards not just in terms of collectively bargained wages but also in terms of safety and health at work.

States as well as social partners are now facing major challenges: such as globalisation, innovation, the ageing population and the move towards a knowledge-based economy. These developments have, of course, had a tremendous effect on the world of work, especially on modern working conditions of individuals. A growing percentage of workers are affected by work-related stress and violence at work. The analysis demonstrated that due to sometimes diverging points of view of the social partners, which may also reflect conflicting interests, it is not easy to achieve progress in these areas. Trade unions e.g. are afraid of promoting the concept of corporate social responsibility because they fear this strategy might fuel ongoing trends of deregulation. Employers' organisations on the other hand want to emphasise the voluntary nature of corporate social responsibility and often tend to oppose binding regulations.

The findings of the stakeholder survey and the stakeholder workshop focus groups were largely similar. Differences between trade unions and employers concerning binding regulations were pointed out consistently: employers tended to favour softer, 'business-friendly' approaches and were therefore interested in social dialogue as a voluntary tool. Maybe this is also reflected in the clearly higher participation of employers' representatives than unionists in the online survey organised by DG Employment concerning social dialogue. Problems concerning EU enlargement were highly visible in the literature review and in the focus group discussion. The review provided some deeper understanding of background variables of the challenges concerning EU enlargement like EU policy decisions; these were supplemented by national examples and personal experiences in the focus group discussions. The issue of psychosocial risk management was specifically addressed, and it was highlighted that the "elusive" character of work-related stress generated some amount of uncertainty on how to deal with it effectively. It was underlined that training, information and tools are crucial to strengthen confidence.

The discussion among stakeholders from different member states showed that political and cultural differences have a great impact on social dialogue processes, as a result of which national approaches can differ significantly. This is the case not only in old and new member states, but also within EU member states. This means that it is not possible to have one single 'best' model; 'tailored' approaches – according to the specific context - are needed. In this context, choices have to be made between regulatory approaches in order to enforce compliance on the one hand and building a 'culture of prevention' by soft approaches on the other, according to the particular requirements of a nation. Both approaches have their benefits and limits. A voluntary approach is promising when social dialogue structures are well established and stakeholders can be convinced that they will benefit from the process. A lot of experience in this area is currently being gathered e.g. in the UK (Management Standards approach) but it seems that even there, the success of voluntary structures alone is limited. However, if social dialogue structures are weak and

there are imbalanced power relations between employers and unions, as is the case in a number of new member states, voluntary procedures are less likely to be effective.

Therefore, some level of regulation is needed to make a difference. Woolfson (2006) concluded that an intermediate period may be necessary during which alignment can take place with European norms and 'best practice', framed by strengthening more traditional regulatory instruments and compliance incentives. Still, a significant problem lies in partly quite low enforceability of regulations, especially in new member countries. This implies that enforcement capacities and strategies need to be addressed in particular. The role of labour inspectorates varies between different countries. In some countries, they are mainly enforcing and in addition providing studies and information. In other countries, they go beyond this role and actively encourage the initiation of social dialogue by organising seminars and forums, providing advice and guidance in order to train social partners in dialogue and negotiation techniques. This might be a promising future approach. In perspective and in an international context, social dialogue, in spite of all its deficiencies, is an important democratic achievement as a mode of negotiation where partners with equal rights cooperate on issues of common interest.

On the basis of the results and discussion, the next step will be to outline recommendations for a Social Dialogue 'action model' for the management of psychosocial risks. For this purpose, a framework of indicators will be presented which, upon further elaboration, aims at monitoring the 'successful' implementation of the social dialogue process and can also be used for benchmarking (Bevers, 2006), particularly in the domain of psychosocial risk management.

6. Way forward: development of a Social Dialogue indicator framework on psychosocial risk management in the EU

6.1. Foundation of the indicator framework

In this section, a summary of recommendations for social dialogue indicators in the context of psychosocial risk management is presented using a stepwise approach (in terms of methodology and content). It also makes reference to contributions from EU and ILO sources as well as to the findings from the review and focus group discussions.

Kuruvilla (1999) in a study commissioned by the ILO on 'social dialogue for decent work', laid down the conditions needed for indicator development. He pointed out that any new effort must be connected with old approaches to preserve some degree of continuity. He further highlighted that quantitative data is not sufficient to capture social dialogue. Qualitative data and subjective interpretation by national experts is a key to assessing social dialogue and experts should follow a basic framework of assessment and the assessment tools should be transparent. According to him, social dialogue indicators must have a dynamic focus to indicate the trend of development.

A conceptual framework for developing social dialogue indicators has to build on the accumulated experience of success factors for social dialogue. According to a recent study by the European Foundation, on "Working Conditions and Social Dialogue" (Broughton, 2008), important success factors for social dialogue are described. Most importantly, adequate structures are needed to enable social dialogue to develop – at national, sector and company/enterprise level. Sometimes social dialogue fails because of a lack of unity within the social partner organisations. Each side has the responsibility to ensure a united approach. Both parties need to have very clear ideas of their aims as well as strong commitment to working together and developing mutual trust and respect. Generally, some issues are less controversial than others – such as training and development. It is therefore recommended to start the dialogue process on these issues before moving to potentially contentious topics. If the social dialogue is on the verge of failing due to irreconcilable differences between the parties, appropriate mediation mechanisms should be introduced.

In the context of social dialogue and the quality of industrial relations, which features prominently in the European Social model, another European Foundation study on "Quality in industrial relations: Comparative indicators" (Weiler, 2004) explores European industrial relations and develops a draft set of multidimensional indicators applied to industrial relations in the context of the priorities set in the social policy agenda. Based on in-depth theoretical reflections,

the aim of the analysis is "to establish an operational and well-designed instrument to monitor and assess industrial relations and in this way contribute to the promotion of quality based on structured information" (Weiler, 2004, p.2). In the end, an integrated frame of reference for the conceptual analysis is presented, which offers a flexible framework in the endeavour to develop comparative indicators, considering the different levels and interactions as well as the context (p. 23-24). According to Figure 4.1, the key dimensions of industrial relations are here differentiated as follows: a) regulatory framework (e.g. labour law, litigation), b) actors (e.g. state, trade unions, employers), c) processes (e.g. collective bargaining, Social Dialogue), and d) outcomes (e.g. collective agreements, social pacts).
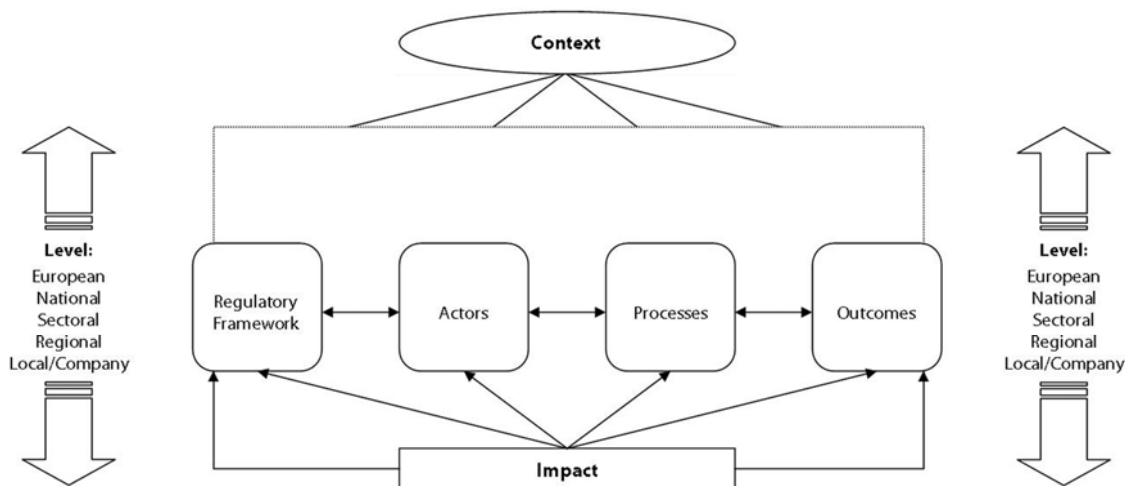
Figure 4.1.: Analytical framework of industrial relations models. Source: Quality in industrial relations (Weiler, 2004, p.23)

The identified and well-founded approach found in the above publications offers a solid base for the development of social dialogue indicators which consider the overall context and at the same time are specific for the area of psychosocial risks (and issues such as work-related stress, bullying, harassment and violence). This approach should be combined with the benchmarking approach of the European Scoreboard outlined in section 2.4.

In terms of content, when developing social dialogue indicators on psychosocial risk management, differences between work-related stress and bullying, harassment and violence should be taken into account. This is due to the different incidence of these issues at national (and company/branch) level in the EU, as well as the considerable susceptibility of bullying, harassment and violence to cultural and social patterns in the EU which goes hand in hand with different levels of risk perception and problem awareness.

When tracking progress in social dialogue, it is important to differentiate between the phases of a) the negotiating process (e.g. of framework agreements), and b) the implementation process itself, considering also the methods of implementation at national level – for example through collective bargaining or through legislation, c) the monitoring of the implementation and d) the assessment of the impact of the implementation (at national, branch and company level). A number of problems in this context seem to appear at an institutional level, e.g. the fact that European and national actors and routines of negotiations are relatively detached from each other. This lack in communication and cooperation leads to differences in problem awareness, in the prioritisation of issues, etc. European social dialogue in the field of work-related stress and violence and harassment meets with very different infrastructures, traditions and cultures in the member states, including already existing frameworks, strategies, etc. at national level. These circumstances do not seem to have been adequately considered so far when measuring – or estimating – the specific impact or added value of social dialogue at national level. In order to achieve convergence, as well as in terms of the monitoring process itself, a standardized reporting sheet, based on the indicator framework, should be developed and used for national social partners reporting activities.

As social dialogue develops over time – especially in a changing social, political and economic context - this dynamic quality has to be considered when designing adequate

indicators. Considering the dynamics of interacting partners with different interests, power resources and varying priorities - including learning processes – it may not be appropriate to simply contrast 'consensual' versus 'conflictual' orientations or 'soft law' versus 'hard law' (binding, enforceable regulations). Orientations may change in the process of negotiations and the question of whether 'soft law' (e.g. social dialogue) or binding regulations may be appropriate, is problem and situation, specific. However, on the basis of the current findings it should be clear that a relative power balance between actors at national, branch and company level (including e.g. strengthening employee representation at the workplace) is a necessary prerequisite for fruitful social dialogue (Neumann, 2007).

The development and the use of indicators in social policies – e.g. for benchmarking purposes - is a complex process with many possible pitfalls (e.g. Salais, 2006). Reflection on values and norms and a commitment of actors to open discussion is necessary to avoid these traps and to formulate and implement an indicator-based approach in a proper and consistent way. In the EU context, it is often overlooked that to think of indicators as apparently objective and neutral measures is a misconception, thus hiding political values and interests steering the process of indicator development (Thedvall, 2006). Moreover, qualitative aspects such as learning processes in countries and among actors have to be considered when applying benchmarking indicators and interpreting results.

6.2 Outline of the indicator framework

The following framework for social dialogue indicators in the area of psychosocial risk management (Table 4.1) comprises the core dimensions and aspects that need to be considered in order to ensure a high quality of indicators. Two basic components (content dimensions and levels of analysis) are adopted from the set of indicators for industrial relations of the European Foundation (Weiler, 2004) but the content of the dimensions is extended and accommodated to the issue of social dialogue in relation to psychosocial risk management.

Table 4.1. Social Dialogue indicator framework for psychosocial risk management

CONTENT DIMENSIONS OF INDICATORS

Context (general context factors that influence the Social Dialogue process):
  i. Economic context, e.g. unemployment rates, labour productivity, etc.
  ii. Freedom of association, union participation in public policy, Political climate
  iii. Availability and provision of resources
  iv. Regulatory framework, OSH infrastructure, e.g. Enforcing capability of labour inspectorates

Actors (this dimension refers to adequate structures for Social Dialogue):
  i. Traditional indicators like union density or company employee participation, etc.
  ii. Unity within social partners, and commitment to work together
  iii. Power relations between social partners
  iv. availability of adequate assistance for conflict settlement (e.g. mediation mechanisms) between social partners, activities to built mutual trust and respect

Processes (in order to tackle the dynamic quality of the process and to track progress)
  i. Information/ dissemination activities/ development of problem awareness
  ii. Negotiations
  iii. Implementation
  iv. Monitoring Processes
  v. Impact assessment

Outcomes:
  i. Collective agreements on different levels
  ii. Existence of policies on workplace level
  iii. Consideration of psychosocial issues in risk assessment
  iv. Public awareness of psychosocial issues

LEVELS OF CONSIDERATION
Company level Branch/ regional level

National/ political level

SPECIFIC ISSUES TO BE CONSIDERED FOR PSYCHOSOCIAL RISK MANAGEMENT
Different areas of psychosocial risks: work-related stress/ violence and harassment National, cultural and social differences in problem perception and problem awareness of relevant issues Gender issues Different enterprise sizes

Based on this framework, the development of concrete indicators requires the joint efforts of scientists and stakeholders. Also issues of data collection methods and ways to integrate different types of data need to be discussed in detail. The long term goal would be to develop a standardised reporting sheet for Social Dialogue indicators in the area of psychosocial risk management that is easily applicable as well as comprehensive and therefore allows monitoring of the progress of Social Dialogue in this area throughout the EU.

7. Conclusions

In summary, a few key issues have been highlighted in this chapter. Firstly, from the stakeholder perspective, there is a lack of consistent usage of the concept of 'stress', which can be an outcome as well as an exposure. Different perceptions about the causes of stress among different stakeholder groups were also found. Most stakeholders were also uncertain, on how to carry out a systematic risk assessment, in spite of the guidance available. The need for information, education, guidance and tools was consistently pointed out.

Despite the disagreement among stakeholders on the appropriate level of legislation, there was a tendency to favour a combined approach, comprising a legal framework based on evidence and complementing voluntary approaches. As in the HSE Management Standards approach, 'soft law' and binding regulations could act in a complementary way. Looking ahead, the implementation of the framework agreement on violence and harassment at work will probably involve more consensus on problem awareness and a willingness to find appropriate solutions to problems.

Risk management should be seen as a developmental process, where scientific evidence supported by guidance and consensus building plays an important role. Social dialogue has played a significant role in the development of initiatives to promote risk management. The situation of the new member states in terms of their capacity to support social dialogue is currently weak and therefore, there is an urgent need to assist the new EU member states to develop stronger social dialogue structures, for social dialogue will play a key role on the development, implementation and sustainability of initiatives, in the area of psychosocial risk management, that are based on voluntary approaches or on a combination of both 'hard' and 'soft' law.

The next chapter further explores stakeholder perceptions in relations to psychosocial risks and their management and identifies priorities for action in this area.

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Exploring Stakeholders' Perceptions on Social Policies, Infrastructures and Social Dialogue in relation to Psychosocial Risks

Elena Natali, Patrizia Deitinger, Bruna Rondinone & Sergio Iavicoli

1. Introduction

In 2007, Bulgaria and Romania acceded to the European Union (EU) taking the number of member states to twenty seven (EU-27). The addition of 12 new members since 2004 has further diversified the provision and management of policies for the promotion of health and safety at the workplace in the EU. The different national situations, ascribable to the time available to acknowledge and implement European directives and to social and cultural characteristics of each member country have a direct impact on implementation of good practice and preventive measures at the workplace level. This is confirmed by the fact that in spite of the presence of European Directive 89/391 for improvement of workers' safety and health which emphasises the importance of addressing all occupational risk factors, and hence also psychosocial and organisational risk factors, the latter are prioritised in different ways across member states. Some research provided evidence that work-related stress perception is affected by social-cultural factors and differences of EU countries, hence it is important to also investigate the "origin country" variable (Daniels, 2004; de Smet et al., 2005).

Psychosocial factors (stress, burnout, mobbing, etc.) are now widely recognised as potential risks associated with work activity and work organisation (European Commission, 2002; Leka et al., 2003; WHO, 2005). Studies carried out using the risk perception paradigm have however evidenced for a long time that such perception may largely diverge between experts and the common population and affect the decision making process (Fischhoff et al., 1978; Slovic, 1987, 2000; Slovic et al., 1986). In fact, any decision making process is grounded on a conscious or unconscious argument which, starting from available information leads to a judgment motivating the choice between available options. The models processed to describe cognitive mechanisms originating choices highlight a discrepancy between theoretical optimal choice and choices actually made by subjects. Of these models, especially useful was the approach based on "heuristics" which seems to account for argument processes involved in problem solving, judgment and decision making.

According to Tversky and Kahneman (1973, 1974; and Kahneman & Tversky, 1972), the human being seldom implements an assessment/decision fully complying with rational rules but more likely enacts a series of adaptive strategies developing with years and experiences. Such assessment strategies are called "heuristic" and actually are mental, quick and cheap shortcuts since they save time and cognitive work. They are however subject to distortions involving the risk of bias in the argument, based only on the virtue of intuitive selection of some information to the detriment of others. This model provides a possible interpretation of the overall picture in the labour world where only a few unanimous viewpoints among the different categories of stakeholders (sometimes even within the same category) exist, making it more difficult to effectively apply legislation on health and safety at work.

Therefore, in this context, it was considered appropriate to investigate whether the perception of organisational factors (or psychosocial factors), though widely recognised as potential stress sources (role conflict or ambiguity, poor leadership, low participation in decision making, lack of control over work, career stagnation and uncertainty, lack of variety, work overload and underload, etc.) (Cox et al., 2000; Leka et al., 2003; NIOSH, 1998; TUTB 2002) may partially depend not only on different social-cultural origins at national level but also on specific categories of involved stakeholders (employer, worker, trade-union, governmental body, etc.).

Over the years, several actions have been promoted to improve the dialogue between stakeholders, and in 2004 and 2007, autonomous agreements were signed in Brussels between the European social partners (trade unions of all European Member Countries and employers' associations) on work-related stress and on harassment and violence at work. This agreements originated from the willingness of addressing psychosocial issues, above all due to their impact on work in terms of absenteeism, worker ill health, increase of work accidents, onset of psychosomatic diseases, etc. (European Foundation for the Improvement of Living & Working Conditions, 2007; Gimeno et al., 2004; Levi & Lunde-Jensen, 1996; TUTB, 2002). The long negotiating discussion however highlighted a wide perceptive gap between trade unions and employers on perception/recognition of problem causes and consequent difficulty in implementing shared prevention/correction strategies. In particular, the employers' delegation, though recognising the importance of stress and the need to promote appropriate actions, made it clear that stress should be interpreted as an individual (and not a collective) phenomenon regarding only single workers, thus considered as "cases" needing to be specifically supported and not affecting the whole working population. Such perceptive gap was further confirmed by the results from two surveys conducted in 2004 by the National Institute for Occupational Safety and Prevention (ISPESL) and in 2005 by the European Foundation for the Improvement of Living and Working Conditions. However, the framework agreement on work-related stress clearly recognised that the EC 89/391 directive also concerns psychosocial risks to workers' health and called for joint actions by stakeholders to address them effectively.

2. European stakeholder surveys

In the past five years two major surveys at the European level have been conducted to understand perceptions relating to psychosocial issues. The first survey was conducted by ISPESL to understand the perception of work-related stress in 12 EU Candidate Countries. In the study, questionnaires on stress risk perception were administered to representatives of all Candidate Countries divided by category: employers, trade unions, governmental bodies. The survey results confirmed, for example, the lack of recognition of the impact of work-related stress on issues such as absenteeism. In particular, "working conditions" were recognised as the possible cause for absenteeism by only 6% of interviewees, all from governmental bodies, while no employer recognised work organisation as a possible cause for absenteeism (Iavicoli et al., 2004).

The second major survey was the fourth European Survey of Working Conditions (ESWC), conducted by the European Foundation for the Improvement of Living and Working Conditions (European Foundation, 2007), which confirmed the results found in the third survey conducted in 2000, and, in particular, that the work-related health problems reported more frequently by workers included low back pain, stress, neck and back muscular pain and overall fatigue (European Foundation, 2007). The European survey reported similar findings to research conducted in e.g. North America in 2007 on a worker sample belonging to research administrators, in which workers reported work-related stress as high (41.3%) and the stress from competing demands of work at home as

moderate (35.4%) or high (35.1%) (Shambrook & Brawman-Mintzer, 2006). Such data seem to suggest that stress as perceived by workers is mainly originating by working conditions rather than private life.

3. PRIMA-EF stakeholder survey

The present study aimed at investigating the level of knowledge of health and safety legislation at the workplace (with special focus on psychosocial risk factors) and the perception of different aspects of work organisation as well as of work-related stress among European stakeholders representing: a) employers' associations; b) trade unions, and c) governmental bodies.

3.1. Method

A questionnaire was drawn up, covering three specific areas: effectiveness and needs related to regulations governing health and safety at work; the perception of work-related stress and related outcomes; and the role and effectiveness of dialogue and cooperation between the social partners, especially on the basis of recent ILO and EU initiatives.

A preliminary version of the questionnaire, in English, was drafted in April 2007. The draft was circulated to the advisory board members of the PRIMA-EF project and to the European Agency for Safety and Health at Work, seeking suggestions and comments to improve the questionnaire. The questionnaire was piloted by pre-administering it to a sample of nine stakeholders in Italy, Germany and the United Kingdom (three government institutions, three trade union representatives and three employer organization representatives in each country) in order to test its structure and ensure that the questions were clear and understandable. The final version of the questionnaire was drawn up in May 2007. It comprised six sections, each with a series of multiple-choice questions, some allowing for more than one answer so as to gain as much information as possible. The section headings were:

- o European regulations - 16 questions;
- o Initiatives - 5 questions;
- o Perception of work-related stress - 12 questions;
- o European social dialogue - 9 questions;
- o Priority issues - 1 question;
- o Demographic characteristics.

3.2. Sample and procedure

The study sample represented key European stakeholders on a tripartite basis: government institutions, trade unions, employers' organisations. The sample was gathered with the help of the European Agency for Safety and Health at Work that sent the questionnaire to all its Board Members and alternates via email. The sample was extended by contacting the Work Life and EU Enlargement (WLE) Advisory Committee and the Board members of PRIMA-EF, who were each asked to identify at least six stakeholders in their own country, two from government institutions, two from trade unions and two from employers' associations.

Distribution of the PRIMA-EF questionnaire started in June 2007 and was completed by November. To simplify the distribution and compilation of the questionnaire, an on-line version was developed and linked on the ISPESL website (prima-ef.ispesl.it). The first page gave a brief description of the project, and the second provided instructions for completing the questionnaire. A useful feature of the on-line version was its "Save and Leave" option. This enabled respondents answering the questionnaire to save the replies prepared at any stage and go back to complete it later. This was found to be useful by the majority of the sample.

Table 5.1 below shows the numbers of respondents in each country of the EU-15 and new EU-27 countries. Government institutions made up 43.8% of the total sample, employers' associations 19.2% and trade unions 37.0%.

Table 5.1. : Numbers of samples in each country of the EU-15 and new EU-27 countries

EU-15		NEW EU-27		
Austria	3	Bulgaria	2	
Belgium	1	Cyprus	4	
Denmark	2	Czech Republic	7	
Finland	5	Estonia	2	
France	0	Hungary	3	
Germany	10	Latvia	2	
Greece	0	Lithuania	0	
Ireland	2	Malta	2	
Italy	6	Poland	7	
Luxembourg	0	Slovakia	0	
The Netherlands	2	Romania	0	
Portugal	1	Slovenia	3	
United Kingdom	9			
Spain	1			
Sweden	1			
Total	**43**	**Total**	**32**	**Total Sample: 75**

4. Findings

This section illustrates the findings of the survey in relation to European regulations and initiatives of relevance to psychosocial risks, the perception of psychosocial issues and work-related stress, European social dialogue, and priority issues.

4.1. European regulations

Half of the respondents of the survey (50.7%) thought that the European Directive 89/391 on health and safety in the workplace had not been effective for the *assessment* of psychosocial risks and work-related stress, while 36% thought that it was effective and a few were not sure (13.3%). More specifically only 18.7% of the respondents from the new EU countries found it to be useful while 62.5% reported that it was not. In terms of the different stakeholder groups, nearly half of the respondents (43.8%) representing government institutions considered the Directive as useful for the assessment of psychosocial risks, while 35.7% of representatives from employer associations and only 29.6% of representatives from trade unions found it useful.

When asked if the Directive 89/391 had been effective for the *management* of psychosocial risks and work-related stress over half the participants (55.4%) considered it as ineffective while 33.8 % reported that it was effective. Interestingly, 74.2% of respondents from the new EU countries did not report the Directive as being effective for the management of psychosocial risks. Over half of the respondents (53.1%) representing government institutions reported that the Directive was not effective for managing psychosocial risks while 23.1% of representatives from employer associations and the majority of representatives from trade unions (74.1%) did not find it useful.

On the question of why the respondents thought that the Directive 89/391 had not been effective for the assessment and/or management of psychosocial risks and work-related stress, a few factors were outlined. Table 5.2 presents the four factors reported as being the most significant barriers to its effectiveness.

Table 5.2.: Ranks of main barriers to the effectiveness of European Directive 89/391 for the assessment and management of psychosocial risks

	TOTAL	COUNTRIES		STAKEHOLDERS		
		EU-15	New EU-27	Employer Associations	Trade Unions	Government
Low prioritisation of psychosocial issues	17.7% (1)	19.7% (1)	16.1% (3)	27.3% (1)	14.5% (3)	20.0% (1)
Perception that psychosocial issues are too complex /difficult to deal with	17.1% (2)	16.9% (3)	17.2% (2)	18.2% (2)	14.5% (3)	18.6% (2)
Lack of awareness	16.5% (3)	11.3% (5)	20.7% (1)	18.2% (2)	19.7% (1)	12.9% (3)
Lack of consensus between social partners	12.7% (4)	18.3% (2)	8.0% (6)	0,0% (6)	17.1% (2)	10.0% (5)

The participants surveyed represented 21 EU Member States, of these 87.7% reported that public insurance for occupational diseases was offered in their country while 12.2% reported private insurance was offered. Also, 92% of the participants reported that a list/table of occupational diseases was used in their countries while 8% of the respondents reported that no such table/list of occupational diseases was in use. Of those who reported that a table/list was used in their country only 25.3% reported that these lists included diseases of a psychological nature (e.g. anxiety, depression, Post Traumatic Stress Disorder); the majority (68%) reported that the list of occupational diseases in their countries did not include diseases of a psychological nature, while 6.7% did not know or were not sure.

Of those who reported that diseases of a psychological nature were included in the national list/table of occupational diseases, the majority (73.7%) reported that these lists expressly included diseases related to work stress, while 26.3% reported that such diseases were not included in their lists. Interestingly, all participants (100%) from the new EU countries reported that these lists expressly included diseases related to work stress related while only 61.5% of the respondents from the EU-15 countries reported that such diseases were included in their lists. Over half of the respondents (60%) who reported that diseases related to work stress were not included in the national list/table of occupational diseases, thought that given the discussions at international level and national research outcomes, diseases related to work stress should be included in the list. All participants (100%) representing trade unions reported that diseases related to work stress should be included in such lists, while only 33.3% of the participants representing government institutions agreed with the same. If diseases related to work stress were to be included in a table of occupational diseases, most participants (representing employers' associations: 100%, trade unions: 80% and government institutions: 71.4 %) reported that it would not be sufficient to rely on self-reports of symptoms. They were further asked which forms of further evidence or independent verification of symptoms might be required. Table 5.3 lists the four most important forms of evidence that would be required.

Table 5.3.: Ranks of forms of evidence reported as important for the assessment occupational diseases related to work stress

	TOTAL	COUNTRIES		STAKEHOLDERS		
		EU-15	New EU-27	Employer associations	Trade Unions	Government
Consultation from occupational physician, occupational health psychologist, etc.	31.3% (1)	27.8% (1)	35.7% (1)	40.0% (1)	33.3% (1)	26.7% (1)
Risk assessment at the enterprise	28.1% (2)	27.8% (1)	28.6% (2)	40.0% (1)	25.0% (2)	26.7% (1)

Diagnosis of a psychiatric condition by doctor	15.6% (3)	16.7% (4)	14.3% (3)	20.0% (3)	16.7% (3)	13.3% (4)
Confirmation by a general practitioner that the individual had experienced stress-related symptoms	15.6% (3)	22.2% (3)	7.1% (4)	0.0% (4)	8.3% (4)	26.7% (3)

Most participants (representing employers' associations: 71.4%, trade unions: 88.9% and government institutions: 87.1 %) thought that it was possible to train occupational safety and health (OSH) practitioners to accurately and reliably diagnose the severity of symptoms of work-related stress in their countries. Further, most participants (representing employers' associations: 71.4%, trade unions: 92.6% and government institutions: 90.6 %) also thought that there was a need to train OSH practitioners to accurately and reliably diagnose the symptoms of work-related stress in their countries. To their knowledge, only half the participants (53.3%) reported that there were national surveys in their countries specifying the proportion of employees that are affected by work-related stress; of these 67.4% were from the EU-15 countries while only 34.3% represented the new Member States. However, only a minority of these participants (38.5%) reported that compensation for psychological injuries or diseases has increased over the last years.

Only 30.1% of the participants thought that the level of acknowledgment for stress-related issues was appropriate in their countries when compared to the relevance/significance of the problem, however the majority (64.4%) reported that there was a lack of acknowledgment. While nearly half of the participants (42.9%) representing the EU-15 countries reported satisfaction with the level of acknowledgement, only 12.9% of participants from the new EU countries reported similar satisfaction, while most of them (74.2%) reported that the level of acknowledgment for stress-related issues was not appropriate in their countries when compared to the relevance/significance of the problem. When considering the different stakeholder groups, 37.4% of the respondents representing government institutions and 50% of those representing employer associations reported that there was adequate acknowledgement of issues relating to work-related stress. On the other hand, almost all representatives from trade unions (85.2%) reported that the level of acknowledgment for stress-related issues was not appropriate in their countries. Participants, who reported that there was a lack of acknowledgement of these issues, were further asked what they thought the main reasons were for this lack of acknowledgment. Table 5.4 lists the four most important reasons stated.

Table 5.4.: Ranks of most important reasons for lack of acknowledgement for stress-related issues

| | TOTAL | COUNTRIES | | STAKEHOLDERS | | |
		EU-15	New EU-27	Employer associations	Trade Unions	Government
Lack of awareness about the issue of work-related stress	19.2% (1)	17.8% (1)	20.7% (1)	25.0% (1)	21.1% (1)	16.9% (2)
Low prioritisation of psychosocial issues	19.2% (1)	17.8% (1)	20.7% (1)	25.0% (1)	18.9% (2)	19.7% (1)
Specific regulations on the subject are limited or lacking	14.3% (3)	13.3% (4)	15.2% (3)	6.3% (6)	15.6% (3)	14.1% (3)
There are no appropriate tools/methods for assessing and managing stress	12.1% (4)	11.1% (5)	13.0% (4)	12.5% (3)	11.1% (4)	12.7% (5)

4.2. Initiatives to address work-related stress

The survey also explored the development and implementation of initiatives to address the issue of work-related stress. The majority of the participants (68%) reported that in the last 5 years, there have been nation-wide or sector-oriented initiatives in their countries that address the issue of work-related stress, more specifically, 74.4% participants from the EU-15 countries while 59.4% from the new Member States reported the same. These participants also indicated that initiatives had been successfully implemented in terms of raising awareness (53.2%) and increased dissemination and participation (39.4%). Participants who reported that in the last 5 years (24%), no nation-wide or sector-oriented initiatives in their countries had been implemented to address the issue of work-related stress, indicated the following reasons for this lack of action, presented in Table 5.5 below.

Table 5.5.: Ranks of main reasons for lack of initiatives addressing work-related stress at national and sectoral levels

	TOTAL	COUNTRIES		STAKEHOLDERS		
		EU-15	New EU-27	Employer associations	Trade Unions	Government
Lack of awareness about the issue of work-related stress	20.6% (1)	18.8% (1)	22.2% (1)	25.0% (1)	20.0% (1)	22.7% (2)
Low prioritisation of psychosocial issues	17.6% (2)	15.6% (2)	19.4% (2)	0.0% (7)	17.1% (2)	27.3% (1)
There are no appropriate tools/methods for assessing and managing stress	16.2% (3)	15.6% (2)	16.7% (3)	25.0% (1)	14.3% (3)	13.6% (4)
Specific regulations on the subject are limited or lacking	13.2% (4)	12.5% (5)	13.9% (4)	12.5% (2)	11.4% (4)	18.2% (3)

While most participants (64%) were aware of practical guidelines that have been developed in their countries for assessing and/or managing work-related stress, most of these participants (87.3%) represented the EU-15 countries. Only 37.4% of participants representing the new Member States were aware of such guidelines. All participants were asked whether the EC directives that directly or indirectly address psychosocial risks had been effective in their countries. Table 5.6 presents these findings.

Table 5.6.: Effectiveness of additional EC Directives addressing psychosocial risks

Directive	Effective	
	Yes	No
Directive 90/270/EEC on VDT	83.1%	16.9%
Directive 92/85/EEC on pregnant workers, women who have recently given birth, or are breast-feeding	87.3%	12.7%
	75.4%	24.6%
Directive 93/104/EC about working time Directive 96/34/EC on parental leave	82.0%	18.0%

4.3. Perception of psychosocial issues and work-related stress

The survey also explored the perceptions of psychosocial issues and work-related stress among European stakeholders. The majority (70.7%) reported that work-related stress represented an important occupational health concern in their countries, more specifically, 79.1% of respondents from the EU-15 countries and 59.3% from the new Member States thought work-related stress represented an important concern. However, only half of the respondents (50%) representing

employers' associations thought that work-related stress was an important concern while most participants representing trade unions (85.2%) and government institutions (68.8%) did so.

Similarly, the majority of respondents (65.3%) reported that workplace violence and bullying (or mobbing) represented important occupational health concerns in their countries; more specifically, 74.4% of respondents from the EU-15 countries and 53.1% from the new Member States reported the same. However, less than half of the respondents (42.9%) representing employers' associations thought that workplace violence and bullying were important concerns while the majority of participants representing trade unions (71.1%) and government institutions (68.8%) did so.

Participants of the survey were asked to rank the factors that they thought were the main causes of work-related stress. Organisational culture (14.2%) was rated as the main cause, followed by excessive work demands (13.9%), lack of work-life balance (12.5%), lack of appropriate support at the workplace (11.4%) and poor interpersonal relations at work. No significant differences were observed between the responses of the different stakeholders. Respondents reported that in their opinion, work-related stress leads to increased absenteeism (21.6%), decreasing productivity at enterprise level (20.3%), increased accidents (16.5%) and chronic diseases (15.1%).

It was almost unanimously (88%) accepted that work-related stress can lead to occupational diseases. Only 7.1% of participants representing employers' associations, 6.2% representing government institutions and 18.5% representing trade unions thought that the link between work-related stress and occupational diseases is not clear. They were also asked to rank the main reasons why they thought so. The primary reason highlighted was that it was hard to define the link between stress and disease objectively (30.4%), while 26.1% of these participants reported that stress is multifactorial and therefore difficult to attribute only to work-related factors; the third reason was that there are no clear indicators to help establish a link between stress and disease (as rated by 21.7% of the participants).

Respondents also rated the support and guidance on psychosocial issues (including work-related stress, violence and bullying or mobbing) provided by the national health service, local health services, occupational health services, enforcement bodies, employer organisations, trade unions and independent experts in their respective countries. Figure 5.1 shows the mean scores on how the stakeholders rate the support provided by each body (1=unsatisfactory; 4=very satisfactory).
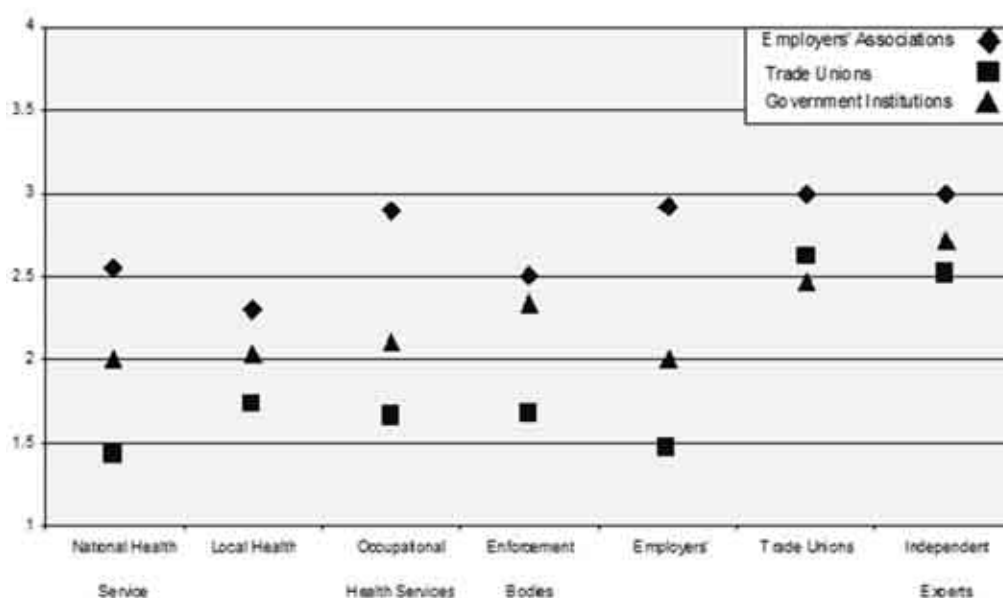
Figure 5.1.: Stakeholder ratings of the support and guidance on psychosocial issues by different bodies in their countries

Stakeholders were also asked which key actors or bodies should step up their activities in terms of managing psychosocial issues at work. Table 5.7 below presents the three main actors/bodies identified by the participants.

Table 5.7.: Ranks of main bodies that need to step up their activities in terms of managing psychosocial issues at work

	TOTAL	COUNTRIES		STAKEHOLDERS		
		EU-15	New EU-27	Employer associations	Trade Unions	Government
Occupational health services at enterprise level	22,9% (1)	22,8% (1)	22,9% (1)	23,8% (1)	18,5% (2)	27,1% (1)
Employers' organisations	21,5% (2)	22,0% (2)	20,8% (2)	14,3% (4)	21.0% (1)	25,0% (2)
National health services	16,6% (3)	19,7% (3)	12,5% (5)	19,0% (2)	21,0% (1)	11,5% (5)

Most participants (83.8%) thought that that there is a need for practitioners (medical, technical, social, etc.) with specific postgraduate training on psychosocial issues in their countries, this response was slightly higher from participants representing the New EU countries (87.5%), as compared to the EU-15 countries (81%). However, over half of the respondents (56.7%) were aware of education and training programmes offered in their countries that focus on psychosocial issues (including work-related stress, violence and bullying or mobbing). There was significantly higher awareness of existing training programmes in the EU-15 countries (69%) as compared to that in the new member states (40.6%).

Also, only half (53.3%) of the stakeholders were aware of any research on the effectiveness of different stress management/reduction interventions in their countries. Awareness of existing research was reported highest by participants representing government agencies (71.9%), while only 44.4% of trade union representatives and 35.7% of representatives from employers' organisations reported such knowledge.

Further, the participants were asked to rate thirteen work characteristics that potentially can cause work-related stress. Figure 5.2 shows the mean scores on how the stakeholders rated the importance of each characteristic as a cause of work-related stress on a scale from 1=completely disagree to 5=completely agree.
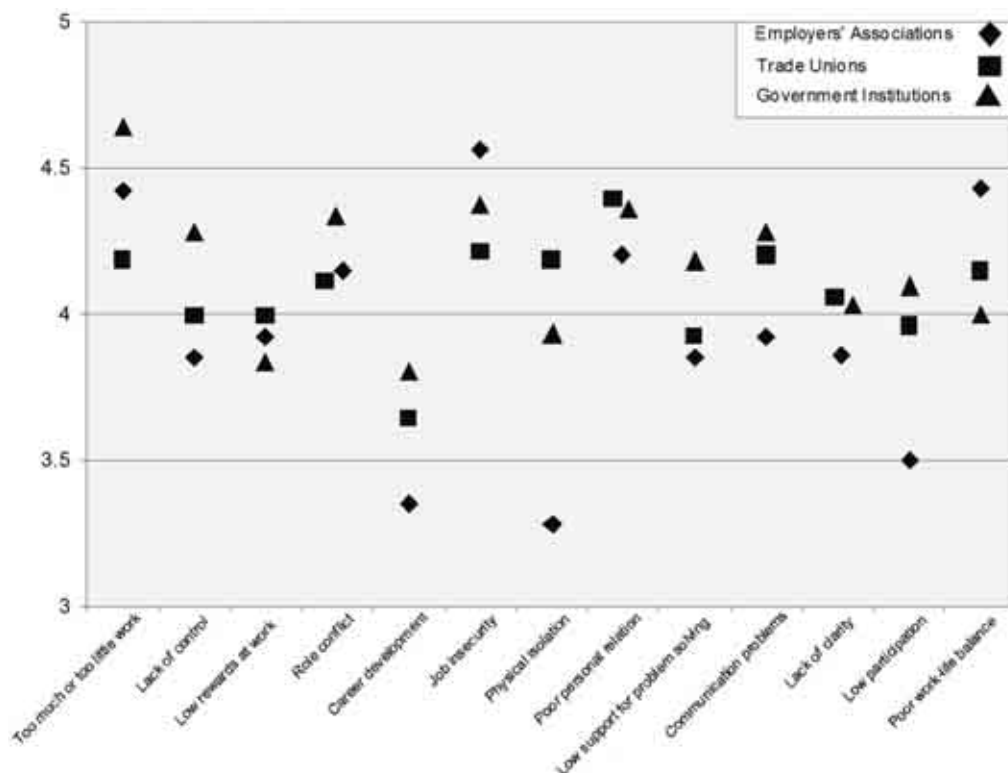
Figure 5.2.: Stakeholder ratings on the causes of work-related stress

4.4. European social dialogue

Stakeholders were asked a number of questions relating to European social dialogue, particularly in relation to the European voluntary agreement between social partners on work-related stress, drawn up in 2004 in Brussels. Most participants (overall: 69.3%; EU-15 countries: 74.4% and EU-27 countries: 62.5%) reported that they were familiar with the content of the agreement. Participants representing trade unions (77.8%) were more familiar with the contents of the agreement as compared to representatives of government agencies (68.8%) and employers' associations (64.3%). While over half of the participants (57.3%) indicated that the agreement had been translated into their country's national language, there were also a large number of participants (36%) who indicated that they did not know whether the agreement had been translated. This lack of awareness was highest in participants from the new Member States (46.9%) and representatives of employers' organisations (42.9%). Additionally, only 29.4% of respondents reported that the agreement had an impact on the actions taken to tackle work-related stress in their countries. Again, a large number of participants (37.3%) did not know if the agreement had had any impact.

When asked if the agreement had been implemented effectively in their country, only 17.3% of the participants said 'yes', while over half (52%) said 'no' and 30.7% were not aware. There was a significant difference between participants from the EU-15 and new Member states, with 25.6% of participants from the EU-15 countries reporting that the agreement had been implemented effectively, and only 6.5% of participants from the new Member States reporting the same. Representatives from employers' associations (42.9%) thought that the agreement had been implemented effectively, while only 12.5% of representatives from government agencies and 11.1% of representatives from trade unions thought the same.

The participants were also asked to rate the relevance or usefulness of the agreement in relation to already existing national legislation, agreements and action programmes on work-related stress/psychosocial risks. Figure 5.3 presents these findings.
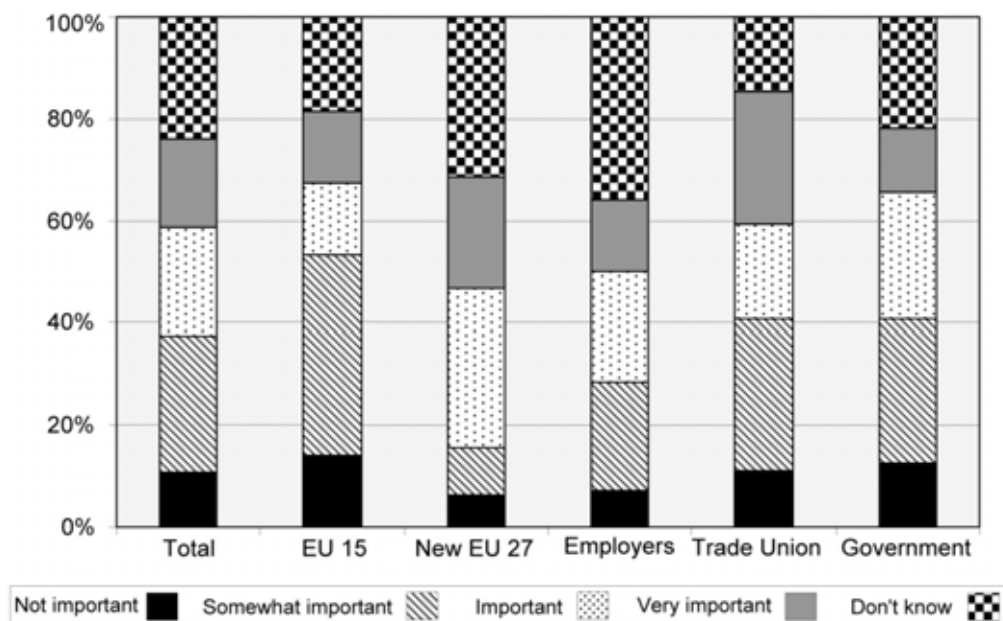
Figure 5.3.: Relevance/usefulness of the work-related stress framework agreement in relation to already existing national legislation

Participants also rated social dialogue concerning psychosocial risk factors in their countries. Figure 5.4 presents these findings.
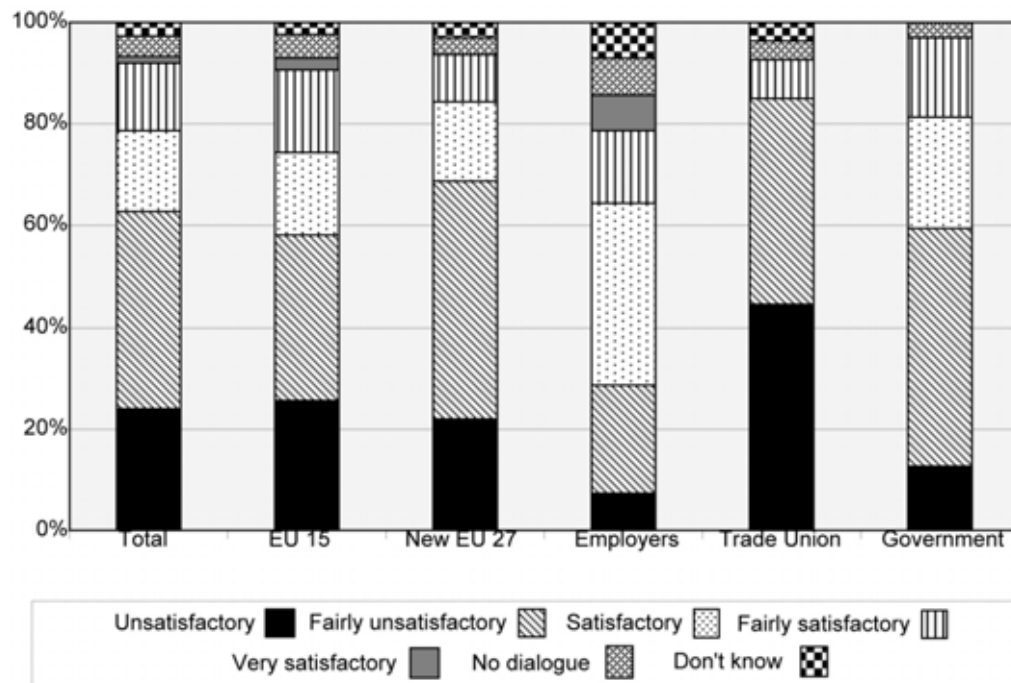
Figure 5.4.: Rating of social dialogue concerning psychosocial risk factors

Further, the participants were asked to rate the potential of eleven macro level initiatives for improving social dialogue concerning psychosocial factors in their countries. Figure 5.5 below shows the mean scores on how the stakeholders rated the effectiveness of each initiative for improving social dialogue on psychosocial risk factors (1=no effect at all; 4=very effective)
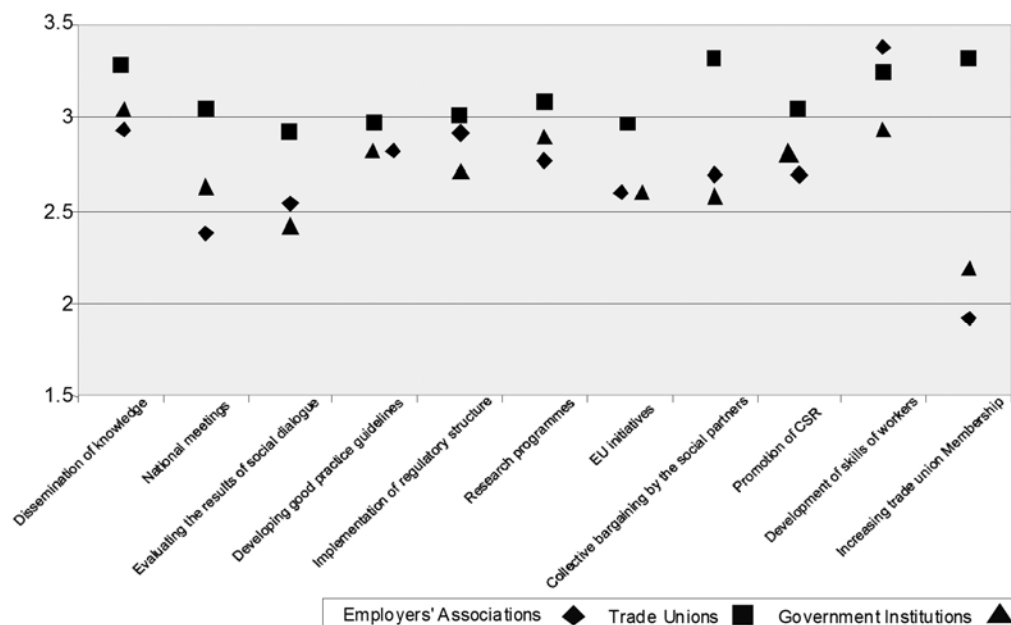
Figure 5.5.: Effectiveness of initiatives for improving social dialogue

Only 17.3% of participants were familiar with ILO and WHO initiatives on social dialogue concerning psychosocial risk factors. More specifically, 29.3% of participants from the EU-15 countries indicated such awareness, while only 3.1% of stakeholders from the new Member States reported familiarity with initiatives from these international organisations. However, all stakeholders (100%)

from both the EU-15 and new Member States reported that social dialogue and corporate social responsibility can play an important role for the management of psychosocial risks and work-related stress.

4.5. Priority issues

The questionnaire explored a number of issues of relevance to psychosocial risks and work-related stress. However, as there may have been aspects in this context that were overlooked, the final question of the survey asked stakeholders to rank issues of relevance that, in their view, should be given more attention at the European level. Table 5.8 presents these findings.

Table 5.8.: Ranks of priority issues of relevance to psychosocial risks and work-related stress

	TOTAL	COUNTRIES		STAKEHOLDERS		
		EU-15	New EU-27	Employer associations	Trade Unions	Government
Job insecurity	16.0% (1)	13,9% (3)	19,0% (1)	11,3% (5)	17,0% (1)	18,1% (1)
Work-life balance	15,3% (2)	16,3% (1)	14,0% (3)	15,1% (3)	13,0% (4)	17,3% (2)
Economic effects of work-related stress	14,6% (3)	13,3% (4)	16,5% (2)	17,0% (1)	15,0% (2)	13,4% (3)
Migrant workers	13,2% (4)	15,1% (2)	10,7% (4)	7,5% (7)	15,0% (2)	13,4% (3)

5. Discussion

The survey explored the perceptions of EU stakeholders on a number of key issues of relevance to psychosocial risks and their management. Findings indicated that the European Directive 89/391 is not perceived by the respondents as effective in terms of the assessment and management of work-related psychosocial risks. There is however a difference between EU-15 (members pre-2000) and EU-27 (members post-2000) countries. EU-15 perceive the Directive as more effective as compared with EU-27 or new Member States. Another difference is found among stakeholders; employers perceive the Directive as effective in terms of the management and assessment of psychosocial risks (unlike trade unions and governmental bodies) but also indicate a high percentage of lack of knowledge.

The barriers more frequently perceived as the main causes for the ineffectiveness of Directive 89/391 include "Low prioritisation of psychosocial issues", followed by "Perception that psychosocial issues are too complex/difficult to deal with", "Lack of awareness" and "Lack of consensus between social partners". Low prioritisation of psychosocial issues is arguably because Directive 89/391 does not make explicit reference to psychosocial and organisational risks. Although it emphasises the importance of addressing all risk factors in the work environment (including psychosocial ones) it does not provide a practical and operational translation of the terms used that could facilitate the management of such risks more effectively.

As regards other European Directives associated with psychosocial risks but focusing on specific factors or categories of workers (such as Directive 90/270/EEC on VDT, Directive 92/85/EEC on pregnant workers, women who have recently given birth or are breast-feeding, Directive 93/104/EC about working time and Directive 96/34/EC on parental leave), they were reported to be effective by a very high proportion of the sample. This suggests that Directives can be viewed as valuable not only in legislative terms but also in practical terms.

Most EU countries were reported to use a table system for work-related diseases (92%), and in 25.3% of cases such lists include psychosocial diseases. All stakeholders agreed on the point that self-reported symptoms are not sufficient to assess work-related stress, and more so for employers who are unanimous in their opposition on the complete reliance on self-report measures (100%). They further agree on the use of other forms of symptom assessment such as consultation with occupational physicians or occupational health psychologists; carrying-out risk assessments at the company level; diagnosis by medical doctors and confirmation by general practitioners.

Insurance for occupational diseases was provided by public agencies in 87.7% of the sample.

There was also substantial agreement on the importance of specific postgraduate training for OSH practitioners, focusing on psychosocial risk assessment and management at company level. There was agreement on the lack of acknowledgment of stress-related issues compared to the importance of the problem, particularly in the new Member States. The main causes for this were reported to be (as before) lack of awareness and low prioritisation. This may be due to the fact the EU-15 countries have more experience of dealing with such issues and hence the level of information and awareness is certainly higher and more developed than in the new member states. This may also be because at the European level initiatives aimed at sensitising countries on these issues have been implemented pre-accession. See for example the European Week on "Preventing Psychosocial Risks at Work" promoted in 2002 by the European Agency for Safety and Health at Work and the different recommendations produced by ILO on occupational stress. Another difference was found within stakeholder categories: only employers consider stress recognition at national level as appropriate whereas trade unions and government bodies do not.

In all surveyed countries, there has been an increase of initiatives dealing with work-related stress in the past 5 years. However, once again, and univocally, causes for lack of initiatives were reported to be lack of awareness, low prioritisation, limited special regulations and presence of inappropriate tools for psychosocial risk assessment and management. In addition, a difference between EU-15 and EU-27 countries was found in terms of awareness of practical guidelines for assessing and/or managing work-related stress. Actually EU-15 countries reported a high level of awareness (83.7%), unlike EU-27 countries (37.4%). This is in line with previous results showing a higher psychosocial risk recognition level (also as regards management initiatives) and a higher perceived effectiveness of European and national legislation in EU-15 than in new Member States.

The majority of stakeholders considered psychosocial problems, work-related stress, bullying and workplace violence as major issues in occupational health in their own country, as already shown by the survey conducted by ISPESL in 2004 (Iavicoli et al., 2004). There were no differences within the sample. The main perceived causes of work-related stress were reported to be organisational culture followed by excessive work demands, lack of work-life balance, lack of appropriate support at the workplace and poor interpersonal relationships at work. While the responses of the trade unions and governmental bodies were found to be aligned, employers perceived major causes as the "lack of work-life balance" and "other individual characteristics", thus putting emphasis on individual rather than organisational characteristics. Stakeholders agree (88%) on stress being a cause for disease, thus confirming an adequate recognition of this issue, already apparent in the survey conducted in 2004 (Iavicoli et al., 2004). Only 12% of the sample did not consider stress as a cause of disease, and reported the difficulty to objectively define the stress-disease relationship, the multifactorial nature of stress (hence not ascribable only to organisational factors) and the lack of clear indicators establishing the stress-disease link as the reasons for this view. It is worth noting that trade unions recognised the stress-disease link the highest, followed by employers and governmental bodies.

There is agreement on ascribing increased absenteeism, low productivity, increase of accidents and onset of chronic diseases to stress. The support and guidance available in relation to psychosocial risks by the different stakeholder groups was rated differently by the respondents. As a rule, trade unions perceived as low (below average) the support by employers, enforcement bodies and services at national, local and company levels while they reported moderate perception of support by trade unions (by themselves) and independent experts. Instead, employers perceived the support provided to around or above average for all professionals with special focus to occupational health services, employers (hence themselves!), trade unions and independent experts. At intermediate level between trade unions and employers, the government often acts as a mediator. Independent experts were viewed most favourably by respondents highlighting the role of expert support in this area.

There was also agreement on the fact that occupational health services at company level, employers' organisations and national health services should increase their activities in relation of psychosocial risk management. About half of the total sample (53.3%) was aware of research on effectiveness of actions for stress management and reduction, with a difference however in stakeholders' categories. Governmental bodies, as compared with the total sample, show high awareness of such research (71.9%), which decreases within trade unions (44.4%) and employers (35.7%).

When examining specific work features widely recognised in the literature as stress causes as perceived by stakeholders (Cox et al., 2000; Leka et al., 2003), there is a substantial agreement on the

impact of work load, job insecurity, poor work-life balance and interpersonal relationships on work-related stress with minimum differences among the three stakeholder groups.

As concerns, European social dialogue, 69.3% of the stakeholders were familiar with the content of the voluntary agreement between social partners on work-related stress. The agreement seemed to be better known in the EU-15 and translations into these countries' languages were also reported to be more widely available. Only 29.4% of the respondents considered that the agreement had an impact on actions taken to tackle work-related stress (employers rated this point more positively). Views were similar on the effectiveness of the implementation of the agreement at country level. It was widely confirmed that the agreement is relevant and useful in relation to national legislation, agreements on work-related stress and/or psychosocial risks. Most stakeholders, except employers, rated social dialogue concerning psychosocial factors as unsatisfactory or fairly unsatisfactory. Only 27.8% of the responders were familiar with ILO and WHO initiatives on social dialogue concerning psychosocial factors (only 3.1% in the new Member States) which highlights that international organisations are not necessarily effective in raising awareness and stimulating discussion on psychosocial issues at work despite having dedicated programmes in this area.

Finally, there was substantial agreement in acknowledging job insecurity, work-life balance, economic effects of work-related stress and migrant workers, as issues of high priority at European level. These findings are in response to a change in the labour market over the past years characterised by higher flexibility, increased female employment (and hence of working mothers, with a direct impact on birth rates) and migration which has been fostered by the free movement of EU nationals within the EU member states. Similar findings have been reported in the literature and by the European Agency for Safety & Health at Work (2007).

6. Conclusions and way forward

The research results highlight that European legislation on health and safety at work (Directive 89/391) needs further implementation in terms of assessment and management of psychosocial risks. Directives indirectly associated with this issue however (e.g. Directive 92/270/EEC, Directive 92/85/EEC, Directive 93/104/EC and Directive 96/34/EC) were reported to be more effectively implemented at national level as they were found to be more operative and specific. To overcome the difficulty in applying Directive 89/391 and the lack of explicit reference to psychosocial risks, 'awareness raising' on how psychosocial risk management can be conducted must be promoted through appropriate tools and guidance and in all stakeholder groups.

The main findings of the survey point to key areas on which future work needs to focus. First of all, there appears to be a gap between the EU-15 countries and the new Member States in relation to access to support and training on the management of work-related psychosocial risks. There is also a substantial difference between the two groups on awareness of psychosocial risk factors and the new Member States report that a lack of awareness is one of the main reasons for the poor evaluation and management of these risks. Reflecting on the fact that work organisation is highly sensitive to socio-economic change, striking differences were seen between single countries. It is therefore important to raise the level – in terms of quantity and quality - of information and training on work-related psychosocial risk factors in EU countries as well as on measures that could be taken to reduce or eliminate them, with a view to boosting awareness of these issues, their effects on health as well as on private life, on the performance of organisations and country economies. PRIMA-EF can be used as an awareness raising instrument across the EU and relevant training can be provided to all stakeholder groups as necessary across EU member states.

Another important point is that more research and action in relation to stakeholders' perceptions is necessary. The answers to the survey highlight a gap in perception of the extent to which work organisation contributes as a prime cause to work-related stress. Efforts must therefore aim specifically at identifying and improving agreement between the social parties to promote progress and common action for the management of psychosocial risks. A striking finding was the stakeholders' limited confidence in public institutions as regards support on psychosocial issues. This certainly calls for close attention so as to improve the real situation and overcome this negative viewpoint. On the other hand, a positive perception of independent experts was highlighted that can be further strengthened through the development, for example, of an expert network of excellence on psychosocial risk management across the EU that will support government agencies, stakeholders and enterprises in this area.

More importance must also be given to practitioners – the medical, technical, social, and other such company staff - to whom specific postgraduate training in psychosocial issues should be provided, since these are often the people who are responsible for psychosocial risk management in the everyday work context. The new Member States seem to assign more importance to this issue since there are fewer opportunities for specific training in these countries due to lack of expertise at national level.

As regards social dialogue, one third of the sample of stakeholders was not aware of the voluntary European agreement between the social parties on work-related stress. This finding is alarming since the survey sample consists of employer associations, trade unions and government institutions where high awareness would be expected. The agreement is not translated into all EU languages, so its efficacy is limited in terms of measures to deal with work-related stress. In general, satisfaction was limited on the actual implementation of the agreement. Consequently, one goal could be to foster awareness and knowledge of this European social dialogue tool, and clarify its potential and limits as regards applicability, in the light of European legislation; this too was considered to have only a marginal impact on the management and assessment of psychosocial risk factors.

Finally, future action must aim at involving stakeholders more in social dialogue on psychosocial risk management, paying specific attention to key issues of relevance such as job insecurity, work/life balance, economic effects of work-related stress and workplace violence and bullying and migration. These were all acknowledged as priority investment areas in terms of research and practice.

Having explored the important issues of policy, stakeholders' perceptions and social dialogue, the next chapter focuses on another important aspect of the PRIMA framework: the link between psychosocial risk management and corporate social responsibility.

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Corporate Social Responsibility & Psychosocial Risk Management

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1. Introduction

There was never a time when enterprises had nothing to do with society, however this relationship is now more visible than ever. The constantly changing context in which enterprises operate, forces them to adapt to their circumstances in several ways. Societal problems may enter the enterprise in one way or another, and then the organisation has to cope with them. At the same time awareness is increasing that companies may 'externalise' problems, i.e. they may cause problems (e.g. health or environmental problems) while they are not, or not fully, responsible for solving those problems. Increasingly, such 'shifting of consequences' to society is no longer regarded as normal or as acceptable. In fact, it is often seen as unethical organisational behaviour. Enterprises are now increasingly expected to solve the problems they cause by acting responsibly and by 'inclusive thinking and acting' i.e. by taking the consequences of their business activities for society, and for specific stakeholders into account in their decisions. They are also expected to be active in the solution of global, local or regional societal problems. This development may offer new business opportunities, and companies are increasingly eager to prove that their business practices are responsible, as they come to discover that many consumers, but also business customers, may prefer to do business with responsible enterprises. This may create competitive advantages.

Increased interest in responsible business practices goes hand in hand with a renewed interest in business ethics. Preventing the 'shift of consequences to society' is clearly an ethical principle. Thinking in terms of "respecting rights", especially respecting fundamental human and labour rights is another ethical principle of growing business relevance. Health and safety at work are seen as fundamental rights, and vital elements of the 'decent work' agenda (ILO). Further, societal problems, like increasing violence in society and a less healthy population (and the associated cost of health care and absenteeism) do enter our workplaces. Companies are increasingly acknowledging that they have to cope with the consequences thereof, whether they like it or not.

The increase of psychosocial risks in our society, and the increasing prevalence of psychosocial disorders are indeed an example of a societal development, whereby enterprises can directly contribute to reducing the societal problem by managing psychosocial risks at their workplaces properly (thereby preventing the shift of problems to society, workers and their families). On the other hand, good psychosocial risk management is clearly linked to good business. It may lead to a more productive workforce, in terms of less absence, more positive engagement and greater mental flexibility (an absolute requirement in the emerging knowledge economy). In this chapter, the link between corporate social responsibility (CSR) and psychosocial risk management will be explored as this might offer new insights into psychosocial risk management, and also may offer new perspectives for future management approaches.

2. Civil society in the European Union

Despite the increasing focus on leadership at the European Union (EU) level, the reality is that much of the policy-making in the EU is done at levels below the council of ministers (Andersen, Eliassen & Sitter, 2001). The complexity of EU legislation has brought about a high degree of specialisation and differentiation which, in turn, has prompted focus on the importance of policy networks ranging from close and stable 'policy communities' to looser 'policy networks' (Richardson, 1996) indicating the importance ascribed to informal relationships, shared views and the role of the civil society in general. This characteristic of the EU is enhanced both by the Commission's need for external input and its commitment to consultation. The most institutionalised case is its 'negotiate or we will legislate' approach to social policy, with provisions for agreements between the 'social partners' (EU federations of unions and private and public sectors employers) to form the basis for legislative proposals (Andersen, Eliassen & Sitter, 2001).

Civil society has always played a central role in the development of European nation-states. From the early 1990s onwards the EU has increasingly recognised the importance of civil society in the policy-making/influencing arena as a means of combating poverty, social exclusion and unemployment through the Civil Dialogue, promotion of a wide variety of social and civil organisations, and the integration of civil society issues into the strategies of "open method of co-ordination" (Geyer, 2003) and more recently through key initiatives aimed at promoting CSR (for example: EC, 2001; 2002; European Multi-Stakeholder Forum on CSR, 2004).

Today, with increasing globalisation, greater environmental and social awareness, the concept of organisations' responsibilities beyond the purely legal or profit-related aspects has gained new impetus. In order to succeed, business now has to be seen to be acting responsibly towards people, planet and profit (the so-called '3Ps') (European Commission, 2001). According to the European Agency for Safety and Health at Work (EASHW), CSR is an inspiring, challenging, and strategically important development that is becoming an increasingly significant priority for companies of all sizes and types.

3. Is corporate social responsibility clearly understood?

Early accounts of CSR have referred to it as social responsibility; however, in more recent times the CSR concept has transitioned significantly to include alternative themes such as stakeholder theory, business ethics theory, corporate social performance and corporate citizenship (Carroll, 1999). Over the decades, numerous definitions of CSR have been proposed. One of the earliest definitions was put forward by McGuire (1963), where he stated, "The idea of social responsibilities supposes that the corporation has not only economic and legal obligations but also certain responsibilities to society which extend beyond these obligations". In 1980, Thomas M. Jones defined CSR as "the notion that corporations have an obligation to constituent groups in society other than stockholders and beyond that prescribed by law and union contract. Two facets of this definition are critical. First, the obligation must be voluntarily adopted; behaviour influenced by the coercive forces of law or union contract is not voluntary. Second, the obligation is a broad one, extending beyond the traditional duty to shareholders to other societal groups such as customers, employees, suppliers, and neighbouring communities" (Jones, 1980, pp. 59-60 cited in Carroll, 1999).

The European Commission (2001) defined CSR as "a concept whereby companies integrate social and environmental concerns in their business operations and their interactions with their stakeholders on a voluntary basis". The European Multi-stakeholder Forum on CSR (2004) further extended the understanding of CSR by concluding that CSR is the voluntary integration of environmental and social considerations into business operations, over and above legal requirements and contractual obligations, that commitment of management and dialogue with stakeholders is essential and when operating in developing countries and/or situations of weak governance, companies need to take into account the different contexts and challenges, including poverty, conflicts, environment and health issues.

The World Business Council for Sustainable Development (WBCSD) (2000) pointed out that there were differences in the meaning of CSR from one country to another ranging from environmental concerns to empowering local communities. This conflict and overlap of meanings has led to research to date being fractured and lacking a critical agenda. A single, universally accepted definition of CSR would be helpful (Kok, van der Wiele, McKenna & Brown, 2001; Blowfield & Frynas, 2005) but remains unlikely; however there are ways of seeing this lack of definition as a benefit to the area. The various definitions do have a commonality of themes in the context of various stakeholders, ethics, employee issues, environment, governance and policy. The concept, it is argued, needs to be retained as an overarching 'umbrella term' (Blowfield & Frynas, 2005). Companies can 'cherry pick' the areas they wish to move forward in without the constraints of an overly tight definition (Cowe, 2003). Being generic, it is argued that it can be applicable from the multi-national to the small and medium sized enterprises (SMEs). But a counter argument is that the use of the term 'corporate' implies that size is a pre-requisite (Schoenberger-Orgad & McKie, 2005).

Segal et al. (2003) in a study of the link between CSR and working conditions found that the concept of CSR was still relatively unfamiliar. They further reported that in the four EU countries studied, many company officers and officials of unions and public authorities had not heard of the concept of CSR and said that they did not wait for it before developing good practices. When the concept was identified, there was certain confusion in people's minds (including those of the people responsible for these areas in large international groups) concerning the relevant content to assign to the concepts of ethical or socially responsible enterprise, or enterprise committed to sustainable development, etc. They tended to see it as something to be feared - reduction in entitlements, weakening of social dialogue, competition with other stakeholders - rather than grounds for potential social progress. Other research in SMEs further indicates that although companies engage in responsible/good business practices they are not always encapsulated within the CSR framework (e.g. Leka and Churchill, 2007).

In recent years efforts have been made by business networks to increase the awareness of the concept of CSR and promote best practice. CSR Europe is the leading European business network for corporate social responsibility which was founded in 1995 by senior European business leaders in response to an appeal by the European Commission President Jacques Delors (CSR Europe, 2000). CSR Europe is a platform for connecting companies to share best practice on CSR, innovating new projects between business and stakeholders and for shaping the modern day business and political agenda on sustainability and competitiveness. Another such network is Enterprise for Health (EfH) which was set up in 2000 jointly by the Bertelsmann Stiftung (Foundation) and the Federal Association of Company Health Insurance Funds (Bundesverband der Betriebskrankenkassen) in Germany to promote the exchange of information and experience among committed enterprises and to publicise examples of the success of a corporate culture based on partnership. EfH is a network of international enterprises which devotes itself to the development of a corporate culture based on partnership and a modern company health policy. The key objective of the network is to process the available information related to CSR and employee health and to provide it in a systematic and practice-oriented way.

In March 2006, the European Commission published a new communication on CSR, stressing the potential of CSR to contribute to the European Strategy for Growth and Jobs and announcing backing for a European Alliance for CSR. The Alliance marks a new political approach on CSR, based on a double commitment. On the one hand, the European Commission will strengthen a business friendly environment. On the other hand, and through a voluntary approach, enterprises will further focus their efforts to innovate their CSR strategies and initiatives, in cooperation and dialogue with their stakeholders. The Alliance serves as a political umbrella for mobilising the resources of large and small European companies and their stakeholders (EC, 2006). The European Alliance for CSR lays the foundations for the partners to promote CSR in the future. It evolves around the following three areas of activities: raising awareness and improving knowledge on CSR and reporting on its achievements;

helping to mainstream and develop open coalitions of cooperation; ensuring an enabling environment for CSR.

4. Relevance and motives for corporate social responsibility

The proponents of CSR claim that it is in the enlightened self interest of business to undertake various forms of CSR. The forms of business benefit that might accrue would include enhanced reputation and greater employee loyalty and retention (Moir, 2001). The word 'voluntary', which characterises the commitment of enterprises to CSR practices, covers a large number of possible situations that bear witness to the variety of motives leading enterprises and their officers to commit themselves to the path of socially responsible practices. Firstly, CSR may have a positive effect in distinguishing the enterprise's products, which may give it an advantage in its market. It also represents a way of preventing environmental or social risks that may seriously undermine a brand's reputation. CSR can also be a positive factor in attracting and retaining a workforce sensitive to this ethical dimension and more willing to put a lot into an enterprise whose socially responsible commitments it shares (Segal et al., 2003).

Other studies undertaken to assess the motives of management to engage in CSR practices and adopt CSR policies and codes in Multi-National Corporations (MNCs) suggest two main sources of motivation: first, management may see advantages in reaching an agreed code in terms of the additional legitimacy for a policy that employee representatives' consent or approval can bring (Marginson, 2006). Further, legitimacy comes from the linking of CSR policies and codes to multilateral instruments such as ILO Conventions, the principles of the UN's Global Compact and the OECD's Guidelines on MNCs (Hammer, 2005). The second is the capacity of trade unions, and non-governmental organisations, to bring international pressure to bear on management over a company's practices and those of its suppliers.

The ILO (2007) reported that it is highly plausible that whether or not a multinational sees a need to have a CSR code is shaped by characteristics of the sector, such as how visible companies are in the eyes of consumers, the extent to which they trade on a brand name and the extent to which their supply networks encompass operations in developing nations. However, it should be noted that for SMEs, reputational risk currently features as a lesser priority due to the culture surrounding many smaller businesses (HSE, 2005; Lea, 2002). Essentially according to Moon (2004) "business performs… to defined standards… (which is) a key factor in the increasingly institutionalised nature of CSR in Britain"; that is, if improvements are made, others are likely to follow.

5. Corporate social responsibility and the European Union

The EU often refers to the European Social Model (ESM) as the basis of its social structure and related considerations. In 2000, at the Lisbon Summit, member states took the position that "the European Social Model, with its developed systems of social protection, must underpin the transformation of the knowledge economy" (Vaughan-Whitehead, 2003). While the ESM, built on social partnership and democratic values, is considered useful, it is nevertheless under attack with several member states repeatedly trying to undermine social rights due to the belief they would be too expensive for their enterprises and result in too rigid labour markets (Vaughan-Whitehead, 2003). The Commission's European Social Agenda, subsequently supported by the European Council in Nice (2001), emphasised the role of CSR in addressing the employment and social consequences of economic and market integration and in adapting working conditions to the new economy.

CSR focuses on the effects of organisational strategy on the social, environmental and economic impact of organisations' activities, as well as achieving an appropriate balance between these three impacts. As such, CSR is considered a leading principle in the development of innovative business practice (Zwetsloot, 2003). CSR evolved from the 1990s approach of developing management systems, which were often based on standards and guidelines such as ISO 9000 (quality management), ISO 14001 (environmental management), SA 8000 (social accountability) and OHSAS 18001 (occupational health and safety) and have as their guiding principle "doing things right the first time". However, as far as these systems focus on planning and rational control of activities, they pay little attention to human aspects. To achieve further development of CSR, it is necessary to combine

value–based decision–making and the rationales of prevention and management systems (Zwetsloot, 2003).

6. Corporate social responsibility and occupational safety and health

CSR, as discussed earlier has many definitions but, in essence, it is based on the integration of economic, social, ethical and environmental concerns in business operations. The major social concerns include the welfare of the key stakeholders in the business, especially employees (HSE, 2005). One important distinction between different types of CSR policies and activities is whether they are 'internal' in that they are targeted at management and employees of the firm itself, or 'external' in that they are targeted at outside groups such as suppliers, the society or the environment (Bondy et al., 2004).

The internal dimension of CSR policies covers socially responsible practices concerning employees, relating to their safety and health, investing in human capital, managing change and financial control. Recent Occupational Safety and Health (OSH) promotion strategies by the European Commission (EC) and the European Agency for Safety and Health at Work (EASHW) have attempted to link OSH with CSR, establishing a business case of strategic importance for organisations (EC, 2001, 2002; Zwetsloot & Starren, 2004). Health and safety at work is seen an essential component of CSR and companies are increasingly recognising that they cannot be good externally, while having poor social performance internally (Zwetsloot & Starren, 2004). CSR is also identified as a critical component for engaging SMEs to move the area of OSH forward (HSE, 2005).

These recent international and national CSR initiatives are complemented by innovative safety and health initiatives that go beyond traditional OSH issues and have either an implicit or explicit relationship with CSR. An effect of these initiatives is that they change the context of safety and health at work at company level. Zwetsloot and Starren (2004) in a report for the EASHW categorised these initiatives as:
- o Raising awareness, awards and ethical initiatives;
- o Exchange of knowledge: best practice, networks, pilot projects, and guidelines;
- o Standardisation and certification;
- o Reporting (external) and communication;
- o Innovative partnerships NGOs, public and private;
- o Ethical trade initiatives ('fair trade');
- o Financial sector involvement / financial incentives.

The nature of the relationship between CSR and OSH varies widely among the initiatives. Some refer explicitly to OSH items while others focus only on new social issues that have no tradition in companies, or on totally voluntary aspects (such as use of unfair labour practices by suppliers in developing countries/new member states). Initiatives for promoting CSR are predominantly private and voluntary, while OSH initiatives are often dominated by legal regulation and governmental action.

7. Corporate social responsibility and psychosocial risk management

The nature of working life has changed significantly during the last decades. There are now more work demands than ever before. Psychosocial risks, work-related stress, workplace violence harassment and bullying are now major occupational health concerns, joining the traditional problems of unemployment and exposure to physical, chemical and biological hazards (European Social Partners, 2004). As discussed earlier in this book, the difference in awareness, prioritisation and approach in dealing with these issues between the member states can act as a barrier in achieving the aims of the Lisbon Strategy. The declaration of the Lisbon Strategy aims at making the European Union the most competitive economy in the world (EC, 2000). This strategy places emphasis on the need to adapt constantly to changes in the information society and to boost research and development and advocates member states to invest in education and training, and to conduct an active policy for employment, making it easier to move to a knowledge economy. After the initial review of the Lisbon strategy in 2005, which indicated that the results achieved had been unconvincing (EC, 2005), further emphasis was laid on fostering new partnerships to promote best practice and to engagement in responsible business practices.

Increasingly, CSR is becoming a *strategic* platform for health and safety management in enterprises. Companies that are perceived to be frontrunners in supporting human, social and mental resources are often viewed as employers of choice. They see value in promoting such resources in terms of the sustainability of the company itself, and associated to that the sustainability of communities and society. A lot of them address such issues not purely as an obligation in law or dealing with symptoms of ill health and absence, but through a framework of common (business) sense and social responsibility. In doing so, many of these companies go beyond their legal obligations in relation to the management of psychosocial risks and view the promotion of well-being as part of their usual business practices.

As CSR is strategic and is regarded by many companies and corporate leaders as an important development, it offers opportunities for psychosocial risk management. However, the link of CSR with psychosocial risk management has not been addressed clearly before. The PRIMA-EF project attempts to address this shortcoming by analysing the link of CSR with psychosocial risk management and the business case underpinning it. A number of methods were used to explore and analyse this link.

8. Methodology

The methodology was based on the analysis of the existing literature, as well as on quantitative and qualitative research. This included two focus groups and a pilot of key indicators with business networks. The literature review and results have been used to define CSR indicators for psychosocial risk management at the level of the enterprise. The focus groups explored two thematic areas that included a number of key questions:
- o What are the main business impacts of psychosocial risks?
- o What is the business case for psychosocial risk management?
- o What is the workers' case for psychosocial risk management?
- o Identification of internal and external stakeholders and the societal impact of psychosocial risks
- o Who are key stakeholders? (and in particular non-traditional stakeholders that may be important to communicate with, or to involve in psychosocial risk management)
- o What are the main societal impacts of psychosocial risk management?

8.1. Focus groups and pilot of indicators

Two focus groups on CSR were organised during a two day stakeholder workshop (for more details see chapter 4). The focus groups lasted approximately an hour and a half each. Discussion focused on the above questions. The literature review and discussions from the focus groups were further used to develop a list of CSR indicators for psychosocial risk management. This list was piloted with CSR business networks.

8.1.1. Participants

Fifteen stakeholders representing the social partners (trade unions, employer organisations and governmental organisations), researchers and academic experts in the area participated in the focus groups. On the basis of the focus groups findings and the literature review, twenty-seven indicators for CSR and psychosocial risk management were defined. These were piloted with member organisations of CSR Europe and the Enterprise for Health Network. Responses from fifteen companies were received which are members of these networks.

8.2. Ethics

Prior to commencing the focus groups, the aims and objectives of the PRIMA-EF project and the nature of the focus group were outlined. Participants were informed that all subsequent reports to emerge from this study would not identify any individuals, and would detail only summary findings. Participants gave verbal consent to participate in the study and for the focus groups to be recorded.

9. Results

9.1. Main business impacts of investing in the management of psychosocial risks

9.1.1. Insights from the literature

A healthy and vital workforce is an asset for any organisation. Companies considering a company health programme want to understand the health and business benefits of such an investment (Zwetsloot et al., 2008). However, when the effectiveness of such activities is evaluated, the focus is usually on the health impacts and not on business benefits. The effectiveness of psychosocial risk management is often judged by psychosocial experts against (potential mental) health benefits, and only rarely by managers who may primarily be interested in business benefits. Benefits taken into account are therefore mostly expressed in health improvements and associated cost reductions (see, for example, De Greef, 2004a; 2004b).

Cost reduction is a strategic issue for companies when competing on price and efficiency. For industries in high wage countries that are prone to global competition, such a strategy is not sufficient: they need to go beyond cost reduction and look for assets that generate added value, like creativity, innovation and becoming an employer of choice. Therefore, as in modern quality management (cf. Conti, 1990), the creation of added value is increasingly relevant (Karasek, 2004). It is often stated that prevention is better than cure. Indeed, preventing a problem is often cheaper than solving it. If the investment leads to cost savings larger than the investment, the return on investment is positive. Seen this way, everything that helps to prevent health problems arising should lead to lower costs for solving health problems and to lower associated costs' (such as costs of sickness absence or for return to work programmes). Effective investments in preventive psychosocial risk management may therefore imply fewer costs associated with health problems.

However, it is good to bear in mind that part of the costs of treatment and consequences of (mental) health problems may not be costs for the employer (but for the health care system, the social security system, or the individual employee). Conti (1993) emphasised the importance of creating added value for the company and its customers, as the natural complement to cost-reductions.

At a stakeholders' meeting about Integrated Health Management in the Netherlands in November 2005, some front runner companies discussed their ambitions, motives, and goals with regard to health and health activities (Zwetsloot & Van Scheppingen, 2007). One of the main conclusions was that health for these companies is seen as a strategic asset, the motor of development and innovation. For these companies, the reason to invest in health is that they assume that health is a resource to achieve their business targets. These companies point out that they need (physically and mentally) healthy or vital people. Healthy people who work in safe, healthy, and stimulating conditions for these companies are the main prerequisites for productivity, flexibility, continuity, and innovation - the key to surviving as a company. From a business perspective, health for these companies is experienced as an asset that creates added value in terms of innovation and development, besides reducing various costs, like sickness absence costs and medical costs. The European Enterprise for Health network sees the creation of an innovative company culture, where people function optimally, both individually and collectively as the most important goal of health management. Elaborating on Zwetsloot and van Scheppingen (2007), Table 6.1 below groups health and business benefits into four clusters, forming a two by two matrix of cost reductions and added value, related to health and business respectively.

Table 6.1.: A two by two matrix of health and business benefits, with examples (derived from Zwetsloot & Van Scheppingen, 2007)

TYPE OF BENEFITS	HEALTH/VITALITY	BUSINESS/ECONOMIC
Cost reductions	e.g. Lower cost for replacing sick people	e.g. Less disturbance in production
Added value	e.g. Keeping the ageing workforce vital and productive	e.g. Increased labour productivity and manpower efficiency

9.1.2. Focus groups results

In Table 6.2 the results of the focus groups on health and business benefits of psychosocial risk management are presented.

Table 6.2.: Health and business benefits of investing in psychosocial risk management

TYPE OF BENEFITS	HEALTH/VITALITY	BUSINESS/ECONOMIC
Cost reductions	Improved psychosocial health of workers Reduced sickness absence Reduced health insurance costs	Increased productivity Higher job satisfaction Increased work commitment Knowledge retention Lower staff turnover Reduction in training and recruitment costs Reduced employee turnover Reduced early retirement Less confrontation of the organisation with their workers and their Unions
Added values	Added Quality-Adjusted Life Years (QALYs) for employees	Better public image Increased long term stability Higher employee commitment Engagement of different partners/ stakeholders Improved employer reputation More commitment of workers to company's aims Better relation with clients

The signing of agreements such as the framework agreement on work-related stress was considered as a step in the right direction but participants considered that a lot needs to be done to get buy-in from organisations. As one of the participants commented, *"It is difficult to obtain and maintain commitment from companies in relation to psychosocial risk management, even now"*. The workshop participants highlighted the need for developing a clear business case for psychosocial risk management. The participants discussed that even though all the tripartite partners accepted that CSR was related to psychosocial risk management, the 'win-win' situation often discussed by trade unions and employers alike still seemed very distant.

Participants commented that both the business and the employee benefit from reduced sickness absence: for the worker reduced sickness meant lesser losses in earning while for the employer the benefit was reported to be the potential of earning higher profits. The availability of low cost interventions for psychosocial risk management was highlighted and the advantages of

implementing such interventions were discussed; these included reduced sickness, reduced employee turnover and therefore reduced health insurance costs which benefit not only the organisation but also society as savings in social security could be allocated to other areas. Participants reported that engaging in psychosocial risk management would help to maintain a healthy workforce; such a workforce was expected to have higher job satisfaction and increased work commitment which would lead to further reduction in organisational costs due to knowledge retention, lower staff turnover and resulting reduction in training and recruitment costs.

The participants also discussed that benefits of engaging in responsible business practices which incorporated psychosocial risk management would include increased long term stability for the business, a better public image and improved employer reputation which would in turn help attract and retain the best employees. While the significant benefits for workers would include better relation with clients, less confrontation of the organisation with their workers and their Unions and increased participation in organisational aims and policies.

9.2. Main stakeholders in psychosocial risk management, beyond traditional stakeholders

The workshop participants discussed the role and involvement of stakeholders in the OSH area, which may be important to communicate with and/or to involve in psychosocial risk management. As traditional stakeholders were concerned, these included:
   o   Trade unions
   o   Employer organisations
   o   Government agencies
   o   Researchers and academics
   o   OSH services.
These traditional stakeholders remain very important in OSH and also more specifically for psychosocial risk management.

The non-traditional stakeholders with a clear interest in the business impact and/or societal impacts of psychosocial risks identified are listed in Table 6.3 with a concise explanation of their respective stakes.

Table 6.3.: Non-traditional stakeholders in psychosocial risk management and their main interests

STAKEHOLDERS	MAIN STAKES
Social security agencies	Good psychosocial risk management may reduce the burden of psychosocial problems and help to reduce rising costs of psychosocial problems on social security arrangements[1] (for workers compensation, societal costs of mental disabilities and associated unemployment). Social security agencies have a clear stake in prevention.
Health insurers	Good psychosocial risk management may reduce the rise of health care costs for treatment of psychosocial problems[2]. Health insurers have a clear stake in (primary and secondary) prevention.
Families/partners	The psychosocial health of the workers is a very important issue for partners and their families. First of all the stress of a traumatised partner will have a strong impact on family life. Secondly, they are economically depending on the workers earning capacity, which can be seriously threatened by exposure to psychosocial risks.
(Mental) health care institutions	The rising prevalence of psychosocial problems is a challenge and burden to the health care systems and institutions. Increasing treatment activities may trigger greater interest in prevention.
Customers/clients	In many jobs people work with clients. If workers suffer from psychosocial illnesses, this is likely to affect the way they work and communicate with

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[1] Social security arrangements differ widely across the EU. This implies variations in the exact nature of their stakes.
[2] The societal arrangements for insurance of health care cost differ widely across the EU. As a consequence there are variations in the stakes of the health insurers.

	customers. This is likely to reduce customer satisfaction.
Shareholders	In some industries psychosocial problems lead to high levels of sickness absence. In companies with severe psychosocial problems, it may also be more difficult to attract talent. As a result the productivity and competitiveness of the company may be affected, implying reduced shareholder value.
NGOs	NGOs represent civil society groups. Several civil society groups may have an interest in good psychosocial risk management by companies. This may range from organisations of patients of psychosocial disorders, to local groups requiring socially responsible business practices from companies in their neighbourhood.
Communities	See item above.
Business Schools and Universities	Good psychosocial risk management clearly has a link with good business practice. This is important for the education of present and future business leaders. Psychosocial risk management should therefore be integrated in the curricula of business schools and universities.
Employment agencies	Psychosocial disorders are increasingly relevant as a cause of reduced work ability and rising unemployment. In some countries, many long term unemployed people suffer from mental health problems. Recent literature shows that (re)activation of this target group is more successful when it is combined with work than in the traditional model of treatment and cure before people start working. This implies that employment agencies are having a clear interest in tertiary prevention.
Human resource departments and officers	Within companies, psychosocial issues are relevant for well-being at work, company climate, employee satisfaction and the retention of existing employees. Though coming from another tradition compared to OSH experts, HRM officers are increasingly involved in the management of psychosocial issues at work.
Media	Psychosocial risk management is a societal issue with even growing impact. It is important to many people (workers, their families etc.). As a result the issue is of growing importance to mass media (journals, TV, internet, etc).
Actors of (in) the judiciary system	Psychosocial risks are increasingly having economic implications both for companies and their workers. This is likely to lead to a boost in legal cases, on liability issues. This may form a burden to parts of the juridical system but might be a source of potential income to lawyers.
Business consultants	As psychosocial risks are increasingly having business impacts, advising on these issues will probably not remain the exclusive domain of psychologists and occupational health and safety services. Business consultants are likely to develop a growing interest in this area.

9.3. Main societal impacts of psychosocial risks emerging from enterprises

In the section above, the involvement of stakeholders and their stakes in psychosocial risk management were already clarified. Above that it is important to assess the impact on workers' health and well-being as well as on their work and life. While it is important for managers to have a "business case" for psychosocial risk management, it is similarly important to have a "personal case" for the workers.

The participants discussed that enterprises could do more in managing contemporary issues such as restructuring, organisational change, work organisation in a more responsible and effective way. Worker participation in such processes, skills training, improvement of systems to promote better work-life balance etc. were discussed. As one participant commented, *"There is a need to change today, in terms of current jobs and even when changing jobs; it is reality and needed, but then it must be managed in a responsible way. If people are informed and are assisted, for example, in finding new jobs, or helped with developing new skills, if it is managed in a responsible way then there is a possibility that then they may manage the change more effectively"*.

The participants then discussed the advantages of linking psychosocial risk management and CSR in relation to workers' health and work life balance, these are summarised in Table 6.4.

Table 6.4.: Health and business benefits to workers of investing in psychosocial risk management

TYPE OF BENEFITS	HEALTH AND WELL-BEING OF WORKERS	BROADER BENEFITS TO WORKERS
Less problems (and associated costs)	Lower stress Improved health	Better work-life balance Increased work ability and employability
Personal benefits (and added values)	Longer healthier work life Better well-being	Increased self esteem Increased job security Sense of being valued Better satisfaction Better quality of life

Participants reported that engaging in responsible business practices which incorporated psychosocial risk management would lead to low stress and related problems among employees and thereby leading to a longer and healthier work life, as well as increased work ability and employability. Other related benefits for employees were reported to include more secure jobs, as the risk of sickness absence was reduced, thereby reducing the fear of lost wages. Also effective changes in work organisation, such as flexible schedules, were expected to help improve the work-life balance for employees. Employees were also expected to experience better well-being and lead happier lives owing to improved physical and mental health.

9.4. Indicators for CSR and psychosocial risk management

The indicators are meant to give a strategic overview of the development of psychosocial risk management, using potential synergies with CSR at the enterprise level. Findings indicate that, by and large, all respondents found all the indicators relevant. Sixteen of the twenty-seven indicators that were developed and piloted were found useful for benchmarking at the enterprise level (see Table 6.5 below).

Table 6.5.: CSR indicators considered relevant and useful for benchmarking at enterprise level

AREA	REASONS FOR INDICATORS IN THIS AREA	INDICATORS
Integration into the *systems and structures of business operations*	Both PRIMA and CSR need to be integrated into the companies' business processes. Integration and implementation into existing management systems and structures are key in this respect.	The enterprise has management information on psychosocial risk management (as part of normal business control or a management system in place) The enterprise has an explicit policy to address (prevent, reduce, control) psychosocial risks (and comply with legal obligations) The system for managing psychosocial risks is also

		relevant and used in cases of re-organisation and restructuring The enterprise has a code of conduct for psychosocial issues The enterprise has a code of conduct for violence, harassment and bullying The enterprise has systems for raising harassment, bullying or other psychosocial risk issues confidentially Company guidance or guidelines on the prevention of psychosocial risks and the promotion of mental health are available
Integration into the *company culture*	Both PRIMA and CSR need to be integrated into the companies' business processes. Besides systems and structures, it is a matter of (company) values and culture and "how things are done around here".	Leadership is trained and developed to prioritise psychosocial issues and address them openly as a preventive mechanism Notification of incidents (e.g. aggression and harassment) is encouraged (rewarded, not leading to blame) There is active open internal and external communication on psychosocial problems and preventive actions (transparency)
Integration into *learning and development of the organisation*	Both CSR and PRIMA are not time limited projects, but rather represent ongoing journeys, were learning adaptation and continuous improvement are key.	All incidents on violence and harassment are recorded, analysed and the lessons learned are communicated The enterprise has a system in place to evaluate interventions on psychosocial risks Individual workers get feedback on problems notified and solutions proposed or implemented
Integration into *dialogue with stakeholders*	Stakeholder involvement is key in CSR; it is useful also beyond the social partners that are part of the OHS/PRIMA tradition. External stakeholders as identified in this chapter all have a stake in PRIMA and may help enterprises in one way or another to further develop it.	The enterprise has an internal reporting system in place on psychosocial problems, that is linked to internal planning and control cycle and to external reporting (e.g. in CSR report) The enterprise has identified their main stakeholders on

		psychosocial issues (e.g. government, social partners, (social) insurance agencies, NGOs etc.) and has regular dialogue with them
Explicitly *addressing ethical aspects and dilemmas*	Ethical issues and ethical behaviour are vital in CSR as well as PRIMA. Explicitly addressing ethical dilemmas is important for developing ethical awareness and behaviour both at individual and company level.	People are trained to use conflicts at work in a positive way (to overcome problems and turn them into productive experiences)

Some participants suggested that the indicators must include the critical aspect of the level of implemented actions. Further, it was considered important that a company had policies, codes of conduct and guidelines to address psychosocial issues. It was also suggested that differences between small and large enterprises should be considered. A participant advised that in order to benchmark, a database needed to be created. Building such a database would allow the testing of the reliability and robustness of the indicators. Some respondents also expressed the need for clearer definitions in the form of standards. Whether the organisation includes psychosocial risk management indicators within the regular employee attitude survey routine was suggested as a potential indicator, as was active open and external communication from the employee attitude survey.

10. Discussion

The findings from the focus groups highlighted a number of important issues in relation to the link between psychosocial risk management and CSR. While there was unanimous agreement that CSR and responsible business practices were an important issue in relation to psychosocial risk management, the concept might not be clearly understood in companies leading to different/unclear practices. These findings are similar to those found in previous research by Segal et al. (2003) who in a study of the link between CSR and working conditions found that the concept of CSR was still relatively unfamiliar. The findings from the focus groups also indicated that although companies engage in responsible/good business practices they are not always encapsulated within the CSR framework, which again confirm the findings from past research (Leka & Churchill, 2007; Segal et al., 2003). Adopting a single definition of CSR (Kok, van der Wiele, McKenna & Brown, 2001; Blowfield & Frynas, 2005) and raising awareness of the benefits of engaging in responsible business practices would help improve the understanding of the concept. The EU definition of CSR could potentially be accepted as the common definition.

The findings indicated that even though all the tripartite partners accepted that the internal dimension of CSR was related to psychosocial risk management, the 'win-win' situation, where employers would voluntarily implementing policies to promote workers' health due to positive business benefits, often discussed by trade unions and employers alike, still seemed very distant. This can potentially be due to the difference in the use of the term CSR.

The signing of agreements such as the framework agreement on work-related stress in 2004 and the framework agreement on harassment and violence at work in 2007 were considered as steps in the right direction but findings indicated that a lot more needed to be done to get buy-in from organisations. The participants highlighted that in addition to raising awareness of psychosocial issues, a clear business case for psychosocial risk management had to be developed and disseminated to employers. However, more research needs to be conducted on cost-benefit analysis.

Leka et. al. (2003) reported on the negative effects of stress which can affect organisations by causing high rates of absenteeism and staff turnover, disciplinary problems and unsafe working practices, as well as low commitment to work, poor performance, tension and conflicts between colleagues. In addition, stress also damages the image of the organisation, both among its workers and externally, and increases the liability to legal claims and actions by stressed workers; the authors therefore recommended that stress prevention was critical for enterprises. The findings from the focus

groups indicated that the participants supported the view that linking psychosocial risk management and CSR had numerous advantages. Engaging in psychosocial risk management was considered to benefit both the business and the employee in terms of reduced sickness absence, reduced employee turnover, reduced health insurance costs, reduced early retirement, increased job satisfaction and work commitment which would lead to further reduction in organisational costs due to knowledge retention, lower staff turnover and resulting reduction in training and recruitment costs leading to the much discussed 'win-win' situation.

The findings also indicated that engaging in responsible business practices which incorporated psychosocial risk management was considered to include increased long term stability for the business, a better public image and improved employer reputation which would in turn help attract and retain the best employees. In spite of the known and accepted benefits of engaging in psychosocial risk management many organisations still do not have policies in place which promote such practices; the lack of availability of a common framework for action and unavailability of easy to use tools and standards can be some of the factors contributing to the current situation.

11. Conclusion and way forward

On the basis of the work focusing on CSR and psychosocial risk management conducted through the PRIMA-EF project, a number of the resulting opportunities for future activities can be identified. Firstly, it is important for further guidance and standards to be identified and indicators to be formalised and used in the area. These will allow clarity among enterprises and policy-makers to be achieved and benchmarking to be promoted across companies, sectors and countries. It will then be possible for appropriate actions to be taken to address gaps in practice. These tools should be promoted across experts, practitioners, enterprise networks on the one hand, and government officials and policy makers on the other and could be also used as an awareness raising tool. In addition, more effort should be dedicated to awareness raising and involvement of a wider range of stakeholders, including non-traditional stakeholders as have been identified in this chapter. Further research should be conducted into defining the business case for psychosocial risk management as well as into addressing ethical dilemmas in the psychosocial risk management process (the identified dilemmas included in this chapter can serve as a starting point). Perhaps the most important challenge lies in instilling a change in perspective by businesses in order to see psychosocial risk management as part of good business practice. A CSR inspired approach can prove useful towards this end (underpinned by the legal context but seeing it as the floor and not the ceiling). In addition to the identified CSR indicators, the final section of this chapter aims at providing some basic elements of a CSR approach to the management of psychosocial issues at work.

11.1. A CSR inspired approach to the management of psychosocial issues at work

o **Make sure that the strategic importance of the management of psychosocial issues is recognised**

Traditional approaches to psychosocial risk management start with a focus on concrete and operational problems (health problems, hazards and risks in specific workplace, of specific activities, etc). The strategic relevance of such approaches is often unclear. As a result leadership support is lacking or is only temporary (as long as the problems are pressing). To develop top management support the strategic relevance of the management of psychosocial issues needs to be clarified. A first step is to develop a business case. In this chapter we used a business case model clarifying the health and business benefits, both in terms of (potential) cost reductions and added values. For clarifying the relevant added value for a specific enterprise, the company's general strategy and strategic aims form the start. Strategic value can be added when the management of psychosocial risks contributes to the realisation of the company's strategic aims. It is best to develop such 'strategic business cases' in an interactive way (see Zwetsloot & Van Scheppingen, 2007). That is likely to require a 'resource perspective' on work health, rather than the 'protection perspective' that is usually dominant in risk management approaches. Therefore, it might be relevant to involve human resource staff of internal business strategy consultants as complementary to experts in psychosocial or health risks, as they have valuable experience with the resource perspective.

○ ***Integrate psychosocial issues in strategies, plans and processes for organisational development***

Sustainable organisational strategies include external as well as internal challenges, for now and the future (Hart & Milstein 2003). When it is clear what the goals of organisational development are, it is possible to assess what requirements in terms of work organisation, work processes, staffing, new competencies that need to be developed, working environment, etc. will be helpful or even essential for their realisation. As the goals of organisational development will require a timeframe of some years, and will be associated will all sorts of changes in work organisation, work processes, etc. the option arises to anticipate these changes, and to include psychosocial issues from the start in the design and decision-making processes thereof (see Zwetsloot & Van Scheppingen, 2006 on such strategies). In this way, lessons learned from dealing with psychosocial risk can be taken into account in organisational development. This is likely to lead to much more effective (primary and secondary) prevention, while saving costs and delivering strategic added value to the enterprise.

○ ***Organise a good balance between implementation of systems, internalisation of values, and organisational learning processes***

The importance of the implementation of systems and procedures
The management of psychosocial issues and risks is requiring systematically planned activities (see chapter 1: PRIMA Framework). This can and should be integrated in the management systems the company may have to manage risks in general, e.g. via integrating it in OSH Management Systems, or in the planning and control cycle or other existing procedures. For their realisation, the plans and measures have to be *implemented*.

The importance of internalisation of values and responsible behaviour
However, the management of psychosocial issues and risks is also about ethics and values, about doing the right things (as complementary to doing things right – see Zwetsloot 2003), i.e. it is about awareness, responsible behaviour and walking the talk. Plans or technical and organisational measures are usually not very helpful in bringing about such behavioural change. That is usually greatly influenced (positively or negatively) by social interactions (including leadership) and the organisational culture. In fact these factors greatly influence, in an informal but often surprisingly effective way, behaviour, i.e. "how things are done around here". While the keyword for systems and plans is implementation, for values and for ethical and behavioural aspects it is *internalisation*. As part of CSR policy many companies provide training to their employees about corporate values and how to deal with ethical dilemmas. Values related to psychosocial issues, and ethical dilemmas could easily be integrated into such CSR approaches.

The importance of individual as well as collective learning processes
The implementation of plans and procedures and the internalisation of values and responsible behaviour cannot be achieved without individual and collective learning processes. The importance thereof is often underestimated. Learning may be from experience, without knowing or managing it consciously. However, the awareness of learning creates the process of managing the learning process. The idea of collective learning processes is actually also underlying the EU legislation on health and safety as the EU Directive 89/911 is an example of so called "reflexive law". It addresses not only the personal responsibility of the employer and the employees, but presupposes (sometimes implicitly) that these key agents reflect on existing workplaces and work processes, and the associated hazards and risks. In this way, EU legislation attributes a central role to the employer and the employees as responsible key agents in a process of self-regulation and self-reflection. Apart from its legal status, this is very well compatible with a CSR inspired approach to psychosocial risk management.

○ ***Be aware of the societal impacts of psychosocial risks at the workplace, but also of the business impact of psychosocial issues in society***

For enterprises there are two kinds of impacts that are to be managed in relation to psychosocial issues (Frick & Zwetsloot, 2007):
  (1) The impact of business activities on psychosocial risks and workers' health (and the potential societal impacts thereof), and

(2) The impact of psychosocial health of employees on the business.

Health in itself is rarely a primary business interest. However, the health of employees does often strongly influence the business. This can, for example, work through employees' capacity and motivation to work, the degree of openness of their minds, etc. While the primary concern of the workers is the management of the first kind of impact, the primary concern for management is often the second kind. This emphasises once more that a combination of the two perspectives is needed for successful management of psychosocial issues.

o *Engage with stakeholders, also with key non-traditional stakeholders*

In this chapter we have identified a range of non-traditional stakeholders that have a stake in psychosocial risk management. Especially the stakeholders with a clear economic or personal interest can be regarded as key stakeholders: social security agencies, health insurers, families and partners of employees, and (mental) health care institutions and professionals. As CSR strategies always include engaging with stakeholders, it seems a logical step for enterprises to start engaging with this range of key stakeholders. From the CSR literature it is known that this type of stakeholder engagement may have its own dynamics, from trust, via inform, to involve (see Table 6.6 below).

Table 6.6.: Characterisation of various types of stakeholder engagement

Trust:	We are a responsible firm, so our stakeholders can trust we are good for society
Inform:	We are a responsible firm, we want to be transparent, and therefore we will inform our stakeholders about our impact on society and how we manage that impact
Involve:	We are a responsible firm, we take the interests of our stakeholders very seriously, and therefore we want to involve our stakeholders to make sure we have a positive impact on society

The greater the involvement of key stakeholders such as social security agencies, health insurers, families and partners of employees and (mental) health care institutions and professionals, the more likely it is that the management of psychosocial issues will be and remain of strategic importance to the enterprise.

o *A CSR inspired approach to the management of psychosocial issues: a macro policy challenge*

Above we have outlined some elements for a CSR inspired approach to the management of psychosocial issues. For policy makers this opens up new perspectives as well. In the first place they can integrate psychosocial aspects into other policies affecting the changing world of work. This can be done in a way similar to the integration into business processes at the enterprise level. They can also inform and engage with both the traditional stakeholders and the above mentioned non-traditional key stakeholders, in the policy making process. This is likely to lead to greater societal awareness and greater societal support for policies stimulating positively (mental) health as an economic resource (both at the enterprise and national level). In this way macro policies are likely to be more effective and synergetic.

The following chapter explores in more detail the macro policy level and its impact on the management of psychosocial risks by focusing on the often neglected key concept of policy-level interventions.

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Psychosocial Risk Management: The Importance and Impact of Policy Level Interventions

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1. Introduction

In the last decade, a number of organisations have developed measures and programmes to assess and manage psychosocial risks at work. International organisations, as well as EU and international bodies have published reports on ways to deal with psychosocial risk factors (ILO, 1986; WHO, 2003; EU: the European Foundation for the Improvement of Living and Working Conditions and the European Agency for Safety and Health at Work). Both general guidelines and basic steps in a risk control cycle have been provided as well as more detailed accounts of various measures. The 2002 European Week for Safety and Health at Work gathered examples of best practice both on stress and violence and bullying at work (EASHW, 2002).

Psychosocial risk management approaches differ from each other in many ways. A common distinction has been between organisational and individual orientations, or between primary, secondary and tertiary prevention. However, the focus of the various interventions has mainly been at the enterprise/organisational level while the important level of policy interventions on psychosocial risks at the macro level (national/European/international) has been largely ignored in the mainstream academic literature.

2. Psychosocial risk management at the macro level: Policy level interventions

Policy level interventions in the area of psychosocial risk management and the promotion of workers' health can take various forms. These may include the development of policy and legislation, the specification of best practice standards at national or stakeholder levels, the signing of stakeholder agreements towards a common strategy, the signing of declarations at the European or international levels, often through international organisation action, and the promotion of social dialogue and corporate social responsibility (CSR) in relation to the issues of concern (e.g. Zwetsloot and Starren, 2004).

As already highlighted in previous chapters (see chapters 3, 4 and 6) a number of significant developments towards the management of psychosocial risks have been achieved at the policy level in the EU since the introduction of the 1989 EC Council Framework Directive 89/391/EEC on Safety and Health of Workers at Work on which a new EU risk prevention culture has since been established. Important documents in this context include: the European Commission's Guidance on Work-Related Stress (2002); the European Commission's Green Paper on Promoting a European Framework for Corporate Social Responsibility (2001); the European Framework Agreement on Work-Related Stress (2004); the European Framework Agreement on Harassment and Violence at Work (2007).

At the international level, significant developments have been the declaration of the Global Plan of Action for Workers' Health at the recent WHO World Health Assembly (WHO, 2007), WHO guidance on psychosocial risks, work-related stress and psychological harassment (e.g. WHO, 2003a; 2003b; 2007), ILO initiatives to promote social dialogue on health and safety issues and various ILO conventions on workers' health. Examples of these policy-level interventions can also be found at the national level: the Management Standards approach (HSE, 2005) to work-related stress in the UK, the Health Covenants in the Netherlands, the 'Victimisation at work' ordinance in Sweden, specific anti-bullying legislation recently introduced in some countries, for example in France, Finland, Belgium and the Netherlands, are just few of the many key initiatives taken at the national level across many EU member states.

However, it has been widely acknowledged that initiatives aiming to promote workers' health have not had the impact anticipated both by experts and policy makers and the main reason for this has been the gap that exists between policy and practice (Levi, 2005). There are a number of reasons for this gap. One is a lack of awareness across the enlarged EU that is often associated with lack of expertise, research and appropriate infrastructure. At the same time, as discussed in chapter 1, the responsibility for understanding and managing the interface between work, employment and mental health varies greatly across countries (Cox, Leka, Ivanov, & Kortum 2004).

Despite the diversity that exists across the EU and in different Member States in terms of socioeconomic conditions and capabilities, like the existence of infrastructure, availability of expertise, knowledge and understanding and prioritisation of mental health at work, systematic evaluation of policy-level interventions across the EU has not been conducted adequately. It is important that both an increase of national capabilities and a systematic evaluation of policies focussing on psychosocial risks and occupational mental health, and their translation into practical measures and actions, are seriously considered if progress both at EU and national levels is to be achieved and the gap between policy and practice is to be addressed and minimised.

3. The PRIMA-EF model for the management of psychosocial risks at the macro level

As compared to the risk management process at company level the underlying key principles and philosophy are the same for the risk management policy process at the macro level. The PRIMA-EF model has been presented and discussed separately (see chapter 1). The model focuses on the interaction between the risk management policy process and the policies affecting the changing world of work and their impact on societal and macro level outcomes. As discussed in the model, the evaluation of the policy process, especially the implementation of the policy plan is an important step. The results of the evaluation should allow the strengths and weaknesses of both the policy plan and its implementation process to be assessed. It should provide the basis for societal learning and should be carried out periodically. Lessons learned should be communicated to a wider audience, especially to external (non traditional occupational health and safety) stakeholders. Best practice in relation to psychosocial risk management policies reflects best practice in terms of societal development and learning, economic development, social responsibility and the promotion of good work.

The next section considers in detail the European framework agreements on work-related stress and on harassment and violence at work and their so far implementation process.

4. European framework agreements

Dialogue between the European social partners takes place at both cross-sectoral and sectoral level. Participants in cross-sectoral dialogue – ETUC (trade unions), BUSINESSEUROPE (private sector

employers), UEAPME (small businesses), and CEEP (public employers) - have concluded a number of agreements that have been ratified by the Council of Ministers and are now part of European legislation such as the ones on parental leave (1996), part-time work (1997) and fixed-term contracts (1999). The social partners have also concluded 'voluntary' agreements on telework (2002), work-related stress (2004), and on harassment and violence at work (2007).

An autonomous and/or 'voluntary' agreement signed by the European social partners creates a contractual obligation for the affiliated organisations of the signatory parties to implement the agreement at each appropriate level of the national system of industrial relations instead of being incorporated into a Directive. Article 139 of the EC Treaty provides two options for the implementation of agreements concluded by the EU-level social partners. The first option is implementation in accordance with the procedures and practices specific to management and labour of the Member States. The second option is to request a Council of Ministers decision (Eurofound, 2007). Implementation of the agreements does not constitute valid grounds to reduce the general level of protection afforded to workers in the field agreement. The agreements do not prejudice the right of social partners to conclude, at the appropriate level, including European level, additional agreements adapting and/or complementing such agreements in a manner which will take note of the specific needs of the social partners concerned (CEC, 2002).

In the context of the European employment strategy, part of the Lisbon Agenda (EC, 2000), the European Council invited the social partners to negotiate agreements modernising the organisation of work with the aim of making undertakings productive and competitive and achieving the necessary balance between flexibility and security (CEC, 2002). On 15 January 2002, the European Commission launched the first stage consultation of social partners on "anticipating and managing change: a dynamic and positive approach to the social aspects of corporate restructuring" (WEM, 2002). The European Commission, in its second stage consultation of social partners on modernising and improving employment relations, invited the social partners to start negotiations on telework. In their 2003-2005 work programme the social partners included the issue of stress at work (CEC, 2004) and in February 2006, they started negotiations on harassment and violence as part of their 2006-2008 programme (Eurofound 2007). Through the autonomous agreement on telework, the social partners wished to contribute to preparing the transition to a knowledge-based economy and society as agreed by the European Council in Lisbon (CEC, 2002). The same can be said for the more recent voluntary agreements on work-related stress and harassment and violence at work.

4.1 Framework agreement on work-related stress

The European Commission has laid emphasis on the economic and social cost of stress based on studies carried out by the European Agency for Safety & Health at Work which came to the conclusion that every year stress at work costs the industry billions of euros (CEC, 2004). Having identified the need for specific joint action on the issue of work-related stress and anticipating a Commission consultation on stress, the European social partners included this issue in the work programme of social dialogue 2003-2005 (European Social Partners, 2004). This consultation led to the signing of a non-binding agreement on work-related stress reached at European level by employer and employee organisations as part of the Social Dialogue process, the 'Framework Agreement on Work-related Stress' (European Social Partners, 2004a). In summary, the aims of the voluntary agreement are:

o   To increase the awareness and understanding of employers, workers and their representatives of work-related stress, and
o   To draw their attention to signs that could indicate problems of work-related stress.

The objective is to provide employers and employees with a framework of measures which will identify and prevent problems of work-related stress and help to manage them when they do arise. Under the agreement, the responsibility for determining the appropriate measures rests with the employer. These measures are carried out with the participation and collaboration of workers and/or their representatives. These measures can be collective, individual or both. They can be introduced in the form of specific measures targeted at identified stress factors or as part of an integrated stress policy encompassing both preventive and responsive measures (EC, 2004a).

4.2. Framework agreement on harassment and violence at work

The European social partners maintain that mutual respect for the dignity of others at all levels within the workplace is one of the key characteristics of successful organisations. That is why they consider harassment and violence unacceptable and condemn them in all their forms. They consider it is a mutual concern of employers and workers to deal with these issues, which can have serious social and economic consequences (European Social Partners, 2007). Various EU directives and national laws define the employers' duty to protect workers against harassment and violence in the workplace.

The social partners included the issue of harassment and violence in the work programme of social dialogue 2006-2008 (European Social Partners, 2006a). This consultation led to the signing of a non-binding agreement on harassment and violence at work, reached as part of the Social Dialogue process, the 'Framework Agreement on Harassment and Violence at Work' (European Social Partners, 2007). It is important to note that the agreement relates both to bullying and third party violence. The aims of the agreement are to increase awareness and understanding of employees, workers and their representatives of workplace harassment and violence, and to provide them with an action-oriented framework to identify, manage and prevent problems of harassment and violence at work. According to the agreement, enterprises need to have a clear statement outlining that harassment and violence will not be tolerated. The procedures to be followed where cases arise should be included. The agreement will be implemented and monitored for three years at the national level.

Some European countries already have specific legislation and collective agreements on psychosocial risks, work-related stress and harassment and violence at work, but most have little beyond the general legal basis of the 1989 EC Council Framework Directive (for a more detail, see chapters 3 and 4).

4.3. Impact of framework agreements

Of all the policy interventions that have been presented only the implementation of the framework agreement on work-related stress had been monitored by the social partners (European Social Partners, 2006, 2007, 2008); the first monitoring of the framework agreement on harassment and violence at work will published in early 2009. The final joint report of the implementation of the work-related stress agreement was adopted by the European social dialogue committee on 18 June 2008 and transmitted to the European Commission in October 2008. The aim of this report is to highlight how the European agreement has been implemented, not to provide information on or an assessment of the concrete impact it has had. The implementation of the framework agreement on harassment and violence at work will be monitored for three years from 2008 to 2010 when the final report will be presented. Table 7.1 presents a summary of key milestones achieved in member states in relation to the implementation of the work-related stress agreement.

Table 7.1.: Summary of key milestones achieved in members states in relation to the implementation of the work-related stress agreement in 2006 and in 2007/2008

Member State	Translation of Agreement	Awareness raising	Further Social Dialogue Initiatives	Sectoral Initiatives	Development of new policy/legislation
Austria	Yes	Yes	Yes	Yes	No
Belgium	Yes	Yes	Yes	No	Yes
Bulgaria	Yes	Yes	No	Yes	No
Czech Republic	Yes	Yes	Yes	Yes	Yes
Cyprus	Yes*	Yes	Yes	Yes	No

Denmark	Yes	Yes	Yes	Yes	No
Estonia	Yes*	No report	No report	No report	No report
Finland	Yes	Yes	Yes	Yes	No
France	Yes	Yes	No	No	No
Germany	Yes	Yes	Yes	Yes	No
Greece	Yes*	No report	No report	No report	No report
Hungary	Yes	Yes	Yes	No	No
Iceland	Yes	Yes	Yes	No	No
Ireland	Not required	No	No	No	No
Italy	Yes	Yes	No	No	No
Latvia	Yes	Yes	No	No	No
Lithuania	Yes*	No report	No report	No report	No report
Luxemburg	Yes	Yes	No	No	No
Malta	Not required	Yes	No	No	No
Netherlands	Yes	Yes	Yes	Yes	Yes
Norway	Yes	Yes	Yes	No	No
Poland	Yes	Yes	Yes	No	No
Portugal	Yes	Yes	Yes	Yes	No
Romania	Yes	Yes	Yes	No	Yes
Spain	Yes	Yes	Yes	Yes	No
Slovakia	Yes*	No report	No report	No report	No report
Slovenia	Yes*	Yes	No	No	No
Sweden	Yes	Yes	Yes	Yes	Yes
United Kingdom	Not required	Yes	Yes	Yes	No

* These translations were elaborated with the financial support of the European Commission.

As can be concluded from the above table, the main activities that followed the signing of the agreement were its translation in national languages and its use as an awareness raising tool. It is also interesting to note that additional activities took place mostly in countries where there is already high awareness in relation to the issue of work-related stress, such as Finland, Netherlands, Sweden and the UK. Further evaluation of the practical applications of the agreements in each member state would provide more insight on their usefulness and impact.

As discussed before, the PRIMA-EF project places specific emphasis on the policy level and policy-level interventions and their impact. As such, two key aims of the project were to explore the views of stakeholders and policy experts in relation to the current state of the art in the area of policy-level interventions in relation to psychosocial risk management as well as to develop indicators for psychosocial risk management at the macro level.

5. Methodology

Policy level interventions aim at the development and support of action in key policy areas with the aim of translation of policy into practice. A comprehensive literature review on the various policy approaches of relevance to the management of psychosocial risks, work-related stress, violence and harassment was conducted at the European level. On the basis of existing literature, policy level interventions have been classified as:

    i.   Legislation/policy development
    ii.   Standards at national/stakeholder levels
    iii.   Stakeholder/collective agreements
    iv.   Declaration signing
    v.   International organisation action
    vi.   Social dialogue initiatives
    vii.   National strategy development
   viii.   Development of guidelines
    ix.   Economic incentives/programmes
    x.   Establishing networks/partnerships

Following this review, nineteen semi-structured interviews with key stakeholders at the policy level who have been involved in some form of policy-level interventions for psychosocial risk management were conducted. In addition, two focus groups were conducted to define indicators for psychosocial risk management at the macro (national) level. The indicators were then piloted with national-level policy expert networks to ascertain their usefulness for benchmarking purposes.

5.1. Interview schedule development

An interview schedule was developed on the basis of the literature review conducted and questions were formulated to correspond to the prioritisation of psychosocial risks at the policy level, the drivers and barriers to the development and implementation of such interventions and the impact of interventions at the macro level. General issues discussed during the course of the interview were as follows: importance of addressing psychosocial risk management at the policy level, awareness of availability of policy initiatives, key drivers and barriers for the development and successful implementation of policy interventions, evaluation and impact of policy interventions, issues around social dialogue and corporate social responsibility, and priorities for action in regards to the management and prevention of psychosocial risks at the policy level.

5.1.1. Participants

Key stakeholders who had been involved in the development, implementation and/or evaluation of policy interventions of relevance to psychosocial risk management at the national, European and international levels were interviewed to assess the impact of such interventions and further explore key priorities at the policy level in the area of psychosocial risk management. The interviews were conducted with fifteen stakeholders at the national level (representing governmental organisations, trade unions and employer organisations), two at the European level (European Commission, European Agency for Safety & Health at Work) and two at the international/global level (WHO, ILO). All

participants were contacted and recruited initially via email. The emails sent to potential participants detailed the aims and objectives of the overall project, the specific study and the interview questions. The approximate duration of the telephone interviews ranged from 40-60 minutes. The interviews were recorded and subsequently transcribed verbatim.

5.2. Focus groups and pilot of indicators

Two focus groups on 'Regulations and Initiatives' were organised during a two day Stakeholder workshop. The focus groups lasted approximately an hour and a half each. The discussion focussed on the (a) state of regulations and initiatives and on suggestions for the (b) way forward – priorities for action.

The literature review and discussions from the focus groups were further used to develop a list of indicators for psychosocial risk management at the macro level. A list of twenty-one indicators was developed. This list was piloted with national experts through the WHO EURO focal point network and the EASHW focal point network. Twenty four responses were obtained from national experts through these networks.

5.2.1. Participants

Fifteen stakeholders representing the social partners (trade unions, employer organisations and governmental organisations), researchers and academic experts in the area participated in the focus groups. The participants had experience of development/implementation of policies; agreements etc. related to psychosocial risk management and/or been involved in the evaluation of policy level interventions for the prevention and management of work-related stress, and workplace violence and bullying at the national or European level.

5.3. Ethics

Prior to commencing the interviews and focus groups, the aims and objectives of the PRIMA-EF project and the nature of the interview/focus group were outlined. Participants were informed that all subsequent reports to emerge from this study would not identify any individuals, and would detail only summary findings. Participants gave verbal consent to participate in the study and for the interviews and focus groups to be recorded.

6. Results

6.1. Interview findings

Thematic analysis was used to analyse the data (Braun & Clarke, 2006). Seven thematic areas emerged. The thematic areas are as follows:
  (1) Challenges related to psychosocial risks at the macro level and policy level initiatives
  (2) Main drivers and success factors for the development and implementation of policy level interventions
  (3) Main barriers in the development and implementation of policy level interventions
  (4) Evaluation and impact of policy level interventions
  (5) The involvement of stakeholders and the contribution of social dialogue to policy development in the area of psychosocial risk management
  (6) The role of corporate social responsibility and ethical issues in relation to psychosocial risk management
  (7) Main priorities at the policy level in relation to psychosocial risk management.

6.1.1. Challenges related to psychosocial risks at the macro level and policy level initiatives

Diversity in Europe and the changing nature of work were highlighted by most interviewees as the root of many problems related to psychosocial risks at the macro level. Differences in prioritisation of psychosocial risks, policies on their management, and capacities and structures to manage

psychosocial risks were reported to differ across member states. Key differences were seen to exist between old and new EU member states. For example, in many countries in Scandinavia and in Northern Europe, bullying is seen as an important occupational health risk. However, a participant from Austria stated that *"mobbing and harassment do not yet represent important occupational health concern"* in her country. *"Apart from the trade union there's not a lot of action."*

Participants recognised that, in Europe, psychosocial risks are now a great threat with economies incurring huge losses, mainly due to increased absenteeism levels, rise in the number of cases of bullying and violence at the workplace and stress-related health problems. Still, a general lack of prioritisation of psychosocial risk management in Europe was reported. As commented, *"an important prerequisite of taking real actions to prevent and reduce bullying and third party violence at work is awareness and recognition of the problem. There exists a big difference between countries in the awareness and recognition of bullying as an issue. Also there is a lack of knowledge on how to deal with such issues"*.

Participants commented that one of the main challenges is that there is very little clear guidance on how organisations can establish that work-related stress is a problem and once it is recognised as a problem how to address it. They also reported that there were many terms and classifications used to describe different forms of work-related violence and the use differed between international agencies, countries and researchers, leading to different interpretations of the available guidance. The need to clarify terms and definitions used was highlighted. It was reported that from some stakeholders' point of view, legislation specifically about psychosocial issues is necessary; some member states have produced related policies, especially relating to bullying and harassment at work. But for other stakeholder, legislation was not thought to be the right tool; they were in favour of other, less stringent initiatives. This difference in opinion and approach relating to psychosocial issues among key stakeholders at the macro level was highlighted as one of the key policy challenges.

Participants reported that there were a number of policy level developments in relation to psychosocial risk management. The majority of these took the form of official guidance and social dialogue initiatives, with some examples of legislation, collective agreements, international organisation action, economic incentives at the national level and established networks and partnerships. In Finland, for example it was reported that, there is an incentive scheme for older workers to stay at work beyond retirement; the longer they work, the better their pension. At the European level there are guidelines issued by the EU, and the framework agreements but there are no specific Directives or a legal framework on work-related stress at the European level apart from the 1989 Directive that also concerns psychosocial risk management. More clarification of the Directive in relation to psychosocial risk management was seen by most as necessary.

At the global level, the initiatives mainly took the form of guidance issued by the WHO, ILO conventions and global networks. But despite the availability of these initiatives, cooperation between international organisations, such as the ILO and the WHO, was considered by many to be lacking in the area of psychosocial risk management, this was reported to have an impact on the awareness of these issues at the macro level. A clear communication structure with clearly defined mandates for different ministries was considered essential, especially between the ministries of Labour and Health.

Participants also raised concerns regarding the evaluation of policy initiatives. Even though many policy level developments have been implemented in Europe, their effectiveness has not been evaluated. Another problem at the EU policy level, highlighted by all interviewees, is how to adapt EU Directives in new member states. This was summed up in a quote from one of the interviewees: *"The problem is that when you transpose Directives it is always said that they should be adapted to national habits and customs but this is not always possible as we have very different situations in 27 different member states. The situation in Romania and Bulgaria is not the one in Finland and Sweden. So you need to look for adaptations. You can have a Directive that sets the standard across all 27 but then how do you transpose it in each country with different structures, different traditions of social dialogue… it is going to be difficult"*.

Participants also recognised the challenges posed by the way in which policy level interventions are implemented with some commenting that, *"often not enough time is allocated to introduce the regulation or initiative, with little or no support provided to employers and employees"*. Further, the changing nature of work, with increased numbers of women in the workforce, the ageing of the population, early retirements and higher inflow of migrant workers were also reported as factors that challenge psychosocial risk management in Europe today and will continue to do so in the future.

6.1.2. Main drivers and success factors for the development and implementation of policy-level interventions

Most participants reported increased awareness of psychosocial issues in organisations and society at large. Undeniable evidence of loses and harm caused due to mismanagement or ignorance of psychosocial risks and the related change in priorities, and new policy developments (such as framework agreements) were reported as the main drivers for the development of macro level interventions. A clear need for action and demand from the general population were also highlighted as key drivers.

To address bullying or third party violence, wide-ranging campaigns, programmes and projects were reported to have been organised by different stakeholders including national and international organisations, trade unions, safety and health authorities and insurance companies. Often the drivers for campaigns were reported to be the increasing amount of violent incidents at work, sickness absence due to violence and bullying and economic reasons. Awareness raising, high turnover rates, economic sanctions and bad public image as well as ethical reasons were also mentioned as main drivers to take action against bullying at work. One participant (Netherlands) commented *"Despite a lot of attention and stricter measurements and rules nationally, the level of undesired behaviours has not diminished significantly. For that reason it ranks high on the political agenda and gets serious public attention, which is reflected by a lot of attention in the media."*

Policy level initiatives were seen as important in many ways. Experts again emphasised the importance of recognition of psychosocial risks and work-related violence in the legal context. The existence of regulations and collective agreements helps make the challenges posed of bullying and violence at work more visible. Regulations encourage and increase discussion in organisations and in workplaces leading to increased awareness and recognition of problems.

At the European level, social dialogue was highlighted as the main driver for the development of EU initiatives. The European Community strategy for health and safety at work 2002-2006 was reported to be the main driver for the launch of the consultation with the social partners. The strategy had a stronger focus on mental health and psychosocial risks as compared to how these issues had been dealt with in earlier strategies.

Research commitment and contribution was also highlighted as a key driver. But a few participants commented that researchers needed to do more to communicate the findings of their work to those outside research committees and purely academic audiences. A participant quoted: *"The time researchers will start to have a real impact on policy making is when they go out of their ivory tower or what I consider ghettos. The ghetto tends to be a place where people talk to each other and they don't talk to others (outside the area of expertise). Researchers in the area of psychosocial risk management should be establishing alliances with other researchers in disciplines like public health, environmental health, social policy, and where there are clear links. This can then be one of the drivers. We need to communicate the research findings – the key messages to the policy makers. If it stays in the ghetto, it is no good."*

Further, it was suggested that highlighting issues such as the economic cost of psychosocial risks was highly likely to draw media attention and very often media drives policy development. Increased awareness of psychosocial issues and increased prioritisation and agreement with social partners were reported as the key success factors in the development of policy interventions. Also, involvement of workers in developing interventions and long-term commitment from key stakeholders were identified as the key factors for successful implementation. However, the participants cautioned that there were differences across member states and occupational sectors in terms of the commitment of stakeholders in the area of psychosocial risk management.

6.1.3. Main barriers in the development and implementation of policy level interventions

The main barriers to the development of policy level interventions were reported to be lack of government support for macro initiatives and conflict between different governmental departments as highlighted in the case of bullying. One participant quoted, "*bullying is nowadays seen broadly as a health and safety issue. In some countries, like the UK, violence and bullying are handled as different phenomena. While the health and safety department has the responsibility to deal with violence, the trade and industry department has the responsibility of addressing bullying, often leading to conflict and uncoordinated initiatives*".

Low prioritisation of psychosocial issues and unavailability of enforcing mechanisms were also cited as significant barriers. For example, interviewees argued that if policy-makers have other priorities or if they think that an issue is not important, it is very difficult to make progress. Lack of awareness in relation to psychosocial issues and differences of opinion on the kind of policies (hard vs. soft policies) to be ratified have been significant barriers to the development of policy level interventions.

The recent non-binding agreements were cited as significant policy developments but these were also reported to have drawbacks. One of these was reported to be the 'broad' contextual nature of many policy initiatives relating to psychosocial risk management; some participants discussed that such general frameworks did not always motivate stakeholders and social partners at the national and sectoral level to implement these initiatives as their general recommendations and principles were open to different interpretations. Another drawback pointed out was the lack of sanctions relating to voluntary agreements. A participant commented that: *"Although stakeholders may commit themselves to implement voluntary agreements, they are not obliged to honour their agreement as there are no sanctions that can be imposed if they do not, so neither the Commission nor the European social partners can force companies to implement such agreements"*.

Participants reported that there was a general perception among key stakeholders in organisations as well as government that psychosocial risk management interventions are expensive to implement. As a result of this perception, there was little or no political will to develop and implement such interventions at the macro level. Some respondents further commented that policy makers did not consider interventions as an investment, instead they were considered as expenditure.

An interesting finding from the interviews was the concept of power relations. It was reported that power relations are not discussed in general discourse, but an imbalance of power can potentially act as a barrier to the development and implementation of psychosocial risk management interventions both at the macro and at the enterprise level. As one participant explained: *"The company and the workers: one of them has more power over the other, mostly because one can sack the other. An inherent imbalance of power exists in such settings and this impacts all processes that relate to psychosocial risk management. Most employers are fine with tertiary interventions, they are happy to provide for example a help line, or fitness facilities; such interventions are considered as part of business. But this is not the case in primary interventions, where very often the question has to do with work organisation. Politically, employers, private and public, see work organisation as their realm. They do not like employees to tell them how to organise working time, how to design, manage, organise the work environment. The common notion of employers is that since they give employees a salary, they tell them how to work - employees cannot tell them how to organise work."* Although social dialogue was reported to play a key role, power relations between stakeholders at the macro level also posed barriers to the development of policy level interventions. Employer associations and government organisations were reported to have a greater say in how policy was shaped at the macro level than trade unions and researchers.

6.1.4. Evaluation and impact of policy-level interventions

No clear pattern in evaluating policy interventions was reported. Many initiatives at the macro level are recent and have not been evaluated formally. Difficulties in evaluation due to confounding variables and shortage of resources (time, monetary) were highlighted as some of the barriers to evaluation. Few studies on evaluating policy interventions, primarily legislation, were reported to have been conducted. A participant highlighted a study on the evaluation of the Swedish regulations on bullying which suggested that the law was introduced *"too early"*, in a situation when the level of awareness, recognition and knowledge of the issue was not adequate. It was thought that, "*such situations might lead to resistance and difficulties, especially if employers were aware [due to the legislation] of what they should do but did not know how*".

However, the outcomes of existing policy-level interventions were reported to be largely positive based on anecdotal evidence and initial reports. Interviewees highlighted the need for more long-term evaluation. It was reported that many interventions have been shown to work effectively, particularly at the enterprise level. Participants reported that policy interventions could be implemented not only at the macro level but also at the enterprise level. In countries where systems to support macro initiatives are not fully developed or lacking, policy interventions at the enterprise level can help in promoting effective psychosocial risk management.

However, although anecdotal evidence suggests that policy-level interventions are largely successful, it is not clear what the impact of policy level interventions has been on societal learning and society in general as many of these initiatives are still very recent and there is still very limited awareness regarding such initiatives. As one interviewee commented on the impact of the framework agreements, *"I think it is too early for me to say if this initiative has had an impact on society. I think you need another couple of years to see how it affects the work place, and how it has an impact on society, on mentalities and so on. I think it is too early to draw a conclusion on that".*

All interviewees emphasised the importance of communicating the key messages from the findings in research to policy makers, these could be in the form of best practice examples, guidance etc. There was consensus in the notion that an impact on society could only be made if the key messages were communicated. Not much about psychosocial risks and their effects were reported to be known and discussed in society. Some participants further reported that researchers and experts in the area have not been successful in communicating the harmful effects of psychosocial risks to the general population. A participant quoted: *"In any election in any country politicians always talk about health and healthcare provision, so on one hand the population puts health at the top of their priorities and on the other hand it is nowhere in the public discourse. They talk about health care but they don't talk about the fact that you have tens of thousands of people dying every year from preventable work related diseases, and we don't do a terribly good job of putting that in the public domain".*

The media was reported to play a key role in shaping public opinion and thereby have an impact on societal learning. However, it was reported that there was still little coverage of customer/client violence and even less coverage of work-related stress and bullying and harassment at the workplace in mass media. A participant commented that: *"These interventions [policy level] have not had a lot of impact on societal learning because one thing that we miss is presence in the media. I think there is still a huge focus on accidents in the media while occupational diseases are largely ignored. When you look at the estimates from the ILO, fatalities from accidents are 5%, but estimates also show that for every person dead from an accident 10 have died from work-related diseases. Until we make more of an effort to raise public awareness, nothing is going to happen."*

6.1.5. The involvement of stakeholders and the contribution of social dialogue in relation to policy development in the area of psychosocial risk management

The main stakeholders in the area of psychosocial risk management, as reported by interviewees, include the European Commission and the European social partners at the general European level, while stakeholders at the national level were found to vary; this variation was also found across sectors and in the type of initiative undertaken. Some initiatives at the national level were developed based on tripartite plus dialogue, that is discussions between representatives from the government, employer organisations, trade unions and researchers/experts (as in the development of the Management Standards to address work-related stress in the UK and the Code of Practice to manage bullying, developed by the HSA in Ireland), while in some cases national governments implemented initiatives without consultation with social partners (as in the case of some health and safety legislation). National as well as sectoral differences in culture relating to social dialogue were reported to determine the involvement of stakeholders in policy development. The involvement of the stakeholders has been different across member states. As a participant commented, *"involvement in terms of attending meetings: fine, having discussions: fine, but in terms of effectiveness, it [social dialogue] works better in some countries than in others".*

Participants reported that it was critical that stakeholders cooperated with one another rather than competing, which was sometimes found to be the case. As one participant quoted, *"I am not sure I am the right person to say that but I am sure that they co-operate but I think they also have a bit of 'what is my job, what is your job' - that is competition and it doesn't help".*

The involvement of employers at the national level (such as in Sweden, Germany) in formulating joint policies/agreements was cited by a few participants as lacking commitment. Participants reported that there was still very little consensus among stakeholders on whether stress was actually work-related (or caused by factors related to work) or linked to the individual's personal circumstances. Also there was little recognition that bullying at work was related to the work environment and not to the personality of an individual. Many of the interviewed experts also reported that the employers' contribution in preventing bullying and in enforcing regulations was not satisfactory. As one participant commented, *"trade unions have been active in addressing bullying at work but employers' organisations have been less active".* However, another participant also reported

that trade unions have been somewhat *"lazy or uncertain"* in their activities to address bullying at work. This highlights differences in opinion and across countries.

There was general agreement that social dialogue played an important role in the process of developing and implementing policies relating to psychosocial risk management. Social dialogue was reported to play an important role in relation to policy making in the area, in some cases (e.g. UK, ILO) as it was intrinsic to the processes of policy development. A participant quoted*: "The contribution of social dialogue has been huge, I think that it is one of the strong points of the European Union system and very little happens without it."* Some participants also commented that dialogue with social partners had been key not just in the development of policy but also in the effective implementation and eventual evaluation of these policies (e.g. the Management Standards in the UK).

The framework agreements on work-related stress and harassment and violence at work were highlighted as a significant contribution of social dialogue in the area at the European level. Some participants also highlighted that there are differences in the extent of the contribution of social dialogue that varies from country to country due to differences in tradition of social dialogue and provision of health and safety legislation in the member states. In relation to the framework agreement on harassment and violence at work there was an expectation among policy level experts that it would have a positive effect and will increase discussions about violence and bullying at work at national level and between stakeholders. However some commented that the problem might be that unions are not necessarily aware of the agreement yet.

Many participants reported that there was more scope for the effective use of social dialogue, not just at the national level but also at the regional and sectoral levels. As an interviewee argued, "*the contribution of social dialogue has not been sufficient, we have this agreement of social dialogue, but when work-related stress is mentioned in discussions about national strategy, the representatives of the employers' associations prefer not to talk about it. They neglect it. So I think that the result of social dialogue has not had a very good impact in Germany because of employers' associations".*

6.1.6. The role of corporate social responsibility and ethical issues in relation to psychosocial risk management

There was unanimous agreement that, in principle, corporate social responsibility and responsible business practices were an important issue in relation to psychosocial risk management for companies. Participants commented that it had an important role, but organisations did not want to take responsibility for their actions in the area of psychosocial risk management. One participant from the UK stated that *"organisations don't link responsible business practices to reducing stress for example, it is not part of the national psyche, but work in the area [on developing the business case, developing awareness] will change that over time."*

Engaging in responsible business practices relating to psychosocial risk management was considered by some participants as helpful in raising awareness of the issues and of the approaches/tools that are available to help address these issues. Participants also commented that, although potentially beneficial, the link between corporate social responsibility and effective psychosocial risk management has not been evaluated formally. Some interviewees stated*: "Yes of course, CSR can only enhance awareness and support the effective implementation of the agreements [on work-related stress and violence, bullying and harassment], if companies have a CSR policy which integrates psychosocial issues. But no studies have been done on evaluating this and linking the agreements with CSR."*

Although there was agreement regarding the importance of CSR, participants reported that the concept was not clearly understood in companies, and even at a macro level, leading to different business practices, as commented by one of the participants, *"This term, corporate social responsibility, is understood very differently depending on whom you ask. But if you really go into the concept of it and look at what has been described in the European documents, it is social dialogue and aspects of the work environment, and psychosocial factors in the work environment that are part of it, they are embodied in corporate social responsibility as this perspective is related to the internal enterprise. So the answer is yes, CSR plays a key role."* Participants criticised the loose use of the term 'CSR' by organisations, which they thought could be applied to any business practice. In addition to the differences in practice, there were also concerns that CSR could give employers an easy way out, in the case of psychosocial risk management, due to its voluntary nature. An interviewee quoted, *"I think that the misuse in some cases of the [CSR] label creates some fear from the other side of the industry [Trade Unions] that sometimes it is*

an excuse for treating something [improving working conditions] as optional when it should be compulsory, but I think CSR has a role to play with all those other practices".

Participants reported that when corporate social responsibility was considered, companies focused on the impact of their activities on the community and environment but did not focus on the effect of their activities on the health and wellbeing of their employees, which according to some was not satisfactory. A participant commented, *"yes, I believe CSR is an important issue in relation to psychosocial risk management but I don't think you can talk about corporate social responsibility without being responsible for your own employees."*

Participants also pointed out that the concept of CSR had been prevalent for over a decade and that many companies, especially large multi-nationals, had CSR departments and CSR featured as one of the company policies. Despite these developments, many companies with CSR policies were reported to lack clear frameworks for psychosocial risk management due to the lack of prioritisation of these issues, lack of awareness of benefits and other competing demands on resources. A participant commented that *"in some companies where corporate social responsibility is one of the main goals of company policy, better conditions to discuss problems of work-related stress, bullying and harassment exist. But due to competition and limited resources, many companies neglect corporate social responsibility. So that is a conflict within their management."*

Where legislation and legal requirements existed to address psychosocial issues, as in the case of bullying and violence, they were seen as a mechanism that obligated organisations to take action. The laws were also seen to give authorities a tool to obligate organisations to take the first step in the process of taking actions. But participants agreed that legislation alone can never be the only solution and responsible business practices were necessary to ensure the sustainability of such actions.

6.1.7. Main priorities at the policy level in relation to psychosocial risk management

The respondents pointed-out that there were many priorities and that everyone should take initiative. One of the main priorities was reported to be the successful implementation of the recent framework agreements on work-related stress and harassment and violence at work. In addition, many agreed that due to the 'nature' of work-related stress, soft laws might be better suited to address the challenges posed, but also emphasised that such measures were meant to set minimum standards and the outcome of a softer approach remains to be seen. As one interviewee commented: *"Social partners thought a softer approach than a legal one would be the most appropriate and the most effective because as it is known, employers are very reticent to any legal frameworks and they would say let's avoid the bureaucracy and try to have a soft approach, so this was a good way forward. Now we have to see what the outcomes are".* Legislation and other statutory requirements were seen as essential to support the management of work-related violence, and harassment. It was reported that, although, in many countries occupational health and safety legislation, environmental legislation or specific legislation against bullying and violence existed, it was essential to develop such legislation in countries were they did not exist, particularly in some new member states. New systems and actors (stakeholders) were reported to be needed to combat bullying in countries with old and outdated systems which are ineffective in dealing with psychosocial issues.

The participants identified trade unions, employer organisations, government agencies, researchers and academics as actors playing a key role in the area of psychosocial risk management at the policy level but many also recommended that member states should share best practice in policy development, implementation as well as evaluation, so that states could learn from the experiences of others. As one interviewee commented: *"At the national level, many member states have enacted and implemented legislation relating to occupational health and safety, however, these initiatives were largely driven by internal discussions and a few European Directives; there are no significant efforts made by member states to collaborate with each other in order to aid policy learning and transfer of knowledge and experiences, in the area of occupational heath and safety and psychosocial risk management".*

Also, the changing role of women in society, a larger proportion of whom are now in full-time employment, the aging workforce and the increase of migrant workers are other important priority areas that were highlighted, as the exposure of these groups to psychosocial risks was reported to have considerably increased and thus posed many challenges to the member states as they contribute a large proportion of their working population. As a result psychosocial issues were reported by an interviewee as *"becoming, if not the top one, one of the top two priorities in every member state."* All participants agreed that increasing awareness of psychosocial risks and providing

information and guidelines to facilitate psychosocial risk management was essential; also policy-level actions were needed to disseminate existing knowledge and best practice to organisations. A common suggestion was to have relevant codes of conduct in every organisation.

Interviewees also highlighted the importance of disseminating information on tools/approaches as well as examples of existing best practice. They reported that the provision of usable information, both in terms of tools and in terms of processes must be provided. This was considered important because it was thought that until sufficient numbers of organisations were aware of these issues, successful implementation would not be possible. As one participant commented, *"when you have a critical mass of organisations that you can show to the others saying that these organisations have used some tools, which has helped them to do the assessment which led to risk reduction, you will show that it is possible and then the excuses will start to fall"*.

Interviewees also commented that more work is needed to change peoples' attitude towards violence at the workplace and also towards victims of bullying or third party violence. Bullying at the workplace is difficult to recognise and acknowledge because inappropriate behaviour is considered unacceptable; also becoming a victim of third party violence is sometimes still seen as a sign of the employee's insufficient professional skills. Participants agreed that significant efforts needed to be made to address such societal issues.

Research has yielded a lot of information that forms a good basis for the management of work-related stress and work-related violence and different levels of interventions. Projects and practical work using different kinds of strategies have produced tools and methods to be used in organisations. Policy level actions are still needed to disseminate that knowledge and experience. There is also a big need to disseminate research based knowledge about bullying to organisations.

The interviewees also discussed the priorities related to existing legislation and policies at the European and global spheres. They agreed that global initiatives were essential and a priority in this age of globalisation to ensure that standards were the same globally. An interviewee stated that *"The (EU) directives are compulsory and you have to transpose them, this at least gives this floor, minimum standards. Hopefully it is not a ceiling so people want to go beyond and improve but at least they give a level playing field."*

6.2. Focus groups findings: Developing macro level indicators for psychosocial risk management

Findings from the focus groups and subsequent piloting indicate six indicator areas including a total of twenty-one key indicators in relation to psychosocial risk management were found useful for benchmarking at the macro level. Table 7.2 presents these findings.

Table 7.2.: Indicators considered relevant and useful for benchmarking in relation to psychosocial risk management at macro level

Indicators for psychosocial risk management – Macro level	
Area	**Indicators**
Integration into government policy	Availability of governmental programmes to promote or stimulate psychosocial risk management in enterprises
	Availability of services and adequately trained experts (in the country) to support organisations to manage psychosocial risks
	Availability of financial incentives to take preventive measures on psychosocial issues, especially for SMEs
Integration into policies of employers' organisations and business organisations	Percentage of enterprises committing themselves to psychosocial risk management
	Number of industrial sectors committing themselves at sector level to tackle psychosocial risks
	Guidance developed by employers and business organisations on psychosocial

	risk management
Integration into unions' policy	Number of workers' representatives, educated in psychosocial risk management
	Guidance developed by unions on psychosocial risk management
Integration into dialogue with civil society and messages from mass media	Frequency of mass media attention to psychosocial risks/issues at work
	Number of collective agreements that address psychosocial risk management
	Level of national (tripartite) social dialogue on psychosocial risk management and workplace mental health promotion
	Number of (and new types of) stakeholders involved in psychosocial risk management
Integration into education and training	Mainstreaming psychosocial risk awareness raising into primary and secondary education
	Percentage of Business Schools and other schools providing training and education modules on psychosocial risk management
	Continuous professional development courses offered by employers or business associations addressing psychosocial risk management
	Continuous professional development courses offered by unions addressing psychosocial risk management
	Continuous professional development courses offered by governments and health and safety bodies addressing psychosocial risk management
	Training offered at health and safety inspectors on psychosocial risk management
Key stakeholders involved in psychosocial risk management	Social security organisations (public or private) involved in prevention of psychosocial risks (via dedicated programmes)
	Frequency of partnerships (or sponsorships) between enterprises and mental health care organisations and/or patient organisations
	Number of enterprises practising psychosocial risk management and workplace mental health promotion

7. Discussion

The findings highlighted a number of important issues in relation to psychosocial risk management at the policy level. It appears that a number of initiatives have been implemented with good results, however, analysis and overall evaluation of these initiatives is lacking. While calling for more studies of intervention effectiveness at the legislative, employer/organisational and job/task level, Murphy and Sauter (2004) highlighted the notable absence of studies of legislative or public policy initiatives. The findings from the interviews also indicate that evaluation studies are still lacking. This lack of evaluation can be attributed to the recency of many policy initiatives. Most of the significant developments especially at the European level – such as the framework agreement of work-related stress, have taken place in the last five years and are currently being implemented and monitored (European Social Partners, 2006; 2007) in member states. There are also a few examples of evaluation of national level interventions, primarily legislation, such as for instance, the Swedish regulations on bullying at work assessed by Hoel (2006) and the French legislation on bullying by Bukspan (2004).

Findings also indicated that diversity at work and the changing nature of the working environment and demographics were some of many problems related to psychosocial risks at the macro level. Also, the role of women in society, the aging workforce and the increase of migrant workers, were highlighted as priorities. Development of related legislation at the national level, for example, the Employment Equality (Age) Regulations 2006 that came into force on 1st October 2006 in the UK, can help address some of these problems. However, differences in the prioritisation of psychosocial risks, in policies to manage such risks, and in capacities and structures to support their management were reported across member states. These differences can be attributed to lack of awareness and expertise, supporting infrastructure and cultural variations across the member states.

It was further reported that a number of methods (such as awareness of relevant legislation, standards, guidance from international organisations, participation in networks etc.) can be used by policy makers but often their level of awareness of them is lacking. Some terms and classifications used to describe different forms of work-related violence were reported to differ between countries and researchers. There is therefore a need to clarify terms and definitions used. The aims of policy level actions are most often to increase awareness and recognition of key challenges at different levels, to have an impact on attitudes both at organisational and individual level and to encourage, and sometimes also push, organisations to take action.

The significance of the dissemination of guidance and examples of best practice for psychosocial risk management was also raised. It was pointed out that no significant efforts are made by member states share to collaborate with each other in order to aid policy learning and transfer of knowledge and experiences, in the area of occupational heath and safety and psychosocial risk management. Although networks between national occupational health and safety institutes exist, such as the PEROSH network (www.perosh.org), they are largely focused on research activities and do not involve representation on a tripartite basis while the impact of their activities has not been evaluated. However, such networks can still strive to improve collaboration between member states to promote policy learning and transfer of knowledge especially in the context of the enlarged EU.

The main drivers for macro initiatives were found to be increased awareness of psychosocial issues in the past few years. Increased awareness and further evidence of losses and harm caused by mismanagement/ignorance of psychosocial risks have led to change in priorities and the development of new policies, such as the framework agreements. Increased awareness of psychosocial issues, increased prioritisation and agreement among social partners were reported as the key success factors in the development of such interventions (European Social Partners, 2004a). For example, third party violence and bullying are in many countries now seen as important issues that need to be addressed. However (as discussed further later), it should be noted that although there is now more awareness of the impact of psychosocial risks, limited overall awareness was still prevalent and, as such, more awareness raising and addressing the different stakeholder perceptions (see chapter 5) is necessary.

Involvement and long-term commitment from key stakeholders were found to be the key factors for successful implementation of policy level interventions. This is also a crucial success factor for primary interventions at the enterprise level in the area of psychosocial risk management. Commitment from the European Commission to address psychosocial issues was illustrated in the 2002-2006 and 2007-2012 EU strategies for health which have had a stronger focus on mental health and psychosocial risks as compared to how these issues had been dealt with in earlier strategies. These strategies were also reported to be key drivers in raising awareness of these issues, eventually leading to the discussions and development of the framework agreements on work-related stress and harassment and violence at work. Increased research in the area of psychosocial risk management and the gradual development of the business case, has also contributed to raising the awareness and prioritisation of these issues as has recent guidance by international organisations such as the WHO (Leka, Griffiths & Cox, 2003) and ILO (SafeWork programme).

The main barriers to the development of policy level interventions included a lack of government support for macro initiatives, especially in new member states. Conflict/competition between different governmental departments was also found to be a barrier as it hindered communication and collaboration among key stakeholders. A clear communication structure with clearly defined mandates for different ministries was considered essential, especially between the ministries of Labour and Health. Cooperation between international organisations, such as the ILO and the WHO, was considered by many to be lacking in the area of psychosocial risk management; this was reported to have an impact on the awareness of these issues at the macro level.

The common perception that interventions for psychosocial risk management are expensive was another reason for the low prioritisation of these issues. Again, this perception can be attributed to lack of awareness as research clearly indicates that most interventions are inexpensive to develop and implement and that further they are cost-effective in the long run (e.g. Kompier & Cooper, 1999).

Although awareness of psychosocial issues has increased over the past few years, a lot more needs to be done, especially at the macro level. The societal impact of existing interventions has not been significant and further efforts need to be made to communicate research findings to policy makers and the general public. Lastly, the voluntary nature of some recent policy initiatives has been questioned by some, leading to the belief by some that these voluntary initiatives would not be implemented unless related sanctions were introduced. However, most respondents believed that these initiatives were a step in the right direction, and should be considered as 'autonomous' rather than 'voluntary' agreements.

There was general agreement that social dialogue was an important element in the process of developing and implementing policies relating to psychosocial risk management but its use was hampered due to different cultures of social dialogue in member states, which in turn can be attributed to the differential power relations between national stakeholders. Social dialogue was reported to be effective especially in countries with strong trade unions and legal systems. The tradition of social dialogue is especially strong in the Scandinavian and Nordic countries. An example of effective use of social dialogue for preventing violence at work at the national level is from Finland, where the national Council for Crime Prevention published a report in 2005, "National programme for preventing violence", which was based on the work of seven working groups. One of these groups, including experts, researchers, civil servants, labour union representatives and representatives of employers' organisations, reported on workplace violence. The group made recommendations on how to prevent violence in the workplace. Some suggestions included the possibilities of giving the employer the rights of complainant to report violence to the police; reporting all violence to police would be a clear signal that violence is not tolerated. It was also recommended that vocational training should be developed especially for sectors where the risk for violence is high (Heiskanen, 2007). Recommendations and success factors in relation to social dialogue have also been discussed in chapter 4 and a list of key indicators for successful social dialogue in relation to psychosocial risk management have been identified.

The participants identified trade unions, employer organisations, government agencies, researchers and academics as actors playing a key role in the area of psychosocial risk management at the policy level. Although these stakeholders play an important role in the psychosocial risk management process, new stakeholders with a clear interest in the business impact and/or societal impacts of psychosocial risks were also identified; these included communities, customers/clients, business schools, employment agencies, media, media of (in) the judiciary system and business consultants (for a more detailed discussion, see chapter 6). The findings also indicated that disagreement on the antecedents of work-related stress and violence, bullying and harassment at work among the social partners hampered the social dialogue process. Researchers can help social partners reach consensus on these issues by disseminating their research widely and effectively.

The framework agreements were reported to be the most significant contribution of social dialogue at the European level. Based on an analysis of the monitoring of the implementation of the agreement on work-related stress by the social partners significant differences were observed between member states that could be relevant to differences between new and older member states in relation to awareness and prioritisation of psychosocial issues; the involvement of stakeholders was found to differ across countries. Further efforts are need to be made to effectively implement the framework agreements (European Social Partners, 2008) and to evaluate their impact at the practical, 'on-the-ground' level across the EU.

It was pointed out by participants that corporate social responsibility as described in the European documents included elements such as social dialogue and aspects of the work environment of relevance to the psychosocial arena (EC, 2001; 2002a). There was unanimous agreement that, in principle, CSR and responsible business practices were important in psychosocial risk management – especially the so-called internal dimension of CSR (for a more detailed discussion, see chapter 6). The internal dimension of CSR policies covers socially responsible practices concerning employees, relating to their safety and health, investing in human capital, managing change and financial control. Findings from the interviews suggest that health and safety at work can be looked at through a CSR perspective and that companies cannot be socially responsible externally without being socially responsible internally (Zwetsloot & Starren, 2004). However, there is still a lot that needs to be done to

clearly address this link between CSR and psychosocial risk management and to achieve the critical mass that will drive change and encourage employers to engage in practices above and beyond mere compliance.

The study findings indicate a number of interesting conclusions in relation to the PRIMA-EF macro level policy model. Although some policies have been developed in relation to psychosocial risk management, both in terms of 'hard' and 'soft' law, it appears that a comprehensive policy system for the management of psychosocial risks is lacking. This means that risk and health monitoring systems exist only in some of the EU member states. In addition, a monitoring system in relation to the employee level exists at the EU level in the form of the Working Conditions surveys, however it is lacking in relation to the employer level. As such it is not possible to determine needs of enterprises (as concerns awareness, resources and support) in order to fulfil their legal obligations in terms of psychosocial risk assessment and management. However, the major limitations of the current situation concerning policy level interventions for psychosocial risk management at the EU level relate to the lack of a systematic intervention cycle that promotes the translation of monitoring data into policy plans and the development of additional macro intervention programmes that are evaluated appropriately in order to promote societal learning and have a systematic impact on the labour market, economic performance of EU countries and the Union as a whole, and public and occupational health. A number of reasons were reported by participants that contribute to the current situation, including aspects of social dialogue, lack of clear communication of research findings and lack of clear standards on the management of psychosocial risks, and differential readiness for change and prioritisation across countries. Additionally, differences in capacities and structures to support the management of psychosocial risks across member states complicate the situation further. These go hand-in-hand with issues such as lack of awareness and expertise and cultural variations across the member states.

8. Conclusion

A number of initiatives at the policy level have been implemented in the recent past, with good results, however, analysis and overall evaluation of these initiatives is lacking. Emphasis must therefore be placed at conducting careful analysis and evaluation of these interventions and efforts. In doing so, it would be important to evaluate not only their effectiveness but also their process to identify success and failure factors that are important for the societal learning process. This would also help to improve collaboration across member states and promote policy learning and transfer of knowledge in the area of psychosocial risk management. Increased collaboration will also help address differences between new and old member states. Efforts at raising awareness and prioritisation of psychosocial issues have had a positive impact and should be continued, with increased focus on new member states. Both hard and soft approaches must be pursued where appropriate. Development of new initiatives and implementation must be based on processes involving social dialogue and consultation on a tripartite plus basis, including experts. Lastly, the link between corporate social responsibility and psychosocial risk management must be clearly identified, presenting an established business case, to encourage employers to engage in practices above and beyond mere compliance.

The next chapter focuses on psychosocial risk management interventions at the enterprise level and in particular discusses best practice in relation to interventions for the prevention and management of work-related stress and workplace violence, harassment and bullying.

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Best Practice in Interventions for the Prevention and Management of Work-Related Stress and Workplace Violence and Bullying

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1. Introduction

Psychosocial risks, also commonly referred to as organisational stressors, are defined as 'those aspects of work design and the organisation and management of work, and their social and environmental contexts, which have the potential for causing psychological, social or physical harm' (Cox & Griffiths, 1995). Work-related psychosocial risks have been identified as one of the major contemporary challenges for occupational health and safety; and are linked to such workplace problems as work-related stress (WRS), workplace violence and bullying.

The European Commission defines work-related stress "… as a pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organisation and work environment. It is a state characterised by high levels of arousal and distress and often by feelings of not coping" (2002, p.7). Reports indicate that WRS alone affects more than 40 million individuals across the European Union (EU), costing an estimated €20bn a year in lost time and health bills; it is among the most commonly reported causes of occupational illness by workers (European Foundation, 2007).

The term work-related violence refers to incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being and health (adopted by European Commission in 1995). Bullying or harassment occurs when one or more workers or managers are abused, humiliated or assaulted by colleagues or superiors. Third party violence (also called violence by other people) refers to violence from clients, customers, patients and pupils and the like. Third party violence can be threats and physical assaults but also psychological in nature. The term threat refers to the menace of death or the announcement of an intention to harm a person or damage her/his property (Di Martino, Hoel, & Cooper, 2003). According to the Fourth European Working Conditions survey (2007), 6% of the workforce had been exposed to threats of physical violence, 4% to violence by other people and 5% to bullying and/or

harassment at work over the past 12 months. The risk of experiencing both threats of violence and violence as well as bullying is greatest in the health care sector and in public administration and defense. The risk is higher than on average also in transport and communication, in the hotel and restaurant sector and in education.

There has been, in recent years, a growing movement at a European, national and organisational level to develop measures and programmes to effectively manage and prevent psychosocial risks (European Foundation, 1996; WHO, 2003; and ILO, 2004). However, there currently exists a substantial degree of variation among approaches and programmes to manage psychosocial risks and prevent work-related stress, workplace violence and bullying; resulting in constrained ability to systematically review and evaluate these different approaches, interventions and practices.

One key objective of the PRIMA-EF project was to review the risk management approaches and strategies used for the management of psychosocial risks (with concentrated focus on work-related stress, bullying and violence at work), to evaluate their strengths and weaknesses in terms of the PRIMA-EF framework and its key principles and concepts (described in chapter 1), and to identify success factors and barriers for the implementation of such interventions. This chapter will outline and define the different types and levels of interventions for psychosocial risks, discuss current limitations present in the literature and in practice, and, in so doing, begin to outline a unifying European framework for psychosocial risk management interventions, based on scientific and practical criteria, set within the context of European and national values and legislation.

2. The process of addressing psychosocial risks at work: Readiness to change

Oeij and colleagues (2006) applied the word *intervention* to indicate a process of change set in motion within, and in regards to, work organisation. The reduction of hazardous working conditions and the realisation of good preconditions are not single events but rather a process with different stages, and require changes both in the work environment and in individuals. The two main types of individual change processes, also in the management of psychosocial risks at work, are *cognitive change processes*, which involve changes in the way employees, managers, and employers think and feel about risk factors (increasing information), and *behavioural change processes*, which involve changes in employees', managers', employers' behaviour.

Readiness for change is an important prerequisite for the successful process of a psychosocial risk prevention programme. Readiness of organisations or employees means the extent to which they are prepared to implement psychosocial risk management programmes. In the workplace this also means mobilisation; engaging all sectors/parties to the prevention effort. The readiness of organisations and employees for change can be classified into nine different stages, from community tolerance/no knowledge, to professionalization in which detailed and sophisticated knowledge of prevalence of risk factors exists (Oetting et al., 1995).

It has also been suggested that people progress through a series of five stages (pre contemplation, contemplation, preparation, action and maintenance) when intentionally modifying their own behaviour or with the help of formal interventions. Each new stage follows when people are ready to step forward and requires readiness for change at the structural (organisation or community) and personal (behavioural) level (Prochaska & DiClemente, 1982). Viewing the management of work-related stress and work-related violence as a process with several stages provides a framework for understanding how attitudes and ways of action at both the level of the individual and the organisation can change. By recognising that people in different stages of change need, and are ready for, different types of interventions, their aims may be more easily reached.

3. Types and levels of interventions

A substantial degree of diversity can be observed across strategies to prevent and manage psychosocial risks and their associated health effects. A common distinction has been between organisational and individual orientations, or between primary, secondary and tertiary prevention. The approaches and interventions diverge also in several other essential aspects: in theoretical foundation, aim and type of problem addressed, methods of data collection, indicators and analytical techniques, reliance on expert and employee participation, involvement of social partners,

adaptability to special problems and emergent risks, group and organisation characteristics, and length of the evaluation period.

Traditionally the distinction regarding psychosocial risk management approaches has been made between *organisational*, *task/job* level and *individual* orientations. On the other hand, distinction is made between the stage of prevention, i.e. between primary, secondary and tertiary level interventions. *Primary stage* interventions are proactive by nature; the aim is in attempts to prevent harmful effects or phenomena to emerge. Prevention is about creating understanding in the organisation. *Secondary stage* interventions aim to reverse, reduce or slow the progression of ill-health or to increase individual resources, while *tertiary stage* interventions are rehabilitative by nature, aiming at reducing negative impacts and healing damages.

Often interventions appear to bridge prevention stages. Most interventions classified at the individual level are actually coordinated as programmed activities at the employer/organisational level as a form of secondary prevention. At the organisational level, primary and secondary interventions often go hand in hand. In wider comprehensive approaches and programmes, preventive, secondary stage and rehabilitative strategies are included. Individual level interventions cannot be disregarded in discussions of work organisation interventions because they involve the interface between workers and work processes (Murphy & Sauter, 2004).

3.1. Strategies to prevent and manage work-related stress

Organisations have adopted at least three distinct sets of objectives in managing work-related stress and its health effects (Cox et al., 1990; Dollard & Winefield, 1998; Cox, Rial-Gonzalez & Griffiths, 2000) with focuses on: (a) *prevention* (concerned with the control of and exposure to hazards through design and worker training); (b) *timely reaction* (referring to management and group problem-solving to enhance the organisation's (or managers') ability to identify and address problems that may arise); and (c) *rehabilitation* (often involving offering enhanced support (including counselling) to aid workers cope with, and recover from, problems which exist). Within this model, many authors make a distinction between those objectives which concern, or focus on, the organisation (organisational stress management) and those that concern the individual (personal stress management; for example, Newman & Beehr, 1979; Quick & Quick, 1984; Ivancevich & Matteson, 1986; DeFrank & Cooper, 1987; Murphy & Hurell , 1987; Ivancevich et al. 1990; Cox, 1993; Cox, Rial-Gonzalez & Griffiths, 2000). At the individual-level, stress management involves enhancing employees' abilities to manage work-related psychosocial risks more effectively, and/or by alleviating symptoms of WRS (Parkes & Sparkes, 1998); whilst at the organisational level, stress management involves reducing or eliminating job-related or environmental psychosocial risks that cause WRS and its associated health effects (Cox, 1993).

Primary-level interventions, also commonly referred to as 'organisational-level' interventions (Burke, 1993) or as 'stress prevention' (Jordan, Gurr, Tinline, Giga & Cooper, 2003), are concerned with taking action to modify or eliminate sources of stress (i.e., psychosocial risks) inherent in the workplace and work environment, thus reducing their negative impact on the individual (Cooper & Cartwright, 1997). *Secondary-level interventions* are concerned with the prompt detection and management of experienced stress, and the enhancement of workers' ability to more effectively manage stressful conditions by increasing their awareness, knowledge, skills and coping resources (Sutherland & Cartwright, 2000); these strategies, are thus, directed at 'at-risk' groups within the workplace (Tetrick & Quick, 2003). In short, "… the role of secondary prevention is essentially one of *damage limitation*, often addressing the *consequences* rather than the *sources* of stress which may be inherent in the organisation's structure or culture" (Cooper & Cartwright, 1997, p. 9). Although these strategies are usually conceptualised as 'individual' level stress management options, these approaches also embrace the notion that individual employees work within a team or work-group (Sutherland & Cooper, 2000); thus, these strategies often have both an individual and a workplace orientation. *Tertiary-level interventions* have been described as *reactive* strategies (Kompier & Kristensen, 2001) in that they are seen as a curative approach to stress management for those individuals suffering from ill health as a result of WRS (Sutherland & Cooper, 2000). This approach is concerned with minimising the effects of stress-related problems once they have occurred through the management and treatment of symptoms of occupational disease or illness (Hurrell & Murphy, 1996; Cooper & Cartwright, 1997; LaMontagne et al., 2007). Within organisations, tertiary level interventions are most common, with secondary level interventions following and primary level interventions being the most uncommon form of intervention (Hurrell & Murphy, 1996; Giga et al., 2003).

3.1.1. Effectiveness of organisational and individual level work-related stress management interventions

Although there is a growing and strong utilisation of stress management interventions in practice (Kompier & Kristensen, 2001), the majority of these programmes are not systematically assessed or evaluated (Cox, 1993; Cox, Rial-Gonzalez & Griffiths, 2000), resulting in a restricted evidence-base and limited knowledge on their effectiveness. Many of the reviews conducted in this area are limited by the small number of studies that can be included: a consequence of the limited number of interventions that have been systemically evaluated (Bruinvels, Rebergen, Nieuwenhuijsen, Madan, Neumeyer-Gromen, in press; LaMontagne et al., 2007). Additionally, the relative heterogeneity of such studies (e.g., the diversity of outcome measures employed, duration of the intervention and its follow-up period, selection bias, and small sample sizes) makes it difficult to compare them and draw clear conclusions as to the overall effectiveness of such interventions, the mechanisms which underpin the sustainability and longevity of observed effects, and the interventions' cost-effectiveness (a key issue which is consistently under-examined in this area of research; van der Hek & Plomp, 1997).

Despite the restricted evidence-base in this area, some general conclusions can be formulated; namely, that stress management programmes seem to be effective in improving the quality of working life for workers and their immediate psychological health (as derived from self-report data; Cox, Rial-Gonzalez & Griffiths, 2000). However, the evidence relating to outcomes in physical health is slightly weaker (Cox, 1993). In a recent review (LaMontange, Keegel, Louie, Ostry, & Landsbergis, 2007) of 90 interventions (43 of which were individual-orientated interventions), approaches with an individual-level focus were demonstrated to be effective at the individual-level (on a range of individual-level outcomes); however, of these, interventions which included organisational level outcomes in their evaluation did not demonstrate a favourable impact at the organisational level. Similar results have been observed in earlier reviews (van der Hek & Plomp, 1997; van der Klink, Blonk, Schene & van Dijk, 2001). Of the 47 organisational-level interventions reviewed, favourable effects were observed at both the individual and organisational level (Lamontage et al., 2007). This review was not restricted by rigorous inclusion criteria; due, in part, to the restricted number of intervention studies that would meet such traditional criteria and the consequent limitations on the conclusions which could be drawn and the substantial restrictions on the generalisability of such findings. As discussed further below, the use and focus on such purely academic criteria might not necessarily promote practice in the area, and as such have a serious unfavourable effect on the health and safety of workers and their organisations. In short, preliminary evidence suggests that stress management strategies are effective; however, the evidence-base, although becoming stronger, is still ambiguous with the result that "practitioners are still left with a considerable amount of uncertainty with respect to the choice of good stress management programmes" (van der Hek & Plomp, 1997, p.140).

3.2. Strategies to prevent and manage workplace violence and bullying

Similarly to WRS management strategies, Leather and colleagues (Leather, Beale, Lawrence, Brady & Cox, 1999) describe preventive strategies, timely reactive strategies and rehabilitation in connection with violence. *Preventive strategies* in managing violence are often geared towards the reduction of identified 'triggers' of violence within the workplace, particularly concerning work procedures or social interactions. They can be focused upon employee training, work design and environmental change. *Timely reactive strategies* depend upon the procedures in place to enable management and staff to cope with a violent or potentially violent incident as it arises, in order to prevent its development or reduce its impact. *Rehabilitative strategies* aim to offer support to employees to help them cope with the aftermath of the direct or indirect involvement in a violent incident.

Training is often held to be a primary element of an organisation's strategy for combating work-related violence (Beech & Leather, 2006; Chappell & Di Martino, 2006; Hoel & Giga, 2006). Regular up-to-date training is endorsed as part of a battery of preventive strategies and measures that include selection and screening of staff, information and guidance-giving, work organisation and job design, defusing incidents and post-incident de-briefing (Chappell & Di Martino, 2000). Beech and Leather (2006) note that many authorities advocate appropriate staff training not as a 'stand alone solution' but as part of a comprehensive, coordinated health and safety response to the phenomenon of work-place violence.

Leather et al. (2006) have suggested three 'pillars of best practice' of particular concerns that must be taken into account in designing and delivering workplace violence management training. These are: 1) the need to fully assess training needs and to offer a curriculum appropriate to those needs, 2) the importance of rigorously and systematically evaluating the impact of training, its transfer to the work environment, and the factors that influence the degree of transfer, and 3) the pivotal role of those who provide violence management training, in particular the competencies needed for effective delivery, as well as the support and development that trainers themselves require.

Bullying and third party violence at work are multiform phenomena and there is no single solution for their management. The management of bullying and third party violence is based on common approaches but the contents and methods of the interventions vary. Interventions to prevent and manage bullying at work deal mainly with interaction and situations inside the workplace.

3.2.1. Primary, secondary and tertiary level interventions

The basis in the management of work-related violence is zero tolerance to all kinds of physical and psychological violence both from inside and from outside the workplace. Policies and codes of conduct can be built in organisations to prevent and deal with bullying and third party violence. In relation to third party violence some organisations, e.g. public transport, also have policies for customers that stipulate how a customer/client must behave.

A core component of any work-related violence prevention strategy is the designing-out of risk; the roots, causes, antecedents and risks of bullying and third party violence. Strategies include recording and reporting systems of violent incidents or acts (e.g. Arnetz, 1998), risk assessment tools as well as activities to redesign the work environment. Risk assessment tools for third party violence include: for example, the physical work environment, lay out, environmental planning, and alarm systems, access limitations and escape routes (Chappell & Di Martino, 2006; Isotalus, 2001; Rogers & Chappell, 2003). Also trauma risk assessment has been undertaken (Tehrani, 1999). Studies have shown (e.g. Vartia & Hyyti, 1999) that psychosocial factors, e.g. conflicting demands, poor possibilities to influence decisions in the workplace, poor collaboration between co-workers, and poor flow of information, are connected with violent incidents by third parties. Therefore psychosocial work environment risks and the functioning of the work unit should also be taken into account in the prevention of third party violence.

Evidently only one risk assessment tool for bullying at work has so far been developed (Hoel & Giga, 2006). The Negative Acts Questionnaire is the most widely used method to measure forms of negative behaviour in research (Einarsen & Hoel, 2001; Mikkelsen & Einarsen, 2001). Initiatives focusing on personality and personality characteristics in relation to bullying are seen as unlikely to succeed (Rayner, Sheehan & Barker 1999; Hoel & Cooper, 2000). Various types of training for managers and workers are widely used in primary and secondary interventions both to combat bullying as well as third party violence at work.

As concerns, tertiary level interventions, rehabilitation is based on the recognition that violence is part of work, but it is not part of the job description. Problems are seen as related to violence at work not as personal problems or caused by personal history. In addition to possible physical consequences, threatening and violent attacks by third parties evoke also psychological reactions which need to be handled. Rehabilitation programmes include, for example, education that helps the individual to understand the phenomenon of violence, psychological counselling as well as physiotherapy and physical exercise. Counselling after a threatening or violent incident by a third party, or after a person has been subjected to long lasting bullying can help employees to cope with violence or bullying, to recognise aggressive impulses in their present behaviour or reactions, and to change their conduct and attitude (Chappel & Di Martino, 2006). Counselling models can include debriefing, individual or group therapy on the basis of different theories (e.g. cognitive behavioural therapy). When dealing with bullying it is helpful to be able to integrate a number of counselling models and interventions (Tehrani, 2003). Traditional counselling as a means of tertiary intervention has, however, limitations in dealing with workplace bullying. Whilst it is helpful in dealing with employee reactions, it is not particularly effective in dealing with the organisational aspects of bullying (Tehrani, 2003). Tables 8.1 and 8.2 below show examples of different level strategies to prevent and combat bullying and third party violence at work.

Table 8.1.: Different levels of bullying interventions (taxonomy adopted from Murphy & Sauter, 2004)

LEVEL OF WORK ORGANISATION INTERVENTIONS	STAGE OF PREVENTION		
	Primary	**Secondary**	**Tertiary**
Organisation / Employer	Anti-bullying policies, codes of conduct; Development of organisational culture; Management training Organisational survey	Handling procedures	Corporate agreements and programmes of after-care
Job / Task	Psychosocial work environment redesign; Risk analysis	Staff survey; Case analysis; Training (e.g. conflict management); Conflict resolution, mediation	Group recovery programmes
Individual / Job interface	Training (e.g. assertiveness training)	Social support; Counselling	Therapy; Counselling

Table 8.2.: Different levels of third party violence interventions (taxonomy adopted from Murphy & Sauter, 2004)

LEVEL OF WORK ORGANISATION INTERVENTIONS	STAGE OF PREVENTION		
	Primary	**Secondary**	**Tertiary**
Organisation / Employer	Registration of violent incidents; Corporative agreements, action models, guidelines; Crisis plans; Training	Security systems/ arrangements	Corporate agreements and programmes of after-care
Job / Task	Designing out of risk (e.g. KAURIS-method, trauma risk assessment)	Management and employee training (e.g. conflict resolution, dealing and handling of violent incidents)	Counselling
Individual / Job interface	Pre-employment testing; Training	Training, coaching (interaction and physical interventions, coping with aggression)	Individual and group therapy; Counselling

3.2.2. Effectiveness of workplace violence and bullying interventions

The effectiveness of interventions for preventing work-related violence and particularly for bullying has so far been evaluated systematically only very seldom. In a review of administrative and behavioural interventions for workplace violence prevention (Runyan, Zakocs & Zwerling, 2000) 137 papers were identified for further review on the basis that they addressed administrative or behavioural approaches to workplace violence prevention. Among these, 41 articles discussed interventions, of which only nine reported results of an evaluation. All intervention studies were based in the health care sector and addressed violent encounters between workers and patients. The results of the review showed that the research designs employed were weak and the results inconclusive. None used experimental designs.

Reduction in the amount of bullying cases and negative or inappropriate behaviours and reduction in violent incidents against staff is often the ultimate goal in violence interventions. Regarding third party violence, anxiety and fear about violence, and perceived capability to handle and deal with violent situations are perceptions measured in short term evaluation (Beech and Leather, 2006). Psychological symptoms of stress, job satisfaction, sickness absence, intention to quit, general well-being, and commitment to the organisation are long term outcome measures.

Increasing of safety equipment has had positive effects; statistics on bank robberies have, for example, shown that safety equipment, such as video control has reduced, for example the amount of bank robberies. Good and sufficient environmental and technical solutions are connected with the sense of safety and security that is important for well-being and job satisfaction (Vartia & Hyyti, 1999). Training has also led to positive outcomes (Beech & Leather 2006).

Positive results have also been achieved from rehabilitation interventions (Tehrani, 1999; Gemzoe, Mikkelsen & Einarsen, 2006). A trauma care programme decreased the amount of violent incidents and the amount of sick leave to about 30-50 percent (Tehrani, 1999). Therapeutic treatment of the targets of bullying in a special clinic was also found to have positive effects (Schwickerath, 2005). Results of counselling and rehabilitation are often good since the effects of violence are so strong that people are motivated to the treatment because they want to be free from the very disturbing feelings they experience. Many experts and consultants have also noticed that increase in awareness and training on bullying at work brings to light more bullying situations which is seen as a highly positive result.

4. Evaluating the effectiveness of interventions for work-related stress, violence and bullying

Despite a burgeoning literature and overall growth in practitioner activity in the domain of psychosocial risk management (Kompier & Kristensen, 2001), the relative effectiveness of such programmes has been difficult to assess and determine (Cox, 1993; Cox, Rial-Gonzalez & Griffiths, 2000). This is, as discussed previously, in part, due to pervasive methodological deficiencies found within the relevant research, and the lack of adequate systematic evaluations (van der Hek & Plomp, 1997; Cox, Rial-Gonzalez & Griffiths, 2000).

van der Hek and Plomp (1997) reviewed 342 scientific papers on stress management interventions and found that 37 articles referred to some kind of evaluation, of which 7 were 'evaluated' based on solely anecdotal evidence. The current status of knowledge in stress prevention and management has been deemed unsatisfactory, and, moreover, described by some authors as 'piecemeal' (Kompier & Kristensen, 2001). To date fundamental questions relevant to effective strategies for stress prevention and management remain unanswered by the evidence base: namely, does work stress prevention work?; which programme types and components are effective, and which are not?; why do certain components work, and what are the mechanisms that are involved?; which are intended and unintended side-effects?; what are the costs, benefits and limitations?; and what are the stimulating and obstructing factors? In short, "the lack of evaluation of such interventions is a major problem and a significant barrier to progress in reducing work-related stress" (Griffiths, Cox & Barlow, 1996, p.66). In relation to the prevention and management of violence and bullying at work, a lack of systematic evaluation of intervention effectiveness can be observed (Runyan, Zakocs & Zwerling, 2000). Some of the key methodological deficiencies and limitations observed in the literature relate to research design, outcome measures, follow-up period, and process evaluation.

4.1. Intervention design

The 'gold-standard' in intervention research is seen as the designed experiment; in which the sample is randomly assigned to either a control (or comparison group) or an experimental ('treatment' group; Cox, Karanika, Griffiths, & Houdmont, 2007). From such a scientifically rigorous design causal inferences can be drawn (Kompier & Kristensen, 2001). However, the majority of interventions for occupational stress generally do not use a comparison or control group (Cox, 1993; LaMontage et al., 2007); and, when a control group is utilised, often randomisation of participants is not employed (potentially resulting in selection bias). A recent review found that of the 90 papers reviewed, approximately 34% (n=31) did not use a comparison group, 35% (n=32) had a control group with no

randomisation; and the fewest number (30%, n=27) of studies used a scientifically rigorous design. However, within that review, a divergence could be observed between individual and organisational level interventions in regards to research and evaluation design; the majority of individual-level approaches used an experimental design, followed by a quasi-experimental design, whilst the smallest proportion of studies used a research design with no comparison group. The opposite trend was observed in organisational level interventions (LaMontagne et al., 2007).

Although experimental designs yield the highest degree of causal inference, a recent discussion within the literature has emerged postulating that the traditional scientific paradigm may be ill-suited for the evaluation of organisational-level interventions. This position argues that organisations and organisational life are complex, dynamic and ever-changing, and thus do not adequately facilitate the tenants of the natural science paradigm; specifically, the notion of reductionism, simple mechanistic causal relationships and structural determinism (Griffiths & Schabracq, 1998; Kompier & Kristensen, 2001, Cox et al., 2007). "Traditional experimental evaluation design is not well suited to investigating social systems or the complex way in which interventions work with subjects or their environment" (Ovretweit, 1998, p.99). A broader framework for evaluating interventions, with a concentrated focus on organisational level interventions, is recommended and, in so doing, may yield a greater breadth of information regarding the effectiveness of these interventions (Cox et al., 2007).

4.2. Outcome measures

Prominent authorities in the field consider that evaluations should include a variety of outcome measures; including both subjective and objective measures of both individual variables (e.g., employee satisfaction, job stressors, performance and health status) and organisational level variables (e.g., absenteeism; Hurrell & Murphy, 1996). However, the majority of studies in this area are overly reliant on solely subjective/anecdotal evidence (van der Hek & Plomp, 1997) and, in general, substantial diversity in the outcome measures used pervades the literature (Kompier & Kristensen, 2001). Semmer (2003) postulates that it is not reasonable to assume a uniform effect on outcome measures, further emphasising the importance of using outcome measures of both a subjective and objective nature at the organisational and individual level.

4.3. Follow-up periods

Occupational stress intervention evaluation lags have been criticised, in general, as being too short (Semmer, 2003). In a review of 48 studies, the average length of post-intervention assessment was 9 weeks for interventions with a focus on the individual (3 weeks short of the recommended duration as noted by the authors) and 38 weeks for interventions with a organisational focus (van der Klink, Blonk, Schene & van Dijk, 2001); falling below the recommended two year evaluation period (Parkes & Sparkes, 1998). There is no sound reason to expect that all outcome measurements of well-being and health will demonstrate significant changes after a specific time following intervention; intervention effects may be of a cumulative nature and require a longer period of time before one can observe measurable results (Wall & Clegg,1981; Semmer, 2003); additionally, the results obtained in the immediate post-intervention period may, given the context of a continuously changing organisation, not be sustained at a later stage (Parkes & Sparkes, 1998). As previously discussed, conducting research in the 'real world' in 'real organisations' does not always facilitate achieving this empirical 'gold-standard' and is a substantial challenge both for researchers and for practitioners.

4.4. Intervention process

"Unfortunately, studies of job stress interventions have, by and large, focussed on the what and the why (i.e., the content) to the exclusion of the how (i.e., the process)" (Hurrell & Murphy, 1996, p. 340). Many intervention studies in the area of occupational stress use quasi-experimental designs, which are based on the premise that relatively simple mechanisms link intervention exposure to intervention outcomes (Bond & Bunce, 2000, 2001; Nielsen et al., 2007). Therefore, the reason usually attributed to negative or small intervention effects is a failure of theory (Randall, Griffiths & Cox, 2005). Rarely do quasi-experiments examine alternative explanations of intervention failure; namely distinguishing between whether the observed negative/small intervention effects were the results of a failure of

theory or a failure of implementation (Nielsen, Fredslund, Christensen & Albertsen, 2006). A study conducted by Nielsen and colleagues (2007) examined longitudinal data, with added process measures, from 11 intervention projects in Denmark and found that participants' appraisal of the intervention activities within the intervention were found to fully mediate the relationships between exposure to interventions and outcome measures. In a recent evaluation of four interventions in Demark, the use of process evaluation was instrumental in distinguishing between implementation failures and failures in theory (Nielsen, Fredslund, Christensen & Albertsen, 2008); this preliminary evidence further emphasises the importance of examining process issues within the context of evaluation of stress interventions.

4.5. Cost-benefit analysis

An analysis of the cost effectiveness of interventions is an integral component of process evaluation (Murphy & Hurrell, 1992; van der Hek & Plomp, 1997). However, the evaluation of the cost effectiveness of interventions has been neglected, both within practice and research (Kompier, Geurts, Gruendemann, Vink & Smulders, 1998). In a recent review, 11.25% studies reviewed reported some form of economic evaluation (LaMontagne, 2007), emphasising cost-benefit analysis as a research priority and as a current gap in the literature. This evaluative information is critical in order to encourage organisations to move beyond meeting the basic requirements as outlined in national and European legislation; thereby encouraging industry to move beyond compliance and into best-practice.

5. Comprehensive framework of interventions for the prevention and management of psychosocial risks: promoting best practice

Developing continuous and sustainable initiatives to promote employee and organisational health and well-being through psychosocial risk prevention and management, involves the development of strategies that comprehensively address psychosocial risks and their associated health effects (Giga et al., 2003). This requires practitioners and organisations to move beyond uni-model interventions (either individual or organisational approaches; or primary, secondary, or tertiary-level programmes) to multi-model interventions (using a combination of such approaches; Sutherland & Cooper, 2001; LaMontage et al., 2004). Such strategies would be drawn from across all three intervention levels: eliminating psychosocial risks in the workplace to reduce and prevent stress and workplace violence and bullying (primary); where psychosocial risks cannot be eliminated, training employees and providing them with resources to optimize their coping abilities and enhance their resilience to stress in order to reduce its impact on their health and well-being (secondary); and, for those that "fall through the cracks" and are experiencing symptoms of WRS, or the ramifications of workplace violence or bullying, providing them with resources to manage and reduce their respective effects (tertiary).

5.1. Tailored approach

In order for such a comprehensive strategy to be effective, experts suggest that psychosocial risk prevention and management programmes should be developed and modified to meet the needs of the organisation and tailored to the context of the organisation's occupational sector (Giga et al., 2003). Currently, there exists an abundance of 'one-size fits all' programmes (Kompier & Kristensen, 2001) within industry; "programmes in stress management that are sold to companies show a suspicious pattern of variance; they differ more by practitioner than by company" (Kahn & Byosiere, 1992, p.623). In regards to stress management, this 'off-the-shelf' perspective which pervades current practice, stands in the way of systematic risk assessment of psychosocial risks; thus hampering the identification of risk factors and risk groups present within the respective organisation (Kompier et al., 1998; Kompier & Kristensen, 2001). Systematic psychosocial risk assessment is emphasised as integral to a comprehensive programme of organisational prevention and management of psychosocial risks (Cox et al., 2000). Stress within the context of an organisation is a dynamic and ever changing phenomenon; thus, both the organisational context and the respective programmes need to be continually evaluated and reviewed if employers wish to maintain and improve employee health and

well-being (Cooper & Cartwright, 1997; Cox et al., 2000). A continuous evaluation and improvement cycle is highlighted as a key component of the control cycle outlined by Cox and colleagues (1993). The fundamental platform of best practice in stress prevention and management is an accurate diagnosis prior to the intervention and the overall objective is prevention, rather than cure (Cox et al., 1993). A tailored approach using a systematic risk assessment is a critical component of this best practice platform.

5.2. Theory-based interventions

Kompier and Kristensen (2001) state, as one of their recommendations for future intervention research, that intervention studies should be based on explicit theories. They emphasise that interventions should theoretically and logically complement, or match the problems that have been identified through the risk assessment. In relation to interventions for workplace violence, it has been stated that intervention research needs to draw on appropriate theoretical and conceptual frameworks (Runyan, Zakocs & Zwerling, 2000).

5.3. Participation and social dialogue

An additional element which has been emphasised as integral to a comprehensive and successful preventative practice for management and prevention of psychosocial risks is the continuous involvement of social partners (namely employees and employers) during the intervention process (Kompier et al., 1998.) However, it can be argued that comprehensive social dialogue should include all stakeholders in the process; thus reaching beyond the employee and the employer to include trade unions and policy makers.

5.4. Corporate social responsibility and standards of best practice

Corporate social responsibility (CSR) concerns the integration of social and environmental concerns by companies in their business operations, and in their interaction with stakeholders, on a voluntary basis (Zwetsloot & Starren, 2004). To be socially responsible requires organisations to move beyond legal compliance, towards greater investment in human capital, the environment, and their involvement with stakeholders. The internal dimension of CSR includes responsible company practices towards its own workforce, including its health and safety, on the basis of standards of best practice.

Mackay and colleagues (2008) defined standards as a process of managing the issue, or an outcome to be achieved or both. In the context of work-related psychosocial issues, and work-related stress this entails a set of outlined standards aimed at effectively managing and preventing psychosocial risks and their associated health outcomes. Briner and colleagues (Briner, Amati & Larnder, 2003) developed a set of internal, company-specific management standards for work-related stressors. The development of these standards was consistent with the risk assessment framework; whereby each standard covered the following areas: (a) a comprehensive definition of the work-related stressor; (b) a section detailing and discussing the potential link of hazards and the harm incurred; (c) desired states and practices; and (d) appropriate control measures using practical examples. This project demonstrated that by using a simple risk assessment methodology, standards addressing work-related stressors could be successfully developed. Moreover, the authors concluded that the standards proved to be a useful method to prevent/mitigate the effects of work-related stress.

Reflecting on the aforementioned definition of CSR, the use of voluntary performance standards for psychosocial risks provides a method in which companies can identify and monitor these risks and, in turn, modify business operations or practices to effectively address these issues. Thus, psychosocial risk management, within the larger context of occupational safety and health, can be viewed as an essential component of responsible business practices and, thus, CSR may act as a useful conceptual framework in guiding initiatives to manage and prevent psychosocial issues; including work-related stress, workplace violence and bullying (for a further discussion see chapter 6).

6. Additional considerations for comprehensive psychosocial risk prevention and management initiatives

Comprehensive prevention and management of psychosocial risks needs to consider the broader context and issues within which interventions need to operate or must consider.

6.1. Small and medium-sized enterprises (SMEs)

SMEs represent the largest proportion of enterprises with 23 million SMEs across Europe in 25 member states (2003/361/EC), constituting more than 99% of all enterprises and employing in excess of 75 million (Eurostat, 2005). SMEs demonstrate unique characteristics and needs as compared to large enterprises. In general, low participation of SMEs in stress prevention and health promotion activities has been observed and raised as a concern (Bailey, Jorgensen, Kruger & Litske, 1994). It is speculated that the reasons underpinning this lack of activity may be: lack of resources, lack of skilled personnel and/or lack of access to information (Cooper & Cartwright, 1997). Consequently, interventions seeking to effectively prevent and manage stress, workplace violence and bullying must consider the special and unique requirements of SMEs in order to facilitate greater industry-wide dissemination and utilisation of such approaches and initiatives.

6.2. Gender issues

Strong gender segregation within the labour market can be observed; men and women tend to work in very different jobs and in different occupational sectors (Messing, 1998), resulting in differential exposure to workplace hazards and impacts on occupational health and well-being (Messing et al., 2003). The European Commission (2002) in the 'Community strategy on health and safety at work 2002-2006' included the integration of gender (i.e. gender mainstreaming) into occupational health and safety activities as a key objective. However within the context of the EU, gender issues and differences have been described as 'ignored in policy, strategies, and actions' (European Agency for Safety & Health at Work, 2002). In the context of prevention and management of psychosocial risks, this requires the integration of current knowledge and acknowledgement of unique issues regarding gender and diversity in organisational policy and practice.

7. Aim of the current research

Substantial variation of approaches and interventions for the prevention and management of psychosocial risks, both in research and practice, can be observed. Across the variety of approaches and interventions several methodological deficiencies and challenges have been observed and discussed; specifically, in regards to research design, process evaluation, outcome measures, and post-intervention follow-up evaluation. These methodological shortcomings have resulted in 'piecemeal' data and an ambiguous evidence-base resulting in an insufficient foundation on which to evaluate and assess interventions and draw informed conclusions and recommendations for best practice.

The overall aim of the current research endeavour was to conduct a comprehensive review of risk management approaches and an analysis of evidence-based best practice interventions for work-related stress and workplace violence and bullying in order to develop a comprehensive and unifying framework for the evaluation and assessment of interventions reflective of the European experience. In order to ensure a comprehensive review of risk management approaches to both the prevention and management of work-related stress and workplace violence and bullying, representative of the European context, it was attempted to identify approaches in a variety of different occupational sectors, sizes of enterprises, and across various European countries. Special reference was made to approaches that promote best practice through corporate social responsibility and social dialogue principles, and to gender-friendly approaches. The results of this research have been used in: (a) the development of an inventory of evidence-based best practice primary, secondary and tertiary approaches to the prevention of work-related stress, workplace violence and bullying (available at: www.prima-ef.org); and (b) the specification of criteria for evidence-based evaluation of interventions.

8. Methodology

The collection of data to meet the specified aims and objectives of this research endeavour was carried out in several steps: firstly, a best practice inventory including best practice criteria for interventions was developed and evaluated; secondly, a review of the literature was conducted to identify evidence-based, best-practice risk management approaches and interventions from across Europe; thirdly, complementary data was collected through semi-structured interviews with experts who have developed, examined and utilised the different approaches (additional interviews were also conducted with some representatives of client organisations in which these risk management approaches have been applied); and fourthly, focus groups were conducted with experts and professionals to further elaborate on the interview findings and identify the way forward. A more thorough and comprehensive account of the methods and procedures for each phase of the project is detailed below.

8.1 Best practice inventory: development, evaluation and usage

Using the PRIMA-EF framework (see chapter 1 for the main principles, concepts and models of the framework), best-practice criteria for the evaluation of interventions were formulated and outlined. On the basis of these criteria, a best practice inventory was developed. Listed below are the evaluation criteria for evidence-based interventions and best practice, as found in the inventory:
- *Sector specificity:* assessing the specificity of the intervention to an occupational sector;
- *Usability with different enterprise sizes:* assessing the usability of the intervention across varying sizes of enterprises;
- *Gender:* assessing whether the intervention addresses gender issues and is applicable to both genders;
- *Theory:* assessing whether the intervention is derived from theory and is evidenced-based;
- *Adaptability/Tailoring:* assessing the adaptability/tailoring of the intervention to a variety of occupational sectors and sizes of enterprises;
- *Corporate social responsibility:* assessing whether the intervention promotes responsible business practices and, if so, in what ways;
- *Social dialogue:* assessing whether the intervention promotes employee participation and dialogue among the social partners and, if so, how;
- *Quality control:* this was assessed by the satisfaction of several key criteria: namely,
    i. the intervention has been published in a reputable journal;
    ii. the information provider is a 'credible source';
    iii. the identity of the 'owner(s)'of the site and/or authors of the paper is obvious;
    iv. the information is original, and if not, the source is clearly stated;
    v. if it is a commercial site/paper, whether the information is objective and not biased towards a commercial purpose (e.g. consulting companies).
- *Evaluation:* whether the intervention has been evaluated, including the examination of process issues, the outcomes of the intervention, and the sustainability and longevity of demonstrated results;
- *Benefits:* whether benefits have been identified, including assessing the cost benefit of the intervention.

Using these best practice criteria, a template for the inventory was designed and developed. Interventions and risk management approaches were assessed on the basis of these criteria. The inventory template was then distributed to a considerable number of organisations and researchers/experts who have implemented interventions in the EU and EU associated countries. The targeted individuals and organisations were asked to evaluate the inventory and to provide feedback. Received commentary and feedback was considered, and integrated into the further development of the final inventory template.

A review of the literature in the prevention and management of work-related stress, workplace violence and bullying across various intervention levels (namely, primary, secondary and tertiary) from across the EU was conducted. It should be noted that this literature review was limited to articles published in English, and subsequently only interventions published in English were identified and utilised during this study. Interventions meeting best practice criteria were short-listed and used to complete the inventory. When short-listing interventions to be discussed during the

interview phase of this study, emphasis was placed on the requirement that interventions were both: (a) published in a reputable journal and (b) evaluated.

8.2. Interview schedule development

As aforementioned, semi-structured interviews were utilised to collect complementary data to the information gathered by the inventory. An interview schedule for experts was developed using the inventory as a general framework and questions were formulated to correspond to best practice criteria. An interview schedule was also developed for organisational representatives. This broadly corresponded to the inventory framework; however, greater emphasis was placed on implementation issues. General issues discussed during the course of the interview were as follows: successful elements of interventions, key challenges and barriers to effective interventions, issues around applicability and adaptability of interventions, corporate social responsibility, gender issues and priorities for action in regards to the management and prevention of psychosocial issues (with a concentrated focus on work-related stress and workplace violence and bullying).

8.2.1. Participants

Experts who had designed, implemented and/or evaluated interventions in the prevention and management of work-related stress, and workplace violence and bullying from various intervention levels and European countries were recruited to participate in the interviews. The inclusion criteria for participants were as follows: (a) have at least 5 years of experience in the field; (b) have authored at least two publications in this field, or have been working actively in the field; (c) are widely acknowledged as an expert in the field. Additionally, some organisational representatives who had implemented an intervention in psychosocial risk management for work-related stress, workplace violence and bullying were identified and recruited. All participants were recruited via email with an attached letter of invitation outlining the main aims and objectives of the project, identifying the intervention that would be the focus of the interview (as identified through the previous literature review and evaluated across the inventory criteria), and the estimated time of interview duration.

The majority of interviews were conducted via the telephone, with some interviews being conducted face-to-face (n=2 [work-related stress]; n= 2 [violence and bullying]). A limited number of participants responded to interview questions in written format (n=3 [work-related stress]; n= 5 [violence and bullying]) or both; due to language difficulties or scheduling difficulties. Interviews were recorded, and subsequently transcribed verbatim. The interviews were mainly conducted in English with the exception of three that were conducted in Finnish and one that was conducted in Swedish and subsequently translated to English during the transcription process.

8.3. Focus groups

Experts (including researchers and practitioners) were invited to participate in a workshop dedicated to the examination of the evaluation of best practice criteria for interventions in work-related stress and workplace violence and bullying. As part of the workshop, three focus groups were run concurrently over the course of two days discussing the same set of questions. The focus groups lasted approximately an hour and a half. Four questions were discussed by the focus groups: (1) "How can psychosocial risk management interventions best be tailored to meet the needs of organisations: (a) to address the SME context; (b) to address gender or other diversity issues?"; (2) "How can participation and social dialogue be facilitated in psychosocial risk management interventions and their sustainability be enhanced?"; (3) "How can the business case for psychosocial risk management best be made (to engage enterprises)?"; and (4) "What is the way forward and which are the key priorities for psychosocial risk management interventions in relation to (a) work-related stress and (b) workplace violence and bullying?".

8.3.1. Participants

Experts who had designed, implemented and/or evaluated interventions in the prevention and management of work-related stress, and workplace violence and bullying from various intervention levels (i.e., primary, secondary, and tertiary) and European countries were invited via email to

participate. To ensure a broad sample within a focus group each group comprised of experts from a variety of intervention levels and an organisational representative, from various European countries. Most of the experts had participated in the interview phase of this study.

8.4. Ethics

Prior to commencing the interviews and focus groups, the aims and objectives of the PRIMA-EF project and the nature of the interview/focus group were outlined. Participants were informed that all subsequent reports to emerge from this study would not identify any individuals, and would detail only summary findings. Participants gave verbal or written consent to participate in the study and for the interviews and focus groups to be recorded.

9. Results

9.1. Sample

Semi-structured Interviews. In total 64 interviews on best-practice interventions on WRS, bullying and third party violence at work were conducted (refer to Table 8.3 for full participant demographics). Specifically in relation to interventions with a concentrated focus on WRS, 34 (50% female) interviews were conducted with both intervention experts (n=32; 47% female) and organisational representatives (n=2; 100% female).The interviewed experts were researchers, consultants, and therapists/clinicians. A limited number of published and evaluated tertiary-level interventions, with a concentrated focus on WRS, were identified. As a consequence, several countries were repeated. This may partly be the result of the limitation of the search to publications in English language journals, or may reflect the fact that many tertiary-level interventions are not systematically evaluated within Europe.

In total, 28 interviews on best-practice interventions with a concentrated focus on bullying and third party violence at work were conducted, with both intervention experts (n=24) and organisational representatives (n=4). Interviewed experts were researchers, consultants, therapists/clinicians, trade union representatives, government authorities and municipal officials. Due to the limited number of interventions with a concentrated focus on workplace violence and bullying meeting the outlined PRIMA-EF best practice criteria from across Europe; several countries were repeated. As the number of interventions studies in relation to bullying at work are to date substantially limited, many of the interviews conducted were in relation to the general tenants regarding intervention design, implementation and evaluation. Additionally, as the number of intervention experts meeting the outlined inclusion criteria were limited, many of the experts had concentrated knowledge and practice in primary and secondary interventions; consequently, these two intervention levels were combined into one.

Focus Groups. Three focus groups were conducted comprising of researchers, practitioners, and stakeholders. Two of the three focus groups comprised of WRS intervention experts, whilst the third group included workplace violence and bullying experts. Several of the participating experts in focus groups had participated in the earlier interview phase of this study (n = 8 WRS focus groups, n=6 bullying and violence focus group). See Table 8.3 overleaf for full demographic information.

Table 8.3.: Participant demographics for best practice interventions for WRS and workplace violence and bullying

PARTICIPANT DEMOGRAPHICS			
Category	N	% Female	Country
SEMI-STRUCTURED INTERVIEWS: WRS INTERVENTIONS			
Primary-Level	10	47	Ireland, Finland, Netherlands, Norway, Denmark, Spain, United Kingdom, Switzerland, Germany and Sweden
Secondary-Level	12	58	United Kingdom, Netherlands (n= 2), Germany, Belgium, Norway, Poland, Sweden (n=2), Finland, Portugal, and International
Tertiary-Level	10	30	United Kingdom, Norway, Finland, Sweden (n= 2), Germany, Netherlands (n = 3), and Italy
Organisational Representative	2	100	Norway, and United Kingdom

SEMI-STRUCTURED INTERVIEWS: WORKPLACE VIOLENCE AND BULLYING INTERVENTIONS			
Primary/Secondary-Level	18	61	Sweden, Finland (n=3), United Kingdom (n=4), Austria, Germany (n=2), Netherlands, Ireland, Spain, Belgium, Norway, Denmark (n=2)
Tertiary-Level	6	50	Germany, United Kingdom, Denmark, Italy, Netherlands (n=2)
Organisational Representative	4	50	Cyprus, Sweden, Finland, United Kingdom

FOCUS GROUPS			
Group 1: WRS	5	60	Switzerland, Denmark, International, Netherlands and Norway (organisational representative)
Group 2: WRS	5	80	Finland, Poland, United Kingdom, Norway (Org Representative), and Finland (Trade Union Representative)
Group 3: Violence and Bullying	6	50	UK (n=2), Denmark, Germany and the Netherlands (n=2)

9.2. Analysis

Thematic analysis was used to analyze the data (Braun & Clarke, 2006): both for the data collected through the semi-structured interviews and the focus groups.

9.2.1. Semi-structured interviews

Themes were identified across all levels of interventions; additionally, themes unique to each level of intervention (i.e. primary, secondary, and tertiary) were identified. Themes were identified under six different categories: (a) success factors for interventions on WRS and workplace violence and bullying; (b) challenges and barriers in interventions for WRS and workplace violence and bullying; (c) key priorities for action and future directions in the prevention and management of WRS and workplace violence and bullying; (d) issues surrounding corporate social responsibility; (e) gender issues; (f) SMEs; and (g) social dialogue. Under each of the categories, themes and sub-themes were identified.

9.2.2. Focus groups

The themes which emerged from the discussions of the focus groups were comparatively assessed with those of the interviews in order to extrapolate points of consensus amongst the experts. As aforementioned, over-arching themes were identified across levels of interventions; however, analyses were also conducted within intervention levels to identify themes or issues of unique relevance.

9.3. Findings: semi-structured interviews

9.3.1. Work-related stress interventions

9.3.1.1. Promoting best practice: success factors for work-related stress interventions

Success factors identified were found to relate to three aspects of interventions: namely, issues surrounding their content, design, and their context (see Table 8.4). The context of the intervention refers to the aspects and elements that underpin the design, the creation of the intervention, and its content. Seven aspects were noted by intervention researchers and practitioners as success factors in regards to intervention content. First, experts emphasised, emphatically, that interventions should be underpinned by theory, and driven by evidenced-based practice. Second, a systematic and step-wise approach should be utilised; namely the use of a problem-solving orientation and approach which involves the determination of clear and well-defined aims, goals, tasks, and planning of the intervention. Third, experts emphasised the importance of conducting a proper risk assessment with the overall aim of identifying risk factors and potential high risk groups. Fourthly, a tailored approach to the given occupational sector, profession, size of enterprise or group was emphasised, which remains flexible and adaptable. Fifth, interventions that are accessible and user-friendly in their format, process and content to all individuals and across all levels of the organisation were considered as most effective (from blue-collar worker to top level management). Sixth, the importance of a comprehensive approach to the management and prevention of WRS was underlined including a focus and strategies aimed at both the individual and the organisation. Finally, the importance of designing and creating programmes that facilitate competency building and skill development was noted by experts. At the level of the organisation, this entails developing leadership and management skills which facilitate and support the continuous improvement cycle, and support organisational learning and development. At the level of the individual, it entails training and teaching individuals to identify and more effectively manage/cope with WRS and its symptoms. The most important success factor underpinning this competency building and training, as noted by several experts, was decreasing the need for these initiatives to be expert-driven and facilitated.

The methodological elements identified and discussed by the experts as success factors in assessing the effectiveness of strategies for the prevention and management of WRS were as follows: (a) a strong study design and evaluation using a control group; (b) evaluation should be planned in the initial stages of the intervention process and should be intrinsically linked to aims/objectives and identified problems; (c) a variety of outcome measures (both objective and subjective) and methods should be utilised to assess the effectiveness of the intervention; (d) process variables and underlying mechanisms that may moderate or mediate the outcome of the intervention should be examined; (e) the intervention effects in both the short-term (post intervention) and long-term (assessment of the sustainability of the intervention through follow up) should be evaluated; (f) a comparative analysis within sub-groups in the intervention sample: namely, those that completed the intervention and those that did not ('intervention drop-outs'), and across groups (e.g., high, medium, and low somatic complaints) should be conducted to examine differential impacts of the intervention. A secondary level intervention expert, from the Netherlands, stated "… *it is very important when you plan an intervention to assess whether you are able to get your goals and in-between goals*".

The implementation success factors identified and discussed by the experts were as follows; experts detailed the importance of using the intervention process and methods as a tool for raising awareness across organisational levels in regards to psychosocial issues, WRS and their impact on health and performance (both at the individual and organisational levels), and strategies to prevent and manage these issues. The importance of accessibility and usability of intervention tools and

methods across various levels of the organisation was emphasised. The use of both top-down and bottom-up initiatives was described as an integral element of an intervention success. Top-down approaches refer to recruiting management and organisational support, time, resources and engagement through the intervention process. Bottom-up approaches have several key aspects, as detailed by the experts; namely, they are worker-centred, participatory problem-solving approaches, whereby workers identify and generate solutions for the presenting problem. This dual top-down bottom-up process results in increased engagement, control and ownership of the intervention and its outcomes, and empowerment of both workers and management. A primary level intervention expert, from the United Kingdom, stated "*The strength is engagement, re-education, and involvement, the empowerment, the buying in of working with people…. To be very sensitive to the issues that the people doing the work have, not the ones those doing the research have imposed from their literature.*" Additionally, this comprehensive initiative was noted by several experts as facilitating increased social support at the level of the work unit/department as well as within the organisation. Experts also spoke of the importance of these top-down and bottom-up strategies in facilitating social dialogue at the enterprise level, a key explanatory synergistic factor in intervention success.

Table 8.4.: Success factors for work-related stress interventions

INTERVENTION CONTENT
Theory-based intervention and evidence-based practice   Conducting a proper risk assessment   Tailored focus/adaptable approach   Systematic and step wise approach   Accessible to all key stakeholders and user-friendly format   Comprehensive stress management approach   Competency building and skills development
INTERVENTION DESIGN
Strong study design with control group   Planned systematic evaluation as part of intervention design   Evaluation should be linked to intervention aims, goals, and identified problems   Use of a variety of outcomes measures and evaluative approaches (including process evaluation)   Short-term and long-term follow up over several time points   Comparative analysis across groups and sub-groups within interventions
INTERVENTION CONTEXT
Top-down and bottom-up approach   Facilitating dialogue and communication among key stakeholders   Raising awareness on psychosocial issues and their management within organisation   Accessibility and usability of tools, methods and procedures across all members of the organisation

9.3.1.2. Lessons learned: challenges and barriers for work-related stress interventions

Themes identified by the experts as key challenges and issues across all three levels of interventions can be broadly categorised into issues surrounding content, design and evaluation, and context and implementation (see Table 8.5). It was noted by the experts, speaking in regards to primary and secondary level interventions, that a noteworthy challenge in developing the content of these interventions was initiating and designing tools that could be used by management that were understandable, comprehensive, user-friendly and responsive to the needs of the organisation or the work group. At the level of the individual, a prevalent challenge noted by the experts was developing an intervention that, whilst it remains focused and tailored, also addresses a large variety of problems, and meets the needs of a wide spectrum of ill health, distress, and illness of participants. Many experts noted that, while a comprehensive intervention was seen as advantageous for success, it was also

viewed as a significant challenge. One primary level expert from the Netherlands, noted that this was in part due to the lack of "…*research examining and evaluating these types of interventions*".

One of the main challenges noted by intervention experts, particularly in regards to primary and secondary level interventions, was attaining a strong research design and meeting the prescribed scientific best practice standards in, and criteria for, the evaluation of interventions (i.e., control group and randomisation). One secondary level intervention expert noted "… *the main weakness is that there was not a control study. I am not sure how we should have managed; it was a research question from one department*." Additionally, a primary level intervention expert noted "*I don't think there have been many situations where you can….where we could have got a pure experimental design and all the effects around a random master controlled trial*". Most evaluative designs discussed used pre and post measurements in order to assess the effectiveness of the intervention. Challenges, as noted by the experts, were in relation to using valid and reliable measurements, especially when tailoring an instrument to meet the unique contextual issues of a given organisation or occupational sector. However, despite these challenges, using a tailored-approach was seen as an important success factor.

In the majority of interventions, the measurements following the completion of the intervention ranged from several months to 8 years. Participants noted as a priority for action, increasing follow-up periods in order to more comprehensively assess the impact of interventions on both working conditions and on health outcomes in the short term, and also in terms of their cumulative and developmental progression following the intervention. Practical challenges noted by researchers in systematically assessing the sustainability of effects of the intervention relate to: (a) attrition/drop out rates; (b) maintaining organisational support and access; (c) the rapidly changing nature of the organisational context; and (d) the impact of turnover rates.

The majority of interventions examined and discussed with the experts had not conducted a cost-benefits analysis; with the exception of one intervention. The participants overwhelmingly articulated the desire to include this as an integral aspect of evaluation of the intervention and the importance of this information, which is currently lacking in the literature. Conducting a cost-benefit analysis was viewed as an integral method in which to recruit the interest and support of organisations. Several challenges were noted by experts: namely, the difficultly of ascribing a monetary value to untangle variables at both the individual and organisational level, and conducting such an analysis in the continuously adapting, changing and evolving context of an organisation. Many experts noted their lack of awareness of how to conduct an analysis of this nature in a systematic way, or an existing framework to guide this process. The way forward, suggested by several participants, would be to create multidisciplinary teams (including economists) to develop a methodological framework and guided process to rectify this noted gap in the knowledge; and, in turn, further the state-of-the-art in intervention evaluation.

Process issues were evaluated in a substantial proportion of the interventions examined and discussed. Experts across intervention levels emphasised the importance of assessing, and gaining a more comprehensive understanding of the mechanisms that underpin the success, or potential failure, of interventions; and how these variables moderate or mediate intervention success. An increase in the use of process evaluation was articulated by several experts as a key priority for intervention research.

Intervention experts, across all levels, emphasised the challenge of conducting applied research in the 'real-world'. More specifically, the experts discussed the challenge of systematically evaluating the effectiveness of interventions within the context of the continuously changing context of organisations. This challenge was discussed in greatest depth with regard to organisational level interventions; where experts reiterated the limitation of the traditional scientific paradigm on the comprehensive evaluation of interventions. Some of the most noteworthy challenges, in this respect, were: locating a control group, utilising randomisation, and adhering to a reductionist perspective (reducing relationship into a simple cause and effect paradigm). One expert suggested that to effectively evaluate interventions, particularly at the organisational level, "…*it is trying to be more creative around a design*".

Several challenges and barriers were noted by the experts with regard to issues surrounding the implementation of interventions. First, one issue noted by experts, particularly in regards to primary level interventions, was the level of organisational readiness to change and the degree of organisational resistance to change as a potential barrier to the successful implementation of an intervention. Second, an additional problem discussed by participants was generating achievable and realistic solutions to the identified problems and, in turn, cultivating and spurring action within the organisation to implement some, if not all, of the prescribed intervention in a systematic manner.

Third, many experts, across all intervention levels, noted the challenges in recruiting and maintaining management and organisational support across the intervention process, from the design and implementation to the evaluation phase. Fourth, recruiting and maintaining participation, involvement and engagement by workers throughout the intervention process were noted as barriers across all intervention levels. Fifth, a unique challenge noted by experts in individual-orientated interventions, was the challenge of having access to sufficiently trained individuals to implement the programme. Sixth, at the organisational level a particular challenge noted was adequately and effectively developing skills, abilities, and sufficient dialogue with management and within the organisation, to promote the continuous improvement cycle. Finally, the challenge of developing and maintaining trust and dialogue between the various stakeholders throughout the process; and, in turn, communicating across levels of the organisation (e.g., management to worker) and across disciplines (researcher to organisation/workers) in order to effectively describe the aims, objectives, and process of the intervention, was discussed across all interventions levels.

Table 8.5.: Challenges and barriers for work-related stress interventions

INTERVENTION CONTENT
Developing understandable and user-friendly tools for management/organisations Developing a comprehensive stress management programme Knowing when to intervene for rehabilitation and return-to-work Developing a focused and tailored intervention, which addresses a wide spectrum of problems and health, distress and illness
INTERVENTION DESIGN
Attaining a strong research design for evaluation with control group Ensuring the reliability/ validity of (particularly organisationally tailored) evaluation tools Assessing the cost benefit of interventions Effectively evaluating organisational-level interventions given the continuous, adapting, and evolving nature of organisations Effectively assessing the sustainability of intervention effects due to: attaining adequate follow-up period, attrition rates/ drop out rates, maintaining organisational support and access, and the ever-changing organisational context Effectively evaluating intervention process issues and underpinning mechanisms, which may affect their impact
INTERVENTION CONTEXT
Organisational readiness for and resistance to change Generating achievable solutions, spurring action and systematic implementation of intervention within the organisation Retaining and recruiting management and organisational support throughout the intervention process Retaining and recruiting participation and engagement of workers throughout the intervention process Availability of properly trained individuals to implement the intervention Developing skills, abilities and sufficient dialogue within management and the organisation to promote sustainability and the continuous improvement cycle Developing and maintaining trust and dialogue between the various stakeholders throughout the intervention process

9.3.1.3. Priorities for action in the prevention and management of work-related stress

See Table 8.6 for a full list of the priorities for action and future directions in the prevention and management of WRS as noted by the experts. It should be noted that only priorities discussed more than twice are listed in the aforementioned table. The four most identified priorities for action in the prevention and management of work-related stress are discussed here. Firstly, developing capacity

building programmes with a specific emphasis on removing the expert/consultant from stress management and prevention, and increasing the organisational and management capacity for continuous improvement was noted by 29.4% of participants as a key priority for psychosocial risk management. Nine out of 34 (26.5%) participants emphasised the need for increased research and examination of process issues and mechanisms underpinning the effectiveness of intervention implementation and their implications for the longer-term effectiveness of the intervention. Subsequently, 20.6% of experts named further development of the knowledge- and evidence-base on preventative approaches to work-related stress. Seven participants (17.7%) emphasised the need for further examination and discussion of how to effectively translate knowledge into practice; one expert extended this comment to emphasise the need to examine how to effectively translate research into *policy* and into practice.

Table 8.6.: Priorities for action in work-related stress prevention and management interventions

PRIORITIES FOR ACTION IN THE AREA OF WRS MANAGEMENT	NUMBER OF PARTICIPANTS ENDORSED (OUT OF 34)	%
Developing capacity building programmes to support continuous improvement cycle	10	29.4
Evaluating and researching process issues and mechanisms that underpin interventions	9	26.5
Translating research into practice	7	20.6
Developing the knowledge base on preventative approaches for work-related stress	6	17.6
Developing a framework on guidance and standards for work-related stress management and prevention and their evaluation	5	14.7
Movement towards increased multidisciplinary in research and practice	5	14.7
Awareness raising on psychosocial issues in the workplace and work-related stress at the level of the employee and the organization	5	14.7
Building the business case for psychosocial risk management	5	14.7
More research examining and evaluating comprehensive stress management interventions	4	11.8
More high quality intervention research and evaluation examining long-term effects	4	11.8
Developing and maintaining social dialogue among stakeholders	4	11.8
Increased research and evaluation for organisational level interventions	4	11.8

9.3.2. Workplace violence and bullying interventions

9.3.2.1. Promoting best practice: success factors for workplace bullying and violence interventions

The requisites for a successful intervention for the prevention and management of work-related violence as identified by the interviewed intervention experts relate to the design, contents, situation or context and implementation of the intervention (see Table 8.7). Expert participants regarded attitude and the perspective to violence at the workplace to be of utmost importance. Namely, bullying and violence need to be seen as work environment issues, and, in turn, viewed more widely also as a societal issue, "*the attention should be moved from individual relationships to structures and environment*". Several participants emphasised the need for systematic registration and analysis of violent events as the basis for the reduction of third party violence.

Additionally, experts emphasised the importance of interventions being based on, and underpinned by, research knowledge and derived from a conceptual or theoretical framework. Additionally, it was noted by participants that interventions need to be tailored to be responsive/sensitive to the unique problems and needs of the respective organisation and to the wider situation-context where they are implemented. The need to use different approaches and methods was also discussed by the experts and seen as of central importance to the success of an intervention.

The crucial role of the commitment of management to the aims and implementation of interventions was mentioned by most of the participants. It was noted by the experts that managers must take violence and bullying at work seriously and be committed to activities against them. Some participants also mentioned the essential effect of legislation that has obliged employers to take action against bullying in organisations. The ownership of employees to planning and implementing interventions was mentioned to be of central importance. During the implementation of the respective intervention continuous communication among key stakeholders was noted as essential by the experts. Preventive approaches were strongly emphasised by some interviewees; as one participant commented: "*Reactive interventions are not so successful. In bullying situations mediation usually ends with the break of labour contracts*".

The neutral and impartial role of external consultants in bullying interventions was also highlighted by many participants. One interviewed expert, an external consultant who conducts interventions for bullying in organisations, emphasised that in externally initiated interventions, shared understanding of theoretical underpinning and clarity of roles outside and inside the organisation are of central importance.

Table 8.7.: Success factors for workplace violence and bullying interventions

OVERALL SUCCESS FACTORS
Interventions should be based on scientific knowledge and theory about the causes and escalating nature of bullying and violence situations
Tailoring of interventions: interventions need to respond to the problems and needs of the respective organisations and should be integrated into the everyday work culture of the organisation
Use of multiple approaches and measures
Proper diagnosis of the situation and/or risk assessment
Top management commitment
Ownership and participation - involvement of employees
Training of managers and supervisors
Sufficient and continuous communication
Sufficient time to ensure experiential learning
Occupational health and safety personnel and trade unions are good partners in cooperation
BULLYING
Attitude - zero tolerance for all kinds of bullying and harassment
Sufficient level of awareness and knowledge as well as know-how in organisations
Bullying at work needs to be seen as a work environment problem; prevention and management should concentrate on reducing the risks of bullying in the work environment (psychosocial risks, atmosphere, organisational culture, leadership style)
Bullying at work arouses shame and guilt in those involved and management and handling it requires a non-accusing and non-punitive atmosphere and procedure
Management interventions (e.g. training)
Neutral and impartial role of external consultants
THIRD PARTY VIOLENCE
Attitude - all forms of violence, both physical and psychological, are unacceptable
Different kinds of methods are needed in different sectors/occupations (e.g. police, care of demented people)
Adoption of an integrated organisational approach to violence
Systematic registration and analysis of violent incidents
Risk assessment should include work environment design, security devices, staffing plans, work practices, guidelines and training

9.3.2.2. Lessons learned: challenges and barriers for workplace bullying and violence interventions

Main findings are summarised in Table 8.8 below. In many organisations, both among management and employees, awareness, recognition and knowledge about bullying at work are still not adequate and therefore resistance to interventions seeking to address these issues may appear. Violence and bullying are sensitive issues for organisations and individuals involved. This may also increase resistance for interventions if knowledge and know-how are not sufficient. Managers need to recognise situations where there is a need for action. Some participants recognised the middle line of managers and their performance appraisal to be the real barrier to overcome. Sometimes when bullying has taken place they may not be willing to take any action.

Many experts, both bullying and violence experts, commented on the need of the competency and expertise of consultants and trainers. As one interviewee noted, "*There are courses out there that are basically designed with no psychology in mind, no science in mind, so basically they are very unstructured*". One additional issue - both a challenge and a barrier - mentioned by experts was that organisations prefer short-term interventions; results are wanted fast and are seen as more economical - organisations buy training but are not interested in larger systems to tackle violence in the workplace: "*Organisations act on incidents not at the structural level*".

Table 8.8.: Challenges and barriers for workplace bullying and violence interventions

OVERALL CHALLENGES AND BARRIERS
Bullying and violence are sensitive issues for organisations and individuals involved Stronger professional focus is needed in the prevention of bullying and violence - Attention should be paid to the competency of trainers and consultants involved in bullying and violence training and other activities
BULLYING
The level of evidence-based knowledge and know-how on bullying is still low in many in organisations and among social partners Bullying at work is by nature a subjective and intangible phenomenon that makes it difficult to acknowledge When awareness and recognition of bullying is not sufficient in the workplace, resistance may appear to implement interventions that fit the readiness of the organisation and employees Bullying is a dynamic and escalating process - different measures are needed in the different stages of the process Power and control are often at the centre of bullying There may be cultural and structural barriers in organisations (e.g. hierarchical and authoritarian culture) that decelerate the recognition of bullying as a problem; even religion may increase resistance to recognise the problem Everybody in the organisation should be trained but organisations have limited resources - those who need the training are not always reached
THIRD PARTY VIOLENCE
Under-reporting of violent incidents Attitude change - recognition that also psychological violence and threatening is violence should be promoted Stigmatization and blaming the victim Training of customers and clients not to behave violently Violence has become more serious than before and employees need advice and means to act There is a risk in some occupations that violence spills over in employees' private life Violence is nowadays more often met in sectors/occupations that were not problematic before e.g. schools

9.3.2.3. Priorities for action against bullying and violence at work

Many experts of bullying emphasised the need to disseminate more information and, moreover, raise awareness among management, employers, and social partners regarding the causes, consequences, and management of bullying at work. Experts spoke of the importance of increased training in order to help employers and employees recognise bullying and intervene into the escalating process of bullying in the earliest stage as possible. As one of the interviewees noted, "*Managers should be given training on responsible and legally correct management of cases*". Additionally, the training of individuals within a given organisation to develop policies to directly address violence and bullying at work was discussed by experts as a key priority for action in the management and prevention of workplace violence and bullying.

Several experts noted that a large variety of terminology, definitions and classifications of bullying and third party violence are currently used by international and national bodies, as well as by the research community. Clarification of the terminology was seen by experts as a key priority.

Additionally, the development of legal regulations (a special law regarding bullying or including bullying to health and safety regulations) was articulated by several experts as an important future initiative. Some participants commented that so far activities within organisations have been overwhelmingly reactive in nature, and, consequently, there is a need to encourage companies to use more proactive, prevention-orientated instruments.

Development and evaluation of appropriate methods and practical tools was seen as important by several interviewees. Although many experts commented that approaches and strategies used to prevent and tackle bullying and violence should be usable in different sizes of companies, a few participants emphasised strongly the need for practical measures and tools for small companies. Additionally, many experts noted that increased research on bullying is needed to tackle the problem with suitable methods in different kinds of situations and different stages of the escalating bullying process. A summary of the research findings is presented in Table 8.9 below.

Table 8.9.: Priorities for action against workplace bullying and violence

BULLYING
Disseminating more information about bullying to all stakeholders   Development of legal regulations (in some countries)   Anti-bullying policies and codes of conduct including clear and operable procedures to prevent and deal with bullying should be built in organisations   Evaluation of the effectiveness of different approaches and strategies used to prevent and tackle bullying at work (like policies, training, psychosocial work environment redesign, mediation)   Offering practical measures for small companies to deal with bullying   Workable methods to stop the escalating process of bullying in the workplace should be developed and implemented   Development and evaluation of risk assessment tools for bullying at work   Development of methods to intervene in horizontal bullying (co-worker bullying) and in downwards bullying (bullying by supervisor/manager)
THIRD PARTY VIOLENCE
A need for attitude change as concerns staff as well as third parties - any kind of physical of psychological violence should be unacceptable   All workplaces with high risk for violence by third parties should have codes of conduct, guidelines and crisis plans for the prevention and management of violence   The prevention of the fear of violence should be addressed   Practical means to address violence problems caused by alcohol and drugs   Conflict management and violence handling education should be offered in schools, in higher education, and in induction training offered to new employees in occupations where the risk of violence is high

9.3.3. Additional issues and concerns

A post-hoc analysis of the findings in regards to issues surrounding gender, small and medium-sized companies, social dialogue and corporate social responsibility, for WRS and workplace violence and bullying interventions revealed similar emergent themes, and, moreover, significant conceptual overlap. Consequently, the findings for both types of interventions have been collectively represented, detailed and outlined.

9.3.3.1. Gender

The majority of interventions discussed did not directly address gender issues in the design and implementation of the intervention. However, some experts suggested that gender issues were indirectly addressed during the course of the implementation, if and when a problem was identified. Gender was mainly viewed by intervention experts in terms of the differential exposure to psychosocial risks in the workplace due to the division of labour within and across occupational sectors across the genders. Experts in the area of interventions for WRS and workplace violence and bullying overwhelmingly agreed that gender was an important issue, and suggested that such issues should be addressed more directly in the planning of interventions. However, the challenge noted by both researchers and practitioners alike was that of knowing how to address these issues more directly, and, subsequently adapt and tailor interventions accordingly.

9.3.3.2. Small & medium-sized enterprises

Interventions discussed with experts had predominantly been used in large-scale and medium-sized companies; few were used in small or micro sized organisations. Several authors emphasised the need to adapt tools and methods for SMEs, and clearly articulated that this was a priority for interventions targeted at both the management and prevention of WRS and workplace violence and bullying. Experts for WRS interventions identified getting SMEs involved, engaged, and actively participating in psychosocial risk management as one of the foremost challenges. Additionally, a unique challenge noted by workplace violence and bullying experts, was the observed increase in sensitivity and defensiveness with smaller enterprises, as compared to larger sized organisations, to directly addressing issues surrounding bullying at work. Additionally, bullying intervention experts identified maintaining confidentiality (of central importance to the success of interventions to address workplace bullying) as a key challenge for smaller-sized enterprises.

9.3.3.3. Social dialogue

Experts spoke of the importance of social dialogue at the enterprise level as critical to the success of an intervention, acting as a synergistic factor in facilitating a top-down and bottom up approach. The amount and nature of social dialogue was observed by experts to vary considerably between organisations and countries. Very few, however, spoke of having tried to initiate more than a micro-level of social dialogue with the wider spectrum of social partners; namely, policy makers, trade unions, and employer representatives. However, those few experts that spoke of social dialogue at both the level of the enterprise and policy emphasised its importance: *"…social dialogue is a valuable tool to make things happen… You can't start talking about empowering people to deal with their own stress if you have social partners that don't understand what is going on. Social dialogue is the key"*. One of the key challenges, as discussed by several experts, was the overall lack of awareness in the various social partners in regard to WRS and psychosocial issues in the workplace. An additional challenge observed by experts in facilitating macro-level social dialogue was negotiating conflicting political agendas across social partners.

In connection with the management of bullying and third party violence at work, the amount and nature of social dialogue was observed by experts to differ between countries and organisations; whereby in some countries and organisations social dialogue is active and a central component in all health and safety initiatives. Specifically, in some countries legislation obliges employers to take action against bullying at work and, in turn, activate social dialogue between stakeholders. Conversely, some experts noted that in some countries social dialogue is not experienced to be sufficient, and believed that the new framework agreement on harassment and violence at work will have a positive effect on further promoting social dialogue at the national level.

9.3.3.4. Corporate social responsibility

The majority of experts did not link the use of psychosocial risk management to the promotion of responsible business practices; and, moreover, with issues surrounding the prevention and management of work-related stress, workplace violence and bullying. Several experts noted that those companies using, and engaging in, psychosocial risk management already demonstrated responsible business practices and a pre-existing awareness of, and interest in, their social responsibility; consequently, experts did not see this as a vehicle to further promote CSR within the organisation. A key challenge noted by experts, was the issue of how to engage and involve companies that do not demonstrate responsible business practices. Several of the experts spoke of the importance of 'building the business case' for psychosocial risk management as a means to engage companies.

9.4. Findings: focus groups

A summary of the main focus groups findings for both WRS and for workplace violence and bullying interventions is presented below highlighting differences where found. Further discussion of identified priorities for the future is provided in the discussion section of this chapter.

9.4.1. Tailoring interventions to address the needs of SMEs and gender/diversity issues

9.4.1.1. SMEs

The experts spoke of the importance of placing a greater emphasis on raising awareness and educating SMEs: namely, on the positive outcomes (e.g., job satisfaction, increased productivity) of developing and sustaining a 'good' psychosocial work environment (as opposed to solely outlining the negative ramifications on employee health and well-being and the organisation, e.g. absenteeism); and of antecedents and consequences of WRS and of bullying and violence at work. The development and use of business networks and occupational health services was seen as a means to increase accessibility to psychosocial risk management knowledge, tools and professional guidance to SMEs. The importance of a concentrated focus on business processes and the business environment, in the context of SMEs, was discussed. Moreover, participants emphasised the importance of integrating the management and prevention of WRS into daily business processes: making psychosocial risk management 'business as usual'. Additionally, experts emphasised the need and importance of guidance by national level organisations like unions, governments or by European level organisations as helpful for engaging and spurring action in SMEs.

9.4.1.2. Gender and diversity

Firstly, the importance of raising awareness of gender and diversity issues within the workplace, and within key stakeholders, was seen as a key priority. Discrimination and work-life balance were seen as key challenges by the experts. These concern also employees of different ethnic origin. To address the issue of discrimination, in the boarder context of diversity, it was hypothesized that this issue may be viewed as a human resource management issue, rather than an issue for occupational health and safety. Additionally, it was discussed that avoiding discrimination may not be synonymous to gender neutrality in interventions used. This should be considered more in further studies. A method suggested to address such an issue was the development (or further development) of organisational policy integrating human resources with occupational health and safety issues.

9.4.2. Developing social dialogue and promoting sustainability

One approach outlined as a method to facilitate participation and dialogue was the use of steering groups to guide the process of psychosocial risk management. The use of steering groups was described by experts as an optimal method by which to engage employers during the process, and cultivate a sense of ownership of the programme and its observed benefits; thereby promoting sustainability of psychosocial risk management initiatives. Secondly, to address the observed

challenge of maintaining management and organisational commitment throughout the intervention process, the experts discussed the importance of strengthening and developing the link between psychosocial risk management and business processes; specifically, by combining the intervention with pre-existing initiatives by management, and by the use of a 'balanced score card' to document the link between psychosocial risk management initiatives and continuous improvements in traditional management outcomes. The importance of transparency of processes and of the visibility of the actions and efforts taken by the organisation and management to address the identified risks, issues and concerns raised by employees was seen as a method to facilitate enhanced participation and engagement of employees/workers through the intervention process and thereby promoting sustainability and increased employer-employee dialogue. The importance of self-monitoring and risk-recording within organisations was identified as a key strategy to promote and enhance sustainability and continuous improvement. Finally, the importance of benchmarking for promoting sustainability efforts within organisations was discussed.

9.4.3. Developing the business case and engaging employers in psychosocial risk management

One method suggested to further the development of the business case for psychosocial risk management was more intrinsically linking psychosocial risk management to responsible business practices; that is, more closely linking the social and ethical responsibility of companies to the health and well-being of their employees. Participants' highlighted the importance of the examination of both 'hard' and 'soft' outcomes as integral to the further development of the business case for the management and prevention of WRS and associated psychosocial issues: specifically, examining the economic value of hard measures (such as absenteeism, productivity and accidents), and the social or health impact on soft measures (such as job satisfaction measures, well-being and motivation). The importance of benchmarking, and, in turn, the further development of a system of benchmarking outlining best practice and setting minimum standards for psychosocial risk management for companies, was emphasised by the participants.

10. Discussion

The aim of the current research endeavour was to conduct a comprehensive review of risk management approaches representative of the European context, and, in turn, to provide an analysis of evidence-based best practice interventions for the management and prevention of psychosocial risks; in so doing, developing a comprehensive and unifying framework for the evaluation and assessment of interventions across a variety of occupational sectors, sizes of enterprises, and across various European countries.

10.1. Moving towards best practice

Experts from across Europe have made specific reference to a number of criteria and issues which they considered key success factors for psychosocial risk management interventions, and from which a best-practice framework can be developed. The best-practice criteria are outlined with reference to three aspects of intervention planning: content, design, and context. Intervention content refers to those aspects that underpin the intervention aim and objectives, the targets of change, and the methods and components used to facilitate change. Intervention design refers to issues surrounding the design of the intervention and the evaluation of its success. Context refers to issues surrounding the implementation of the intervention.

10.1.1. Intervention content

The following were success factors outlined and discussed by the researchers and practitioners in regards to success factors relating to intervention content: (a) theory-based intervention and evidence-based practice; (b) a systematic and step wise approach; (c) conducting a proper risk assessment; (d) a tailored approach which remains adaptable and flexible; (e) an accessible, comprehensive and user-friendly format appropriate for a range of individuals within the organisation (from blue-collar worker to top level management); (f) a comprehensive stress management

approach, utilising both individual and organisation-focused approaches; and (g) competency building and skills development at the organisational level and the individual level in order to support a continuous improvement cycle. Substantial degree of convergence on the outlined success factors was noted between the stress intervention experts and the workplace violence and bullying experts in regards to intervention content; most notably, interventions underpinned by theory and evidenced-based practice, use of an adaptable and tailored approach, conducting a proper risk assessment, and training managers and supervisors in capacity building and development, or further development, of skill set to effectively address issues surrounding workplace violence and bullying in the workplace.

Many of these best practice criteria for intervention content have been observed and noted in earlier studies (Kompier et al., 1998; Parkes & Sparkes, 1998). For example, Kompier and colleagues (1998) in a systematic review of ten interventions found a stepwise and systematic approach, an adequate diagnosis or risk analysis, and a combination of work-directed and worker-directed measures, to be key success factors. Additionally, incorporation of strategies for the management and prevention of work-related stress into everyday business practices was also outlined as a key success factor; this conceptually overlaps with the aforementioned importance of promoting competency building and skills development, with the overall objective of supporting a continuous improvement cycle.

Many of the challenges noted by the stress intervention experts in relation to intervention content, were in relation to the observed continuing pervasive gaps in knowledge on which to guide evidence-based practice. Several of the challenges noted by experts were: the lack of evidence-based knowledge of how to design and develop a comprehensive stress management intervention; not knowing when to implement an intervention; an inability to develop a toolkit that is comprehensive and user-friendly to both workers and management, and applicable across occupational sectors; and the lack of ability to develop tailored programmes that continue to meet the needs of a wide spectrum of individual employees with a range of distress, illness or disease. The commonality underpinning these challenges is not the question of *what* (the elements which should be found within an intervention), but rather the question of *how* to develop, implement and design these strategies. This may be, in part, the results of an insufficient evidence base on which to guide these practices; or a limited degree of efficiency in translating knowledge into practice. Indeed, some priorities for action reflect these gaps in knowledge: the experts noted the need for a growth in intervention studies with strong study designs and longer follow up periods, and an increased emphasis on translating research into practice. In short, it appears that, although experts can identify what the best practice criteria are, the evidence base continues to be plagued by gaps in knowledge and thus acts as a barrier to translating knowledge into practice.

Some of the key challenges noted by the workplace bullying experts were in regards to: the lack of awareness and 'know-how' within organisations, and moreover among social partners, on how to effectively address bullying within the workplace; organisational resistance to and lack of readiness for change due to lack of sufficient knowledge and awareness; issues surrounding power and control; and cultural and organisational structures that may act as barriers in the recognition of bullying as a problem. The key challenges and barriers noted by third party violence experts were: accurately monitoring violent incidences; the recognition by employers and managers that psychological violence and threatening should be viewed as forms of work-related violence; developing training programmes to effectively modify customers' and clients' behaviour to act in a non-aggressive and violent manner; the acknowledgement of violence as a serious and growing problem and concern among employers; and, in turn, the development of advice, guidance and strategies of how organisations can address this growing concern; and, finally, how to address the potential 'spill-over' effect of exposure to risk of, or experience of violence in the workplace, to employees' private life. The key challenges noted by both bullying and violence experts were in regards to the overall lack of awareness of workplace violence and bullying as a key, and growing, concern. Additionally, both sets of experts expressed the development of methods and strategies that are user-friendly and non-threatening for employers as a priority in order to prevent and manage workplace violence and bullying. These key challenges, as noted by bullying and workplace violence experts, were subsequently further emphasised as key priorities: both in terms of raising awareness, and the training of managers in how to prevent and, moreover, manage cases of workplace violence and bullying.

10.1.2. Intervention design

The following were success factors outlined and discussed by WRS experts in regards to the design of interventions: (a) a strong intervention study design with a control group; (b) the evaluation should be planned and outlined as part of the overall design of the intervention; (c) the evaluation should be clearly linked to the intervention aims, goals, and identified problems; (d) the use of a variety of outcome measures (both objective and subjective) and multiple evaluative approaches (including process evaluation); (e) both short-term (post-intervention) and long-term follow-up over several time points should be conducted; and (f) comparative analyses across groups.

Similar results have been observed and discussed in additional review papers. Parkes and Sparkes (1998) recommended, based on the review of multiple case studies of organisational interventions: (a) the use of (ideally) a rigorous experimental design, or more generally (when such a experimental design is not possible) the most systematic and rigorous research design possible in the given circumstances; (b) the use of both subjective and objective measures at the level of the individual and relevant organisational-level measures; (c) not to rely solely on post-intervention data, but to also assess the sustainability of the intervention results. Kompier and Kristensen (2001) have emphasised the need for, and the importance of, longer follow up times in order to successfully assess the sustainability of the intervention effects.

As aforementioned, the use of control groups was noted as a success factor in the evaluation of interventions; both revealed in the results of the current study and previous studies. A key challenge, as discussed by several experts, was the unique challenges in regards to organisational interventions. Indeed, experts noted the challenge of recruiting and/or finding an appropriate control group. Moreover, it was noted by experts that the natural scientific paradigm, dictating the use of the 'gold standard' randomised-control trial, is not readily conducive to conducting research in a applied setting; such as an ever-changing organisation, with goals and objectives separate from that of scientific investigation. Future research and more in-depth discussion is required to develop a framework and methodology for the evaluation of organisational level interventions which takes into account their unique challenges.

It can be speculated that several of the success factors, namely the use of a control group and a strong intervention design, are of higher importance and practical significant to the scientific community. As aforementioned, attaining randomisation and control groups is logistically difficult to accomplish in an applied setting, and not of practical importance from a practitioner perspective; whilst answering the questions "has the intervention met its defined aims and goals", "are the observed effects sustainable, and does the intervention have a cumulative effect on health in the long term" and "is the intervention equally applicable across groups in department, group or organisation" might be more important. The use of randomisation and control groups, demonstrate more practical significance and importance to the academic community and meeting rigorous outlined criteria to publish. This also indicates a paradox in the scientific community with many experts involved in scientific journal editorial boards refusing to accept papers for publication that do not meet traditional scientific criteria, even though they recognise the inherent challenges in adhering to these in applied research. This paradox may be partly rooted in academic elitism or in criteria imposed by academic assessment bodies (at professional or national levels) that do not necessarily seek to promote practice in real world contexts.

10.1.2.1. Process evaluation

Semmer (2003) emphasises the integration of process considerations into the overall evaluation of interventions. Semmer further emphasises the importance of developing detailed descriptions of projects rather than deploying poor study designs, and discusses the barriers to using rigorous designs. A recent study examining process issues, and how they mediate or moderate intervention effects, concluded that process evaluation was a useful tool by which to meaningfully interpret the intervention impact and its effectiveness. This is particularly true when the outcome measures do not demonstrate that the intervention has had a significant positive impact; in this situation process evaluation provides a useful analytical tool to distinguish between a failure of theory and a failure of implementation (Nielsen et al., 2006). The results of the current research endeavour indicate convergence and consensus among the experts on this methodological issue; process evaluation and its increased utilisation within an evaluative methodological framework for interventions was emphasised. The increased need to examine process issues and mechanisms underlying successful

interventions was seen as a key priority for action by the experts interviewed. Saksvik and colleagues (Saksvik, Nytro, Dahl-Jorgensen & Mikkelsen, 2002) extend this idea further by emphasising the importance of examining and, in turn, understanding the mechanisms underlying not only successful but also 'failed' interventions.

10.1.2.2. Economic evaluation of interventions

The experts interviewed noted the importance of incorporating an economic evaluation of interventions into the overall intervention evaluation framework. Despite its emphasised importance as a key priority for future research, several key challenges were repeatedly outlined by participants: namely, the lack of multidisciplinary research to support the development of an appropriate systematic framework, and the inherent difficulty with ascribing a monetary value to a latent variable. Although, there has been a broad discussion outlining the different kinds of economic evaluation that are possible (cost effectiveness analysis, cost-benefit analysis and cost utility analysis; for full review see DeRango & Franzini, 2003), practical steps and a systemic methodological approach have not been outlined (as perceived by the experts), indicating an overall gap in the literature, and consequently an important avenue for future research. The need to incorporate the economic evaluation of interventions has been noted, and was articulated by the experts as an important 'stepping stone' to developing a business case for occupational stress management. Building a business case was seen, by participants, as an important tool for recruiting and increasing the participation of organisations in psychosocial risk management; and, in turn, motivating organisations to move beyond legal compliance to best practice.

Bond, Flaxman and Loivette (2006) examined building the business case for the Management Standards (an organisational level intervention developed by the UK Health and Safety Executive). This review demonstrated the association between work-related stressors and improved business outcomes. Bond and colleagues conclude that there is preliminary evidence to indicate a business case for psychosocial risk management; however the authors further emphasise the paucity of longitudinal studies and, moreover, that the integration of business outcomes into intervention evaluation has resulted in a limited evidence base on which to further develop a robust business case.

10.1.2.3. Evaluating organisational-level interventions

One of the largest challenges noted, particularly by organisational level stress intervention experts, was that of conducting and evaluating interventions in the context of complex and constantly adapting systems such as organisations and work environments. Evaluating interventions, and their effectiveness, while meeting the scientific criteria as dictated by the natural scientific paradigm, was also discussed as a significant challenge and barrier. This suggests that the natural scientific paradigm may be ill suited as a framework for applied research and, in turn, that a greater breadth of discussion is required on how to adapt that framework and its associated scientific standards to accommodate applied research. Similar concerns in regards to the limitation of the natural science paradigm have been previously raised by Griffiths and Schabraq (1998) and, more recently, by Cox and colleagues (2007).

10.1.3. Intervention context

The following implementation issues were seen as success factors for WRS interventions: (a) the use of a top-down and bottom-up approach; (b) promoting and facilitating dialogue and communication between key stakeholders; (c) raising awareness; (d) accessibility and usability of tools, methods and procedures by all individuals within the organisation. Convergence can be observed with the observed success factors for workplace violence and bullying interventions; namely, the overall importance of top-level management support of the intervention initiative, raising awareness of the growing concern and prevalence of third party violence and bullying, and the accessibility and usability of psychosocial risk management tools by individuals within the organisation to address workplace violence and bullying.

Similar results were found by in a review conducted by Kompier and colleagues (1998), which concluded that both a top-down (management support) and bottom-up (participatory) approach are necessary for success. Kompier and colleagues conclude that it is a subtle combination of the two approaches that acts as a success factor. In the same review, the overall importance of communication

and social dialogue was discussed. Based on the results of the current research endeavour, it can be suggested that social dialogue, particularly at the level of the enterprise, acts as an important synergistic variable integrating these two approaches. However, the current study has noted that challenges lie in the successful development, facilitation and maintenance of this dialogue among and across key stakeholders; indicating an important direction for the future and a key priority for action in the area of psychosocial risk management. Several participants spoke of the importance of extending the framework of social dialogue beyond a micro level (enterprise level) to a macro level incorporating other key stakeholders in the process (e.g., trade unions and policy makers). In interventions where this had been accomplished, experts spoke of the advantages of a macro level of social dialogue as developing stakeholder 'buy-in' to the intervention and its process, enhancing perceived ownership, and increasing awareness among stakeholders and the social partners. However, the key barriers noted by participants were in relation to 'political agenda pushing'.

Some of the additional key challenges noted by participants to the successful implementation of WRS interventions were in regards to recruiting and maintaining top level management support; securing the organisational time and resources needed to fully implement the intervention; organisational resistance to, or readiness for, change; an overall lack of awareness of psychosocial issues and their management at the level of the individual and at the level of the organisation; and recruiting and maintaining active participation, involvement and engagement by workers throughout the intervention process. Significant overlap can be observed in the key challenges noted by intervention experts for workplace violence and bulling; most notably, an overall lack of awareness of bullying, and all forms of workplace violence (including psychological violence), organisational resistance to and/or readiness for change, and securing and maintaining top level management support.

10.1.4. Gender

Based on the results of the present research endeavour it is clear that many of the interventions do not directly address gender in regards to their design, implementation or evaluation; gender was only addressed if, and when, it emerged as a key problem. However, many experts emphasised the belief that addressing gender differences in the management and prevention of stress, and workplace violence and bullying was important. Several experts suggested that a lack of knowledge of how to develop a gender-sensitive intervention was a key concern, and a significant challenge. A recent report, released by the European Agency for Safety and Health at Work in 2002, on gender issues in occupational health and safety emphasised the importance of conducting a gender sensitive psychosocial risk assessment. The report provides general guidance highlighting relevant gender issues in psychosocial risk assessment at each stage of the process (EASHW, 2003); however, more detail is required on process issues surrounding *how* to tailor and conduct a gender-sensitive risk assessment. Messing (1998; 2001) postulates that there continues to exist within the occupational health and safety literature, a lack of gender-orientated analysis and research. The findings of the current study suggest that this gap in knowledge surrounding relevant and prevalent gender issues in psychosocial risk management may have significant implications for practice; and, in turn, for organisational policy.

10.1.5. Corporate social responsibility

Many experts did not explicitly articulate a link between psychosocial risk management and responsible business practices. They did not, therefore, explicitly define psychosocial risk management as an inherent component of a company's social and ethical responsibilities. However, many experts did regard the promotion of the health and well-being of workers as an integral element of responsible business practices. The perceived understanding of the linkage between CSR and psychosocial risk management appears unclear; suggesting that a future line of research should seek to clarify this relationship. Such clarification would assist in the development of a CSR framework with defined best practice standards to assist and encourage organisations to move beyond legal compliance with health and safety regulations towards adherence to best practice (for a further discussion, see chapter 6). This future direction has been emphasised in a recent report by the European Agency for Safety and Health at Work (Zwetsloot & Starren, 2004). As aforementioned, continuing to build the business case may enhance the engagement of a wide variety of organisations.

10.1.6. Small and medium-sized enterprises

The majority of interventions discussed with experts had been implemented in large to medium-sized organisations. Several experts for both WRS and workplace violence and bullying spoke of the importance of adapting tools, methods, and strategies to meet the needs of SMEs, with a concentrated focus on micro and small-sized enterprises. This need for increased research examining the unique challenges facing SMEs was detailed as a key priority by several of the participants. One of the key challenges identified by experts was instigating and facilitating active engagement and participation of SMEs in health and safety initiatives. Cartwright and Cooper (1996) suggest several reasons underlying SMEs' low participation rates in health and safety initiatives: lack of resources, lack of skilled personnel, lack of access to information, scepticism about government initiatives, the fact that many small firms are not part of business community networks, the legacy of a fragmented system of business support services, time constraints, the financial cost of training, and choosing an appropriate course. More innovative approaches in the management and prevention of WRS and workplace violence and bullying, sufficiently tailored to meet the unique needs of SMEs are needed. Cooper and Cartwright (1997) postulate that increased provision of more governmental/EU-funded training opportunities, with easier access to increased information and courses specifically tailored to SMEs, would act as a positive first step in addressing the needs of this priority group.

10.2. The way forward

A collective examination of the topics and suggestions for the future discussed in the focus groups (and comparison with the interview findings and the existing literature) indicates four overarching themes which emerged as key issues and, in turn, priorities for interventions for the management and prevention of WRS, workplace violence and bullying.

Firstly, special emphasis was placed on the importance of raising awareness of psychosocial issues, and the role of education in achieving this: both in organisations and management, and in other key stakeholders in the process. Additionally, the importance of capacity and competency building within organisations and management, and extending this to the macro level to include policy makers, was a prevalent theme which emerged in the discussions. The importance of developing the business case for psychosocial risk management was identified as a key priority for future action; namely, linking the business case more strongly to responsible business practices, including a concentrated focus on the social well-being and health of employees as key constructs. Additionally, the focus groups had extensive discussions on the importance of developing benchmarking for companies which would facilitate comparisons within comparable occupational sectors or similar types of organisations. This was noted by the experts as an important element in developing the business case for psychosocial risk management. Finally, the experts outlined the importance of developing a comprehensive approach to the management and evaluation of interventions for work-related stress, and workplace violence and bullying by incorporating the use of a multi-modal intervention approach (i.e. concentrated focus on both the individual and the organisation); and the need to further develop tools which would assist organisations and practitioners in the implementation of interventions and the evaluation of outcome criteria. Such tools would address process issues on how to effectively translate intervention 'action plans' into a 'successful' intervention; and, additionally, outline sets of evaluation criteria (including the subsequent evaluation of the process issues) and sets of best practice methods. The discussions of the focus groups emphasised that – in order to facilitate effective translation into practice – outlined criteria must be tailored to the needs, aims, objectives and competencies of organisations and practitioners.

There was consensus amongst the results of the interviews conducted, and the themes emergent from the focus groups, on the key priorities for action; namely, the importance of competency building exercises, comprehensive stress management techniques, the further integration of process issues into the evaluation of interventions, and the importance of the development of the business case. However, the results of the focus groups articulate more clearly the next steps needed to further develop, or promote initiatives for, the key priorities of this area; emphasise the importance of further/more effectively translating theory into practice, and suggest paths by which this may be achieved. However, based on the discussion of the focus groups, both researchers and practitioners highlighted the need for the process of 'translation' of theory into action to be tailored, accessible and user-friendly for both practitioners and organisations. Indeed, the experts identified this as both a key priority and a key challenge.

11. Conclusion

A substantial degree of convergence can be observed between the observed success factors, challenges and barriers to a best-practice intervention, and the key priorities outlined by experts for the prevention and management of work-related stress, and workplace violence and bullying. Many of the success factors discussed were reflected in key priorities, and were additionally reflected, to a degree, in the challenges and barriers articulated by the experts. This indicates a large degree of convergence on best-practice criteria for interventions seeking to prevent or manage WRS, workplace violence and bullying. However, there still exist continued gaps in knowledge, and within the evidence-base which practitioners draw on to guide/facilitate translating this research into effective practice.

In 1969, George Miller in his presidential address to the American Psychological Association made the dramatic point of asking psychologists to "give psychology away"; emphasising the need to share its findings with the general public in ways and methods they can apply to their daily lives (Folwer, 1999). More recently, Dr. Rial-Gonzalez, of the European Agency for Safety & Health at Work, in a keynote address at the APA/NIOSH Work, Stress, and Health (2008) conference suggested that the challenge laid down by George Miller had still not been met, and further emphasised the need, and moreover the importance, of continued efforts to explore methods to effectively translate research and knowledge into practice; thereby, providing tools and instilling knowledge, and, moreover, empowering companies to promote the health and well-being of employees (and in doing so having a positive impact on the health and well-being of society at large). The current research endeavour has yielded a best practice framework which can be used to guide the design, implementation and evaluation of interventions. Additionally, key gaps in knowledge and in practice have been identified and discussed. In order to close such gaps, and promote more efficient translation of knowledge into practice, or enhance our capacity to "give psychology away", multidisciplinary research initiatives aimed at making a difference in real world settings, and more broad-based discussions encompassing key stakeholders and social partners, will be key avenues for the future in the area of psychosocial risk management.

The final chapter of this book brings together the key findings of the PRIMA-EF project and identifies key priorities in policy, research and practice that need to be addressed in the EU (and beyond) to promote the effective management of psychosocial risks at the enterprise and macro levels.

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The future of psychosocial risk management and the promotion of well-being at work in the EU: A PRIMA time for action

Stavroula Leka & Tom Cox

1. Introduction

The idea of the development of a framework for the management of psychosocial risks was born in May 2004 at the World Health Organization Headquarters in Geneva. With an international perspective, WHO challenged members of the now PRIMA-EF consortium to come up with a best practice framework that could, in the long run, be promoted at the international level. The PRIMA-EF consortium was subsequently set up at the WHO EURO Network meeting as an alliance of WHO Collaborating Centres in Occupational Health and initial funding to start developing the framework idea was received by SALTSA (confederation of Swedish Trade Unions and the then National Institute for Working Life). It was decided that since substantial knowledge and best practice was already available in the European Union (EU) in relation to the management of psychosocial risks, it would make sense to start building the framework at the EU level and then work to develop it further for use at the international arena. In the meantime, a fruitful context had developed in the EU with the signing of the work-related stress framework agreement by European Social partners in 2004. A call was then announced by the EC DG-Research through the 6th Framework Programme that specifically focussed on psychosocial risks, work-related stress and workplace violence, harassment and bullying (or mobbing). The PRIMA-EF project was funded through this call. The call represented a challenge in itself as it asked for a consideration of a number of issues in relation to this area. Special focus should be placed to small and medium-sized enterprises, gender and corporate social responsibility as well as standards and indicators.

In order to meet these challenges successfully, PRIMA-EF has been built on a review, critical assessment, reconciliation and harmonisation of what exists and has proved valid in the EU for management of psychosocial risks and the promotion of (mental) health, and safety at the workplace and beyond it. The framework has been built from a theoretical analysis of the risk management process, identifying its key elements in logic and philosophy, strategy and procedures, areas and types of measurement, and from a subsequent analysis of typical risk management approaches as used

within the EU. It is meant to accommodate all existing (major) psychosocial risk management approaches across the EU.

The model developed is relevant to both the enterprise level and the wider macro policy level as particular challenges in relation to psychosocial risks and their management exist at both these levels. On the enterprise level, there is a need for systematic and effective policies to prevent and control the various psychosocial risks at work, clearly linked to companies' management practices. On the national and the EU levels, the main challenge is to translate existing policies into effective practice through the provision of tools that will stimulate and support organisations to undertake that challenge, thereby preventing and controlling psychosocial risks in our workplaces and societies alike. At both levels, these challenges require a comprehensive framework to address psychosocial risks.

The developed framework was used to examine key issues of relevance to the management of psychosocial risks at work, such as policies, stakeholder perceptions, social dialogue, corporate social responsibility, monitoring and indicators, standards and best practice interventions at different levels. In doing so, the project aimed at identifying the current state of the art in these areas, to develop frameworks of best practice with associated guidance, and to suggest priorities and avenues for improvement.

This chapter summarises the main findings of the project and identifies existing gaps in current policies and practices. It concludes with some recommendations on how to overcome them, finally suggesting the way forward.

2. Main findings of the project

2.1. Key concepts in the European framework for psychosocial risk management

In reviewing best practice models for psychosocial risk management across the EU, a number of key concepts can be identified and have been incorporated in PRIMA-EF. The first is that psychosocial risk management is synonymous to best business practice. As such, best practice in relation to psychosocial risk management essentially reflects best practice in terms of organisational management, learning and development, social responsibility and the promotion of quality of working life and good work.

In addition, psychosocial risk management is a systematic, evidence-informed, practical problem solving strategy. It starts with the identification of problems and an assessment of the risk that they pose; it then uses that information to suggest ways of reducing that risk at source. Once completed, the risk management actions are evaluated. Evaluation informs the whole process and should lead to a re-assessment of the original problem and to broader organisational learning. In real situations a mixture of foci and strategies must be used to deal effectively with a hazardous situation in which there are many challenges to health and safety. The over-riding objective of psychosocial risk management is to produce a reasoned account of the most important work organisation factors associated with ill-health (broadly defined) for a specific working group and one grounded in evidence (Leka, Griffiths, & Cox, 2005).

Psychosocial risk management is an activity that is closely related to how work is organised and carried out. As a consequence, the main actors are always managers and workers that are responsible for the work to be done. It is very important that managers and workers feel the 'ownership' of the psychosocial risk management process. Outsourcing ownership to service providers is a failure factor, even when, e.g. in the case of a rehabilitation programme, most of the activities can be done by external agents.

Contextualisation, tailoring the approach to its situation, is a necessary part and facilitates its practical impact in workplaces. Because national and workplace contexts differ, contextualisation is always needed to optimise the design of the risk management activities, to guide the process and maximise the validity and benefit of the outcome.

Closely related to contextualisation is the concept of tailoring. Tailoring aims to improve the focus, reliability and validity of the risk management process. It improves the utilisation of the results of the risk assessment and the feasibility of the results and helps to make effective action plans. Tailoring is often needed to find a useful approach and tools for managing the actual psychosocial risks at work. When planning the assessment and management of psychosocial risks at a workplace, several choices and decisions should be made to prepare for action. At the enterprise level, these must be made taking into consideration the size of the enterprise (especially small and medium-sized

enterprises (SMEs) require specific attention due to problems such as lack of resources), its occupational sector, characteristics of the workforce (such as gender, age, and contingent work) as well as the wider context of the country.

In good psychosocial risk management models, the validity of the expertise that working people have in relation to their jobs is recognised. Inclusion of all parties in prevention efforts can reduce barriers to change and increase their effectiveness. Including all actors can also help increase participation and provide the first steps for prevention. Access to all the required information is also facilitated with a participative approach. At the policy level, participation is also relevant for the effectiveness and ownership of workers' representatives. Therefore, synergy can be created between good risk management approaches for psychosocial risks on the one hand and social dialogue and dialogue with external stakeholders on the other hand. These dialogues are also important because psychosocial risk management is part of responsible business practices in any organisational context (and transparency and communication are key in any responsible business policy). As such participation and social dialogue should underpin the psychosocial risk management process.

In every day practice, psychosocial risks have many causes. Typically, factors like characteristics of work organisation, work processes, workplace, work-life balance, team and organisational culture, and societal arrangements (e.g. the provision of occupational health services and social security arrangements) all play a role. Some of these may be very apparent; others may require a good analysis to identify them as underlying causal factors. As a consequence there are usually no quick fix solutions at hand; a continuous management process is usually required. To be effective it is important to understand the most important underlying causal factors before solutions that are fit for purpose are selected.

Although the emphasis, as stipulated in European legislation on health and safety, is on primary risk prevention targeted at the organisation as the generator of risk, specific actions targeted at the individual level can also play an important role depending on the magnitude and severity of the problem within organisations and its effect on employee health. The management of psychosocial risks is about people, their (mental) health status and business and societal interests. Protecting the psychosocial health of people is not only a legal obligation, but also an ethical issue.

Psychosocial risk management is relevant not only to occupational health and safety policy and practice but also to broader agendas that aim to promote workers' health, quality of working life and innovation and competitiveness across the EU. Psychosocial risk management can contribute to the creation of positive work environments where commitment, motivation, learning and development play an important role and sustain organisational development.

Another key concept is that of minimum standards for psychosocial risk management that can and must be met across EU countries and irrespective of workplace contexts. Here management refers to the management process and its direct outputs (measures taken). Such standards must be rooted in legal requirements and the policy context and best practice principles.

However, policies for psychosocial risk management require capabilities, respectively at the macro level and at company level. The capabilities required comprise:

- o adequate knowledge of the key agents (management and workers, policy makers),
- o relevant and reliable information to support decision-making,
- o availability of effective and user friendly methods and tools,
- o availability of competent supportive structures (experts, consultants, services and institutions, research and development).

Within the EU there are great differences in existing capabilities. In those countries where only minor capabilities are available, this is a major limitative factor for successful psychosocial risk management practice as this is linked to lack of awareness and assessment of the impact of psychosocial risks on employee health and the healthiness of their organisations. It is also linked to inadequate inspection of company practices in relation to these issues.

The execution of a risk management project is a professional undertaking that should be based on scientific know-how and subject to common sense with an awareness of the sensitivities of those involved. For those with a recognised professional background, their codes of conduct, ethical principles and advice and issues of best practice should be brought to bear. Its completion is also framed by the national and European health and safety legislation and by employers' legal duty of care. It is essential that those involved have evidence of their competence and are fully aware of the ethical aspects of this work as well as the legal and scientific aspects.

2.2. Monitoring and indicators in psychosocial risk management

Chapter 2 presented the development of a European indicator model for monitoring psychosocial risks at work and evaluating psychosocial risk management. It included an analysis of methodologies for monitoring psychosocial risks at work and their management. It also identified gaps between available indicators and those that are considered to be necessary to monitor psychosocial risks and the process of psychosocial risk management.

Several methodologies for measuring indicators in this area were identified. In these methodologies, indicators can be translated into questions or checklist items to be transmitted verbally or in written form, either by regular questionnaire, by a web or internet based survey or in a checklist. An inventory of available methodologies for monitoring in general and psychosocial risks in particular was developed, on the basis of which it was concluded that the appropriate methodology of monitoring is heavily dependent on the aim, context and specific topic of the survey. Large organisations may benefit from questionnaires and web-based surveys, whereas checklists may be more suitable for SMEs. In reviewing indicators available in existing monitoring instruments on quality of work and more specifically on psychosocial risks at work, a gap was identified. Indicators on exposure and risks as well as indicators on outcomes appear to be already available in many monitoring instruments, but indicators on preventive action and intervention are lacking.

Several important criteria that need to be taken into account while developing an integrated model for monitoring psychosocial risks. The PRIMA-EF indicator model, built on the basis of the developed framework, meets these criteria: (1) it identifies indicators on exposure (e.g. psychosocial risk factors), outcomes and preventive action or interventions, (2) it illustrates the cyclical process of psychosocial risk management, and (3) it addresses three levels of impact: the individual level, the organisational level and the society/sector or national/EU level. Next to these more content-related criteria, context-related criteria were also considered, in particular: (1) the need to consider policy relevance next to 'scientific' relevance, (2) data availability, and (3) comparability considered from a multinational perspective.

There appear to be sensitive data available. The main statistical data base is the European Working Conditions Survey (EWCS) by the European Foundation for the Improvement of Living & Working Conditions. These data allow trend analyses to some extent since 1990 and the data allow subgroup comparisons by e.g. gender, country and sector (as well as several other characteristics). However, data are measured at the employee level and the survey mainly covers exposure and outcome indictors but not action indicators. This project as well as two large reviews on (national) surveys considering psychosocial issues (Dollard et al., 2007; Weiler, 2007) support the same conclusion: psychosocial risk management and preventive action have been a neglected aspect of monitoring and have been missing in the indicators defined so far. The difference between exposure and outcome measures on consecutive measurements could be considered as indicative of risk management, but does not necessarily relate to effective risk management. It is considered important that indicators of that type should be further developed.

The main conclusion of this project is that actions are needed to improve monitoring of psychosocial risk management at different measurement levels. A recent, promising initiative comes from the European Agency for Occupational Safety and Health at Work and focuses on monitoring of psychosocial risk management at EU-level collecting relevant data at the employer (establishment) level. The data to be collected may further support the development of indicators and their operationalisation and, in doing so, facilitate psychosocial risk management at the enterprise and policy levels across the EU.

2.3. Standards for psychosocial risk management

Standardisation is a voluntary activity performed by and on behalf of parties interested in establishing standards and other standardisation products in response to their needs. It is considered as an integral part of the EU strategy to achieve the Lisbon goals by carrying out better regulation, by simplifying legislation, by increasing competitiveness of enterprises and by removing barriers of trade at the international level (EC, 2002). According to the European Commission (2006) standardisation contributes to the functioning and strengthening of the internal market.

Chapter 3 presented an overview of the most important standards concerning psychosocial risks at work, including harassment and violence that are commonly accepted at the European and

international levels. It reviewed standards that refer directly to the concepts of psychosocial risk, stress, harassment and violence, as well as important standards of indirect concern to these issues. The review is addressed to enterprises and social partners and indicates key reference points in terms of legislation and guidance that can be of help when undertaking actions aimed at preventing and managing psychosocial risks at the workplace.

The review of standards indicated that although there are many general standards in the area of occupational health and safety, most of these are regulations concerning occupational safety and health, which obligate employers to evaluate and reduce risk at the workplace; therefore indirectly addressing psychosocial risks. But, their weakness lies in the fact that they do not always explicitly define what could be considered as risk factor (more specifically a psychosocial risk factor). Even though research documents point out the relationship between psychosocial characteristics of work (such as, demands, social support, insecurity) and employees' health, most stakeholders perceive workplace hazards as primarily relating to physical aspects of the work environment. It was therefore recommended that EU and national member state regulations explicitly refer to psychosocial risks and thereby make explicit the employer's responsibility of monitoring and preventing such risks.

The review displayed interesting diversification of terminology used in the case of psychosocial risk standards. It pointed also out that the group of standards concerning 'outcomes' is particularly small. Employers are expected to evaluate the level of psychosocial risk in organisations by taking into account potential effects of this risk both at the organisational and individual level; therefore it was concluded that despite such difficulties, one should aspire to establish a standard which would specifically address psychosocial risks and their management. Furthermore as standards can reduce the need for regulation and government intervention (EC, 1985), they may be particularly useful in promoting best practice in countries where implementation of legislation is poor.

2.4. Social policies, infrastructure and social dialogue in relation to psychosocial risk management

In the general political framework of psychosocial risk management, a noticeable change has taken place in recent years. Whereas until the nineties, European social partner agreements were implemented as council decisions or directives, subsequent issues were covered by less binding framework or 'collective' agreements. On this 'autonomous' implementation route, social partners commit to discuss and implement the agreement at national level through their member organisations and to monitor the process. Due to this shift from 'hard' to 'soft' regulation, implementation results depend highly on the quality of industrial relations at national level, particularly the ability and the will of social partners to negotiate as equals, to reach consensus on relevant issues and to find innovative solutions. In that sense, successful Social Dialogue is crucial for combating psychosocial risks at the workplace.

Social dialogue is a core element of the European social model (Weiler, 2004), and although a number of initiatives have been taken to develop social dialogue indicators and to collect data, internationally and across Europe, with regard to psychosocial risk management, a systematic approach is still lacking. Chapter 4 reviewed the policy context of psychosocial risk management as well as social dialogue structures across Europe.

In spite of all progress on social dialogue that has been achieved up to now, the process faces several challenges. A major one accrues from EU enlargement. In the new EU member states from Central and Eastern Europe (CEE), social dialogue does not yet have the same longstanding tradition as in the old EU countries and structures are still comparatively weak, in particular the organisation of social partners at sector level. Moreover, due to high unemployment rates, the power relations between employers and trade unions are often imbalanced. Over the last years, efforts have been made at EU level to improve the capabilities of new member states for social dialogue. Still, inequalities between old and new EU countries can be observed and need to be addressed further on.

Another challenge concerns differences in perceptions and perspectives of social partners and their subsequent effect on prioritisation of issues in the social dialogue process; the difference in opinion among the stakeholders has at times hampered the development of initiatives to manage and prevent psychosocial risks at work. Additionally, as today's globalized markets place on enterprises strong demands for competitiveness, a short term economic orientation is often prevalent, whereas sustainable work systems that balance competitiveness with quality of working life require a long term perspective.

There is therefore an urgent need to address these challenges and to develop stronger social dialogue structures, for social dialogue will play a key role on the development, implementation and sustainability of initiatives, in the area of psychosocial risk management, that are based on voluntary approaches or on a combination of both 'hard' and 'soft' law. As a first step a framework for social dialogue indicators in the area of psychosocial risk management was developed which comprises the core dimensions and aspects that need to be considered in order to ensure a high quality of indicators. The next step will be the development of concrete indicators. Therefore, joint efforts of scientists and stakeholders are crucial. The long term goal is to develop a standardised reporting sheet for Social Dialogue indicators in the area of psychosocial risk management that is easily applicable as well as comprehensive and therefore allows monitoring the progress of Social Dialogue in this area throughout the EU. Tools, guidance and training on psychosocial risk management for all parties involved can help to make Social Dialogue more successful.

2.5. Exploring stakeholders' perceptions on social policies, infrastructures and social dialogue

Little research has been conducted on the topic of perception of psychosocial risk factors by stakeholders. Chapter 5 presented the findings of the PRIMA-EF stakeholders' survey, which was conducted in the 27 EU member states to investigate their perceptions in relation to psychosocial risks and their management. The survey included questions on the perceived effectiveness and needs of European regulations as concerns psychosocial risk management and psychosocial risk perception and the role of social dialogue in this area. The survey found that European legislation on the topic of health and safety at work (Directive 89/391) needed to be implemented more widely and effectively in relation to the assessment and management of psychosocial risks. The main barriers to its application was the low priority assigned to these risks, the complex and far from unanimous perception of them, the general lack of awareness, and the absence of agreement among the social partners. Results also indicated that problems in applying Directive 89/391 were due mainly to the fact that it did not explicitly mention psychosocial risks and due to the lack of practical tools for managing them.

All stakeholders agreed that appropriate psychosocial risk assessment was essential for the prevention of work-related stress and this needed to include an evaluation of a number of areas (from employee reports, to company policies and systems). Occupational health and safety specialists were reported to have a crucial role to play in this respect and the need for specialised training programmes targeting graduates and health and safety professionals was considered particularly pressing. At the national level, respondents considered that work-related stress was insufficiently acknowledged and this perception was particularly higher among new EU-27 stakeholders. Furthermore, only the employers' associations considered the acknowledgement to be appropriate, while both trade unions and government institutions agree on the inadequacy of such acknowledgment. The main reasons for the perceived inadequacy of national schemes were a general lack of awareness about the problem, its low priority, limited specific policies and regulations, and a lack of appropriate tools for evaluating and managing psychosocial risks.

As regards the respondents' perception of available support for the management of psychosocial risk factors in the form of infrastructures such as occupational health services at national and local levels, a general dissatisfaction was expressed. Stakeholders only acknowledged the importance of, and confidence they have in, support from independent experts. Finally, most of the stakeholders acknowledged the importance of social dialogue but considered it unsatisfactory. The survey brought to light a substantial difference between the old EU-15 and the EU-27 member states as regards the level of national awareness of psychosocial risks and work-related stress in relation to the importance of the issues.

The results clearly highlight a number of issues that need to be addressed; amongst them are training and awareness raising, development of appropriate infrastructure and support and most importantly addressing stakeholder perceptions and promoting social dialogue. PRIMA-EF can be used as an awareness raising instrument across the EU and relevant training can be provided to all stakeholder groups as necessary across EU member states.

On the other hand, the positive perception of independent experts that was highlighted can be further strengthened through the development, for example, of an expert network of excellence on psychosocial risk management across the EU that will support government agencies, stakeholders and enterprises in this area. More importance must also be given to practitioners to whom specific

postgraduate training in psychosocial issues should be provided, since these are often the people who are responsible for psychosocial risk management in the everyday work context. The new Member States seem to assign more importance to this issue since there are fewer opportunities for specific training in these countries due to lack of expertise at national level.

2.6. Corporate social responsibility and psychosocial risk management

Chapter 6 explored the link between CSR and psychosocial risk management, this was expected to offer new insights into psychosocial risk management, and also offer new perspectives for future management approaches. On the basis of the findings, a number of the resulting opportunities for future activities can were identified. Firstly, it was considered important that further guidance and standards in the area had to be developed and indicators needed to be formalised, as this would allow clarity among enterprises and policy-makers. Further, benchmarking needed to be promoted across companies, sectors and countries as it would allow appropriate actions to be taken to address gaps in practice. These tools should be promoted across experts, practitioners, enterprise networks on the one hand, and government officials and policy makers on the other and could be also used as an awareness raising tool. Further research is also needed to define the business case for psychosocial risk management as well as to address the ethical dilemmas in the psychosocial risk management process. Perhaps the most important challenge lies in instilling a change in perspective by businesses in order to see psychosocial risk management as part of good business practice. A CSR inspired approach, underpinned by the legal context, can prove useful towards this end.

2.7. Policy-level interventions for psychosocial risk management

A substantial degree of diversity can be observed across strategies to prevent and manage psychosocial risks and their associated health effects. A common distinction has been between organisational and individual orientations, or between primary, secondary and tertiary prevention. The important level of policy-level interventions is often neglected in the mainstream academic literature.

Chapter 7 reported the findings of a comprehensive literature review of various policy approaches to tackle psychosocial risks, work-related stress, violence and harassment at the European level. It also included the findings from interviews and focus groups with key stakeholders at the policy level who had been involved in some form of policy-level intervention for psychosocial risk management. The focus groups were conducted to define indicators for psychosocial risk management at the macro (national) level. The indicators were then piloted with national networks to ascertain their usefulness for benchmarking purposes.

Findings indicated that a number of initiatives at the policy level have been implemented in the recent past, with good results, however, analysis and overall evaluation of these initiatives is lacking. Emphasis must therefore be placed at conducting careful analysis and evaluation of these interventions and efforts. In doing so, it would be important to evaluate not only their effectiveness but also their process in order to identify success and failure factors that are important for the societal learning process. This would also help to improve collaboration across member states and promote policy learning and transfer of knowledge in the area of psychosocial risk management.

It was further reported that a number of methods (such as awareness of relevant legislation, standards, guidance from international organisations, participation in networks etc.) could be used by policy makers but often their level of awareness of them is lacking. The significance of the dissemination of guidance and examples of best practice for psychosocial risk management was also highlighted.

The main barrier to the development of policy level interventions was reported to be the lack of government support for macro initiatives, especially in new member states. Although awareness of psychosocial issues has increased over the past few years, a lot more needs to be done, especially at the macro level. The societal impact of existing interventions has not been significant and further efforts need to be made to communicate research findings to policy makers and the general public.

At the national level, although many member states had enacted and implemented legislation relating to occupational health and safety, these initiatives were largely driven by internal discussions and a few European directives; there are no significant efforts made by member states to collaborate with each other in order to aid policy learning and transfer, in the area of occupational

heath and safety and psychosocial risk management. Increased collaboration will also help address differences between new and old member states. Efforts at raising awareness and prioritisation of psychosocial issues were reported to have had a positive impact and should be continued, with increased focus on new member states. Both 'hard' and 'soft' law approaches must be pursued where appropriate. Development of new initiatives and implementation must be based on processes involving social dialogue and consultation on a tripartite plus basis, including experts. Further, the link between corporate social responsibility and psychosocial risk management must be clearly identified, presenting an established business case, to encourage employers to engage in practices above and beyond mere compliance.

2.8. Best practice in interventions for the prevention and management of work-related stress and workplace violence and bullying

Chapter 8 presented the findings of a comprehensive review of risk management approaches and an analysis of evidence-based best practice interventions for work-related stress and workplace violence and bullying in order to develop a comprehensive and unifying framework for the evaluation and assessment of interventions reflective of the European experience. In order to ensure a comprehensive review of risk management approaches to both the prevention and management of work-related stress and workplace violence and bullying, representative of the European context, it was attempted to identify approaches in a variety of different occupational sectors, sizes of enterprises, and across various European countries. Special reference was made to approaches that promote best practice through corporate social responsibility and social dialogue principles, and to gender-friendly approaches. Interviews with over seventy experts involved in developing, implementing and/or evaluating interventions from across Europe were also conducted.

The findings were used to identify the success factors for interventions for managing psychosocial risks; these were based on intervention content, intervention design and intervention context. Key issues for success were provided for organisations and experts that wish to implement psychosocial risk management interventions. These were organisational readiness to change, a realistic and comprehensive intervention strategy, and a commitment towards supporting continuous improvement.

The participants placed special emphasis on the importance of raising awareness of psychosocial issues, and the role of education in achieving this: both in organisations and management and in other key stakeholders in the process. Additionally, the importance of capacity and competency building within organisations and management, and extending this to the macro level to include policy makers, was highlighted. The importance of developing the business case for psychosocial risk management was identified as a key priority for future action; namely, linking the business case more strongly to responsible business practices, including a concentrated focus on the social well-being and health of employees as key constructs. Finally, the experts outlined the importance of developing a comprehensive approach to the management and evaluation of interventions for work-related stress, and workplace violence and bullying by incorporating the use of a multi-modal intervention approach (i.e. concentrated focus on both the individual and the organisation); and the need to further develop tools which would assist organisations and practitioners in the implementation of interventions and the evaluation of outcome criteria. Such tools would address process issues on how to effectively translate intervention 'action plans' into a 'successful' intervention; and, additionally, outline sets of evaluation criteria (including the subsequent evaluation of the process issues) and sets of best practice methods. It was emphasised that – in order to facilitate effective translation into practice – outlined criteria must be tailored to the needs, aims, objectives and competencies of organisations and practitioners.

There was consensus amongst the experts on the key priorities for action; namely, the importance of competency building exercises, comprehensive stress management techniques, the further integration of process issues into the evaluation of interventions, and the importance of the development of the business case.

A substantial degree of convergence can be observed between the observed success factors, challenges and barriers to a best-practice intervention, and the key priorities outlined by experts for the prevention and management of work-related stress, and workplace violence and bullying. Many of the success factors discussed were reflected in key priorities, and were additionally reflected, to a degree, in the challenges and barriers articulated by the experts. This indicates a large degree of

convergence on best-practice criteria for interventions seeking to prevent or manage work-related stress, workplace violence and bullying. However, there still exist continued gaps in knowledge, and within the evidence-base which practitioners draw on to guide/facilitate translating this research into effective practice.

3. Way forward: challenges to be addressed

Many of the priorities for action that have been highlighted are inter-related. Using the philosophy underlying PRIMA-EF, these issues can be addressed as follows.

3.1. Development of appropriate infrastructure and support – building capacities

An appropriate infrastructure for the management of psychosocial risks cannot be found in all EU member states and, hence is sometimes lacking at national and local levels. This also applies to occupational health services provision. Due to the prevalence and impact of psychosocial risks, psychosocial risk management should represent a higher priority in national and international agendas and stakeholders must be made more aware of its importance. In addition psychosocial risk management tools and guidelines (such as the ones developed through this project) and their use should be promoted across the EU. It is important that an increase of national capabilities is considered if progress both at EU and national levels is to be achieved and the gap between policy and practice is to be addressed and minimised.

3.2. Training and awareness raising – developing tools at the enterprise level

One of the key priorities identified by the results of the project is awareness raising on psychosocial risks across the enlarged EU and across stakeholders. It is important that specific training programmes on psychosocial risk management are developed and promoted, for stakeholders, for occupational health and safety professionals and for health and safety inspectors. Training courses on PRIMA-EF could be developed and delivered to these parties across the EU. This could be facilitated by the establishment of a network of excellence in psychosocial risk management. Further research could be conducted to develop PRIMA-EF packages (addressing all levels and key aspects of the framework) for use at the enterprise and the macro policy levels.

3.3. Addressing stakeholder perceptions and promoting social dialogue

Social dialogue is a useful form of communication among social partners and needs to be fostered at national and European level as a means of closing the gap in perception between the various stakeholders and facilitating civil dialogue and facilitated coordination (facilitated coordination relates to those policy areas where the national governments and stakeholders are the key actors). Social dialogue is also critical during the process of implementation of EU Directives and stakeholder agreements, as it involves the incorporation of such standards through national political-administrative systems and is not just a top-down process. Studies of implementation show that successful implementation also depends on how the upstream process of developing e.g. legislation has been handled (Dehousse, 1992). Also, regarding implementation, national adaptation depends on the level of embeddedness of existing national structures (Knill, 1998). Social dialogue plays a critical role in the development and implementation of initiatives for psychosocial risk management at the macro as well as the organisational level and hence should be promoted, especially in the new member states, where existing social dialogue structures are weak.

3.4. Developing a European standard for psychosocial risk management

A standard is "a universally agreed-upon set of guidelines for interoperability". Primarily the use of European standardisation in the area of occupational health supports the competitiveness of firms, as a healthier workforce has a direct impact on it. Currently there are a few complementary European approaches to addressing psychosocial risks at work, some of these have been outlined in recent

European documents such as the European Commission's Guidance on Work-Related Stress (2002a), the European Standard (EN ISO 10075- 1&2) on Ergonomic Principles Related to Mental Work Load (European Committee for Standardization, 2000), the European Commission's Green Paper on Promoting a European Framework for Corporate Social Responsibility (2001). These approaches are based on different but related paradigms, which might lead to confusion and misinterpretation. Standards for addressing psychosocial risks at work, therefore, need to be developed based on a framework unifying these approaches.

3.5. Promoting a CSR-inspired approach

A CSR approach to psychosocial risk management (that sees legal requirements as the floor and not as the ceiling) is based on the recognition that a company cannot be responsible externally without being responsible internally towards its own workforce. It recognises that a healthy workforce and healthy organisations are key for the optimum use of human and social capital, and so for a vital economy. It will help for increasing productivity, fostering innovation, improving economic performance and improving the functioning of the labour market (including strengthening of associated social security arrangements and social inclusion impacts). However, the business case for promoting psychosocial risk management needs to be developed and presented to employers.

3.6. Development and evaluation of tools and initiatives at the policy level

The importance and impact of policy interventions for the management of psychosocial risks has been largely ignored in the mainstream academic literature. The evaluation of the policy process, especially the implementation of the policy plan is an important step, but one that is often overlooked or avoided. Evaluation must consider a wide variety of different types of information and draw it from a number of different but relevant perspectives. The results of the evaluation should allow the strengths and weaknesses of both the policy plan and the implementation process to be assessed. They should provide the basis for societal learning. Also, better transference of best practice between ministries within countries, between countries as well as between international organisations will lead to the development of effective tools which could be implemented and evaluated effectively.

4. Conclusion: A PRIMA time for action

Current data and reports, experts and policy makers agree that psychosocial risks and issues like work-related stress, workplace violence, harassment and bullying are major concerns to occupational health and safety with an associated big impact on the health of people, organisational performance, and member state and EU economies. This has been identified by the EC with the recent introduction of the European Pact for Mental Health, part of which focuses on the workplace level.

The current global economic crisis has already started having a further negative effect on people's lives – this will undoubtedly impact on their mental health and that of their families as well as on European economy. The protection of people's mental health in an ever-challenging socioeconomic and work context is not only a priority but also an ethical responsibility.

The PRIMA-EF project has met the challenge of developing a European framework for psychosocial risk management. A number of priorities have been identified on the basis of this framework for the future of psychosocial risk management and the promotion of mental health at work in the EU. It is now a pressing time for bold decisions and the promotion of this unifying European approach at the EU level to promote the translation of knowledge and policy into effective practice at the enterprise and macro levels: a PRIMA time for action.

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The European Framework for Psychosocial Risk Management: PRIMA-EF

Edited by Stavroula Leka and Tom Cox

The European framework for psychosocial risk management (PRIMA-EF) was developed through funding of the European Commission's 6th Framework Programme. The PRIMA-EF consortium is led by the Institute of Work, Health & Organisations (I-WHO) at the University of Nottingham and involves the German Federal Institute of Occupational Safety & Health (BAuA), the Italian National Institute for Occupational Safety and Prevention (ISPESL), TNO Quality of Working Life – Work & Employment (Netherlands), the Polish Central Institute for Labour Protection (CIOP-PIB) and the Finnish Institute of Occupational Health (FIOH). The consortium is also supported by an Advisory Board including key organisations such as the WHO, the ILO, DG Employment & Social Affairs, DG SANCO, the International Commission on Occupational Health, the European Agency for Safety & Health at Work, the European Foundation for the Improvement of Living & Working Conditions, BUSINESSEUROPE, ETUC, ETUI, ETUI-REHS, UEAPME, CEEP and UNIZO.

PRIMA-EF aims at providing a framework to promote policy and practice at national and enterprise level within the European Union. The need for such a framework is particularly pressing due to recent EU data indicating the high prevalence of psychosocial risks to workers' health and an increase of problems such as work-related stress and workplace violence, harassment and bullying. This book presents in a comprehensive manner the research conducted through the PRIMA-EF project. More information on the project and its outputs can be found at: www.prima-ef.org