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

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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:
- adequate knowledge of the key agents (management and workers, policy makers),
- relevant and reliable information to support decision-making,
- availability of effective and user friendly methods and tools,
- 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.
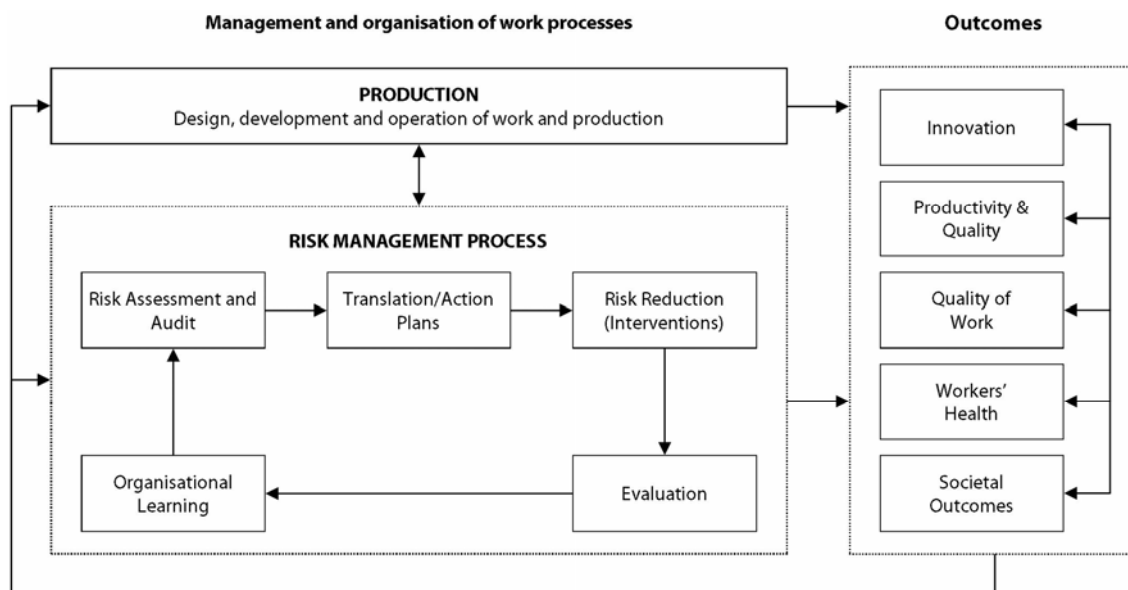
Figure 1.1.: The framework model for the management of psychosocial risks – enterprise level

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.
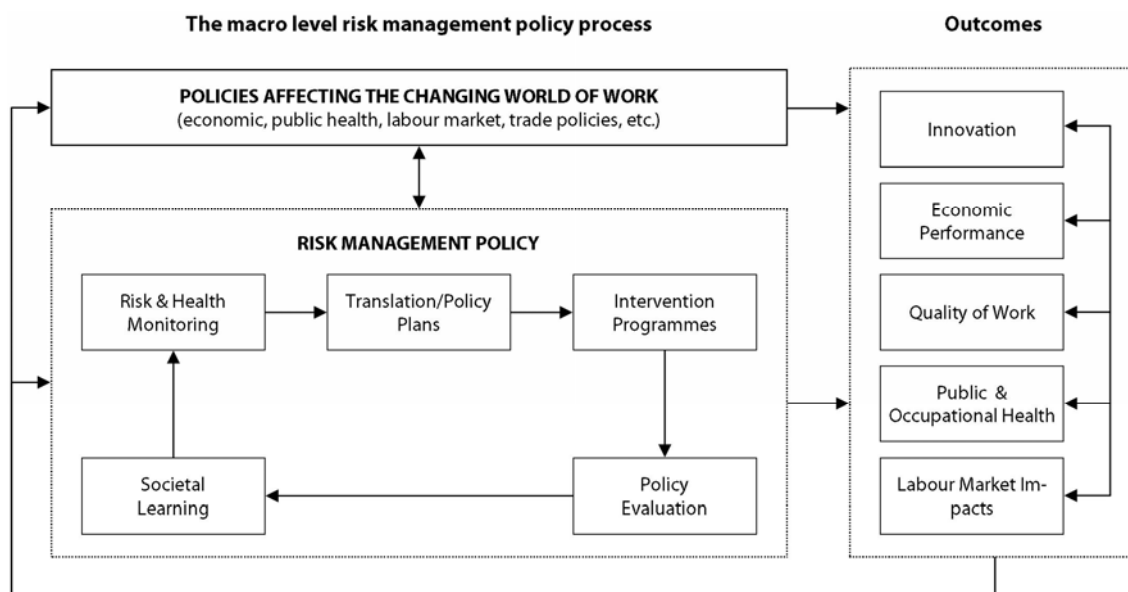

Figure 1.2.: The Framework model for policies regarding the management of psychosocial risks

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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