



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:

- To increase the awareness and understanding of employers, workers and their representatives of work-related stress, and
- 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 be 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 losses 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 where 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 health 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
<i>Integration into government policy</i>	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
<i>Integration into policies of employers' organisations and business organisations</i>	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
<i>Integration into unions' policy</i>	Number of workers' representatives, educated in psychosocial risk management Guidance developed by unions on psychosocial risk management
<i>Integration into dialogue with civil society and messages from mass media</i>	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
<i>Integration into education and training</i>	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
<i>Key stakeholders involved in psychosocial risk management</i>	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 health 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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