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Chapter

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

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1. Introduction

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

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

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

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

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

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

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

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

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

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

3. Types and levels of interventions

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

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

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

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

3.1. Strategies to prevent and manage work-related stress

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

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

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

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

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

3.2. Strategies to prevent and manage workplace violence and bullying

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

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

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

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

3.2.1. Primary, secondary and tertiary level interventions

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

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

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

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

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

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

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

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

3.2.2. Effectiveness of workplace violence and bullying interventions

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

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

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

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

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

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

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

4.1. Intervention design

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

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

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

4.2. Outcome measures

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

4.3. Follow-up periods

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

4.4. Intervention process

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

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

4.5. Cost-benefit analysis

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

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

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

5.1. Tailored approach

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

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

5.2. Theory-based interventions

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

5.3. Participation and social dialogue

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

5.4. Corporate social responsibility and standards of best practice

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

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

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

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

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

6.1. Small and medium-sized enterprises (SMEs)

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

6.2. Gender issues

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

7. Aim of the current research

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

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

8. Methodology

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

8.1 Best practice inventory: development, evaluation and usage

Using the PRIMA-EF framework (see chapter 1 for the main principles, concepts and models of the framework), best-practice criteria for the evaluation of interventions were formulated and outlined. On the basis of these criteria, a best practice inventory was developed. Listed below are the evaluation criteria for evidence-based interventions and best practice, as found in the inventory:

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

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

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

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

8.2. Interview schedule development

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

8.2.1. Participants

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

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

8.3. Focus groups

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

8.3.1. Participants

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

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

8.4. Ethics

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

9. Results

9.1. Sample

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

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

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

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

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

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

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

9.2. Analysis

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

9.2.1. Semi-structured interviews

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

9.2.2. Focus groups

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

9.3. Findings: semi-structured interviews

9.3.1. Work-related stress interventions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.3.2. Workplace violence and bullying interventions

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

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

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

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

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

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

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

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

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

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

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

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

9.3.2.3. Priorities for action against bullying and violence at work

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

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

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

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

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

BULLYING
Disseminating more information about bullying to all stakeholders
Development of legal regulations (in some countries)
Anti-bullying policies and codes of conduct including clear and operable procedures to prevent and deal with bullying should be built in organisations
Evaluation of the effectiveness of different approaches and strategies used to prevent and tackle bullying at work (like policies, training, psychosocial work environment redesign, mediation)
Offering practical measures for small companies to deal with bullying
Workable methods to stop the escalating process of bullying in the workplace should be developed and implemented
Development and evaluation of risk assessment tools for bullying at work
Development of methods to intervene in horizontal bullying (co-worker bullying) and in downwards bullying (bullying by supervisor/manager)

THIRD PARTY VIOLENCE
A need for attitude change as concerns staff as well as third parties - any kind of physical of psychological violence should be unacceptable
All workplaces with high risk for violence by third parties should have codes of conduct, guidelines and crisis plans for the prevention and management of violence
The prevention of the fear of violence should be addressed
Practical means to address violence problems caused by alcohol and drugs
Conflict management and violence handling education should be offered in schools, in higher education, and in induction training offered to new employees in occupations where the risk of violence is high

9.3.3. Additional issues and concerns

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

9.3.3.1. Gender

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

9.3.3.2. Small & medium-sized enterprises

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

9.3.3.3. Social dialogue

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

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

9.3.3.4. Corporate social responsibility

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

9.4. Findings: focus groups

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

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

9.4.1.1. SMEs

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

9.4.1.2. Gender and diversity

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

9.4.2. Developing social dialogue and promoting sustainability

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

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

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

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

10. Discussion

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

10.1. Moving towards best practice

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

10.1.1. Intervention content

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

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

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

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

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

10.1.2. Intervention design

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

Similar results have been observed and discussed in additional review papers. Parkes and Sparkes (1998) recommended, based on the review of multiple case studies of organisational interventions: (a) the use of (ideally) a rigorous experimental design, or more generally (when such a experimental design is not possible) the most systematic and rigorous research design possible in the given circumstances; (b) the use of both subjective and objective measures at the level of the individual and relevant organisational-level measures; (c) not to rely solely on post-intervention data, but to also assess the sustainability of the intervention results. Kompier and Kristensen (2001) have emphasised the need for, and the importance of, longer follow up times in order to successfully assess the sustainability of the intervention effects.

As aforementioned, the use of control groups was noted as a success factor in the evaluation of interventions; both revealed in the results of the current study and previous studies. A key challenge, as discussed by several experts, was the unique challenges in regards to organisational interventions. Indeed, experts noted the challenge of recruiting and/or finding an appropriate control group. Moreover, it was noted by experts that the natural scientific paradigm, dictating the use of the 'gold standard' randomised-control trial, is not readily conducive to conducting research in a applied setting; such as an ever-changing organisation, with goals and objectives separate from that of scientific investigation. Future research and more in-depth discussion is required to develop a framework and methodology for the evaluation of organisational level interventions which takes into account their unique challenges.

It can be speculated that several of the success factors, namely the use of a control group and a strong intervention design, are of higher importance and practical significant to the scientific community. As aforementioned, attaining randomisation and control groups is logistically difficult to accomplish in an applied setting, and not of practical importance from a practitioner perspective; whilst answering the questions "has the intervention met its defined aims and goals", "are the observed effects sustainable, and does the intervention have a cumulative effect on health in the long term" and "is the intervention equally applicable across groups in department, group or organisation" might be more important. The use of randomisation and control groups, demonstrate more practical significance and importance to the academic community and meeting rigorous outlined criteria to publish. This also indicates a paradox in the scientific community with many experts involved in scientific journal editorial boards refusing to accept papers for publication that do not meet traditional scientific criteria, even though they recognise the inherent challenges in adhering to these in applied research. This paradox may be partly rooted in academic elitism or in criteria imposed by academic assessment bodies (at professional or national levels) that do not necessarily seek to promote practice in real world contexts.

10.1.2.1. Process evaluation

Semmer (2003) emphasises the integration of process considerations into the overall evaluation of interventions. Semmer further emphasises the importance of developing detailed descriptions of projects rather than deploying poor study designs, and discusses the barriers to using rigorous designs. A recent study examining process issues, and how they mediate or moderate intervention effects, concluded that process evaluation was a useful tool by which to meaningfully interpret the intervention impact and its effectiveness. This is particularly true when the outcome measures do not demonstrate that the intervention has had a significant positive impact; in this situation process evaluation provides a useful analytical tool to distinguish between a failure of theory and a failure of implementation (Nielsen et al., 2006). The results of the current research endeavour indicate convergence and consensus among the experts on this methodological issue; process evaluation and its increased utilisation within an evaluative methodological framework for interventions was emphasised. The increased need to examine process issues and mechanisms underlying successful

interventions was seen as a key priority for action by the experts interviewed. Saksvik and colleagues (Saksvik, Nytro, Dahl-Jorgensen & Mikkelsen, 2002) extend this idea further by emphasising the importance of examining and, in turn, understanding the mechanisms underlying not only successful but also 'failed' interventions.

10.1.2.2. Economic evaluation of interventions

The experts interviewed noted the importance of incorporating an economic evaluation of interventions into the overall intervention evaluation framework. Despite its emphasised importance as a key priority for future research, several key challenges were repeatedly outlined by participants: namely, the lack of multidisciplinary research to support the development of an appropriate systematic framework, and the inherent difficulty with ascribing a monetary value to a latent variable. Although, there has been a broad discussion outlining the different kinds of economic evaluation that are possible (cost effectiveness analysis, cost-benefit analysis and cost utility analysis; for full review see DeRango & Franzini, 2003), practical steps and a systemic methodological approach have not been outlined (as perceived by the experts), indicating an overall gap in the literature, and consequently an important avenue for future research. The need to incorporate the economic evaluation of interventions has been noted, and was articulated by the experts as an important 'stepping stone' to developing a business case for occupational stress management. Building a business case was seen, by participants, as an important tool for recruiting and increasing the participation of organisations in psychosocial risk management; and, in turn, motivating organisations to move beyond legal compliance to best practice.

Bond, Flaxman and Loivette (2006) examined building the business case for the Management Standards (an organisational level intervention developed by the UK Health and Safety Executive). This review demonstrated the association between work-related stressors and improved business outcomes. Bond and colleagues conclude that there is preliminary evidence to indicate a business case for psychosocial risk management; however the authors further emphasise the paucity of longitudinal studies and, moreover, that the integration of business outcomes into intervention evaluation has resulted in a limited evidence base on which to further develop a robust business case.

10.1.2.3. Evaluating organisational-level interventions

One of the largest challenges noted, particularly by organisational level stress intervention experts, was that of conducting and evaluating interventions in the context of complex and constantly adapting systems such as organisations and work environments. Evaluating interventions, and their effectiveness, while meeting the scientific criteria as dictated by the natural scientific paradigm, was also discussed as a significant challenge and barrier. This suggests that the natural scientific paradigm may be ill suited as a framework for applied research and, in turn, that a greater breadth of discussion is required on how to adapt that framework and its associated scientific standards to accommodate applied research. Similar concerns in regards to the limitation of the natural science paradigm have been previously raised by Griffiths and Schabraq (1998) and, more recently, by Cox and colleagues (2007).

10.1.3. Intervention context

The following implementation issues were seen as success factors for WRS interventions: (a) the use of a top-down and bottom-up approach; (b) promoting and facilitating dialogue and communication between key stakeholders; (c) raising awareness; (d) accessibility and usability of tools, methods and procedures by all individuals within the organisation. Convergence can be observed with the observed success factors for workplace violence and bullying interventions; namely, the overall importance of top-level management support of the intervention initiative, raising awareness of the growing concern and prevalence of third party violence and bullying, and the accessibility and usability of psychosocial risk management tools by individuals within the organisation to address workplace violence and bullying.

Similar results were found by in a review conducted by Kompier and colleagues (1998), which concluded that both a top-down (management support) and bottom-up (participatory) approach are necessary for success. Kompier and colleagues conclude that it is a subtle combination of the two approaches that acts as a success factor. In the same review, the overall importance of communication

and social dialogue was discussed. Based on the results of the current research endeavour, it can be suggested that social dialogue, particularly at the level of the enterprise, acts as an important synergistic variable integrating these two approaches. However, the current study has noted that challenges lie in the successful development, facilitation and maintenance of this dialogue among and across key stakeholders; indicating an important direction for the future and a key priority for action in the area of psychosocial risk management. Several participants spoke of the importance of extending the framework of social dialogue beyond a micro level (enterprise level) to a macro level incorporating other key stakeholders in the process (e.g., trade unions and policy makers). In interventions where this had been accomplished, experts spoke of the advantages of a macro level of social dialogue as developing stakeholder 'buy-in' to the intervention and its process, enhancing perceived ownership, and increasing awareness among stakeholders and the social partners. However, the key barriers noted by participants were in relation to 'political agenda pushing'.

Some of the additional key challenges noted by participants to the successful implementation of WRS interventions were in regards to recruiting and maintaining top level management support; securing the organisational time and resources needed to fully implement the intervention; organisational resistance to, or readiness for, change; an overall lack of awareness of psychosocial issues and their management at the level of the individual and at the level of the organisation; and recruiting and maintaining active participation, involvement and engagement by workers throughout the intervention process. Significant overlap can be observed in the key challenges noted by intervention experts for workplace violence and bulling; most notably, an overall lack of awareness of bullying, and all forms of workplace violence (including psychological violence), organisational resistance to and/or readiness for change, and securing and maintaining top level management support.

10.1.4. Gender

Based on the results of the present research endeavour it is clear that many of the interventions do not directly address gender in regards to their design, implementation or evaluation; gender was only addressed if, and when, it emerged as a key problem. However, many experts emphasised the belief that addressing gender differences in the management and prevention of stress, and workplace violence and bullying was important. Several experts suggested that a lack of knowledge of how to develop a gender-sensitive intervention was a key concern, and a significant challenge. A recent report, released by the European Agency for Safety and Health at Work in 2002, on gender issues in occupational health and safety emphasised the importance of conducting a gender sensitive psychosocial risk assessment. The report provides general guidance highlighting relevant gender issues in psychosocial risk assessment at each stage of the process (EASHW, 2003); however, more detail is required on process issues surrounding *how* to tailor and conduct a gender-sensitive risk assessment. Messing (1998; 2001) postulates that there continues to exist within the occupational health and safety literature, a lack of gender-orientated analysis and research. The findings of the current study suggest that this gap in knowledge surrounding relevant and prevalent gender issues in psychosocial risk management may have significant implications for practice; and, in turn, for organisational policy.

10.1.5. Corporate social responsibility

Many experts did not explicitly articulate a link between psychosocial risk management and responsible business practices. They did not, therefore, explicitly define psychosocial risk management as an inherent component of a company's social and ethical responsibilities. However, many experts did regard the promotion of the health and well-being of workers as an integral element of responsible business practices. The perceived understanding of the linkage between CSR and psychosocial risk management appears unclear; suggesting that a future line of research should seek to clarify this relationship. Such clarification would assist in the development of a CSR framework with defined best practice standards to assist and encourage organisations to move beyond legal compliance with health and safety regulations towards adherence to best practice (for a further discussion, see chapter 6). This future direction has been emphasised in a recent report by the European Agency for Safety and Health at Work (Zwetsloot & Starren, 2004). As aforementioned, continuing to build the business case may enhance the engagement of a wide variety of organisations.

10.1.6. Small and medium-sized enterprises

The majority of interventions discussed with experts had been implemented in large to medium-sized organisations. Several experts for both WRS and workplace violence and bullying spoke of the importance of adapting tools, methods, and strategies to meet the needs of SMEs, with a concentrated focus on micro and small-sized enterprises. This need for increased research examining the unique challenges facing SMEs was detailed as a key priority by several of the participants. One of the key challenges identified by experts was instigating and facilitating active engagement and participation of SMEs in health and safety initiatives. Cartwright and Cooper (1996) suggest several reasons underlying SMEs' low participation rates in health and safety initiatives: lack of resources, lack of skilled personnel, lack of access to information, scepticism about government initiatives, the fact that many small firms are not part of business community networks, the legacy of a fragmented system of business support services, time constraints, the financial cost of training, and choosing an appropriate course. More innovative approaches in the management and prevention of WRS and workplace violence and bullying, sufficiently tailored to meet the unique needs of SMEs are needed. Cooper and Cartwright (1997) postulate that increased provision of more governmental/EU-funded training opportunities, with easier access to increased information and courses specifically tailored to SMEs, would act as a positive first step in addressing the needs of this priority group.

10.2. The way forward

A collective examination of the topics and suggestions for the future discussed in the focus groups (and comparison with the interview findings and the existing literature) indicates four overarching themes which emerged as key issues and, in turn, priorities for interventions for the management and prevention of WRS, workplace violence and bullying.

Firstly, special emphasis was placed on the importance of raising awareness of psychosocial issues, and the role of education in achieving this: both in organisations and management, and in other key stakeholders in the process. Additionally, the importance of capacity and competency building within organisations and management, and extending this to the macro level to include policy makers, was a prevalent theme which emerged in the discussions. The importance of developing the business case for psychosocial risk management was identified as a key priority for future action; namely, linking the business case more strongly to responsible business practices, including a concentrated focus on the social well-being and health of employees as key constructs. Additionally, the focus groups had extensive discussions on the importance of developing benchmarking for companies which would facilitate comparisons within comparable occupational sectors or similar types of organisations. This was noted by the experts as an important element in developing the business case for psychosocial risk management. Finally, the experts outlined the importance of developing a comprehensive approach to the management and evaluation of interventions for work-related stress, and workplace violence and bullying by incorporating the use of a multi-modal intervention approach (i.e. concentrated focus on both the individual and the organisation); and the need to further develop tools which would assist organisations and practitioners in the implementation of interventions and the evaluation of outcome criteria. Such tools would address process issues on how to effectively translate intervention 'action plans' into a 'successful' intervention; and, additionally, outline sets of evaluation criteria (including the subsequent evaluation of the process issues) and sets of best practice methods. The discussions of the focus groups emphasised that – in order to facilitate effective translation into practice – outlined criteria must be tailored to the needs, aims, objectives and competencies of organisations and practitioners.

There was consensus amongst the results of the interviews conducted, and the themes emergent from the focus groups, on the key priorities for action; namely, the importance of competency building exercises, comprehensive stress management techniques, the further integration of process issues into the evaluation of interventions, and the importance of the development of the business case. However, the results of the focus groups articulate more clearly the next steps needed to further develop, or promote initiatives for, the key priorities of this area; emphasise the importance of further/more effectively translating theory into practice, and suggest paths by which this may be achieved. However, based on the discussion of the focus groups, both researchers and practitioners highlighted the need for the process of 'translation' of theory into action to be tailored, accessible and user-friendly for both practitioners and organisations. Indeed, the experts identified this as both a key priority and a key challenge.

11. Conclusion

A substantial degree of convergence can be observed between the observed success factors, challenges and barriers to a best-practice intervention, and the key priorities outlined by experts for the prevention and management of work-related stress, and workplace violence and bullying. Many of the success factors discussed were reflected in key priorities, and were additionally reflected, to a degree, in the challenges and barriers articulated by the experts. This indicates a large degree of convergence on best-practice criteria for interventions seeking to prevent or manage WRS, workplace violence and bullying. However, there still exist continued gaps in knowledge, and within the evidence-base which practitioners draw on to guide/facilitate translating this research into effective practice.

In 1969, George Miller in his presidential address to the American Psychological Association made the dramatic point of asking psychologists to "give psychology away"; emphasising the need to share its findings with the general public in ways and methods they can apply to their daily lives (Folwer, 1999). More recently, Dr. Rial-Gonzalez, of the European Agency for Safety & Health at Work, in a keynote address at the APA/NIOSH Work, Stress, and Health (2008) conference suggested that the challenge laid down by George Miller had still not been met, and further emphasised the need, and moreover the importance, of continued efforts to explore methods to effectively translate research and knowledge into practice; thereby, providing tools and instilling knowledge, and, moreover, empowering companies to promote the health and well-being of employees (and in doing so having a positive impact on the health and well-being of society at large). The current research endeavour has yielded a best practice framework which can be used to guide the design, implementation and evaluation of interventions. Additionally, key gaps in knowledge and in practice have been identified and discussed. In order to close such gaps, and promote more efficient translation of knowledge into practice, or enhance our capacity to "give psychology away", multidisciplinary research initiatives aimed at making a difference in real world settings, and more broad-based discussions encompassing key stakeholders and social partners, will be key avenues for the future in the area of psychosocial risk management.

The final chapter of this book brings together the key findings of the PRIMA-EF project and identifies key priorities in policy, research and practice that need to be addressed in the EU (and beyond) to promote the effective management of psychosocial risks at the enterprise and macro levels.

References

Arnetz, J. E., (1998). The Violent Incident Form (VIF): a practical instrument for the registration of violent incidents in the health care workplace. *Work and Stress, 12(1)*, 17-28.

Bailey, S., Jorgensen, K., Kruger, W., & Litske, H. (1994). Economic incentives to improve the working environment. Dublin: European Foundation for the Improvement of Living and Working Conditions.

Beech, B., & Leather, P. (2006). Workplace violence in the health care sector: A review of staff training and integration of training evaluation models. *Aggression and Violent Behaviour, 11(1)*, 27-43.

Bond, F.W., & Bunce, D. (2000). Mediators of change in emotional-focused and problem-focused worksite stress management interventions. *Journal of Occupational Health Psychology, 5*, 156-163.

Bond, F.W., & Bunce, D. (2001). Job control mediates change in a work reorganization intervention for stress reduction. *Journal of Occupational Health Psychology, 6*, 290-302.

Bond, F.W., Flaxman, P.E., & Loivette, S. (2006). A business case for the management standards for stress. Research report 431. Norwich: Heath and Safety Executive books.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3(2),* 77-101.

Briner, R.B., Amati, C., & Larnder, R. (2003). Development of internal company standards of good management practice and a task-based risk assessment tool for offshore work-related stressors. Research Report 107. Sudbury: Heath and Safety Executive Books.

Bruinvels, D.J., Rebergen, D.S., Nieuwenhuijsen, K., Madan, I., & Neumeyer-Gromen, A. (2007). Return to work interventions for adjustment disorders. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD006389. DOI: 10.1002/14651858.CD006389.

Burke, R.J. (1993). Organisational-level interventions to reduce occupational stressors. *Work & Stress, 7(1)*, 77-87.

Chappel, D., & Di Martino, V. (2006). *Violence at Work* (3rd Ed.). Geneva: International Labour Organization.

Cooper, C.L., & Cartwright, S. (1997). An intervention strategy for workplace stress. *Journal of Psychosomatic Research, 43 (1)*, 7-16.

Cooper, C.L., & Cartwright, S. (1994). Healthy mind, healthy organization – a proactive approach to occupational stress. *Human Relations, 47 (4)*, 455-471.

Cooper, C.L., & Sadri, G. (1991). The impact of stress counselling at work. *Journal of Social & Behavioural Personality, 6 (7),* 411- 423.

Cox, T. (1993). Stress research and stress management: Putting theory to work. Research Report 61. Sudbury: Heath and Safety Executive books.

Cox, T., & Griffiths, A. (1995). The assessment of psychosocial hazards at work. In M.J. Shabracq, J.A.M. Winnubst & C.L. Cooper (Eds.) *Handbook of Work and Health Psychology*. Wiley & Sons: Chichester.

Cox, T., Karanika, M., Griffiths, A., & Houdmont, J. (2007). Evaluating organizational-level work stress interventions: Beyond traditional methods. *Work & Stress, 21(4)*, 348-362.

Cox, T., Griffiths, A., & Rial-Gonzalez, E. (2000). Research on work related stress. Luxembourg: Office for Official Publications of the European Communities.

Cox, T., Leather, P., & Cox, S. (1990). Stress, health and organizations. *Occupational health review, 23*, 13-18.

DeFrank, R.S., & Cooper, C.L. (1987). Worksite stress management interventions: Their effectiveness and conceptualization. *Journal of Managerial Psychology, 2(1)*, 4-10.

Derango, K., & Franzini, L. (2003). Economic evaluations of workplace health interventions: Theory and literature review. In J.C. Quick & L.E. Tetrick (Eds.) *Handbook of Occupational Health Psychology* (pp. 417-430). Washington, DC: American Psychological Association.

Di Martino, V., Hoel, H., & Cooper, C.L. (2003). Preventing violence and harassment in the workplace. European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for Official Publications of the European Communities.

Dollard, M.F., & Winefield, A.H. (1998). A test of the demand-control/support model of work stress in correctional officers. *Journal of Occupational Health Psychology, 3(3)*, 243-264.

Einarsen, S. (1999). The nature and causes of bullying a work. *International Journal of Manpower, 20 (1/2),* 16-27.

Einarsen, S. (2000). Harassment and bullying at work: A review of the Scandinavian approach. *Aggression and Violent Behavior, 5(4),* 379-401.

Einarsen, S., & Hoel, H. (2001). The Negative Acts Questionnaire: Development, validation and revision of a measure of bullying at work. Paper presented at the 10th European Congress: *Work and Organizational Psychology*. Prague, Czech Republic.

Einarsen S., Raknes. B.I., & Matthiesen, S. (1994). Bullying at work and their relationships to work environment quality: an exploratory study. *European Work and Organizational Psychologist, 4(4),* 381-401.

European Agency of Health and Safety at Work (2002). *Gender Issues in Health and Safety at Work: A Review*. Luxembourg: Office for Official Publications of the European Communities.

European Agency for Safety and Health at Work (2003). *Mainstreaming Gender into Occupational Safety and Health*. Luxembourg: Office for Official Publications of the European Communities.

European Commission (2002). Adapting to change in work and society: a new Community strategy on health and safety at work 2002–2006. Brussels: Commission for the European Committees.

European Foundation for the Improvement of Living and Working Conditions (1996). *European Survey on Working Conditions*. Luxembourg: Office for Official Publications of the European Communities.

European Foundation for the Improvement of Living and Working Conditions (2007). Fourth European Working Conditions Survey. Luxembourg: Office for Official Publications of the European Communities.

Eurostat (2005). *Europe in Figures*. Luxembourg: Office for Official Publications of the European Communities. Retrieved from http://epp.eurostat.ec.europa.eu.

Folwer, R.D. (1999). Giving psychology away. APA Monitor Online, *30(5)*, retrieved from http://www.apa.org/monitor.

Framework agreement on harassment and violence at work. Retrieved from: http://ec.europa.eu/employment_social/news/2007/apr/harassment_violence_at_work_en.pdf

Gemzoe Mikkelsen, E., & Einarsen, S.(2001). Bullying in Danish work-life: Prevalence and health correlates. *European Journal of Work and Organizational Psychology*, *10(4)*, 393-413.

Gemzoe Mikkelsen, E., & Einarsen, S. (2006). Psychosocial rehabilitation positively affects victims' health and well-being. Proceedings of the Fifth International Conference: *Bullying and Harassment in the Workplace,* June 15-17, Trinity College, Dublin, Ireland.

Giga, S.I., Cooper, C.L., & Faragher, B. (2003). The development of a framework for a comprehensive approach to stress management interventions at work. *International Journal of Stress Management, 10(4)*, 280-296.

Griffiths, A. (1999). Organizational interventions: Facing the limits of the natural science paradigm. *Scandinavian Journal of Work Environment and Health, 25 (6)*, 589-596.

Griffiths, A., Cox, T., & Barlow, C. (1996). Employers' responsibilities for the assessment and control of work-related stress: A European perspective. *Health and Hygiene, 17*, 62-70.

Griffiths, A. J., & Schabracq, M. (2003). Work and health psychology as a scientific discipline: Facing the limits of the natural science paradigm. In M. Schabracq, J.A.M. Winnubst, & C.L. Cooper (Eds.), *Handbook of Work and Health Psychology* (2nd ed.). Chichester: Wiley & Sons.

Hauge, L.J., Skogstad, A., & Einarsen, S. (2007). Relationships between stressful work environments and bullying: Results of a large representative study. *Work and Stress 21(3),* 220-242.

Heaney, C.A., Isreal, B.A., Schurman, S.J., Baker, E.A., House, J.S., & Hugentobler, M. (1993). Industrial relations, worksite stress reduction, and employee well-being: A participatory action research investigation. *Journal of Organizational Behavior, 14*, 495-510.

Hoel, H., & Cooper, C.L. (2001). Origins of bullying: Theoretical frameworks for explaining workplace bullying. In N. Tehrani (Ed.) *Building a Culture of Respect: Managing bullying at work*. London & New York: Taylor & Francis.

Hoel, H., & Giga, S. (2006). Destructive interpersonal conflict in the workplace: The effectiveness of management interventions. University of Manchester.

Hoel, H., & Salin, D. (2003). Organizational antecedents of workplace bullying. In S. Einarsen, H. Hoel, D. Zapf & S.L. Cooper (Eds.) *Bullying and Emotional Abuse in the Workplace: International perspectives in research and practice*. London: Taylor & Francis.

Hubert , A. (2003). To prevent and overcome undesirable interaction: a systematic approach model. In S. Einarsen, H. Hoel, D. Zapf & C.L. Cooper (Eds.) *Bullying and Emotional Abuse in the Workplace*: *International perspectives in research and practice* (p. 299-311). London: Taylor & Francis.

Hurrell, J.J.Jr., & Murphy, L.R. (1996). Occupational stress interventions. *American Journal of Industrial Medicine, 29*, 338-341.

International Labour Office (1986). Psychosocial factors at work: Recognition and control. Occupational Safety and Health Series (No 56). Geneva: International Labour Office.

International Labour Office (2004). *Global Strategy on Occupational Safety and Health*. Geneva: International Labour Office.

Isotalus, N. (2002). Prevention of physical violence at work. *African Newsletter on Occupational Health and Safety, 12,* 12-15.

Isreal, B.A., Schurman, S.J., Hugentobler, M.K., & House, J.S. (1992). A participatory action research approach to reducing occupational stress in the United States. In V. DiMartino (Ed.) *Preventing Stress at Work: Conditions of work digest* (vol. 2, pp. 152-163). Geneva: International Labour Office.

Ivancevich, J.M., & Matteson, M.T. (1986). Organizational level stress management interventions: review and recommendations. *Journal of Organizational Behaviour and Management, 8*, 229-248.

Ivancevich, J.M., Matteson, M.T., Freedman, S.M., & Phillips, J.S. (1990). Worksite stress management interventions. *American Psychologist, 45,* 610-614.

Jordan, J., Gurr, E., Tinline, G., Giga, S., Faragher, B., & Cooper, C.L. (2003). Beacons of excellence in stress prevention. HSE Research report 133. London: UK Health & Safety Executive Books.

Kahn, R.L., & Byosiere, P. (1992). Stress in organizations. In M.D. Dunnett & L.M. Hough (Eds.) *Handbook of Industrial and Organizational Psychology (2nd Ed., vol 3., pg. 571-650)*. Palo Alto: CA: Consulting Psychologists Press.

Keita, G.P., & Sauter, S.L. (1992). *Work and Well-being: An agenda for the 1990s.* Washington, D.C.: American Psychological Association.

Kompier, M.A.J., & Cooper, C.L. (1999). *Preventing Stress, Improving Productivity: European Case Studies.* London: Routledge.

Kompier, M.A.J., Geurts, S.A.E., Geurts, R.W.M., Gruendemann, R.W.M., Vink, P., & Smulders, P.G.W. (1998). Cases in stress prevention: The success of a participative and stepwise approach. *Stress Medicine, 14*, 155-168.

Kompier, M.A.J., & Kristensen, T.S. (2001). Organizational work stress interventions in a theoretical, methodological and practical context. In J. Dunham (Ed.) *Stress in the Workplace: Past, present and future* (pp.165-190). London & Philadelphia: Whurr.

Landy, F.J. (1992). Work design and stress. In G.P. Keita & S.L. Sauter (Eds.) *Work and Well-Being: An Agenda for the 1990s* (pp. 41-56). Washington, DC: American Psychological Association.

LaMontagne, A.D., Keegel, T., Louie, A.M.L., Ostry, A., & Landsbergis, P.A. (2007). A systematic review of the job-stress intervention evaluation literature, 1995-2005. *International Journal of Occupational Environmental Health, 13*, 268-280.

Leather, P., Beale, D., Lawrence, C., Brady, C., & Cox, T. (1999). Violence and work: Introduction and overview. In P. Leather, C. Bardy, C. Lawrence, D. Beale & T. Cox (Eds.) *Work-related Violence: Assessment and intervention* (pp. 3-18). London & New York: Routledge.

Leather, P., Zarola, A., & Santos, A. (2006). Building quality approaches to work-related violence training: Pillars of best practice. In S. McIntyre & J. Houdmont (Eds.) *Occupational Health Psychology: European perspectives on research, education and practice* (pp. 205-232). Nottingham, UK: University of Nottingham Press.

MacKay, C.J., Cousins, R., Kelly, P.J., Lee, S., & McCaig, R.H. (2008). 'Management standards' and work-related stress in the UK: Policy background and science. *Work & Stress, 18(2)*, 91-112.

Messing, K. (1998). *One-eyed Science: Occupational health and women workers*. Philadelphia: Temple Press.

Messing, K., Punnett, L., Bond, M., Alexandersoin, K., Pyle, J., Zahm, S., Wegman, D., Stock, M.S., & de Grosbois, S. (2003). Be the fairest of them all: Challenges and recommendations for the treatment of gender in occupational health research. *American Journal of Industrial Medicine, 43*, 618-629.

Murphy, L.R. (1988). Workplace interventions for stress reduction and prevention. In C.L. Cooper & R. Payne (Eds.) *Causes, Coping, and Consequences of Stress at Work* (pp. 301-339). New York: John Wiley.

Murphy, L.R., & Hurrell, J.J. (1987). Stress management in the process of occupational stress reduction. *Journal of Managerial Psychology, 2*, 18-23.

Murphy, L.R., & Hurrell J.J. (1992). Work and well-being: Where do we go from here?. In J. Quick, L. Murphy & J.J. Hurrell (Eds.) *Stress and Well-Being at Work: Assessments and interventions for occupational mental health* (pp. 331-347). Washington, D.C.: American Psychological Association.

Murphy, L.R., & Sauter, S.L. (2004). Work organization interventions: Stage of knowledge and future directions. *Social and Preventive Medicine, 49 (2),* 79-86.

Mustard, C. (2004). Commentary: Work-related stress in the UK: A new 'Management Standards' approach. *Work & Stress, 18(2)*, 140-144.

Nelson, D.L., & Hill, M.A. (1992). Employed women and stress: Implications for enhancing women's mental health in the workplace. In J.C. Quick, L.R. Murphy & J.J. Hurrell (Eds.) *Stress & Well-being at Work: Assessments and interventions for occupational mental health* (pp. 178-193). Washington, D.C.: American Psychological Association.

Nielsen, K., Fredslund, H., Christensen, K.B., & Albertsen, K. (2006). Success or failure? Interpreting and understanding the impact of interventions in four similar worksites. *Work & Stress, 20(3),* 272-287.

Nielsen, K., Randall, R., & Albertsen, K. (2007). Participants' appraisals of process issues and the effects of stress management interventions. *Journal of Organizational Behavior, 28,* 793-810.

Newman, J.E., & Beehr, T.A. (1979). Personal and organizational strategies for handling job stress: A review of research and opinion. *Personnel Psychology, 32*, 1-43.

Oeij, P.R.A., Wiezer, N.M., Elo, A-L., Nielsen, K., Vega, S., Wetzstein, A., & Zolnierczyk, D. (2006). Combating psychosocial risks in work organizations. In S. McIntyre & J. Houdmont (Eds.) *Occupational Health Psychology: European perspectives on research, education and practice (vol.1).* Nottingham, UK: University of Nottingham Press.

Oetting, E.R., Donnermeyer J.J., Plested B.A., Edwards, R.W., Kelly, K., & Beauvais F. (1995). Assessing community readiness for prevention. *International Journal of Addictions, 30(6),* 659-683.

Overtweit, J. (1998). Evaluating Health Interventions. Buckingham-Philadelphia, PA: Open University Press.

Parkes, K.R., & Sparkes, T.J. (1998). *Organizational interventions to reduce work stress: Are they effective? A review of the literature*. HSE research report 193 Norwich, UK: Health and Safety Executive books.

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice, 19,* 276-288.

Quick, J.C., & Quick, J.D. (1984). *Organizational Stress and Preventive Management*. New York: McGraw-Hill.

Randall. R., Griffiths, A., & Cox, T. (2005). Evaluating organizational stress-management interventions using adapted study designs. *European Journal of Work and Organizational Psychology, 14*, 23-41.

Rayner, C., Hoel, H., & Cooper, C.L. (2002). *Workplace Bullying: What we know, who is to blame and what can we do?* London: Taylor & Francis.

Rayner, C., Sheehan, M., & Barker, M. (1999). Theoretical approaches to the study of bullying at work. *International Journal of Manpower*, *20(1/2),* 11-15.

Rial-Gonzalez, E. (2008). Keynote address. Presented at APA/NIOSH *Work, Stress and Health Conference: Translating Research into Practice*, March 6-8, 2008. Washington, D.C., U.S.A.

Rogers, K.A., & Chappell, D. (2003). *Preventing and Responding to Violence at Work*. Geneva: International Labour Office.

Runyan, C.W., Zakocs, R.C., & Zwerling, C. (2000): Administrative and behavioral interventions for workplace violence prevention. *American Journal of Preventive Medicine, 18,* 116-127.

Sauter, S.L., Vrightwell, W.S., Colligan, M.J., Hurrell, J.J.Jr., Katz, T.M., LeGrande, D.E., Lessin, N., Lippin, R.A., Lipscomb, J.A., Murphy, L. R., Peters, R.H., Keita, G.P., Roberston, S.R., Stellman, J.M., Swanson, N.G., & Tetrick, L.E. (2001). The changing organization of work and the safety and health of working people: Knowledge gaps and research directions. Cincinnati, OH: NIOSH.

Saksvik, P.O., Nytro, K., Dahl-Jorgensen, C., & Mikkelsen, A. (2002). A process evaluation of individual and organizational stress and health interventions. *Work & Stress, 16(1)*, 37-57.

Schwickerath J. (2005). Mobbing am Arbeitsplatz - Grundlagen und stationäre Verkhaltentherapie psychomatischer Erkrankungen bei Mobbing. *Praxis Klinische Verhaltenmedizin und Rehabilitation, 69,* 132-145.

Semmer, N.K. (2003). Job stress interventions: Targets for change and strategies for attaining them. In J.C. Quick & L.E. Tetrick (Eds.) *Handbook of Occupational Health Psychology* (pg. 325-354). Washington, DC: American Psychological Association.

Semmer, N.K. (2006). Job stress interventions and the organization of work. *Scandinavian Journal of Work, Environment & Health, 32(6)*, 515-527.

Sutherland, V.J., & Cooper, C.L. (2000). *Strategic Stress Management: An organizational approach.* New York: Palgrave.

Tehrani, N. (1999). Introducing trauma care into an organization: From theory into practice. In P. Leather, C. Brady, C. Lawrence, D. Beale & T. Cox (Eds.) *Work-related Violence: Assessment and intervention* (pp. 109-126). London & New York: Routledge.

Tehrani, N. (2003). Counselling and rehabilitating employees involved with bullying. In S. Einarsen, H. Hoel, D. Zapf & C.L. Cooper (Eds.) *Bullying and Emotional Abuse in the Workplace: International perspectives in research and practice* (pp. 270-284). London & New York: Taylor & Francis.

Tetrick, L.E., & Quick, J.C. (2003). Prevention at work: Public health in occupational settings. In J.C. Quick & L.E. Tetrick (Eds.) *Handbook of Occupational Health Psychology* (pp. 3-18). Washington, DC: American Psychology Association.

Van der Hek, H., & Plomp, H.N. (1997). Occupational stress management programmes: A practical overview of published effects studies. *Occupational Medicine, 47,* 133–141.

Van der Klink, J.J.L., Blonk, R.W.B., Schene, A.H., & van Kijk, R.J.H. (2001). The benefits of interventions for work-related stress. *American Journal of Public Health, 91(2),* 270-276. `

Vartia, M. (1996). The sources of bullying - Psychological work environment and organizational climate. *European Journal of Work and Organizational Psychology, 5(2),* 203-214.

Vartia, M. & Hyyti, J. (1999). Väkivalta vankeinhoitotyössä (Violence in prison work). Ministry of Justice, Finnish Institute of Occupational Health, Helsinki (in Finnish with English summary).

WHO (2003). Authored by S. Leka, A. Griffiths & T. Cox, Work Organization and Stress, Protecting Workers' Health Series, No. 3. Geneva: World Health Organization.

Zwetsloot, G.I.J.M., & Starren, A. (2004). *Corporate Social Responsibility and Safety and Health at Work.* Research Report for the European Agency for Safety and Health at Work (Issue 210). Luxemburg: Office for Official Publications of the European Communities.