PRIMA-EF

Guidance on the European Framework for Psychosocial Risk Management

A Resource for Employers and Worker Representatives

PRIMA

World Health Organization

PRIMA-EF

GUIDANCE ON THE EUROPEAN FRAMEWORK FOR PSYCHOSOCIAL RISK MANAGEMENT

A RESOURCE FOR EMPLOYERS AND WORKER REPRESENTATIVES

Editors

Dr Stavroula Leka
CPsychol FRSH

Professor Tom Cox
CPsychol AcSS FBPsS FRSH FRSA Hon FFOM Hon FErgS

I-WHO
Institute of
Work, Health &
Organisations

World Health
Organization

baua:
Bundesanstalt für Arbeitsschutz und Arbeitsmedizin

ISPESL
Istituto Superiore per la Prevenzione
e la Sicurezza del Lavoro

TNO

CIOP·PIB

Finnish Institute of
Occupational Health

ILO

Other booklets from the Protecting Workers' Health Series:

No. 1:   Preventing Health Risks from the Use of Pesticides in Agriculture
No. 2:   Understanding and Performing Economic Assessments at the Company Level
No. 3:   Work Organization and Stress at Work
No. 4:   Raising Awareness of Psychological Harassment at Work
No. 5:   Preventing Musculoskeletal Disorders in the Workplace
No. 6:   Raising Awareness of Stress at Work in Developing Countries: A Modern Hazard in a Traditional Working Environment
No. 7:   A Practical Guide for the Use of Research Information to Improve the Quality of Occupational Health Practice
No. 8:   Industrial Hygiene: An Introduction (French only)

TABLE OF CONTENTS

The PRIMA-EF Consortium

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

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

Persons involved: Stavroula Leka, Tom Cox, Aditya Jain and Juliet Hassard

Contact: Dr Stavroula Leka
Address: I-WHO, University of Nottingham, Level B International House, Jubilee Campus, Wollaton Road, Nottingham NG8 1BB, UK
Tel.: +44 (0) 115 8466662
E-Mail: stavroula.leka@nottingham.ac.uk

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

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

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

Contact: Michael Ertel
Address: Federal Institute for Occupational Safety and Health (BAuA), Noeldnerstr.
40/42, 10317 Berlin, Germany
Tel.: +49 30 515 48 4415
E-Mail: Ertel.Michael@baua.bund.de

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

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

Persons involved: Sergio Iavicoli, Patrizia Deitinger, Carlo Petyx and Elena Natali

Contact: Professor Sergio Iavicoli
Address: Via Fontana Candida, 1, 00040 Monteporzio Catone, Rome, Italy
Tel.: +39 069 4181407
E-Mail: sergio.iavicoli@ispesl.it

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

TNO is Europe's second largest research institute for technological and strategic research and consultancy. By aptly bringing scientific knowledge into practice TNO aims to optimise the innovative abilities of industry and government. TNO has established, together with universities and companies, some 30 knowledge centres to develop knowledge in carefully selected fields. These knowledge centres function as innovation centres. Under the heading 'Quality of Life', TNO carries out research aimed at providing concrete solutions to problems encountered by industry and government bodies where TNO is an important partner in the area of (health) care and employment issues. It is also a WHO Collaborating Centre in Occupational Health.

Persons involved: Irene Houtman, Gerard I.J.M. Zwetsloot, Maartje Bakhuys Roozeboom and Seth N.J. van den Bossche

Contact: Dr Irene Houtman
Address: TNO Work & Employment, P.O. Box 718, NL 2130 – AS, Hoofddorp, Netherlands
Tel.: +31 (0)23 5549924
E-Mail: Irene.Houtman@tno.nl

Central Institute for Labour Protection - National Research Institute, Poland
Centralny Instytut Ochrony Pracy – Panstwowy Instytut Badawczy (CIOP-PIB)

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

Persons involved: Maria Widerszal-Bazyl and Dorota Żołnierczyk-Zreda

Contact: Dr Maria Widerszal-Bazyl
Address: CIOP-PIB, ul. Czerniakowska 16, 00-701 Warsaw, Poland
Tel.: +48 22 623 32 86
E-Mail: mawid@ciop.pl

Finnish Institute of Occupational Health (FIOH), Finland
Työterveyslaitos

FIOH is a multidisciplinary research and specialist institute in occupational health and safety, founded in 1945. It is a national governmental institute covering relevant research aspects of work life and conditions of work, including surveillance of working conditions, well-being at work, physical, chemical, biological and physiological exposures, occupational medicine, psychology and stress, epidemiology, safety and organization of work. The main functions of the Institute are research, specialist advisory services, training and dissemination of information. The Institute acts as a specialist institute of

the WHO and the ILO in the field of occupational health. FIOH specialists contribute to various EU advisory bodies and standardization groups. FIOH is an active member of the Bilbao Agency Topic Centres.

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

Contact: Dr Maarit Vartia
Address: Finnish Institute of Occupational Health, Topeliuksenkatu 41 a A, FIN-00250 Helsinki, Finland
Tel.: +358 30 4742790
E-Mail: maarit.vartia@ttl.fi

Preface

This document is the ninth in a series of occupational health documents entitled: *Protecting Workers' Health*, published by the World Health Organization (WHO) within the Programme of Occupational Health. It is the result of the implementation effort of the Global Strategy on Occupational Health for All as agreed upon at the Fourth Network Meeting of the WHO Collaborating Centres in Occupational Health which was held in Espoo, Finland from 7-9 June 1999. More recently, it has gained further impetus following the endorsement of the Global Plan of Action in Workers' Health, 2008-2017, by the World Health Assembly (2007).

The text has been prepared by the PRIMA-EF consortium under the lead of the Institute of Work, Health & Organisations, University of Nottingham, with the support of the European Commission's Sixth Framework Programme.

This document is primarily targeted at employer and worker representatives but will also be useful to occupational health professionals and experts and to policy makers. It provides guidance on the European framework for psychosocial risk management (PRIMA-EF) and concerns the management of psychosocial risks at the workplace, aiming at the prevention of work-related stress, workplace violence and bullying. Such a framework, bringing together a number of key issues in the area and providing guidance on them, has so far been lacking and is necessary for employer and worker representatives to take effective action to address the issues of concern.

The overarching aim of this document is the promotion of the translation of policy and knowledge into practice. As such, guidance is provided in relation to key issues including risk assessment, social dialogue and employee participation, key indicators, best practice interventions and corporate social responsibility. It is advised that this guide is used in conjunction with three other published guides through the WHO Protecting Workers' Health Series:

No. 3: Work Organization and Stress
No. 4: Raising Awareness of Psychological Harassment at Work
No. 6: Raising Awareness of Stress at Work in Developing Countries: A Modern Hazard in a Traditional Working Environment

Additional materials on PRIMA-EF are available at: www.prima-ef.org

WHO offers special acknowledgement to the authors of the document and Professor Lennart Levi who provided assistance in finalising it.

01 Psychosocial Risk Management: Definitions, Key Facts and Aim

This guide concerns the management of psychosocial risks at the workplace and summarises the key elements of the European framework for psychosocial risk management (PRIMA-EF). PRIMA-EF aims at providing a framework to promote policy and practice at national and enterprise level within the European Union (EU). The need for such a framework is particularly pressing due to recent EU data indicating the high prevalence of psychosocial risks to workers' health and an increase of problems such as work-related stress and workplace violence, harassment and bullying.

Work-related psychosocial risks concern aspects of the design and management of work and its social and organisational contexts that have the potential for causing psychological or physical harm (see table overleaf) (Leka, Griffiths & Cox, 2003). They 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 and workplace violence, harassment and bullying. As reported by the European Foundation for the Improvement of Living & Working Conditions (2007), work-related stress is among the most commonly reported causes of illness by workers affecting more than 40 million individuals across the EU. The same report highlights that 6% of the EU 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.

PRIMA-EF identifies key aspects and stages and provides best practice guidelines in psychosocial risk management at the workplace. The framework is broad and aims at accommodating differences in approach and culture across EU member states. It can be used by companies as the basis for the development of relevant policies, indicators and action plans to prevent and manage work-related stress and workplace violence, harassment and bullying.

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

In PRIMA-EF, psychosocial hazards also include violence, bullying and harassment at work. These are often multiform phenomena: e.g., to become bullied is a psychosocial risk situation causing psychological harm; on the other hand, bullying at work should be regarded and discussed as a consequence of a poor psychosocial work environment.

Regulatory Framework

Psychosocial risk management is among employers' obligations to assess and manage all types of risk to workers' health as stipulated in the European Council Framework Directive on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work, 89/391/EEC. Two agreements that have been concluded by the European Social Partners are also relevant: the framework agreement on work-related stress (2004) and the framework agreement on harassment and violence at work (2007). However, good psychosocial risk management also goes beyond legal requirements and offers many opportunities for businesses.

02   PRIMA-EF Model

Psychosocial risk management incorporates five important elements:

(i)   a declared focus on a defined work population, workplace or set of operations
(ii) an assessment of risks to understand the nature of the problem and their underlying causes
(iii) the design and implementation of actions designed to remove or reduce risks
(iv) the evaluation of those actions
(v)   the active and careful management of the process.

The following figure presents the PRIMA-EF model as it applies to the enterprise level.
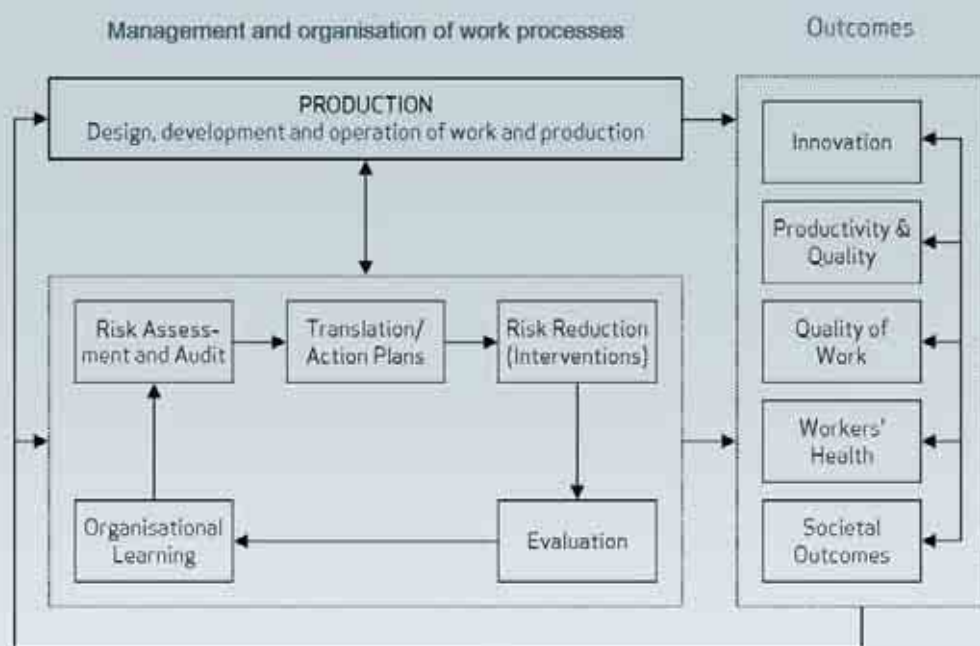
Figure 1. PRIMA-EF model: Enterprise level

It is important to note that the management of psychosocial risks at the workplace also has positive effects at the societal level and can contribute to the promotion of mental health and well-being of the population overall.

03 Key Aspects of Psychosocial Risk Management (PRIMA)

> ### Good PRIMA is good business

Best practice in relation to PRIMA essentially reflects best practice in terms of organisational management, learning and development, social responsibility and the promotion of quality of working life. It leads to higher productivity, higher quality of products and services, greater attractiveness at the labour market, and greater capabilities for innovation.

> ### PRIMA should be a continuous process, part of normal business operations

In every day practice, psychosocial risks have many causes. As a consequence there are no quick fix solutions; a continuous management process is required. To be effective it is important to understand the most important underlying causal factors before solutions are selected.

> ### Ownership by all stakeholders

It is important that the main actors involved in PRIMA (managers, workers and their representatives) are responsible for the work to be done and have ownership of the process. They can be supported by internal or external experts or by external service providers but outsourcing ownership to service providers is a failure factor.

> ### Contextualisation and tailoring

Tailoring the approach to its situation is a necessary part; it facilitates its practical impact and helps to make effective action plans. The size of the enterprise, its occupational sector, characteristics of the workforce (such as gender, age and contingent work) as well as the wider context of the country have to be considered.

➤ Evidence-informed practice

PRIMA is a systematic, evidence-informed, practical, problem solving strategy. It should aim at producing a reasoned account of the most important psychosocial factors associated with ill-health for a specific working group and one grounded in evidence. Most important of all is that the solutions chosen are fit for purpose.

➤ Participative approach and social dialogue

Inclusion of all parties in prevention efforts can increase participation, reduce barriers to change, and provide the first steps for prevention. PRIMA should involve actors in the prevention of psychosocial risks and not by requiring them to simply change their perceptions and behaviour. Participation of workers' representatives, social dialogue and dialogue with external stakeholders are important.

➤ Different levels of interventions with focus on measures at source

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

➤ Ethics and corporate social responsibility

PRIMA is about people, their mental and physical health status and business and societal interests. Protecting the psychosocial health of people is not only a legal obligation, but also an ethical issue and falls within the remit of corporate social responsibility.

➤ Capabilities at enterprise and macro levels

Policies and practice in PRIMA require capabilities, respectively at the macro (national, sectoral) and at the company level:

- o adequate knowledge of the key agents (management and workers)
- o relevant and reliable information to support decision-making
- o availability of effective and user-friendly methods and tools

o availability of competent supportive structures (experts, consultants, services and institutions, research and development).

Within the EU there are great differences in existing capabilities. In those countries where only minor capabilities are available, this is a major limitative factor for successful PRIMA practice as this is linked to lack of awareness and limited assessment of the impact of psychosocial risks on employee health and the healthiness of their organisations.

04   PRIMA Stages

Risk assessment

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

Risk assessment provides information on the nature and severity of the problem, psychosocial hazards and the way they might affect the health of those exposed to them and the healthiness of their organisation (in terms of issues such as absence, commitment to the organisation, worker satisfaction, intention to leave, productivity). A well-conducted risk assessment does not only identify challenges in the work environment but also positive aspects of the work environment that should be promoted and enhanced.

> *The purpose of the risk assessment is to inform, guide and support subsequent risk reduction: it is not an aim in itself*

Risk assessment should:

o   be based on data collected through tools such as surveys, individual or group discussions and/or observation methods
o   take into consideration diversity issues and not ignore the wider context, such as occupational sector characteristics or socioeconomic and cultural variations across member states
o   recognise and make use of the knowledge and expertise of working people in relation to their jobs
o   treat information at the group level (not catalogue individual views about work) and measure consensus in expert judgments on working conditions.

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

Bringing together the information on psychosocial hazards and their possible health effects allows the identification of likely risk factors. These risk factors can be prioritised in terms of the nature of the hazard or the harm it causes, the strength of the relationship between hazard and harm, or the size of the group affected.

As mentioned before, in PRIMA-EF, psychosocial hazards also include violence, bullying and harassment at work. Risk assessment of customer violence needs to take into account the physical work environment, e.g. workplace design and safety devices as enabling factors of violent attacks. Also, as mentioned before the multiform nature of issues such as bullying should be considered.

Audits of existing practices and support

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

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

Development of an action plan

When the nature of the problems and their causes are sufficiently understood, a reasonable and practical action plan to reduce risk (solutions) can be developed. That involves deciding on:

- what is being targeted
- how
- by whom (who is responsible)
- who else needs to be involved
- what the time schedule will be
- what resources will be required
- what will be the expected (health and business) benefits
- how they can be measured
- how the action plan and its effects will be evaluated.

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

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

Changing the organisation and work environment is one of the main strategies for managing psychosocial risks, as it can be accomplished before the problem actually arises. A good employer designs and manages work in a way that avoids common psychosocial hazards and prevents as much as possible foreseeable problems.

> *Well-designed work should include clear organisational structures and practices, appropriate selection, training and staff development, clear job descriptions, and a supportive social environment*

Risk reduction interventions should give priority to modifying psychosocial risk factors at source focusing on the organisation or groups within it. Worker-directed measures can complement these actions and are an important support for those employees who are already suffering from the negative effects of exposure to risk factors.

Risk reduction (implementation of action plan)

Implementation of measures and interventions is the crucial step in reducing risks. The implementation of the action plan for risk reduction needs to be carefully and thoughtfully managed.

The progress of the action plan must be systematically monitored, recorded and discussed to identify where necessary corrective action should be taken, as well as provision made for its evaluation. During implementation its progress is monitored and reviewed to identify where necessary corrective action should be taken.

Ownership and participation of managers and workers are essential for the implementation process and increase the probability of success (i.e. reduction of risk).

Evaluation of action plan

It is essential for any action plan to be evaluated to determine how well and in what respects it has worked. The *process* of implementation as well as the *outcomes* of the action plan must be evaluated. Evaluation must consider a variety of types of information and draw it from a number of relevant perspectives (e.g. staff, management, stakeholders).

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

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

Organisational learning

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

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

Outcomes of the PRIMA process

Knowledge on the outcomes of the risk management process is an important input for the continuous risk assessment process.

> *A healthy organisation is one with values and practices facilitating good employee health and well-being as well as improved organisational productivity and performance*

Managing psychosocial risks and workplace health relates to managing the corporate image of organisations.

PRIMA can contribute to:

- o a reduction of the cost of absence or mistakes and accidents and hence an associated increase of production

- o a reduction in the cost of medical treatment and associated insurance premiums and liabilities

- o the improvement of work processes and communication and promotion of work effectiveness and efficiency

o the attractiveness of the organisation as being a good employer and one that is highly valued by its staff and its customers

o the development of an innovative, responsible, future-orientated corporate culture

o the promotion of health and well-being in the enterprise as well as in the wider community setting.

> *Best practice in relation to psychosocial risk management essentially reflects best practice in terms of organisational management, learning and development, social responsibility and the promotion of quality of working life*

05   PRIMA-EF Indicator Model

In developing an integrated indicator model for monitoring psychosocial risks, several criteria have to be taken into account. The indicator model should:

o   identify indicators on exposure (e.g. psychosocial risk factors), outcomes and preventive action or interventions
o   illustrate the cyclical process of psychosocial risk management
o   address three levels of impact: the individual level, the organisational level and the society/sector or national level.

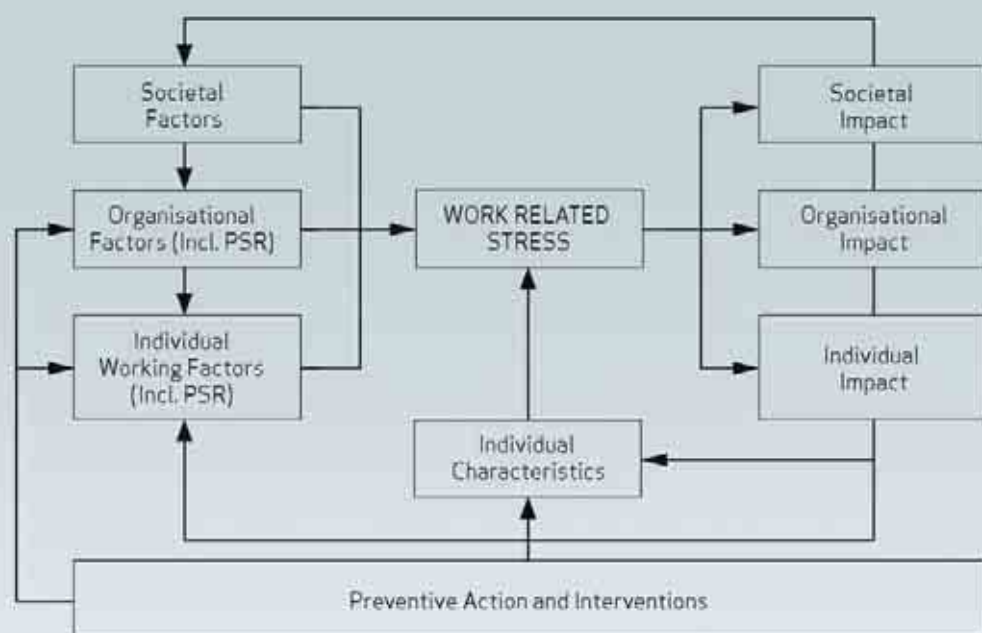The PRIMA-EF indicator model, presented in Figure 2, meets all three criteria.

Figure 2.
Indicator model on psychosocial risks at work linked up with preventive action and interventions
(PSR = psychosocial risks)

Psychosocial risks are constituted by organisational factors, such as lack of supportive relationships at work, job insecurity or company culture. However, even societal or sectoral factors, like a high competitive climate or an economic recession can have an aggravating effect on psychosocial risks at the workplace. Exposure to psychosocial risk factors at work may result in a state of work-related stress, in which one often feels tense, concerned, less vigilant and less efficient in performing tasks.

Depending on resources available in the workplace and in the organisation, e.g. the support of co-workers and supervisors, psychosocial risks and work-related stress can have negative consequences like negative health outcomes, increased risk for accidents, and impaired performance eventually leading to drop out from work. These consequences indicate impact at the individual as well as at the organisational level, but will also result in impact at the sectoral and national level.

Conversely, work tasks with a high degree of personal control and skill variety, together with an organisational environment which includes resources such as supportive social relationships, can contribute positively to workers' well-being, health and productivity as well as to organisational productivity and growth.

To prevent and manage psychosocial risks at the workplace and their negative impact, preventive action or interventions should be implemented that are primarily directed at sources of risk at the workplace and the organisational level but are supplemented by actions directed at the individual workers, their skills, abilities and capacities. Preventive action can also include structural measures like the implementation of policies or the integration of issues related to psychosocial risk management into the systems and structures of business operations.

Measuring indicators

Several methodologies are available for measuring indicators for psychosocial risk management. The indicators can be translated into questions or checklist items to be transmitted verbally or in written form, either by regular questionnaire, by a web- or internet based survey or in a checklist.

Web- or internet based surveys are increasingly used. These surveys attract different types of respondents, which may be a problem when representativeness is important and this methodology is solely used. The appropriate methodology of monitoring is heavily dependent on the aim, context and specific topic of the survey. Large organisations may benefit from questionnaires and web-based surveys, whereas checklists may be more suitable for SMEs. It is important for a combination of subjective and objective measures to be used.

In the following tables, a summary review of indicators that can be used in relation to exposure, outcomes and preventive action is presented. It should be noted here that although violence and bullying are presented as work-related factors, these are multiform issues and to be managed effectively they also need to be considered as outcomes of a poor or unsatisfactory work environment.
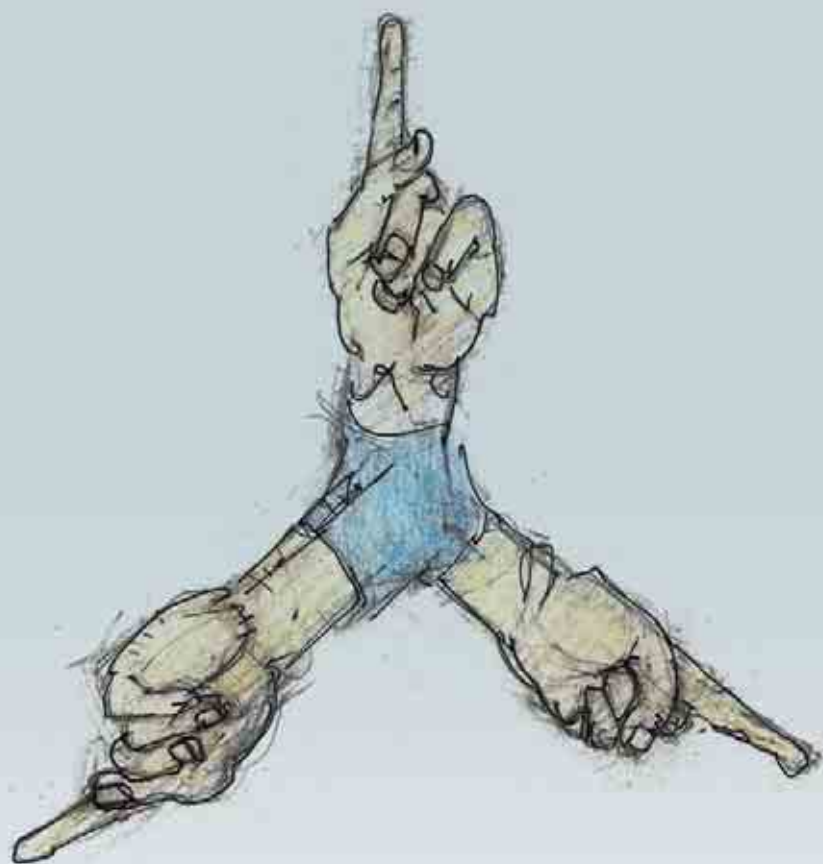
INDICATORS FOR PSYCHOSOCIAL RISK MANAGEMENT	
Exposure (including psychosocial risks)	
Organisational factors	
Policies/ facilities	Facilities for optimizing work-home balance
	Human resource management
	Occupational Safety & Health policies
	Corporate social responsibility as related to psychosocial risk management
	Business strategy
Organisational culture	Open/trust-based relationship between management and workers
	Information from management / feedback
	Communication (bottom up / top down)
	Organisational justice
Industrial relations	Existence of works council/employee representatives
	Trade union membership
	Collective agreements
Work-related factors	
Employment conditions	Contract
	Pay
	History of work
Organisational design	Job rotation / cross-training
	Team work
	Multi-skilling
Quality of work	Job demands
	Autonomy / decision latitude
	Job security
	Social support and conflicts
	Violence, harassment, bullying
	Discrimination
	Working time
	Work from home, telework

Outcomes	
Health-related outcomes	Accidents at work
	Health complaints
	Physical health
	Mental health
Outcomes related to job satisfaction	Job satisfaction
	Turnover
Absence, presenteeism	Sick leave
	Cause of absence
	Working while being sick / presenteeism
Economic costs	Economic costs of accidents and absence

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

06 Social Dialogue: Consultation of Key Stakeholders and Employee Participation

Progress in psychosocial risk management at the workplace depends on a complex set of context factors and must be seen within the broader framework of the respective policy background and state of industrial relations. At the global level, this is reflected in the conceptualisation of 'decent work' by the International Labour Organisation (ILO; www.ilo.org). One of four strategic objectives of *decent work* concerns Social Dialogue and tripartism and therefore stresses the importance of employee representation and stakeholder dialogue for the quality of work.

Social dialogue as a peaceful way of solving conflicts and balancing interests between different parties is - in the context of the European Union - a central component of the European Social Model and comprises discussions, consultations, negotiations and joint actions undertaken by social partners (employers' organisations and trade unions). At the enterprise level, social dialogue is expressed through consultation between the employer and employees and their representatives.

Two framework agreements at European level dealing with psychosocial risks have been concluded as a result of social dialogue: the framework agreement on work-related stress (2004) and the framework agreement on harassment and violence at work (2007). They aim at increasing awareness of employers, workers and their representatives in relation to these issues and provide a framework to identify problems and address them within an overall process of risk management and through specific policies. At national level, social partners commit to implement the agreements through their member organisations. Implementation results depend highly on the quality of industrial relations at national, branch and enterprise level, particularly the ability and the will of social partners to negotiate as equals, to reach consensus on relevant issues and to find innovative solutions. In this overarching framework, social dialogue is crucial for combating psychosocial risks at the workplace.

Health and safety committees, works councils or other representation bodies have an important role to play. In smaller enterprises where formal worker representation might be lacking this consultation process will be more direct with employees. In any case, it should take place at all stages of the psychosocial risk management process, as outlined previously. Both the employer and employees have specific responsibilities and roles to

fulfil. For example, employers should commit to conduct and implement recommendations of risks assessments or ensure that bullying and harassment are not tolerated within their jurisdiction. Employees should raise issues of concern and accept opportunities for training or counselling when recommended. Workers' representatives should be able to consult with employees and should be meaningfully involved in the risk assessment process. These responsibilities and roles may also be identified through organisational policies in relation to these issues (see Appendices II and III).

Outlined overleaf are some success factors for social dialogue on psychosocial risk management. These are relevant both to the national and to the enterprise levels. It is important to stress that for social dialogue to be effective, the perceptions of the social partners in relation to psychosocial risks and their management need to be addressed so that a consensus is reached in terms of understanding, approach and targets to be achieved. Awareness raising in relation to psychosocial risks can play an important role in this respect through appropriate training.

Guidance on Social Dialogue: success factors for psychosocial risk management

Area	Success factors
General Social Dialogue process	Freedom of association and recognition of workers 'rights to organise and to bargain collectively and adequate structures for Social Dialogue at national, sector and enterprise level, e.g. organisation of social partners, employee representation and employee participation
	Culture of mutual problem solving and routines of cooperation among social partners
	Capacity building activities, if structures are weak; Social Dialogue structures need some time to develop and improve in a continuing learning process
	Building mutual trust and respect between social partners, e.g. starting the dialogue process on less controversial issues
	Assistance for conflict settlement between social partners, e.g. mediation mechanisms
	Agreement on ways of implementation; social partners need to make sure that as a result of Social Dialogue, actions are taken
Social Dialogue on psychosocial risk management	Consideration of differences in risk perception and problem awareness of relevant issues between the parties at enterprise level
	Building a common language among and between social partners on issues, e.g. agree on definitions of key issues
	Specific approaches for the domains 'work-related stress' and 'violence/harassment/bullying'
	Consideration of seemingly paradoxical effects of actions; (in particular at branch or enterprise level); e.g. awareness raising on violence and bullying may result in a higher level of complaints
	Inclusion of gender issues, in particular with regard to violence and harassment at the workplace

07   Approaches to Work-related Stress Prevention and Management

According to the framework agreement on work-related stress, work-related stress is experienced when the demands of the work environment exceed the employees' ability to cope with (or control) them. It is among the most commonly reported causes of illness by workers (European Foundation, 2007) affecting more than 40 million individuals across the European Union. It is estimated that work-related stress costs 3-4% of the GNP for Europe.

As stressed before, the main aim of PRIMA is risk reduction and hence the prevention of work-related stress through appropriate interventions. Three main types of work-related stress management interventions have been identified in the scientific literature and are broadly termed primary, secondary and tertiary prevention.

> *Primary prevention* approaches seek to combat work-related stress by changing elements in the way work is organised and managed. Examples include work redesign, development of appropriate communication systems and reviewing appraisal systems.

> *Secondary prevention* approaches aim to combat work-related stress by developing individual skills in stress management through training. Examples of such training include relaxation and time management training.

> *Tertiary prevention* approaches aim to reduce the impact of work-related stress on workers' health by developing appropriate rehabilitation and 'return-to-work' systems and enhanced occupational health provisions. Examples include the provision of confidential counselling to employees and cognitive behavioural training.

Preventing and Managing Work-related Stress: Best Practice Guidelines

PRIMA-EF identifies key aspects and best practice principles for strategies to prevent and manage work-related stress, reflective of the European perspective. These best

practice principles relate to the content, the implementation and the evaluation of work-related stress management interventions.

Intervention content: Key components

o The content (key elements of focus, tools and implementation) of the intervention should be derived from evidence-based practice, based on sound scientific theory.

o Psychosocial risks to employees' health and well-being in the work environment should be identified by way of conducting a proper risk assessment.

o The intervention components and tools should be adapted and tailored to the given occupational sector and should meet the unique needs of the respective organisation.

o The intervention should be designed to be implemented in a systematic and step-wise manner with the aims, objectives, and implementation strategy of the intervention clearly defined and outlined.

Intervention context: Successfully implementing

o   Raising awareness and educating managers and employees on the causes and consequences of work-related stress is essential.

o   Knowledge, competencies and skills on continuous psychosocial risk prevention and management at the workplace should be developed through appropriate training for managers and workers.

o   The intervention aims and its overall importance should be clearly understood and agreed upon by both management and employees.

o   The overall support and commitment of the organisation (e.g. allocation of resources) and the active participation of management throughout the intervention – in its design, implementation and evaluation – should be determined.

o   Employees should participate actively and be consulted in the development of the intervention strategy.

o   Continuous and active communication among all key stakeholders in the intervention process (e.g. employees, managers, occupational physician and/or other occupational health experts, trade unions) should be developed.

Intervention evaluation: Effectiveness and sustainability of intervention effects

o   An evaluation strategy should be developed, clearly linked to the outlined intervention aims, goals, and identified problems.

o   A variety of methods should be used to evaluate the intervention (e.g. survey, interviews or group discussions); methods utilised will be dependent on the size and the available resources of the company.

o   The intervention's impact and overall effectiveness on employee well-being and organisational outcomes (e.g. cost-effectiveness, productivity, absenteeism) should be systematically evaluated at several time-points, both directly following the intervention and over the long-term.

o The quality and effectiveness of the *implementation process* of the intervention should also be systematically assessed.

o The impact of the intervention within different groups (e.g. by worksite, department, gender) within the organisation should be assessed to identify and, in turn, address any differential effects of the intervention.

Guidelines on how to draw up a policy for the management of psychosocial risks and the prevention of work-related stress are presented in Appendix II.

Examples of successful interventions for the prevention and management of work-related stress can be found at the PRIMA-EF website at: www.prima-ef.org

08   Workplace Violence and Bullying Prevention

A situation is called bullying when someone is exposed to repetitive and long-lasting negative, hostile and aggressive behaviours. Bullying is an escalating process in the course of which the target ends up in a situation in which he/she feels defenseless. Although the term bullying is mainly used to describe situations inside an organisation, continuous negative behaviours by clients and customers can also become bullying. The terms mobbing, harassment and psychological violence are sometimes used interchangeably. Third party violence (also called customer violence or 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.

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. Work-related violence represents an important concern in health and safety but it is also an ethical issue and relevant to customer/patient service. Again, the three main intervention approaches of primary, secondary and tertiary prevention have been applied to workplace violence and bullying.

➢ *Primary interventions* are proactive by nature aiming at reducing the risks of or bullying and violence at work. These include for example anti-bullying policies and action plans, registration of violent incidents and designing out of risk and redesign of the psychosocial work environment.

➢ *Secondary (timely reaction) interventions* aim at increasing individual resources. Violence and bullying interventions include for example training, staff surveys and conflict/case resolution.

➢ *Tertiary interventions* aim at reducing and healing the damages of bullying and violence. These include for example corporate agreements and programmes of after-care, counselling and therapy.

Key aspects of Interventions for the Prevention and Management of Workplace Violence and Bullying

Both bullying and third party violence are multidimensional phenomena. In prevention and management of work-related violence and bullying a comprehensive approach including individual, job, organisational and society level activities is needed. Preventive approaches should be prioritised.

> *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*

o Planning of interventions should be based on research based knowledge about the causes and escalating nature of bullying and violence situations and on scientific theory.

o Proper situation analysis or risk assessment should be carried out and form the basis of interventions.

o Interventions should be tailored to respond to the problems and needs (e.g. training needs) of the respective organisation and individuals.

o Commitment and support of management to the aims and implementation of interventions is crucial.

o Those involved in interventions should have ownership of the process. Occupational health and safety staff as well as trade unions are good partners in cooperation.

o An evaluation strategy should be developed, clearly linked to the outlined intervention aims, goals, and identified problems.

o A variety of methods should be used to evaluate the intervention (e.g. survey, interviews or group discussions); methods utilized will be dependent on the size and the available resources of the company.

o The quality and effectiveness of the implementation process of the intervention should also be systematically assessed.

Best Practice Guidance for Bullying at Work

o Awareness and recognition of bullying need to be promoted. Awareness and recognition as well and knowledge and know how of bullying differ a lot among EU countries and among organisations nationally. If the awareness and recognition of the problem is not adequate, resistance to interventions may appear. Only interventions that employees are ready for can be successful.

- Bullying at work needs to be seen as a work environment problem. Prevention and reduction should concentrate on reducing the risks of bullying in the psychosocial work environment, paying attention to psychosocial risks, the atmosphere in the workplace, organisational culture and leadership practices. Initiatives focusing on personality are unlikely to succeed.

- Anti-bullying policies and codes of conduct including clear and operable procedures to prevent and deal with bullying should be built in organisations to support the management of bullying.

- Building a culture of respect in the workplace is important.

- Management interventions are essential in the prevention of bullying. Managers need also to be given training on responsible and legally sound management of bullying cases.

- Managers' and workers' competencies and skills of organisations to combat workplace bullying need to be developed.

- When a bullying case arises it needs be handled and settled immediately with those involved.

- External consultants involved in bullying interventions should adopt a neutral and impartial role.

Best Practice Guidance for Third Party Violence at Work

- 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.

- All workers should be given training to help them handle and deal with violent incidents. Also fear of violence should be addressed.

- Systematic registration and analysis of violent incidents form an important basis for the prevention of violent incidents. Registration systems should also include reporting of psychological violence.

- Risk assessment should include e.g. work environment design, security devices, staffing plans, work practices, guidelines and training.

- o Different intervention methods are needed in different sectors/occupations (e.g. police force, care of demented people).

- o Customers and clients also need to be trained not to behave in a threatening and violent way.

> *Bullying and violence at work arouse shame and guilt; handling of bullying and third party violence requires a non-blaming atmosphere in the workplace*

Guidelines on how to draw up a bullying or violence policy and codes of conduct to prevent and manage workplace bullying and violence are presented in Appendix III.

Examples of successful interventions for the prevention and management of workplace violence and bullying can be found at the PRIMA-EF website at: www.prima-ef.org

Lessons Learned: Key Issues for Success in Psychosocial Risk Management Interventions

Organisations and experts that wish to implement psychosocial risk management interventions should bear in mind the following issues for the implementation of successful and effective intervention strategies.

✓ *Organisational readiness to change*

Organisational readiness and resistance to change will impact on the success and effectiveness of the intervention. As such it is important to develop and retain organisational commitment and support of the intervention initiative from the beginning.

✓ *Realistic intervention strategy*

Addressing all the problems and issues identified through psychosocial risk assessment would result in a resource-heavy and complicated intervention initiative that would be unlikely to succeed. The intervention strategy should outline achievable solutions that

can be incorporated into daily business practices, thus facilitating easier, and more successful, implementation over the longer term.

✓ *Comprehensive intervention strategy*

To successfully prevent and manage psychosocial risks, intervention strategies should comprehensively incorporate elements from all three intervention levels: primary, secondary, and tertiary prevention. Specifically, they should address the root causes of work-related stress, workplace violence and bullying *(primary prevention)*, provide training to managers and employees on psychosocial risk management *(secondary prevention)*, and, for those that have suffered ill health as a result of work-related stress, workplace violence and bullying provide them with resources to manage and reduce their respective effects *(tertiary prevention)*.

✓ *Supporting continuous improvement*

Efforts to effectively address psychosocial risks should not be viewed as 'one off activities' but rather, should be incorporated into daily business practices. In so doing, a continuous improvement cycle promoting a better psychosocial working environment will be supported.

09 Corporate Social Responsibility and PRIMA

Today, with increasing globalisation, greater environmental and social awareness, the concept of organisations' responsibilities beyond the purely legal or profit-related aspects has gained new impetus. In order to succeed, business now has to be seen to be acting responsibly towards people, planet and profit (European Commission, 2001).

Corporate Social Responsibility (CSR) is 'a concept whereby companies integrate social and environmental concerns in their business operations and their interactions with their stakeholders on a voluntary basis' (European Commission, 2001). CSR is also about business ethics, core values and a corporate culture that promotes responsible behaviour.

The social dimension of CSR is relevant both to the external social responsibility of companies towards their community, society and the planet but also their internal responsibility towards their own workforce. This covers socially responsible practices concerning employees relating to their safety and health, equal opportunities and access to work, working conditions, investing in human capital, managing industrial change and financial control.

Looking after the workforce and developing its capacity (mentally, socially, etc.) have strategic importance for organisations and society alike. Addressing psychosocial risks and promoting well-being in the workplace context also fall within the remit of CSR.

Key CSR Guidelines for Psychosocial Risk Management

> ➤ *Make sure the strategic importance of the management of psychosocial issues is recognised*

To develop top management support the strategic relevance of the management of psychosocial issues needs to be clarified. A first step is to develop a business case which clarifies the health and business benefits, both in terms of potential cost reductions and added value. Strategic value can be added when the management of psychosocial risks

contributes to the realisation of the company's strategic aims, e.g. to become an employer of choice and for creating an innovative company culture.

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

When an organisation's development goals are clear, it is possible to assess what requirements in terms of work organisation, work processes, staffing, new competencies (that need to be developed), working environment, etc. will be essential for their realisation. As organisational development goals require a timeframe of some years, and are associated with changes in work organisation, work processes, etc. changes can be anticipated. Psychosocial issues can be included from the start in the design of work processes and in decision-making thereof. In this way lessons learned from dealing with psychosocial risks can be taken into account in organisational development. This is likely to lead to much more effective prevention, while saving costs and delivering strategic added value to the enterprise.

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

The management of psychosocial issues and risks requires systematically planned activities. These activities can and should be integrated in the management systems the company has to manage risks in general, e.g. via integrating it in health and safety management systems, or in the planning and control cycle or other existing procedures. The management of psychosocial issues and risks is also about ethics and values, about doing the right thing, i.e. creating awareness, promoting responsible behaviour and walking the talk. As part of their CSR policy companies can raise awareness or provide training to their employees about corporate values and how to deal with ethical dilemmas. Values and ethical dilemmas related to psychosocial issues can easily be integrated into such CSR approaches. This cannot be achieved without individual and collective learning processes.

> *Be aware of the business impact of psychosocial risks*

Health in itself is rarely seen as a primary business interest. However, the health of employees does often strongly influence business. While the primary concern of workers is the management of the impact of business activities on psychosocial risks and their health, the primary concern for management is often the impact of psychosocial risks and ill-health of employees on the business. A comprehensive consideration of both aspects is important.

➤ *Engage with stakeholders, traditional as well as non-traditional*

The greater the involvement of key stakeholders, the more likely it is that the management of psychosocial risks will be and remain of strategic importance to the enterprise. Concerning this matter, the concept of CSR is linked to the industrial relations system and social dialogue. Traditional stakeholders include trade unions, employer organisations, government agencies, occupational health services, researchers and academics. Non-traditional stakeholders include social security agencies, health insurers, families/partners, NGOs, health care institutions, customers/clients, shareholders, communities, employment agencies, media, actors of the judiciary system and business consultants. As several of this non-traditional stakeholders have a clear (financial) interest in the prevention of psychosocial problems this offers a range of opportunities that is hardly explored today.

CSR indicators for psychosocial risk management at enterprise level	
Area	Indicators
Integration into systems and structures of business operations	The enterprise has management information on psychosocial risk management (as part of normal business control or a management system in place) The enterprise has a policy to address (prevent, reduce, control) psychosocial risks (and comply with legal obligations) The system for managing psychosocial risks is also relevant and used in cases of reorganisation and restructuring The enterprise has a code of conduct for violence, harassment and bullying The enterprise has systems for raising harassment, bullying or other psychosocial issues confidentially The enterprise has systems in place that address diversity issues and work-life balance issues Guidance on the prevention of psychosocial risks and the promotion of mental health is available to workers
Integration into company culture	Managers are trained and developed to prioritise psychosocial issues and address them openly as a preventive measure Training on psychosocial risks is provided to all employees as a preventive measure Workers' representatives are actively involved in preventive efforts on psychosocial risks Workers' representatives are trained in psychosocial risks as a preventive measure

	Notification of incidents (e.g. violence and harassment) is encouraged (rewarded, not leading to blame)
	Open discussion of psychosocial issues is encouraged with attention also to diversity issues and work-life balance
	In addition to precautions taken, workers are alert to deal with unexpected stressful or violent situations
	There is active, open internal and external communication on psychosocial problems and preventive actions (transparency)
Integration into learning and development of the organisation	All incidents on violence and harassment are recorded, analysed and the lessons learned are communicated
	Individual workers get feedback on problems notified and solutions proposed or implemented
	Psychosocial risk management interventions are evaluated
	Information from psychosocial risk management and evaluation of psychosocial risk management interventions are used as vehicles to promote individual and organisational learning and development
Integration into dialogue with stakeholders	The enterprise has a reporting system in place on psychosocial problems, that is linked to internal planning and control cycle and to external reporting (e.g. in the CSR report)
	Psychosocial risks are regularly addressed in discussions between management and workers' representatives
	The enterprise has identified their main stakeholders on psychosocial issues (both internal and external) and has regular dialogue with them
Explicitly addressing ethical aspects and dilemmas	Workers are trained to use conflicts at work in a positive way (to overcome problems and turn them into productive experiences)

10 Psychosocial Risk Management: From Organisational Policy to Effective Practice

Managing psychosocial risks at work and preventing work-related stress, violence and bullying requires that organisations adopt a comprehensive, long-term strategy. This strategy needs to consider the organisation's policies, structure, resources, existing systems and operations, and practices.

In developing appropriate policies to manage psychosocial risks, organisations need to consider whether a synergistic fit exists among different organisational policies and whether they adhere to existing legislation and standards. For example, organisations need to consider how health and safety, human resources and CSR policies fit together in order to achieve common goals and promote organisational learning and development.

A list of key existing standards of relevance to psychosocial risk management is presented in Appendix I of this guide. They can be used as supplementary sources of information to the guidance provided here to develop effective organisational policies and practices for psychosocial risk management. In addition, Appendices II and III present a list of key issues organisations need to consider and cover in their policies for the prevention of work-related stress and for the prevention of workplace violence and bulling.

However, it should be kept in mind that the development of policies for the management of psychosocial risks is not sufficient: organisations should develop and monitor practices in line with their policies in order to be successful; they should promote the *translation of organisational policy into effective practice.*

Issues covered in this guide, such as awareness in relation to the issues of concern, dialogue among stakeholders, employee participation, availability of resources and expertise, existing support and infrastructure at local, sectoral or national level, need to be considered and will play an important role in achieving this goal. Where challenges are identified in one or more of these areas, organisations should seek advice from health and safety agencies, social partner associations and experts as appropriate.

PRIMA-EF aims at promoting a comprehensive European approach and framework to the management of psychosocial risks at the workplace; one that aims at the translation of

knowledge and policy into effective practice. It is hoped that the adoption of PRIMA-EF at national and enterprise level will not only prevent ill-health and promote well-being in European enterprises but will become synonymous to the promotion of productivity, prosperity and quality of life in European society.

References & Further Information

BROUGHTON, A. Working conditions and social dialogue. Report of the European Foundation for the Improvement of Living and Working Conditions, Dublin, 2008.
Available at: www.eurofound.europe.eu/pubdocs/2007/110/en/1/ef07110en.pdf

CASSITTO, M.G., FATTORINI, E., GILIOLI, R., RENGO, C., GONIK, V. Raising Awareness of Psychological Harassment at Work. WHO, Geneva, 2003.
Available at: http://www.who.int/occupational_health/publications/en/pwh4e.pdf

CHAPPELL, D., DI MARTINO, V. Violence at work. International Labour Office, 2006.

COX, T., COX, S. Psychosocial and Organizational Hazards: Monitoring and Control. Occasional Series in Occupational Health, No.5. World Health Organization (Europe), Copenhagen, Denmark, 1993.

COX, T., GRIFFITHS, A., RIAL-GONZALEZ, E. Research on work related stress. Office for Official Publications of the European Communities, Luxembourg, 2000.
Available at: http://osha.europa.eu/publications/reports/203/stress_en.pdf/at_download/file

CSR EUROPE: www.csreurope.org/pages/en/wellbeing.html

EINARSEN, S., HOEL, H. Bullying and mistreatment at work: How managers may prevent and manage such problems. In A. Kinder, R. Hughes and C.L. Cooper (Eds.) Employee Well-Being Support: A Workplace Resource. Chichester, England, John Wiley & Sons Ltd., 161–173, 2008.

ENTERPRISE FOR HEALTH: www.enterprise-for-health.org/index.php

EUROPEAN AGENCY FOR THE SAFETY & HEALTH AT WORK:
http://osha.europa.eu/en/topics/stress

EUROPEAN AGENCY FOR SAFETY & HEALTH AT WORK – FACTSHEET ON BULLYING AT WORK: http://osha.europa.eu/en/publications/factsheets/23/view

EUROPEAN AGENCY FOR SAFETY & HEALTH AT WORK – FACTSHEET ON VIOLENCE AT WORK: http://osha.europa.eu/en/publications/factsheets/24/view

EUROPEAN AGENCY FOR SAFETY & HEALTH AT WORK. Experts forecast on emerging psychosocial risks related to Occupational Safety and Health. European Risk Observatory report, Office for Official Publications of the European Communities, Luxembourg, 2007.
Available at:
http://osha.europa.eu/en/riskobservatory/risks/forecasts/psychosocial_risks/index_html

EUROPEAN COMMISSION. Guidance on Risk Assessment at Work. EC, Brussels, 1996.

EUROPEAN COMMISSION. 'Promoting a European framework for CSR', Green Paper, European Commission, Directorate-General for Employment and Social Affairs, 2001.
Available at: http://ec.europa.eu/employment_social/soc-dial/csr/greenpaper.htm

EUROPEAN FOUNDATION FOR THE IMPROVEMENT OF LIVING AND WORKING CONDITIONS. Fourth European Working Conditions Survey. Luxembourg: Office for Official Publications of the European Communities, 2007.
Available at: http://www.eurofound.europa.eu/ewco/surveys/index.htm

EUROPEAN SOCIAL DIALOGUE WEBSITE:
http://ec.europa.eu/employment_social/social_dialogue/

FRAMEWORK AGREEMENT ON HARASSMENT AND VIOLENCE AT WORK:
http://ec.europa.eu/employment_social/news/2007/apr/harassment_violence_at_work_e n.pdf

FRAMEWORK AGREEMENT ON WORK-RELATED STRESS:
http://ec.europa.eu/employment_social/news/2004/oct/stress_agreement_en.pdf

HOUTMAN, I., JETTINHOFF, K., CEDILLO, L. Raising Awareness of Stress at Work in Developing Countries: A modern hazard in a traditional work environment. WHO, Geneva, 2003.
Available at: http://www.who.int/occupational_health/publications/raisingawarenessofstress.pdf

HSE (Health and Safety Executive, UK). Management Standards for Work-related Stress.
Available at: http://www.hse.gov.uk/stress/standards/index.htm

HSE (Health and Safety Executive, UK). Promoting health and safety as a key goal of the Corporate Social Responsibility agenda. Research Report 339, 2005.
Available at: ww.hse.gov.uk/research/rrhtm/rr339.htm

IAVICOLI, S., DEITINGER, P., GRANDI, C., LUPOLI, M., PERA, A., PETYX, M. (Eds.). Stress at work in Enlarging Europe. Rome, ISPESL, 2004.

INTERNATIONAL LABOUR OFFICE:
www.ilo.org/public/english/protection/safework/stress/index.htm

INTERNATIONAL LABOUR OFFICE. Psychosocial Factors at Work: Recognition and Control. Occupational Safety and Health Series no: 56, ILO, Geneva, 1986.

INTERNATIONAL LABOUR OFFICE. Preventing Stress at Work. Conditions of Work Digest, 11, ILO, Geneva, 1992.

LEKA, S., COX, T. (Eds.). The European Framework for Psychosocial Risk Management: PRIMA-EF. I-WHO Publications, Nottingham, 2008. ISBN 978-0-9554365-2-9.

LEKA, S., GRIFFITHS, A., COX, T. Work Organization & Stress. WHO, Geneva, 2003.
Available at: www.who.int/occupational_health/publications/stress/en/index.html

LEVI, L. Guidance on Work-related Stress: Spice of life or kiss of death? European Commission, Directorate-General for Employment and Social Affairs. Luxembourg: Office for Official Publications of the European Communities, 2002. ISBN 92-894-4157-7.
Available at: http://ec.europa.eu/employment_social/publications/2002/ke4502361_en.pdf

RICHARDS, J., DALEY, H. Bullying policy: Development, implementation and monitoring. In S. Einarsen, H. Hoel, D. Zapf & C. Cooper (Eds.) Bullying and Emotional Abuse in the Workplace: International Perspectives in Research and Practice. London, Taylor and Francis, 247-258, 2003.

SALIN, D. The prevention of workplace bullying as a question of human resource management: Measures adopted and underlying organizational factors. Scandinavian Journal of Management, 24, 221-231, 2008.

VARTIA, M., KORPPOO, L., FALLENIUS, S., MATTILA M.L. Workplace bullying: The role of occupational health services. In S. Einarsen, H. Hoel, D. Zapf & C. Cooper (Eds.) Bullying and Emotional Abuse in the Workplace: International Perspectives in Research and Practice. London: Taylor and Francis, 285-298, 2003.

www.prima-ef.org

ZWETSLOOT, G., STARREN, A. Corporate social Responsibility and Safety and Health at Work. European Agency for Safety and Health at Work, Luxembourg: Office for Official Publications of the European Communities, 2004.
Available at: http://osha.europa.eu/en/publications/reports/210/view

APPENDIX 1
STANDARDS

Standards Directly Referring to the Concepts of: Psychosocial Risk, Stress, Harassment and Violence

- o *European Commission guidance on work-related stress*

It defines stress as "a pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organisation and work environment."

The following are outlined among the main causes of stress: overload and underload; no recognition, no opportunity to voice complaints; many responsibilities, but little authority; lack of a clear job description, uncooperative or unsupportive superiors, co-workers or subordinates; no control; job insecurity; exposure to prejudice regarding age, gender, etc.; exposure to violence, threats, or bullying; unpleasant or hazardous physical work conditions; no opportunity to utilize personal abilities.

Organisational improvements ought to be considered in stress preventive measures, above all in the following areas: work schedule (to avoid work-life conflict), participation/control, workload (to ensure compatibility with the capabilities and resources of the worker), task content (to provide meaning, stimulation, an opportunity to use skills), roles (their clarity), social environment (to provide social support), future perspectives (to reduce job insecurity).

The document outlines the following prevention steps:
- Identification of work-related stress factors, their causes and health consequences
- Analyzing the characteristics of exposures in relation to the outcomes found
- Design and implementation of a package of interventions by stakeholders
- Evaluation of short- and long-term outcomes of the interventions.

- o   Framework agreement on work-related stress

It defines stress as "a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them."

The agreement does not provide an exhaustive list of potential stress indicators. It does point out, however, that "high absenteeism or staff turnover, frequent interpersonal conflicts or complaints by workers are some of the signs that may indicate a problem of work-related stress."

The agreement contains a reminder that "all employers have a legal obligation to protect the occupational safety and health of workers. This duty also applies to problems of work-related stress in so far as they entail a risk to health and safety."

Examples of anti-stress measures are given in the document: "management and communication measures such as clarifying the company's objectives and the role of individual workers, ensuring adequate management support for individuals and teams, matching responsibility and control over work, improving work organisation and processes, working conditions and environment; training managers and workers to raise awareness and understanding of stress; provision of information to and consultation with workers."

- o   *Framework agreement on harassment and violence at work*

According to the agreement, "Violence [at work] occurs when one or more worker or manager are assaulted in circumstances relating to work," and "harassment [at work] occurs when one or more worker or manager are repeatedly and deliberately abused, threatened and/or humiliated in circumstances relating to work."

Raising awareness and appropriate training of managers and workers can reduce the likelihood of harassment and violence at work. Preventive procedures should be underpinned by, but not confined to, the following:
- discretion to protect the dignity and privacy of all
- no disclosure of information to parties not involved in the case
- investigation and enactment upon complaints without undue delay
- backing up complaints by detailed information
- involvement of all parties to get an impartial hearing and fair treatment
- consultation with workers
- no toleration of false accusations that may result in disciplinary action
- external assistance as appropriate.

o   *Ergonomic principles related to mental workload (European standard: EN ISO 10075)*

Mental stress is defines as: "The total of all assessable influences impinging upon a human being from external sources and affecting it mentally."

Situational influences on mental stress include: task requirements (e.g. sustained concentration, responsibility for others), physical conditions (e.g. lighting, noise), social and organisational factors (e.g. control structure, communication structure, organisational environment), social factors, external to the organisation (e.g. economic situation).

Mental strain is an immediate effect of mental stress. The impairing (short term) effects of mental strain are: mental fatigue and "fatigue-like states" (i.e.: monotony, reduced vigilance, satiation). The document lists 29 task features that influence the intensity of mental workload and are sources of fatigue (e.g. ambiguity of task goals, complexity of task requirements, adequacy of information, ambiguity of information, signal discrimination).

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

It states that employers are obliged to perform an analysis of workstations in order to evaluate safety and health conditions, particularly as regards possible risks to eyesight, physical problems and problems of mental stress.

Key Standards in the Field of Occupational Health and Safety Referring to the Concept of Risk in General

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

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

o   *European Commission guidance on risk assessment at work*

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

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

- o *ILO-OSH 2001 guidelines on occupational safety and health management systems*

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

- o *ILO Convention 187: Convention concerning the promotional framework for occupational safety and health*

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

Standards Indirectly Related to Psychosocial Risks

The following additional standards are of relevance to psychosocial risk management and should also be taken into consideration by stakeholders as non-adherence to those regulations can create psychosocial problems at the workplace.

Psychosocial issues	Type of document
Working time	**Directive 93/104/EC** concerning certain aspects of the organisation of working time **C175** Part-time Work Convention (ILO), 1994 **Directive 97/81/EC** concerning the framework agreement on part-time work **Directive 99/70/EC** concerning the framework agreement on fixed-term work **Directive 2002/15/EC** on the organisation of working time of persons performing mobile road transport activities **Directive 2003/88/EC** concerning certain aspects of the organisation of working time
Discrimination	**Directive 2000/43/EC and 2000/78EC** prohibiting direct or indirect discrimination on grounds of racial or ethnic origin, religion or belief, disability, age or sexual orientation
Equal treatment for men and women	**Directive 76/207/EEC and Directive 2002/73/EC** on equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions **Directive 2006/54/EC** on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation
Young people at work	**Directive 94/33/EC** on the protection of young people at work
Maternity and related issues	**C 183** Maternity Protection Convention (ILO), 2000 **Directive 92/85/EC** on pregnant workers, women who have recently given birth, or are breast-feeding **Directive 96/34/EC** on parental leave
Informing and consulting employees	**Directive 2002/14/EC** establishing a general framework for informing and consulting employees in the European Community

APPENDIX 2
DEVELOPING A POLICY FOR THE MANAGEMENT OF PSYCHOSOCIAL RISKS AND THE PREVENTION OF WORK-RELATED STRESS

Over the past years different companies, trade unions, employer associations and national agencies have provided guidelines for the development of organisational policies for the prevention of work-related stress. A policy is often considered as a first step in tackling work-related stress and its negative consequences. What is important though is that any organisational policy is translated into practice at the company level and is evaluated systematically.

An organisational policy for the management of psychosocial risks and the prevention of work-related stress presents a clear message to employees and stakeholders that the company recognises the importance of these issues and is serious about addressing them. As with every other stage in psychosocial risk management, a policy will work best when it is developed through a consultation process with key stakeholders and with appropriate expert support as necessary.

A number of key issues need to be addressed through the policy:

o The policy should clearly define psychosocial risks and work-related stress to avoid misunderstandings.
o The aim and objectives of the policy should be clearly stated as should its link to health and safety legislation.
o The application and use of the policy should be clarified.
o The link of the policy to other organisational policies and practices should be stated.
o The policy should include detail on its operationalisation on the basis of the key stages and principles of psychosocial risk management.
o Implementation issues including responsibilities of key actors and policy evaluation should be discussed.
o The policy should openly address and clarify any ethical issues that are relevant to it.

More specifically, the policy should start with a clear statement that the company is committed to the prevention of work-related stress, the management of psychosocial risks and the promotion of mental health of its employees. Following the definition of key terms (e.g. psychosocial risks, work-related stress), the policy aim and objectives should be stated clearly as well as the link of the policy to health and safety legislation at the European and national levels and the management of any type of risk to workers' health. Mention should also be made to the link of the policy to other policies, practices and systems that the organisation may have, such as human resources and corporate social responsibility.

It should further be stated who the policy concerns and how it will be made available and it will be applied. Most importantly, there should be clarity on the operationalisation of the policy and its implementation. There should be detail on how the organisation will conduct risk assessments and how the data will be used to develop appropriate interventions for risk reduction at the organisational and at the individual level. The policy should state who will be involved and should outline responsibilities of key actors, including managers, health and safety staff, trade union representatives, health and safety committee or representatives and employees.

It is important for the policy to highlight the key role of social dialogue and employee participation in the psychosocial risk management process. Procedures and contact persons in relation to the policy should be outlined. Key indicators that the organisation will use throughout the psychosocial risk management process should be identified. The policy should mention the type of training and guidelines that will be developed and offered to key actors to ensure its proper implementation. It should be mentioned how and how often the policy will be evaluated. Finally, any ethical issues of relevance to the policy should be addressed and discussed and information should be provided on the procedure for them to be tackled.

APPENDIX 3
DEVELOPING A POLICY AND CODES OF CONDUCT FOR THE MANAGEMENT OF WORKPLACE VIOLENCE AND BULLYING

It is the employer's duty to ensure that any case of violence or bullying emerging in the organisation is handled in a fair, ethical and legally responsible manner; ensuring the rights of the targets, as well as those accused. Anti-bullying policies and guidelines for actions are a necessary and suitable tool for both managers and those involved in bullying situations; both in regards to dealing with the situation, and for the prevention and management of the problem. Policies and codes of conduct to prevent and tackle third party violence and bullying at work have been widely drawn up, for example, by organisations/enterprises, trade unions and national authorities. In most organisations policies for the management of workplace bullying and third party violence are separate documents because actions for preventing and tackling bullying and violence by third parties are different.

With a policy the employer demonstrates commitment to tackle violence and bullying at work. A policy makes a clear statement about what an organisation thinks, its relationships with staff and how it expects people to work within its culture. It also makes clear what is considered acceptable behaviour and what will not be tolerated. The policy should recognise that violence and bullying are organisational issues that affect health and safety.

The process of drawing up and implementing a policy and codes of conduct for the management and prevention of violence and bullying is as important as its contents. In order to ensure the success of a policy of this nature, it is crucial that it is developed and implemented jointly in the organisation. Commitment and feeling of ownership in relation to the policy and its actions can best be achieved when a representative working group is instrumental in the policy's formulation and development. The group should include employer, employee and health and safety representatives, personnel administration as well as trade unions. Additionally, the group should consider if an outside expert is required to be involved during the policy formulation process to give a broader perspective and overview.

The objective and purpose of the policies and guidelines in the management and prevention of violence and bullying are in many respects universally the same, however, they differ somewhat between countries and organisations in relation, for example, to the roles and duties of the different actors and the procedures. It is important that the policy reflects the culture and ways of action of the specific organisation. Below are listed some issues that a policy should include but the actual content of the policy must be developed in the specific organisation. The policy should include a clear statement of commitment to tackle the issue, definition and facts about the issue, relevant legislation and regulations, responsibilities and duties of different actors, reporting systems, appropriate procedures to settle specific cases (including informal systems and formal complaints), clear instructions and measures to prevent violence and bullying, as well as ways of supporting and rehabilitating the targets.

The anti-violence and anti-bullying policy and instructions should include:

o   A clear statement from management that all types of violence, bullying and harassment are unacceptable
o   Description of violence and bullying, with examples of violent and bullying behaviour as well as positive and desired behaviour
o   Legislation and/or other regulations in relation to violence and bullying, disciplinary procedures and sanctions
o   Responsibilities, duties and roles of management and other actors like: line managers/supervisors, targets, co-workers, occupational health care services, health and safety representatives, health and safety authorities, and trade unions
o   The procedures to tackle violence and bullying in the organisation:
    -   complaint/reporting procedures
    -   dealing with and settling the bullying cases in the workplace
o   Clear instructions for the persons experiencing bullying, for the observers, for the persons accused of bullying, and for the supervisors. Instructions how to behave with potentially violent customers, how to behave in a situation when somebody behaves threateningly of aggressively or attacks the employee etc.
o   Information on support mechanisms for those involved (targets, bullies), including any organisational rehabilitation programme
o   Measures to prevent violence and bullying in the organisation
o   Measures to monitor and evaluate the policy
o   Details of specific contact persons (in the organisation)

Often the policy document also includes a chapter on the causes and antecedents of workplace bullying.

Successful measures for the prevention and reduction of violence and bullying in workplaces include preparation and activities to reduce the risks of violence and bullying

in the work environment; physical and psychosocial work environment, security devices, the atmosphere in the workplace, organisational culture and leadership practices. Rehabilitation programmes need to include individual support, counselling and/or therapy but the organisation needs also to build a supportive environment to which the person can return.

Implementation of a policy

All employees working in the organisation need to know that the organisation is committed to a policy for the management of workplace violence and bullying. The group needs to think how information about the policy can successfully be distributed to everybody. In connection with the implementation of the policy all staff should also be given basic training on these issues. Training should include: definitions; information about causes and consequences and the escalating nature of the bullying process; legislation and other regulations relating to violence and bullying, as well as description of the policy and instructions. In addition managers and supervisors need to be trained to recognise bullying, and to deal with any cases in a responsible and legally sound manner. The functioning and effectiveness of the policy should be monitored and evaluated in a systematic way. It is best practice to evaluate the process after every case of bullying and the policy on a regular basis (e.g. annually). The policy should also be developed further on the basis of the evaluation when necessary.

PRIMA-EF aims at providing a framework to promote policy and practice at national and enterprise level within the European Union. The need for such a framework is particularly pressing due to recent EU data indicating the high prevalence of psychosocial risks to workers' health and an increase of problems such as work-related stress and workplace violence, harassment and bullying.

For more information on PRIMA-EF please visit: www.prima-ef.org

9 789241 597104