

PSYCHOSOCIAL RISKS AT WORK

UDC 614.256:159.944.4:331.45

Ioanna Papaioannou¹, Demetrios Billias²

¹Ministry of Labour, Social Security and Welfare, Labour Inspectorate, Piraeus, Greece

E-mail: ioapapai@otenet.gr

²Medical Doctor, Piraeus, Greece

Abstract. European Organizations and Committees for Occupational Health and Safety, researchers and labour inspectorates have demonstrated their interest in the investigation of issues related to psychosocial occupational risks. Psychosocial risks have potentially harmful effects on the physical, mental and social well-being of workers and are related to indicators such as increased absenteeism, reduced productivity, absence of job satisfaction, the intention to resign. The legislative framework on occupational health and safety includes indirect references to issues related to psychosocial risks.

The management of such issues should be within the framework of a thorough process of risk assessment. However, traditional methods and practices of conducting a risk assessment may present difficulties when applied in the case of psychosocial risks due to particular characteristics of the latter which differentiate them from traditional occupational risks.

As far as management of psychosocial risks is concerned, the interventions which are adopted can be divided into individual and organizational or, according to the level of prevention, they can be divided into primary, secondary and tertiary.

In order to raise the awareness of all parties involved (employers, employees, occupational safety and health professionals), several actions are required relevant for the development of the appropriate policy and legislation in the field of psychosocial risks including the encouragement of social dialogue and corporate social responsibility.

This paper reviews psychosocial factors at work, the relevant references in the legislative framework on occupational health and safety, the theoretical models and tools that are used for the evaluation of psychosocial factors, the various risk assessment and management strategies, and initiatives undertaken by labour inspectorates.

Key words: psychosocial factors; labour inspectors; work-related stress; occupational health; occupational risk

THEORETICAL BACKGROUND

The Community Strategy on Safety and Health at Work for the period 2002-2006 set as its main objective the continuous improvement of well-being at work and as one of its complementary objectives the prevention of psychosocial risks, making specific reference to “emerging” illnesses such as stress, depression, anxiety, violence at work, harassment and intimidation. [1]

The subsequent strategy for the period 2007-2012 placed more emphasis on these issues by setting the objectives of healthier and safer workplaces and of confronting new and emerging risks (including psychosocial risks). In the framework of this strategy, the European Commission emphasized that problems associated with poor mental health constitute the fourth most frequent cause of incapacity for work and that according to the World Health Organization, depression will be the main cause of incapacity by 2020. [2]

In addition, European Organizations and Committees for Occupational Health and Safety, researchers and labour inspectorates have demonstrated their interest in the investigation of issues related to psychosocial occupational risks. More specifically, the European Risk Observatory of the European Agency for Safety and Health at Work carried out a European survey, the results of which indicated that the emerging psychosocial occupational risks are associated with new forms of employment, job insecurity, work intensification, increased emotional demands at work, an aging workforce and a work - life imbalance. [3]

There are various definitions of the term “psychosocial factors at work” in literature, however, the most widely used is the one provided by the ILO: *“Psychosocial factors at work refer to interactions between and among the work environment, job content, organizational conditions and workers' capacities, needs, culture, personal extra-job considerations that may, through perceptions and experience, influence health, work performance and job satisfaction”*. [4]

A literature review indicates that psychosocial occupational risks are associated with work organization, design and management and they often constitute the consequence of changes taking place in the workplace. More specifically, one should consider the following factors as psychosocial: Factors associated with work (such as work load, work pace, working hours, job autonomy), factors associated with the workplace requirements (such as workplace conditions, available equipment), factors associated with the work environment (such as the organization culture, interpersonal relations, opportunities for development and education, access to information) and factors associated with the worker (such as the interaction between work and family life).[5],[7]

Psychosocial risks have potentially harmful effects on the physical, mental and social well-being of workers and are related to indicators such as increased absenteeism, reduced productivity, absence of job satisfaction, the intention to resign. Several studies have shown a relationship between psychosocial occupational risks and heart problems, depression, musculoskeletal problems and increased consumption of alcohol. In addition, changes in the psychosocial environment may have consequences related to violence and harassment at work or may affect safety, leading to occupational accidents. [5],[6],[8]-[10]

Researchers have developed various theoretical models to study the relationship between the psychosocial work environment and workers' health and, therefore, investigate the mechanism with which organizational changes in the psychosocial work environment

influence workers' health. The most widely used models are the "demand-control" model and the "reward-effort imbalance".

The "demand-control" model is based on two parameters: work demands such as work pace and intensity and job control. The combination of high work demands and low level of control is the one involving most risks for the worker while the theoretically ideal combination is that of low work demands and a high level of control. The "effort-reward imbalance" model relates the effort made by the workers with the reward they obtain. The term reward refers not only to one's salary but also to appreciation, working conditions, career prospects and job security. A high-level reward can motivate the worker, encourage one's personal development and reduce the negative consequences of work demands. On the other hand, a low-level reward is considered to be associated with work-related stress. [8]-[13]

LEGISLATIVE FRAMEWORK REFERENCES

The legislative framework on occupational health and safety includes several direct and indirect references to issues related to psychosocial risks.

More specifically, according to Council Directive 89/391/EEC "on the introduction of measures to encourage improvements in the safety and health of workers at work", employers have a duty to "*ensure the safety and health of workers in every aspect related to work*", and they should implement the measures for the workers' protection on the basis of certain general principles of prevention such as "*adapting the work to the individual with a view to alleviating monotonous work and work at a predetermined work rate and to reducing their effect on health*". The aforementioned general principle is also included in Council Directive 2003/88/EC "concerning certain aspects of the organization of working time" in relation to the organization of work according to a certain pattern and especially regarding breaks during working time.

Furthermore, Council Directive 90/270/EEC "on the minimum safety and health requirements for work with display screen equipment" sets the obligation of employers to perform an analysis of workstations in order to evaluate the safety and health conditions with a particular reference to problems of mental stress.

Relevant references are also included in provisions related to vulnerable workers such as pregnant and breastfeeding workers and young people. In Council Directive 92/85/EEC "on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding", mental fatigue is identified as one of the agents for which employers shall assess the nature, degree and duration of exposure of workers to them. Council Directive 94/33/EC "on the protection of young people at work", prohibits the employment of young people "*for work which is objectively beyond their physical or psychological capacity*".

At the European level, initiatives have been developed to raise awareness in these issues so as to provoke relevant activities not only at the national level but also at the enterprise level. European social partners recognized the necessity of dealing with work-related stress and violence and harassment at work, and taking into account the fact that these issues concern every workplace and every worker irrespective of the size of the enterprise, the sector of economic activity or the status of employment, decided on two

agreements, the Framework Agreement on Violence and Harassment at Work and the Framework Agreement on Work-related Stress. The objective of these agreements was to raise awareness and understanding of employers, workers and their representatives and to provide them with a framework to identify, prevent or manage problems of work-related stress and violence and harassment at work. [14], [15]

PSYCHOSOCIAL RISK MANAGEMENT

As far as the management of psychosocial occupational risks is concerned, various approaches can be distinguished either in individual and organizational interventions or in primary, secondary and tertiary level interventions. [16] - [18]

Individual interventions include skill development so that workers are capable of managing risks more effectively, appropriate training and information to raise awareness and understanding of the causes of psychosocial risks and the ways of dealing with them, appropriate training so as to facilitate workers' adjustment to imminent changes in the workplace, and remedial-rehabilitation measures for workers who have already been affected by their exposure to risk. Organizational interventions include changes in organizational procedures and measures for mitigating or alleviating risk, the improvement of working conditions, the improvement in communication between management and workers, the clear definition of the objectives of the enterprise and the role of each worker, adequate support of the management for every employee, provision of information and advice. [16] - [18]

Primary interventions are associated with the organizational culture and include activities for the improvement of communication within the enterprise, the evaluation and restructuring of processes and activities, the encouragement of employee autonomy and employee participation in decision-making. Secondary interventions focus on the individual and include activities of education and training in topics such as interpersonal relationships in the workplace, time management, crisis management, dealing with violence and harassment. Tertiary interventions include mainly remedial-rehabilitation measures for workers who have already been affected by their exposure to risk, such as counseling or therapy for people suffering from burn-out or depression or rehabilitation measures for people who have been absent from their work for a long time due to illness. [16]-[18]

The main principle underlying all issues of safety and health is the implementation of protective measures based on certain general principles of prevention such as giving collective protective measures priority over individual protective measures and combating the risks at their source. Similarly, in the case of psychosocial risks, individual interventions and remedial-rehabilitative measures should be adopted only if all possibilities for interventions at the organizational level and collective preventive measures have been examined. In addition, dealing with such issues requires a long-term leadership commitment and integrating relevant policies in the enterprise strategy and mission. [16]-[18]

PSYCHOSOCIAL RISK ASSESSMENT

The management of such issues should be implemented through a process of thorough risk assessment. The identification of occupational hazards and their assessment will as-

sist in the selection of the proper preventive measures for the improvement of worker safety and health conditions. Risk assessment requires a very good knowledge and understanding of all activities in the workplace which can be obtained through a systematic examination of every activity, the observation of the working environment and consultation with workers. Data on worker absenteeism and illnesses, data concerning occupational accidents, notices of the occupational physician, available studies and literature make up useful information sources. [19]

In the process of risk assessment, one should take into account that the application of usual methods and practices represents a lot of difficulties in the assessment of psychosocial risks due to their particular characteristics which separate them from traditional risks. Traditional risks are usually assessed based on objective measurements of the working conditions while the assessment of psychosocial risks depends on a subjective perception of working conditions. For instance, it is possible for one to define precisely the occupational exposure limit for a chemical or physical agent, but it is not possible to determine the level at which workload or poor interpersonal relationships at the workplace can affect worker health. [20]

In order to deal more appropriately with these issues, specialized tools have been designed for assessing psychosocial factors at work. Two of the most widely used tools are the Job-Content Questionnaire (JCQ) and the Effort-Reward Imbalance (ERI) questionnaire. The JCQ questionnaire uses measurement scales related to decision latitude, psychosocial demands and social support. The ERI questionnaire is based on the measurement of effort, reward and over-commitment. Effort is measured by parameters related to work demands such as workload. Reward includes parameters related to financial reward, respect, career prospects and job security. Over-commitment is related to the way an employee handles work demands which is characterized by over-commitment to work. [21] - [22]

STRATEGIES UNDERTAKEN BY COMPETENT AUTHORITIES

As far as the management of such issues is concerned, researchers have identified significant diversity among member states in relation to their level of awareness and management policies of psychosocial risks as well as the existent infrastructure.

In order to raise awareness of employers and workers and to make advancements in these fields, actions and initiatives are required at a political level such as the development of a relevant policy and legislative framework, the signing of agreements for a common strategy, as well as the promotion of social dialogue and corporate social responsibility. [23]

The Senior Labour Inspectors Committee (SLIC), which is composed of the Commission and one representative of the labour inspection services of each EU member state, has launched a European campaign on psychosocial risks which will take place during 2012 in all the member states. In Denmark and Sweden, the appropriate authorities have already been extensively occupied with the issues of psychosocial factors at work.

The Danish Working Environment Authority set as one of its strategy targets risks associated with the psychosocial work environment (such as quantitative work demands, emotional demands, risk of violence or threats, traumatic experiences, night and shift work, bullying and sexual harassment). In this framework, they developed and imple-

mented a guidance tool to help inspectors detect some of the most common and generally acknowledged problems associated with the psychosocial work environment. [24]

The Swedish Work Environment Authority took action in this field when they realized that occupational accidents and diseases related to traditional risks were decreasing while there was a large increase in absenteeism which could be highly related to psychosocial risks. A certain methodology of inspection was adopted by applying the “cycle of control” in the Systematic Work Environment Management, which includes the steps of detecting, assessing, preventing risks, evaluating the results, and – if needed - taking remedial action. The psychosocial risks assessed by the labour inspectors were work load, intense work pace, repetitive work, shift work, solitary work, violence and harassment, conflicts at the workplace, unclear role or expectations, accident risks. [25]

The conclusions that have been reached are that the management and inspection of the psychosocial work environment is a more complicated and sensitive issue than the management and inspection of traditional risks due to the fact that it intervenes with the way employers organize and manage their own enterprises.

REFERENCES

1. European Commission. Adapting to change in work and society: a new Community strategy on health and safety at work 2002–2006; 11.03.2002.
2. European Commission. Improving quality and productivity at work: Community strategy 2007-2012 health and safety at work; 21.2.2007.
3. European Agency for Safety and Health at Work. Expert forecast on emerging psychosocial risks related to occupational safety and health; 2007.
4. International Labour Organisation. Psychosocial factors at Work: Recognition and Control, Geneva; 1986.
5. Leka S, Jain A. Health Impact of Psychosocial Hazards at Work: An Overview. World Health Organisation;2010.
6. Lippel K, Quinlan M. Regulation of psychosocial risk factors at work: An international overview. Saf Sci 2011; 49(4): 543-546
7. European Agency for Safety and Health at Work. Practical Advice for Workers on Tackling Work-related Stress and its Causes. Facts 31; 2002
8. Tuckey MR, Dollard MF, Hosking PJ, Winefield AH. Workplace bullying: The role of psychosocial Work Environment Factors. Int J Stress Manag 2009; 116: 215-232.
9. Van den Heuvel Swenne G, van der Beek Allard J, Blatter BM, Hoogendoorn WE, Bongers Paulien M. Psychosocial work characteristics in relation to neck and upper limb symptoms. Pain 2005; 114: 47-53.
10. Ylipaavalniemi J, Kivimäki M, Elovainio M, Virtanen M, Keltikangas-Järvinen, L, Vahtera J. Psychosocial work characteristics and incidence of newly diagnosed depression: a prospective cohort study at three different models. Soc Sci Med 2005; 61: 111-122.
11. Bambara C, Gibson M, Sowden AJ, Wright K, Whitehead M, Petticrew M. Working for health? Evidence from systematic reviews on the effects on health and health inequalities of organizational changes to the psychosocial work environment. Preventive Medicine 2009; 48: 454-461.
12. Nahrgang J, Hofmann D, Morgeson F. Safety at work: A Meta-analytic investigation of the link between job demands, job resources, burnout, engagement and safety outcomes. J Appl Psychol 2011; 96: 71-94.
13. Peter R, Siegrist J. Chronic psychosocial stress at work and cardiovascular disease: The role of effort-reward imbalance, Int J Law Psychiatry 1999; 22: 441-449.
14. European Social Partners. Framework agreement for violence and harassment at work; 26.4.2007.
15. European Social Partners. Framework agreement for work-related stress; 8.10.2004.
16. European Agency for Safety and Health at Work. How to Tackle Psychosocial Issues and Reduce Work-related Stress. Facts 32; 2002.
17. Leka S, Cox T, Zwetsloot G. The European Framework for Psychosocial Risk Management: PRIMA-EF, The European Framework for Psychosocial Risk Management (PRIMA-EF). Chapter 1. UK: I-WHO; 2008.

18. Leka S, Vartia M, Hassard J., Pahkin K., Sutela S, Cox T, Lindstrom K. Best Practice in Interventions for the Prevention and Management of Work-Related Stress and Workplace Violence and Bullying, The European Framework for Psychosocial Risk Management (PRIMA-EF). Chapter 8. UK: I-WHO; 2008.
19. Papaioannou I. Written Risk Assessment. Review of Labour and Insurance Law 2003, 37: 375-379. (in Greek)
20. Rick J, Briner RB. Psychosocial risk assessment: problems and prospects. Occupational Medicine 2000; 50: 310-314.
21. Karasek R, Brisson C, Kawakami N, Houtman I, Bongers P, Amick B. The Job Content Questionnaire (JCQ) : An instrument for Internationally Comparative assessments of Psychosocial Job Characteristics. J Occup Health Psychol 1998; 3: 322-355.
22. Siegrist J, Starke D, Chandola T, Godin I, Marmot M, Niedhammer I, Peter R. The measurement of effort-reward imbalance at work: European comparisons. Social Science & Medicine 2004; 58: 1483-1499.
23. Leka S., Jain A., Iavicoli S., Vartia M., Ertel M. The role of policy for the management of psychosocial risks at the workplace in the European Union. Saf Sci, 2011; 49(4): 558-564.
24. Rasmussen MB, Hansen T, Nielsen KT. New tools and strategies for the inspection of the psychosocial working environment: The experience of the Danish Working Environment Authority. Saf Sci 2011; 49(4): 565-574.
25. Bruhn A, Frick K. Why it was so difficult to develop new methods to inspect work organization and psychosocial risks in Sweden. Saf Sci 2011; 49(4): 575-581.
26. European Social Dialogue. Multi-sectoral Guidelines to tackle third-party violence and harassment related to work; 30 September 2010.

PSIHO-SOCIOLOŠKI RIZIK NA RADNOM MESTU

Ioanna Papaioannou, Demetrios Billias

Evropske organizacije i komisije za zdravstvenu zaštitu i bezbednost na radnom mestu, istraživači i inspektorati rada su iskazali svoje interesovanje za istraživanje pitanja vezanih za psiho-socioološki rizik na radnom mestu. Psiho-socioološki rizik može potencijalno imati posledice na fizičko, psihološko i socijalno stanje radnika i vezuje se za indikatore kao što je povećano odsustvo sa posla, umanjenu produktivnost, nedostatak zadovoljstva poslom, i namerom da se posao napusti. Zakonski okvir koji se tiče bezbednosti na poslu uključuje i pitanja koja se tiču psiho-socioološkog rizika.

Upravljanje ovakvim pitanjima bi trebalo da se nađe u okviru jednog detaljnog procesa procene rizika. Ipak, tradicionalne metode i prakse koje se tiču procene rizika mogu naići na poteškoće kada se primene na primer psiho-socioološkog rizika s obzirom na određene odlike koje ga čine različitim od tradicionalnih rizika na radnom mestu.

Što se upravljanja psiho-socioološkim rizikom tiče, intervencije koje su prihvачene se mogu podeliti na pojedinačne i grupne, ili na osnovu nivoa prevencije, na podeliti primarne, sekundarne i tercijarne.

Kako bi se povećala svest svih strana uključenih u ovo pitanje (poslodavaca, zaposlenih, ljudi koji se profesionalno bave pitanjem zdravstvene zaštite i bezbednosti na poslu), neophodne su aktivnosti koje su bitne za razvoj odgovarajućih stavova i zakona o psiho-socioološkom riziku, uključujući i pospešivanje društvenog dijaloga i razvoj društvene odgovornosti.

Ovaj rad daje pregled psiho-sociooloških faktora na radnom mestu, relevantne reference u zakonskom okviru o zdravstvenoj zaštiti i bezbednosti na poslu, teorijskih modela i sredstava koja se koriste za procenu psiho-sociooloških faktora, različite procene rizika i strategija upravljanja, i inicijativa koje su preduzeli inspektorati za rad.

Ključne reči: *psiho-socioološki faktori; inspektorati za rad; stress na poslu; zdravlje na radnom mestu; rizik na radnom mestu*