

PAS 1010:2011

Guidance on the management of psychosocial risks in the workplace



CIOP  PIB

eef The manufacturers' organisation

 European Agency for Safety and Health at Work

I-WHO Institute of Work, Health & Organisations

 Finnish Institute of Occupational Health

INAIL

 TNO

 The University of Nottingham

 BSI

Publishing and copyright information

The BSI copyright notice displayed in this document indicates when the document was last issued.

© BSI 2011

ISBN 978 0 580 69839 2

ICS 03.100.01, 13.100

No copying without BSI permission except as permitted by copyright law.

This Publicly Available Specification comes into effect on 1st February 2011

Amendments issued since publication

Date	Text affected

Contents

Foreword	ii
Introduction	iii
1 Scope	1
2 Terms and definitions	1
3 Psychosocial risk management: overview, policy and key principles ...	3
4 Setting up the psychosocial risk management process	6
5 The psychosocial risk management process	9
6 Monitoring performance	19
7 Management review	20
Annexes	21
Annex A (informative) Statutory requirements and guidelines	21
Annex B (informative) Work-related stress	22
Annex C (informative) Workplace harassment and third party violence	27
Annex D (informative) Developing a policy for the management of psychosocial risks and the prevention of work-related stress	31
Annex E (informative) Developing a policy for the prevention and management of workplace harassment	32
Annex F (informative) Examples of psychosocial risk assessment and management tools	34
List of figures	
Figure 1 – Plan-Do-Check-Act (PDCA) approach	iv
Figure 2 – Overview of the psychosocial risk management process	v
Figure 3 – Main steps in the psychosocial risk management process	3
List of tables	
Table 1 – Key principles of psychological risk management	5
Table 2 – Psychosocial hazards	11
Table 3 – Key principles of risk assessment	13
Table 4 – Psychosocial risk management interventions	15
Table 5 – Key issues for success in psychosocial risk management interventions	16
Table B.1 – Well-designed work	24
Table C.1 – Examples of interventions for the prevention and management of harassment at work	29
Bibliography	36



Foreword

This Publicly Available Specification (PAS 1010) was sponsored by the University of Nottingham, Institute of Work Health and Organizations (I-WHO) and its development was facilitated by the British Standards Institution (BSI).

Acknowledgement is given to the following organizations that were involved in the development of this Publicly Available Specification:

- CIOP-PIB (Central Institute for Labour Protection – National Research Institute);
- EEF (The Manufacturers' Organisation);
- ETUC (European Trade Union Confederation);
- EU-OSHA (European Agency for Safety and Health at Work);
- FIOH (Finnish Institute of Occupational Health);
- HSE (Health and Safety Executive);
- iMS Risk Solutions Ltd;
- INAIL (Italian Workers' Compensation Authority);
- TNO – Work and Employment;
- WHO (World Health Organization).

Acknowledgement is also given to Stavroula Leka and Aditya Jain as the technical authors for this Publicly Available Specification.

Wider comments from other interested parties were invited by BSI. BSI Technical Committee HS/1, Occupational Health and Safety Management, and CEN SABE on OHS (CEN Advisory Body Occupational Health and Safety) were consulted. The expert contributions made by the organizations and individuals consulted in the development of this Publicly Available Specification are gratefully acknowledged.

Use of this document

As a guide, this Publicly Available Specification takes the form of guidance and recommendations. It should not be quoted as if it were a specification and particular care should be taken to ensure that claims of compliance are not misleading.

Any user claiming compliance with this Publicly Available Specification is expected to be able to justify any course of action that deviates from its recommendations.

It has been assumed in the preparation of this Publicly Available Specification that the execution of its provisions will be entrusted to appropriately qualified and experienced people, for whose use it has been produced.

Presentational conventions

The provisions in this PAS are presented in roman (i.e. upright) type. Its recommendations are expressed in sentences in which the principal auxiliary verb is "should".

Commentary, explanation and general informative material is presented in smaller italic type and does not constitute a normative element.

The word "may" is used in the text to express permissibility, e.g. as an alternative to the primary recommendation of the clause. The word "can" is used to express possibility, e.g. a consequence of an action or an event.

Contractual and legal considerations

This publication does not purport to include all the necessary provisions of a contract. Users are responsible for its correct application.

Compliance with a British Standard cannot confer immunity from legal obligations.

In addition to the recommendations of this Publicly Available Specification, users' attention is drawn to the statutory requirements and guidelines given in Annex A.

Introduction

0.1 Background

Psychosocial risks, work-related stress, violence and harassment (psychological harassment, bullying or mobbing) are now widely recognized major challenges to occupational health and safety. Nearly one in three of Europe's workers, and more than 40 million people, report that they are affected by stress at work. Psychosocial risks can have a negative impact in terms of human, social and financial costs. Negative outcomes on the individual level include poor health and well-being, and problems with interpersonal relationships, both at the workplace and in private life.



In the wider perspective, psychosocial risks are a major occupational health concern and are associated with serious economic implications for society and all types of enterprises, irrespective of size and sector. According to the Fourth European Working Conditions Survey¹⁾, stress was experienced on average by 22% of workers from all 27 EU Member States. In the 15 Member States of the pre-2004 EU, the European Commission estimated the yearly cost of work-related stress at €20,000 million. At the national level, the British 2008/9 Labour Force Survey²⁾ estimated that stress-related illnesses are responsible for the loss of an estimated 11.4 million lost working days in Britain, an increase from the 10 million lost working days in 2005/6, which had then cost the economy in excess of £530 million. In a recent report by the European Agency for Safety

and Health at Work (EU-OSHA [1] see Annex A) it is reported that in France stress-related illnesses cost society between €830 and €1,656 million, while in the Netherlands the estimated total cost of poor working conditions was up to €6,000 million, equivalent to 2.96% of the gross national product (GNP).

The European Survey of Enterprises on New and Emerging Risks (ESENER) by EU-OSHA³⁾ [1] covered over 28,000 enterprises in 31 countries (27 EU Member States, Norway, Switzerland, Croatia and Turkey) and found that even though work-related stress was reported among the key occupational safety and health concerns for European enterprises, only about half of the establishments surveyed reported that they inform their employees about psychosocial risks and their effects on health and safety; less than a third have procedures in place to deal with work-related stress.

Work-related stress: key facts

- 22% of all European workers are experiencing work-related stress
- The yearly cost of work related stress was estimated at €20,000 million for 15 Member States of the pre-2004 EU
- In 2008/9 stress related illnesses were responsible for the loss of an estimated 11.4 million lost working days in Britain
- Less than a third of European enterprises have procedures in place to deal with work-related stress

¹⁾ www.eurofound.europa.eu/ewco/surveys/ewcs2005/index.htm

²⁾ www.hse.gov.uk/statistics/lfs/lfs0809.pdf

³⁾ www.esener.eu

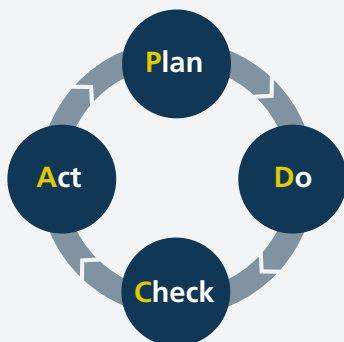
0.2 Purpose

This Publicly Available Specification (PAS) provides guidance for organizations on how to manage the health of employees with respect to psychosocial risk. It recognizes that this area of risk is but one area that organizations can manage proactively with respect to occupational health and safety. It focuses in particular on work-related stress (see Annex B). While work-related harassment and bullying are included in this PAS as psychosocial risks, these issues are discussed only briefly (see Annex C). These are often complex phenomena, e.g. to become bullied is a psychosocial risk situation causing psychological harm; on the other hand, harassment at work may be regarded and discussed as a consequence of a poor psychosocial work environment. In addition, this PAS recognizes the relevance and impact of third party violence as a psychosocial risk and covers it briefly in Annex C.⁴⁾

This PAS does not deal with the clinical management of mental health issues. Although in this PAS the health impact of psychosocial risks in relation to the development of musculoskeletal disorders and cardiovascular disease is recognized, this is not discussed in detail.⁵⁾

This PAS has been written so that it is consistent with other guidance and specifications that are used by organizations to manage occupational health and safety but expands on the specific needs for managing psychosocial risk. The framework and approach adopted is compatible with that found in the ILO OSH-MS Guidelines [5], BS OHSAS 18001; BS OHSAS 18002; BS 18004 and ANSI Z 10, which are all risk based, and use the Plan-Do-Check-Act (PDCA) approach (see Figure 1).

Figure 1 – Plan-Do-Check-Act (PDCA) approach



⁴⁾ ILO (2006) [3]; EU-OSHA (2010) [4].

⁵⁾ EU-OSHA (2009) [1], WHO (2010) [2].

PDCA can be briefly described as:

- Plan: establish the objectives and processes necessary to deliver results in accordance with the organization's OH&S policy;
- Do: implement the processes;
- Check: monitor and measure processes against OH&S policy, objectives, legal and other requirements, and report the results;
- Act: take actions to continually improve OH&S performance.

In everyday practice, psychosocial risks at the workplace have many underlying causes. As a result 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. This requires a systematic risk management process to be implemented and monitored by organizations. The aim is to identify potential areas and activities that give rise to work-related stress and implement intervention measures before harm can occur.

This PAS provides guidance and recommendations for psychosocial risk management to enable an organization to develop and implement a strategy and to specify objectives that take into account legal requirements and information about psychosocial risk. It is intended to apply to all types and sizes of organizations and to accommodate diverse geographical, cultural and social conditions. The success of psychosocial risk management depends on commitment from all levels and functions of the organization, especially from top management. The overall aim of this PAS is to support and promote good psychosocial risk management practices.

Good psychosocial risk management goes beyond legal requirements and offers many opportunities for business. In essence, psychosocial risk management is synonymous with good business practice. As such, good practice in relation to psychosocial risk management essentially reflects good practice in organizational management, learning and development, social responsibility, employer image and promotion of quality of working life and good work. Psychosocial risk management also has positive financial returns through its positive impact on productivity and safety management and is important for sustainability of organizations. It also has positive benefits outside the workplace, including the promotion of individual and family health, well-being and quality of life.

0.3 How psychosocial risk management relates to general occupational health and safety management

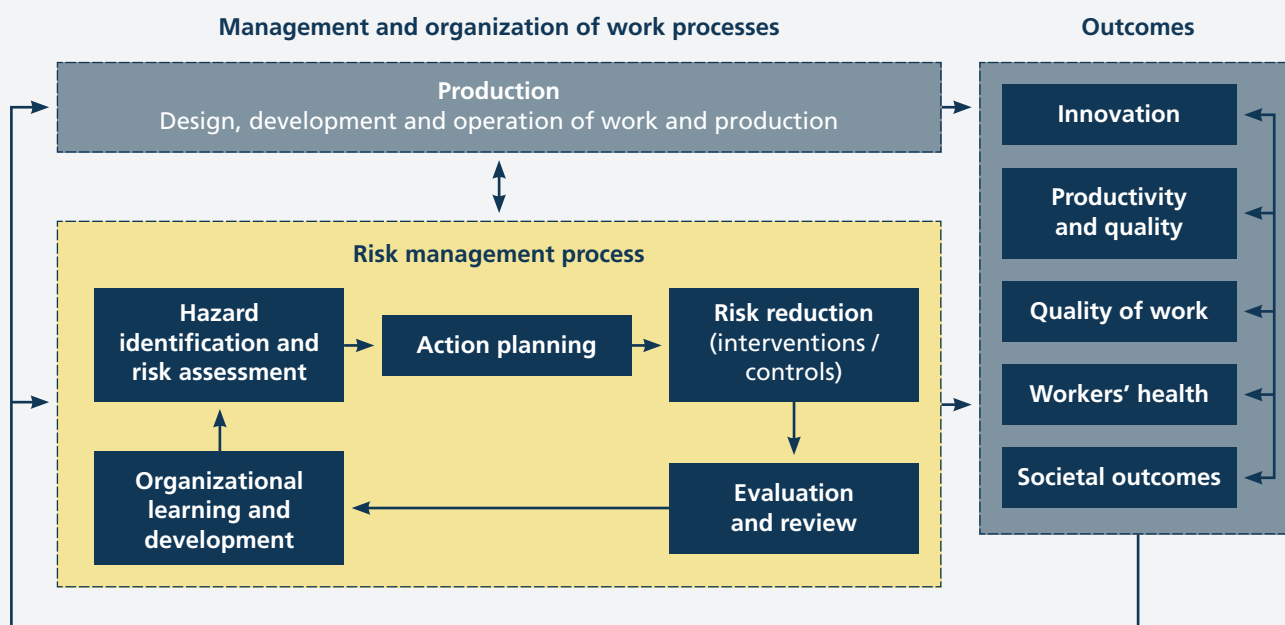
The psychosocial risk management process (see Figure 2) is quite similar to that of general occupational health and safety risk management. In principle, they are both based on the concept of a control cycle:

- identification of hazards and assessment of risks;
- design and implementation of interventions;
- evaluation and review.

Further similarities can be observed when considering the context in which these processes occur. They are

both addressed by the European Framework Directive 89/391/EEC [6] on the introduction of measures to encourage improvements in the safety and health of workers at work. This legal framework establishes the need for continuous assessment of risks and their reduction. It also defines a participative approach as the way in which this assessment and reduction of risks should be conducted. Thus, both the psychosocial and general risk management approaches are a shared responsibility of the employer and the employees.

Figure 2 – Overview of the psychosocial risk management process



The similarities, in relation to shared principles, do not end with their mention in legislation. There is strong research and practice-based evidence of their effectiveness on the reduction of undesired costs for workers, organizations and society. They can both have an effect over a broad range of aspects, including sickness absence and social security, among others. Due to their impact, they should be understood as basic social responsibilities and regarded as aspects of good management.

In more practical terms, psychosocial and general risk management are associated in terms of the interactions that can be observed between psychosocial and

more traditional risks (such as physical exposures). For example, psychosocial hazards may increase the risk of exposure to hazardous chemicals through the generation of more human error, so more harm might occur within the same levels of exposure when psychosocial conditions are less favourable. On the other hand, the exposure to physical or chemical hazards might in itself constitute a psychosocial risk as employees worry about the possible implications of such exposures.

In the psychosocial risk management process, once hazards and their associated risks have been identified, the next step is to take measures to eliminate or to

reduce the risks that result from the hazards. It is more or less generally accepted that there are hierarchies of preferred measures, starting with measures at source, then measures to minimize the effect of exposure to psychosocial risks, and finally measures to mitigate the effects in case of serious exposure to the hazards.

Apart from European and national legislation, psychosocial risk management has also been included in guidance by the ILO (1986) [7], the WHO (2003 [8], 2008 [9], and 2010 [10]), the European Commission (2002) [11], as well as in European social partner

agreements on work-related stress (2004) [12] and on harassment and violence at work (2007) [13]. Standards that are relevant to this PAS include: BIP 3055:2005, BIP 2033:2003, BS 3518-1:1993, BS 31100:2008, BS EN ISO 10075-1, BS EN ISO 10075-2, BS EN ISO 10075-3, PD ISO/IEC Guide 73:2002, ILO OSH-MS Guidelines [5], BS OHSAS 18001; BS OHSAS 18002; BS 18004, ANSI Z 10 and the Management Standards for Work-related Stress (HSE, 2005) [14].

***NOTE** The stages of the psychosocial risk management process are detailed in Section 5.*



1 Scope

This Publicly Available Specification (PAS) provides employers with guidance on good practice for the assessment and management of psychosocial risks in a workplace environment.

This PAS is applicable to human resources managers and specialists, occupational health and safety managers and specialists, managers and owners of small and medium-sized enterprises (SMEs), and employee representatives.

This PAS is most likely to be used by organizations that wish to:

- a) establish a strategy and process of psychosocial risk management to eliminate or minimize risks to personnel and other interested parties who could be exposed to psychosocial hazards associated with its activities;
- b) implement, maintain and continually improve the psychosocial risk management process and related practices;
- c) assure themselves of their conformity with their stated occupational health and safety (OH&S) and psychosocial risk policy.

The guidance and recommendations in this PAS are intended to be incorporated into any OH&S management system. The extent of the application will depend on such factors as the OH&S policy of the organization, the nature of its activities and the risks and complexity of its operations.

2 Terms and definitions

For the purposes of this PAS the following terms and definitions apply.

2.1 harassment (bullying, mobbing) at work

harassing, offending, socially excluding someone or negatively affecting someone's work tasks; negative activity is repeated and regular and lasts over a period of time

NOTE See Annex C.

2.2 harm

subsequent and related ill effects on the health of an employee(s) following exposure to hazards at work

2.3 hazard

source, situation or act with a potential for harm in terms of human injury or ill health, or a combination of these

2.4 occupational health and safety (OH&S)

conditions and factors that affect, or could affect, the health and safety of employees or other workers (including temporary workers), visitors or any other person in the workplace

Organizations can be subject to legal requirements for the health and safety of persons beyond the immediate workplace or who are exposed to the workplace activities.

2.5 OH&S management system

part of an organization's management system used to develop and implement its OH&S policy and manage its OH&S risks

A management system is a set of interrelated elements used to establish policy and objectives, and to achieve those objectives; it includes organizational structure, planning activities (including, for example, risk assessment and the setting of objectives), responsibilities, practices, procedures, processes and resources.

NOTE Adapted from BS EN ISO 14001:2004, 3.8.

2.6 primary intervention

attempt to prevent harmful effects or phenomena emerging

Primary stage interventions are proactive by nature and about creating understanding in the organization.

2.7 psychosocial factor

interaction among job content, work organization and management, and other environmental and organizational conditions, and the employees' competencies and needs

2.8 psychosocial risk

likelihood that psychosocial factors have a hazardous influence on employees' health through their perceptions and experience and the severity of ill health that can be caused by exposure to them

NOTE Derived from International Labour Organization, 1986 [7].

2.9 rehabilitation

process aimed at enabling people to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels

2.10 risk

combination of the likelihood of an occurrence of a hazardous event or exposure(s) and the severity of injury or ill health that can be caused by the event or exposure(s)

2.11 risk assessment

systematic examination of the work undertaken to consider what causes injury or harm, whether hazards could be eliminated and, if not, what preventive or protective measures are, or should be, in place to control the risks

2.12 secondary intervention

intervention aimed at taking steps to improve the perception or to increase individual resources of groups that could be at risk of exposure

The focus of these actions is on the provision of education and training.

2.13 tertiary intervention

intervention aimed at reducing negative impacts and healing damages

Tertiary interventions are rehabilitative by nature.

2.14 work-related stress

pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organization and work environment

NOTE 1 Derived from European Commission's Guidance on work-related stress, 2002 [11].

NOTE 2 Work-related stress can be caused by different factors such as work content, work organization, work environment and poor communication (see Annex B).

3 Psychosocial risk management: overview, policy and key principles

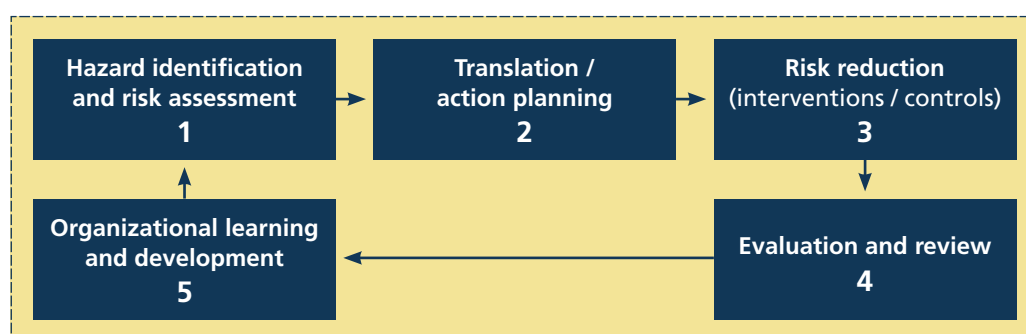
3.1 Overview

Psychosocial risk management is the application of the risk management framework to psychosocial risks at work. As such it is based on the principles of prevention in line with occupational health and safety legislation, and it aims at risk elimination or reduction. It is a systematic process (see Figure 3) by which hazards are identified, risks analyzed and managed, and workers protected. Psychosocial risk management involves five main steps:

- a) hazard identification and risk assessment;
- b) translation/action planning;
- c) risk reduction (interventions/controls);
- d) evaluation and review;
- e) organizational learning and development.

The legal responsibility for removing or reducing any type of risk to workers' health lies with the employer as stipulated in the European Framework Directive on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work, 89/391/EEC [6].

Figure 3 – Main steps in the psychosocial risk management process



In addition, two framework agreements at European level of particular relevance to the management of psychosocial risks have been concluded as a result of social dialogue:

- a) the framework agreement on work-related stress (2004) [12];
- b) the framework agreement on harassment and violence at work (2007) [13].

They aim to increase 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 organizations. Implementation results depend highly on the quality of industrial relations at national 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. Therefore, successful social dialogue is crucial for combating psychosocial risks at the workplace.

As with all risk management processes, psychosocial risk management should represent a systematic, ongoing process within the organizational context so that risks to workers' health can be monitored and managed effectively. This is especially important in relation to psychosocial risks, as their relevance to subjective perceptions and the dynamic nature of the work environment make their continuous assessment very necessary. It is also very important that the assessment and management of psychosocial risks is considered when new processes or functions are implemented within the organization.

In managing psychosocial risks and preventing work-related stress (see Annex B for further information), organizations should adopt a comprehensive, long-term strategy. This strategy should consider the organization's policies, structure, resources, existing systems and operations, and practices. In developing appropriate policies to manage psychosocial risks (see Annex D for further information), organizations should consider whether a synergistic fit exists among different organizational policies and whether they adhere to existing legislation and standards. For example, organizations should consider how health and safety, human resources and corporate social responsibility (CSR) policies fit together to achieve common goals and promote organizational learning and development.

Psychosocial risk management is relevant to the core values underpinning organizational practices and also represents an ethical responsibility for employers. Following the development of policies for the management of psychosocial risks, organizations should develop and monitor practices in line with their policies in order to be successful.

The responsibility for managing psychosocial risks lies with the employer. As such, top management should demonstrate the leadership and commitment necessary for psychosocial risk management to be successful. However, using risk management to tackle psychosocial risks and work-related stress requires the collaborative efforts of several key stakeholders. The employees themselves are always central to the process. Employees and/or their representatives should be consulted and engaged in all discussions on psychosocial risk management, including policy development. Their active participation needs to be appropriately supported and managed.

3.2 Developing a psychosocial risk management policy

For many organizations, the starting point in the psychosocial risk management process is the development of a psychosocial risk management policy. An overall psychosocial risk management policy establishes an overall sense of direction and is the driver for implementing and improving an organization's psychosocial risk management within its general OH&S systems, so that it can maintain and potentially improve its OH&S performance. The policy should enable persons under the control of the organization to understand the overall commitment of the organization and how this can affect their individual responsibilities.

The responsibility for defining and authorizing a psychosocial risk management policy rests with the organization's senior management. However, the ongoing and proactive involvement of all relevant stakeholders in developing and implementing a psychosocial risk management policy is crucial.

The organization (or senior management) should define and authorize the organization's policy on psychosocial risk and ensure that it:

- a) is appropriate to the nature and scale of the organization's psychosocial risks;
- b) includes a commitment to prevention of injury and ill health and continual improvement of psychosocial risk management;
- c) includes a commitment to at least comply with applicable requirements to which the organization subscribes that relate to its psychosocial risks;⁶⁾
- d) provides the framework for setting and reviewing objectives for the management of psychosocial risks;
- e) is documented, implemented and maintained;
- f) is communicated to all persons working under the control of the organization with the intent that they are made aware of their individual obligations;
- g) is reviewed periodically to ensure that it remains relevant and appropriate to the organization.

This policy should be translated into practice at the organizational level, reviewed periodically and evaluated systematically as given in Annexes D and E.

3.3 Key principles of psychosocial risk management

A number of key principles underpin the psychosocial risk management process and are given in Table 1. These are discussed in more detail in Sections 4 and 5.

⁶⁾ Attention is drawn to relevant national and European legislation.

Table 1 – Key principles of psychological risk management

Principle	Key issues
Good psychosocial risk management is good business	Good practice in relation to psychosocial risk management essentially reflects good practice in organizational management, learning and development, social responsibility and promotion of quality of working life and good work
Worker and management commitment	It is very important that managers and workers feel the “ownership” of the psychosocial risk management process. Top management should demonstrate leadership and commitment for psychosocial risk management to be successful
Participative approach	The psychosocial risk management process recognizes the validity of the expertise that working people have in relation to their jobs and seeks to involve employees in the prevention of psychosocial risks and not by requiring them to simply change their perceptions and behaviour
Evidence-informed practice	Psychosocial risk management is a systematic, evidence-informed, practical problem-solving strategy. Risk assessment provides information on the nature and size of possible problems and their effects, and the number of people exposed. This data should be used to inform the development of an action plan that prioritizes measures to tackle problems at source
Identification of key factors	For psychosocial risk management to be effective it is important to understand the most important underlying causal factors before solutions are selected. As a consequence, there are usually no quick-fix solutions at hand; a continuous management process is required
Context relevance	As workplace contexts differ, there is a need to optimize the design of the risk management activities, to guide the process and maximize the validity and benefit of the outcome. Tailoring improves the focus, reliability and validity of the risk management process as well as the utilization of the results of the risk assessment and the feasibility of the results, and helps to make effective action plans
Solutions that are fit for purpose	Psychosocial risk management is an action-led process. It is important to make the problems at the workplace the starting point for action, and to develop knowledge and solutions that are “fit for purpose”
Ethics	The management of psychosocial risks is about people, their health status, and business and societal interests. Protecting the health of people is not only a legal obligation but also an ethical responsibility
Relevance for organizational policy agendas	Psychosocial risk management is central to occupational health and safety policy and practice. Psychosocial risk management can contribute to the creation of positive work environments where commitment, motivation, learning and development play an important role and sustain organizational development
Consideration of capabilities required	The implementation of the psychosocial risk management process requires capabilities that comprise: adequate knowledge of the key agents (management and workers); relevant and reliable information to support decision-making; availability of effective and user-friendly methods and tools; ownership and participation of managers and employees or their representatives; availability of competent supportive structures (experts, consultants, services). Competence should be developed by appropriate training when lacking

4 Setting up the psychosocial risk management process

4.1 Commitment, resources and competence

The successful implementation of psychosocial risk management calls for a commitment from all persons working under the control of the organization. This commitment should begin at the highest levels of management. The responsibility for managing psychosocial risks lies with the employer. As such, top management should demonstrate leadership and commitment for psychosocial risk management to be successful. Top management should:

- a) determine and make available, in a timely and efficient manner, all the resources needed to prevent injuries and ill health in the workplace;
- b) identify and monitor who needs to do what with respect to the management of psychosocial risks and make sure they are aware of their responsibilities;
- c) ensure that those members of the organization's management with psychosocial risk management responsibilities have the necessary authority to fulfil their roles.



Psychosocial risk management is an activity that is closely related to how work is organized and carried out. As a consequence, the main actors are always managers and workers and their representatives that are responsible for the work to be done. They can, of course, be supported by internal or external experts or by external service providers. However, it is very important that managers and workers feel the "ownership" of the psychosocial risk management process as they should for other health and safety issues. Care should be taken if, as often is the case, outside agencies are used to implement improvement projects. Outside agencies are often a valuable resource but should be only treated as support for management in facilitating change.

When determining the resources needed to establish and implement the psychosocial risk management process, the organization should consider:

- the financial, human and other resources specific to its operations;
- the technologies specific to its operations;
- infrastructure and equipment;
- information systems;
- the need for expertise and training.

Resources and their allocation should be reviewed periodically, via management review, to ensure they are sufficient to carry out psychosocial risk management programmes and activities, including performance measurement and monitoring. The processes should be documented in a format(s) that best suits the organization's needs but allows for review and revision periodically.

The organization should also ensure that their employees:

- a) are aware of psychosocial risks;
- b) are aware of their roles and responsibilities;
- c) have the necessary competence to perform tasks that can reduce this risk of harm due to exposure to psychosocial risks;
- d) are, where necessary, trained to achieve the required awareness and competence.

The implementation of the psychosocial risk management process requires capabilities. The

capabilities required at the organizational level comprise:

- a) adequate knowledge of the key agents (management and workers);
- b) relevant and reliable information to support decision-making;
- c) availability of effective and user-friendly methods and tools;
- d) ownership and participation of managers and employees or their representatives;
- e) availability of competent supportive structures (experts, consultants, services).

For those with a recognized professional background, their codes of conduct, ethical principles and advice and issues of good practice should be considered. It is essential that those involved are committed to the risk management process, have evidence of their competence and are fully aware of the ethical aspects of this work as well as the legal and scientific aspects.

Competence should be developed by appropriate training when lacking.

The organization should determine the competence requirements for individual tasks and may seek external advice in defining competence requirements. Specific consideration should be given to the competency requirements for the person(s) who will be:

- the senior management appointee;
- performing risk assessments;
- implementing interventions;
- performing the evaluation and review of the process and its outcomes.

The training or other actions should focus on both competency requirements and the need to enhance awareness. The organization should evaluate the effectiveness of the training or actions taken. Training records should be maintained.



4.2 Facilitation, communication and documentation

In large and medium-size organizations at the start of the risk management process, a Steering Group⁷⁾ will be needed to help run the process. This group will oversee, guide and facilitate each stage in the process. Its membership needs to be designed to enable it to have authority and credibility and involve key stakeholders. Typically, management, employee representatives, occupational health, health and safety, and human resources specialists form the Steering Group. An existing group could also act as the Steering Group provided that it includes representation from key stakeholders as described. The group should be sufficiently small to manage and function well. In smaller organizations, less formal structures may be required.

Involvement of workers and supervisors in a team approach is recommended as this gains worker participation and ownership of the measures that need to be taken. If external experts are involved in the psychosocial risk management process, they should hold meetings with the Steering Group throughout the process.

Leadership commitment is key and should be evident from the beginning of the psychosocial risk management process through the active involvement of management, including senior management.

Communication is crucial to making the psychosocial risk management process work to keep people involved and aware about what is going on. A variety of strategies can be used, many of which rely on effective communication systems already in place within each group (e.g. regular team meetings or communication means). An initial informal assessment of communication systems may be necessary for the publicity of the process to be planned effectively. Project publicity also helps to encourage staff to get involved. High questionnaire return rates and involvement in interviews or group discussions are important to make the process work, and having someone "on the ground" to facilitate this, such as a Project Champion, can make a big difference. If Project Champions are used, it is advised that an extremely detailed briefing about the project is provided to them. This will enable them to keep staff 'on the ground' informed as the project progresses.

The people conducting the risk assessment should spend some time getting to know each workplace if they do not already have an in-depth knowledge. This involves informal chats, examining organizational documents (e.g. organizational charts, job descriptions, absence summaries, results of other staff surveys) and informal interviews with managers and key stakeholders. Organizational data can be a useful source of information about employee well-being. Absence data and turnover rates, accident rates, errors, complaints and workload data (where available) can be reviewed. Where possible, these can also be used to evaluate interventions.

The organization should maintain up-to-date documentation that is sufficient to ensure that the process of psychosocial risk management can be adequately understood and effectively and efficiently implemented. Typical inputs include the following items:

- a) details of the documentation and information systems the organization develops to support its psychosocial risk management process and practices;
- b) details of responsibilities and authorities;
- c) information on the working environment and the constraints that this can put on the physical nature of documentation or the use of electronic or other media.

The psychosocial risk management process documentation should include:

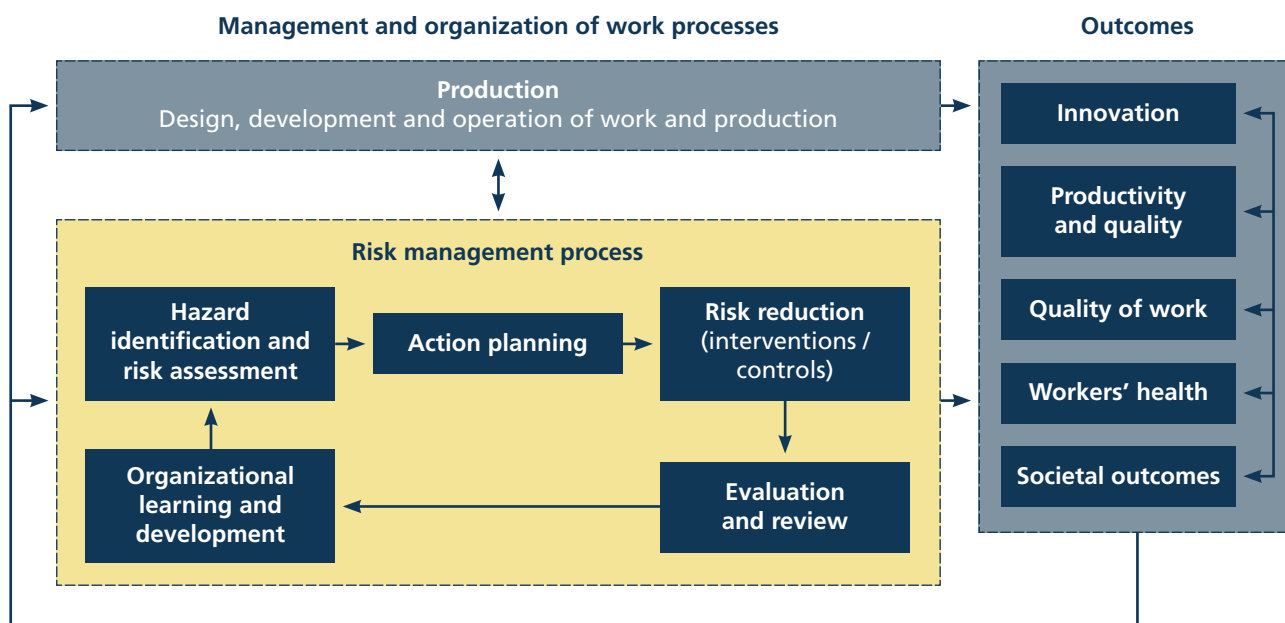
- a) the psychosocial risk management policy and objectives;
- b) description of the scope of psychosocial risk management;
- c) description of the main stages of psychosocial risk management and reference to related documents;
- d) documents, including records, determined by the organization to be necessary to ensure the effective planning, operation and control of processes that relate to the management of its psychosocial risks.

The organization should establish, implement and maintain a procedure(s) for the ongoing hazard identification, risk assessment and determination of necessary controls for the prevention or minimization of workers being exposed to psychosocial risk. The process of psychosocial risk management is presented in Section 5.

⁷⁾ A Steering Group is a working group that includes key stakeholders from within the organization (including managers and employees) and that oversees and facilitates the psychosocial risk management process.

5 The psychosocial risk management process

Figure 2 – Overview of the psychosocial risk management process⁸⁾ (as presented on page v)



As workplace contexts differ, there is a need to optimize the design of the risk management activities, to guide the process and maximize the validity and benefit of the outcome. Tailoring aims to improve the focus, reliability and validity of the risk management process. It improves the utilization of the results of the risk assessment and the feasibility of the results and helps to make effective action plans. Areas that should be considered in the tailoring process include:

- what the process will cover (in terms of hazards, target and data collection);
- who (people or agencies) will be involved in the process;
- the process itself (e.g. hazard identification, risk assessment, goal setting and planning, implementation, monitoring, evaluation);
- who will review the process.

Tailoring is often needed to find a useful approach and tools for managing the actual psychosocial risks in the workplace. When planning the assessment and management of psychosocial risks in a workplace, several choices and decisions should be made to prepare for action. At the enterprise level, it is

important that these be made taking into consideration the size of the enterprise (especially SMEs, which require specific attention due to problems such as lack of resources), its occupational sector, characteristics of the workforce (such as gender, age and contingent work) and the wider context of the country.

Tailoring means that the method chosen should suit the actual aim of policy and management. Its coverage should be relevant, and those using the method should be competent to carry out the risk assessment and to interpret the results. The content of the method should also suit the type of work assessed. The competence of the user should be taken into account.

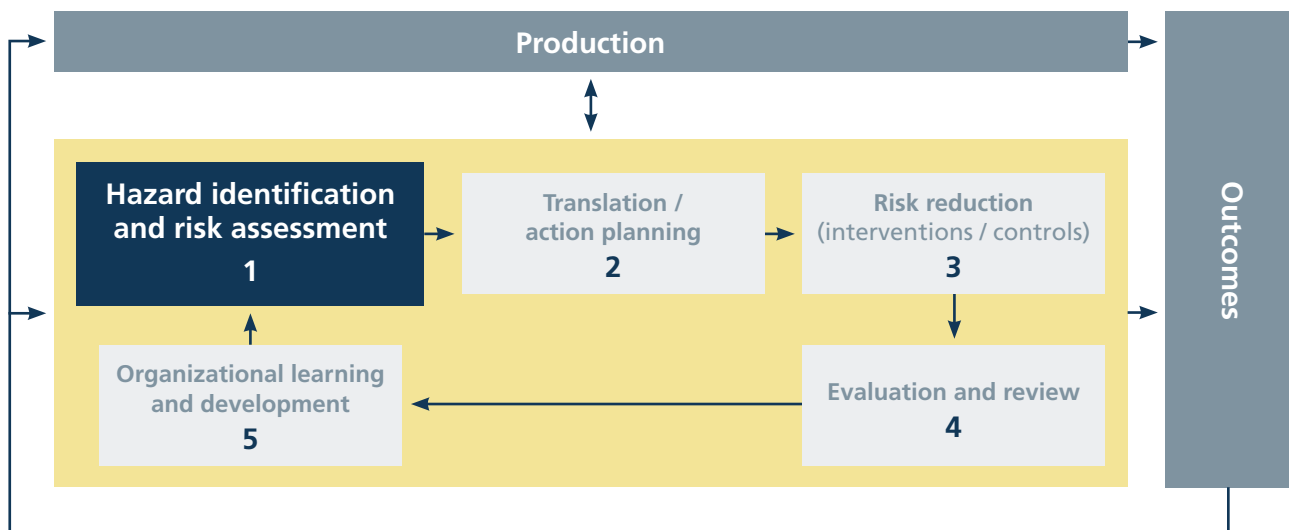
An effective model for psychosocial risk management places particular emphasis on the central status of the workers as “experts” in relation to their own jobs. In this respect, data collection is seen as an exercise in knowledge elicitation and modelling. Employees should be educated about the process, to develop appropriate expectations, and to participate actively in both the risk assessment and risk reduction phases. It is this requirement, both in principle and in practice, to empower workers to undertake the assessment and improvement of their own working conditions that drives the necessity for this approach to be user-friendly. Much of what needs to be done to reduce

⁸⁾ WHO (2008) [9].

psychosocial risks at source involves implementing good management practices or organizational development activities; for such changes to be effective, it is important that the people involved in them have a sense of ownership and are involved in the changes that take place. The risk assessment recognizes the validity of the expertise that working people have in

relation to their jobs. It draws on their expert judgements at group level. It works with consensus and seeks to validate consensus judgements against health data. However, the overall risk management process goes further and seeks to involve employees in the prevention of psychosocial risks and not by requiring them to simply change their perceptions and behaviour.

5.1 Hazard identification and risk assessment



5.1.1 Hazard identification

For psychosocial risk management to be effective it is important to understand the most important underlying causal factors before solutions are selected. The hazard identification process should take into account work organization and related factors as indicated in Table 2.

NOTE 1 In this PAS, psychosocial hazards also include harassment and bullying at work. These are often complex phenomena, e.g. to become bullied is a psychosocial risk situation causing psychological harm; on the other hand, harassment at work may be regarded and discussed as a consequence of a poor psychosocial work environment.

NOTE 2 For more information on harassment and bullying, see Annex C.

NOTE 3 This PAS recognizes the relevance and impact of third party violence as a psychosocial risk, and this issue is also briefly discussed in Annex C.

As stressed throughout this PAS, consultation between employers and workers' representatives is crucial for the success of the psychosocial risk management process; health and safety committees, work 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, consultation between employers and workers should take place at all stages of the psychosocial risk management process. Both the employer and employees have specific responsibilities and roles to play. These responsibilities and roles may also be identified through organizational policies in relation to these issues.

Psychosocial risk management should incorporate five important elements:

- a) a declared focus on a defined work population, workplace or set of operations;
- b) an assessment of risks to understand the nature of the problem and their underlying causes;
- c) the design and implementation of actions designed to remove or reduce risks;
- d) the evaluation of those actions and their outcomes;
- e) the active and careful management of the process to ensure review and updating to meet changing needs.

Table 2 – Psychosocial hazards⁹⁾

Area	Key issues
Job content	Lack of variety or short work cycles, fragmented or meaningless work, underuse of skills, high uncertainty, continuous exposure to people through work
Workload and work pace	Work overload or underload, 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
Environment and equipment	Inadequate equipment availability, suitability or maintenance; poor environmental conditions such as lack of space, poor lighting, excessive noise
Organizational culture and function	Poor communication, low levels of support for problem-solving and personal development, lack of definition of, or agreement on, organizational objectives
Interpersonal relationships at work	Social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support, harassment, bullying, third party violence
Role in organization	Role ambiguity, role conflict, 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, problems relating to both partners being in the labour force (dual career)

The organization's methodology for psychosocial hazard identification and risk assessment should:

- a) be defined with respect to its scope, nature and timing to ensure it is proactive rather than reactive;
- b) provide for the identification, prioritization and documentation of risks, and the application of controls, as appropriate.

5.1.2 Psychosocial risk assessment

Risk assessment is a central element of the risk management process. It has been defined by the European Commission as "a systematic examination

of the work undertaken to consider what could cause injury or harm, whether the hazards could be eliminated, and if not what preventive or protective measures are, or should be, in place to control the risks" (EC, 1996 [15]). The risk assessment (see 2.11) 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 organization (in terms of issues such as absence, commitment to the organization, worker satisfaction, intention to leave and productivity).

Risk assessment should assess work as it is done. A well-conducted risk assessment not only identifies 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.

⁹⁾ This psychosocial hazard typology is comparable to the HSE's Management Standards for Work-related Stress six key areas of work design: Demands, Control, Support, Relationships, Role and Change.

5.1.3 Methods and tools for risk assessment and key principles

A baseline should be established through risk assessment. Surveys can be part of this process; they are an important element in some of the available tools for the management of psychosocial risk factors.

NOTE Examples of such surveys can be found in the Management Standards for Work-related Stress Indicator Tool [14] and the EU-OSHA Online interactive Risk Assessment Tool – OiRA for SMEs.¹⁰ Additional examples are presented in Annex F.

However, other qualitative and observation methods may also be used, especially in smaller enterprises, provided the scope is the same and there is a clear intention of taking timely action on the results. The risk assessment should take into consideration diversity issues (e.g., gender, age) and should not ignore the wider context, such as the occupational sector characteristics or socioeconomic and cultural variations.

Psychosocial hazards are usually situation specific; what is present in one type of work or affects a particular type of worker may not be present in another job or affect a different type of worker. The identification of psychosocial hazards relies on the expert judgement of groups of relevant working people on the adequacy of the design and management of their work. The knowledge and expertise of working people in relation to their jobs is recognized and treated as valuable evidence. This information is treated at the group level, and consensus is measured in those expert judgements on working conditions. The method does not seek to catalogue individual views about work.

Before a problem can be addressed, it should be analyzed and understood, and an assessment made of the risk that it presents. Much harm can be done, and resources squandered, if precipitous action is taken on the assumption that the problem is obvious and well enough understood.

The risk assessment should bring together two elements to allow the identification of likely risk factors:

- a) identification of psychosocial hazards;
- b) information about the possible harm associated with psychosocial hazards collected both from the risk assessment and from otherwise available organizational 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. This involves comparing groups or areas that differ in terms of their exposure to, or report of, psychosocial hazards in terms of the data on possible health outcomes. What is required here is that the exercise of logic is described and that decisions based on it are justified on the available evidence so that they can be audited at a later stage if necessary. Bringing together the information on psychosocial hazards and their possible health effects allows the identification of likely risk factors. These risk factors can be prioritized in terms of the nature of the hazard or the harm it causes, the strength of the relationship between hazard and harm, or the size of the group affected. Similar decisions on priorities are made every day in other areas of risk assessment.

Work should be carried out within a number of well-defined guiding principles in the psychosocial risk assessment process. These keep the risk assessment on track and guard against a number of problems. For example, they help prevent misconceptions about the aims and objectives of the risk assessment (e.g. that it is about stress management training or counselling provision).

These principles should be applied throughout the process in accordance with Table 3. They are especially important in establishing good practice early on.

Analyzing possibly hazardous situations and assessing the risk that they might pose to the health of individuals or the healthiness of their organizations should provide sufficient appropriate evidence to initiate discussions of psychosocial hazards at work, and to provide an informed basis for managing those problems through a risk reduction action plan.

5.1.4 Review of existing practices and support

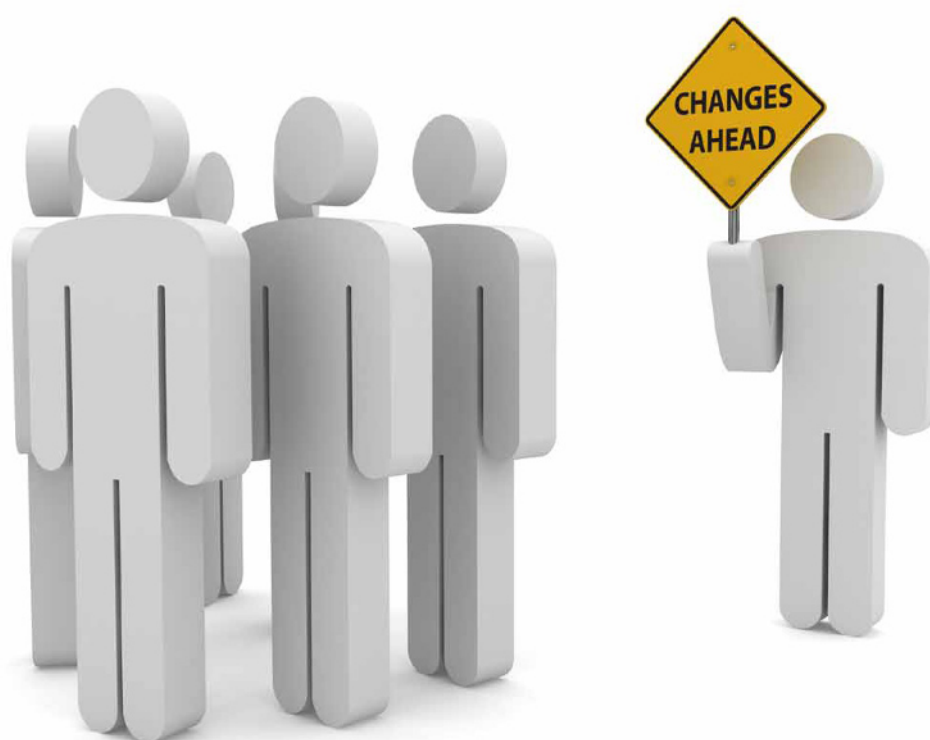
Before action can be sensibly planned, it is necessary to analyze what measures, if any, are already in place to deal with psychosocial hazards and their effects on the individual or the organization. This analysis requires a review, analysis and critical evaluation of existing management practices and 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 (see Annex B).

The information from the review, together with the risk assessment information, feeds into the process of discussing and exploring the risk assessment data to allow the development of an action plan for risk reduction.

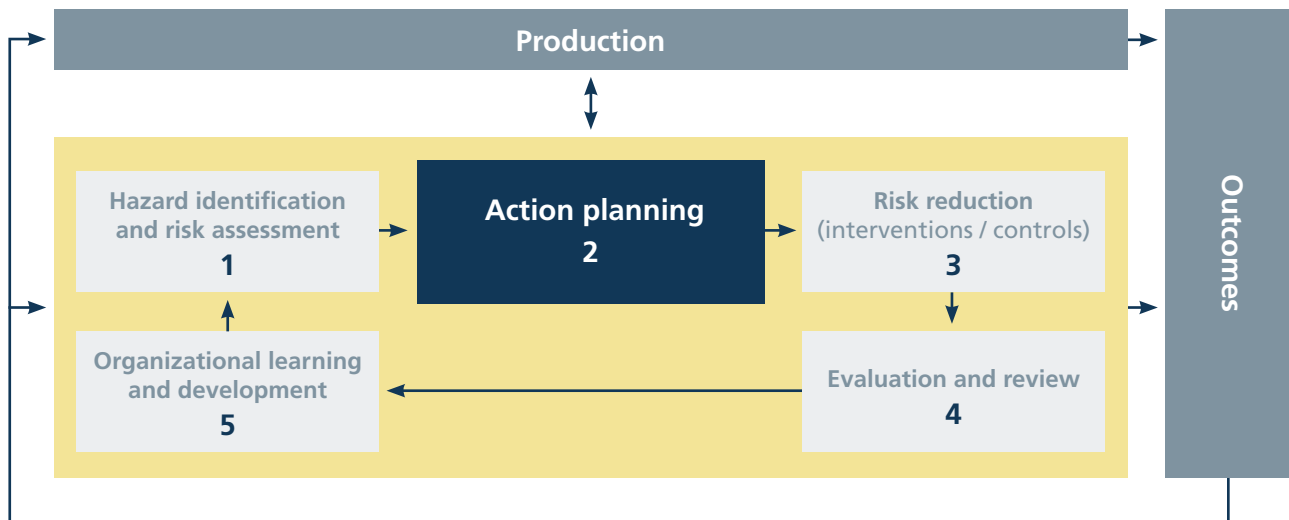
¹⁰ www.oira.osha.europa.eu

Table 3 – Key principles of risk assessment

Principle	Implications
Work with defined groups	Each risk assessment is carried out within a defined work group, workplace or function
Focus on working conditions not individuals	Risk assessments are executed to identify aspects of the psychosocial work environment that give rise to the experience of stress and challenges to health and not to identify individuals experiencing stress or ill health
Focus on “big issues”	The primary focus is on the problems that have the greatest impact on staff and not on individual complaints
Provide evidence of effects of working conditions on health	The process is evidence-driven
Use valid and reliable measures	All methods of data collection are both reliable and valid. Employees’ expertise provides an important source of information
Maintain confidentiality of information	The confidentiality of information given by individuals is guaranteed. Individual information is stored securely and not disclosed
Focus on risk removal or reduction as the goal	The risk assessment is designed with risk removal or reduction in mind. Risk assessment tools are designed to provide sufficient detail and context-specific information to allow for control measures to be taken. The emphasis is primarily on prevention and organizational-level interventions
Involve employees	The use of participative methods (e.g. through group discussions) and employee involvement are critical to success



5.2 Action planning



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

- a) what is being targeted;
- b) how;
- c) by whom (who is responsible);
- d) who else needs to be involved;
- e) what the time schedule will be;
- f) what resources will be required;
- g) what will be the expected (health and business benefits);
- h) how benefits can be measured;
- i) how the action plan and its effects will be evaluated.

Once the interventions have been determined, the organization can prioritize its actions to implement them. In the prioritization of actions the organization should take into account the potential for risk reduction of the planned interventions. It is preferable that actions addressing a high-risk activity or offering a substantial reduction of risk take priority over actions that have only limited risk reduction benefit. It is important to make the problems at the workplace the starting point for action, and to develop knowledge and solutions that are "fit for purpose".

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. Risk reduction interventions should

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

Examples of possible interventions are given in Annex B.

5.3 Risk reduction (interventions/controls)

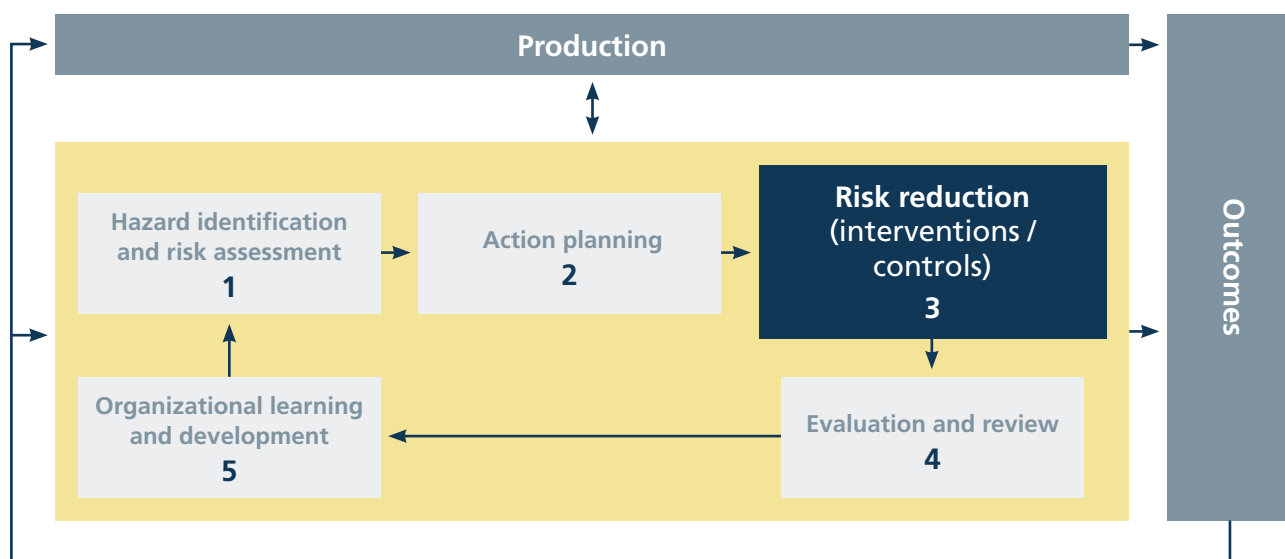


Table 4 – Psychosocial risk management interventions

Level	Focus
Primary interventions	The management of psychosocial risks should prioritize interventions that reduce risks at source. There are a number of arguments for giving it precedence; European law, and transposed national legislation in EU Member States, prioritizes such measures within organizations and the need to target problems at source. They can also be significantly cost-effective as the focus of interventions is put on the causes and areas within the organization where change is required. Moreover, they promote organizational healthiness as they address issues related to organizational culture and development. Interventions of this kind call for and promote dialogue and a participative approach; resulting actions can be tailored to different contexts and are general in nature
Secondary interventions	Involve taking steps to improve the perception and management of psychosocial risks for groups that could be at risk of exposure. They are not a substitute for primary prevention interventions. The focus of these actions is on the provision of education and training. It is assumed that, through the provision of training, employees can become more aware about psychosocial risks, work-related stress, harassment and third party violence and hence better able to address them. Issues that can be covered through training include interpersonal relationships (between colleagues and with supervisors), time management and handling conflicts
Tertiary interventions	In cases where individuals have already been harmed by exposure to hazards, actions can be taken once a problem has become evident to limit its effects. The action here is on the consequences of exposure to psychosocial hazards, which can be either psychological or physical in nature. Thus, people who are suffering from psychological ill health, which includes burnout, depression or strain, can be provided with counselling and therapy, and those suffering from physical symptoms can benefit from occupational health services provision. When affected employees have been off work because of ill health, appropriate return-to-work and rehabilitation programmes should be implemented to support their effective reintegration into the workforce

Having completed a risk assessment and having taken account of existing controls, the organization should be able to determine whether existing controls are adequate or need improving, or if new controls are required. If new or improved controls are required, their selection should be determined by the principle of the hierarchy of controls (see OHSAS 18001:2007, 5.3.1), which, in the case of psychosocial risk management refers to the levels of intervention, as given in Table 4:

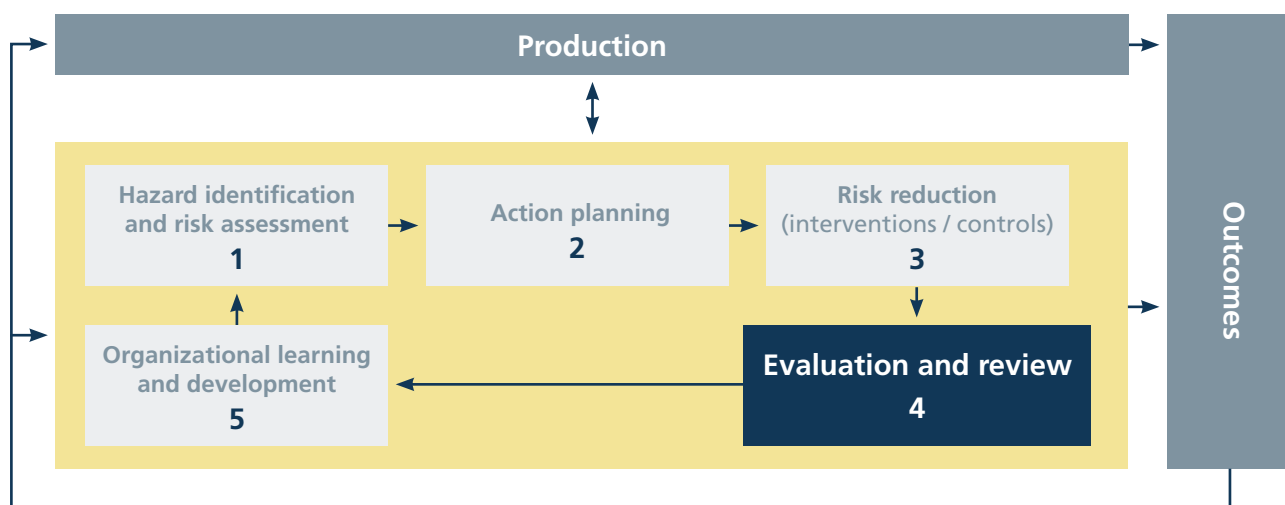
- a) primary: proactive by nature, attempting to prevent harmful effects or phenomena to emerge;
- b) secondary: aiming to reverse, reduce or slow the progression of ill health or to increase individual resources;
- c) tertiary: rehabilitative by nature, aiming to reduce negative impact.

The effective implementation of psychosocial risk management interventions depends on a number of key issues, as given in Table 5. These relate to the readiness of an organization for change that might result as an outcome of the interventions implemented (and especially of those at primary level), the nature of the intervention plan in terms of how realistic, practical and comprehensive it is to address key problem areas effectively, and the fit between the intervention plan and day-to-day business activities in order to avoid the intervention being disruptive and to promote continual improvement of the work environment.

Table 5 – Key issues for success in psychosocial risk management interventions

Success factor	Implications
Organizational readiness to change	Organizational readiness and resistance to change will impact on the success and effectiveness of the intervention. Organizational commitment and support should be developed and retained from the beginning of the intervention initiative
Realistic intervention plan	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. Simpler measures should be combined with long-term planning to deal with more difficult issues
Comprehensive intervention plan	To successfully prevent and manage psychosocial risks, intervention strategies should comprehensively incorporate elements from all three intervention levels: <ul style="list-style-type: none"> • primary: address the root causes of work-related stress • secondary: provide training to managers and employees on psychosocial risk management • tertiary: for those that have suffered ill health as a result of work-related stress, provide them with support to manage and reduce their respective effects
Supporting continual 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 continual improvement cycle promoting a better psychosocial work environment can be supported

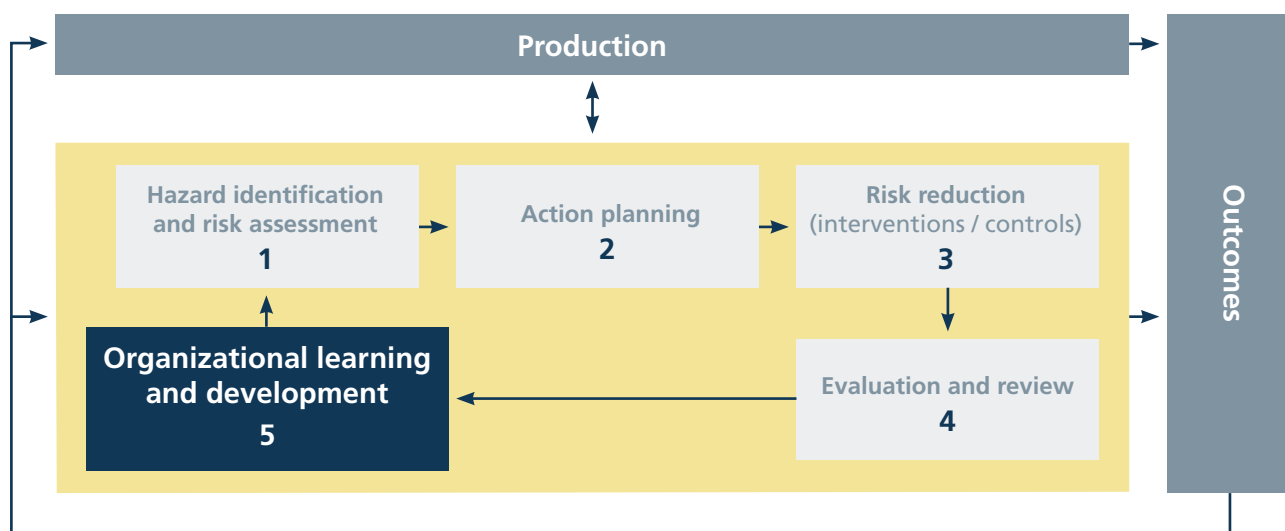
5.4 Evaluation and review of process and outcomes



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 should be evaluated and reviewed. Evaluation should 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 should not be treated as an issue of success or failure, praise or blame, but more dispassionately. It should inform a reassessment of the original problem and of the overall risk management process, as well as provide feedback on the outcomes. Evaluation drives reassessment and continual improvement.

5.5 Organizational learning and development



Evaluation not only tells the organization how well something has worked in reducing psychosocial risks and the associated harm but also allows the reassessment of the whole situation, providing a basis for organizational learning and development.

Essentially, it establishes a continual process for improvement that should be repeated within an established time frame in the organizational context. Lessons learned from the evaluation should be explicitly identified.

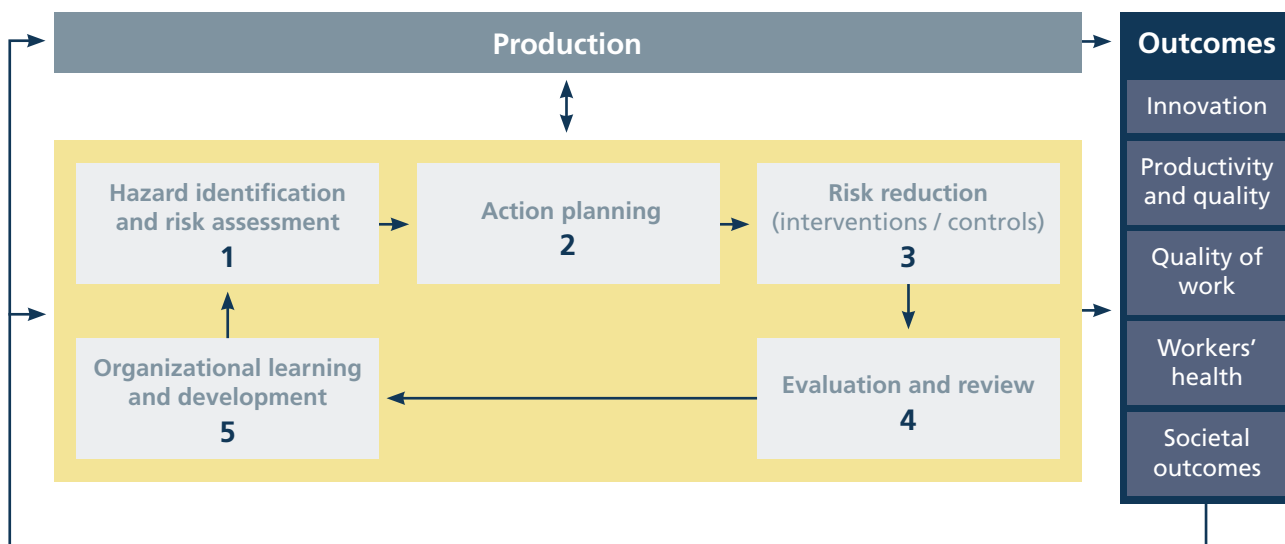
The organization should use the evaluation for continual improvement and also as the basis for sharing (discussing and communicating) learning points that may be of use in future risk management. Evaluation can also inform the (re)design of work organization and workplaces as part of the normal organizational development process. A long-term strategy is essential and should be adopted by organizations.

Lessons learned through the evaluation 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 organization audience. Finally, they should be used as input for the "next cycle" of the psychosocial risk management process.

Psychosocial risk management can contribute to the creation of positive work environments where commitment, motivation, learning and development play an important role and sustain organizational development.

5.6 Outcomes of the psychosocial risk management process



A healthy organization is one with values and practices facilitating good employee health and well-being as well as improved organizational productivity and performance. Managing psychosocial risks and workplace health relates to managing the corporate image of organizations.

Psychosocial risk management can contribute to:

- a) a reduction in the cost of absence or errors and accidents and hence an associated increase of production;
- b) a reduction in the cost of medical treatment and associated insurance premiums and liabilities;
- c) an improvement in work processes and communication and promotion of work effectiveness and efficiency;
- d) the attractiveness of the organization as a good employer and one that is highly valued by its staff and its customers;

- e) the development of an innovative, responsible, future-orientated corporate culture;
- f) the promotion of health and well-being in the enterprise as well as in the wider community setting.

Psychosocial risk management is central to occupational health and safety policy and practice. The management of psychosocial risks is about people, their health status, and business and societal interests. Protecting the health of people is not only a legal obligation but also an ethical responsibility.

6 Monitoring performance

An organization should have a systematic approach for measuring and monitoring its psychosocial risk management performance on a regular basis; this can be an integral part of its overall OH&S management system. Monitoring involves collecting information, such as measurements or observations over time, using measures or techniques that have been confirmed as being fit for purpose. Measurements can be either quantitative or qualitative.

Monitoring and measurements can serve many purposes in psychosocial risk management, such as:

- a) tracking progress on meeting policy commitments, achieving objectives and targets, and continual improvement;
- b) monitoring exposures to determine whether applicable legal and other requirements to which the organization subscribes have been met;
- c) monitoring incidents, injuries and ill health;
- d) providing data to evaluate the effectiveness of

interventions, or to evaluate the need to modify or introduce new interventions;

- e) providing data to proactively and reactively measure the organization's psychosocial risk management performance;
- f) providing data to evaluate its psychosocial risk management strategy;
- g) providing data for the evaluation of competence.

The results of measurement and monitoring should be analyzed and used to identify both successes and areas requiring correction or improvement. The organization's measuring and monitoring should use both reactive and proactive measures of performance, and should primarily focus on proactive measures to drive performance improvement. The data and results of monitoring and measurement should be recorded sufficiently to facilitate subsequent corrective action and preventive action analysis.



7 Management review

Top management should review the organization's psychosocial risk management strategy, at planned intervals, to ensure its continuing suitability, adequacy and effectiveness. Reviews should include assessing opportunities for improvement and the need for changes. Records of the management reviews should be retained.

Input to management reviews should include:

- a) results of internal reviews and evaluations of compliance with applicable legal requirements and with other requirements to which the organization subscribes;
- b) the results of participation and consultation;
- c) relevant communication(s) from external interested parties, including complaints;
- d) the psychosocial risk management performance of the organization;
- e) the extent to which objectives have been met;
- f) status of incident investigations, corrective actions and preventive actions;
- g) follow-up actions from previous management reviews;
- h) changing circumstances, including developments in legal and other requirements related to psychosocial risk management;
- i) recommendations for improvement.

The outputs from management reviews should be consistent with the organization's commitment for continual improvement and should include any decisions and actions related to possible changes to:

- a) psychosocial risk performance;
- b) psychosocial risk policy and objectives;
- c) resources and other elements.

Relevant outputs from management review should be made available for communication and consultation.



Annex A (informative)

Statutory requirements and guidelines

This Annex draws the users' attention to relevant statutory requirements and guidelines to this PAS.

[1] EU-OSHA (2009). *OSH in figures: Stress at work – facts and figures*.

[2] WHO (2010). *Health impact of psychosocial hazards at work: An overview*.

[3] International Labour Organization (2006). *Violence at work*.

[4] European Agency for Safety and Health at Work (2010). *Workplace violence and harassment: a European picture*.

[5] ILO OSH-MS Guidelines (2001). *Programme on Safety and Health at Work and the Environment (SAFEWORK)*.

[6] European Framework Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work.

[7] International Labour Organization (1986). *Psychosocial factors at work: Recognition and control*. Occupational Safety and Health Series no: 56.

[8] WHO (2003). *Work organization and stress*. Protecting Workers' Health Series, No. 3.

[9] WHO (2008). *PRIMA-EF: Guidance on the European framework for psychosocial risk management*. Protecting Workers' Health Series, No. 9.

[10] WHO (2010). *Healthy workplaces: A model for action for employers, workers, policy makers and practitioners*.

[11] European Commission (2002). *Guidance on work-related stress – Spice of life or kiss of death?* Luxembourg: Office for Official Publications of the European Communities.

[12] European Social Partners (2004). *Framework Agreement on Work-related Stress*. Brussels: European Social Partners – ETUC, UNICE, BUSINESSEUROPE, UEAPME and CEEP.

[13] European Social Partners (2007). *Framework Agreement on Harassment and Violence at Work*. Brussels: European Social Partners – ETUC, BUSINESSEUROPE, UEAPME and CEEP.

[14] Health and Safety Executive (2005). *Tackling stress: The Management Standards approach*. Sudbury: HSE Books.

[15] European Commission (1996). *Guidance on risk assessment at work*.

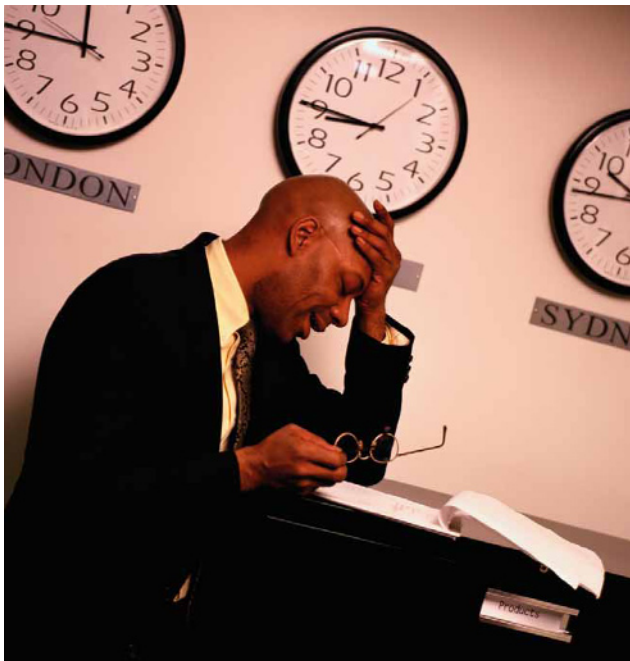
[16] European Agency for Safety and Health at Work (2002). *Bullying at work*. Factsheet 23.

Annex B (informative)

Work-related stress

B.1 General

This information guide introduces the concept of stress and presents the primary causes of work-related stress and the harmful effects of stress on the workplace and employees. It draws attention to the common signs and symptoms of stress and to psychosocial risks at the workplace.



B.2 What is stress?

Stress manifests as physical, psychological or social complaints or dysfunctions, and results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them.

The individual is well adapted to cope with short-term exposure to pressure, which can be considered by some as motivating, but has greater difficulty in coping with prolonged exposure to intense pressure. Moreover, different individuals can react differently to similar situations, and the same individual can react differently to similar situations at different times of his/her life.

Work-related stress can be caused by different factors such as work content, work organization, work environment and communication.

Stress results from a mismatch between the demands and pressures on the person, on the one hand, and their knowledge and abilities, on the other. It challenges their ability to cope with work. This includes situations where the pressures of work exceed the worker's ability to cope but also situations where the worker's knowledge and abilities are not sufficiently utilized, and that is a problem for them.

Work-related stress can lead to poor health and even injury. It may be associated with a range of adverse effects, both physiological and psychological.

B.3 What causes work-related stress?

Stress in the workplace can have many origins or come from one single event. It can impact on both employees and employers alike. Fear of job redundancy, layoffs due to an uncertain economy and increased employer demands for overtime working due to staff cutbacks act as negative stressors. Employees who start to feel the "pressure to perform" can get caught in a downward spiral of increasing effort to meet rising expectations with no increase in job satisfaction. Poor work organization can cause work-related stress.

Stress is not a disease, but prolonged exposure to it may reduce effectiveness at work and can cause ill health. Stress originating outside the working environment can lead to changes in behaviour and reduced effectiveness at work. All manifestations of stress at work cannot be considered as work-related stress.

Research findings show that the most stressful type of work is that which values excessive demands and pressures that are not matched to workers' knowledge and abilities, where there is little opportunity to exercise any choice or control and where there is little support from others. Most of the causes of work-related stress concern the way work is designed and the way in which organizations are managed. These types of challenges are called psychosocial hazards. The literature [8] on work-related stress generally recognizes ten broad categories of psychosocial hazards, as listed in Table 2 of this PAS.

B.4 The effects of work-related stress on individuals and on organizations

People experience stress in different ways. Work-related stress can cause different kinds of problems at the individual level. For example, it can cause unusual and dysfunctional behaviour at work and contribute to poor physical and mental health. Work-related stress also has physiological and emotional effects. Work-related stress has been found to be associated with depression and anxiety, cardiovascular disease, musculoskeletal symptoms and diabetes, among others. For a review of the health impact of psychosocial risks and work-related stress see [2].

Signs of stress can be noticeable to colleagues and managers. They include deteriorating relationships with colleagues, irritability, indecisiveness and reduced performance. Stressed employees may also engage in unhealthy activities such as increased smoking or alcohol consumption, or drug use and abuse.

Stress not only affects the health of employees but also that of organizations. Signs of unhealthy organizations include high staff turnover, increased absenteeism, reduced work performance, poor timekeeping and customer complaints. At the organizational level, work-related stress can often be observed as a deteriorated work climate. Deterioration in climate and morale is often closely associated with work relationships and directly affects employee satisfaction and welfare. In addition, the number of days lost to illness can increase. This is seen especially in the growth of short-term sick leave of 1 to 3 days. However, stressed employees may also be present at their workplace but underperform, a phenomenon known as presenteeism.

Work-related stress also has an impact on product and service quality as well as the organization's image. The recruitment of new and capable employees can be impaired if the organization is seen as a bad employer.

B.5 How can work-related stress be dealt with?

A good employer designs and manages work in a way that avoids common risk factors for stress and prevents, as much as possible, foreseeable problems. Table B.1 provides an outline of aspects and examples of well-designed work.

In any existing workplace, it is advisable to identify any mismatch between demands and pressures, on the one hand, and workers' knowledge and abilities, on the other, set priorities for change and manage the change towards risk removal or reduction.



Table B.1 – Well-designed work

Aspect	Examples
Clear organizational structure and practices	Employees are provided with clear information about the structure, purpose and practices of the organization
Appropriate selection, training and staff development	Each employee’s skills, knowledge and abilities are matched as much as possible to the needs of each job Candidates for each job are assessed against that job’s requirements Where necessary, suitable training is provided Effective supervision and guidance is provided to employees
Job descriptions	Job descriptions are clear. It is important that an employee’s manager and other key staff are aware of the relevant details of the job and make sure that demands are appropriate A job description will depend on an understanding of the policy, objectives and strategy of the organization, on the purpose and organization of work and on the way performance will be measured The better employees understand their job, the more they will be able to direct the appropriate efforts towards doing it well
Communication	Managers are to talk to their staff, listen to them and make it clear that they have been heard Communication of work expectations are comprehensible, consistent with the job description and complete Commitments made to staff are clear and are kept
Social environment	A reasonable level of socializing and teamwork is often productive as it can help increase commitment to work and to the work group

B.5.1 Levels of intervention

There are various strategies to solve work-related stress problems, which should be developed in consultation with workers and/or their representatives.

Primary interventions

- a) Work redesign: the best strategies for work redesign focus on demands, knowledge and abilities, support and control, including:
 - changing the demands of work (e.g. by changing the way the job is done or the working environment, sharing the workload differently);
 - ensuring that employees have or develop the appropriate knowledge and abilities to perform their jobs effectively (e.g. by selecting and training them properly and by reviewing their progress regularly);
 - improving employees’ control over the way they do their work (e.g. by introducing flexitime, job-sharing, more consultation about working practices);

- increasing the amount and quality of support they receive (e.g. by introducing “people management” training schemes for supervisors, allowing interaction among employees and encouraging cooperation and teamwork).
- b) Ergonomics and environmental design:
 - improving equipment used at work and physical working conditions.
- c) Organizational development:
 - implementing better work systems and management systems, developing a more friendly and supportive culture.

Secondary interventions

- a) Stress awareness training:
 - asking employees to attend classes on time management, assertiveness training or conflict resolution.
- b) Management development:
 - improving managers’ attitudes towards dealing

with work-related stress, their knowledge and understanding of it, and their skills to deal with the issue as effectively as possible. The role of both top management and line managers is important.¹¹⁾

Tertiary interventions

- a) An individual worker's problems and the solutions to those problems may be discussed with the worker, described and agreed. Timing of such discussions may depend on the worker's state of well-being.
- b) Possible interventions, both individual (e.g. training, medical treatment, counselling) and organizational (e.g. job redesign, changes in management practices) can be planned, implemented and evaluated.
- c) Keeping records: careful, accurate, records are kept, and progress is evaluated. It is important that opinions and judgements are not represented as facts. Proposed actions and the reasons for their selections may be agreed where possible and recorded.

There are three ways by which employers can detect problems early and prevent them from becoming serious. These are:

- a) regularly monitoring staff satisfaction and health;
- b) making sure staff know whom to talk to about problems;
- c) knowing where to refer employees to for professional help when they appear to be experiencing real difficulties.

Larger businesses may have access to their own occupational health service or employee assistance programme.

B.6 Preventing and managing work-related stress: good practice principles

The key aspects and good practice principles for strategies to prevent and manage psychosocial risks and work-related stress are given in **B.6.1** to **B.6.3**. These good practice principles relate to the content, implementation and evaluation of work-related stress management interventions.

B.6.1 Intervention content: key components

- a) The content (key elements of focus, tools and implementation) of the intervention are to be derived from evidence-based practice, based on sound scientific theory.
- b) Psychosocial risks to employees' health and well-being in the work environment are to be identified by way of conducting a proper risk assessment.

- c) The intervention components and tools are to be adapted and tailored to the given occupational sector and meet the unique needs of the respective organization.
- d) The intervention is to be designed to be implemented in a systematic and stepwise manner with the aims, objectives and implementation strategy of the intervention clearly defined and outlined.



B.6.2 Intervention context: successful implementation

- a) Raising awareness and educating managers and employees on the causes and consequences of work-related stress is essential.
- b) Knowledge, competencies and skills on continuous psychosocial risk prevention and management at the workplace is to be developed through appropriate training for managers and workers.
- c) It is crucial that the intervention aims and its overall importance, are understood and agreed by both management and employees.
- d) The overall support and commitment of the organization (e.g. allocation of resources) and the active participation of management throughout the intervention, in its design, implementation and evaluation, are important.
- e) Employees are to participate actively and be consulted in the development of the intervention strategy.

¹¹⁾ For further information on line managers' competencies to deal with work-related stress, see www.hse.gov.uk/stress/mcit.htm

- f) it is important that 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) is maintained.

B.6.3 Intervention evaluation: effectiveness and sustainability of intervention effects

- a) An evaluation strategy, clearly linked to the outlined intervention aims, goals and identified problems, is essential.
- b) A variety of methods may 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 organization.
- c) The intervention's impact and overall effectiveness on employee well-being and organizational outcomes (e.g. cost-effectiveness, productivity, absenteeism) is to be systematically evaluated at several time-points, both directly following the intervention and over the long-term.
- d) The quality and effectiveness of the implementation process of the intervention are to be systematically assessed.
- e) The impact of the intervention within different groups (e.g. by worksite, department, gender) within the organization is to be assessed to identify and, in turn, address any differential effects of the intervention.

It should be noted that risk assessment and intervention design are to take into consideration workforce diversity issues such as gender, age and ethnicity. This would ensure the adoption of a more sensitive risk assessment approach and the achievement of maximum positive intervention effects for these groups.¹²⁾

¹²⁾ A number of case study examples on interventions that have been implemented in different organizations can be found at:

- Health & Safety Executive: www.hse.gov.uk/stress/experience.htm
- EU-OSHA: http://osha.europa.eu/en/good_practice/topics/stress; and
- PRIMA-EF: <http://prima-ef.org/inventory.aspx>

Annex C (informative)

Workplace harassment and third party violence

C.1 General

This Annex introduces the concept of harassment and presents the primary antecedents of harassment and the harmful effects of harassment on employees, observers and the organization. It suggests strategies on how to manage harassment at the workplace. Some brief information on third party violence is given in C.6.



C.2 Workplace harassment

In the Framework Agreement on Harassment and Violence at Work [13] signed by the European social partners in 2007, it is stated that “harassment occurs when one or more worker or manager are repeatedly and deliberately abused, threatened and/or humiliated in circumstances relating to work”. Harassment (bullying or mobbing) is an escalating process in the course of which the person confronted ends up in an inferior position in which he/she feels defenceless and becomes the target of systematic negative acts. It often involves a misuse or abuse of power, and the targets experience difficulties in defending themselves.

The harasser can be a co-worker, supervisor or line manager, or subordinate. Although the term

harassment is mainly used to describe situations inside an organization, continuous negative behaviours by clients and customers can also become harassment.

The term *harassment* is used by the European Agency for Safety and Health at Work (2002, 2010) [16] and is also used in the Framework Agreement on Harassment and Violence at Work. In scientific literature, the term *workplace bullying* is often used. Bullying often involves a misuse or abuse of power where the targets can experience difficulties in defending themselves. ILO [7] defines bullying as “offensive behaviour through vindictive, cruel, malicious or humiliating attempts to undermine an individual or groups of employees”.

The term *mobbing* is used in some countries interchangeably with bullying. Sometimes mobbing and bullying are used to differentiate between negative behaviour by groups and negative behaviour by a single person.

Definitions covered by national legislation should also be taken into account. For the purpose of this PAS, the term harassment is used.

C.3 Antecedents and consequences of harassment at work

The causes of harassment can be various and arise from societal, organizational, group and individual factors. The work environment view emphasizes that stressful and poorly organized work environments may give rise to harassment.

Harassment is primarily caused by factors related to deficiencies in work organization and leadership behaviour within organizations. Such features (e.g. role conflict, role ambiguity, high demands, organizational change, job insecurity, low satisfaction with leadership, negative or hostile social climate in the workplace) of the work environment may influence harassment directly, but they may also contribute to creating a stressful work climate in which harassment can flourish.

Harassment at work has been shown to have negative effects on both the targets and the observers/witnesses of harassment, as well as organizations.

Becoming exposed to continuous inappropriate and negative behaviour and harassment is an extreme social stress situation. Targets of harassment suffer from different kinds of ill-health and stress symptoms (e.g. depression, irritability, concentration and sleeping problems, lowered job satisfaction) and possibly musculoskeletal problems. Targets of harassment also have more sickness absence days than those who are not exposed to harassment.

Observing harassment in the workplace may lead to negative health effects on the observers or witnesses, who may report higher stress levels and more stress symptoms than other employees.

The costs for the organization include, sickness absence costs, costs of litigation, turnover, replacement, recruitment and training costs, as well as damage to the organization image and negative publicity.

C.4 Interventions for the prevention and management of harassment at work

The prevention of harassment is a key element in the improvement of working life and the avoidance of social exclusion. It is important to take early action against a destructive work environment to avoid waiting for victims to complain to employers.

- a) Primary interventions are proactive by nature and aimed at reducing the risks of harassment at work.
- b) Secondary interventions aim to reverse, reduce or slow the progression of the situation and to increase the resources of individuals.
- c) Tertiary interventions are aimed at reducing and healing the damages of harassment.

It is important to emphasize the importance of both appropriate policies and the appropriate management of individual cases (see Table C.1).



Table C.1 – Examples of interventions for the prevention and management of harassment at work¹³⁾

Level	Primary interventions	Secondary interventions	Tertiary interventions
Organizational	<ul style="list-style-type: none"> • anti-harassment policies and procedures • development of organizational culture • management training, e.g. on the work-related risks of the onset of harassment at work and legal obligations of management • organizational level surveys and organizational level development projects 	<ul style="list-style-type: none"> • handling and investigation procedures 	<ul style="list-style-type: none"> • programmes and contracts of rehabilitation and return to work
Workplace/group	<ul style="list-style-type: none"> • work environment surveys and risk assessments with a special emphasis on the risks of harassment at the workplace • work environment redesign, psychosocial factors • awareness training for supervisors and staff 	<ul style="list-style-type: none"> • training of line managers and supervisors on conflict management • training of employees, e.g. on the antecedents and consequences of harassment • conflict resolution • investigation and handling of cases 	<ul style="list-style-type: none"> • provision of group support
Individual	<ul style="list-style-type: none"> • individual level assertiveness training • training and information, how to proceed if one is exposed to inappropriate treatment and harassment 	<ul style="list-style-type: none"> • social support and counselling 	<ul style="list-style-type: none"> • therapy • redress

¹³⁾ EU-OSHA (2010).

C.5 Good practice principles

In addition to the good practice principles in preventing and managing psychosocial risks (see 5.3), the following principles are important to take into consideration in planning and implementing interventions for the prevention and management of harassment at work.

- **Zero tolerance.** The basis in the management of workplace harassment is zero tolerance of all kinds of negative acts.
- **Readiness to take action.** The awareness, recognition and knowledge of harassment vary widely between organizations and countries. Low levels of awareness and knowledge influence the readiness and willingness of organizations, as well as of managers and employees, to take action for the prevention and reduction of harassment.
- **Mutual understanding of the phenomenon.** For interventions to be successful there has to be mutual understanding about the phenomenon and the antecedents or risks for harassment, and a common language to talk about harassment across the organization, involving employers, employees, union representatives and health and safety professionals. Harassment at work needs also to be seen as a

work environment problem, with interventions aimed at the organizational level focusing on the work environment, organizational culture and organizational structures.

- **Non-blame culture.** Harassment at work is a sensitive subject that can create strong emotions among all those involved, whether one refers to the target, witnesses, those accused of harassment or those providing support to resolve the situation. Harassment can also arouse shame and guilt which might make it even more difficult to implement an intervention at the organizational level on harassment than on work-related stress. It is important that all phases of any intervention are dealt with professionally in a non-blame culture.

C.6 Third party violence

Work-related violence refers to any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. Violence at work is most often violence by third parties such as clients, patients or pupils. Fear of violence is stressful. The consequences of fear of violence and threats of violence are primarily psychological stress, intentions to leave and lowered job satisfaction.

Training should be provided to employees on how to deal with an aggressive or hostile client and how to protect oneself. In most organizations, policies for the prevention and management of third party violence are separate documents. Prevention and reduction of physical violence and situations, such as robberies, is an occupational safety issue and not within the scope of this PAS.



Annex D (informative)

Developing a policy for the management of psychosocial risks and the prevention of work-related stress¹⁴⁾

An organizational policy for the management of psychosocial risks and the prevention of work-related stress should present a clear message to employees and stakeholders that the organization recognizes 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 within the organization (e.g. managers, OH&S representatives, worker representatives) and with appropriate expert support as necessary.

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

- a) psychosocial risks and work-related stress are defined to avoid misunderstandings;
- b) aims and objectives are clearly stated, as is the policy's link to health and safety legislation;
- c) application and use are clarified;
- d) links to other organizational policies and practices are stated;
- e) details on its operationalization on the basis of the key stages and principles of psychosocial risk management are provided;
- f) implementation issues, including responsibilities of key actors and policy evaluation, are addressed.
- g) ethical issues relevant to it are addressed and clarified.

The policy should start with a clear statement that the organization is committed to the prevention of work-related stress, management of psychosocial risks and 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. The link of the policy to other policies, practices and systems that the organization may have should also be mentioned, such as human resources and corporate social responsibility.

The target audience of the policy should be stated as well as how it will be made available; most importantly,

there should be clarity on the operationalization of the policy and its implementation. There should be detail on how the organization will conduct risk assessments and how the data will be used to develop appropriate interventions for risk reduction at the organizational 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 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 organization 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. How and how often the policy will be evaluated should be mentioned. 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.

The functioning and effectiveness of the policy should be monitored and evaluated in a systematic way. It is best practice to evaluate the process on a regular basis (e.g. annually). The policy should also be developed further on the basis of the evaluation.

¹⁴⁾ WHO (2008).

Annex E (informative)

Developing a policy for the prevention and management of workplace harassment¹⁵⁾

E.1 General

It is the employer's duty to ensure that any case of harassment emerging in the organization is handled in a fair, ethical and legally responsible manner, ensuring the rights of the targets, as well as those accused.

Anti-harassment policies, procedures and guidelines for actions are a necessity and a suitable tool for both managers and those involved in harassment situations, both in regard to dealing with the situation, and for preventing and managing the problem.

With a policy, the employer demonstrates commitment to tackle harassment at work. A policy makes a clear statement about what an organization 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 recognize that harassment is an organizational issue that affects health and safety.

It is important to note that the process of drawing up and implementing a policy and codes of conduct for the management and prevention of harassment is as important as its contents. To ensure the success of a policy of this nature, it is crucial that it is developed and implemented jointly in the organization. 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 and trade unions. Additionally, the group should consider whether 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 in the management and prevention of harassment are in many respects universally the same; however, they differ somewhat between countries and organizations in relation, for example, to the roles and duties of the different actors and procedures. It is important that the policy reflects the culture and ways of action of the specific organization. E.1.1 lists some issues that a policy should include, but the actual content of the policy should be developed in the respective organization.

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 harassment, and ways of supporting and rehabilitating the targets.

E.1.1 The anti-harassment policy and instructions should include:

- a) a clear statement from management that all types of harassment are unacceptable;
- b) a description of harassment, with examples of negative acts and harassing behaviour as well as positive and desired behaviour;
- c) legislation and/or other regulations in relation to harassment, disciplinary procedures and sanctions;
- d) responsibilities, duties and roles of management and other actors such as line managers/supervisors, targets, co-workers, occupational health care services, health and safety representatives, health and safety authorities, and trade unions;
- e) the procedures to tackle harassment in the organization:
 - complaint/reporting procedures;
 - dealing with and settling harassment cases in the workplace;
- f) clear instructions for the persons experiencing harassment, for the observers, for the persons accused of harassment and for supervisors;
- g) information on support mechanisms for those involved (targets, harassers), including any organizational rehabilitation programme;
- h) measures to prevent harassment in the organization;
- i) measures to monitor and evaluate the policy;
- j) identification of specific contact persons (in the organization).

Often the policy document also includes a section on the causes and antecedents of workplace harassment.

¹⁵⁾ WHO (2008).

E.1.2 Implementation of a policy

All employees working in the organization need to know that the organization is committed to the policy for the management of workplace harassment. The group needs to think how information about the policy can successfully be distributed to all concerned. In connection to the implementation of the policy, all staff should be given basic training on these issues. Training should include definitions, information about causes and consequences and the escalating nature of the harassment process, legislation and other regulations

relating to harassment, description of the policy and instructions. In addition, managers and supervisors need to be trained to recognize harassment 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 good practice to evaluate the process after every case of harassment 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.



Annex F (informative)

Examples of psychosocial risk assessment and management tools

F.1 General

This Annex includes some examples of available tools for the assessment of psychosocial risks. Some of these tools go beyond risk assessment and facilitate risk reduction.

NOTE 1 *This list is not exhaustive.*

NOTE 2 *More examples can be found at www.prima-ef.org*



F.2 Work Organisation Assessment Questionnaire – Engineering Employers Federation (EEF), The Manufacturers’ Organisation, UK and I-WHO, University of Nottingham, UK

The Work Organisation Assessment Questionnaire has been scientifically validated for use by SMEs in the manufacturing sector with a minimum of 20 employees. It has been developed with rigorous scientific input from the Institute of Work, Health and Organisations (I-WHO), University of Nottingham, and the EEF. EEF’s free Work Organisation Assessment tool has been designed to help human resources and occupational health managers to diagnose how “healthy” their organization is.¹⁶⁾

F.3 Istas21 (CoPsoQ) Method – Trade Unions’ Institute of Work, Environment and Health (ISTAS) – Spain

Istas21 is a psychosocial risk management method, adapted from the Copenhagen Psychosocial Questionnaire (CoPsoQ). Although the main focus of this method is the evaluation of risks, a thorough manual is included with descriptions of the risk management process.

Its aim is to provide a method for the assessment of psychosocial risk factors that is valid for the Spanish population. It also aims to be used as a basis for the development of prevention actions using the risk management paradigm. The method is provided free of charge, with the condition that it is used as a tool for prevention strategies through the risk management approach; employees take active part in the process, results are confidential and questionnaires anonymous, and the tool is not modified. The focus of the assessment is on the association between psychosocial risks and a series of outcomes, which include:

- a) job satisfaction;
- b) general health;

¹⁶⁾ www.workorganisation.org.uk/

- c) mental health;
- d) vitality;
- e) behavioural stress symptoms;
- f) physical stress symptoms;
- g) cognitive stress symptoms.

The interventions that can be developed through the use of the approach are tailored to the needs of each company.¹⁷⁾

F.4 HSE Management Standards for Work Related-stress – Health & Safety Executive, UK

The Management Standards toolkit, available from the HSE stress website, includes case studies, training videos, questionnaires, advice for managers, employees and employee representatives along with background research and statistics. The Management Standards cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence. The six psychosocial risk factors included in the Management Standards are: demand, control support, role, relationship and change.¹⁸⁾

F.5 The SOBANE strategy applied to the management of psychosocial risks – Belgium

The SOBANE strategy (Screening, Observation, Analysis, Expertise) of risk management was developed to make it possible to avoid, solve or minimize problems and organize effectively and economically cooperation for greater efficiency of prevention. The SOBANE strategy was proposed to better utilize the skills of the more widely available occupational health and safety (OHS) professionals. The emphasis is on employees and management to address generic/common issues while less available “experts” are used to deal only with the major problems that really need their expertise, leading to a more efficient use of resources.¹⁹⁾

F.6 QPSNordic-ADW, Nordic Questionnaire for monitoring the age-diverse workforce – Denmark, Finland, Iceland, Norway, Sweden

The Nordic Questionnaire (QPSNordic-ADW) is designed for the assessment of psychological, social, and organizational working conditions:

- a) to provide a basis for implementing organizational development and interventions;
- b) for documentation of changes in working conditions; and
- c) for research into associations between work and health.

QPSNordic-ADW consists of multiple-choice questions relating to the following psychological and social factors at work:

- a) job demands and control;
- b) role expectations;
- c) predictability and mastery of work;
- d) social interaction with co-workers and clients;
- e) leadership;
- f) organizational climate;
- g) interaction between work and private life;
- h) work centrality;
- i) organizational commitment and work motives.

QPSNordic-ADW has been thoroughly psychometrically tried and tested in many organizations.²⁰⁾

¹⁷⁾ www.istas.ccoo.es/descargas/m_metodo_istas21.pdf

¹⁸⁾ www.hse.gov.uk/stress/standards

¹⁹⁾ www.deparisnet.be/PSY/Eng/Sobane_guide_psychosocial_aspects.pdf

²⁰⁾ www.qps-nordic.org/en/index.html

Bibliography

Standards publications

Where a standard reference is undated, the latest edition applies.

BS 3518-1:1993, *Methods of fatigue testing – Methods of fatigue testing – Part 1: Guide to general principles*

BS 31100:2008, *Risk management – Code of practice*

BS 18004:2008, *Guide to achieving effective occupational health and safety performance*

BS OHSAS 18001:2007, *Occupational health and safety management systems – Requirements*

BS EN ISO 14001:2004, *Environmental management systems – Requirements with guidance for use*

BS EN ISO 10075-1, *Ergonomic principles related to mental workload – Part 1: General terms and definitions*

BS EN ISO 10075-2, *Ergonomic principles related to mental workload – Part 2: Design principles*

BS EN ISO 10075-3, *Ergonomic principles related to mental workload – Part 3: Principles and requirements concerning methods for measuring and assessing mental workload*

PD ISO/IEC Guide 73:2002, *Risk management – Vocabulary – Guidelines for use in standards*

BIP 3055:2005, *Stress in the workplace. The facts – DVD*

BIP 2033:2003, *Risk Assessment – Questions and answers – A Practical approach*

ANSI Z 10, *Occupational health and safety management systems*

Further reading

BS EN ISO 9000:2005, *Quality management systems – Fundamentals and vocabulary*

BS EN ISO 9001:2008, *Quality management systems – Requirements*

BS EN ISO 19011:2002, *Guidelines for quality and/or environmental management systems auditing*

Directive 2000/43/EC of 29 June 2000, Implementing the principle of equal treatment between persons irrespective of racial or ethnic origin.

Directive 2002/73/EC of 23 September 2002 amending Council Directive 76/207/EEC on the implementation of the principle of equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions.

WHO. Raising awareness of psychological harassment at work. Protecting Workers' Health Series, No 4, 2003.

BSI – British Standards Institution



BSI is the independent national body responsible for preparing British Standards. It presents the UK view on standards in Europe and at the international level. It is incorporated by Royal Charter.

Revisions

British Standards are updated by amendment or revision. Users of British Standards should make sure that they possess the latest amendments or editions.

It is the constant aim of BSI to improve the quality of our products and services. We would be grateful if anyone finding an inaccuracy or ambiguity while using this Publicly Available Specification would inform the Information Centre.

Tel: +44 (0)20 8996 7111
Fax: +44 (0)20 8996 7048
Email: info@bsigroup.com

BSI offers members an individual updating service called PLUS which ensures that subscribers automatically receive the latest editions of standards.

Buying standards

Orders for all BSI, international and foreign standards publications should be addressed to Customer Services.

Tel: +44 (0)20 8996 9001
Fax: +44 (0)20 8996 7001
Email: orders@bsigroup.com

Standards are also available from the BSI website at www.bsigroup.com/shop.

Information on standards

BSI provides a wide range of information on national, European and international standards through its Library. Various BSI electronic information services are also available which give details on all its products and services. Contact the Information Centre.

Tel: +44 (0)20 8996 7111
Fax: +44 (0)20 8996 7048
Email: info@bsigroup.com

Subscribing members of BSI are kept up to date with standards developments and receive substantial discounts on the purchase price of standards. For details of these and other benefits contact Membership Administration.

Tel: +44 (0)20 8996 7002
Fax: +44 (0)20 8996 7047
Email: membership@bsigroup.com

Information regarding online access to British Standards via British Standards Online can be found at www.bsigroup.com/bsol.

Further information about BSI is available on the BSI website at www.bsigroup.com.

Copyright

Copyright subsists in all BSI publications. BSI also holds the copyright, in the UK, of the publications of the international standardization bodies. Except as permitted under the Copyright, Designs and Patents Act 1988 no extract may be reproduced, stored in a retrieval system or transmitted in any form or by any means – electronic, photocopying, recording or otherwise – without prior written permission from BSI.

This does not preclude the free use, in the course of implementing the standard, of necessary details such as symbols, and size, type or grade designations. If these details are to be used for any other purpose than implementation then the prior written permission of BSI must be obtained.

Details and advice can be obtained from the Licensing Department.

Tel: +44 (0)20 8996 7070
Fax: +44 (0)20 8996 7512
Email: copyright@bsigroup.com



British Standards Institution
389 Chiswick High Road
London W4 4AL
United Kingdom
www.bsigroup.com

ISBN 978-0-580-69839-2



9 780580 698392