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Drivers and barriers for psychosocial risk management:

an analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER)

Report

European Agency for Safety and Health at Work

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Drivers and barriers for psychosocial risk management:

an analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER)

Report

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Foreword

Psychosocial risks represent one of the key priorities in health and safety in the modern workplace in Europe, and a number of actions have been taken in the EU policy arena to promote the correct handling of psychosocial risks in EU Member States. The effective translation of policies into practice requires activating capacities at macro level (national/regional) as well as at company level. The findings of this report shed more light on the key drivers and barriers that impact current practice in European enterprises, and they also point to a number of priorities that should be addressed to enhance the management of psychosocial risk.

The report exploits the rich data that EU-OSHA ESENER collected in 2009 through 36,000 telephone interviews with managers and worker representatives in establishments with 10 or more employees across 31 countries. Following up on the initial descriptive overview of results published in 2010, this report is based on a more focused in-depth investigation of the data and comprises one of four 'secondary analysis' studies that are being published together with a summary available in 26 languages.

The findings suggest that a good OSH culture with workers' involvement and business case (absenteeism rate) work together with legislative obligations as significant drivers for psychosocial risk management in an enterprise. In terms of barriers, there is a need to provide companies with technical support and guidelines, and, especially for those already involved in the process of managing psychosocial risks, with knowledge on how to deal sensitively with psychosocial issues and how to plan and manage available resources.

Dr Christa Sedlatschek

(Director)
European Agency for Safety and Health at Work (EU-OSHA)

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Executive Summary

Psychosocial risks represent one of the key priorities in health and safety in the modern workplace in Europe, and a number of actions have been taken in the EU policy arena to promote the management of psychosocial risks at national as well as organisational levels. Preliminary findings from the ESENER survey (EU-OSHA, 2010a) show that fulfilment of legal obligations was reported as one of the most important drivers for OSH and psychosocial risk management by European enterprises. However, it has been noted that the translation of policy initiatives into practice has not had the anticipated results. The translation of policies for psychosocial risk management into effective practice requires capacities at both macro (national/regional) and company level. The capacities required comprise adequate knowledge of the key agents (management and workers, policymakers), relevant and reliable information to support decision-making, availability of effective and user-friendly methods and tools, and the availability of competent supportive structures (experts, consultants, services and institutions, research and development).The findings presented in this report shed more light on the key drivers and barriers that impact current practice in European enterprises. They also emphasise a number of priorities that should be addressed to promote practice in this area.

On the basis of the literature review conducted and the available data from the ESENER survey, a conceptual model which includes the essential drivers and barriers for psychosocial risk management was developed. Next, the relationships between particular drivers and barriers included in the conceptual model and actual psychosocial risk management were examined by means of logistic regression, with controlled influence of factors such as size, sector, country, and legal status of a company. This allowed assessment of the strength and the nature (positive or negative) of the associations among variables, and on this basis the probability that establishments reporting a particular driver or barrier would also have procedures and measures in place to deal with psychosocial risks was estimated.

The results showed that the legal framework governing prevention of psychosocial risks at work gives a good background for activities taken in this area. Enterprises which indicated that legal requirements were important to them were also more likely to report having in place procedures and measures to deal with psychosocial risks. However, other important drivers were also identified, which indicates that limiting activities to the implementation of legislative requirements related to psychosocial risks is unlikely to be efficient in terms of actual management of psychosocial risks. Existing legislation must be complemented with practical guidelines and support at both national and organisational levels. Additionally, boosting the role of the labour inspectorate in promoting a holistic, preventive approach to psychosocial risk management may be an excellent way to improve the quality of the psychosocial environment in workplaces.

It has been found that a good general OSH culture in a company is associated with higher involvement in psychosocial risk management: a key finding of this study is that enterprises reporting a higher implementation of OSH management practices often also report having in place procedures and measures to manage psychosocial risks. Psychosocial risk management should be treated as an essential part of a general OSH management system,included in the organisation's OSH policy and process of risk assessment (evaluation of risks and establishing action plans). Top management involvement, the role and tasks of line managers and workers' representatives, OSH communication, and absence analysis in relation to psychosocial risks are also crucial.

Building an OSH culture in a company and improving the quality of general OSH management, particularly such aspects as top management involvement and worker participation, are essential for dealing with psychosocial risks efficiently. Employee request was an especially strong driver for ad-hoc measures taken to deal with psychosocial issues, and a significant, although slightly weaker, driver for procedures to manage psychosocial issues. Employee request seems to be particularly important for dealing with psychosocial risks as it can be an early indication that problems in this area exist, and can thus enable the company to take corrective actions before negative outcomes appear.

The next particularly strong driver for psychosocial risk management identified in this report was absenteeism. Although it was very rare for managers to indicate that absenteeism was a factor which prompted them to deal with psychosocial risks, reporting it was related to a significantly higher probability of having procedures and implementing many measures to tackle psychosocial issues. The strong character of this relationship seems to indicate that companies, even when declaring differently, take action to deal with psychosocial risks especially after noticing the negative consequences of such risks. A decline in productivity was also found to be a significant predictor of ad-hoc measures taken to deal with psychosocial risks. Studies focused on collecting and analysing data showing the link between poor psychosocial work environment, absenteeism and reduced organisational performance should be encouraged and supported. Promotion of psychosocial risk management which would include results from such studies is likely to be particularly efficient.

A need for continuous support and further knowledge on how to establish good psychosocial risk management procedures for work-related stress, harassment and bullying, and third-party violence, was commonly reported by establishments of all sectors and sizes, whatever their level of actual involvement in managing psychosocial risks. An interesting finding of this secondary analysis is the fact that some barriers are particularly important to companies that do not manage psychosocial risks (such as a lack of technical support and guidance), while other obstacles have been noted by enterprises already involved in the process of dealing with psychosocial risks (such as the sensitivity of the issue or a lack of resources).

Providing support for companies to tackle psychosocial risks successfully should thus take into consideration all consecutive phases of the whole process of management. Technical support and guidelines should include assessment of risks, formulating

policy and procedures, and planning, implementing and evaluation of interventions. Some advice in relation to aspects and problems which deserve to be looked at with the support of an external expert could be beneficial. Support given to companies should also include information on the resources (in terms of time, people, money) needed to implement different aspects of psychosocial risk management. This would be helpful in the process of planning, and would also help modify the common but not necessarily true assumption that managing psychosocial risks is very expensive and beyond companies' abilities. A process of collecting and disseminating practical solutions that do not require much investment (especially financial) from a company should especially be encouraged at EU and national levels.

Sensitivity of psychosocial issues was a barrier reported mainly by establishments that have already launched the process of managing psychosocial risks. This barrier thus does not seem to prevent companies from tackling psychosocial risks. It may, however, make the process of management difficult or inefficient. Technical support and guidance should cover the entire process of management of psychosocial risks and include possible difficulties which are likely to appear, e.g. reporting and dealing with stress, harassment and violence may increase psychological vulnerability in workers and make them reluctant to participate in the interventions. Guidelines on how to deal successfully with this type of obstacle would be enormously helpful. Overall, 30–40 % of European establishments directly expressed a need for information or support on how to design and implement preventive measures, how to assess psychosocial risks, and how to deal with violence, harassment or work-related stress in general. The findings indicated that 38 % of all enterprises had previously used information or support from external sources on how to deal with psychosocial risks; however, 35 % of them reported that they still need help in this area.

Promotion of psychosocial risk management should be based on knowledge about the drivers and barriers identified as important and include a variety of practical measures appropriate for solving particular psychosocial issues. Further targeting of interventions requires taking into consideration the cultural and legislative context, sectoral specificity, and other organisational characteristics such as size and legal status.

Introduction

The working environment and the nature of work itself are both important influences on health. In recent decades, significant changes have taken place in the world of work (EU-OSHA, 2007). Global socio-political developments such as increasing globalisation and the establishment of a free market, the development of information and communication technology, and significant demographic changes, have all impacted the modern workplace (Kompier, 2006; EU-OSHA, 2007). The current key issues of relevance to the changing world of work can be specifically summarised as contractual arrangements, working hours, use of new technology, telework and flexible work arrangements, and changes in the workforce (EU-OSHA, 2000), or generally, as the changes in the nature of work and work organisation, the impact of new forms of organisation and employment on occupational safety and health (OSH), and changes in the work population (Leka et al., 2008a).

Several studies have documented these changes in OSH trends in Europe and elsewhere in the world over the past few years (EU-OSHA, 2009c; ILO, 2010a). The evolution of new working practices and work organisation may be intended to help companies survive in an increasingly competitive global marketplace (McDaid, 2008). In such an environment many companies, to compete more effectively, have restructured and downsized their workforce, relocated production to lower-cost sites or outsourced production, buying products and services from other companies or persons (EU-OSHA, 2002c; NIOSH, 2002; Sundin and Wikman, 2004). There has also been an increase in the use of non-traditional methods of employment practices (such as temporary work, part-time work, flexible work, home working and precarious employment) and implementation of new forms of work methods such as lean production and just-in-time production (EU-OSHA, 2007; Kompier, 2006). This has led to increasing concern about the effects these new forms of work may have on the health of workers, organisations and communities (e.g., Benach et al., 2002; Benavides et al., 2000; Quinlan, 2004; NIOSH, 2002; Virtanen et al., 2005).

In addition, in recent decades an increasing diversification of the workforce has also been observed due to significant changes in employment patterns (Kompier, 2006; Zahm, 2000) and increased worker mobility (EU-OSHA, 2007). Three primary changes that can be observed in the working population, each yielding new challenges, are: (a) the ageing of the workforce; (b) the feminisation of the workforce; and (c) increased immigration of new groups to European economies.

All the changes outlined above have been associated with new and emerging types of risk to workers' health and safety (EU-OSHA, 2010a) and perhaps the most widely acknowledged of these new OSH challenges are psychosocial risks (EU-OSHA, 2007; NIOSH, 2002). Psychosocial risks, also commonly referred to as organisational stressors or work organisation characteristics, have been identified as one of the major contemporary challenges for OSH and are linked to such workplace problems as work-related stress, workplace violence and harassment (Cox, 1993; WHO, 2003a). They underpin every business activity and business operations in general and they are linked not only to health but also to safety outcomes and organisational performance as well as wider societal benefits (Leka et al., 2011c).

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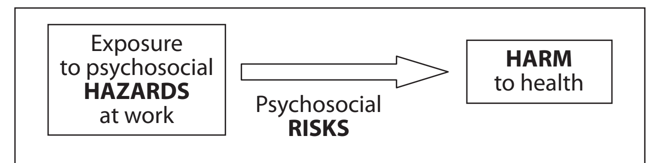
1. Psychosocial risks: prevalence, impact and management

1.1. Definitions

Psychosocial hazards are defined by the International Labour Organisation (1986) in terms of the interactions among job content, work organisation and management, and other environmental and organisational conditions, on the one hand, and the employees' competencies and needs on the other that prove to have a hazardous influence over employees' health through their perceptions and experience (ILO, 1986). A simpler definition of psychosocial hazards might be those aspects of the design and management of work, and its social and organisational contexts that have the potential for causing psychological or physical harm (Cox and Griffiths, 2005). There is reasonable consensus in the literature on the nature of psychosocial hazards, as presented in Table 1.

Psychosocial risks refer to the likelihood that psychosocial hazards have a negative influence (harm) on employees' health and safety. Cox (1993) offered a basic health and safety equation of hazard-risk-harm as a conceptual framework for understanding the nature of psychosocial risks, as depicted in Figure 1. Hazard refers to the capability of a certain element at work (materials, work environment, work organisation and practices, etc.) to cause damage or harm. Harm refers to the damage, injury or disease caused to a person through work. It includes both physical and psychological outcomes. Risk refers to the association between hazards and harm; in other words, to the likelihood that a certain hazard can cause harm.

Figure 1: **Hazard, risk and harm**



Source: Adapted from Cox, 1993

Table 1: **Psychosocial hazards**

Psychosocial hazards	
Job content	Lack of variety or short work cycles, fragmented or meaningless work, under-use of skills, high uncertainty, continuous exposure to difficult clients, patients, pupils, etc.
Workload and work pace	Work overload or too little work, machine pacing, high levels of time pressure, continually subject to deadlines
Work schedule	Shift work, night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours
Control	Low participation in decision-making, lack of control over workload, pacing, shift working, etc.
Environment and equipment	Inadequate equipment availability, suitability or maintenance; poor environmental conditions such as lack of space, poor lighting, excessive noise
Organisational culture and function	Poor communication, low levels of support for problem solving and personal development, lack of definition of, or agreement on, organisational objectives
Interpersonal relationships at work	Social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support, harassment, bullying, third-party violence
Role in organisation	Role ambiguity, role conflict, and responsibility for people
Career development	Career stagnation and uncertainty, under-promotion or over-promotion, poor pay, job insecurity, low social value of 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)

Source: Adapted from Cox, 1993

Psychosocial risks go hand in hand with the experience of work-related stress. Work-related stress is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope (WHO, 2003a). The European Commission (EC) (2002) defined stress as the pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organisation and work environment.

Workplace harassment (bullying) is a serious social stressor which is often treated and studied separately from other psychosocial hazards at work. According to the framework agreement on harassment and violence at work signed by the European Social Partners (2007), harassment or bullying occurs when one or more workers or managers are abused, humiliated or assaulted by colleagues or superiors. Despite the somewhat different definitions used, European researchers widely share the view that harassment (or bullying) at work is systematic mistreatment of a subordinate, a colleague, or a superior, which if continued and long-lasting, may cause severe social, psychological and psychosomatic problems in the target. A central feature is also the imbalance of power between the parties (Einarsen et al., 2010). Third-party violence (also called violence by other people) refers to violence from clients, customers, patients, pupils and so on. Third-party violence can take the form of threats and physical assaults but may also be of a psychological nature (Di Martino et al., 2003).

1.2. Prevalence

According to the Fourth European Working Conditions survey, carried out in 2005, 20 % of workers from the first 15 EU Member States and 30 % from the 12 new Member States believed that their health was at risk because of work-related stress (Eurofound, 2007a). The 2005 survey results indicated a reduction in stress levels reported overall for the EU-27; however the reduction in reporting of exposure to stress occurred mainly in some of the EU-15 countries, while new Member States still reported high levels of exposure – over 30 % (EU-OSHA, 2009a).

At national level, 1.2 million workers in Austria, for example, report suffering from work-related stress associated with time pressure. In Denmark, 8 % of employees report being 'often' emotionally exhausted. In Germany, 98 % of works councils claimed that stress and pressure of work had increased in recent years and 85 % cited longer working hours. In Spain, 32 % of workers described their work as stressful (Koukoulaki, 2004). In France, the SUMER survey shows that there is an increasing impression of working to tight deadlines in all sectors, particularly in agriculture. In 2003, three out of five employees stated that they were frequently confronted with urgent situations and were required more often than before to interrupt one task to perform another, leading to increased pressure and work-related stress (Eurofound, 2007b). In the United Kingdom, according to the 2008/09 Labour Force Survey an estimated 415 000 individuals believed that they were experiencing work-related stress at a level that was making them ill (HSE, 2010). Additionally, the 2009 United Kingdom Psychosocial Working Conditions (PWC) survey indicated that around 16.7 % of all working individuals thought their job was very or extremely stressful (Packham and Webster, 2009).

The Fifth European Working conditions survey in 2010 showed that in EU-27 countries, 4.1 % of all respondents (3.9 % of men and 4.4 % of women) had been subjected to bullying or harassment at work in the past year. There was a wide variation between countries; the highest prevalence of bullying or harassment was found in France, Belgium, Austria and Finland. National studies on the prevalence of bullying and harassment can also be found in many European countries (for an overview see Zapf and Einarsen, 2010).

In the same study, in total 5 % (5.1 % of women, 4.9 % of men) of the respondents reported having been subjected to threats and humiliating behaviour at work in the previous month. In many countries, women were more often subjected to threats and humiliating behaviour at work than men. For example, in Norway 10 % of female and 5.9 % of male respondents reported that they had been subjected to threats and humiliating behaviour at work in the past month. A similar situation was seen in Denmark, Estonia, Finland, Latvia and the Netherlands. In all, 1.9 % of the respondents in EU-27 countries had been subjected to physical violence at work in the past year. (For an overview of national studies on the prevalence of third-party violence, see EU-OSHA 2011).

1.3. Impact

Studies suggest that between 50 % and 60 % of all lost working days have some link with work-related stress (EU-OSHA, 2000) leading to significant financial costs to companies as well as to society in terms of both human distress and impaired economic performance. In 2002, the European Commission reported that the yearly cost of work-related stress and the related mental health problems in 15 Member States of the pre-2004 EU was estimated to be on average between 3 % and 4 % of gross national product, amounting to EUR 265 billion annually (Levi, 2002). A 2009 report by EU-OSHA summarised the economic costs of work-related stress illnesses. It reported that in France between 220 500 and 335 000 people(1–1.4 % of the population) were affected by stress-related illnesses, which cost society between EUR 830 million and EUR 1 656 million; in Germany, the cost of psychological disorders was estimated to be EUR 3 000 million (EU-OSHA, 2009a).

Estimates from the United Kingdom Labour Force Survey indicate that self-reported work-related stress, depression or anxiety accounted for an estimated 11.4 million lost working days in Britain in 2008/09 (HSE, 2010). This was an increase from earlier estimates, which indicated that stress-related diseases are responsible for the loss of 6.5 million working days each year in the United Kingdom, costing employers around EUR 571 million and society as a whole as much as EUR 5.7 billion. In Sweden in 1999, 14 % of the 15 000 workers on long-term sick leave reported the reason to be stress and mental strain; the total cost of sick leave in 1999 was EUR 2.7 billion (Koukoulaki, 2004).

There is strong evidence to indicate an association between work-related health complaints and exposure to psychosocial hazards, or to an interaction between physical and psychosocial hazards and an array of health outcomes at individual and organisational level (EU-OSHA, 2000; WHO, 2010). Specifically, psychosocial risks, including harassment in the workplace, have been demonstrated to have a possible detrimental impact on workers' physical, mental and social health (e.g., Bonde, 2008; Bosma et al., 1998; EU-OSHA, 2011; Hogh et al., 2010; Kivimäki et al., 2006; Rosengren et al., 2004; Stansfeld and Candy, 2006; Wieclaw et al., 2008). For a review of studies in this area, see WHO (2010). In addition, a growing body of evidence indicates both a direct and indirect role of the psychosocial working environment on organisational health indices (such as absenteeism, sick leave, productivity, job satisfaction and intention to quit) (e.g., Hoel et al., 2010; Kivimaki et al. 2003; Michie, 2002; Spurgeon et al., 1997; Vahtera et al., 2004; van den Berg et al., 2009).

Psychosocial risk management is relevant not only to occupational health and safety policy and practice but also to broader agendas that aim to promote workers' health, quality of working life and innovation and competitiveness across the EU (Leka and Cox, 2008). For example, psychosocial risk management is relevant to the Lisbon agenda that aims to promote quality of work and innovation and enhance economic performance and competitiveness of EU enterprises, and also to the Community Strategy on Health and Safety at Work for 2007–2012 which recognises the importance of mental health and wellbeing. It is increasingly recognised that it can contribute to the creation of positive work environments where commitment, motivation, learning and development play an important role and sustain organisational development (McDaid, 2008).

In recent years there has been a growing movement at a European, national and organisational level to develop policies, measures and programmes to effectively manage and prevent psychosocial risks (e.g., Eurofound, 1996; European Social Partners 2004, 2007; ILO, 2004; WHO, 2003a). However, despite this trend and the continuously mounting evidence on the effects of psychosocial risks on workers and organisations, the prevention and management of psychosocial risks has not been high on the policy-making agenda (Leka et al., 2010b). In view of this it is essential to prioritise policy and practice targeted at the prevention and management of psychosocial risks, as also recommended by the Commission for the Social Determinants of Health (2008). Before reviewing the policy context relating to psychosocial risk management in Europe, the following section of the report presents an overview of the psychosocial risk management process, discussing its key principles, stages and outcomes and highlighting elements of best practice.

1.4. The psychosocial risk management process at enterprise level

International organisations as well as EU agencies have published reports and guidance on dealing with psychosocial risk factors (e.g. EU-OSHA, 2002a; Eurofound, 2005; ILO, 1986; WHO, 2003a, 2003b, 2008) based on the risk management approach. The risk management approach to dealing with health and safety concerns, including psychosocial risks, is clearly advocated by European legislation and is described in some detail in supporting guidance (Leka et al., 2011b; WHO, 2008).

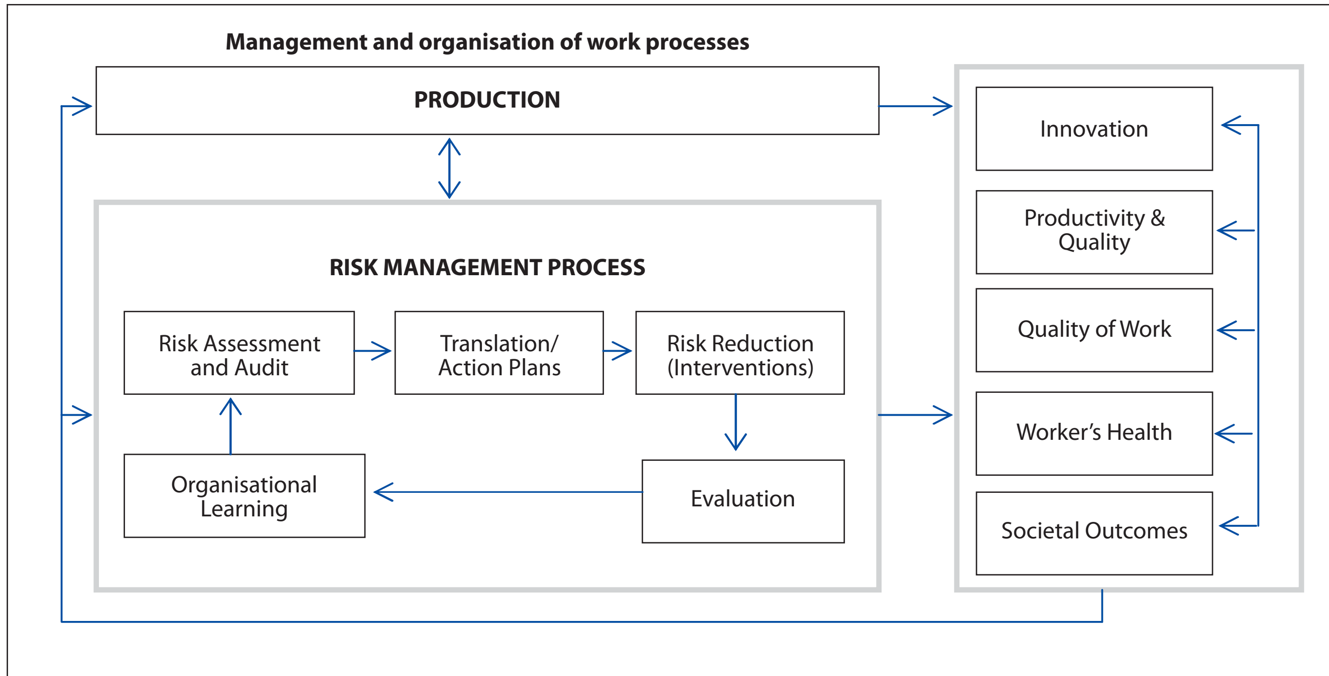
Risk management in OSH is a systematic, evidence-based, problem-solving strategy. It starts with the identification of problems and an assessment of the risk that they pose; it then uses that information to suggest ways of eliminating or reducing the risk at source. Once completed, the risk management actions are evaluated. Evaluation informs the whole process and should lead to a re-assessment of the original problem and to broader organisational learning (Cox et al., 2005). Leka and colleagues (2008a) reviewed European 'best practice approaches' based on the risk management cycle to identify their key features. The approaches have been developed and implemented in different countries and in different sectors or organisations (in terms of nature and size). The approaches reviewed were fond to have some common principles:

- although with varied emphasis, they all follow a process of assessment, design of actions, implementation and evaluation;
- the expected outcomes are similar; they mostly relate to health, but some are more related to productivity; they propose participative methods to develop interventions to tackle psychosocial factors at work. The role of a steering group formed by representatives of the employer and employees is central to all approaches;
- the actions to reduce stress are tailored to the needs of each organisation. Also, each of the methods reviewed provides a process approach and not a solution applicable to all cases.

The review also highlighted that each of the different approaches to psychosocial risk management placed varying emphasis on the various stages of the risk management process. As such, many of these best practice approaches were found to be specific to the country/culture of origin, size of enterprise, and level of expertise available. Similar findings were also reported in a review of five organisational-level occupational health interventions (Nielsen et al., 2010).

To promote a unified approach, the European Commission funded the development of the Psychosocial Risk Management European Framework (PRIMA-EF), which incorporates best practice principles and methods of all existing and validated psychosocial risk management approaches across Europe. PRIMA-EF has been built on a review, critical assessment, reconciliation and harmonisation of existing European approaches for the management of psychosocial risks and the promotion of mental health at the workplace. The framework has been built from a theoretical analysis of the risk management process, identifying its key elements in logic and philosophy, strategy and procedures, areas and types of measurement, and from a subsequent analysis of

Figure 2: **PRIMA-EF model for the management of psychosocial risks – enterprise level**



Source: Adapted from Leka et al., 2008c

European risk management approaches. It is meant to accommodate all existing psychosocial risk management approaches across Europe. It also provides a model and key indicators that relate to the psychosocial risk management process both at enterprise and macro levels. PRIMA-EF is intended as a framework for harmonising practice and current methods in the area of psychosocial risk management. It can also be used as a guidance tool for the development of further methods both in Europe and internationally as it can provide a benchmark for validation of new methods (Leka et al., 2011a).

According to PRIMA-EF, managing psychosocial risks is not a one-off activity but part of the ongoing cycle of good management of work and the effective management of health and safety. As such it demands a long-term orientation and commitment on the part of management. As with the management of many other occupational risks, psychosocial risk management should be conducted often, ideally on a yearly basis. Figure 2 shows how psychosocial risk management is relevant to work processes and a number of key outcomes, both within and outside the workplace. It also clarifies the key steps in the iterative risk management process.

The psychosocial risk management process should incorporate five important elements: (i) a declared focus on a defined work population, workplace, set of operations or particular type of equipment, (ii) an assessment of risks to understand the nature of the problem and its underlying causes, (iii) the design and implementation of actions designed to remove or reduce those risks (solutions), (iv) the evaluation of those actions, and (v) the active and careful management of the process (Leka et al., 2005).

The following chapter reviews the policy context relating to psychosocial risk management in Europe as the backbone of the promotion of best practice at enterprise level.

2. The policy context of psychosocial risk management in Europe

Prevention is the guiding principle for OSH legislation in the EU. In order to prevent accidents and occupational diseases, EU-wide minimum requirements for health and safety protection at the workplace have been adopted (EC, 2004). Directive 89/391/EEC on safety and health of workers at work lays down employers' general obligations to ensure workers' health and safety in every aspect related to work, 'addressing all types of risk'. On the basis of the Directive a series of individual directives have since been adopted. The Directive with its general principles continues to apply in full to all areas covered by the individual directives, but where individual directives contain more stringent and/or specific provisions, these special provisions of individual directives prevail (EC, 2004).

Psychosocial risk management is among the employers' responsibilities as stipulated in the Directive. The Directive obliges employers to address and manage all types of risk in a preventive manner and to establish health and safety procedures and systems to do so. On the basis of this key piece of legislation, a number of policies and guidance of relevance to psychosocial risk management have been developed and are applicable at European level. These include both regulatory standards which include legal regulations (such as EU directives, national legislation), and other 'hard' policies (such as ILO conventions) developed by recognised national,

Table 2: **Regulatory standards indirectly related to psychosocial risks at the European level**

Focus	Document
General occupational safety and health at work	**Directive 89/391/EEC** the European Framework Directive on Safety and Health at Work **C155** Occupational Safety and Health Convention (ILO), 1981 **C187** Promotional Framework for Occupational Safety and Health Convention (ILO), 2006
Workplace requirements	**Directive 89/654/EEC** concerning the minimum safety and health requirements for the workplace (first individual directive within the meaning of Article 16(1) of Directive 89/391/EEC)
Display screen equipment	**Directive 90/270/EEC** on the minimum safety and health requirements for work with display screen equipment (fifth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)
Manual handling of loads (back injury)	**Directive 90/269/EEC** on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers (fourth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)
Working time	**Directive 93/104/EC** concerning certain aspects of the organisation of working time **C175** Part-time Work Convention (ILO), 1994 **Directive 97/81/EC** concerning the framework agreement on part-time work **Directive 99/70/EC** concerning the framework agreement on fixed-term work **Directive 2000/79/EC** concerning the European Agreement on the Organisation of Working Time of Mobile Workers in Civil Aviation **Directive 2002/15/EC** on the organisation of working time of persons performing mobile road transport activities **Directive 2003/88/EC** concerning certain aspects of the organisation of working time
Discrimination	**Directive 2000/43/EC and 2000/78EC** prohibiting direct or indirect discrimination on grounds of racial or ethnic origin, religion or belief, disability, age or sexual orientation
Equal treatment for men and women	**Directive 76/207/EEC and Directive 2002/73/EC** on equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions **Directive 2006/54/EC** on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation
Young people at work	**Directive 94/33/EC** on the protection of young people at work
Maternity and related issues	**C 183** Maternity Protection Convention (ILO), 2000 **Directive 92/85/EC** on pregnant workers, women who have recently given birth, or are breast-feeding **Directive 96/34/EC** on parental leave
Informing and consulting employees	**Directive 2002/14/EC** establishing a general framework for informing and consulting employees in the European Community

Source: Adapted from Leka et al., 2011c

European and international organisations as well as non-binding/voluntary standards (or 'soft' policies) which may take the form of social partner agreements, specifications, guidance, etc.

2.1. Regulatory standards

Table 2 presents regulatory standards indirectly related to psychosocial risks applicable to the EU Member States. Even though each of these regulations addresses certain aspects of the psychosocial work environment, it should be noted that the terms 'stress' and 'psychosocial risks' are not mentioned explicitly in all pieces of legislation (for a more extensive discussion see Ertel. et al., 2010; Leka et al., 2011c).

Membership of the EU has led to the Europeanisation of national policies of Member States where domestic policy areas become increasingly subject to European policy (Börzel, 1999). The same goes for policies related to OSH following the implementation of the European Directive 89/391/EEC on health and safety. The European policy environment consists of major actors, such as the EU, the ILO and WHO, and their roles in steering OSH policies in EU Member States. Policy development and implementation at national level, therefore, cannot be analysed without considering the influence of actors at European level as well as national regulatory structures and systems, as discussed in the next section.

2.2. National regulatory structures and systems

According to Andersen and Eliassen (2001) the Europeanisation of policy implies a need for a new way of delineating the policy context, one with a wider scope which includes the interaction between central EU institutions, the European network of national political institutions and the actors operating at both levels. They conceptualised this interaction in three stages, as depicted in Figure 3, where the trend towards Europeanisation produces more complexity where the central and national-level institutions, interest associations, corporations, regions, etc. are brought together.

At this point it must also be highlighted that implementation of European directives does not only involve the incorporation of EU law through national political-administrative systems and a top-down process (Börzel, 2003). Studies of implementation show that successful implementation also depends on how the upstream process of legislation has been handled (Dehousse, 1992). Also, regarding implementation, national adaptation depends on the level of embeddedness of existing national structures (Knill, 1998). Börzel (2003) suggested a way of linking the top-down and bottom-up dimension of Europeanisation by focusing on the role of national governments as both shapers and takers of EU policies. More specifically, she identified the political and administrative factors that define the capacity of Member States to shape and implement EU policies, as summarised in Table 3.

The first report from the European Commission on the practical implementation of the provisions of the Health and Safety at Work Directives (EC, 2004) indicates that the EU legislation has had a positive influence on national standards for occupational

Table 3: **Factors defining the capacity of shaping and taking EU policies**

Political capacity	Administrative capacity
Political fragmentation	Administrative fragmentation – dispersion of competencies, coordination mechanisms
Political resources – votes in the Council, EU budget contribution	Administrative resources – financial means, staff power, expertise
Political legitimacy – support for European integration, issue salience, trust in political institutions	Administrative legitimacy

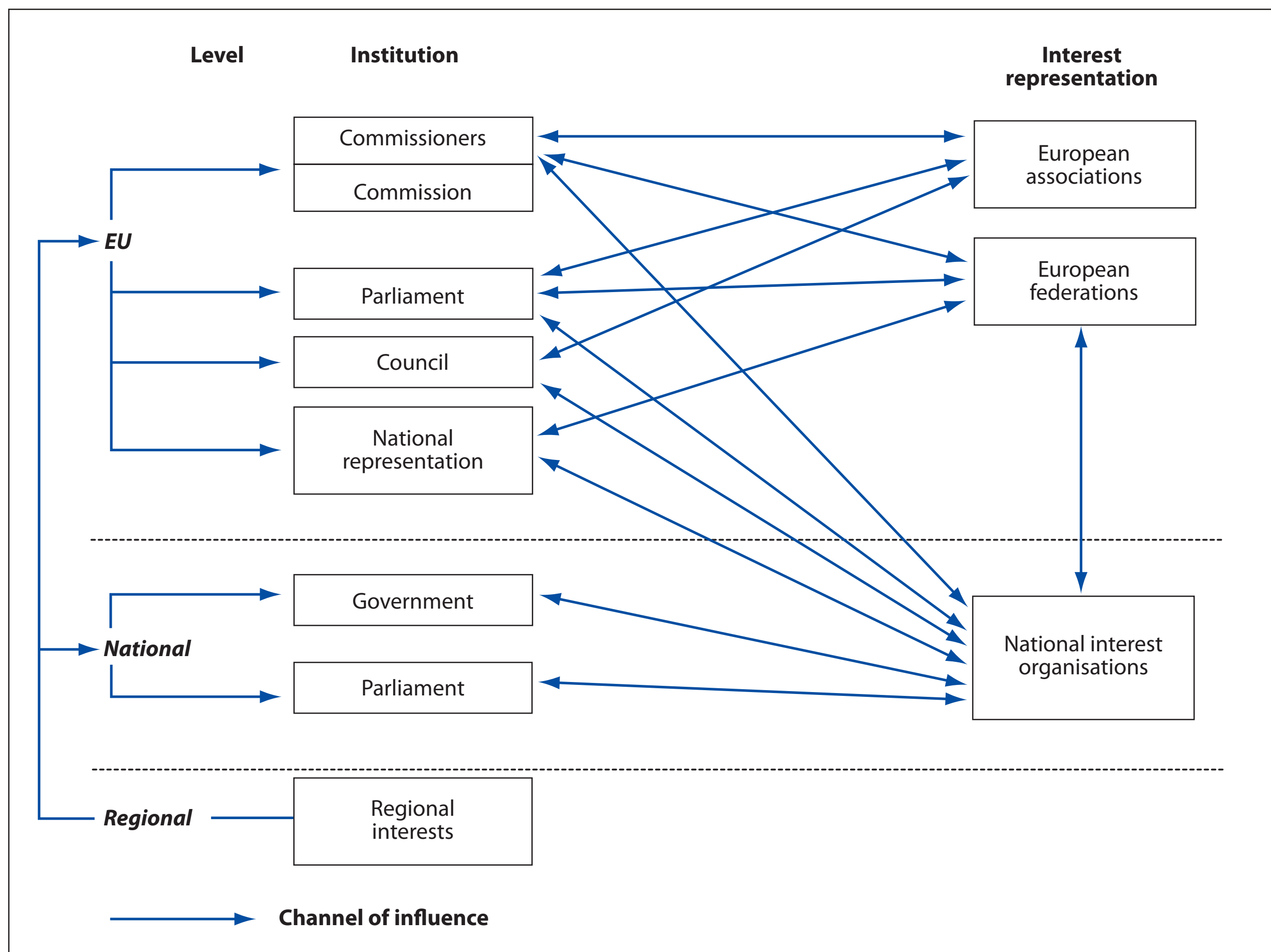
Source: Adapted from Börzel, 2003.

health and safety. In Greece, Ireland, Portugal, Spain, Italy and Luxembourg the (framework) Directive had considerable legal consequences due to the fact that these countries had antiquated or inadequate legislation on the subject when the Directive was adopted. In Austria, France, Germany, the United Kingdom, the Netherlands and Belgium the Directive served to complete or refine existing national legislation and finally, in the opinion of Denmark, Finland and Sweden, transposition did not require major adjustments as they had already rules in place which were in line with the directives concerned (EC, 2004). However, it has been acknowledged that there is still scope for improvement in relation to the implementation of a preventive approach for the management of psychosocial risks.

EU-OSHA has summarised the legal position in relation to psychosocial risks at national level in various reports (e.g., 2002a, 2009a). Although in many countries the legal framework is relevant to psychosocial risks, very few make reference to work-related stress. Recent examples at national level that do mention work-related stress are the Italian occupational safety and health legislation (introduced in April 2008) that explicitly mentions work-related stress which has to be included in any risk assessment (Italian legislative decree Dlgs 81/2008), and the Labour Code adopted in 2006 in the Czech Republic which includes a provision on work-related stress (Zákoník práce No 262/2006 Coll.).

Countries that have introduced legislation on harassment and violence at work include Belgium, which passed legislation against violence and harassment in 2002 (modified in 2007) and Germany, which introduced anti-discrimination legislation in 2006 (modified in 2009) (European Social Partners, 2008). Specific legislation against harassment has been passed in some countries, such as France, Belgium and the Netherlands. In other countries, the general safety and health regulations also cover harassment. In Sweden the Victimisation at Work Ordinance was enacted as early as 1993. The Finnish Health and Safety Act dating from the beginning of 2003 includes a section that obliges employers to take

Figure 3: **Europeanisation of policy development and implementation**



Source: Adapted from Andersen and Eliassen, 2001

action after becoming aware of any cases of harassment. The Act also includes the obligation of employees to avoid harassment of others that can be a risk for their health. The Finnish Health and Safety Act also has a section on third-party violence which is preventative by nature. Nevertheless, in a recent report on violence and harassment EU-OSHA indicates that in many countries legislation is related only to sexual harassment (EU-OSHA, 2010).

Table 4 summarises the European Commission's evaluation of the implementation of the main framework Directive in the EU-15 and also its impact in relation to psychosocial risks according to the report (2004).

The findings of the evaluation indicated that much still needed to be done as regards psychosocial risks such as work control and work organisation, preventing unreasonably intense work pace and repetitive work. This suggested an insufficient application of some of the general principles of prevention foreseen in Directive 89/391/EEC (Leka et al., 2010b).

Since 2004, 12 new countries have joined the European Union. In these cases the framework Directive was part of the negotiation for joining the EU and *acquis communautaire* (EU acquis), which meant the approximation of national laws to EU law before membership (Hämäläinen, 2006). The 2004 report from the Commis-

Table 4: **Evaluation of the impact of Directive 89/391/EEC in 15 EU Member States (pre-2004)**

Area of impact	Effect of implementation
Legal impact in Member States	1. In Greece, Ireland, Portugal, Spain, Italy and Luxembourg, the framework Directive had considerable legal consequences since these countries had antiquated or inadequate national legislation on health and safety when the Directive was adopted 2. In Austria, France, Germany, United Kingdom, the Netherlands and Belgium, the Directive served to complete or refine existing national legislation 3. In Denmark, Finland and Sweden, transposition of the Directive did not require major adjustments since they already had national legislation in place which was in line with the Directive
Positive effects of implementation	1. Decrease in the number of accidents at work 2. Increase in employers' awareness of health and safety concerns 3. Emphasis on a prevention philosophy 4. Broadness of scope, characterised by the shift from a technology-driven approach towards a policy of occupational safety and health which focused on the individuals' behaviour and organisational structures 5. Obligation for the employer to perform risk assessments and provide documentation 6. Obligation for the employer to inform and train workers 7. Increased emphasis on rights and obligations of workers 8. Consolidation and simplification of exiting national regulations
Main difficulties of implementation	1. Increased administrative obligations and formalities, financial burden and the time needed to prepare appropriate measures 2. Lack of participation by workers in operational processes 3. Absence of evaluation criteria for national labour inspectorates 4. Lack of harmonised European statistical information system on occupational accidents and diseases; although this has been addressed to an extent 5. Problems in implementing certain provisions in SMEs
Impact on psychosocial risks	1. Most existing risk assessment practices characterised as superficial, schematic procedures where the focus is put on obvious risks. Long-term effects (e.g. mental factors) as well as risks that are not easily observed were reported to be neglected 2. Concerning the practical implementation of the provisions related to risk assessment, there is hardly any consideration of psychosocial risk factors and work organisational factors 3. Significant deficits in ensuring a broad coverage of preventive services relating to psychological aspects were identified

Source: Adapted from Leka et al., 2010b.

sion did not examine the implementation of the Directive in the new Member States, and even though the new Member States would have adapted or modified their national legislations prior to accession, there were disparities between older EU Member States and new Member States in health, social, and industrial relations issues (Hämäläinen, 2008). It is therefore important to take into consideration different national situations, ascribable to the time available to acknowledge and implement European directives (in the case of new Member States) and related policies to political and administrative capacities of each member country that can have a direct impact on implementation of good practice and preventive measures at the workplace level.

The changes in the nature of working life also represent a significant threat for occupational health and safety because of the challenge they pose for traditional surveillance systems. Traditional surveillance systems might not be capturing these changes in the organisation of work, and the duty of care over employees is diffused as employment moves away from company-owned premises (Leka and Cox, 2008). Challenges for governments and regulatory systems are also connected with current trends towards outsourcing, considering that the regulatory response to outsourcing has been fragmentary and neither the development of instruments nor compliance measures have kept pace with emerging problems (Quinlan and Mayhew, 2000).

National surveillance of psychosocial risk factors in the workplace is important to record the changing work environment (Tabanelli et al., 2008) and for the development of policies and programmes to prevent stress and promote mental and physical health and wellbeing at work (EU-OSHA, 2000). Many national surveillance systems assess exposure to psychosocial risks, subjective assessment of stress and health, job satisfaction and sickness absence. Dollard et al. (2007) reviewed all available national surveillance systems for psychosocial risks and outcomes. They found 35 national systems across 20 different countries and an additional four multi-country systems, specifically from the EU. Along with the findings from the review and recommendations of experts and researchers, they suggested that:

- national surveillance should be the priority for any national research agenda for work-related psychosocial risk management;
- stakeholders should cooperate with international systems operators to work towards the development of 'state-of-the-art' systems;
- emerging risks for priority inclusion in surveillance systems are: emotional demands/emotional labour; workplace bullying, harassment, and violence; exposure to acute stressors; organisational justice issues; the occurrence and impact of organisational change, including downsizing, mergers, and globalisation of work and companies; and positive psychological states of well-being and engagement;
- systems should be flexible in order to identify and assess emerging risk factors/groups;
- consistent with the 'hierarchy of controls', greater attention should be given to external or upstream factors; and
- a comprehensive international surveillance system and international instruments should be developed that can assist in the benchmarking of international labour conditions, among other things.

The EU-OSHA ESENER survey (EU-OSHA, 2010a) plays an important role in filling the gap in surveillance systems by exploring psychosocial risk management not only from the perspectives of the manager and employee representative but also by putting a strong focus on the actions taken by European enterprises to manage psychosocial risks, drivers, barriers and needs in this area.

However, policy initiatives in relation to psychosocial risk management have not only focused on the level of legislation. Other non-binding, voluntary forms of policy have been introduced to address these issues.

2.3. Non-binding/voluntary standards

In addition to regulatory standards, in the past decade new, 'softer' forms of policy which directly refer to psychosocial risks have been initiated in the EU through increased stakeholder involvement within such frameworks as social dialogue (for a discussion see Ertel. et al., 2010). Actions taken by social partners within the European social dialogue framework, a core element of the European social model (Weiler, 2005), have in recent years played a significant role in recognising the relevance of psychosocial issues. Participants in European social dialogue – ETUC (trade unions), BUSINESSEUROPE (private sector employers), UEAPME (small businesses) and CEEP (public employers) have concluded a number of agreements that have been ratified by the Council of Ministers and are now part of European legislation such as parental leave (1996), part-time work (1997) and fixed-term contracts (1999). The social partners have also concluded voluntary agreements on telework (2002), work-related stress (2004), and harassment and violence at work (2007).

The objective of the framework agreement on work-related stress is to provide employers and employees with a framework of measures which will identify and prevent problems of work-related stress and help manage them when they do arise. The agreement clarifies the relevance of Directive 89/391/EEC for the management of work-related stress and psychosocial risks. Under the agreement, the responsibility for determining the appropriate measures rests with the employer. These measures are carried out with the participation and collaboration of workers and/or their representatives. The measures can be collective, individual or both. They can be introduced in the form of specific measures targeted at identified stress factors or as part of an integrated stress policy encompassing both preventive and responsive measures (European Social Partners, 2004).

The framework agreement on harassment and violence at work aims to increase awareness and understanding of employees, workers and their representatives of workplace harassment and violence, and to provide employers, workers and their representatives at all levels with an action-oriented framework to identify, manage and prevent problems of harassment and violence at work. According to the agreement, enterprises need to have a clear statement outlining that harassment and violence will not be tolerated. The procedures to be followed where cases arise should be included (European Social Partners, 2007). However, it should be noted that both framework agreements are broad and do not provide any guidance at enterprise level on how to design, implement and sustain programmes for psychosocial risk management.

The implementation of both the framework agreement on work-related stress and that on harassment and violence at work was monitored by the European Social Partners for three years. The final joint report of the implementation of the work-related stress agreement was adopted by the European social dialogue committee on 18 June 2008 and transmitted to the European Commission in October 2008 (European Social Partners, 2008a). The aim of this report was to highlight how the European agreement has been implemented, not to provide information on or an assessment of the concrete impact it has had. The European Commission published its report on the implementation of the European social partners' framework agreement on work-related stress in February 2011 (European Commission, 2011). The report examines how this agreement was implemented by national social partners in Member States, and what effect this had on national responses to work-related stress. It also reviews the current level of protection that employees have from work-related stress. It examines policy developments and social partners' initiatives in each Member State, and highlights the value-added factor of the agreement. It also identifies shortcomings in implementation, and limitations in workers' protection. Table 5 presents a summary of key milestones achieved in Member States in relation to the implementation of the work-related stress agreement.

Table 5: **Results of the implementation of the European framework agreement on work-related stress**

Social partners' Involvement Instrument	Substantial joint efforts of social partners	Moderate or unilateral efforts of social partners	Limited social partners initiatives	No social partners initiative so far
National collective agreement or social partner action based on explicit legal framework	Netherlands, Finland, Sweden, Belgium, Denmark, United Kingdom (3), France (4), Iceland, Norway	Italy	Greece, Romania	
Non-binding instrument based on general legal provisions	Spain (agreement), Luxembourg, Austria (recommandations)	Ireland (recommendations) Czech Republic, Germany (2)		
Mainly legislation	Latvia (1)	Hungary (1), Slovakia (1), Portugal (1)		Lithuania (1), Bulgaria, Estonia
No action reported or declaration with limited follow-up			Cyprus (5), Poland, Slovenia	Malta

NB: Situation in early 2010. This overview necessarily simplifies differences within categories.
(1) Regulation following European framework agreement
(2) Joint action indirectly through statutory self-governed accident insurance bodies that have a preventive mission
(3) Recognised as occupational health risk in common law
(4) National agreement, persistent problems at company level led to government intervention
(5) Formal, joint recognition of pertinence of the general legal framework

Source: Adapted from EC, 2011

Table 6: **Summary of key milestones achieved in EU Member States, Iceland, Norway, Croatia and Turkey in relation to the implementation of the framework agreement on harassment and violence at work in 2008 and in 2009**

Member State	Translation of Agreement	Awareness raising	Further Social Dialogue Initiatives	Sectoral Initiatives	Development of new/revised policy/legislation
Portugal, Spain, Slovenia, Norway	Yes	Yes	Yes	Yes	Yes
Czech Republic, Denmark, Finland, Latvia, Netherlands, Sweden	Yes	Yes	Yes	Yes	No
Austria, Poland	Yes	Yes	Yes	No	No
Italy	Yes	Yes	No	Yes	No
Hungary, Luxembourg	Yes	Yes	No	No	No
Cyprus	Yes	No	No	No	No
Germany, Iceland	Yes	No*	No*	No*	No*
Bulgaria, Estonia, France, Greece, Lithuania, Malta, Romania, Slovakia, Croatia	Yes	No report	No report	No report	No report
Belgium	No*	No*	No*	No*	No*
Ireland, United Kingdom, Turkey	No report	No report	No report	No report	No report

* The framework agreement was not implemented due to existing legislation

As can be concluded from Table 5, the main activities that followed the signing of the European framework agreement on work-related stress were its use as an awareness-raising tool and as a means of promoting social dialogue in the area. It is also interesting to note that substantial joint efforts of social partners took place mostly in EU Member States where there is already a high awareness of work-related stress, such as Finland, the Netherlands, Sweden, Denmark, France and the United Kingdom. The implementation of the agreement was reported to be a significant step forward and added real value in most Member States, although some shortcomings in coverage, impact of measures, and the provision of a comprehensive action-oriented framework were identified (EC, 2011).

In addition, the implementation of the framework agreement on harassment and violence at work was monitored for three years from 2008 to 2010 (with the final report forthcoming). The first monitoring report of this framework agreement was adopted by the European social dialogue committee in June 2008 (European Social Partners, 2008b); the second monitoring report was adopted in June 2009 (European Social Partners, 2009). The aim of these reports is to highlight how the European agreement has been implemented, not to provide information on or an assessment of the concrete impact it has had. Table 6 presents a summary of key milestones achieved in Member States in relation to the implementation of the harassment and violence at work agreement.

As can be concluded from Table 6, the main activities that followed the signing of the agreement were its translation into national languages. The translation was carried out by the European Commission; however, in some countries the translations were carried out jointly and were accepted by the social partner organisations. In certain countries, legislation (specific to health and safety at work as well as general laws) adequately covered issues in relation to harassment and violence at work and as such the agreement was not implemented. In most cases the agreement was used as an awareness-raising tool and a basis for further implementation of social partners' or sectoral activities.

In addition to policies relating to social dialogue, in 2008 a high-level conference concluded the European Pact for Mental Health and Well-being which recognised that mental health and well-being are a key resource for the success of the EU as a knowledge-based society and economy and for the realisation of the objectives of the Lisbon strategy, on growth and jobs, social cohesion and sustainable development. It stated that 'employment is beneficial to physical and mental health (…) action is needed to tackle the steady increase in work absenteeism and incapacity, and to utilise the unused potential for improving productivity that is linked to stress and mental disorders' (European Pact for Mental Health and Well-being, 2008). The Pact also called on the EC to issue a proposal for a Council Recommendation on Mental Health and Well-being.

In 2009, the European Parliament passed a non-legislative resolution on mental health. The resolution, called on 'the Member States to encourage research into the working conditions which may increase the incidence of mental illness, particularly among women'; it called on 'employers to promote a healthy working climate, paying attention to work-related stress, the underlying causes of mental disorder at the workplace, and tackling those causes', and it called on 'the Commission to require businesses and public bodies to publish annually a report on their policy and work for the mental health of their employees on the same basis as they report on physical health and safety at work' (EC, 2009).

Additional examples of 'soft' policies in the form of guidance (and also of relevance to the EU) have been developed by international organisations such as the WHO and the ILO. These include guidance on psychosocial risks at work, work-related stress and psychological harassment (ILO, 1986, 2000; WHO, 2003a, 2003b, 2007, 2008, 2010). However, despite these developments, diseases arising due to psychosocial risks at work have not been recognised at international level until recently. On 25 March 2010, the governing board of the ILO approved a new list of occupational diseases which has been designed to assist countries in the prevention, recording, notification and, if applicable, compensation of diseases caused by work. For the first time mental and behavioural disorders at the workplace have been recognised as occupational diseases, which result from psychosocial hazards (ILO, 2010b). Table 7 presents a list of 'soft' policies that directly address psychosocial risks and their management. These 'soft' standards directly refer to the concepts of psychosocial risk, stress, harassment and violence that apply to the EU Member States.

The policy initiatives described so far have led to different activities being implemented in European Member States. The following section presents some more in-depth case study examples, focusing on four of these countries.

2.4. National case study examples

This section presents examples from four EU Member States(Italy, the United Kingdom, the Netherlands and Finland) on different national approaches to tackle psychosocial risks, combining both hard and soft policies and practical activities.

2.4.1. Italy

The European framework agreement on work-related stress was accepted voluntarily by the social partners in June 2008, with an agreement signed jointly by the Italian CGIL, CISL and UIL trade union confederations, Confindustria – the industrialists' association, the League of Cooperatives, craft-worker associations, etc. The agreement implies voluntary acceptance by the signatories for responsibility to adopt measures related to communication, training and information aimed at prevention, reduction or elimination of work-related stress problems.

About a month before it was signed, the framework agreement was accepted into Italian regulations with Italian legislative decree Dlgs 81/2008. According to this decree the risk assessment rules were to come into force within 90 days of

Table 7: **Non-binding/voluntary standards directly related to psychosocial risk management**

Focus	Document
Psychosocial hazards	**Guidance: ILO, 1986** Psychosocial factors at work: recognition and control **R194 revised annex, ILO 2010** Recommendation concerning the list of occupational diseases and the recording and notification of occupational accidents and diseases **WHO Healthy Workplaces Framework, 2010** Healthy workplaces: a model for action: for employers, workers, policymakers and practitioners
Work-related stress	**European framework agreement on work-related stress, 2004.** European social partners – ETUC, UNICE(BUSINESSEUROPE), UEAPME and CEEP **European Pact for Mental Health and Well-being, 2008.** Together for mental health and well-being **European Parliament resolution T6-0063/2009,** on mental health, Reference 2008/2209(INI), non-legislative resolution **EN ISO 10075-1: 1991** Ergonomic principles related to work-load – General terms and definitions **EN ISO 10075-2: 1996** Ergonomic principles related to work-load – Design principles. (Design principle) **Guidance: EC, 2000** Guidance on work-related stress – Spice of life or kiss of death? **Guidance: EU-OSHA, 2002** How to tackle psychosocial issues and reduce work-related stress **Guidance: WHO, 2003a** Work organisation and stress **Guidance: WHO, 2007** Raising awareness of stress at work in developing countries: a modern hazard in a traditional working environment: advice to employers and worker representatives **Guidance: WHO, 2008 PRIMA-EF:** Guidance on the European framework for psychosocial risk management: A resource for employers and worker representatives
Violence and harassment	**Framework agreement on harassment and violence at work, 2007.** European social partners – ETUC, BUSINESSEUROPE, UEAPME and CEEP **Guidance: WHO, 2003b** Raising awareness to psychological harassment at work **Guidance: EU-OSHA, 2011** Workplace violence and harassment: a European picture **Guidance: ILO, 2000** Violence at Work

Source: Adapted from Leka et al., 2011c

publication in the *Gazzetta Ufficiale* (Official Gazette, official journal publishing new laws and government decisions). However, the employers' obligation to assess work-related stress did not come into force at the established time because of the lack of 'indications necessary for assessment of work-related stress'. These indications had to be drawn up by the Permanent Consultative Committee, as specified in Dlgs 81/2008. For this reason enforcement of the decree was postponed until 1 August 2010, and then to 31 December 2010, by Law 122/2010 dated 30 July. These indications should form the basis for assessing work-related stress (Iavicoli et al., 2011). However, regardless of the issuing of the methodological indications, the risk assessment, including work-related stress, will in any event have to follow the rules set down in Dlgs 81/2008 which stipulate risk assessment at work in general.

On the basis of these rules employers will be required – in collaboration with the prevention and protection officer and, as necessary, with the responsible occupational physician – to assess the risks present in the firm and describe their findings in the risk assessment report. Employers with fewer than 10 workers will be able to 'self-certify' the assessment without having to submit the report. The risk assessment report should be drafted on completion of the assessment and should in all cases contain the following:

a. a description of the assessment of all safety and health risks during work, specifying the criteria employed to assess them;

b. a description of the prevention and protection measures employed and individual protective devices in use;

c. the plan for measures to boost safety levels in the future;

d. identification of the procedures for setting up these future measures, and the employees in the organisation who will be responsible for them. The people assigned these tasks must have the necessary skills and adequate powers;

e. the names of the prevention and protection officer, the workers' representative or regional representative for safety, and the physician who took part in the risk assessment;

f. identification of tasks that might expose workers to specific risks, requiring recognised skills, specific experience, adequate education and training.

In addition, the organisation model must meet the following requirements, in relation to its nature and size and the type of work done:

- a division of functions that ensures the technical skills and powers necessary for verifying, assessing, managing and controlling the risk;
- a disciplinary system to deal with failure to respect safety measures;
- a system for checking implementation and making sure safety measures and procedures remain valid over time, re-examining and modifying them as necessary.

With a view to gradually meeting these requirements, and while awaiting the final rules on assessment of work-related stress, various steps have been taken to prepare operational tools to help in this assessment. There is, for instance, the national network for the prevention of psychosocial distress in the workplace, which has issued a document (in Italian) entitled. 'Assessment of work-related stress: methodological proposal' (Gruppo di Lavoro del Network Nazionale per la Prevenzione Disagio Psicosociale nei Luoghi di Lavoro, 2010). In addition, the Interregional technical coordination body for prevention in the workplace has published a guide (in Italian), called 'Evaluation and management of work-related stress' (Iavicoli et al., 2011). The agency formerly known as ISPESL – now part of INAIL – has responded to the Dlgs 81/2008 by adapting the United Kingdom Health and Safety Executive Management Standards approach for assessing work-related stress, and is currently validating it in Italy. Various professional associations, service firms and consultancies have also developed their own operational tools for assessing work-related stress.

The 'Consultative Committee indications for work-related risk assessment' issued on 17 November 2010, noting that work-related risk assessment is an integral part of the general risk assessment to be carried out at the workplace, laid down the methodological pathway for a correct identification of work-related risk factors that can address planning and fulfilment of useful measures to eliminate (or at least reduce) them.

From the methodological point of view, and bearing in mind that the assessment must account for homogeneous groups of workers that might be exposed to the same kind of risks, the work-related risk assessment should provide for two different stages:

1. 'necessary stage' (preliminary assessment), consisting of the gathering of objective and verifiable indicators relating to three different areas:
    a. sentinel events (e.g. injuries' indexes, sickleave, turnover),
    b. factors related to the content of work (work environment and work devices, workload, workpace, working time and shiftwork),
    c. factors related to the context of work (role within the organisation, personal relationships, career, communication);
2. 'possible stage' (in-depth assessment), involving the evaluation of workers' individual perception of the identified indicators.

If the risk assessment does not point out any risk factor and a consequent need to take action, then the employer is allowed to simply make a note of it in the risk assessment report, providing a monitoring plan. By contrast, when work-related stress risk factors are highlighted, the employer must put in place the necessary interventions (e.g. organisational, technical, procedural, communicative and training) to eliminate those factors; if the interventions outlined by the monitoring phase are ineffective, the in-depth assessment must be carried out.

As regards the European framework agreement on harassment and violence at work, it has not yet been formally enforced by Italian regulations even though a negotiating arrangement has been set in motion to translate it and accept it through the voluntary agreement by the social parties. However, Article 2087 of the Civil Code specifies that employers may also be considered liable for cases of mobbing if they have not taken all possible measures to discourage aggressive behaviour by superiors towards those working under them.

As regards acknowledgement of the relationship between ill-health and work for national insurance purposes, Italy uses what is known as a mixed system, originating from Constitutional Court sentence No 179/1988, whereby a 'legal presumption of origin' is applicable for diseases listed in the tables covered by Ministerial Decree of 9 April 2008; for disorders not included in these tables, the worker concerned is obliged to demonstrate the causal relation with work. Currently work-related stress is not listed in the decree. However, Ministerial Decree of 17 December 2009 lists the occupational diseases that have to be notified – though solely for epidemiologic and prevention purposes – and specifies in list 2 under the heading 'Diseases whose work-related origin is of limited probability' 'disorders of adaptation to chronic stress' and 'post-traumatic stress disorder', with explicit reference to organisational constrictions resulting from harassment and violence (Deitinger et al., 2009).

2.4.2. United Kingdom

In the United Kingdom, the Health and Safety Executive (HSE) has developed a process based on a set of Management Standards to help employers, employees and their representatives to manage and reduce the levels of work-related stress (Mackay et al., 2004). The approach covers 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 (HSE, 2007). The Management Standards for work-related stress refer to good management practice with regard to six main psychosocial risks in the workplace, i.e. job demands, control, support from management and peers, relationships at work, clarity of role and organisational change. Theoretical underpinnings justifying the focus on these particular 'Management Standards' and work-related stress in the United Kingdom as well as practical develop-

ments of the Management Standards have been fully reported in studies by Mackay et al. (2004) and Cousins et al. (2004).

The Management Standards approach reflects the United Kingdom national legislative framework, which consists of the Health and Safety at Work etc. Act 1974, requiring United Kingdom employers to secure the health (including mental health), safety and welfare of employees whilst at work. In addition, under the Management of Health and Safety at Work Regulations 1999, employers are required to carry out a suitable and sufficient assessment of significant health and safety risks, including the risk of stress-related ill-health arising from work activities, and take measures to control that risk. The Management Standards are not legally enforceable and have therefore been implemented as a guidance-based approach to work-related stress (Mackay et al., 2004).

To allow organisations to gauge their performance, and to encourage continuous improvement, the Management Standards methodology has a threshold, expressed as a percentage, within the platform statement for each standard. This threshold is the percentage of the work group concurring that the organisation meets the 'states to be achieved' (the Standard). Achieving this threshold is considered to indicate that management practices within the organisation conform to good practice with regard to preventing the occurrence of work-related stress (Cousins et al., 2004). To enable organisations to measure their performance with respect to the 'states to be achieved' a process and risk indicator tool were developed which included a series of questions, for each standard, to allow organisations to judge their current state based on responses from individuals within their group (Mackay et al., 2004). Cousins et al. (2004) tested the acceptability of the standards and the performance of the indicator tool as a multi-dimensional measure of work-related stress. This indicator tool has also been reported to have robust psychometric properties (Edwards et al., 2008) which have been demonstrated in recent empirical studies (e.g. Bartram et al., 2009).

The Management Standards were envisaged to apply principally to teams and work groups that were small, but of sufficient size to allow a meaningful response to the indicator tool. The approach is also responsive to personal appraisal of the situation, and encourages participation, involvement and dialogue. The standards are also written in a way that encourages users to think about the mechanisms by which hazards might be linked to harm, and thus point to opportunities for improvement (Mackay et al., 2004).

Since its development, the Management Standards as well as the indicator tool have been evaluated through several studies funded by the HSE (e.g., Bond et al., 2006; Broughton et al., 2009; Cousins et al., 2004; Cox et al., 2009; Mellor et al., 2011; Tyers et al., 2009; Yarker et al, 2007, 2008). The first was a pilot study prior to the implementation of the approach, in April 2003, to test the use of the draft Management Standards in 24 organisations. The HSE asked pilot organisations to provide feedback on how practical they found the Management Standards to be and to provide comments on the ease of use of the standards and the associated methodology by means of e-mailed questionnaires, interviews and company reports. General reactions to the pilot of the Management Standards were largely positive. However, some organisations expressed reservations about the reliability of some of the results and the amount of time the process took. In all, most of the organisations considered that the approach was helpful and rated the Standards as 7 or 8 (out of 10) in terms of how helpful they had been. Furthermore, securing senior management commitment was identified as being crucial for the implementation of such an approach and factors which helped most in securing such support were reported to be an existing organisational commitment to tackle work-stress and the desire to be recognised as a good employer (Cousins et al., 2004). To support the implementation of the standards and facilitate uptake by organisations, research has also been carried out on establishing the business case for using the standards as well as identifying management competencies associated with effective management of work-related stress.

Bond et al. (2006) examined the business case for the Management Standards by carrying out a number of meta-analyses on quantitative studies that examined the effect that the six working conditions covered by the Management Standards have on business outcomes. Although they found varying evidence of support for each of the six areas, they concluded that for the purposes of validating and promoting the Management Standards, quasi-experimental outcome studies are needed that investigate the effects that the Management Standards approach has on business outcomes (as well as, of course, on mental health and attitudinal outcomes).

Since evidence suggests that manager behaviour is an important determinant of employee stress levels (e.g. van Dierendonck et al., 2004; Nielsen et al., 2006; Saksvik et al., 2002), a study (in two phases) was commissioned by the HSE to identify the specific management behaviours associated with the effective management of stress at work and to build a management competency framework for preventing and reducing stress at work, linked to the Management Standards. In the first phase of the research 216 employees, 166 line managers and 54 human resources (HR) practitioners were interviewed. The emergent 'Management competencies for preventing and reducing stress at work' framework identified 19 competencies relating to the management of stress in employees. The competency framework approach puts stress management and the Management Standards into a language and format that is easily accessible to HR professionals and line managers. It also provides a common language to facilitate collaboration between HR, health and safety, and line managers (Yarker et al., 2007).

The second phase of the research aimed to refine and revise the competency framework and developed a stress management competency indicator tool that measures the degree to which an individual exhibits management competencies for preventing and reducing stress at work. Furthermore, a usability analysis was carried out to provide insights into the range of uses to which the framework and the measure can be put. By clarifying the behaviours needed to manage stress, both the refined framework

and the indicator tool allow the development of interventions to facilitate behaviour change, ensuring managers can manage employee stress effectively and, thereby, implement the HSE Management Standards (Yarker et al., 2008).

The usability data suggested that the approach is seen to be useful not just in terms of stress management and ensuring systems are in place, but also for integrating stress management into management and leadership development processes and other areas such as appraisal, coaching, induction and support of managers. However, the evidence also suggested that for this approach to be truly effective there is still a need for the HSE to offer more guidance, in terms of a flexible tool kit, providing training materials, case studies, guidance, and sample tools. The results also suggested that organisations are already using the 'Management competencies for preventing and reducing stress at work' framework and that the framework succeeds in putting stress management and implementation of the HSE Management Standards into accessible and business-friendly language. The framework has been used both at the individual level, enabling managers to access specific and clear guidance about behaviours they should be displaying, and at a group/organisational level, guiding the design of training programmes and interventions. The usability data about the emergent 'stress management competency indicator tool' have also been encouraging, with the vast majority of managers who used the measure finding it 'easy' or 'very easy' to answer, relevant to their roles, and accurate in terms of identifying key management development areas (Yarker et al., 2008).

Cox et al. (2009) interviewed 24 experts in occupational health from the United Kingdom and EU using a two-round Delphi methodology to explore the current strengths and weaknesses of that Management Standards approach and its potential for use as an approach for other common health problems at work. The prevailing consensus among the experts was that the approach works well in principle but less so in practice. Although the respondents agreed that the Management Standards are a needed, innovative, simple, and practical overall approach to managing work-related stress, organisations experience problems following through and implementing risk-reduction interventions. Experts also agreed that the Management Standards approach is generally, but not always, used as the Health and Safety Executive intended.

The findings also indicated a number of strengths and weaknesses of the approach. The indicator tool was considered straightforward, inexpensive, easy to access, and useful for benchmarking. The overall approach was considered systematic, providing structure for acting on work-related health, which can have indirect effects on other work-related health problems, and can lead to better general management. However, the experts felt that the indicator tool omits a number of important factors that can impact on work-related health and lacks validity, and the assessment can be costly, time consuming, prescriptive and difficult to implement. The overall approach requires additional resources and guidance to be implemented, is not adequately supported by practitioner competencies, and is narrowly focused on stress (Cox et al., 2009).

A number of ways to improve the current Management Standards were suggested, relating to six broad themes: (i) developing the indicator tool, (ii) improving the quality of implementation, (iii) investing in capacity-building, (iv) examining the evidence for its effectiveness, (v) change any negative connotations related to 'stress' and 'risk', and most importantly (vi) adopting a broader approach to the management of work-related health. Furthermore, there was also consensus among experts that the Management Standards approach should be simplified and made more flexible for use in smaller organisations and different contexts (e.g. sectors). Additional guidance and resources should be developed and provided. The issue of anonymity in reporting the results of the assessment was also highlighted (Cox et al., 2009).

Since the implementation of the Management Standards approach in 2004, data from the Labour Force Survey (LFS) on the prevalence and impact of work-related stress in the United Kingdom show that the incidence rate of self-reported work-related stress, depression or anxiety has been broadly level over the years 2001/02 to 2008/09, with the exception of 2001/02 where the incidence rate was higher than the current level. In 2008/09, the LFS indicated that an estimated 415 000 individuals in Britain, who had worked in the previous year, believed that they were experiencing work-related stress at a level that was making them ill (prevalence). Self-reports from the LFS also indicated that an estimated 230 000 people, who had worked in the previous 12 months, first became aware of work-related stress (incidence), depression or anxiety in 2008/09, giving an annual incidence rate of 760 cases per 100 000 workers, which accounted for an estimated 11.4 million lost working days in Britain in 2008/09. Occupational groups including teachers, nurses, housing and welfare officers, customer service workers, and certain professional and managerial groups have high prevalence rates of self-reported work-related stress according to the LFS. The LFS also shows people working within public administration and defence to have high prevalence rates of self-reported work-related stress (HSE, 2010). Results from the Psychosocial Working Conditions (PWC) survey, an annual series of surveys on psychosocial working conditions which began in 2004 to monitor changes in the psychosocial working conditions on the six management standards of Demand, Control, Managerial Support, Peer Support, Role, Relationships and Change indicated that from 2004 to 2009 psychosocial working conditions did not generally change to any great extent, although the scores on the Change scale and on Managerial Support show a significant upward trend (i.e. an improvement). Findings from the 2007 PWC survey showed a possible improvement in population-level working conditions; however the 2008 and 2009 results did not show a continuation of that trend.

According to the 2009 PWC survey around 16.7 % of all working individuals thought their job was very or extremely stressful.

There is no longer a downward trend in the number of employees reporting that their job is very or extremely stressful and little change in the number of employees who are aware of stress initiatives in their workplace or who report discussions about stress with their line managers. As such the psychosocial working conditions for British employees in general did not change significantly between 2004 and 2009 (Packham and Webster, 2009). The predicted improvement in working conditions as a result of the HSE's roll-out of the Management Standards for work-related stress has not yet materialised, and the number of workers reporting that their job is highly stressful is no longer decreasing steadily. The lack of impact to date of the Management Standards could reflect the long latency between organisations first implementing the process and benefits being realised. Equally, with so many other economic and social factors affecting worker perceptions of their working conditions, any effect may be masked. Only in combination with other evidence can the effects of the Management Standards be better understood.

In addition, it is notable that in early 2011 a guidance standard was issued by the British Standards Institution (BSI) in the form of a Publicly Available Specification on the management of psychosocial risks in the workplace (PAS1010; for further details see Leka et al., 2011c). This guidance standard was developed through a consultation process with a European expert consortium, HSE, EU-OSHA, WHO, trade unions and employer associations. It is hoped that PAS1010 will further promote effective psychosocial risk management practices in the workplace; however, it is still very early to evaluate its impact.

2.4.3. The Netherlands

- **A historical perspective**

The Netherlands was one of the first countries to pay attention to psychosocial risks in its occupational safety and health legislation, as this legislation was first introduced in 1990. The legislation explicitly paid specific attention to 'well-being at work'. From 1990 onwards, many initiatives were undertaken by the government together with employer and employee representatives. These activities included raising awareness amongst employers and employees, and supporting the risk assessment and evaluation, including psychosocial risks at work. This was done through publications such as the *Handbook of work-related stress* (Kompier and Marcelissen, 1990) and union brochures drawing on the stepwise approach presented in the handbook, and by initiating related conferences. Best practices were initiated, subsidised by and published with the help of the Ministry of Social Affairs and Employment (e.g. *Preventing Stress, Improving Productivity*; Kompier and Cooper, 1999). In addition, an expert approach was developed for improving well-being at work at job level, and courses were developed for professionals, which included 'train the trainer' courses as well as courses and material for the labour inspectorate (e.g. Vaas et al., 1995). In order to monitor the way psychosocial (and physical) risks were perceived at organisational level and how this was related to risk management, the 'monitor on stress and physical load' survey was developed and carried out twice (Houtman et al., 1998; Houtman, 1999). In the analyses, sectoral activity directed at risk management appeared to be strongly associated with more active risk management at the organisational level (Houtman et al., 1998). Consequently in 1998, a start was made with the Work and Health Covenants.

- **The Work and Health Covenants**

From 1998 until 2007, the Dutch Ministry of Social Affairs and Employment actively encouraged and subsidised a sectoral approach to risk management. The overall aim was to achieve a reduction in exposure to sector-specific psychosocial and physical risks of about 10 % over a period of about three years. These sectoral risk management projects were called Safety and Health Covenants. A covenant can be described as a 'gentleman's agreement' between employer and employee representatives of a sector, who – in consultation with the Ministry – agree on the risks to tackle, the approach or measures to take, and the specific goals to be formulated at sectoral level.

Work and Health Covenants were in effect 'large-scale OSH interventions', and since psychosocial factors at work were considered a major risk in the Netherlands, psychosocial risk management often appeared to be a core topic in these covenants (see also Taris et al., 2010). Sectors did not start with the covenants all at the same time. In addition government policy changed slightly over time, under the influence of national policy which shifted in the 1990s and the first decade of the twenty-first century from primary prevention (reduction of risk exposure) to more secondary prevention (reduction of absence/drop-out). The covenants that were agreed on in later years more often included goals related to absence reduction.

At the end of the 'Work and Health Covenant period' two large evaluations took place, initiated by the Ministry of Social Affairs and Employment. One was mainly directed at absence (and cost) reduction, whereas the other was directed more at risk reduction at the national level, comparing risk change in sectors that did and those that did not participate in the covenants. The evaluation that considered absence (and cost) reduction resulted in a fairly positive message: absence and related costs were reduced (Veerman et al., 2007). However, the study considering risk exposure was not so positive: no differences were found (Blatter et al., 2007). These latter findings may have been an underestimation of the effects on exposure, since even in sectors where covenants had been agreed upon, not all organisations implemented interventions, and not all employees participated. Semmer (2003, 2006) indicated that comparing whole populations where interventions were or were not implemented, the impact of the intervention(s) should be very high in order to show a significant effect, since parts of the population where interventions were implemented would not do anything with it. The latter might well have been the case in the sectors where the Work and Health covenants had been agreed upon. Another explanation may be that only a post-covenant comparison of sectors with and without such a covenant was possible. No

national measurements were carried out, so no comparison could be performed on risk exposure before the covenants were agreed upon. The fact that only a comparison on risk exposure could take place after the covenants were implemented and the fact that high-risk sectors were selected and approached to enter into these covenants may have biased the comparison on exposure (Blatter et al., 2007).

Taris et al. (2010) performed more in-depth (qualitative and quantitative) analyses on the quality of nine (mainly public) sector-level work-related stress programmes. They concluded that the quality of the sector-level programmes varied strongly across sectors. However, organisations in sectors with high-quality work-related stress programmes at sector level were not necessarily more active than organisations in sectors with lower-quality programmes, but their programmes were more effective. It was hypothesised that the sectors with high-quality programmes had more experience and knowledge in the sector, which may have increased the programme effectiveness. In sectors with less experience and knowledge a different approach, focused on building this knowledge and experience through pilot projects, research into the antecedents of work-related stress, and providing 'good practice', may be more effective in motivating organisations to reduce job stress. In this way the sector may begin to amass a body of knowledge on the effects of job stress interventions.

Although the aim was to have a controlled and quantitative evaluation of the covenants, this did not occur in many sectors. In some sectors where this was done and specific analyses carried out, and taking into account that some organisations or employees in the sectors did not really participate in the interventions, the evaluation showed positive effects, particularly on risk exposure. The police force was one of the sectors to adopt this quantitative approach, and this covenant focused heavily on the reduction of risks for work-related stress. Evaluation of this process showed a 10 % drop in many of the risks for work-related stress; the reduction was concluded to be linked to the interventions undertaken.

In the covenant evaluation for the hotels and restaurants sector, work-related stress declined by 13.2 % between 2000 and 2004, partly due to a tripartite voluntary covenant on reducing work-related stress. The parties involved were the employer organisations and trade unions active in the sector, as well as the Ministry of Social Affairs and Employment. When the covenant period ended in 2004, the Ministry withdrew its immediate involvement, and the social partners continued with a new and promising way of working together.

- **After the Covenants: general requirements and the OSH catalogue**

In 2007 Work and Health Covenants ceased and the Working Conditions Act was updated. However, 'well-being' as well as other specific risks were omitted from the legal text. One important aspect of the Dutch Working Conditions Act (in both the original and the updated act) is that employers are obliged to make a risk inventory and evaluation (RI and E). Under the Working Conditions Act, all employers must record the risks faced by their employees, as well as stating when and how they intend to reduce these risks in their working conditions policy. The purpose of the RI and E is to answer questions such as: Have any accidents ever occurred at the company premises? What could go wrong that might cause damage? What is the risk of a specific undesirable event happening? How could this risk be limited? Psychosocial risks such as violence and harassment are also included in the risks that may be prevalent in a company. In consultation with the employees, a plan of risk management (measures) has to be developed in which management indicates how and when they plan to deal with the risks. The RI and E does not have to be updated every year, but alterations will be necessary if, for example, working methods are changed or new risks arise.

Until 2004, all companies in the Netherlands were required to have the RI and E approved by a certified OSH service. Since February 2004 Dutch legislation no longer requires companies with fewer than 25 employees to engage an OSH service for a full authorisation of the RI and E. Instead, if the RI and E instrument is accepted by the social partners, a partial authorisation through an OSH service is sufficient. Since January 2007, companies with fewer than 25 employees are no longer required to have a full or partial authorisation if they use an approved sector-specific RI and E that has been included in the 'collective labour agreement'.

In the Netherlands collective agreements are voluntary. These agreements are called 'three-quarter law', because once accepted by the social partners, the agreement can be made obligatory for all companies in the sector by means of a general acceptance procedure by the Dutch Ministry of Social Affairs and Employment. Working conditions are mostly not included in collective agreements, but appointments can be made to establish a separate Education and Development Fund that deals with the main questions on working conditions and employment in the sector. These funds are often financed by fees from employers and employees. It is well known that several of these funds co-finance research, pilots and best practices on psychosocial factors. One example is the large project financed by a specific project group of the Ministry of Home Affairs on violence and harassment as a risk factor for employees in the public sector ('veilige publieke taak' [safe public duty]: http://www.rijksoverheid.nl/onderwerpen/agressie-en-geweld/geweld-tegen-overheidspersoneel).

The amendment to the Working Conditions Act, which came into force on 1 January 2007, offers employers and employees the opportunity to compile a Health and Safety Catalogue at sector or organisational level. The NTA 8050 (Dutch Technical Agreement) for the compilation of Health and Safety Catalogues (NEN 2007) states:

> *The employer holds primary responsibility for creating proper working conditions. It is obligated to pursue a working conditions policy by virtue of the Working Conditions Act. This policy must be aimed at creating the best possible working conditions. The implementation of this policy is a joint responsibility shared between the employer and the employees. The law stipulates the*

objectives which must be met by the policy. A concrete framework for these objectives is provided at individual firm level or at sector/industrial level. Employers and workers can define this framework, for example in the form of a Health and Safety Catalogue. The Health and Safety Catalogue is a description of means and measures that have been acknowledged by employers and employees and can be selected in order to meet the stated objectives. The Health and Safety Catalogue is not explicitly referred to in the law and as such does not have a formal legal status. Nonetheless, it plays an important role during inspections by the Labour Inspectorate, which tests the Health and Safety Catalogue for reasonableness and subsequently uses it as a reference framework during inspections.

The Working Conditions Act does not provide any stipulations concerning the form and content of the Health and Safety Catalogue. One condition, however, is that the organisations involved must agree on the content. If they do not, the Health and Safety Catalogue will not pass the assessment and will play no role in the labour inspectorate's enforcement. Another condition is that the Health and Safety Catalogue must not contain anything contrary to the law.

The current OSH catalogue policy of the Dutch government can be part of a sectoral collective agreement. The aim of the government is to 'cover' all sectors and employees by means of an OSH-catalogue; however, this has not yet been realised and the number of recognised catalogues has been increasing. In 2008, there were only 20 accepted catalogues. By October 2010, 136 Health and Safety Catalogues had been approved. Of these, 55 catalogues contain solutions for one or more psychosocial risks like sexual harassment, work pressure, violence and harassment, discrimination and emotional pressure. The following website gives a complete overview of all accepted OSH-catalogues: http://www.arboportaal.nl/content/szw-goedgekeurde-arbocatalogi

The Ministry of Social Affairs and Employment as mandated by the Dutch Parliament will evaluate the updated Working Conditions Act, including the OSH Catalogue policy in 2012.

2.4.4. Finland

In Finland, issues related to the psychosocial work environment and work-related stress have been the subject of discussion and developmental activities for about 30 years. The psychosocial view on the work environment began to spread in Finland in the mid-1970s. A booklet on psychological health and safety based on surveys in different sectors was published in 1979 by the Finnish Institute of Occupational Health. Finland was, along with Sweden and Norway, among the first countries where discussions and research on harassment began in the early 1990s. The first seminar on harassment at work had in fact been arranged in 1988.

Nationwide surveys representing the whole workforce and measuring different aspects of the work environment, including psychosocial hazards, bullying and violence at work, are carried out systematically. The first Quality of Work Life Survey by Statistics Finland was conducted in 1977. It included questions relating to, for example, monotony and psychological strain. The analysis from the Quality of Work Life Surveys in 1997, 2003 and 2008 (Eskola et al., 2009) found that the employees' opportunities to influence their working conditions have increased since 2003. The atmosphere at the workplace has improved, even though the number of workplace conflicts has not decreased. Some negative trends were also found; for example, threats to employees' working capacity have increased slightly since 1997.

In addition, the Finnish Institute of Occupational Health has conducted a nationwide survey, the Work and Health survey, every third year since 1997. These surveys show, for example, that managers' interest in the health and well-being of their employees seems to be growing, although the situation varies between sectors and between workplaces. Work organisation and managerial work, and workplace atmosphere, are in general experienced as fairly good, and no significant changes have occurred in recent years. The reconciliation of work and home/family life faces fewer obstacles than before, and the incidence of work–family conflict has fallen in recent years. Physical violence and the threat of physical violence at the workplace rose from 2006 to 2009, among both men and women, and mainly in the health and social services and public administration.

In relation to the framework agreement on harassment and violence, the central employee organisations with assistance from the Centre for Occupational Safety launched a training tour called 'Good behaviour preferred' in autumn 2010. A leaflet 'Good behaviour is preferred – inappropriate behaviour is unacceptable' was also published.

- **Occupational Safety and Health Act**

The revised Occupational Safety and Health Act entered into force on 1 January 2003. The Act includes several sections dealing with the management of psychosocial risks as well as harassment and violence at work. One of the important sections in relation to prevention and management of psychosocial risks is the obligation of the employer to continuously monitor the working environment, the state of the working community and the safety of the work practices. The Act places responsibility on the employer to monitor the impact of the measures put into practice on safety and health at work. This also includes monitoring of the work community in order to observe whether harassment or other inappropriate behaviour takes place. The Act also obliges the employer to take into account the nature of work activities, systematically and adequately analyse and identify the hazards and risk factors that may be caused by such activities, the working premises, other aspects of the working environment and the working conditions. It also requires employers to identify hazards and risk factors which cannot be eliminated, and assess their consequences to the employees' health and safety. Depending on the nature of work, the factors to be analysed are different. They can be factors which are related to work-related stress such as time pressure, or problems due to

poor functioning of the work community, such as harassment or inappropriate behaviour.

The Occupational Safety and Health Act includes special sections on harassment and the threat of violence at work. The section on harassment obliges the employer to take action: 'if harassment or other inappropriate treatment of an employee occurs at work and causes hazards or risks to the employee's health, the employer, after becoming aware of the matter, shall by available means take measures to remedy this situation'. In relation to harassment, the Act also includes obligations for the employees, stating that 'employees shall avoid such harassment and inappropriate treatment of other employees at the workplace which cause hazards or risks to their safety of health'. The evaluation of the implementation of the section on harassment (Salminen et al., 2007) indicated that two-thirds of workplaces noticed the changes in the Act and consequently, anti-bullying policies and procedures for prevention and management of harassment were drawn up in many workplaces. The survey of safety delegates indicated that 53 % of the participants reported that employees had been given information about the procedure to be followed in cases of harassment. The regulation was seen to have motivated employers to adopt initiatives against bullying in their organisations and introduce organisational anti-bullying policies and guidelines. The section on the threat of violence at work states ththe work and working conditions in jobs entailing an evident threat of violence shall be so arranged that the threat of violence and incidents of violence are prevented as far as possible. Accordingly, appropriate safety arrangements and equipment needed for preventing or restricting violence and an opportunity to summon help shall be provided at the workplace. The employer shall draw up procedural instructions for such jobs and workplaces as referred to in subsection 1. In the instructions, controlling threatening situations must be considered in advance and practices for controlling or restricting the effects of violent incidents on the employees' safety must be presented. When necessary, the functioning of the safety arrangements and equipment must be checked.

A study on the effect of the Act was conducted in 2005–2006 with a questionnaire for safety delegates (N=1,876), interviews at workplaces (N=75) and expert interviews (N=25) (Salminen et al., 2007). Analysis and identification of work-related risks (risk assessment) was seen as one of the most essential and effective points. Many organisations had started to carry out risk assessments as a new practice after the law had come into operation. The evaluation showed that the Act has reinforced health and safety at the workplace by providing organisations with new tools. Qualitative differences and varying standards in the risk assessment were, however, found.

Experts interviewed thought that with the implementation of the law, harassment had become a 'legitimate' issue, and that the law gave permission to talk about it. The section on the threat of violence is preventive by nature and determines that the work and working conditions in jobs entailing an evident threat of violence shall be so arranged that the threat of violence and incidents of violence are prevented as far as possible. Accordingly, appropriate safety arrangements and equipment needed for preventing or restricting violence and an opportunity to summon help are to be provided at the workplace. The findings from the evaluation (Salminen et al., 2007) indicated that this section has been received positively particularly in retail, the hotels and catering industry, education and healthcare and social work. However, the participants also hoped to receive more precise guidance and dissemination of good practice.

- **Anti-harassment policies**

In relation to measures used to tackle harassment at work, a study on measures adopted to counteract workplace bullying from the perspective of human resource management in Finnish municipalities (Salin, 2008) found that written anti-harassment policies and the provision of information were the most common measures adopted. In all, 56 % of the municipalities had introduced a written policy and 16 % reported that they were working on the development of such a policy. In Finland, anti-harassment policies are mainly drawn up by organisations and they strongly emphasise the role of supervisors and the immediate superior. In the abovementioned study, several respondents also emphasised the importance of including bullying and the prevention of bullying in leadership training for managers and supervisors. Changes in job design and work organisation were also mentioned by several respondents. Such changes were seen as additional useful strategies for preventing bullying, harassment and other inappropriate treatment at work. Measures to prevent bullying were positively correlated with the number of employees in the organisation, the use of 'sophisticated' HR practices and negative publicity concerning bullying. A study on organisational responses to workplace harassment (Salin, 2009) aimed to explore what kind of measures personnel managers in Finnish municipalities have taken to tackle workplace harassment. The study found that organisations rely heavily on reconciliatory measures, such as discussions with parties involved, consulting healthcare services, training or counselling for the target and training or counselling for the perpetrator. Punitive measures, such as dismissing the perpetrator or not prolonging perpetrator's contract, were seldom used. Having written anti-harassment policies was not significantly correlated with any of the response strategies.

No proper evaluation studies on the effectiveness of anti-harassment policies are available but organisational level surveys and experience from working with the organisations have shown that the particular challenge is the implementation of the policies. The process of drawing up and implementing the anti-harassment policy in an organisation is as important as its contents. Survey results in organisations have often revealed that as many as 50 to 60 % of employees in an organisation are unaware of the existence of the policy in the organisation. In a study in the city of Helsinki, 576 people answered a survey on the anti-bullying policy implemented in 2000: supervisors (N=265), safety delegates and shop stewards (N=69) and employees (N=242) (Vartia and Leka, 2010). Only 12 % of the respondents were well acquainted with the policy, 33 % had acquainted themselves superficially with the policy, 13 % had seen it, 27 % had heard about it but not seen it, and 15 % were unaware of its existence. In addition, 4 %

said that at their work unit the policy had been discussed often, 49 % sometimes, 48 % never. To the question asking if the policy helped or encouraged discussion about bullying at the participants work unit, 14 % responded that the policy did not help at all, 28 % thought that it helped somewhat, and only 5 % felt that the policy helped the discussions a lot. However, 53 % could not comment on the efficacy of the policy. Just one out of five respondents had attended any training sessions or information meetings on the policy one or more times.

- **Occupational Health Care Act**

The Occupational Health Care Act of 2002 encourages and directs activities towards prevention of work-related stress with the help of occupational healthcare. The Act specifies the duty of an employer to arrange occupational healthcare and the content and organisation of the occupational healthcare to be provided. The employer shall arrange occupational healthcare at his own expense in order to prevent and control health risks and problems related to work and working conditions and to protect and promote the safety, working capacity and health of his employees. The employer gets compensation from the Social Insurance Institution according to special rules. According to the Act, occupational healthcare should include, for example, investigation and assessment of the healthiness and safety of the work and the working conditions through repeated workplace visits and using their healthcare methods; investigation, assessment and monitoring of work-related health risks and problems, employees' health and working capacity and functional capacity, including any special risk of illness caused by work and the working environment; provision of information, advice and guidance in matters concerning the healthiness and safety of the work and the health of the employees, including investigation of an employee's workload if requested by the employee for good reason.

Activities to maintain and promote work ability started in the early 1990s when employer and employee organisations agreed on the issue as part of a general income policy settlement. In the Occupational Health Care Act, assistance in planning and organising measures to maintain and promote work ability are included in the content of occupational healthcare. Activities to maintain work ability mean systematic and purposeful activities concerning work, working conditions and employees, organised through cooperation and which occupational healthcare uses to help to promote and support the working capacity and functional capacity of those in working life. Activities in organisations to maintain work ability of employees have been measured systematically four times: in 1998, 2001, 2004 and 2008. In 2008, about 30 % of the managers of the organisations surveyed thought that the activities relating to maintenance of work ability were very worthwhile.

2.5. Conclusions – the policy context

It is clear that considerable progress has been achieved in the EU in recognising the relevance of psychosocial risk factors in general and of work-related stress, harassment and violence at work in particular. This is due to: a) legal and institutional developments, starting with Directive 89/391/EEC and subsequent adaptation of national legal frameworks in EU Member States, and continuing with the development of infrastructures, the initiation of campaigns and initiatives (e.g. Schaufeli and Kompier, 2002); b) the growing body of scientific knowledge on work-related stress and psychosocial factors (e.g. Levi, 2000); and c) complementary actions taken by social partners within the European Social Dialogue framework (Ertel. et al., 2010; Leka et al., 2010b). However, a debate has been taking place in scientific and policy literatures about the impact of EC regulatory standards on practice, especially as concerns psychosocial risk management. In many cases it has been stated that there is a gap between policy and practice due to a lack of clarity in regulatory frameworks and related guidance on the management of psychosocial risks, and a number of additional barriers that relate to enterprise characteristics and issues impacting on the process of psychosocial risk management at enterprise level (Levi, 2002; Leka et al., 2010b; Taris et al., 2010). Ways of overcoming this gap are considered below.

3. Translation of policy into practice: drivers and barriers for psychosocial risk management at the enterprise level

In spite of the progress that has been achieved at policy level and in practice, it is widely acknowledged that initiatives have not had the impact anticipated by both experts and policymakers. On the one hand, there is a common European framework and the EU culture of risk prevention which combines a broad range of approaches, and on the other hand, the situation at the level of EU Member States is quite diverse in terms of both national regulatory structures and systems as well as economic and social conditions (Oeij and Morvan, 2004). Despite the increasing relevance and impact of psychosocial risks and work-related stress (Eurofound 2007a; EU-OSHA, 2007) the level of acknowledgement, awareness and prioritisation of these issues varies beween countries. In addition, lack of awareness and prioritisation of these issues across the enlarged EU is often associated with a lack of expertise, research and appropriate infrastructure (Leka and Cox, 2010).

Particular challenges in relation to psychosocial risks and their management exist both at policy and at enterprise level. At national and EU policy level, the main challenge is to translate existing policies into effective practice through the provision of tools that will stimulate and support organisations to prevent and control psychosocial risks in enterprises and societies alike (Leka et al., 2008c). At enterprise level there is a need for systematic and effective policies to prevent and control psychosocial risks at work, clearly linked to companies' management practices. For these challenges to be addressed effectively, it is necessary to examine drivers and barriers that may influence the management of psychosocial risks at the level of the enterprise. These include enterprise characteristics such as economic sector and enterprise size as well as the organisational context and issues such as awareness, availability of resources, training and expertise,technical support and guidance, employee participation and organisational culture (EU-OSHA, 2009a, 2010a).

Preliminary findings from the ESENER survey indicate low prioritisation of preventive actions at enterprise level. Even though accidents, musculoskeletal disorders and work-related stress were reported as the key occupational safety and health concerns for European enterprises, less than a third of establishments surveyed had procedures in place to deal with work-related stress. Most of these were larger establishments, and these more formalised procedures were reported to be widespread in only a few countries (EU-OSHA, 2010a). Research also provides evidence that the perception of psychosocial risks and work-related stress is affected by socio-cultural factors, the sensitivity of the topic and differences between EU countries; hence it is important to also investigate the 'origin country' variable (Daniels, 2004; Iavicoli et al., 2004; de Smet et al., 2005; Natali et al., 2008). The preliminary comparison of data across countries within the ESENER dataset indeed indicates differences across European countries, highlighting that more action is taking place in countries where there is a higher level of awareness and tradition in dealing with these issues (EU-OSHA, 2010a).

ESENER has explored a number of potential drivers and barriers to the management of psychosocial risks at the workplace. Potential drivers include issues such as legal compliance, employer image, requests by employees or their representatives, absenteeism, decline of productivity or quality of products, requirements from clients and pressure from the labour inspectorate. Potential barriers include the sensitivity of psychosocial issues, lack of resources, awareness, training and technical support and guidance, and organisational culture.

The following sections review drivers and barriers for psychosocial risk management at the enterprise level, starting from enterprise characteristics and concluding with issues of relevance to the specific organisational context.

3.1. Enterprise characteristics

3.1.1. Size of enterprise

Recent statistics show that 85 % of European workers are working in SMEs (EU-OSHA, 2009b). Over the past decade, the average size of enterprises in the EU has been getting smaller with 90 % of them employing fewer than 20 workers. Most SMEs have a high staff turnover and an associated instability in terms of labour conditions. Most of these small firms also have an informal organisational structure, where the owner/manager of the firm manages all aspects of the business including being responsible for health and safety (EC, 2004).

Evidence clearly suggests that SMEs do not manage health and safety as effectively as large companies. When it comes to implementing OSH management systems, the size of the company plays a big part (Cook, 2007). Large companies often have the financial means and structure to effectively implement a good OSH system, which in most cases is lacking in SMEs. It is therefore essential that SMEs understand the economic benefits of improving their OSH performance (Dorman, 2000). OSH is not usually viewed as a contributory factor to the economic viability of an organisation, especially SMEs (EU-OSHA, 2009b). Therefore, SMEs deem issues around health and safety at work to be unimportant for their survival (EC, 2004; Lahm, 1997; McKinney, 2002), which is not the case (EU-OSHA, 2009b). A survey comparing Spanish and United Kingdom SMEs (Vassie et al., 2000) indicated that respondents from both samples spent a total of just three to five hours per week on health and safety management matters. However, 80 % of the participating United Kingdom SMEs only had in place a written safety policy, risk assessment and accident reporting. In addition, preliminary findings from ESENER (EU-OSHA, 2010a) indicate the about 40 % of SME managers report work-related

stress as a major concern in their establishments and about 80 % as either a major concern or of some concern.

A comparative study on safety, health and environment in small process plants, in Finland, Sweden, Germany, Italy and the United Kingdom found three main priority themes among the firms studied: the provision of simpler and clearer legislation, the provision of further education and training, and a greater appreciation by the authorities of SMEs' problems (Harms-Ringdahl et al., 2000). The need for clearer legislation was also reported in the findings of a survey by the British Chambers of Commerce (1995) which indicated that the majority of small firms regarded health and safety as important, but adopted a 'common sense' approach to it. They also considered that regulations were too complex and time-consuming and that small firms were reluctant to approach the United Kingdom Health and Safety Executive for fear it might stimulate a visit.

A number of suggestions have been made to improve the situation. One suggestion is a greater emphasis on contracting and subcontracting standards. Many large companies contract out their non-core activities (also usually the more dangerous ones) to SMEs. The terms of these contracts should emphasise health and safety standards for SMEs and also prevention principles (Eurofound, 2001). Furthermore, intermediaries such as trade organisations, banks, insurance companies, etc. should play a major role in providing information and assistance (EC, 2004). The working environment in small firms can also be improved by successfully communicating all necessary information to those who run small businesses and persuade them that managing health and safety is an integral part of managing their business (EC, 2004) and consequently linked to economic performance (EU-OSHA, 2009a).

Tait and Walker (2000) suggested that OSH performance in SMEs can also be improved by encouraging the appearance of small-scale private prevention consultants within the framework of the regulations governing the involvement in companies of external prevention services, in accordance with Article 7.3 of the framework Directive. Since it is difficult to sell prevention because it is a product that small businesses are not inclined to purchase, appropriate legislation and a services marketing approach may stimulate the market and facilitate its sale (Tait and Walker, 2000). Finally, simplification of the current legislation on health and safety which assumes all companies have a management structure similar to that of large companies must be undertaken and cover all workplaces and all those who work (EC, 2004).

3.1.2. Sector

Research has shown that enterprises operating in different employment sectors may face different problems and have different priorities (e.g., EU-OSHA, 2009c; ILO, 2010a). The service sector now dominates the economy of the EU, employing 67.1 % of the total European workforce. While some countries still have a relatively high share of traditional sectors including agriculture and industry, the transfer of jobs towards services has been continuous. Between 1995 and 2002, there were particularly sharp falls in the EU-15 in the percentage of workers in mining (22 %) and in electricity, gas and water supply (11 %). The sectors that have seen the largest increase in numbers are real estate, renting and business activities (47 %) and health and social work (18 %) (EU-OSHA, 2009c).

Data from the fourth European Working Conditions Survey indicated that stress was most prevalent in the education and health sectors, as well as in agriculture, hunting, forestry and fishing (28.5 %). Among employees who reported that work affects their health, the largest group of employees who suffered from anxiety at work were those employed in education and health (12.7 %), public administration and defence (11.1 %) and those in agriculture, hunting, forestry and fishing (9.4 %). Irritability was most common in education and health (15.5 %), transport and communication (13.6 %), and hotels and restaurants, public administration and defence (12.6 %) (Eurofound, 2007a). An EU-OSHA (2009a) report summarises these trends and prevalence of work-related stress and related outcomes in terms of sectors and occupation. It finds that trends are similar for harassment and third-party violence as for stress. The same survey shows that the risk is substantially higher in some occupational sectors, such as healthcare and social work, education, commerce, transport, public administration and defence, and the hotels and restaurants sector, than in other sectors. The evaluation report of the (framework) Directive highlighted that the inclusion of the public sector in the scope of the health and safety legislation constituted a novelty in the majority of Member States because of the hierarchical organisation structure in this sector where the principle of the responsibility of the employer is diluted. In addition, there appears to be a generalised belief among public administrators that the risk levels in the public sector are insignificant in comparison with industry, leading to the paradoxical situation where Member States as well as European agencies might not apply the rules agreed by them and adopted for the well-being of the workers at work to their own administrations (EC, 2004).

Nevertheless, the risks addressed by Directive 89/391/EEC and its five first individual Directives 89/654/EEC, 89/655/EEC, 89/656/EEC, 90/269/EEC and 90/270/EEC are present in the public sector at the same levels as in the private sector. Evidence from national and European population surveys clearly indicates that risks linked to ergonomic aspects, workplace conditions, the handling of loads, the use of display-screen equipment or organisational aspects including psychosocial risks, are widely present in the public sector (EU-OSHA, 2009a).

The (framework) Directive evaluation report further highlighted the challenges posed to the management of psychosocial risks by noting that in the majority of Member States there is a lack of safety culture, awareness and motivation of workers and their hierarchy for the improvement of the health and safety conditions in the public sector. As such, it is rare to find national administrations performing risk assessments, providing preventive services or implementing systematic training, information and workers' participation mechanisms as regards health and safety at work. In addition, the availability of adequate resources for the implementation of the provisions of the health and safety legislation is often

impaired by the limitations imposed in national budgets (EC, 2004), and even more so in the aftermath of the recent financial crisis.

The following section looks more specifically at characteristics of the organisational context and how these may facilitate or hinder the process and implementation of psychosocial risk management at enterprise level.

3.2. The organisational context

Psychosocial risk management is a systematic, evidence-informed, practical problem-solving strategy. Contextualisation – tailoring the approach to its situation – is a necessary part of this and facilitates its practical impact in workplaces. Because national, sectoral and workplace contexts differ, contextualisation is always needed to optimise the design of the risk management activities, to guide the process and maximise the validity and benefit of the outcome (Giga et al., 2003; Leka et al., 2008b). However, issues that relate to the organisational context have been found to potentially act as both drivers and barriers for the management of psychosocial risks.

Leka et al. (2008b) reviewed European risk management approaches and strategies used for the management of psychosocial risks at the level of the workplace and interviewed key stakeholders to come up with key factors affecting the implementation of such interventions as concerns the organisational context. These are presented in Table 8.

ESENER examines many of these issues in relation to awareness of psychosocial risks, their impact and their management, availability of expertise and training on risk factors, as well as technical support and guidance, availability of resources, management commitment, employee consultation, organisational culture, the sensitivity of psychosocial issues, and finally the business case in relation to psychosocial risks and issues relating to absence, productivity and quality, as well as employer image and meeting client requests. These are examined in more detail below.

Overall, it is not surprising that the drivers and barriers for psychosocial risk management at organisational level are similar to the drivers and barriers for general health and safety management systems – which include workforce empowerment and participation, encouragement of long-term commitment of workforce and management, and good relations between management and workers. These factors are linked to better OSH performance across enterprises (EU-OSHA, 2002b, 2010a; Gallagher et al., 2001; Geldart et al., 2010; Mearns et al., 2003; Zohar, 2002), while an absence of these factors is linked to poor OSH performance.

3.2.1. Level of awareness and acknowledgement of psychosocial problems

The level of awareness of the psychosocial risks, including harassment and bullying at work as well as third-party violence, and of their effect on workers' health, can have an important impact on prioritisation of these issues both in policy and in practice. Awareness is linked to issues such as training and the availability of expertise and research, and also relates to fulfilment of legal obligations by employers (Iavicoli et al., 2004). Studies have, for example, examined awareness of psychosocial risks and their perceived significance and impact among key stakeholders (Daniels, 2004; Iavicoli et al., 2004, 2011) and found this to differ among EU Member States and stakeholder groups.

In a 2008 survey by EU-OSHA of its Focal Points (typically the competent national authority for safety and health at work; primary contributors to the implementation of EU-OSHA's work programmes), only six out of 19 Focal Points reported that the level of acknowledgement of harassment was appropriate in their country. Of these, five were old EU-15 countries and only one was a new EU Member State. In five of the old Member States and eight of the new Member States the level of acknowledgement of harassment was not appropriate. Lack of awareness and lack of appropriate tools/methods for assessing and managing the issue were the reasons most often mentioned for this situation (EU-OSHA, 2011). It is important to note that ESENER also identi-

Table 8: **Factors affecting the implementation of psychosocial risk management interventions**

- Top-down or bottom-up approach
- Facilitating dialogue and communication among key stakeholders
- Raising awareness on psychosocial issues and their management within the organisation
- Accessibility and usability of tools, methods and procedures across all members of the organisation
- Top management commitment
- Ownership and participation – involvement of employees
- Training of managers and supervisors to implement the psychosocial risk management process and interventions
- Organisational readiness for and resistance to change
- Sensitivity of issues such as those relating to violence, bullying and harassment
- Generating achievable solutions, spurring action and systematic implementation of intervention within the organisation
- Retaining and recruiting management and organisational support throughout the intervention process
- Retaining and recruiting participation and engagement of workers throughout the intervention process
- Developing skills, abilities and sufficient dialogue within management and the organisation to promote sustainability and the continuous improvement cycle

Source: Adapted from Leka et al., 2008b

fied lack of awareness and acknowledgement of psychosocial issues to be an issue of concern, especially for smaller enterprises in Europe (EU-OSHA, 2010a). However, these issues might also be related to availability of expertise and appropriate tools to promote good practice.

3.2.2. Availability of training and expertise

Capabilities for psychosocial risk management at the enterprise level are an important element that needs to be considered. They should 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,
- availability of competent supportive structures (experts, consultants, services and institutions, research and development) (Leka and Cox, 2008).

Across countries, especially in newer EU Member States, there are marked differences in existing capabilities. In those countries where only minor capabilities are available, this is a major limiting factor for successful psychosocial risk management practice as it is linked to a lack of awareness and assessment of the impact of psychosocial risks on employee health and the healthiness of their organisations. It is also linked to inadequate inspection of company practices in relation to these issues (Leka and Cox, 2008).

In addition, training is often held to be a primary element of an organisation's strategy for combating work-related violence and harassment (Beech and Leather, 2006; Chappell and Di Martino, 2006; Hoel and Giga, 2006; Vartia and Leka, 2010). Regular up-to-date training is endorsed as part of a battery of preventive strategies and measures that include selection and screening of staff, provision of information and guidance, work organisation and job design, defusing incidents and post-incident de-briefing (Chappell and Di Martino, 2000). Beech and Leather (2006) note that many authorities advocate appropriate staff training not as a 'stand-alone solution' but as part of a comprehensive, coordinated health and safety response to the phenomenon of workplace violence. Leather et al. (2006) have suggested three 'pillars of best practice' that must be taken into account in designing and delivering workplace violence management training. These are: 1) the need to fully assess training needs and to offer a curriculum appropriate to those needs, 2) the importance of rigorously and systematically evaluating the impact of training, its transfer to the work environment, and the factors that influence the degree of transfer, and 3) the pivotal role of those who provide violence management training, in particular the competencies needed for effective delivery, as well as the support and development that trainers themselves require. However, finding enough competent trainers and consultants to take on harassment training and other interventions may still be a challenge in many countries.

3.2.3. Availability of resources

Filer and Golbe (2003) have described how companies' investment in workplace safety is connected to their economic performance. In general, a company's financial structure substantially affects its real operating decisions and the amount of risk the company is willing to bear, which have an impact on firm's input choices. Both safety and occupational health services are such inputs for a company. In making decisions on health and safety investments the company is balancing the costs and benefits of occupational health and safety (Kankaanpaa et al., 2009).

Availability of resources is associated with the size of the enterprise as discussed earlier. Preliminary ESENER findings (EU-OSHA, 2010a) indicate that this is the most important barrier to OSH practice for SMEs, reported by more than 35 % of their managers. For example, a study in Denmark (Jensen et al., 2001) on the capability of small firms to comply with legislative demands on risk assessment, found that the size of the firm is negatively correlated with compliance with legislative demands. The most commonly cited reasons were lack of time and knowledge. Problems identified in the firms studied included lack of attention from the manager, heavy workload, too much responsibility, lack of relevant information and planning, stress and musculoskeletal problems. Findings from the fourth European Working Conditions Survey also highlighted such problems for SME workers (Eurofound, 2007a).

3.2.4. Management commitment

There is general agreement in the literature that in order for an organisation to successfully plan, implement and evaluate an occupational health intervention programme there must be good management support (e.g., Aust and Ducki, 2004; Cox et al., 2000). Some empirical studies have validated this recommendation. In a study of stress coping training, Lindquist and Cooper (1999) found that when senior management released staff from their duties to participate in workshops, attendance was 100 %, but at follow-up when staff had to participate during their leisure time, participation dropped to 66 %. Most of the available research evidence focuses on the deleterious impact of lack of management support for interventions. In a qualitative process evaluation, Dahl-Jørgensen and Saksvik (2005) concluded that lack of support from senior managers influenced the attitudes of employees. Because managers demonstrated that the intervention was an intrusion to their daily responsibilities, employees were also resentful. Saksvik et al. (2002) have also reported on inadequate possibilities to engage in participatory workshops due to senior management only allowing employees time to participate in two-hour workshops. Similar findings have been reported in many other studies (e.g., Cox, et al., 2007a, 2007b; Nielsen et al., 2007; Nytrø et al., 2000; Taris et al., 2003).

3.2.5. Employee participation and consultation

An additional element which has been emphasised as integral to a comprehensive and successful preventative practice for man-

agement and prevention of psychosocial risks is the continuous involvement of employees and their representatives (e.g. Kompier et al., 1998; Nielsen et al., 2010). Inclusion of all parties in prevention efforts is essential as it can reduce barriers to change and make the efforts more effective. It can also help increase participation and provide the first steps for prevention. Access to all the required information is also facilitated with a participative approach.

It is important to emphasise that every member of an organisation, and other social actors which surround it, has expert knowledge of his or her environment and the best way to access this is through inclusion (Walters, 2004; Leka et al., 2008b; Nielsen et al., 2010). As such, in good risk management models, the validity of the expertise that working people have in relation to their jobs is recognised and employees are actively involved in the whole process of psychosocial risk management. In some countries, such as Finland, worker participation is laid down in the constitution and specified for risk management by labour law and court order (EU-OSHA, 2009a).

3.2.6. Organisational culture

Conceptually (see Leka et al., 2008b; Nielsen et al., 2010) psychosocial risk management demands that organisations be ready for change, the important drivers or forces of change often being closely related (e.g. rationality, economic usefulness, orientation towards values and norms, compliance with laws and regulations, etc.). On this basis, several change strategies are conceivable, whereby a comprehensive plan to prevent and/or to manage psychosocial risks needs to consider the broader context (economic situation, industrial relations, labour market, etc.) within which organisations operate, as discussed in the previous sections.

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

Readiness for change is closely linked to organisational culture. A key element of successful organisational change is the existence of an appropriate organisational culture (Hofstede, 1980; Schein, 2004; Dollard and Bakker, 2010; Diaz-Cabrera et al., 2010). Organisational culture can be evaluated at various levels: national culture (Hofstede, 1991, 2002; Hofstede and Peterson, 2000), business sector culture (e.g. Gordon, 1991; De Witte and Van Muijen, 1999), professional culture (McDonald et al., 2000), and it may also include organisational subcultures. In addition, the culture of an organisation comprises values, norms, opinions, attitudes, taboos and visions of reality that have an important influence on the decision-making process and behaviour in organisations (e.g. Hofstede, 1980; Schein, 2004). Organisational culture is increasingly recognised as an important determinant of occupational health and safety and its management (Cooper, 2000; Goetzel et al., 2007; Golaszevski et al., 2008). Safety culture, or the way in which safety is managed in the workplace, is also an area that has been extensively studied. The safety culture of a firm often reflects 'the attitudes, beliefs, perceptions and values that employees share in relation to safety' (Cox and Cox, 1991).

3.2.7. Sensitivity of psychosocial issues

It is important to refer also to the sensitivity of psychosocial issues, as this was reported to be the most important barrier for the management of psychosocial risks for all European enterprises (EU-OSHA, 2010a). Sensitivity of psychosocial issues and the role and influence of cultural aspects such as risk sensitivity and risk tolerance (both at company and societal levels) are important and need to be considered as they can facilitate or hinder the effectiveness of psychosocial risk management. These are often relevant to awareness, education and training and availability of expertise and appropriate infrastructures at organisational and national levels (Leka et al., 2008c). These issues can also affect other important factors such as management support, employee readiness for and acceptance of the need for change and willingness to participate, availability of resources, the quality of social relations and trust in the organisation (see for example, Cox et al., 2007a, 2007b; Nielsen et al., 2007; Nytrø et al., 2000; Taris et al., 2003).

Harassment at the workplace seems to be a particularly sensitive issue that creates strong emotions among all those involved. It evokes both shame and guilt. This strong emotional side of the issue can hinder discussions and actions aimed at addressing the problem at individual, organisational and workplace levels (Vartia and Leka, 2010).

Inadequate knowledge of the phenomenon and the causes of harassment at work, as well as subjective differences in the perception of the problem, may also hinder discussion and measures to tackle workplace harassment. Those becoming a target of harassment may also think that it is their own fault, and therefore they may hesitate to bring up their experience. Such problems are less likely to arise when harassment at work is addressed as a work environment issue, as it should be (Vartia and Leka, 2010).

Readiness for change is also linked to the perceived sensitivity of psychosocial issues. It is an important prerequisite for the successful running of a psychosocial risk prevention and intervention programme. Readiness of employees means the extent to which they are prepared to take action, to implement change programmes, or to be personally involved.

As harassment is a sensitive issue, it is of the utmost importance to take into consideration the readiness of organisations, employers and employees to act on this issue. Experience shows, for example, that it has often been difficult to get organisations to implement interventions for bullying (Mikkelsen et al., 2011). There may be many reasons for this. Low awareness and particularly inadequate or incorrect knowledge about the issue may make employers and

employees doubtful. Sometimes organisations are also afraid that actions for prevention and management of harassment at work could create negative publicity. As stressed before, harassment at work needs to be seen and treated as a work environment problem which is connected to psychosocial work environment factors, supervisory practices and organisational culture (Vartia and Leka, 2010).

3.2.8. The business case

Some issues relating to business case have already been covered in the previous section under enterprise characteristics and the economic climate of the enterprise. In addition, many studies have reported the link between high levels of absence and worker ill-health which impacts on productivity and performance (e.g. Bakker et al., 2003; Hardy et al., 2003; Smulders and Nijhuis, 1999). As such, sickness absence has been found to be a strong motivator for enterprises to address OSH (Zwetsloot and van Scheppingen, 2007).

Bond et al. (2006) further reiterate the business case in relation to managing psychosocial risks in terms of absence, performance and turnover intention. Bevan (2010) has expanded the list of business benefits of a healthy workforce to include reduced sickness absence, fewer accidents, improved retention, higher commitment and higher productivity, as well as enhanced employer 'brand'. EU-OSHA (2004, 2010b) stresses the link between quality of a working environment and improved productivity. It also recommends that other indicators of company performance such as the customer, internal business, innovation and learning factors should also be taken into consideration when determining the business benefits. This would provide possibilities for identifying health and safety as important business enablers that can push companies to better performance (EU-OSHA, 2004, 2010b).

3.2.9. Employer image and requirements from clients

In the competitive world of business, it is essential to maintain and enhance business reputation and influence in the global marketplace; a basic requirement is to not harm people or degrade the environment. This is part of the Corporate Social Responsibility (CSR) agenda influencing many organisations (EU-OSHA, 2004). CSR is an evolution in the approach towards sustainable development (EC, 2001).

The scrutiny of all aspects of business performance is not just a matter for enforcers but is intensively carried out by investors, non-governmental organisations (NGOs), society, and particularly business competitors. For any company, OSH outcomes, such as accident and injury rates and work-related absence, are the most visible and concrete corporate measures of CSR. In view of this many organisations have come up with indices and benchmarks that monitor and compare corporate performance (Marsden, 2004). A poor rating in these indices can affect a company's ability to attract investment capital, or even the cost of capital itself.

The reputation of multinationals and their ability to influence governments and others, who are significant providers of contracts, depend on them satisfactorily passing this scrutiny. They have to have more transparent means of showing that their reputation is justified not only by their own good performance but by the performance throughout their supply chain. Businesses of any size but particularly SMEs will not win contracts from those who have a high-profile reputation to protect unless they can demonstrate high standards of performance and ethics in all aspects of business, particularly the highly visible OSH metrics. Managing and investing in OSH is the price of being in the supply chain of businesses with a reputation to protect (Sowden and Sinha, 2005).

It is now increasingly accepted that OSH is an essential component of CSR (EU-OSHA, 2004; Jain et al., 2011; Sowden and Sinha, 2005; Zwetsloot and Leka, 2010), but on its own OSH can be a contentious factor in that some businesses may not view it as an essential business requirement, but rather one that may have legal implications if not in place (Leka et al., 2010a). Despite this, if it is included within the overall governance of an organisation, it needs to be within a culture of responsible risk taking (Boardman and Lyon, 2006). Overall, good governance is linked to long-term prosperity and creates value within an organisation, while bad governance can lead to financial losses, such as through work-related ill-health and sickness absence (Boardman and Lyon, 2006). However, the development and implementation of CSR should be carried out using a structured approach, and one that is relevant to the specific organisation (EU-OSHA, 2004).

Further, research indicates that in addition to good pay, career prospects and opportunities for advancement, a growing proportion of workers are attaching importance to the ethical reputation of the organisation and its ability to offer an appropriate work–life balance (e.g. Bevan and Willmott, 2002; Highouse and Hoffman, 2001; Turban and Greening, 1996). It is clear that a caring employer, who demonstrates that they take employee well-being seriously, is most likely to attract good candidates, have fewer vacancies left unfilled for long periods and – if they can deliver on the promise – lose fewer staff to competitors (Bevan, 2010).

3.3. Conclusions

It can be concluded that a minimal basis is essential in order to implement psychosocial risk management. In Europe, this minimal basis in terms of policy was achieved with the introduction of the 1989 EC Council Directive 89/391/EEC on safety and health of workers at work. However, the translation of policies for psychosocial risk management into effective practice requires capacities, respectively at macro level (national/regional) and at company level. The capacities required comprise adequate knowledge of the key agents (management and workers, policy-makers), relevant and reliable information to support decision-making, availability of effective and user-friendly methods and tools, and availability of competent supportive structures (experts, consultants, services and institutions, research and development). In addition,

the size and sector of enterprises can influence the overall process of psychosocial risk management.

Preliminary findings from the ESENER survey indicated that fulfilment of legal obligations is reported as the number one driver for OSH and psychosocial risk management by European enterprises. The drivers identified included the fulfilment of legal obligations, requests from employees or their representatives, client demands or concern about the organisation's reputation, economic or performance-related reasons, pressure from the labour inspectorate and staff retention and absence management (EU-OSHA, 2010a).

ESENER findings also indicated barriers in dealing with psychosocial risks in establishments, which included the sensitivity of issue, lack of awareness, lack of resources, lack of training and expertise, lack of technical support and guidance, and organisational culture.

The aim of this report is to conduct further analyses of the ESENER dataset to explore in depth what factors influence enterprises to develop policies and systems as well as to implement measures to tackle psychosocial risks. The following section outlines in further detail the analysis strategy employed.

4. Conceptual framework and research questions

4.1. Conceptual model

On the basis of the review conducted and discussed, Figure 4 presents the conceptual model for this study which includes the essential drivers and barriers affecting European enterprises in relation to the management of psychosocial risks.

The literature review indicates that there are several drivers and barriers for the implementation of good practice measures and processes for psychosocial risk management. The ESENER survey (EU-OSHA, 2010a) assesses some of these key factors. The analysis presented in this report focuses on the items used to assess these factors. Using the conceptual framework model presented in Figure 4 as the basis, secondary analysis of the data from the ESENER survey was carried out to examine the following research questions:

1. What are the key drivers in relation to the management of psychosocial risks for the implementation of
   - established procedures to deal with work-related stress
   - established procedures to deal with bullying and harassment
   - established procedures to deal with work-related violence
   - measures to deal with psychosocial risks.
2. What are the main barriers in relation to the management of psychosocial risks for the implementation of
   - established procedures to deal with work-related stress
   - established procedures to deal with bullying and harassment
   - established procedures to deal with work-related violence
   - measures to deal with psychosocial risks.
3. What needs do European enterprises have in the area of psychosocial risk management?
4. What are the policy implications, identifying the main drivers and barriers that could be addressed in order to foster higher levels of commitment to psychosocial risk management?

4.2. Variables and scales

4.2.1. *Selection of survey items*

On the basis of the literature review, the following topics were selected from the ESENER questionnaire to be included in the analysis:

1. Occupational safety and health management
2. Concern for psychosocial issues
   i. work-related stress
   ii. violence or threat of violence
   iii. bullying or harassment
3. Concern for psychosocial risks
4. Drivers for psychosocial risk management
5. Barriers to psychosocial risk management
6. Procedures to deal with psychosocial issues
   i. work-related stress
   ii. bullying or harassment
   iii. work-related violence
7. Measures for psychosocial risk management
8. Need of information or support for psychosocial risk management

Figure 4: **Conceptual model for the drivers and barriers affecting European enterprises in relation to psychosocial risk management**

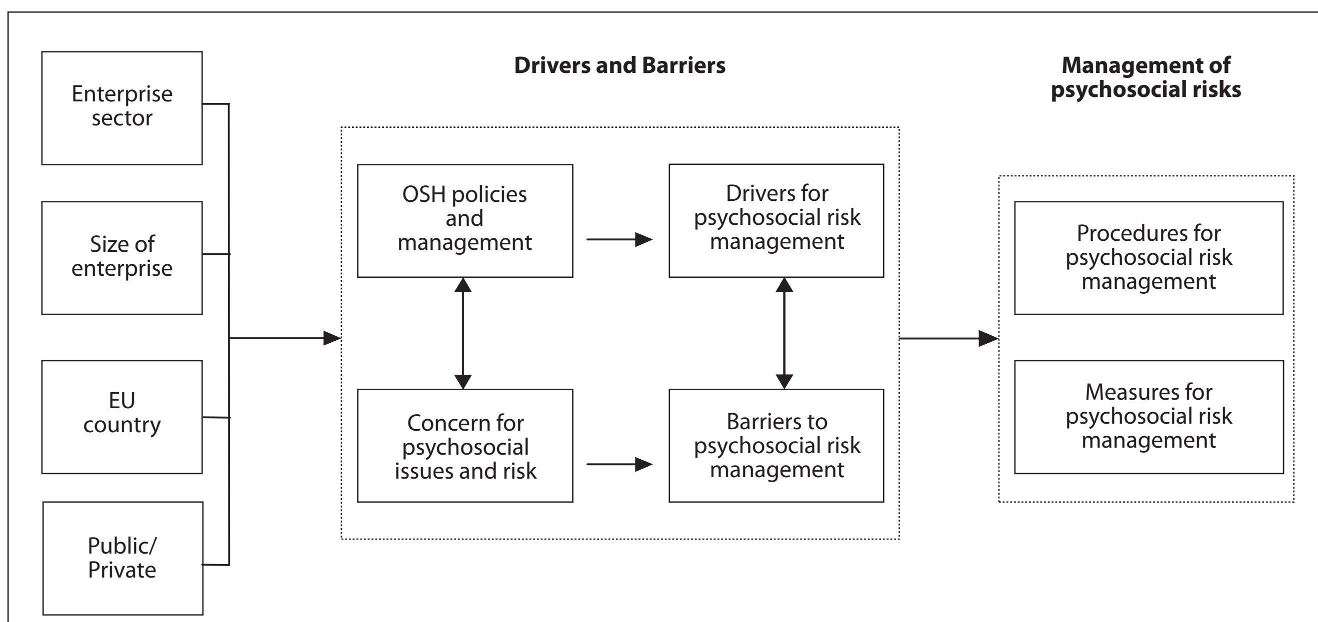


Table 9: **Survey items selected**

Background information	Enterprise sector: *Assigned from NACE Code from sampling source* Size of enterprise: *MM102a/b: Approximately how many employees work at this establishment?* EU Country: *Country code: pre-assigned* Public/private enterprise: *MM103: Does this establishment belong to the public sector?*
Health and safety concerns in the workplace – psychosocial issues	• **MM200.5:** Whether work-related stress is of major concern, some concern or no concern at all in your establishment. • **MM200.6:** Whether violence or threat of violence is of major concern, some concern or no concern at all in your establishment. • **MM200.7:** Whether bullying or harassment, i.e. abuse, humiliation or assault by colleagues or supervisors is of major concern, some concern or no concern at all in your establishment.
Concern for psychosocial risks	• **MM202:** Several factors can contribute to stress, violence and harassment at work; they concern the way work is organised and are often referred to as 'psychosocial risks'. Please tell me whether any of the following psychosocial risks are a concern in your establishment.
Management of health and safety	• **MM150:** What health and safety services do you use, be it in-house or contracted externally? • **MM152:** Does your establishment routinely analyse the causes of sickness absence? • **MM153:** Do you take measures to support employees' return to work following a long-term sickness absence? • **MM155:** Is there a documented policy, established management system or action plan on health and safety in your establishment? • **MM158:** Are health and safety issues raised in high-level management meetings regularly, occasionally or practically never? • **MM159:** Overall, how would you rate the degree of involvement of the line managers and supervisors in the management of health and safety? Is it very high, quite high, quite low or very low? • **MM161:** Are workplaces in your establishment regularly checked for safety and health as part of a risk assessment or similar measure? • **MM173:** Has your establishment used health and safety information from any of the following bodies or institutions? • **MM355:** Does your establishment have an internal health and safety representative? • **MM358:** Is there a health and safety committee in your establishment?
Drivers and support available for psychosocial risk management	• **MM262:** Which of the following reasons prompted your establishment to deal with psychosocial risks?
Barriers for psychosocial risk management	• **MM301:** Considering the situation in your establishment: Do any of the following factors make dealing with psychosocial risks particularly difficult?
Procedures in place for psychosocial risk management	• **MM250:** Does your establishment have a procedure to deal with work-related stress? • **MM251:** Is there a procedure in place to deal with bullying or harassment? • **MM252:** And do you have a procedure to deal with work-related violence?
Measures in place for psychosocial risk management	• **MM253:** In the last 3 years, has your establishment used any of the following measures to deal with psychosocial risks? • **MM256:** Does your establishment take action if individual employees work excessively long or irregular hours? • **MM259:** Do you inform employees about psychosocial risks and their effect on health and safety? • **MM260:** Have they been informed about whom to address in case of work-related psychosocial problems? • **MM302:** Have you used information or support from external sources on how to deal with psychosocial risks at work?
Need of information/ support for psychosocial risk management	• **MM303a:** Would you need any additional information or support on this issue (psychosocial risks at work)? • **MM303b:** Would information of this type be helpful for your establishment? • **MM304:** In which of the following areas would this information or support be useful?

Four relevant background items, which relate to organisational characteristics, were also selected. The items which correspond to the selected topics and background information from the survey are presented in Table 9.

4.3. Identifying variables

Prior to carrying out the analysis, each selected item from the survey was dichotomised, where a 'Yes' response was coded as'1', a 'No' response was coded as '0' and 'No answer or N/A' was coded as 'system missing' (with few exceptions). The application of filters during collecting data led to a large number of missing cases especially in relation to drivers (10 % of cases) and barriers for psychosocial risks (60 % of cases). Due to the large number of missing cases (over 25 % of cases) no appropriate imputation method would yield a reliable 'proxy' to account for the missing data (Scheffer, 2002). Missing cases were, therefore, not included in the analysis.

4.3.1. Scale construction

First, the construction of scales was carried out as composite scores offer the benefit of more stable and robust results from the analysis. Scales also indicate beforehand that there is concurrence of specific questions or operationalisations. The reliability alpha (Kuder-Richardson 20), indicative of the internal cohesion of the scale, was carried out to construct scales (composite scores) for OSH management, concern for psychosocial risks and measures for psychosocial risk management. Specific attention was given to the analyses at item and scale level. Three scales were constructed, as shown in Table 10. The reliability (KR-20) of the scales varied from .75 to .80, indicating high internal consistency of the scales.

OSH management: A composite OSH management scale was constructed using 9 items of general occupational safety and health management in the enterprise. These included the use of health and safety services (MM150), routine analysis of causes of sickness absence (MM152), measures to support employees' return to work (MM153), a documented policy/action plan on OSH (MM155), discussion of OSH issues at high-level meetings (MM158), involvement of the line managers and supervisors in OSH management (MM159) and regular risk assessments (MM161), use of health and safety information (MM173) and formal employee representation – combination of presence of an OSH representative (MM355) and OSH committee (MM358). The items were selected on the basis of their theoretical relevance as well as their statistical relevance (consistent with the constructs and analysis developed in the report by EU-OSHA on OSH Management in European Enterprises (EU-OSHA, 2012a)).

The composite OSH management scores were derived by summing across the 9 variables. Thus, the resultant OSH composite score is a single indicator of the scope of OSH management with 9 as the largest possible value, indicating that a given establishment implements 9 out of 9 possible aspects of OSH management and 0 as a smallest possible value, indicating that it implements none of these aspects. Those establishments that implemented none of the possible OSH management aspects were removed. The composite OSH management score was then further dichotomised to create the OSH management scale used in the analysis. The two groups were created to indicate 'high OSH management activity=1', which included enterprises which reported 6 aspects or more, and 'low OSH management activity=0', which included enterprises reporting between 1 and 5 aspects of OSH management.

Concern for psychosocial risks: Concern for psychosocial risks in the organisation was assessed by asking the participants to rate 10 issues in their establishment (time pressure, poor communication between management and employees, poor cooperation amongst colleagues, lack of employee control in organising their work, job insecurity, having to deal with difficult customers, patients, pupils, etc., problems in supervisor–employee relationships, long or irregular working hours, an unclear human resources policy, discrimination) on a 1–3 scale of 'yes', 'no' or 'N/A'. Each item was dichotomised where 1='yes' indicated a concern, and 0='no' indicated no concern. Following this a dichotomous scale was constructed where 0='no concern' and 1–10='one or more concerns' about psychosocial risks.

Measures for psychosocial risk management: Psychosocial risk management measures are indicative of more ad-hoc measures that had been taken within a specific time frame and directed at solving problems that were recently identified. A composite scale was constructed using 10 items categorised

Table 10: **Items and reliability of constructed scales**

Scales	Items	Kuder-Richardson 20 (KR-20)*
OSH management	MM150, MM152, MM153, MM155, MM158, MM159, MM161, MM173, MM355, MM358	.80
Concern for psychosocial risks	MM202.1 – MM202.10	.77
Measures for psychosocial risk management	MM253.1 – MM253.6, MM256, MM259, MM260, MM302	.75

NB: Kuder-Richardson 20 is a measure of internal consistency reliability for dichotomous items

as measures for psychosocial risk management on the basis of their theoretical relevance. These included six measures used to deal with psychosocial risks in the last three years in the establishment (changes to the way work is organised, redesign of the work area, confidential counselling for employees, set-up of a conflict resolution procedure, changes to working time arrangements, provision of training), action taken by the establishment if individual employees worked excessively long or irregular hours, providing information to employees about psychosocial risks and their effect on health and safety, who should be contacted in case of work-related psychosocial problems, and use of information or support from external sources on how to deal with psychosocial risks at work.

The composite measures for psychosocial risk management score was derived by summing across the 10 variables. Thus, the resultant composite score is a single indicator of the scope of 'ad-hoc' psychosocial risk management, with 10 as the largest possible value, indicating that a given establishment implements 10 out of 10 possible measures to manage psychosocial risks with the highest association with the first factor and 0 as a smallest possible value, indicating that it implements none of these measures. Those establishments that implemented no measures were removed from the analysis. The composite measures for psychosocial risk management score were then further dichotomised to create the measures for psychosocial risk management scale used in the analysis. The two groups were created to indicate 'high psychosocial risk management measures=1' which included enterprises that reported implementation of 5 or more measures and 'low psychosocial risk management measures=0' which included enterprises that reported implementation of 1 to 4 measures.

4.3.2. Variables without constructed scales

Scale construction was not performed on concern for psychosocial issues, drivers and barriers and procedures for psychosocial risk management since they are systematically directed at different targets (risk assessment, risk management, risk evaluation, as well as distinct issues such as work-related stress, violence and harassment). In addition, there is no theoretical reason why these drivers and barriers should be uni-dimensional. They may be of a very practical nature, and may also be related to the establishment or national culture. Table 11 presents items used for topics where scales were not constructed. Each item was treated as a variable.

Concern for psychosocial issues was assessed by asking participants to rate three issues (work-related stress, violence or threat of violence, bullying or harassment) on a 1–4 scale: whether it was of 'major concern', 'some concern', 'no concern' or 'N/A' in their establishment. These items were dichotomised where 0='no concern' and 1–3='some or high concern'.

Drivers, barriers and **need of information/support** for psychosocial risk management were dichotomised where a 'yes' response was coded as '1', a 'no' response was coded as '0' and

Table 11: **Items of topics (without constructed scales)**

Topic	Items
Concern for psychosocial issues	MM200.5 – MM200.7
Drivers for psychosocial risk management	MM262.1 – MM262.6
Barriers for psychosocial risk management	MM301.1 – MM302.6
Procedures for psychosocial risk management	MM250, MM251, MM252
Need of information/support for psychosocial risk management	MM303a/b, MM304.1 – MM303.3

'no answer or N/A' was coded as 'system missing'. Drivers included absenteeism, requests by employees, legal obligation, decline in productivity, client requirements or employer image, pressure from the labour inspectorate. Barriers include lack of technical support and guidance, lack of resources, lack of expertise, lack of awareness, sensitivity of the issue, organisational culture.

Procedures for psychosocial risk management: Psychosocial risk management procedures are indicative of structural measures embedded in the establishment policies. The participants were asked to state whether they have established procedures in place to deal with work-related stress, bullying and harassment, and work-related violence. Each participant rated the questions on a 1–4 scale: 'yes', 'no', 'not an issue in our establishment' or 'no answer/NA'. Each item was dichotomised where 1='yes' indicated the organisational readiness of the establishment and 0='no' and 'not an issue in our establishment' ([1]) indicated the absence of established procedures.

(1) The category 'not an issue in our establishment' was treated as a 'no' response. This is consistent with EU-OSHA's report on OSH management on the basis of ESENER findings where this relationship was tested statistically. Following a test of the relationship between an established set of predictors of OSH management such as sector to which the establishment belongs and size of establishment and variables MM250–MM252, Chi-square was used to check the statistical significance of the relationship as well as the cell-specific contributions to the relationship. This confirmed that the 'not an issue in our establishment' category formed a meaningful relationship with major predictors of OSH management – which was not the case with the 'no answer/NA' category. Further, the 'not an issue in our establishment' category resembled the 'no' category in a pattern of response; small establishments had a larger proportion of 'no' answers to questions MM250–MM252 than larger establishments, and the same was true of the 'not an issue in the establishment' category.

5. Data analysis

5.1. Analysis model

Based on the conceptual framework and variables identified, the analysis model (Figure 5) was developed to examine the impact of drivers and barriers on the management of psychosocial risks in the workplace.

Independent variables were identified as: general OSH management (composite score), concern for psychosocial issues (concern for stress, concern for bullying/harassment, concern for violence), concern for psychosocial risks (composite score) and drivers and barriers for psychosocial risk management. Predictors are based on the questionnaire and were pre-selected on the basis of the literature review as presented previously. The **dependent variable** was identified as the management of psychosocial risks; specifically, measures for psychosocial risk management and the procedures in place to deal with work-related stress, with bullying or harassment and with work-related violence.

Organisational characteristics which may influence the relationship between drivers/barriers and management of psychosocial risks were identified on the basis of their relevance. Four **control variables** were selected from the ESENER questionnaire and included in the analysis: establishment size (10 categories), sector (NACE 1-1 digit level), public/private enterprise, and country.

5.2. Analysis methods

5.2.1. Correlations

Correlations between the background variables, OSH management, concern for psychosocial issues and risks, drivers and barriers for psychosocial risk management, and measures and procedures for psychosocial risk management were carried out using point-biserial correlation in SPSS software.

5.2.2. Multivariate analysis (logistic regression)

Due to the dichotomous (binary) nature of the variables, multivariate analyses were carried out using logistic regression analysis in PASW18 (SPSS). Logistic regression analysis is one of the most frequently used statistical procedures, and is becoming more popular in social science research. Logistic regression estimates the probability of an outcome. Events are coded as binary variables with a value of 1 representing the occurrence of a target outcome, and a value of zero representing its absence. It also allows for continuous, ordinal and/or categorical independent variables. The method was chosen on the basis of its strengths, while analysing models with binary dependent variables was also suggested by Pohlmann and Leitner (2003). They suggest that the structure of the logistic regression model is designed for binary outcomes, whereas other methods such as ordinary least squares (OLS) are not. Logistic regression results are also reported to be comparable to those of OLS in many

Figure 5: **Analysis model: Impact of drivers and barriers on the management of psychosocial risks in European enterprises**

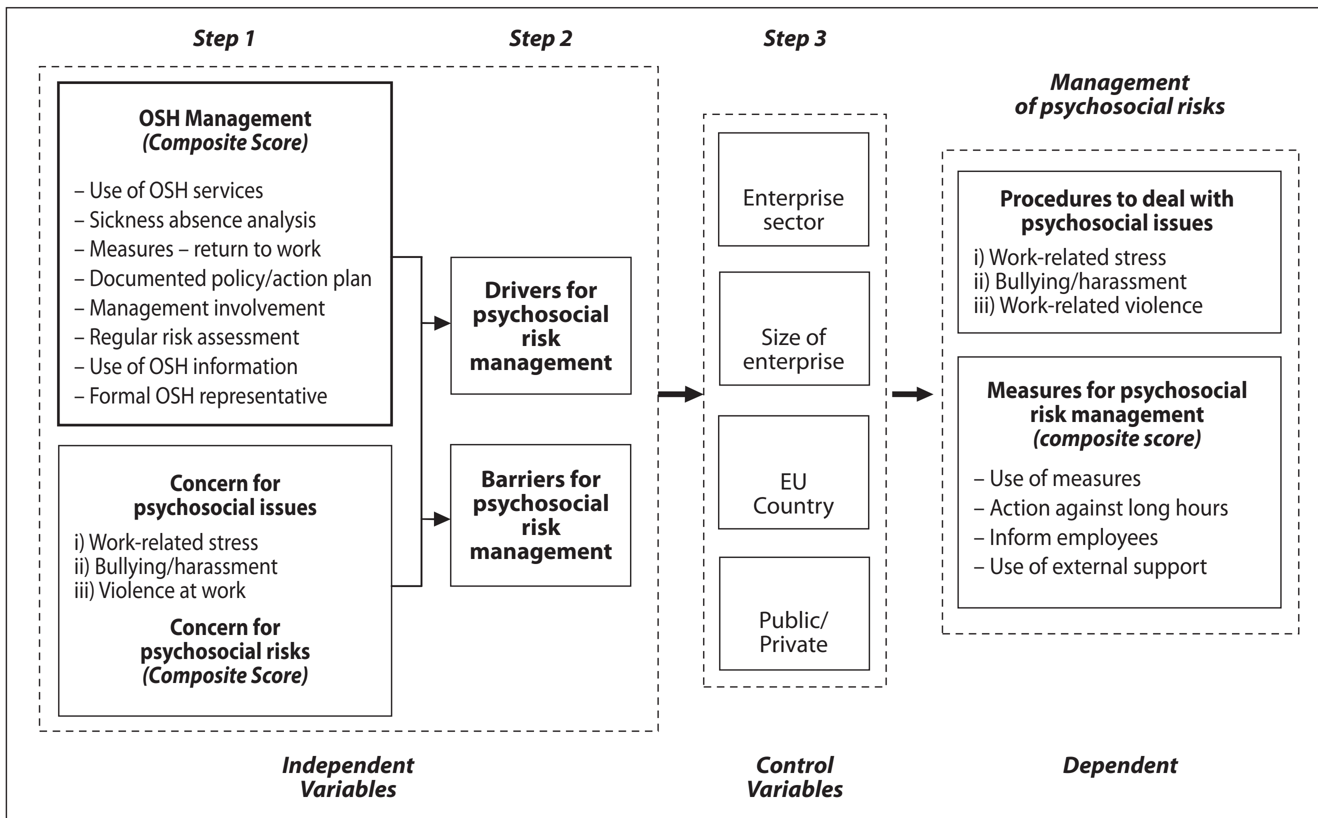


Table 12: **Correlations between OSH management, concern for psychosocial issues and risks, drivers for psychosocial risk management and dependent variables**

	OSH mgt	Concern work stress (WRS)	Concern for violence	Concern for bullying	Concern for psych. risks	Legal obligation	Employee request	Absenteeism	Decline in productivity	Client req. / image	Pressure labour inspect.	Procedure for WRS	Procedure for bullying	Procedure for violence	Measures psych risk mgt
OSH management	1														
Concern work stress (WRS)	.088**	1													
Concern for violence	.077**	.319**	1												
Concern for bullying	.088**	.317**	.665**	1											
Concern for psychosocial risks	.055**	.225**	.117**	.140**	1										
Legal obligation	.132**	.063**	.117**	.117**	.019**	1									
Employee request	.108**	.128**	.130**	.148**	.106**	.140**	1								
Absenteeism	.098**	.090**	.133**	.152**	.083**	.095**	.285**	1							
Decline in productivity	-.019*	.074**	.104**	.119**	.090**	.059**	.251**	.413**	1						
Client requirement or image	.012	.099**	.174**	.144**	.110**	.160**	.247**	.241**	.393**	1					
Pressure labour inspectorate	.002	.055**	.120**	.109**	.061**	.197**	.199**	.243**	.281**	.319**	1				
Procedure for WRS	.268**	.105**	.114**	.107**	.069**	.088**	.154**	.106**	.021**	.027**	.005	1			
Procedure for bullying	.278**	.102**	.173**	.206**	.096**	.115**	.154**	.136**	.003	.024**	.015*	.488**	1		
Procedure for violence	.243**	.106**	.260**	.201**	.087**	.118**	.154**	.132**	.036**	.069**	.039**	.439**	.677**	1	
Measures psych risk mgt	.294**	.199**	.189**	.201**	.176**	.141**	.276**	.170**	.150**	.169**	.073**	.327**	.332**	.312**	1

$^{**}p < 0.01$ $^{*}p < 0.05$

Table 13: **Correlations between OSH management, concern for psychosocial issues and risks, barriers for psychosocial risk management and dependent variables**

	OSH mgt	Concern work stress (WRS)	Concern for violence	Concern for bullying	Concern psych risks	Lack of resources	Lack of awareness	Lack of expertise	Lack of technical support	Org culture	Sensitivity of the issue	Procedure for WRS	Procedure for bullying	Procedure for violence	Measures psych risk mgt
OSH management	1														
Concern work stress (WRS)	.088**	1													
Concern for violence	.077**	.319**	1												
Concern for bullying	.088**	.317**	.665**	1											
Concern psychosocial risks	.055**	.225**	.117**	.140**	1										
Lack of resources	-.103**	.092**	.130**	.124**	.142**	1									
Lack of awareness	-.043**	.016	.032**	.072**	.104**	.162**	1								
Lack of expertise	-.118**	.038**	.050**	.076**	.100**	.228**	.433**	1							
Lack of technical support	-.185**	.037**	.092**	.086**	.063**	.304**	.307**	.481**	1						
Organisational culture	.000	.040**	.094**	.137**	.109**	.182**	.348**	.271**	.259**	1					
Sensitivity of the issue	.045**	.065**	.070**	.107**	.100**	.117**	.295**	.246**	.198**	.356**	1				
Procedure for WRS	.268**	.105**	.114**	.107**	.069**	-.075**	-.069**	-.105**	-.150**	-.014	.042**	1			
Procedure for bullying	.278**	.102**	.173**	.206**	.096**	-.061**	-.014	-.063**	-.127**	.025**	.060**	.488**	1		
Procedure for violence	.243**	.106**	.260**	.201**	.087**	-.032**	-.037**	-.075**	-.094**	.024**	.043**	.439**	.677**	1	
Measures psych risk mgt	.294**	.199**	.189**	.201**	.176**	.032**	-.010	-.056**	-.093**	.024**	.093**	.327**	.332**	.312**	1

**p< 0.01*p< 0.05

respects, but give more accurate predictions of probabilities on the dependent outcome.

The multivariate analysis was conducted to examine the impact of key drivers and barriers on the implementation of procedures and measures for psychosocial risk management. As depicted in the analysis model (Figure 5), the independent variables (concern for psychosocial risks and issues), were entered in Step 1, and drivers and barriers were included in Step 2, in separate analysis. The control variables were entered in Step 3. This was also done to examine their effect on the impact of the independent variables on the dependent variables.

6. Findings

This chapter shows the results of the statistical analysis aiming to explore the drivers and barriers to dealing with psychosocial risks. Descriptive statistics – intercorrelations between variables included in the further analysis and reliability of the scales (Kuder-Richardson 20) – are shown in Tables 12 and 13.

Relationships between particular drivers and barriers included in the conceptual model and actual psychosocial risk management (having in place procedures and measures to tackle work-related stress, bullying/harassment, violence at work, and other psychosocial issues) were examined by the logistic regression analysis. This allowed assessing the strength and the nature (positive or negative) of the associations among variables, and on this basis, the probability that establishments reporting a particular driver or barrier would also have procedures and measures in place to deal with psychosocial risks was estimated.

The following sections present the results achieved in relation to:

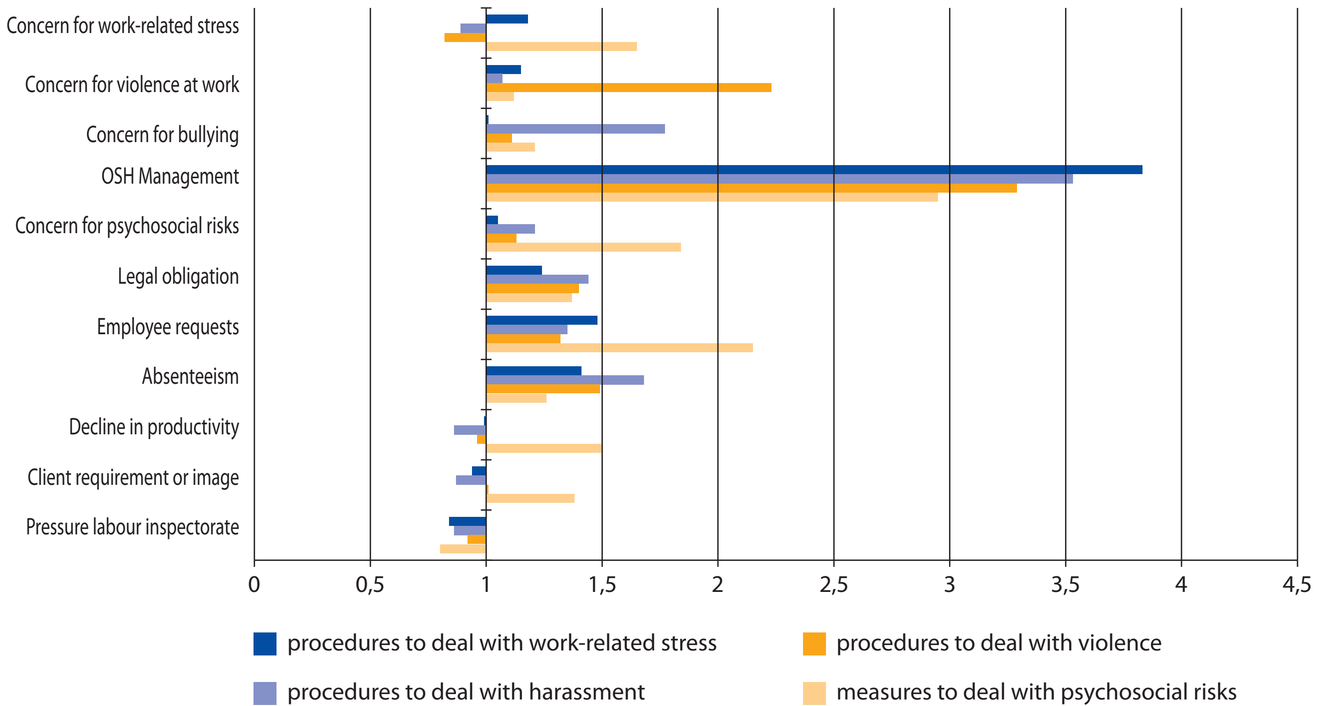
- drivers for psychosocial risks management (procedures and measures)
- barriers for psychosocial risks management (procedures and measures)
- needs for support to manage psychosocial risks.

6.1. Key drivers for psychosocial risk management

The results of the logistic regression in relation to the drivers for psychosocial risks management are shown in Figure 6 and Tables 14–17. Next, the strength of the relationship of each driver with psychosocial risks management (controlling the influence of other drivers and the control variables such as size, sector and country) is presented.

The description of associations between the drivers and the management of psychosocial risks starts with the general OSH management and concern for different psychosocial issues. They were both included in the conceptual model as explanatory variables, following the theoretical assumption that they may be significantly and positively related to the actual management of psychosocial risks. Next, the variables indicated by the establishments as those which prompted them to deal with psychosocial risks are presented (absenteeism, request by employees, decline in productivity, legal obligation, client request or employer image, and pressure from labour inspectorate). Psychosocial risk management was 'represented' by four variables: having in place a procedure for work-related stress, a procedure for bullying/harassment, and a procedure for third-party violence at work, as well as implementing a high number of measures to deal with psychosocial risks (later also called 'ad-hoc measures').

Figure 6: **The impact (odds ratio) of several explanatory variables (drivers) on procedures/measures to manage psychosocial risks in European enterprises**



NB: The 1-axis is the reference. Impact ratings above 1 are positive, whereas impact between 0 and -1 is negative. Please note that not all associations are statistically significant.

Table 14: **Impact of OSH management, concern for psychosocial issues and risks, drivers for psychosocial risk management on procedures to deal with work-related stress (logistic regression)**

	Step 1		Step 2		Step 3	
	B coefficient	Impact (OR)	B coefficient	Impact (OR)	B coefficient	Impact (OR)
Concern for work-related stress	0.29	1.34**	0.24	1.27**	0.15	1.16**
Concern for violence	0.25	1.28**	0.24	1.27**	0.15	1.16**
Concern for bullying	0.06	1.06	0.00	1.00	-0.03	0.97
OSH management	1.50	4.48**	1.42	4.12**	1.35	3.86**
Concern for psychosocial risks	0.20	1.22**	0.15	1.16**	0.05	1.05
Legal obligation			0.22	1.24**	0.20	1.22**
Employee requests			0.52	1.68**	0.42	1.52**
Absenteeism			0.41	1.51**	0.34	1.40**
Decline in productivity			-0.12	0.88*	-0.00	1.00
Client requirements or employer image			-0.09	0.92	-0.03	0.97
Pressure from labour inspectorate			-0.23	0.20**	-0.18	0.84**
Public or private enterprise					-0.04	0.96
Sector (NACE)					0.08	1.08**
Country					-0.01	0.99**
Size of enterprise					0.07	1.07**

NB: Step 1: Pseudo R2 =.11; Step 2: ΔR2 =.02; Step 3: ΔR2 =.03. N = 15019** p <.01*p <.05

Table 15: **Impact of OSH management, concern for psychosocial issues and risks, drivers for psychosocial risk management on procedures to deal with harassment (logistic regression)**

	Step 1		Step 2		Step 3	
	B coefficient	Impact (OR)	B coefficient	Impact (OR)	B coefficient	Impact (OR)
Concern for work-related stress	0.00	0.99	-0.06	0.94	-0.12	0.89
Concern for violence	0.18	1.20**	0.17	1.19**	0.11	1.12*
Concern for bullying	0.54	1.71**	0.49	1.63**	0.45	1.57**
OSH management	1.50	4.44**	1.37	3.94**	1.31	3.72**
Concern for psychosocial risks	0.39	1.47**	0.35	1.42**	0.24	1.27**
Legal obligation			0.34	1.40**	0.32	1.38**
Employee requests			0.45	1.57**	0.30	1.35**
Absenteeism			0.61	1.83**	0.47	1.60**
Decline in productivity			-0.30	0.74**	-0.14	0.87*
Client requirements or employer image			-0.20	0.82**	-0.03	0.97
Pressure from labour inspectorate			-0.20	0.82**	-0.14	0.87*
Public or private enterprise					0.24	1.27**
Sector (NACE)					0.07	1.07**
Country					-0.03	1.06**
Size of enterprise					0.06	1.05**

NB: Step 1: Pseudo R2 =.13; Step 2: ΔR2 =.04; Step 3: ΔR2 =.06N = 15111** p <.01*p <.05

Table 16: **Impact of OSH management, concern for psychosocial issues and risks, drivers for psychosocial risk management on procedures to deal with work-related violence (logistic regression)**

	Step 1		Step 2		Step 3	
	B coefficient	Impact (OR)	B coefficient	Impact (OR)	B coefficient	Impact (OR)
Concern for work-related stress	-0.06	0.94	-0.12	0.89*	-0.24	0.79**
Concern for violence	0.90	2.47**	0.89	2.43**	0.80	2.22**
Concern for bullying	0.15	1.16**	0.10	1.10*	0.09	1.09
OSH management	1.44	4.22**	1.32	3.77**	1.30	3.68**
Concern for psychosocial risks	0.33	1.40**	0.28	1.32**	0.17	1.18**
Legal obligation			0.33	1.39**	0.32	1.38**
Employee requests			0.40	1.50**	0.27	1.31**
Absenteeism			0.46	1.59**	0.36	1.44**
Decline in productivity			-0.19	0.83**	-0.03	0.97
Client requirements or employer image			-0.04	0.96	0.06	1.06
Pressure from labour inspectorate			-0.15	0.86**	-0.09	0.92
Public or private enterprise					0.17	1.18**
Sector (NACE)					0.09	1.09**
Country					-0.02	0.98**
Size of enterprise					0.05	1.05**

NB: Step 1: Pseudo R2 =.15; Step 2: ΔR2 =.02; Step 3: ΔR2 =.05N = 15108** p <.01*p <.05

Table 17: **Impact of OSH management, concern for psychosocial issues and risks, drivers for psychosocial risk management on measures to deal with psychosocial risks at work (logistic regression)**

	Step 1		Step 2		Step 3	
	B coefficient	Impact (OR)	B coefficient	Impact (OR)	B coefficient	Impact (OR)
Concern for work-related stress	0.63	1.88**	0.57	1.77**	0.51	1.67**
Concern for violence	0.26	1.30**	0.20	1.23**	0.12	1.12*
Concern for bullying	0.28	1.32**	0.19	1.20**	0.17	1.18**
OSH management	1.23	3.43**	1.14	3.13**	1.07	2.91**
Concern for psychosocial risks	0.85	2.33**	0.72	2.06**	0.65	1.92**
Legal obligation			0.33	1.39**	0.31	1.37**
Employee requests			0.84	2.31**	0.77	2.15**
Absenteeism			0.30	1.36**	0.25	1.29**
Decline in productivity			0.30	1.35**	0.41	1.50**
Client requirement or employer image			0.30	1.35**	0.29	1.33**
Pressure from labour inspectorate			-0.26	0.77**	-0.21	0.81**
Public or private enterprise					0.09	1.09
Sector (NACE)					0.06	1.06**
Country					0.00	1.00
Size of enterprise					0.08	1.08**

NB: Step 1: Pseudo R2 =.16; Step 2: ΔR2 =.08; Step 3: ΔR2 =.02N = 14287** p <.01*p <.05

6.1.1. OSH management system

Overall findings indicate that an effective OSH management implemented in an enterprise is strongly associated with the implementation of both procedures and ad-hoc measures to deal with psychosocial risks. As conceptualised in the study, an effective OSH management consisted of at least six of the following: use of health and safety services, routine analysis of causes of sickness absence, measures to support employees' return to work, a documented policy/action plan on OSH, discussion of OSH issues at high-level meetings, involvement of the line managers and supervisors in OSH management, regular risk assessments, use of health and safety information and formal employee representation – combination of presence of an OSH representative and OSH committee.

Establishments with higher occupational health and safety management activity were nearly four times more likely to have in place procedures for work-related stress, over 3.5 times more likely to have procedures for bullying or harassment and work-related violence, and nearly three times more likely to have measures in place to deal with psychosocial risks.

It is interesting to note that OSH management was quite frequently reported by all establishments across different sectors and countries. In general, over 80 % of enterprises with procedures and/or a high number of measures indicated that they had implemented good OSH management. Within establishments not managing psychosocial risks in any way, this number decreased to 60 %.

6.1.2. Concern for psychosocial issues

'Concern for psychosocial issues' includes four independent variables: (1) concern for work-related stress, (2) concern for bullying/harassment, (3) concern for violence at work, and (4) concern for psychosocial risks, a composite score comprising: time pressure, poor communication between management and employees, poor cooperation amongst colleagues, lack of employee control in organising their work, job insecurity, having to deal with difficult customers, patients, pupils, etc., problems in supervisor–employee relationships, long or irregular working hours, an unclear human resources policy, and discrimination (for example due to gender, age or ethnicity).

Reported concern about different psychosocial issues was a strong explanatory variable of psychosocial risk management, as assumed in the conceptual model. Establishments that reported general concern about psychosocial issues (including all four variables), were more likely than other establishments to take measures to manage psychosocial risks. The strongest association was observed for 'concern for psychosocial risks' (composite score) – the likelihood of implementing measures was nearly two times higher, and concern for stress – over 1.5 times higher probability.

Establishments that were concerned with violence at work were over two times more likely to have a procedure in place to deal with work-related violence. The probability for having a procedure for violence was also slightly higher in case of enterprises reporting concern about psychosocial risks. Establishments reporting concern about bullying or harassment or about psychosocial risks were also more likely (around 1.5 times higher possibility) than other establishments to have a procedure in place to deal with bullying or harassment.

As for managing work-related stress, observed associations were not strong. Establishments that were concerned about work-related stress or work-related violence had only slightly higher likelihood than other establishments to have a procedure in place to deal with work-related stress. It is interesting to note that reporting concern for work-related stress was very popular among establishments both with and without a procedure in place to deal with work-related stress. It seems, thus, that being concerned about stress at work is not necessarily related to taking action to improve the situation.

6.1.3. Absenteeism

The results show that absenteeism is a consistent explanatory variable of both procedures and measures to manage work-related stress, violence and harassment.

Absenteeism was an especially strong predictor of managing bullying/harassment. Establishments reporting absenteeism as a driver for dealing with psychosocial risks had slightly higher than 1.5 times probability of having a procedure for bullying/harassment, and after OSH management, absenteeism was the strongest explanatory variable for having this procedure in place.

In the case of procedures for stress and violence, the probability was nearly 1.5 times higher, and for measures to deal with psychosocial risks 1.3 times higher. Absenteeism was the third strongest predictor for a procedure to deal with stress (after OSH management and employee requests) and to deal with violence (after OSH management and concern for violence). In the case of measures taken to deal with psychosocial risks, absenteeism worked as a driver but it was not a very strong predictor; other drivers turned out to be more important.

It should be highlighted that although absenteeism was such a strong predictor of psychosocial risk management, it was rare for establishments across all sizes and sectors to report it. Absenteeism was, in fact, the least popular driver to be indicated – fewer than 20 % of establishments agreed that it prompted them to deal with psychosocial risks. However, reporting it, as pointed out earlier, was strongly associated with actual management of psychosocial risks, which in the case of some other drivers reported more frequently (such as client requirements and employer image) was not always true. Also, there were significant differences in reporting absenteeism as a driver for psychosocial risks management (procedures for work-related stress, bullying/harassment, and violence) across countries. While in Finland absenteeism was reported by 33–34 % of establishments, in Italy and Hungary the reporting level went down to 1–4 %.

6.1.4. Requests by employees

Requests by employees or their representatives also appeared to be a consistent predictor of both procedures and measures to manage psychosocial risks.

The strongest relationship was observed between requests by employees and taking measures to deal with psychosocial risks. Establishments reporting this driver had a slightly more than two times higher probability to take a high number of measures to deal with psychosocial risks. Reported request by employees also increased (1.5 times) the likelihood of having a procedure for stress. After OSH management, employee requests was the strongest driver both for measures and a procedure for work-related stress. Employee requests was a weaker predictor (a slightly higher than 1 time higher probability) of a procedure for bullying/harassment and a procedure for violence. In case of the last two procedures other drivers were more explanative.

'Requests from employees or their representatives' was a frequently reported driver for procedures to deal with psychosocial issues by establishments of all sizes, and in almost all sectors (the least popular being in construction). Reporting employee request as a driver for taking measures was especially popular in public administration, defence and social security (around 60 %), in bigger companies, and in the public sector.

6.1.5. Legal obligation

The findings indicate that legal obligation can be treated as a predictor of both procedures and measures to manage psychosocial risks. Enterprises indicating this driver had a slightly higher probability of having procedures (for stress, bullying/harassment, and violence) or a high number of measures in place to deal with psychosocial issues. The differences were rather small; however, it appears that legal obligation has a slightly stronger relationship with the adoption of procedures for bullying/harassment and violence at work, as well as with the measures, than it does for a procedure to deal with work-related stress.

It is interesting to highlight that fulfilment of legal obligations was the most frequently indicated factor which prompted establishments to deal with psychosocial issues (reported by 90 % of managers).

6.1.6. Decline in productivity

Decline in productivity appeared to be positively associated with taking measures to deal with psychosocial issues. Establishments indicating this driver had 1.5 times higher probability for reporting a high number of measures. It should be stressed, however, that it was not a very strong predictor; more powerful relationships were observed in the case of measures and OSH management, employee requests, concern for work-related stress, and concern for psychosocial risks. Decline in productivity was not found to be associated with the existence of procedures for stress, bullying/harassment, and violence at work.

It is interesting to note that decline in productivity as a driver for taking measures to tackle psychosocial risks was reported slightly more often by the smallest enterprises compared to companies from other size categories. It was also especially popular in the hotels and restaurants and mining and quarrying sectors (reported by over 30 % of establishments in these sectors).

6.1.7. Client requirements or employer image

As in the case of decline in productivity, a significant positive association appeared only between client requirements or employer image and the adoption of measures to deal with psychosocial risks. The relationship was not, however, very strong, and establishments reporting this driver only had a slightly higher probability of using many measures to tackle psychosocial risks. Client requirements or employer image was not associated with having in place procedures for work-related stress, bullying/harassment, and violence at work.

Client requirements or employer image was reported by nearly 70 % of EU-27 establishments (the most popular factor in the hotels and restaurants and construction sectors) as a factor which prompted them to deal with psychosocial risks. It seems, however, that it is a weak predictor of actual implementation of measures and procedures to deal with work-related stress, harassment, and violence.

6.1.8. Pressure from the labour inspectorate

As far as pressure from the labour inspectorate is concerned, unexpected directions of the relationships between this driver and the procedures and measures to deal with psychosocial risks were observed. The driver 'pressure from labour inspectorate' was negatively associated (although not very strongly) with having in place procedures for stress and bullying/harassment, as well as implementing a high number of measures to deal with psychosocial issues. It means that establishments reporting this factor as a significant driver for tackling psychosocial risks had a slightly smaller chance of having in place procedures to deal with stress and harassment, and were also more likely to be in the group of enterprises not taking many measures to deal with psychosocial risks. The relationship with procedure for violence at work is not significant (although it appeared to have the same, negative, direction). It is an interesting result, especially in the light of the ESENER overview report, which shows that nearly 60 % of establishments indicated this driver. Possible interpretation of this finding is presented in Section 7.1: 'Discussion on drivers for psychosocial risk management'.

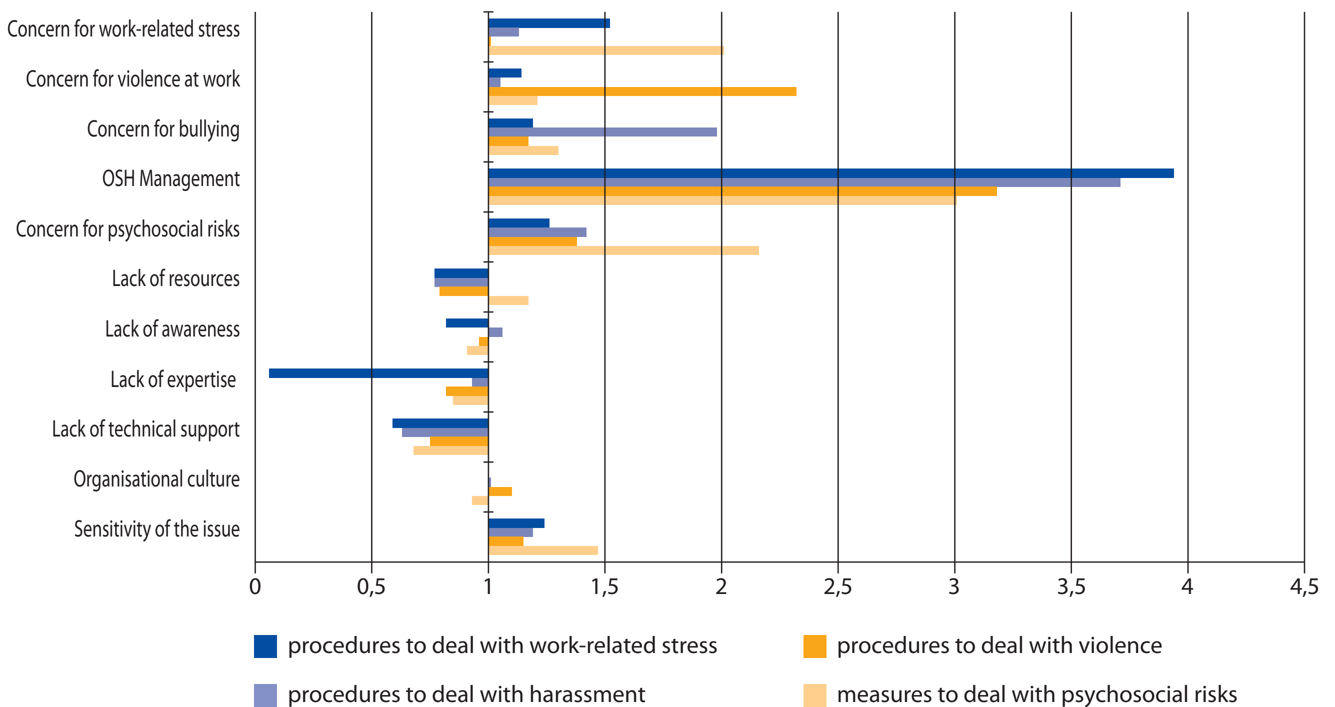
6.2. Key barriers for psychosocial risk management

The application of filters and data routing in relation to the questions on barriers for dealing with psychosocial risks during data collection led to a remarkable change in terms of the number of establishments in the study sample. The questions on barriers were asked only to those managers who had said earlier that it is more difficult to tackle psychosocial risks compared to other

safety and health issues. This opinion was expressed by some 42 % of managers taking part in the study.

The results of the logistic regression exploring barriers for psychosocial risks management are presented in Figure 7 and Tables 18–21. The next sections describe the strength of the relationship of each barrier with the procedures and measures taken to manage psychosocial risks (with controlled influence of other barriers and all control variables included in the conceptual model: size, sector, country, legal status, OSH management (composite score) and concern for psychosocial issues).

Figure 7: **The impact (odds ratio) of several explanatory variables (barriers) on procedures/measures to manage psychosocial risks in European enterprises**



NB: The 1-axis is the reference. Impact ratings above 1 are positive, whereas impact between 0 and -1 is negative. For the positive associations: the longer the bar the bigger the probability for having procedures/measures. For the negative associations: the longer the bar the smaller the probability for having procedures/measures. Please note that not all associations are statistically significant.

Table 18: **Impact of OSH management, concern for psychosocial issues and risks, barriers for psychosocial risk management on procedures to deal with work-related stress (logistic regression)**

	Step 1		Step 2		Step 3	
	B coefficient	Impact (OR)	B coefficient	Impact (OR)	B coefficient	Impact (OR)
Concern for work-related stress	0.46	1.59**	0.48	1.61**	0.37	1.44**
Concern for violence	0.18	1.20**	0.22	1.25**	0.15	1.17*
Concern for bullying	0.15	1.17**	0.19	1.21**	0.14	1.15*
OSH management	1.67	5.30**	1.52	4.60**	1.42	4.13**
Concern for psychosocial risks	0.16	1.17	0.26	1.30**	0.17	1.19*
Lack of resources			-0.29	0.76**	-0.28	0.76**
Lack of awareness			-0.18	0.83**	-0.18	0.84**
Lack of expertise			-0.13	0.88*	-0.12	0.88
Lack of technical support/guidance			-0.54	0.58**	-0.48	0.62**
Organisational culture			0.06	1.06	0.01	1.01
Sensitivity of the issue			0.25	1.28**	0.21	1.24**
Public or private enterprise					-0.00	1.00
Sector (NACE)					0.06	1.07**
Country					-0.01	0.99**
Size of enterprise					0.08	1.08**

NB: Step 1: Pseudo R2 =.12; Step 2: ΔR2 =.03; Step 3: ΔR2 =.03 N = 7997** p <.01*p <.05

Table 19: **Impact of OSH management, concern for psychosocial issues and risks, barriers for psychosocial risk management on procedures to deal with bullying or harassment (logistic regression)**

	Step 1		Step 2		Step 3	
	B coefficient	Impact (OR)	B coefficient	Impact (OR)	B coefficient	Impact (OR)
Concern for work-related stress	0.17	1.19*	0.18	1.20**	0.05	1.05
Concern for violence	0.06	1.06	0.11	1.11	0.07	1.07
Concern for bullying	0.61	1.85**	0.64	1.89**	0.58	1.79**
OSH management	1.62	5.07**	1.49	4.44**	1.41	4.11**
Concern for psychosocial risks	0.38	1.46**	0.44	1.55**	0.37	1.44**
Lack of resources			-0.31	0.74**	-0.27	0.76**
Lack of awareness			0.06	1.06	0.09	1.09
Lack of expertise			-0.10	0.91	-0.13	0.88
Lack of technical support/guidance			-0.51	0.60**	-0.40	0.67**
Organisational culture			0.09	1.09	0.00	1.00
Sensitivity of the issue			0.19	1.21**	0.12	1.13
Public or private enterprise					0.30	1.35**
Sector (NACE)					0.05	1.05**
Country					-0.03	0.97**
Size of enterprise					0.07	1.07**

NB: Step 1: Pseudo R2 =.15; Step 2: ΔR2 =.02; Step 3: ΔR2 =.06 N = 8008** p <.01*p <.05

Table 20: **Impact of OSH management, concern for psychosocial issues and risks, barriers for psychosocial risk management on procedures to deal with work-related violence (logistic regression)**

	Step 1		Step 2		Step 3	
	B coefficient	Impact (OR)	B coefficient	Impact (OR)	B coefficient	Impact (OR)
Concern for work-related stress	0.09	1.09	0.10	1.10	-0.04	0.96
Concern for violence	0.86	2.37**	0.91	2.48**	0.83	2.28**
Concern for bullying	0.15	1.16*	0.16	1.18**	0.13	1.14*
OSH management	1.44	4.21**	1.31	3.71**	1.27	3.56**
Concern for psychosocial risks	0.39	1.48**	0.47	1.60**	0.37	1.48**
Lack of resources			-0.24	0.79**	-0.25	0.78**
Lack of awareness			-0.09	0.91	-0.05	0.95
Lack of expertise			-0.23	0.80**	-0.23	0.79**
Lack of technical support/guidance			-0.35	0.70**	-0.27	0.76**
Organisational culture			0.17	1.17**	0.11	1.12
Sensitivity of the issue			0.16	1.17**	0.12	1.13*
Public or private enterprise					0.18	1.20**
Sector (NACE)					0.08	1.08**
Country					-0.02	0.98**
Size of enterprise					0.06	1.06**

NB: Step 1: Pseudo R2 =.15; Step 2: ΔR2 =.02; Step 3: ΔR2 =.04 N = 8006** p <.01*p <.05

Table 21: **Impact of OSH management, concern for psychosocial issues and risks, barriers for psychosocial risk management on measures to deal with psychosocial risks (logistic regression)**

	Step 1		Step 2		Step 3	
	B coefficient	Impact (OR)	B coefficient	Impact (OR)	B coefficient	Impact (OR)
Concern for work-related stress	0.75	2.11**	0.74	2.10**	0.67	1.95**
Concern for violence	0.26	1.30**	0.27	1.31**	0.17	1.18**
Concern for bullying	0.23	1.26**	0.24	1.27**	0.22	1.24**
OSH management	1.20	3.33**	1.11	3.03**	1.04	2.83**
Concern for psychosocial risks	0.83	2.30**	0.85	2.34**	0.77	2.19**
Lack of resources			0.14	1.15**	0.12	1.13*
Lack of awareness			-0.07	0.93	-0.06	0.94
Lack of expertise			-0.20	0.82**	-0.17	0.85**
Lack of technical support/guidance			-0.41	0.66**	-0.39	0.67**
Organisational culture			-0.05	0.95	-0.06	0.94
Sensitivity of the issue			0.36	1.44**	0.36	1.44**
Public or private enterprise					0.13	1.13
Sector (NACE)					0.05	1.05**
Country					0.01	1.01*
Size of enterprise					0.08	1.08**

NB: Step 1: Pseudo R2 =.14; Step 2: ΔR2 =.02; Step 3: ΔR2 =.02 N = 7330** p <.01*p <.05

6.2.1. Lack of technical support and guidance

Lack of technical support and guidance was the strongest barrier for all procedures and measures taken to deal with psychosocial risks. Establishments reporting this barrier had a 38 % smaller chance of having a procedure in place for work-related stress, a 33 % smaller chance of having a procedure for bullying/harassment and a high number of measures taken to deal with psychosocial risks, and a 24 % smaller chance of having a procedure in place for violence at work, when compared to establishments not reporting this barrier.

It is important to highlight that, at the same time, lack of technical support and guidance was reported by around 20 % of managers, and it was the second least common barrier reported by establishments (only organisational culture was less frequently reported).

6.2.2. Lack of resources

Lack of resources appeared to be the second strongest barrier for procedures to manage psychosocial risks. Compared to establishments not indicating this as a barrier, establishments reporting it had a 24 % smaller chance of having in place procedures for work-related stress and bullying/harassment, and a 22 % smaller chance of having a procedure for violence at work.

A weak relationship, however in the opposite direction, has been found between lack of resources and measures taken to deal with psychosocial risks. Enterprises indicating lack of resources as a barrier had a slightly greater chance (13 % more) of having a high number of measures in place than those that did not report it as a barrier. This finding suggests that this barrier might be especially important to establishments already involved in managing psychosocial risks.

Lack of resources was a frequently reported barrier for having in place procedures to deal with psychosocial risks (reported by nearly 40 % of establishments). In the case of procedures for work-related-stress and violence at work, it was reported especially often among establishments in the education sector and by those in the smallest size category (11–19 employees).

6.2.3. Lack of expertise

Lack of expertise is negatively associated with having in place a procedure for violence at work and implementing a high number of measures to deal with psychosocial risks. Reporting this as a barrier was related to a 22 % smaller chance of having a procedure for violence, and a 15 % smaller chance of taking many measures. Precisely when it comes to measures taken to deal with psychosocial risks, lack of expertise is the second most important barrier (after lack of technical support and guidance). In case of procedures both for stress and bullying/harassment, the relationship with lack of resources was negative but not statistically significant.

Lack of expertise was the most frequently reported barrier for implementing measures to deal with psychosocial risks by establishments of all size categories and sectors (the most popular being in the mining and quarrying sector – reported by nearly 50 % of managers). Lack of expertise was also the most often reported barrier (together with lack of resources) in relation to a procedure for violence at work.

6.2.4. Lack of awareness

The regression analysis indicates that lack of awareness is a statistically significant barrier only for having in place a procedure for stress. Nevertheless, the relationship was not very strong – the probability of having a procedure for stress was 16 % smaller in the case of establishments reporting lack of awareness. Lack of awareness was not significantly associated with having a procedure to manage violence at work and a high number of measures taken to deal with psychosocial risks.

Although statistically not significant, it is worth mentioning the positive relationship between lack of awareness and having a procedure in place to deal with harassment. This finding could indicate that lack of awareness works as a barrier when an already established procedure to deal with harassment is being put into action.

Bearing in mind the frequency analysis, it is again interesting to note that lack of awareness was among the barriers most often indicated by establishments. However, reporting this as a barrier for dealing with psychosocial risks does not necessarily seem to be associated with the actual involvement in managing psychosocial risks.

6.2.5. Sensitivity of the issue

Sensitivity of the issue turned out to be positively (and not, as expected, negatively) associated with all procedures and measures to deal with psychosocial risks. This means that it was identified more as a barrier by establishments already involved in psychosocial risk management.

Reporting sensitivity of the issue as a barrier was related to nearly 1.5 times higher probability for taking a high number of measures to deal with psychosocial risks, and just over a 1 time higher probability for having in place procedures for work-related stress, bullying/harassment, and violence at work. Possible interpretations of this result are proposed in Section 7.2: 'Discussion on barriers for psychosocial risk management'.

In terms of frequencies, sensitivity of the issue was reported in general by 23 % of European establishments. There were, however, significant differences among countries and sectors.

6.2.6. Organisational culture

The findings show that organisational culture (reported as a barrier by around 20 % of European establishments), is not signifi-

cantly associated with having in place procedures for work-related stress, bullying/harassment, and violence at work. Similarly, no significant relationship has been observed between organisational culture and measures taken to deal with psychosocial risks.

6.3. Summary: management of psychosocial risks

The results of the statistical analysis employed in this secondary analysis of ESENER have made it possible to assess both the strength and the nature of the relationships among particular drivers/barriers and different elements of psychosocial risk management. It has been stated that some of the drivers and barriers indicated by many companies as important drivers/barriers for dealing with psychosocial risks (as shown in the ESENER overview report, (EU-OSHA, 2011)), turned out not to be strongly related to the actual implementation of procedures and measures to manage psychosocial risks (e.g. organisational culture). The opposite results have also been achieved. Regression analysis (EU-OSHA, 2010a) showed, for example, that absenteeism, reported by a very small number of establishments (11 % on average), was one of the strongest drivers for psychosocial risk management. In the case of some other factors (such as pressure from the labour inspectorate or sensitivity of the issue), an unexpected character of the relationships has been found, which seems to indicate that the importance of particular drivers or barriers can be different dependent on what phase an establishment has reached in the process of managing psychosocial risks. In the following sections drivers and barriers for psychosocial risk management are summarised according to their importance for a procedure for work-related stress (Figure 8), procedure for bullying/harassment (Figure 9), procedure for violence (Figure 10), and measures taken to deal with psychosocial issues (Figure 11). Possible interpretations of the results achieved are presented in Section 7 'Discussion and conclusions'.

6.3.1. *Managing work-related stress*

As shown in Figure 8, the most important drivers for having in place procedures for work-related stress were OSH management and requests by employees, and the most important barriers were lack of technical support and guidance and lack of resources.

Slightly weaker relationships were observed between 'procedure for work-related stress' and drivers such as absenteeism and legal obligation, and barriers such as lack of awareness and sensitivity of the issue (barrier more important for establishments that are already managing psychosocial risks).

There were also weak (but still statistically significant) associations between procedures for work-related stress and drivers such as concern for work-related stress, concern for violence at work, and pressure from labour inspectorate (more important for establishments which did not have a procedure for stress in place).

6.3.2. *Managing bullying/harassment at work*

Figure 9 presents the most important drivers for having in place a procedure for bullying/harassment, which are OSH management and absenteeism, as well as the most important barriers for this procedure: lack of technical support and guidance and lack of resources.

Slightly weaker drivers for a procedure to deal with bullying/harassment were concern for bullying/harassment and legal obligation.

Weak but significant associations were observed between procedures for bullying/harassment and drivers such as concern for psy-

Figure 8: **Drivers and barriers for having in place a procedure to deal with work-related stress (odds ratios)**

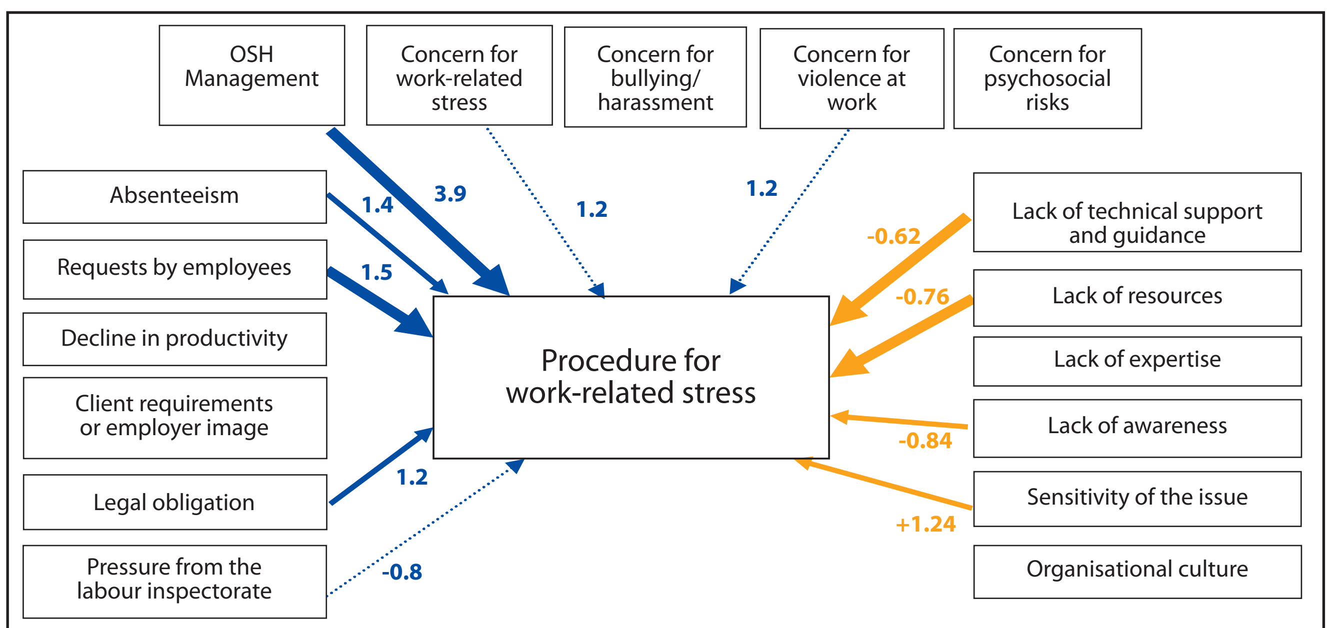


Figure 9: **Drivers and barriers for having in place a procedure to deal with bullying/harassment (odds ratios)**

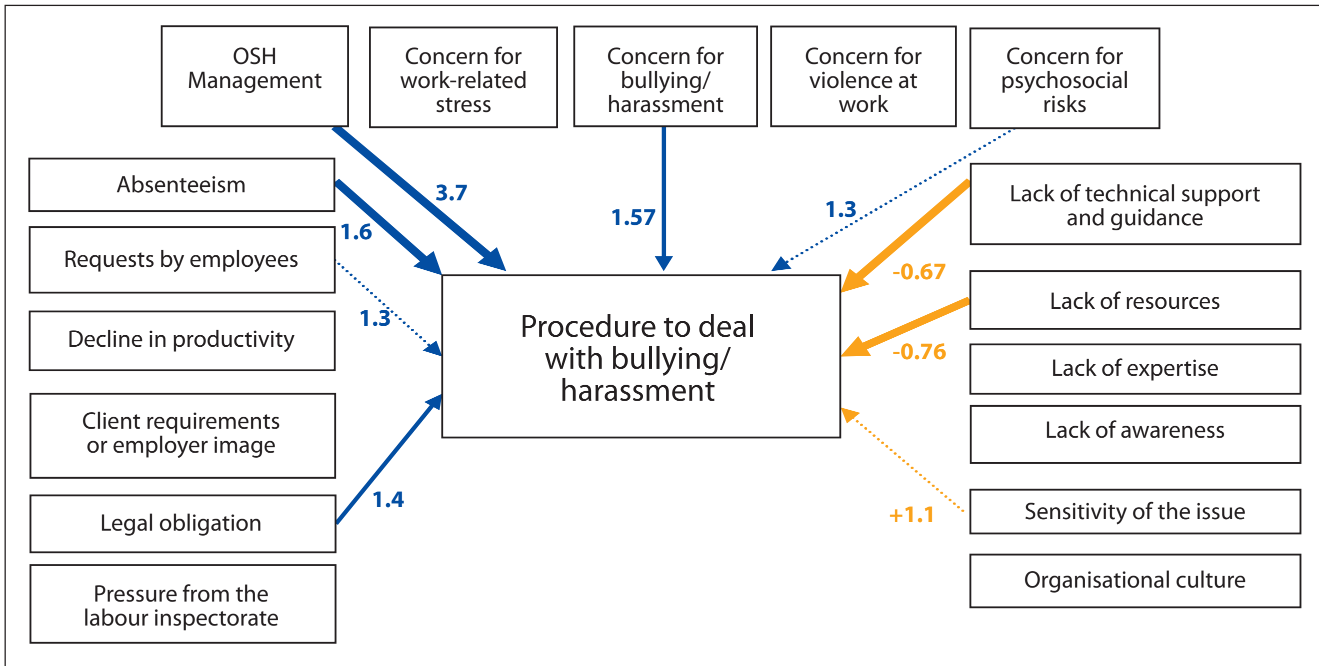
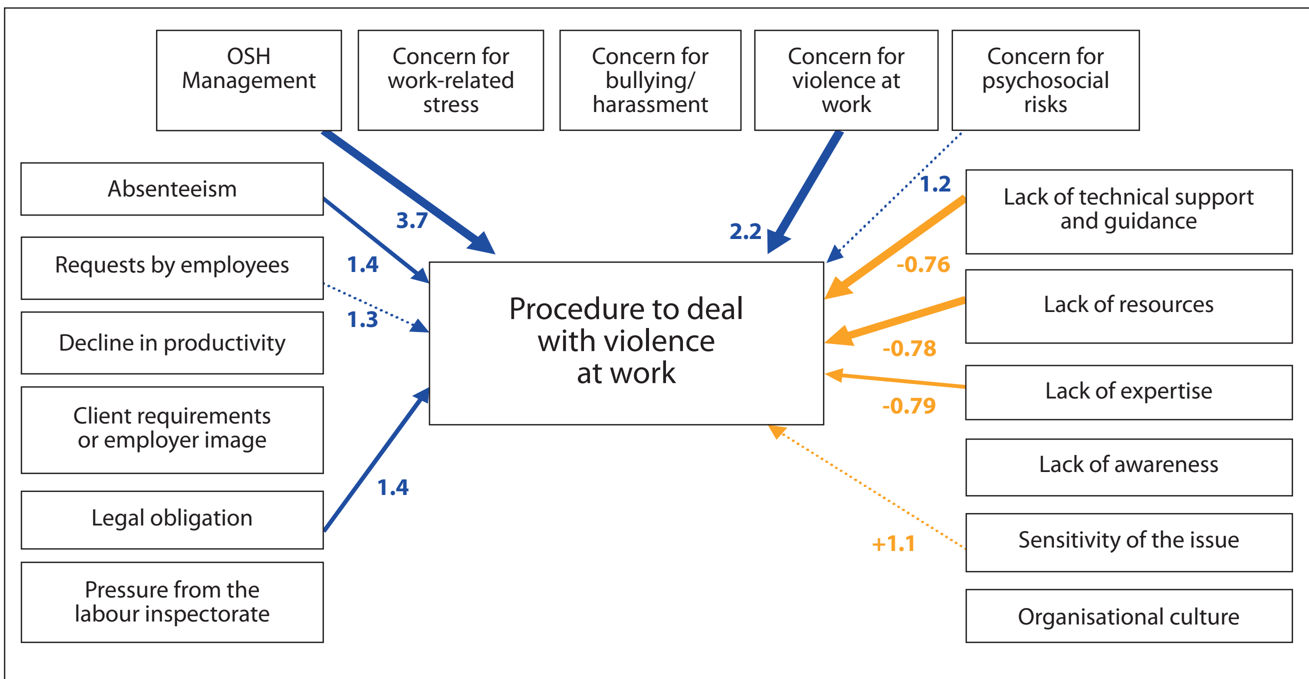


Figure 10: **Drivers and barriers for having in place a procedure to deal with third-party violence at work (odds ratios)**



chosocial risks and request by employees. Sensitivity of the issue was also a weak barrier for this procedure (more important to establishments which implemented procedures for bullying/harassment).

6.3.3. Managing violence at work

Drivers especially important for having in place a procedure to deal with third-party violence at work (Figure 10) were OSH management and concern for violence at work. The most important barriers were lack of technical support and guidance and lack of resources.

Significant relationships were also observed in the case of drivers such as absenteeism and legal obligation, and for the barrier 'lack of expertise'.

The weakest associations appeared between procedures to deal with violence and requests by employees (driver), as well as sen-

sitivity of the issue (this barrier, however, was more important for establishments already having in place a procedure to deal with violence).

6.3.4. Taking measures to deal with psychosocial issues at work

The highest number of drivers and barriers has been identified for measures taken to deal with psychosocial risks (Figure 11). The most important drivers to take measures were OSH management and requests by employees, and the most important barriers to taking measures were lack of technical support and guidance and lack of expertise. Slightly weaker associations have been observed for drivers such as concern for psychosocial risks, concern for work-related stress, and decline in productivity, as well as for the barrier 'sensitivity of the issue' (which was more important to establishments that had already taken a high number of measures to deal with psychosocial risks).

Measures to deal with psychosocial risks have also been weakly associated with drivers such as absenteeism, client requirements or employer image, legal obligation, and pressure from the labour inspectorate (which was more important for companies with a low number of measures implemented).

Lack of resources also turned out to be a significant (although not very strong) barrier; however, this was only for establishments that had already taken many measures to tackle psychosocial risks.

6.4. Needs for support

Additionally to the questions related to the drivers and barriers for psychosocial risk management, establishments were asked to identify their needs for support in this area.

In general, 40 % of establishments expressed a need for information or support on how to design and implement preventive measures. This was the most commonly reported need, irrespective of enterprise size. Need for information or support on how to assess psychosocial risks and need for general information or support on how to deal with violence, harassment or stress were consistently reported by 30–40 % of enterprises of all sizes.

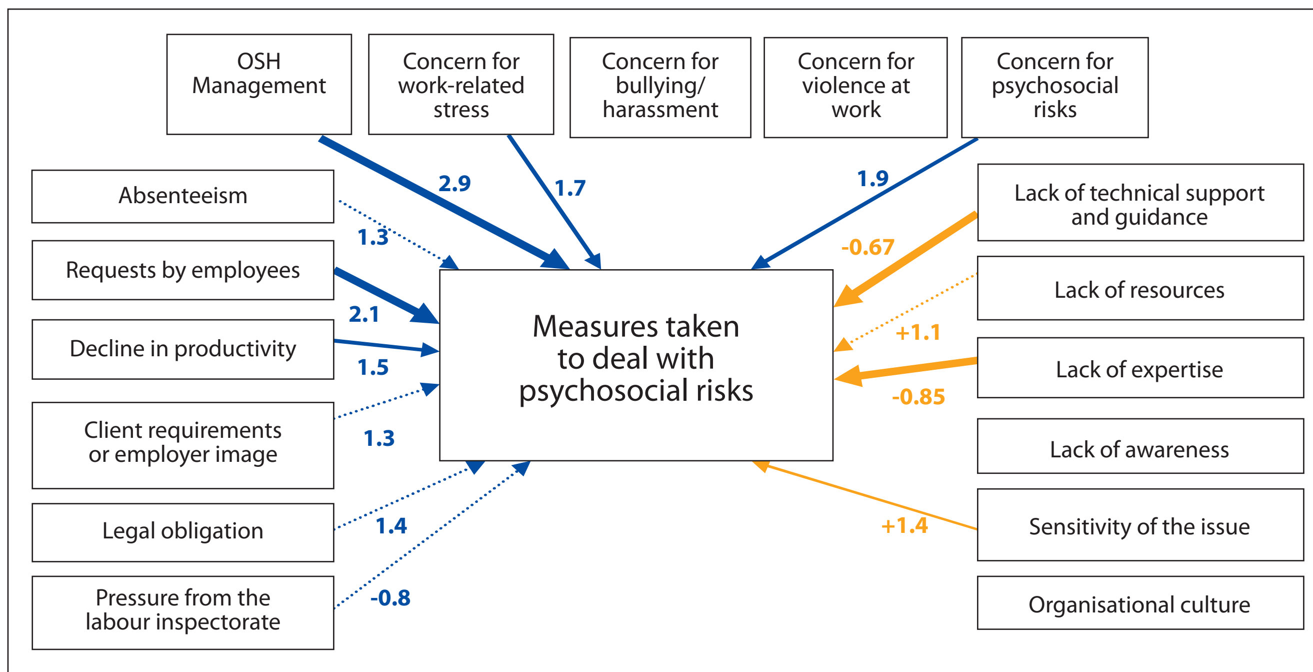
There was not much variation in the needs of enterprises for information or support to deal with psychosocial risks by sector. However, the need for information or support on how to design and implement preventive measures, on psychosocial risk assessment and on how to deal with violence, harassment or stress, was especially frequently reported by enterprises in the public administration sector (around 50 %), and was also high in education and health and social work (over 40 %).

- **Using external support**

The findings indicated that 38 % of all enterprises had used information or support from external sources on how to deal with psychosocial risks. The expertise of a psychologist was used on average by 16 % of establishments, with the highest level in Sweden (65 %) and the lowest in Greece (4 %). There were also remarkable sectoral differences: around 35 % of establishments in education and health and social work reported using a psychologist, while in hotels and restaurants and manufacturing it was reported by less than 10 % of enterprises.

Nearly 35 % of enterprises that used external support before reported that they still need additional information or support, mainly on how to design and implement preventive measures, how to assess psychosocial risks, and generally on how to deal

Figure 11: **Drivers and barriers for measures taken to deal with psychosocial risks (odds ratios)**



with violence, harassment or stress. Around 60 % of all enterprises had not used information or support from external sources on how to deal with psychosocial risks, and of these enterprises nearly 27 % reported that such information or support would be useful in the same key areas.

6.5. National context of psychosocial risk management

Interesting observations based on the achieved results can be made in relation to the reported drivers and barriers (percentage distributions) for psychosocial risk management in four countries, whose approaches towards OSH, and particularly towards psychosocial risks, are presented in Section 2.4. These are Italy, the United Kingdom, the Netherlands and Finland.

6.5.1. Italy

Legislative Decree 81/2008 has highlighted for the first time the obligation for the employer to include psychosocial risk assessment (and management) within the general risk assessment activities that must be carried out at the workplace. The actual enforcement of this duty is a very recent matter, as it could not be implemented before the release of ministerial guidelines. These guidelines were only published in November 2010 and the psychosocial risk assessment activities (with special reference to work-related stress) became compulsory as of 31 December 2010.

Nevertheless, ESENER findings for Italy show that Italian enterprises reported legal obligations as a driver for the implementation of procedures and measures for psychosocial risk management at a higher rate (80 %) than the EU average (70 %). They also highlighted a need for support to design and implement preventive measures and to conduct psychosocial risk assessments. These findings are in line with the current national situation. It can thus be concluded that for employers in Italy psychosocial risk management is quite new and further support is needed for them to implement good practice in this area. This is especially important as ministerial guidelines suggest a general process approach and not solutions applicable to all cases, referring back to the employer for the implementation of measures and procedures tailored for their company set-up. ESENER findings on psychosocial risk management could then represent a form of guidance for employers on actions to be taken for the prevention of work-related stress and harassment in the workplace. The outputs of the survey, in fact, could be translated into effective strategies outlining practical solutions and interventions to deal with the causes of work-related stress and remove the barriers to its assessment and management.

It should be mentioned that a remarkable difference appeared between Italian enterprises and those in most European countries when it came to the statement that absenteeism prompted them to deal with psychosocial risks. Only 1 % of Italian establishments said this, compared with an average in Europe of 16–17 %. Given that absenteeism has been found to be a strong driver of psychosocial risk management, future national activities should be focused on providing companies with information on the association between psychosocial risks and absenteeism.

6.5.2. United Kingdom

In the United Kingdom legal obligations was also the most frequently reported driver for enterprises to implement procedures to deal with work-related stress, bullying or harassment and work-related violence. Other drivers for implementing procedures included requests from employees and absenteeism. Both absenteeism and requests from employees were reported less frequently as drivers by British enterprises as compared to all European enterprises. High OSH management activity and concern for psychosocial risks underpinned these drivers, having a strong relationship with the implementation of procedures and measures in practice. Some of these findings from the ESENER data correspond to findings from United Kingdom national surveys.

Results from two employer surveys from the implementation of the Management Standards approach as part of the Sector Implementation Plan Phase 2 (SIP2) (Broughton et al., 2009) show that there has been an increased focus on the prevention of stress and sickness absence in the United Kingdom as well as an increase in organisational policies and procedures in place to deal with these issues. The drivers for increased action included policy underpinning, senior management buy-in, good application by line managers, good data collection, and a generally supportive environment. Findings from the 2005 United Kingdom Workplace Health and Safety Survey (WHASS) employer survey of 966 workplace health and safety managers (Clarke et al., 2005) indicated high OSH management activity. The survey findings indicated that nearly all workplaces undertook health and safety risk assessments, discussed health and safety with their workforce and had a written health and safety policy, while just over half of workplaces had arrangements in place to support return to work of workers on long-term sickness absence.

While work-related stress is the second most prevalent self-reported work-related ill-health condition in the United Kingdom (HSE, 2010), only 3 % of enterprises in the WHASS survey ranked work-related stress as one of the top three most common, as well as most severe, risks in their establishment. Only 5 % of enterprises ranked being threatened, verbally abused, intimidated or physically attacked as one of their three most common/severe risks. However, when prompted with a list of health and safety risks and asked whether these were present in their workplace, 57 % of respondents reported the presence of work-related stress and 36 % reported the presence of being threatened, verbally abused, intimidated or physically attacked. Compared with private sector enterprises, public sector enterprises were much more likely to rank work-related stress, being attacked, threatened or intimidated, and lone working, as one of the top three most common or most severe risks (Clarke et al., 2005). ESENER findings also support a high concern in British enterprises for psychosocial risks, work-related stress, work-related harassment and violence. However, it is important to

note that managers also reported the implementation of a high number of procedures and measures to deal with these issues. It can be concluded, then, that the implementation of the Management Standards for work-related stress as a national-level approach appears to have a positive impact in the area of psychosocial risk management.

In addition, although ESENER findings indicate certain barriers in relation to the management of psychosocial risks in the United Kingdom, these barriers were less frequently reported as compared to the European average (e.g. lack of technical support and guidelines was reported by 10 % of United Kingdom establishments, while the European average was 20 %). Lack of awareness was the most frequently reported barrier for enterprises to implement procedures dealing with work-related stress in the United Kingdom, and lack of expertise was the most frequently reported barrier to implementing procedures for violence. The description in Section 2.4.2 of this report on the way the United Kingdom is dealing with psychosocial risks, indicates that there are many national tools which can be used to monitor and better manage psychosocial risks. The comprehensive and widely promoted Health and Safety Executive (HSE) Management Standards on stress can be used as a guideline for psychosocial risk management. The Standards reflect demands stemming from legislative acts, but they are voluntary, and their promotion is based on showing the benefits to organisations that tackle psychosocial risk rather than legal enforcement. Many additional tools are available to help implement the Management Standards, including a managers' assessment tool to measure good or bad impact of managers on workers' work-related stress. Also, national surveys are carried out every year, focusing on general health and safety, and specific issues such as work-related stress or violence at work.

For a selection of established risks, respondents in the WHASS survey were also asked about their control of these risks and whether they needed to take further action following the risk assessment. Findings indicated that the risk of work-related stress was reported to be less well controlled than for other hazards. For enterprises reporting less than good control of any risk the foremost perceived barriers to better risk control included costs, lack of time and worker resistance. Other barriers included lack of training, lack of staff, planning difficulties and lack of communication with managers (Clarke et al., 2005). The SIP2 surveys also indicated that the main barriers to taking forward absence and stress management in British enterprises were a lack of financial resources, a lack of information and training, and a lack of commitment to implement changes. The management of the causes of work-related stress also raised a number of specific issues for organisations. These included defining and recognising stress, addressing the stigma of stress and talking openly about stress. More specifically line managers were reported to be reluctant to tackle issues which they felt they did not fully understand or that might be sensitive, and it was therefore considered important to ensure that line managers have the training and support to feel fully confident in managing stress (Broughton et al., 2009).

In terms of use of external information or support on how to deal with psychosocial issues, almost half of the enterprises from the ESENER survey which had not used external information or support reported a need for information on psychosocial risk, while a quarter of the enterprises which had used external information or support in the past reported the need for additional information or support. These enterprises reported the need for information on how to design and implement preventive measures most frequently, followed by information for psychosocial risk assessment and information on how to deal with violence, harassment or stress. Findings from the WHASS survey indicated that most employers consulted a wide range of external sources for information and advice on health and safety. Generally medium and larger workplaces were more likely to seek advice or information from a range of sources than small workplaces. There was also a general trend for fewer private sector workplaces to have consulted these sources than public sector workplaces. An estimated 8 % of workplaces did not consult any external sources of information and advice on health and safety (Clarke et al., 2005); however, external support from reputable organisations was also seen as effective for the management of work-related stress in the SIP2 surveys (Broughton et al., 2009). There appears to be congruence between ESENER findings and national survey findings in the United Kingdom in relation to support needed in the area of psychosocial risk management with a particular focus on the implementation of interventions.

Keeping in mind the nature of ESENER, in that it provides both an overall insight on the situation in Europe as well as the specific picture in each country, it is important to emphasise the potential benefit of experience sharing and good practice dissemination. ESENER can be used as a platform for further debate and discussion to advance progress in practice and cross-country collaboration. However, it also provides the opportunity for comparisons with national data where they exist, as in the case for the United Kingdom. As such it is important that ESENER findings are explored in further detail at the national context and in comparison with national data, for priorities in the area of psychosocial risk management to be defined more accurately.

6.5.3. The Netherlands

When addressing psychosocial risks, a remarkable number of establishments in the Netherlands indicated absenteeism as a driver for those activities. It was reported by up to 29 % of establishments (there were small differences in the case of particular procedures or measures), while the average in Europe was 15–16 %. Additionally, drivers that ranked relatively high were fulfilment of legal obligations (60 %; European average 70 %), requests from employees or their representatives as driver for procedures (48–53 %; European average 45–46 %) and measures (57 %; European average 50 %). As for barriers, establishments in the Netherlands ranked them below the average for the EU-27 countries (the difference was around 10–15 %).

These findings correspond to the fact that managing psychosocial risks at work has a long history in the Netherlands, and attention

has been paid to this topic for at least 20 years – through the Work and Health Covenants, among other measures. The fact that 'lack of awareness' is somewhat lower in the Netherlands than the European average may be seen as a reflection of this history and acquired experience in relatively many Dutch establishments. It may mirror the finding by Taris et al. (2010), who performed in-depth and both qualitative and quantitative analyses on the quality of nine sector-level work-related stress programmes. They found the level of psychosocial risk management to be unrelated to the quality of these programmes. Their findings led them to hypothesise that particularly the sectors with high-quality (and effective) programmes had more experience and knowledge in the sector, which may have increased the programme effectiveness. In sectors with less experience and knowledge, a different approach aimed at building up this knowledge and experience through pilot projects, conducting research into the antecedents of work-related stress, and providing good practices, may be more effective in reducing work-related stress.

Within this context, the knowledge and experience on psychosocial risk management which has been built up in Dutch establishments over the past two decades may on the one hand have resulted, in general, in effective procedures and measures, which in due time reflects itself in the fact that psychosocial risks are considered to be of relatively lower concern as a driver for psychosocial risk management since knowledge, expertise, training and even budget are suited to the need. However, when productivity appears to be reduced or absence is relatively high, and hence competitiveness is hampered, psychosocial risk management is considered in response.

A major finding of this study on barriers and drivers of psychosocial risk management is the fact that OSH management is one of the most important explanatory variables for procedures and measures to deal with work-related stress, as well as violence and harassment. There has been some research that explained high and low active companies by using company survey data and linked data in the Netherlands (e.g. Houtman, 1999; Houtman et al., 1998). In those studies, a different set of data was used. Here OSH management in general was not included as a facilitator as such. On the other hand, a lot of these general OSH measures are strongly linked to company size. Many of the general measures on OSH, such as risk assessment, are mandatory in large as well as small companies. National surveys (e.g. the company monitor by the labour inspectorate: Saleh et al., 2009) indicate that almost all (95 %) of the 100+ companies have a general measure such as risk assessment. However, this coverage is much lower in smaller companies (59 % in companies with 5–9 employees and 35 % in companies with 5 employees or less).

In both studies by Houtman (1999; Houtman et al., 1998) it was also clear that awareness by employers of specific work-related risks as a problem in the company was a powerful explanatory variable of preventive measures directed at both psychosocial and physical risks. In addition, a striking difference in the explanation of psychosocial versus physical measures had to do with the fact that the employee information had a significant added value in explaining that employers took more psychosocial measures, whereas this was lacking in the case of explaining physical measures. This was interpreted as meaning that in order to take psychosocial measures, the employer had to be 'persuaded' more by employees to take action, which was not the case with physical measures. This finding suggests that it would be quite interesting to see if the information from the employee representatives would add to the explanatory power for psychosocial procedures and measures in addition to the information from the management representative.

The company survey performed by the labour inspectorate (Saleh et al., 2009) showed that, according to the employer, employees are regularly exposed to psychosocial risks (including violence and harassment) in just 17 % of companies. In 16 % of organisations, the employers state that enough measures have been taken to prevent psychosocial risks from having a negative impact. So, in 67 % of companies psychosocial risks are not acknowledged to be a risk. When measures are taken, they are often measures directed at the individual: increasing social support amongst colleagues (34 %), education and training (32 %), assigning a shop steward (30 %), reducing task load (29 %) and discussing the risks at group meetings or personal assessments. However, the National Working Conditions Survey (NWCS) on employees indicates that measures on psychosocial risks are most necessary as compared to other measures: some 11 % of employees consider these measures necessary since no such measures are in effect yet, whereas 31 % consider these measures necessary since they have been insufficient thus far (Klein Hesselink et al., 2009). Only 18 % of employees indicate that these risks are not present in their workplace, and 39 % of employees indicate that the measures have been sufficient. The combination of employer and employee data in the Netherlands indicates that psychosocial risks is a topic that employers and employees have different opinions on.

The results from this on ESENER could be used as a form of guidance for employers on psychosocial risk management. The ESENER findings could be translated into strategies outlining practical and potentially effective interventions aimed at psychosocial risk management and removing its barriers.

6.5.4. Finland

The ESENER survey (EU-OSHA, 2010a) found that employee requests and legal obligations are important drivers for psychosocial risk management on procedures to deal with bullying or harassment at work. Employee request was particularly often indicated as a driver – by as much as 72 % of establishments (European average 45 %). Legal obligations was, however, slightly under the European average (63 % in Finland vs. 70 % in Europe). ESENER also indicated a high level of awareness of psychosocial risks in Finland (lack of awareness as an existing barrier was reported by 9 % of establishments, and the EU-27 average was 26 %), as well as a higher than European average level of implementation of procedures and measures to deal with them in Finnish enterprises.

Finland was, with Sweden and Norway, among those countries where discussions and research on harassment began in the early 1990s. The first seminar on harassment at work was arranged in 1988. Nationwide surveys representing the whole workforce and measuring different aspects of the work environment, including psychosocial hazards, bullying and violence at work, are carried out systematically. In relation to the framework agreement on harassment and violence, the central employee organisations with assistance from the Centre for Occupational Safety launched a training tour called 'Good behaviour preferred' in autumn 2010. A leaflet titled 'Good behaviour is preferred – inappropriate behaviour is unacceptable' was published. Particularly since the implementation of the revised Occupational Health and Safety Act at the beginning of 2003, organisations in Finland have been pushed to develop anti-bullying policies and procedures for the prevention of bullying and investigation of cases, and the number of such policies seems to be increasing steadily. This was also found in a study on measures adopted to counteract workplace bullying from the perspective of human resource (HR) management (Salin, 2008). Written anti-bullying policies and the provision of information were found to be the most common measures adopted in Finnish municipalities. According to HR managers, more than half of the municipalities have their own policies and about two out of three organisations had provided information on bullying at work. Only one in four organisations kept statistical records of cases that would make it possible to monitor the increase or decrease of cases. In municipalities with young HR managers, anti-bullying measures were more common than in municipalities with older HR managers, which may reflect a greater awareness of the issue among those who received their education recently. Educational level or gender of the HR manager did not have an effect. More measures were taken in large municipalities than in small ones. The study suggested that greater emphasis on personnel issues in general is associated with greater awareness of workplace bullying as well. The study also suggested that anti-bullying action is often undertaken in response to problems reported, not as a preventive measure.

The law also obliges employers to monitor health and safety risks in the work environment. At national level, psychosocial work environment factors have been measured systematically among employees since 1977 by Statistics Finland and since 1997 by the Finnish Institute of Occupational Health. As the researchers point out, the results of the Quality of Work Life Surveys from 1977 until 2009 illustrate the success of several working life development programmes accomplished during the past 30 years (Lehto and Sutela, 2009). The level of expertise of wage and salary earners has increased, and their opportunities for further development in their work and for receiving training in their jobs have increased significantly. Work tasks have become more varied and independent, and employees' opportunities for influencing various factors in their work have, for the most part, improved. The development of work life and working conditions has not, however, been straightforward and negative development has also taken place. Conflicts in work units have increased since 1984, and adverse effects of time pressure increased from 1977 until 1997 (although they have remained at the same level since then). In summary, the Quality of Work Life Surveys identified three large, problematic developments: problems in the working conditions in the public sector, senior white-collar workers' problems in coping with work, and problems of reconciling work and family life. The researchers feel that these issues should be given the most attention in Finnish work life (Lehto and Sutela, 2009). The Work and Health in Finland surveys (Kauppinen et al., 2009) have also shown some positive development during the past 10 years; for example, the experience of work as mentally strenuous has declined, particularly among senior white-collar workers. Violence and the threat of violence did, however, increase from 2006 till 2009. The increase was mainly in the health and social services sector, and in public administration. Work climate surveys and development projects are often carried out; in 2008, 70 % of respondents reported that a work climate survey had been carried out in their workplace during the previous three years, and 53 % reported that a development project had been carried out during the same period. Development projects have been found to be associated with workers' well-being, but carrying out a work atmosphere survey may actually have a negative influence if it is not followed by any development (Elo et al., 2006).

In the Maintenance of Work Ability Barometer in 2008 the respondents were over 800 managers of different sized enterprises from both the public and private sector. According to the survey, in 27 % of organisations there are 'a lot' of activities aimed at maintaining work ability and in 54 % of organisations there are 'some' activities with this aim (Husman, 2009). Activities seem to be more common in the public sector than in the private sector and in large organisations than in smaller ones. Development of management and supervision, improvement of the atmosphere in the workplace, clarification of the aims of work, and reduction of haste, were most often mentioned as areas that needed improving. Only about one in five managers mentioned the need to reduce bullying at work and 26 % the need to reduce inappropriate behaviour. The need for the reduction of bullying or inappropriate behaviour was more common in large organisations than in smaller ones. In most organisations where there had been a need to carry out some activities related to work ability, this had also been done. In half of the organisations supervisors have 'considerable' engagement in the development and arrangement of activities for the maintenance of work ability. About the same proportion of organisations reported that the engagement of the whole staff in such activities is 'considerable'. In large organisations supervisors and staff engage more often than in small organisations. Risk assessments are carried out in three out of four companies, more often in big ones than in smaller ones.

As for other countries, ESENER findings can be further compared with Finnish data to ensure the more accurate development of intervention strategies both at national and enterprise levels.

7. Discussion and conclusions

The results of the regression analysis allowed more in-depth exploration of the possible impact of variables defined as drivers and barriers on the actual management of psychosocial risks in an enterprise (having in place procedures for managing work-related stress, bullying/harassment, and violence, as well as taking a high number of measures to deal with psychosocial issues). Some of the results presented in the first overview report with ESENER data (EU-OSHA, 2010a) can be more thoroughly understood through the current report.

7.1. Discussion on drivers for psychosocial risk management

In this study, the relationships among potential drivers for psychosocial risk management and actual actions taken to deal with psychosocial issues (implementing procedures and measures) have been empirically verified. Thanks to employed statistical method (regression analysis), it was possible to establish the strength of the relationship between separate drivers and particular procedures and measures taken to manage psychosocial risks. Also, the achieved results are not influenced by differences in the establishments' sizes, sector and country of origin, as well as the legal status (private or public establishment). The control variables generally weakened the impact of drivers on procedures and measures for psychosocial risk management; however, all relationships described below are statistically significant.

The results of the regression analysis confirmed that the first two variables included in the conceptual model as predictors of psychosocial risk management – OSH management and concern for psychosocial risks – are actually positively associated with having in place procedures and measures to deal with work-related stress, harassment, violence, and other psychosocial issues.

Good OSH management turned out to be the strongest predictor for all procedures and measures to deal with psychosocial risks, independent of the size, sector, status, and country of origin of the establishment. This means that establishments highly involved in managing occupational safety and health are also more likely to manage psychosocial risks, by both implementing procedures and taking more ad-hoc measures. High involvement in OSH management reflected implementing at least six elements from: having a documented policy/action plan on OSH, use of health and safety services, routine analysis of causes of sickness absence, having measures to support employees' return to work, discussion of OSH issues at high-level meetings, involvement of line managers and supervisors in OSH management, regular risk assessments, use of health and safety information, and formal employee representation. Encouraging and supporting good OSH management appears to be an efficient way to boost psychosocial risk management, which on the other hand should be treated as an integral part of a general OSH management.

The strength of the associations among **concerns for psychosocial issues** and particular aspects of psychosocial risk management varies. The strongest relationship was observed between concern for violence and having in place a procedure to deal with violence at work, and a bit weaker for concern for bullying/harassment and having in place a relevant procedure. Concern for stress was, however, a very weak predictor of having in place a procedure for stress. Taking many ad-hoc measures was predicted by both concern for work-related stress and concern for psychosocial risks (including time pressure, poor communication between management and employees, poor cooperation amongst colleagues, lack of employee control in organising their work, job insecurity, having to deal with difficult customers, patients, pupils, etc., problems in supervisor–employee relationships, long or irregular working hours, an unclear human resources policy, discrimination (for example due to gender, age or ethnicity)).

Reporting concern for a particular psychosocial problem can be related to a high general awareness about psychosocial risks that *may* appear in the workplace, and also to awareness about the actual or possible negative outcomes of the psychosocial risks that *already exist* in the company. The importance of drivers such as employee request and absenteeism seems to confirm that the latter explanation is more possible, and if this is correct a more preventive approach should be promoted among establishments.

In addition to the questions about OSH management and concern for psychosocial risks, establishments participating in the survey were given a list of other potential drivers and asked to indicate which one/s of them had prompted them to deal with psychosocial issues. Generally, the strongest reported drivers of psychosocial risk management appeared to be **request by employees or their representatives** (especially for having in place a procedure for work-related stress and high number of measures taken to deal with psychosocial risks) and **absenteeism** (especially for having in place a procedure for bullying/harassment). It is interesting to note that while request by employees was reported to be a driver by 76 % of EU-27 establishments, it was very rare to report absenteeism to be a driver (fewer than 20 % of establishment said that).

These findings confirm the need for a participative approach when dealing with psychosocial risks, and also the effectiveness of such an approach (for more information on workers participation see another report with a secondary analysis of ESENER: 'Worker representation and consultation on health and safety' (EU-OSHA, 2012c)). It is worth noting here that for bullying and harassment, and also for violence, employee requests were a somewhat weaker driver than for work-related stress and ad-hoc measures. It can be explained by a higher number of workers affected by work-related stress and other psychosocial issues than by harassment and violence, but also by the more sensitive nature of harassment and a reluctance to report it.

The results also suggest that future actions should be focused on increasing employers' awareness of the relationship between psychosocial risks and absenteeism. This study strongly indicates the need for collecting and disseminating evidence on the impact of psychosocial risks on absenteeism ratios.

A remarkable association has been also observed between the management of psychosocial risks and **legal obligations**. For taking measures to deal with psychosocial issues, the relationship was rather weak; however, in the case of implementing procedures, legal obligation can be perceived as an important driver. It is interesting to note that legal obligations was a stronger driver for procedures to deal with bullying/harassment and violence than for procedures for work-related stress (and, as said earlier, measures). This may be related to the fact that legislative acts in many European countries oblige employers to protect workers from harassment and violence at work (EU-OSHA, 2011). Direct legislative demands for preventing stress and other psychosocial risks at work still seem to be rare.

It is important to mention that the overview report presenting the first results of ESENER (EU-OSHA, 2010a) showed, that legal obligation was the most frequently indicated as a factor which prompted establishments to deal with psychosocial risks. Current report with the secondary analysis shows however, that reporting legal obligations is not necessarily associated with implementing a consistent, holistic management of psychosocial risks (including work-related stress, harassment, violence, and other psychosocial risks). These findings suggest that legislative acts may play a significant role in encouraging establishments to take a preventive approach in managing psychosocial risks, although dissemination of practical knowledge on how to introduce the legislative demands into practice at organisational level may be necessary to facilitate the process. Moreover, actual 'naming' psychosocial risks in the legislative acts may be beneficial.

Decline in productivity and **client requirements or employer image** turned out not to be significant drivers for implementing procedures for stress, bullying/harassment, and violence at work. Weak but significant relationships were observed for those two drivers and high number of measures taken to deal with psychosocial risks. These results seem to confirm that establishments have a tendency to adopt a more reactive approach in tackling psychosocial risks, as taking measures is more likely to be a consequence of problems with psychosocial issues and their negative outcomes. The greater importance of drivers such as decline in productivity, and, to a lesser extent, client requirements or employer image for implementing a high number of measures may indicate that these measures are taken after negative outcomes of psychosocial risks have been noticed in a company. 'Business case' is then easier to identify and to work as a driver for taking actions. It would be beneficial to increase employers' awareness that proactive management of psychosocial risks may greatly improve organisational performance and employer image, and therefore also improve business outcomes. There is a need for collecting both good practice and evidence-based data related to this issue.

An interesting and unexpected relationship has been observed between **pressure from the labour inspectorate** and procedures (for stress and bullying/harassment) and measures to deal with psychosocial risks. These findings indicate the existence of a weak but significant negative association between these variables, which means that establishments not very active in the area of psychosocial risk management reported pressure from the labour inspectorate more often. A few possible interpretations of this result may be proposed here.

Pressure from the labour inspectorate may not be so important for companies that are motivated to be highly involved in managing psychosocial risks. In fact, these companies quite often undertake activities aimed at protecting workers from work-related stress that go beyond legal demands. On the other hand, taking only a few measures to deal with psychosocial risks (for example, training and working time arrangements) may be enough to fulfil legal requirements. Establishments which tackle psychosocial risks mainly because they are obliged to do so may report pressure from the labour inspectorate to follow the law, and report it as a 'driver'. It is also possible that serious problems with psychosocial risks in an enterprise may have been identified by a labour inspector (e.g. as a result of an inspection following a formal complaint to the labour inspectorate), which resulted in an obligation to take immediate action.

It seems that actions taken by the labour inspectorate to increase awareness among employers that psychosocial risks are also OSH risks, and that their management is stipulated by law even when not explicitly mentioned, could significantly help promote the management of psychosocial risks among companies.

7.2. Discussion on barriers for psychosocial risk management

Lack of technical support and guidance turned out to be the strongest barrier for psychosocial risk management. It was the case for all procedures and also for implementing measures to deal with psychosocial risks. This result indicates that there is a great need for establishments to be provided with practical solutions and guidance stemming from evidence-based knowledge. It is important to note that the relatively high number of establishments that reported having in place procedures and measures to tackle stress, harassment, violence, and other psychosocial risks, also indicated a lack of technical support and guidance and the need for support in this terms. Thus dissemination of good practical solutions and guidance should not be limited to companies with a poor management of psychosocial risks.

Another important barrier for managing psychosocial risks was **lack of resources**. Strong negative associations have been observed between this barrier and procedures for managing stress, bullying/harassment, and violence at work. However, in the case of measures taken to tackle psychosocial risks, the association with lack of resources turned out to be positive. This means that using many measures indicates that the establishments concerned had a bigger problem with lack of resources (such as time, staff or money). The probable explanation of this finding is the fact that implementing procedures is often associated with investing some of the organisational resources. A lack of resources may be a real obstacle to taking action, but once the procedure has been implemented, the need for further urgent action (and hence the use of more resources) may not arise.

A slightly different situation may arise in terms of measures that are more dynamic and related to concrete ad-hoc actions. It may be the case that those enterprises which do not use many measures may believe they have done everything possible in terms of managing psychosocial risks, they do not plan to use any additional measures, and no more resources are needed. Establishments reporting a high number of measures may be involved in a continuous process of improving the psychosocial work environment (for a variety of reasons), and they are fully aware of the resources they need (but may lack) to go through this process effectively.

These findings, as in the case of lack of technical support and guidance, indicate that continuous support is needed for managing psychosocial risks. Disseminating some cost-effective methods and good practice would highlight that implementing procedures or some measures to deal with psychosocial risks does not have to be a heavy burden for a company. Some real examples of how improvement of psychosocial work environment paid off (in terms of costs, decreasing the absence level, better performance, etc.) would be of great value.

Sensitivity of the issue was also identified as a significant factor having an impact on psychosocial risk management. However, the direction of the association turned out to be positive, contrary to expectations. Establishments reporting sensitivity of the issue as a barrier had a significantly higher likelihood of having in place a procedure for work-related stress and a high number of measures implemented to tackle psychosocial risk (strong relationship). Weaker (but still significant and positive) relationships have been observed between sensitivity of the issue and procedures for bullying/harassment, and violence at work. The findings suggest that sensitivity of the issue is not a barrier which prevents establishments from taking actions to manage psychosocial risks. It can, however, make a process of psychosocial risk management that has already been launched in a company more difficult. It seems that only when actually dealing with work-related stress, harassment, and violence, are establishments fully aware how sensitive these problems can be. It would be useful to promote 'organisational', as opposed to 'individual' approach to psychosocial risks, which would help to avoid a situation where workers fear being blamed, regarded as weak, or in any other way *inappropriate* in terms of feelings and behaviours. It should be stressed that the aim of managing psychosocial risks is to make changes at the organisational level.

Lack of expertise was an important barrier for taking measures to deal with psychosocial issues. A significant, but weaker association has also been observed between lack of expertise and having in place a procedure for violence at work. Is it possible that professional expertise is especially needed during the implementation of concrete changes in an establishment, such as a redesign of the work area or confidential counselling for employees (included in the composite score 'measures in place for psychosocial risk management'). Considering employment of an external specialist may be beneficial in these cases.

The barrier **lack of awareness** was significantly associated only with having in place a procedure for work-related stress. A possible interpretation of this result may be that phenomena such as harassment or violence, although often under-reported and difficult to tackle, are more definable. In the case of stress, its antecedents, symptoms, and negative safety and health consequences may be really widely and differently understood. It seems that although work-related stress, its symptoms and outcomes, are becoming more widely recognised, the concept still needs to be communicated clearly to managers and employees.

Organisational culture, although reported as an important barrier by 24 % of European establishments, was not significantly associated with having or not having in place procedures and measures for psychosocial risk management. It is possible that the notion of organisational culture and its implications for the organisational performance in the area of OSH is unclear and is understood differently by employers. Disseminating information on how the organisational culture may affect the psychosocial work environment – positively and negatively – would be beneficial.

7.3. Conclusions

Psychosocial risks represent one of the key priorities in health and safety in the modern workplace in Europe. As presented in the first part of this report, a number of actions have taken place in the EU policy arena to promote the management of psychosocial risks at national and organisational levels. However, it has been noted that the translation of policy initiatives into practice has not had the anticipated results (Levi, 2002; Leka et al., 2010b; Taris et al., 2010). The findings presented in this report shed more light on the key drivers and barriers that impact current practice in European enterprises. They also indicate a number of priorities that should be addressed to promote practice in areas described below.

- **A role of legal obligations**

The **legal framework** related to the prevention of psychosocial risks at work gives a good background for activities taken in this area. Those enterprises which indicated legal requirements as important had a higher likelihood of reporting that they had in place procedures and measures to deal with psychosocial risks. However, to be more effective, legal requirements must be complemented with practical guideline.

The results indicate that pressure from the **labour inspectorate** was more important for establishments that were not very active in the area of psychosocial risk management. Thus it can be concluded that the role of the labour inspectorate in promoting a holistic, comprehensive approach to manage psychosocial risks should be boosted. An excellent example of increasing both awareness about psychosocial risks and knowledge on how to evaluate them is a one-year European Inspection Campaign on psychosocial risks launched in 2012 by the Committee of Senior Labour Inspectors (SLIC) (see SLIC campaign website: www.av.se/SLIC2012). In a recent report on the potential impact of emerging

risks on labour inspection methodologies, Walters et al. (2011) also suggest some activities that would help labour inspectors respond better to the fast-changing nature of the world of work. These include a movement towards greater strategic coordination, a motivational and promotional role, and a greater focus on advice and guidelines.

Existing legal requirements play an important role; they must, however, be complemented with practical guidelines and support at national and organisational levels. Limiting activities to the implementation of legislative requirements related to psychosocial risks is unlikely to be efficient in terms of actual management of psychosocial risks. Boosting the role of the labour inspectorate in promoting a holistic, preventive approach to psychosocial risk management may be an excellent way of improving the quality of the psychosocial work environment.

- **Good OSH culture is a key factor for good psychosocial risk management**

A good general OSH culture in a company is associated with higher involvement in psychosocial risk management: a key finding of this study is that enterprises reporting a higher implementation of OSH management practices more often also report having in place procedures and measures to manage psychosocial risks. OSH management practices in this report have been conceived in line with EU legislation and include several important elements:

- the existence of an OSH policy
- an established OSH management system or action plan at enterprise level
- regular undertaking of risk assessments
- use of OSH information by different bodies, or being informed of developments in knowledge of relevance to OSH
- management involvement in OSH management, both as concerns top and line management commitment
- formal employee representation such as the presence of an OSH representative and OSH committee
- use of OSH services, either internal or external
- routine analysis of the causes of sickness absence and measures to support the return to work of employees following long-term sickness absence.

Organisational culture, although reported as an important factor by 24 % of European establishments, was not significantly associated with actual management of psychosocial risks. Given that organisational culture is often indicated in studies to be an important factor influencing general organisational performance, and organisational *safety culture* in particular as necessary to maintain good OSH outcomes (Cox and Cox, 1991), it seems that knowledge on the soft aspects of management and non-formalised conducts of behaviours should be endorsed.

Psychosocial risk management should be promoted as an essential part of a general **OSH management system,** included in particular in the organisation's OSH policy and process of risk assessment (evaluation of risks and establishing action plans). Top management involvement, the role and tasks of line managers and workers' representatives, OSH communication, and absence analysis in relation to psychosocial risks are also crucial. **Employee request** was an especially strong driver for ad-hoc measures to deal with psychosocial issues, and a significant, although slightly weaker driver for procedures to manage psychosocial issues. Employee request seems to be particularly important for dealing with psychosocial risks as it can be an early indication that problems in this area exist, and enable the company to take corrective actions before negative outcomes appear.

Dealing with psychosocial risks can be promoted by different means at all levels. In relation to needs the situation differs between countries and therefore it is important to consider what kinds of EU-level, country-level and organisational-level measures should be developed and implemented. They should build on good practice in the area of psychosocial management already developed at national and international levels (e.g. HSE, 2007). As indicated in the literature, and also in the ESENER overview report, formal OSH management is more often reported by bigger companies. However, as found in another two reports with the secondary analysis of ESENER data (EU-OSHA, 2012b), both general OSH management and psychosocial risk management is possible even in small companies, and its actual appearance is strongly related to contextual aspects (with a 'country' being the most influential factor). Further to this, a project has been commissioned by EU-OSHA entitled 'Analysis of the determinants of workplace occupational safety and health practice in a selection of EU Member States', aiming to identify how characteristics of the regulatory framework and employment relations tradition affect establishments' management of health and safety.

Some of the drivers and barriers identified in this report show the possible directions of providing support and facilitating integration of psychosocial risk management into general OSH management. The EU-OSHA 2011–2012 European Campaign 'Working together for risk prevention' puts a particular focus on OSH leadership and workers' involvement. The materials disseminated and activities planned aim to improve the OSH culture across European companies.

Of special importance is promoting good practice and guidelines that complement OSH management systems and provide further detail on psychosocial risk management. Building OSH culture in a company and better quality of general OSH management, in particular such aspects as top management involvement and worker participation, are essential for dealing with psychosocial risks efficiently.

- **Building the business case**

One of the strongest drivers for psychosocial risk management identified in this report was **absenteeism**. The actual strength of this relationship was surprising in the context of the figures presented in the ESENER overview report: it was very rare for managers to indicate that absenteeism was a factor which prompted them to deal with psychosocial risks. Nevertheless, reporting this driver was related to a significantly higher probability of having procedures and implementing many measures to tackle psychosocial issues. The strong character of this relationship seems to indicate that companies, undertake actual activities to deal with psychosocial risks especially after noticing negative consequences of these risks. **Decline in productivity** was also found to be a significant predictor of ad-hoc measures to deal with psychosocial risks.

Studies focused on collecting and analysing data showing the link between poor psychosocial work environment, absenteeism and reduced organisational performance should be encouraged and supported. Promotion of psychosocial risk management which would include the results of such studies is likely to be particularly efficient.

- **Lack of information and know-how are significant barriers to be tackled**

A need for continuous support and further knowledge on how to establish good psychosocial risk management procedures for work-related stress, harassment, and third-party violence was commonly reported by establishments of all sectors and sizes, regardless of their level of actual involvement in managing psychosocial risks. Particular barriers identified in the study may be used to address this support in a proper way. An interesting finding of this secondary analysis is the fact that some barriers are particularly important to companies that do not manage psychosocial risks (such as lack of technical support and guidance), while other obstacles have been indicated by enterprises already involved in the process of dealing with psychosocial risks (such as sensitivity of the issue or lack of resources).

Lack of technical support and guidance seem to be the main barriers for the implementation of procedures to deal with work-related stress, bullying or harassment and violence, and measures to deal with psychosocial risks for establishments across all countries, sectors and sizes. Additionally, as shown in the report, **lack of awareness** in the case of tackling work-related stress, and **lack of expertise** in the case of dealing with violence at work may also impede the process of managing psychosocial risks.

A need for information or support on how to design and implement preventive measures, how to assess psychosocial risks and in general how to deal with violence, harassment or stress was explicitly expressed by 30–40 % of European enterprises. Nearly 40 % of establishments used information or support from external sources on how to deal with psychosocial risks, and 16 % of companies reported using the expertise of a psychologist (there were however significant differences in this rate among sectors and countries).

Providing support for successfully tackling psychosocial risks should take into consideration all consecutive phases of the whole process of management. Technical support and guidelines should include assessment of risks, formulating policy and procedures, planning, implementing and evaluation of interventions. Some advice in relation to aspects and problems which deserve to be looked at with support of an external expert could be beneficial.

- **Resources needed to manage psychosocial risks**

Lack of resources seems to work as an obstacle in implementing procedures for managing work-related stress, harassment/bullying, and third-party violence. However, in the case of measures taken to deal with psychosocial risks, it was reported more often by establishments that had already implemented many measures. This may be related to the fact that procedures already implemented do not necessarily require further immediate actions (and further use of a company's resources). On the other hand, companies involved in implementing a variety of ad-hoc measures may be more aware of how many resources are needed to finish the process efficiently, and also of further requirements in this area.

Support given to companies should include information on the resources (in terms of time, people and money) needed to implement different aspects of psychosocial risk management. That would be helpful in the process of planning, and would also help to adjust the common but not necessarily correct assumption that managing psychosocial risks is very expensive and beyond companies' abilities. A process of collecting and disseminating practical solutions that do not require much investment (especially financial) by a company should especially be encouraged at EU and national levels.

- **Sensitivity of psychosocial issues**

Sensitivity of the issue turned out to be a barrier reported mainly by establishments that have already launched the process of managing psychosocial risks. This barrier thus does not seem to prevent companies from dealing with psychosocial issues; it may, however, make the process of management difficult or inefficient.

Technical support and guidance should cover the entire process of management of psychosocial risks and include possible difficulties which are likely to appear, e.g. reporting and dealing with stress, harassment and violence may increase psychological vulnerability in workers and make them reluctant to participate in the interventions. Of great importance would be guidelines on how to deal successfully with this kind of obstacle.

- **Targeting support to manage psychosocial risks**

As pointed out earlier, support provided should be continuous and adjusted to the current phase of psychosocial risk management in an establishment. Further targeting of interventions requires taking into consideration the cultural and legislative context, sectoral specificity, and other organisational characteristics such as size and legal status.

For instance, it is interesting to note that decline in productivity as a driver for taking measures to tackle psychosocial risks was reported slightly more often by the smallest enterprises compared to companies in other size categories. It was also especially popular in the hotels and restaurants and mining and quarrying sectors. Also, lack of resources was an especially frequently reported barrier for having in place procedures to deal with work-related stress and violence at work among establishments in the education sector and by those in the smallest size category (11–19 employees). The actual impact of those drivers in establishments of different sizes and sectors should be further explored. There were also significant differences among countries in reporting absenteeism as a driver for psychosocial risks management. In Finland it was reported by 33–34 % of establishments, while in Italy and Hungary the reporting level was around 1–4 %.

Promotion of psychosocial risk management must be based not only on drivers and barriers identified as important, but also include a variety of practical measures appropriate to solve particular psychosocial issues. In the ESENER survey, the following measures were studied:

- changes to work organisation and working time arrangements,
- action taken by the establishment if individual employees worked excessively long or irregular hours,
- redesign of the work area,
- provision of training,
- provision of information to employees about psychosocial risks and their effect on health and safety as well as on who should be contacted in case of work-related psychosocial problems,
- confidential counselling for employees,
- set-up of a conflict resolution procedure, and
- use of information or support from external sources on how to deal with psychosocial risks at work.

The preliminary ESENER results (EU-OSHA, 2010a) indicated that enterprises mostly provide training on psychosocial risks to their employees. While training is important as an awareness-raising mechanism and can be used to develop some skills at individual or team level, it does not fulfil employers' legal obligations regarding psychosocial risks. EU legislation is based on the principles of prevention and risk management. It obliges employers to assess risks to workers' health and safety and to put in place appropriate interventions in a preventive manner. The ESENER shows that use of variety of measures to deal with psychosocial issues was highest by enterprises in the health and social work sector, where 70 % of enterprises reported a high use of measures. In fact, only 2 % of enterprises in health and social work report no use of measures. In contrast, 10 % of enterprises in both the manufacturing and financial intermediation sectors used reported no use of measures to manage psychosocial risks. Remarkable differences were also observed among countries: 35 % of Greek enterprises report no use of measures to manage psychosocial risks, whereas only 1 % of enterprises in Bulgaria and 2 % of enterprises in Finland, Denmark and Sweden reported no use of measures.

- **Limitations of the study**

This report presents the secondary analysis of the ESENER data, and the statistical analysis was based on a conceptual model developed especially for the purpose of this study. The model itself follows general theories and studies in the area of psychosocial risks; however, it cannot be treated as a theoretical model as such. No factor analysis was employed to select included variables (drivers and barriers). The study did not aim at presenting interpretation and discussion of the correctness of the model, and it should be kept in mind that there may be some other important drivers and barriers associated with psychosocial risk management not included in the current study. Nevertheless, apart from the practical significance of the findings, they can also be used as a basis for theoretical models to be built and verified in the future studies.

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