Cox, T., (2016) Managing Psychosocial Risks to Worker Health in the United Kingdom. *International Labor Brief*, 14, 7 – 17 (Korea Labor Institute) In Korean

Managing Psychosocial Risks to Worker Health in the United Kingdom

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Introduction

Arguably, in Europe, our concern for the effects of work on health and safety can be traced back to the Middle Ages (Schilling, 1982). Since then, we have learned much about the nature of those risks their mechanisms of effect and how we might best manage them. However, with the continual evolution of new forms of work, new risks emerge[1]. At the same time, the arguments that frame health and safety management also change. Today in the UK, as in many other countries, the commitment to continuous improvement in health and safety management can be influenced by economic imperatives and be subject to skepticism about the value of going beyond a state of 'safe and healthy enough'. Furthermore, there is a fear that the UK leaving the European Union will pose even greater challenges to investing in health and safety at work. It is in this context that recognition is being given to the challenges to employee health inherent in the design and management of work and of work organizations. In relation to the likelihood of particular effects on worker health or safety, they are commonly termed termed 'psychosocial risks'. A new area of health and safety expertise has developed around 'psychosocial risk management' in the UK and elsewhere in Europe (Leka and Cox, 2008; Leka et al, 2008; Leka and Jain, 2010).

Understanding Psychosocial Risk

The International Labour Organisation (ILO) was one of the first bodies to use the term *psychosocial hazard*. In a joint report with the World Health Organisation (WHO) in the mid 1980s (ILO & WHO, 1986), it offered evidence that the way in which work was designed, organized and managed and the way in which work organizations ran could affect the health of their workers. It termed failures of the design and management of work and of work organizations *psychosocial hazards*

[1] A relatively recent publication by the European Agency on Safety and Health at Work (2007) has summarised expert opinion on likely new risks to health and safety over the coming decades. Other related publications have followed.

because of their potential to harm workers' health. It suggested that the mechanism underpinning such harm was related to the experience of work-related stress (see: Cox, 1993; Cox, Griffiths and Rial-Gonzalez, 2000). Over the following decades, the concept of psychosocial risk was both explored and integrated with our knowledge of work-related stress. A management strategy for psychosocial risks was developed within the established framework of risk management (Cox and Cox, 1993; Cox, 1993, Cox, Griffiths and Rial-Gonzalez, 2000).

Taxonomies of Psychosocial Risks

In the UK, there have been at least two different approaches used to classify psychosocial risks. The first is focused at the level of actual work characteristics and is driven by a concern to collect sufficient information about work to allow the identification of actual problems and to inform tailored interventions. The second considers the psychological dimensions that underpin those risks usually in terms of one of the dominant theories of work-related stress. It is theoretically driven with the objective of developing a better understanding of psychosocial risks. Validity of the former is less vulnerable to changes in the world of work and in our thinking in applied psychology.

Several commonly used taxonomies have been variously adapted over many years from suggestions originally made by the author in the early 1990s following a review of the existing literature (Cox, 1993). This taxonomy refers to work and organization characteristics which, if they fail in some sense or are inadequate or lacking, have the potential to cause harm to workers' health (see Table 1). These characteristics are the psychosocial hazards that form the basis of the associated psychosocial risks. A distinction was made, following Hacker (1978), between those psychosocial hazards that relate to the nature of work and are task or job related, and those that relate to the social and organizational contexts to work. This hierarchical way of thinking about psychosocial hazards should be extended further to include those work-related challenges to health which originate in the wider community or which reflect the more general economic and political landscapes. The likelihood of being able to manage these different levels of risk from within work organizations appears related to their position in the hierarchy. Not all those in the UK who have the responsibility of managing work-related psychosocial risks understand these distinctions and their implications for risk management .

Workplace violence and bullying, although obvious stressors, were not included in the original taxonomy as they have tended to be treated separately in research, policy and practice in the UK. Change, per se, was also not included on the argument that it underpins and can exacerbate much of what is potentially harmful in relation to those work characteristics that were included.

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

Table 1 Psychosocial Hazards *(adapted from Cox, 1993 and Cox et al, 2000)*

The Health & Safety Executive (HSE)

In the early 1990s, the HSE took up the challenge of dealing with work-related stress and psychosocial risks in the workplace. Until recently, it has been the major UK funder of research in these areas. It has also been involved in the monitoring of the self-reported work-related health of workers, including exposure to psychosocial risks at work and the experience of stress-related ill health (see, for example, Jones et al, 2003, 2005). Furthermore, it has introduced new 'regulations' describing a process for managing work-related stress and psychosocial risks and any subsequent

challenges to workers' health. These 'regulations' have been named the "Management Standards" (see Mackay et al, 2004; HSE 2007). The work of the HSE in this area has been recognised in many other countries as making a valuable contribution to the management of the contemporary challenges to occupational health.

The Management Standards

In the UK, the Management Standards approach to psychosocial risk, work-related stress and workers' health seems to be an accepted, but not always fully understood, part of everyday health and safety management at least in most large employing organisations. Attention has now turned to the further development of the approach and to evaluating its impact and positioning in the context of the other demands on employing organisations. There are, at least, three questions to be considered.

The Psychosocial Risks: The Landscape

The first question is about the current landscape of work-related psychosocial risks in the UK. How do they relate to those experienced elsewhere? The answer to the first of these questions is that, at a higher level of analysis, the psychosocial risks to employee health experienced in the UK are very similar in nature to those experienced in the rest of Europe, in North America and in many other countries. However, this may be largely due to the way that psychosocial risks are measured in those countries. Most use more-or-less the same research-driven measurement framework. Therefore, what differs is the reported frequency of exposure to particular psychosocial risks and not the nature of those risks. This level of analysis is important in the UK, and other countries, because it informs and supports the development of policy and regulations within employing organisations, and by local, national and trans-national governments and agencies.

Both within and across different countries, when the focus is on the lower operational level of analysis, local differences are obvious. The factors that shape those differences tend to reflect the contextual complexity that exists 'at ground level'. They include: the work done, the nature of those doing that work, local cultures, the nature and size of employing organisations, the sectors and sector cultures in which they operate, local laws and regulations, the socio-political environment and the overall economic context. This level of analysis is important for 'ground level' management of actual risk. Of course, meeting the overall challenge presented by psychosocial hazards and work-related stress requires the combination of the two levels of analysis and approaches which drawn on and integrate both.

The Nature of the Approach

The second question relates to the processes used to identify, assess and manage the risks to workers' health.

The Question of Equivalence

The Management Standards approach is described in the relevant UK 'regulations' but the duty imposed on employing organisations is to use this approach *or* one that is equivalent. In a sense, this latitude in the choice of an appropriate approach or methodology answers one question – how should it best be done – by posing another one - what does equivalence mean in this situation? This has not yet been made clear enough.

Assessing Risk

The Management Standards approach is set within a risk management framework and is essentially made up of two key processes: identifying and assessing risk and then managing that risk. The HSE (2007) suggests the use of a standard questionnaire – the Indicator Tool – to assess psychosocial risk. This questionnaire (Mackay et al, 2004) is based on the widely used Karasek model of Job Demands – Job Control (see, for example, Karasek, 1979) modified to take into account other theoretical models such as that developed by Siegrist (see, for example, Siegrist, 1996, 2004). It imposes a framework for measurement. In combining a theoretically-driven schema with the higher level of analysis (see above), it predetermines the nature and usefulness of the data collected. Interestingly, the Indicator Tool only assesses exposure and does not include the measurement of possible health effects to establish *risk*.

Managing Risk: The Forgotten Process

The risk management component is of fundamental importance in the overall process of psychosocial risk management. Ideally, it should provide an exemplar of shared or joint problem solving involving management and those workers exposed to the risks. Unfortunately, most attention in employing organisations appears to be given to the assessment of risk, mainly using the Indicator Tool or an equivalent measure. Less attention seems to be paid to the issue of how those risks are subsequently managed.

The Original Suggestions

The research that largely informed the development of the Management Standards approach made clear three relevant points about the philosophy and strategy underpinning psychosocial risk management. The first point concerned the need to tailor the approach to identifying and assessing risk to the context of the work being examined or the working people involved. This can be done using a questionnaire-based methodology but is more easily done using interview methods following preliminary examination of existing information (for example, employee satisfaction surveys, occupational health data and organizational records such as those on absenteeism). The second point concerned the importance of engaging workers not only in identifying and assessing risks but also in managing them (see above). Engagement with those experiencing the risk and knowledgeable about them can

increase the chance of intervening successfully (for example, Ertel et al, 2010). The third point concerned seeing the overall process as part of the cycle of continual improvement in health and safety at work and also recognising its benefit beyond health and safety management. Sadly, one could not say with any conviction that these three points have been sufficiently taken on board.

Unhelpful Beliefs

In terms of managing psychosocial risks at work in the UK, there are two lingering beliefs that are unhelpful; first that risk management is largely about offering medical advice or treatment to those badly affected by those risks and, second, that prevention is expensive and presents a financial challenge to employing organisations. Arguably, neither belief is correct. Prevention through better work design and management and early recognition and remedial action offer a more effective way forward partly because they should both lie within the scope of existing organisational management. Neither requires that management to assume a quasi-medical role. Furthermore, organisations should be seeking to improve management quality and systems if they wish to be successful. Dealing with psychosocial risk within this mindset should not add significantly to established costs and could bring wider benefits.

The Way Forward

The at a relatively recent Conference of the Committee of Senior Labour Inspectors (SLIC, 2013), the author presented the results of a Delphi consultation with health and safety experts, organisational managers and researchers in the UK and further afield in Europe (Cox, 2013). The question was "how should we take the Management Standards approach forward?" Among the various suggestions received, there was considerable consensus obvious around five; all were concerned with the reconceptualization of the overall approach.

- The first suggestion focused on emphasizing the positive aspects of good work design and management and the quantification of opportunities and benefits for both employers and employees of effective psychosocial risk management.

- The second suggestion concerned the development of a 'balance model' of psychosocial risk management in which the effects of risks that were not controllable at the organisational level could be compensated in someway by positive actions in other respects.

- The third suggestion related to making clear the important role of the psychosocial risk management *process* in the development of organisations' human capital.

- The fourth suggestion was that, whatever the future held, psychosocial risk management should be better integrated with other organisational initiatives so that it is not seen as something separate and an additional burden to employing organisations.

- The fifth suggestion, now even more important than when it was made, was that psychosocial risk management should be seen and further developed, as central to any organisation's (or government's) investment in the sustainability of work, work organisations and working life.

In Conclusion

Psychosocial risks and risk management are now accepted in the UK as part of its investment in health and safety although, often, this acceptance is seen in terms of work-related stress. The HSE has taken the lead in developing and promoting organisational action to deal with these challenges through its funding of research, its monitoring of the self-reported work-related health of employees and its bringing into force new regulations: the Management Standards.

The Management Standards are now relatively well established as part of organisation's management of health and safety and have been widely acknowledged in Europe and elsewhere as making a significant contribution to the area. They are used but not always as originally intended and thus, most probably, their potential effectiveness is somewhat compromised. Further development is indicated.

There is a consensus on how the Management Standards approach in particular and psychosocial risk management in general might be reconceptualised. The suggestions for future change all seem sensible, feasible and of practical value. The hope is that there is an enthusiasm for such development and funds available to allow it. Of course, the prospect of the UK leaving the European Union casts a shadow over this area of concern as it does more widely over health and safety. There is a fear in some quarters that without the existing European legal framework and funding, there might be a retrenchment in health and safety. Any move to take the UK 'back to basics' in relation to health and safety management would be retrogressive and might challenge the long-term success and sustainability of its industry and commerce. However, there is also a more positive belief that not much will change in health and safety after the UK leaves the European Union.

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