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**Development and implementation of policies for
the management of psychosocial risks:
Exploring the role of stakeholders and the
translation of policy into practice in Europe**

by

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Thesis submitted to the University of Nottingham
for the degree of Doctor in Philosophy

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Abstract

The key aim of this research is to evaluate the impact of policy level interventions for the management of psychosocial risks in Europe. This research is exploratory in nature and seeks to clarify the policy framework in relation to psychosocial risk management, identify key policy stakeholders, examine their perceptions and clarify their role in the policy making process. The research also evaluates the impact of selected policies by analysing their implementation and impact on action at the national and enterprise levels.

A combination of qualitative and quantitative methodologies was employed. Three qualitative and two quantitative studies were conducted and sought to: a. identify all stakeholders relevant to psychosocial risk management, b. analyse the role of key stakeholders in the policy development process as well as drivers and barriers for the development and implementation for such policies for psychosocial risk management, c. investigate the effectiveness and needs related to EU and national regulations governing health and safety and psychosocial risk management at the workplace, d. explore stakeholders' views on the impact of policy interventions and priorities for action at the policy level, and e. analyse the translation of policy into practice at the enterprise level, by assessing the impact of policies on enterprise action (specifically on the implementation of procedures and measures to manage psychosocial risk management), and by identifying the key drivers, barriers and needs of European enterprises in relation to psychosocial risk management.

Overall, the findings of this work recognise many challenges in relation to policy evaluation for psychosocial risk management. However, unless the impact of these policies is evaluated using predefined and appropriate evaluation methodologies and criteria, the basis on which further policies can be developed will not be clear. The research also highlighted that despite the increased awareness of issues relating to psychosocial risks in Europe, there are several differences in perceptions amongst stakeholders and lack of prioritisation of these issues at the policy level that may seriously hinder practice. In this context, the role of researchers and academics is important. Evaluation of policies must therefore ideally be carried out on a tripartite plus basis and should not be within the remit of governmental agencies alone.

Keywords: occupational health and safety, psychosocial risks, EU, regulation, policy, managers

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In the context of the lifelong learning experience, a PhD is a short journey. However, to reach the stage where one can begin this journey requires a lot of nurturing, care and patience by several individuals. I would like to acknowledge everyone who has played a role helping me get to this stage. My friends, family, and especially my parents who have been my role models and taught me my most cherished lessons, supported me and been patient, my brother who has always protected me and been there when I needed him. Knowingly and unknowingly he has helped me become the person I am today and I thank him for that.

I also acknowledge the help and support of my colleagues who have always encouraged me, to my supervisors Professor Tom Cox for helping me keep the dream of undertaking a PhD alive and to Dr Stavroula Leka for helping me realise it. No words can ever be enough and I will remain ever grateful.....

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Preface

Aims and focus of the thesis

A key aim of this research is to evaluate the impact of policy level interventions for the management of psychosocial risks. The policy process is an elaborate and complex process which involves a large number of choices made by a possibly large number of individuals and organisations (Hill, 1997). Moreover, many approaches and a range of research methodologies exist which can be used to study the policy process and evaluate the impact of policies.

Structure of the thesis

Chapter 1 discusses the changing nature of work and the emergence of psychosocial risks. It defines key concepts and discusses the key principles and stages of psychosocial risk management. Chapter 2 then moves on to clarify the policy context by differentiating between various types of policies and policy initiatives. On the basis of the literature, key actors involved in the various stages of the policy development process are identified. Following this, the key approaches and methodologies to evaluate policies are reviewed to identify an appropriate evaluation model to analyse the impact of policy level interventions for psychosocial risk management.

In Chapter 3, policies relevant to managing psychosocial risks are reviewed. An evaluation of the implementation of key policies on the basis of published reports is also presented and discussed. Chapter 4 details the rationale and choice of methods used in this research. Following this, two studies are presented that identify the key stakeholders and examine their role in the development and implementation of policies for psychosocial risk management (Chapter 5). The first study identifies all stakeholders relevant to psychosocial risk management, while the second study focuses on analysing the role of key stakeholders in the policy development process as well as drivers and barriers for the development and implementation for such policies for psychosocial risk management.

Following the identification of stakeholders and their roles, selected policy interventions for psychosocial risk management are evaluated on the basis of the evaluation model identified in Chapter 2. The policies are evaluated on the basis of two studies (Chapter 6):

- In the first study, a survey was conducted that aimed at investigating the level of knowledge of health and safety legislation at the workplace (with special focus on psychosocial risk factors) among European stakeholders representing: a) employers' associations; b) trade unions, and c) governmental bodies. The survey investigated the effectiveness and needs related to EU and national regulations governing health and safety and psychosocial risk management at work.
- In the second study, key stakeholders at the policy level who had been involved in some form of policy-level interventions for psychosocial risk management were interviewed. The interviews focused on awareness of availability of policy initiatives, evaluation and impact of policy interventions, and priorities for action at the policy level.

Lastly, to analyse the translation of policy into practice at the enterprise level, the last study (Chapter 7) draws on the European Agency for Safety & Health at Work (EU-OSHA, 2010a) ESENER (European Survey of Enterprises on New & Emerging Risks) data set to assess the impact of policies on enterprise action, specifically on the implementation of procedures and measures to manage psychosocial risk management, as well as to identify the key drivers, barriers and needs of European enterprises in relation to psychosocial risk management.

Chapter 8 then summarises the key findings of this research and discusses its strengths and limitations. It also offers recommendations for the way forward.

Some notes of reflection

Looking back at the past years during which this research was conducted, I come to realise the intense and creative experience it has been and the difficulties that it entailed. The research was interesting and challenging but, at times, the practicalities of it as well as ambitious aims and not knowing when to stop, made it too demanding. Researching on multiple topics in different subject areas was both enjoyable and rewarding. The multidisciplinary

approach followed in this research added value to the research overall but also highlighted the fact that a truly multidisciplinary research project cannot be ever be exhaustive. The more I read, the more I wanted to read.

Overall, this research has been a valuable learning experience, it has added not only to my maturity as a researcher but also to the solidification of my knowledge and perspective as an applied psychologist – but not bound within the discipline of psychology. I hope that to the reader, it will be as interesting to read as it has been for me to write it.

1. Psychosocial Risks and their Management

1.1 Introduction – Changing world of work

The working environment and the nature of work itself are both important influences on health (Marmot & Wilkinson, 2006). In recent decades, significant changes have taken place in the world of work (EU-OSHA, 2007). Global socio-political developments of increasing globalisation and the establishment of a free market, the development of information and communication technology, and significant demographic changes characterise the development of 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, 2002a) 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).

Data over the past years has documented these changes in OSH trends in Europe and elsewhere in the world (EU-OSHA, 2009; ILO, 2010). The evolution of new working practices and work organisation may be intended to help companies to implement mechanisms and strategies in order to challenge the growing competitive nature of the global marketplace (McDaid, 2008). In a competitive global market 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 (Goudswaard, 2002; Sauter et al., 2002; Sundin & Wikman, 2004). There has also been an increase in the use of non-traditional methods of employment practices (such as outsourcing, temporary work, part-time work, or flexible work) and implementation of new forms of work methods such as lean production and just-in-time production (EU-OSHA, 2007; Kompier, 2006).

Changes in the nature of work have also been impacted by the emergence of new information and communication technologies such as the internet,

computer networks and electronic data interchange (EU-OSHA, 2002a). The pace of technological advancements and the opening of markets and boundaries have impacted on the distribution of work. This has given rise to new forms of work organisation and practices, in particular in relation to temporary employment, home working, tele-working, part-time work and precarious employment, raising concern of the effects that new forms of work may have on the health of workers, organisations and communities (Benach et al., 2002; Benavides et al., 2000; Quinlan, 2004; Quinlan, Mayhew, & Bohle, 2001; Sauter et al., 2002; Virtanen et al., 2005).

For example, in Europe an estimated 4.6-7.1% of the working population spends over 50% of their working hours at home (Felstead & Jewson, 2000). Several key benefits of working from home or 'teleworking' have been previously cited: namely, enhanced work-life balance, increased flexibility, reduction in commuting, reduced overheads for employers, increased skill base for employers, and increased productivity. However, in contrast, several negative consequential impacts of teleworking and flexible working arrangements on workers' health have in addition been documented such as social isolation, presenteeism, lack of support, career progression, and blurring/undefined boundaries between work and home domains (Ertel, Pech, & Ullsperger, 2000; Mann & Holdsworth, 2003).

In addition, temporary employment has increased in developed countries in the past years (NIOSH, 2002; Quinlan, 2004; Virtanen et al., 2005). Temporary, part-time and precarious employment have been linked to increased job demands, lower job security and reduced control over working conditions (Benach, Amable, Muntaner, & Benavides, 2002; Benavides, Benach, Diez-Roux, & Roman, 2000; Quinlan, 2004; Quinlan, Mayhew, & Bohle, 2001). There are early indicators of increased fatigue, depression and headaches among the precariously employed (Aronsson & Goransson, 1999). The balance between work demands, level of control, and economic security are central components in this stress pathway. Precariously employed workers lack control over the extent and length of their employment, their pay and economic security, and their work process. The result of this lack of control and insecurity is extended hours of work when jobs are available, the shaving of wages or profit margins to ensure continued income flow, endemic fatigue when long hours of labour are on offer or required, and on-going anxiety.

Among precarious workers, contracts may be willingly accepted to reduce economic insecurity and anxiety, irrespective of short-term negative health consequences (Mayhew, 2003).

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 to the diversification of the workforce in recent years are: (a) the feminisation of the workforce; (b) increased immigration of new groups to European economies; and (c) the ageing workforce (Leka et al., 2008a).

A dramatic change in employment patterns can be observed over recent decades, with the increase of active participation of women in the paid workforce (Zahm, 2000). The pervasiveness of gender segregation within the labour force has resulted in significant differences in both job content and working conditions amongst women and men (EU-OSHA, 2002a; Messing, 1998; NIOSH, 2002; Östlin et al., 2007); thereby resulting in differential exposure rates and taxonomy of workplace hazards (for example, exposure to toxic chemicals, ergonomic demands, risk of accidents, and psychosocial risks; Messing, 1998).

A second observable and noteworthy trend in the changing demographic nature of the current workforce composition is the increased migration of workers, particularly from developing countries to developed countries. In general it can be observed that legal workers, as compared to illegal workers (including both legal and illegal immigrants and visitors working contrary to their visas), have both better working conditions and access to compensation claims (Guthrie & Quinlan, 2005). Evidence indicates that ethnic minority migrants have different conditions, as compared to white migrants, and there is evidence that they can be less successful in the labour market and report significantly lower levels of psychosocial well-being than the majority population (Shields & Price, 2003). There are also differences in terms of gender of the migrant population, with men more likely to be economically active than women, although this can be associated to cultural differences and not necessarily to discrimination. The increasing number of migrants, both legal and illegal, can also challenge health and safety in a more indirect

manner. Migrants' cultural background, anthropometrics and training may differ from those of the average national of the host country; this may in turn impact their use of technology developed for these specifications (Gurr, Straker, & Moore, 1998; Kogi, 1997; O'Neill, 2000).

Furthermore, within many, if not all, industrialised nations a significant demographic change, known as population ageing poses one of the most significant challenges to occupational safety and health (Ilmarinen, 2006; NIOSH, 2002). Although the evidence points to an ageing population, this is not reflected in the characteristics of those in employment. Evidence suggests that both participation and employment rates of older workers (over 55) have markedly decreased in Europe (Auer & Fortuny, 2000; Griffiths, 1997), as well as in the US (NIOSH, 2002).

The needs of older workers have been demonstrated to differ from those of younger workers; namely, increased exposure to risks at work; less training over a similar period of time; decreased opportunities to gain further knowledge, expertise and development of new skills; less opportunities for task rotation, less support from supervisors, less access to professional development and discrimination in terms of selection, career development, learning opportunities and redundancy (Chui, Chan, Snape, & Redman, 2001; Griffiths, 1997; Maurer, 2001; Molinie, 2003). These differential work environments and conditions can result in differential impacts on occupational health and safety.

The described changes have been accompanied by and led to an increased prevalence of new and emerging types of hazards (and associated risks) to workers' health and safety (EU-OSHA, 2010b) and perhaps the most widely acknowledged of these new OSH challenges are psychosocial hazards (EU-OSHA, 2007; NIOSH, 2002). Psychosocial hazards, also commonly referred to as organisational stressors, 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 or bullying (Leka et al., 2010).

1.2 Psychosocial hazards and risks – definitions, prevalence and impact

1.2.1 Definitions

Psychosocial hazards are defined by the International Labour Organization (ILO, 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. As such, they refer to those interactions 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 & Griffiths, 2005). There is a reasonable consensus in the literature on the nature of psychosocial hazards as presented in Table 1.1.

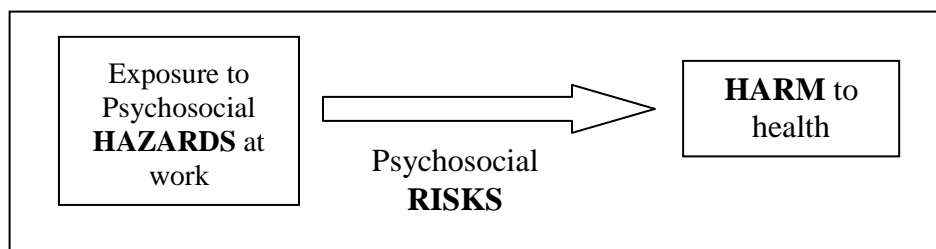
Table 1.1: Psychosocial hazards

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

Source: Adapted from Cox (1993)

The terms psychosocial hazards and psychosocial risks are often used interchangeably in the literature. 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 1.1. 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 1.1: Hazard, risk and harm



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) (2002a) 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. In addition, work-related violence, harassment and bullying are also associated with psychosocial risks. Work-related violence refers to incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being and health (adopted by the European Commission in 1995). Bullying or harassment occurs when one or more workers or managers are abused, humiliated or assaulted by colleagues or superiors. Third party violence (also called violence by other people) refers to violence from clients, customers, patients and pupils and the like. Third party violence can be threats and physical assaults but also psychological in nature (Di Martino, Hoel, & Cooper, 2003).

1.2.2 Prevalence

Nearly one in three of Europe's workers, more than 40 million people, report that they are affected by stress at work (EU-OSHA, 2002b). 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 is at risk because of work-related stress, while 5-6% of workers in the EU reported having been exposed to threats of physical violence either from colleagues or from others and to bullying and/or harassment in the workplace (Parent-Thirion et al., 2007). The 2005 European Working Conditions Survey results indicated a reduction in stress levels reported for overall EU27 figures; however the reduction in the reporting of exposure to stress occurred mainly in the EU-15 countries, while new member states still reported high levels of exposure – more than 30% (EU-OSHA, 2009).

At the national level, 1.2 million workers in Austria 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 more often than before required to interrupt one task to perform another, leading to increased pressure and work-related stress (Eurofound, 2007). In the UK, 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, 2009). Additionally, the 2009 UK Psychosocial Working Conditions (PWC) survey indicated that around 16.7% of all working individuals thought their job was very or extremely stressful (Packham & Webster, 2009).

Data from the Fourth European Working Conditions survey also indicated that physical violence from colleagues was reported by 2%, and from other people by 4% of workers. However, the incidence of reported physical violence, as

well as threats of physical violence, was seen to be higher in the northern European member states as compared to the southern member states. The survey also showed that 5% of the respondents had been subjected to bullying and/or harassment at the workplace over the past 12 months in 2005. However, as with physical violence, there was a wide variation between countries on the level of bullying and/or harassment at the workplace (Parent-Thirion et al., 2007). Similar findings have been also been reported in other European surveys (Iavicoli et al., 2004, 2011; Paoli & Merllié, 2001).

1.2.3 Impact

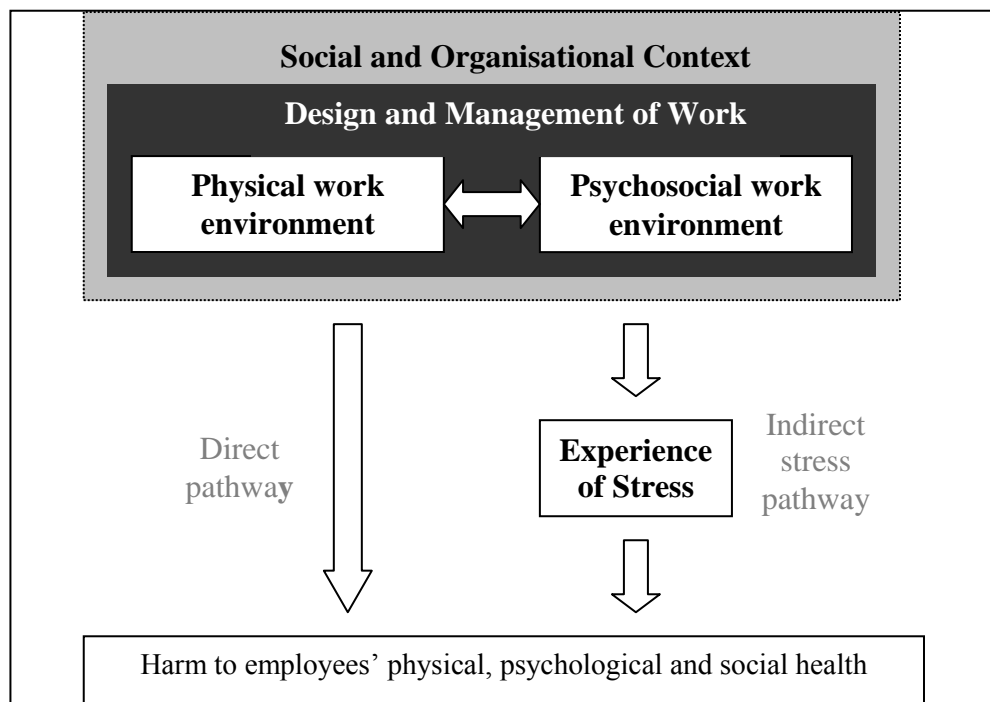
Studies suggest that between 50% and 60% of all lost working days have some link with work-related stress (Cox, Griffiths, & Rial-Gonzalez, 2000) leading to significant financial costs to companies as well as society in terms of both human distress and impaired economic performance. In 2002, the European Commission reported that the yearly cost of work-related stress and related mental health problems in the 15 Member States of the pre-2004 EU, was estimated to be on average between 3% and 4% of gross national product, amounting to €265 billion annually (Levi, 2002). A recent report by the European Agency for Safety and Health at Work (EU-OSHA) summarised the economic cost of work-related stress illnesses. It reported that in France, between 220,500 and 335,000 (1% to 1.4%) people were affected by a stress-related illness which cost the society between €830 and €1,656 million; in Germany, the cost of psychological disorders was estimated to be €3,000 million, while in the United Kingdom work-related stress, depression and anxiety cost in excess of £530 million (EU-OSHA, 2009).

Estimates from the UK Labour Force Survey indicate that self-reported work-related stress, depression or anxiety account for an estimated 11.4 million lost working days in Britain in 2008/09 (HSE, 2009). This is 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 €571 million and society as a whole as much as €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 €2.7 billion (Koukoulaki, 2004). In the Netherlands, costs of absenteeism and disability amounted to €12 billion (Koningsveld et al., 2001)

with the largest costs related to work-related sick leave and disability, mainly caused by psychological and musculoskeletal disorders, each accounting for about 22% (€3 billion) of the total costs.

Research on the hazard-stress-health relationship has focused on both physical work hazards (e.g. Jones, 1999; Kasl, 1992; Levi, 1981; Warr, 1992) and on psychosocial hazards (e.g. Cox, Griffiths, & Rial-González, 2000; Leka et al., 2008a; Levi, 1984; NIOSH, 2002). 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, to an array of health outcomes at the individual level and at the organisational level (Cox, Griffiths, & Rial-González, 2000; Leka & Jain, 2010). Exposure to physical and psychosocial hazards may affect psychological as well as physical health. The evidence suggests that such effects on health may be mediated by, at least, two processes: first, a direct pathway, and second, an indirect stress-mediated pathway (see Figure 1.2) (Cox, Griffiths, & Rial-González, 2000).

Figure 1.2: Dual pathway hazard – harm



Source: Adapted from Cox, Griffiths & Rial-González (2000)

Psychosocial risks 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; Chen, Yu, & Wong, 2005; Fischer et al., 2005; Tennant, 2001; Wieclaw et al., 2008). In addition, a growing body of evidence indicates both a direct and indirect role of the psychosocial work environment on organisational health indices (such as absenteeism, sickness absence, productivity, job satisfaction and intention to quit) (e.g., Kivimaki et al., 2003; Miche, 2002; Spurgeon, Harrington, & Cooper, 1997; Vahtera, Pentti, & Kivimaki, 2004; van den Berg et al., 2009).

Longitudinal studies and systematic reviews have indicated that psychosocial risks and work-related stress are associated with heart disease, depression, and musculoskeletal disorders and there is consistent evidence that high job demands, low control, and effort-reward imbalance are risk factors for mental and physical health problems (e.g. Kivimäki et al., 2006; Rosengren et al., 2004; Stansfeld & Candy, 2006; Virtanen et al., 2005), thereby increasing public spending for increased costs on healthcare. Research suggests that psychosocial risks as well as work-related stress provide an important link between employees' exposure to psychosocial hazards at work and any subsequent and related ill effects to their health (harm) (Cox, 1993; Cox, Griffiths, & Rial-Gonzalez, 2000; Leka & Jain, 2010).

Research clearly indicates that the causal paths for these ailments are complex and multi-factorial (Leka & Jain, 2010). It is therefore important to consider environmental exposures and organisational exposures (Leka et al., 2008a) when developing strategies to address these illnesses. The consideration of the hazards associated to the most common health complaints of working people enables the understanding of patterns of exposure which provide the means for preventing and managing these problems through the development and implementation of policies and practices targeted at the prevention and management of psychosocial risks.

There has been, in recent years, 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., European Foundation, 1996; European Social Partners 2004a, 2007; ILO, 2004; WHO, 2003a; WHO, 2003b). However, despite this trend and the continuously building up available 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., 2011a). Furthermore, in a review of interventions to manage psychosocial risks in Europe, Kompier and Cooper concluded that although there is considerable amount of activity in this area, it is disproportionately concentrated on reducing the effects of such risks, rather than reducing the presence of these risks at work (Kompier & Cooper, 1999).

As such the need to prioritise policy and practice targeted at the prevention and management of psychosocial risks is essential. The Commission for the Social Determinants of Health (2008) recommended that while occupational health and safety policies remain of critical importance, the evidence strongly suggests the need to expand the remit of occupational health and safety to include work-related stress and harmful behaviours. The Commission concluded that 'through the assurance of fair employment and decent working conditions, government, employers and workers can help to reduce exposure to physical and psychosocial hazards, and enhance opportunities for health and well-being' (Commission on Social Determinants of Health, 2008).

1.3 Managing psychosocial risks

1.3.1 Psychosocial risk management

Over the last two decades a number of approaches incorporating the risk management paradigm to prevent and manage psychosocial risks have been developed and implemented (e.g. Cox et al., 2000; Leka & Cox, 2008; Mackay et al., 2004). The use of risk management in occupational safety and health has a substantive history, and there are many texts that present and discuss its general principles and variants (e.g., Cox & Tait, 1998; Hurst, 1998; Stanks, 1996) and its scientific and socio-political contexts (e.g., Bate, 1997). The risk management approach to dealing with health and safety problems is clearly advocated by European Legislation and is described in some detail in supporting guidance. It is, for example, referred to in the 1989 European Council's Framework Directive 89/391/EEC on Safety and Health of Workers at Work, and in the national legislation of member states such as in the UK's Management of Health and Safety at Work Regulations 1999 and its accompanying Approved Code of Practice. It is also implicit in official European, national and international guidance on health and safety management (e.g., Leka, Griffiths & Cox, 2003; Cox et al., 2000).

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 reducing that 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, Griffiths, & Leka, 2005). The first model using the risk management paradigm to prevent and manage psychosocial risks and work-related stress was proposed in the UK in the early 1990s (Cox, 1993), and was based on a general summary of systematic problem-solving processes as used both in applied psychology and in management science. The premise was that the risk management paradigm was already understood by managers, and one that had been widely in operation in many countries for some years with respect to the management of chemicals and other substances known to be hazardous to health (Cox, Griffiths, & Leka, 2005). The starting point for the development of the risk management approach for psychosocial risks was based on the changing nature of work and of work problems and work-related ill health (Cox, 1993).

Leka and colleagues (2008b) reviewed European 'best practice approaches' based on the risk management cycle to identify their key features. These 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 found to have some common principles:

- 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 tools.
- 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.
- The actions to reduce stress are tailored to the needs of each organisation. Also each of the methods that were reviewed provides a process approach and not a solution applicable to all cases.

Based on the information gathered from the review, success factors of European initiatives based on the risk management paradigm, include an adequate analysis of risks, a combination of methods, opportunities for tailoring and the choice of methods according to the competencies of those in charge of the process and thorough planning of interventions (Leka et al., 2008b). 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 organizational-level occupational health interventions (Nielsen et al., 2010).

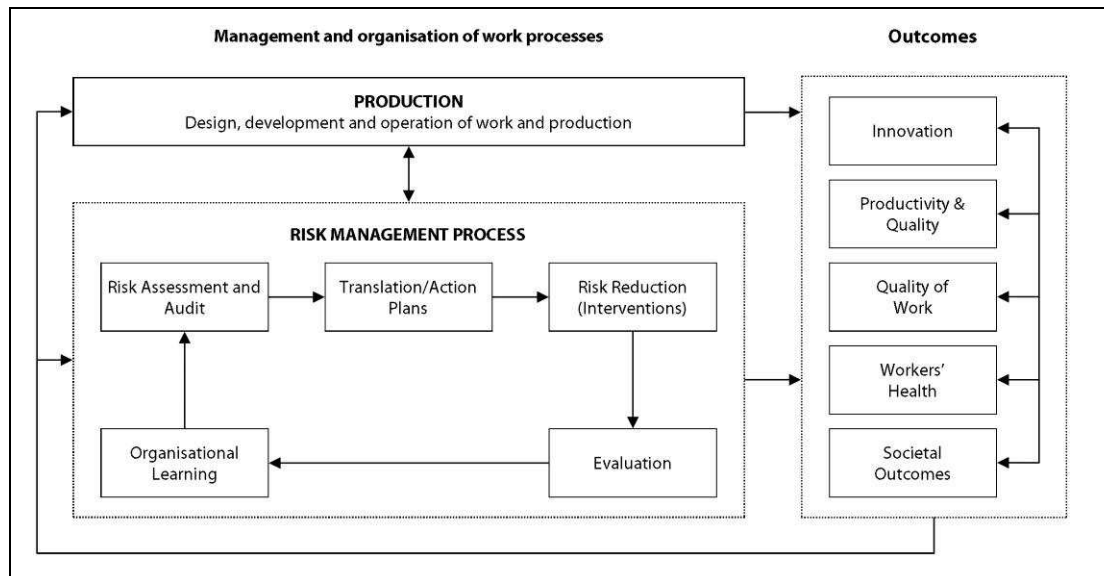
To promote a unified approach, the European Commission funded the development of the Psychosocial Risk Management European Framework (PRIMA-EF) which incorporates best practice principles and methods of all existing and validated psychosocial risk management approaches across Europe (Leka & Cox, 2008). 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 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 the enterprise and macro levels. PRIMA-EF is intended as a framework for harmonizing 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., 2011b).

1.3.2 Psychosocial Risk Management European Framework (PRIMA-EF)

According to PRIMA-EF, psychosocial risk management is a stepwise iterative process based on a variation of the Deming Cycle, consisting of the steps Plan, Do, Check and Act. Figure 1.3 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.

Figure 1.3: PRIMA-EF model for the management of psychosocial risks – enterprise level



Source: Adapted from Leka et al. (2011b)

Managing psychosocial hazards 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.

1.3.2.1 Key stages and principles in psychosocial risk management

Psychosocial risk management 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 their 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). According to the model

presented in Figure 3, the key stages of the process are briefly discussed below on the basis of PRIMA-EF guidance (Leka & Cox, 2008).

Risk assessment: Risk assessment is a central element of the risk management process. It has been defined by the European Commission as “a systematic examination of the work undertaken to consider what could cause injury or harm, whether the hazards could be eliminated, and if not what preventive or protective measures are, or should be, in place to control the risks” (1996, par. 3.1). The risk assessment provides information on the nature and severity of the problem, psychosocial hazards and the way they might affect the health of those exposed to them and the healthiness of their organisation (in terms of issues such as absence, commitment to the organisation, worker satisfaction and intention to leave, productivity etc.). Adequately completed, the risk assessment allows the key features of the problem (symptoms and causes, including underlying causes) to be identified. It is important to note that information generated through a well-conducted risk assessment does not only identify challenges in the work environment but also positive aspects of the work environment that should be promoted and enhanced.

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

Audits to understand underlying causes: Before action can be sensibly planned, it is necessary to analyse what measures are already in place to deal with psychosocial hazards and their effects on the individual or their

organisation. This analysis requires an audit (review, analysis and critical evaluation) of existing management practices and employee support. This is an examination of initiatives for handling psychosocial hazards, work-related stress and other associated health outcomes. The support available to employees to help them cope or look after them if they are affected is also examined (Leka et al., 2005). This information from the audit together with the risk assessment information allows a notion of the residual risk to be formulated (i.e. the risk associated to psychosocial hazards that is not currently being managed by the organisation). All this information feeds forward to the process of translation: discussing and exploring the risk assessment data to allow the development of an action plan for risk reduction.

The development of an action plan: When the nature of the problems and their causes are sufficiently understood, a reasonable and practical action plan to reduce risk (solutions) can be developed. That involves deciding on: what is being targeted, how and by whom, who else needs to be involved, what the time schedule will be, what resources will be required, what will be the expected (health and business benefits and how they can be measured), and how the action plan will be evaluated. Risk reduction interventions should give priority to modifying psychosocial risk factors at source focusing on the organisation or groups within it. Changing the organisation and work environment is one of the main strategies of managing psychosocial risks, as it can be accomplished before the problem actually arises. A good employer designs and manages work in a way that avoids common psychosocial hazards and prevents as much as possible foreseeable problems. Well-designed work should include clear organisational structure and practices, appropriate selection, training and staff development, clear job descriptions, and a supportive social environment. Risk reduction interventions modify the psychosocial risk factors at source focusing on the organisation or groups within it (Cooper & Cartwright, 1997; Cox et al., 2002). Worker-directed measures can complement other actions and are an important support for those employees who are already suffering from the negative effects of exposure to risk factors.

Besides psychosocial factors, and the understanding of underlying organisational factors, priority setting in psychosocial risk management is

always influenced by other factors as well. In every day practice, prioritisation is also influenced by:

- the capabilities in the organisation (including risk awareness and understanding)
- the costs of investments needed and their expected business benefits
- the feasibility of the measures or interventions (including whether they fit the company culture)
- anticipation of future changes in work and work organisation.

Risk reduction (implementation of action plan): Implementation of measures and interventions is a crucial step in reducing risks. The implementation of the action plan for risk reduction needs to be carefully and thoughtfully managed. The progress of the action plan must be systematically monitored, recorded and discussed to identify where necessary corrective action should be taken, as well as provision made for its evaluation. Ownership and participation of managers and workers are essential for the implementation process and increase the probability of success (i.e. reduction of risk).

Evaluation of action plan: It is essential for any action plan to be evaluated to determine how well and in what respects it has worked. The process of implementation as well as the outcomes of the action plan must be evaluated. Evaluation must consider a variety of types of information and draw it from a number of relevant perspectives (e.g. staff, management, stakeholders). The results should inform a re-assessment of the original problem and of the overall risk management process providing feedback on the outcomes. Lessons learned should be explicitly identified.

Organisational learning: The organisation should use the evaluation for continuous improvement and also as the basis for sharing (discussing and communicating) learning points that may be of use in future risk management, but also in the (re)design of work organisation and workplaces as part of the normal organisational development process. A long-term orientation is essential and should be adopted by organisations. Lessons learned should be discussed and, if necessary redefined, in existing work meetings and as part of the social dialogue process within the firm. They should be communicated to a wider company audience. Finally, they should be used as input for the 'next

cycle' of the psychosocial risk management process, as part of a continual improvement process.

Outcomes of the risk management process: Knowledge on the outcomes of the risk management process is an important input for the continuous risk management and improvement process. A healthy organisation is defined as one with values and practices facilitating good employee health and well-being as well as improved organisational productivity and performance (Cox, Griffiths, & Rial-Gonzalez, 2000). Managing psychosocial risks and workplace health relates to managing the corporate image of organisations (Frick & Zwetsloot, 2007; Leka, Zwetsloot, & Jain, 2010). It can lead to a reduction of the cost of absence or errors and accidents and hence associated production. In addition, it can reduce the cost of medical treatment and associated insurance premiums and liabilities. It can contribute to the attractiveness of the organisation as being a good employer and one that is highly valued by its staff and its customers. It can lead to improvements of work processes and communication and promote work effectiveness and efficiency. It can also contribute to the promotion of health in the wider community setting. And it can contribute to the development of an innovative, responsible, future-orientated corporate culture. As such, best practice in relation to psychosocial risk management essentially reflects best practice in terms of organisational management, learning and development, social responsibility and the promotion of quality of working life and good work.

1.3.3 Interventions for managing psychosocial risks

Traditionally, psychosocial risk management interventions have been distinguished in organisational, task/job level and individual orientations, and more recently in policy/legislative orientations. On the other hand, distinction is also made between the stage of prevention, i.e. between primary, secondary and tertiary level interventions (Leka, Griffiths, & Cox, 2003). Table 1.2 presents a taxonomy of interventions as proposed by Murphy and Sauter (2004). Primary interventions are proactive by nature; the aim is in attempts to prevent harmful effects or phenomena to emerge. Prevention is about creating understanding in the organisation. Secondary interventions aim to reverse, reduce or slow the progression of ill-health or to increase individual resources, while tertiary interventions are rehabilitative by nature, aiming at reducing

negative impacts and healing damages (Leka et al., 2008b). Often interventions appear to bridge prevention stages. Most interventions classified at the individual level are actually coordinated as programmed activities at the employer/organisational level as a form of secondary prevention. At the organisational level, primary and secondary interventions often go hand in hand. In wider comprehensive approaches and programmes, preventive, secondary and rehabilitative strategies are included. Individual level interventions cannot be disregarded in discussions of work organisation interventions because they involve the interface between workers and work processes (Murphy & Sauter, 2004). Therefore a distinction can be made between interventions at the level of the organisation and interventions at the policy level.

Table 1.2: Levels of intervention

	Primary	Secondary	Tertiary
Legislative/ policy	Legislation to limit hours of work	Worker compensation	Social security disability programme
Employer/ organisation	Work-family programmes	Return to work programmes	Company provided long-term disability
Job/ Task	Job/task design, Job enrichment Job rotation	Provision of light duty jobs	
Individual/ job interface	Health promotion programmes	Stress management programmes	Employee assistance programmes Disease management programmes

Source: Murphy & Sauter (2004)

The approaches and interventions diverge also in several other essential aspects: in theoretical foundation, aim and type of problem addressed, data collection, indicators and analytical techniques, reliance on expert and employee participation, involvement of social partners, involvement of external stakeholders, adaptability to special problems and emergent risks, groups and organisation characteristics, and length of the evaluation period (Leka et al., 2008b).

1.3.3.1 Psychosocial risk management at the level of the organisation

In any organisation interventions for the prevention and management of psychosocial risks can take the form of primary interventions, secondary interventions and tertiary interventions.

Primary level interventions: are concerned with taking action to modify or eliminate psychosocial risks inherent in the workplace and work environment, thus reducing their negative impact on the individual (Cooper & Cartwright, 1997). The objective of these interventions is to target the problem at source. Most often they are designed to deal with aspects of work design, organisation and management that are perceived to be problems by a significant proportion of employees (Randall & Nielsen, 2010). Primary interventions require changes in working practices. They are targeted at the group level rather than the individual employee (e.g., actions may include increasing the number of staff meetings to tackle problems or redesigning job tasks and processes). It is rare to find primary interventions that do not involve employees in intervention design (Randall & Nielsen, 2010). Primary interventions can take time to work and evaluation periods tend to be long as they take time to 'bed in' within an organisation as employees become accustomed to new working practices (Kompier et al., 1998). Sauter and Murphy (2003) point out that employees may also need training and support to adapt to new working practices and this requires commitment from the organisation.

Secondary level interventions: involve taking steps to improve the perception and management of psychosocial risks for groups which can be at risk of exposure. They are not a substitute for primary prevention interventions. They are concerned with the prompt detection and management of experienced stress, and the enhancement of workers' ability to more effectively manage stressful conditions by increasing their awareness, knowledge, skills and coping resources (Sutherland & Cooper, 2000); these strategies, are thus, usually directed at 'at-risk' groups within the workplace (Tetrick & Quick, 2003). The common focus of these actions is on the provision of education and training. It is assumed that through the provision of training employees can become more aware about psychosocial risks, work-related stress, harassment, bullying and third-party violence and, hence, better able to address them. Issues that can be covered through training include

interpersonal relationships (between colleagues and with supervisors), time management, and handling conflicts, among others. In short, "... the role of secondary prevention is essentially one of damage limitation, often addressing the consequences rather than the sources of psychosocial risks which may be inherent in the organisation's structure or culture" (Cooper & Cartwright, 1997, p. 9). Although these strategies are usually conceptualised as 'individual' level interventions, these approaches also embrace the notion that individual employees work within a team or work-group (Sutherland & Cooper, 2000); thus, these strategies often have both an individual and a workplace orientation.

Tertiary level interventions: have been described as reactive strategies (Kompier & Kristensen, 2001) in that they are seen as a curative approach to the management of psychosocial risks for those individuals suffering from ill health as a result of exposure to these risks (Sutherland & Cooper, 2000). This approach is concerned with minimising the effects of the consequences of exposure to psychosocial hazards, which can be either psychological or physical in nature, once they have occurred through the management and treatment of symptoms of occupational disease or illness (Cooper & Cartwright, 1997; Hurrell & Murphy, 1996; LaMontagne et al., 2007). Thus, people who are suffering from psychosocial complaints, which include burnout, depression or strain, can be provided with counselling and therapy and those suffering from physical symptoms can benefit from occupational health services provision. When affected employees have been off work because of ill health, appropriate return-to-work and rehabilitation programmes should be implemented to support their effective re-integration in to the workforce. Within organisations, tertiary level interventions are most common, with secondary level interventions following and primary level interventions being the most uncommon form of intervention (Giga et al., 2003; Hurrell & Murphy, 1996). This is unfortunate as health and safety legislation requires employers to deal with all types of risk to workers' health and safety in a preventive, and not in a reactive, manner.

1.3.3.2 Psychosocial risk management at the policy level

Policy level interventions in the area of psychosocial risk management and the promotion of workers' health can take various forms (Leka et al., 2011a).

These may include the development of policy and legislation, the specification of best practice standards at national or stakeholder levels, the signing of stakeholder agreements towards a common strategy, the signing of declarations, for example at the European or international levels, often through international organisation action, and the promotion of social dialogue and corporate social responsibility (CSR) in relation to the issues of concern (e.g. Zwetsloot & Starren, 2004) (Policy level interventions for psychosocial risk management are discussed in detail in Chapter 3).

However, it must be pointed out that the focus of interventions to manage psychosocial risks has largely been at the individual level and now increasingly at the enterprise/organisational level while the important level of policy interventions on psychosocial risks at the macro level (national/European/international) has been largely ignored in the mainstream academic literature (Leka et al., 2010; Murphy & Sauter, 2004). This thesis aims to address this gap by reviewing and analysing the development and implementation of policies for the management of psychosocial risks, with a particular focus on Europe. It also evaluates the impact of these policies and examines the translation of policy into practice at the enterprise level.

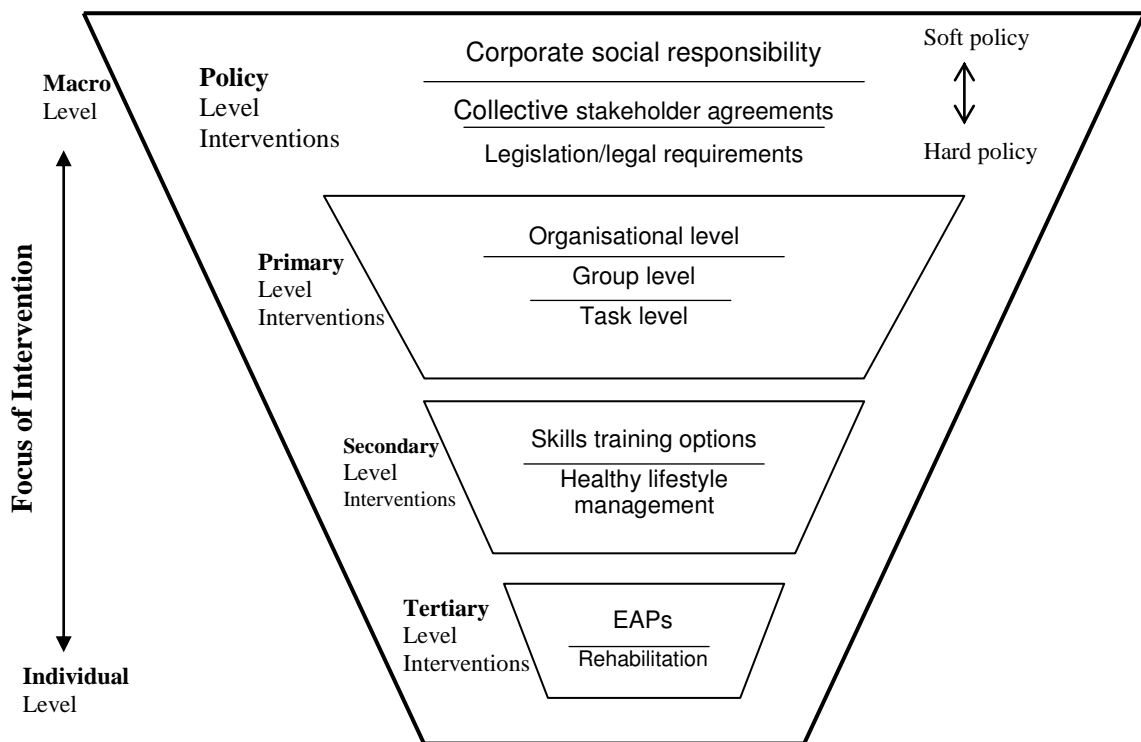
1.4 The current research

It is clear that there is a growing utilisation of interventions for the management of psychosocial risks at the primary, secondary and tertiary levels (Chappell & Di Martino, 2006; Hoel, 2006; Kompier & Kristensen, 2001). At the policy level a number of significant developments towards the management of psychosocial risks have been achieved in Europe since the introduction of the 1989 EC Council Framework Directive 89/391/EEC on Safety and Health of Workers at Work on the basis of which a new EU risk prevention culture has since been established, combining legislation, social dialogue, best practices, CSR, and building partnerships (Leka et al., 2011a). This research focuses on such macro level interventions for psychosocial risk management.

On the basis of the literature on psychosocial risk (prevention and management) interventions, Figure 1.4 proposes an extension of Murphy and Sauter's model (2004) (see Figure 1.3), where policy level interventions are distinct from interventions at the level of the enterprise but frame interventions

implemented at the enterprise level. The multi-level model proposes four levels of interventions moving downwards from broad or macro level interventions to more specific individual level interventions. The new model includes policy level interventions as the first and broadest level of intervention for managing psychosocial risks. Further, within each level of intervention the model includes sub-levels, again moving downwards from broader interventions to specific and focused individual level interventions. According to the model the primary, secondary and tertiary level interventions are contextualised by policy level interventions i.e. the policy level context informs the development of interventions at the organisational and individual level.

Figure 1.4: Multi-level model of interventions for psychosocial risk management

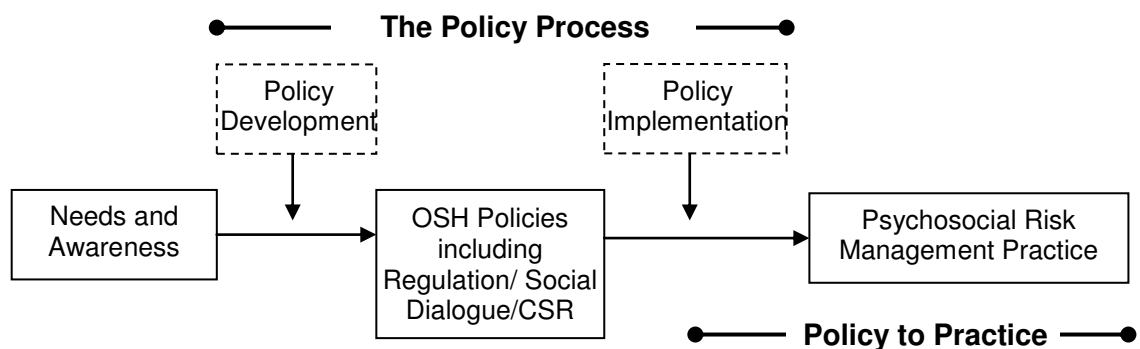


Evidence suggests that there has been considerable progress in the EU in recognising the relevance of work-related stress in particular and of psychosocial risk factors in general. This is due to: a) legal and institutional developments, starting with the Framework Directive 89/391/EEC and subsequent 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 & Kompier, 2002); b) the growing body of scientific knowledge on work-related stress and psychosocial risk 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., 2010). However, a debate has been taking place in the academic and policy literatures about the impact of such policies on practice, especially as concerns psychosocial risk management. In many cases it has been stated that there exists a gap between policy and practice due to lack of clarity in policy frameworks, differential perceptions of policy makers and key stakeholders and a lack of comprehensive related guidance on the management of psychosocial risks and work-related stress (Leka et al., 2010; Levi, 2005; Taris, van der Wal, & Kompier, 2010).

However, no previous studies have systematically addressed these issues and the reported gap between policy for psychosocial risk management and practice at the enterprise level. This research is therefore exploratory in nature and seeks to clarify the policy framework in relation to psychosocial risk management, identify key policy stakeholders, examine their perceptions and clarify their role in the policy making process as presented in the research model presented in Figure 1.5. The research also evaluates the impact of selected policies by analysing their implementation and impact on action at the national and enterprise levels. Herzog (1996) argues that the value of exploratory research should not be questioned as opposed to hypothesis-testing research, as the task of exploring new ideas and perspectives and testing a number of assumptions not previously researched often represents a 'braver' path.

Figure 1.5: Research overview model



A number of broad research questions will be addressed in this work that focuses on Europe, and include the following:

1. What are the key policies in relation to psychosocial risk management, including both 'hard' (legislative and legal requirements) and 'soft' (legally non-binding) policies?
2. Are these policies consistent and comprehensive, i.e. use consistent terminology and cover key aspects of psychosocial risk management?
3. Who are key policy stakeholders in the area of psychosocial risk management and what is their role in the policy process?
4. What are the perceptions of policy stakeholders in relation to the adequacy and implementation of relevant policies for psychosocial risk management?
5. What are the drivers and barriers for the development and implementation of policy level interventions for psychosocial risk management and what are some key priorities to be addressed to move the area forward?
6. What is the impact of policies on enterprise action in relation to psychosocial risk management?
7. What are the key drivers, barriers and needs of enterprises in relation to psychosocial risk management in light of the current policy context?

1.5 Overview of this research

A key aim of this research is to evaluate the impact of policy level interventions for the management of psychosocial risks. The policy process is an elaborate and complex process which involves a large number of choices made by a possibly large number of individuals and organisations (Hill, 1997). Moreover, many approaches and a range of research methodologies exist which can be used to study the policy process and evaluate the impact of policies.

The starting point of this research was therefore to clarify the policy context by differentiating between various types of policies and policy initiatives. On the basis of the literature, key actors involved in the various stages of the policy development process were identified. Following this, the key approaches and methodologies to evaluate policies were reviewed to identify an appropriate evaluation model to analyse the impact of policy level interventions for psychosocial risk management. These are presented in the next chapter.

In the next stage of this research, policies relevant to managing psychosocial risks were reviewed. An evaluation of the implementation of key policies on the basis of published reports is also presented and discussed. Following this, two studies were carried out to identify the key stakeholders and examine their role in the development and implementation of policies for psychosocial risk management. The first study identified all stakeholders relevant to psychosocial risk management, while the second study focused on analysing the role of key stakeholders in the policy development process as well as drivers and barriers for the development and implementation for such policies for psychosocial risk management.

Following the identification of stakeholders and their roles, selected policy interventions for psychosocial risk management were evaluated on the basis of the evaluation model identified in the first stage. The policies were evaluated on the basis of two studies:

- In the first study, a survey was conducted that aimed at investigating the level of knowledge of health and safety legislation at the workplace (with special focus on psychosocial risk factors) among European stakeholders representing: a) employers' associations; b) trade unions, and c) governmental bodies. The survey investigated the effectiveness and needs related to EU and national regulations governing health and safety and psychosocial risk management at work.
- In the second study, key stakeholders at the policy level who had been involved in some form of policy-level interventions for psychosocial risk management were interviewed. The interviews focused on awareness of availability of policy initiatives, evaluation and impact of policy interventions, and priorities for action at the policy level.

Lastly, to analyse the translation of policy into practice at the enterprise level, the European Agency for Safety & Health at Work (EU-OSHA, 2010a) ESENER (European Survey of Enterprises on New & Emerging Risks) data set was used to assess the impact of policies on enterprise action, specifically on the implementation of procedures and measures to manage psychosocial risk management, as well as to identify the key drivers, barriers and needs of European enterprises in relation to psychosocial risk management.

The next chapter addresses the policy context by discussing various types of policies and policy initiatives as well as the key actors involved in the various stages of the policy development process. Key approaches and methodologies to evaluate policies are reviewed and an evaluation model to analyse the impact of policy level interventions for psychosocial risk management is presented and discussed.

2. The Policy Process, Types of Policy and Policy Evaluation

2.1 *Introduction: policy and policy research*

“Various labels are applied to decisions and actions we take, depending in general on the breadth of their implications. If they are trivial and repetitive and demand little cogitation, they may be called routine actions. If they are more complex, have wider ramifications, and demand more thought, we may refer to them as tactical decisions. For those which have the widest ramifications and the longest time perspective, and which generally require the most information and contemplation, we tend to reserve the word ‘policy’,” (Bauer, 1968, p.1-2). However, what has the widest ramifications and what requires the longest time perspective varies on the opinions of individuals, governments and societies alike, and changes with time. As such, the meaning of policy has not been fixed and is not constant. The notion of policy itself has been constituted and reconstituted over time (Jenkins, 2007).

Policy is defined in the Oxford English Dictionary as, “a course or principle of action adopted or proposed by an organisation or individual”. As such, policies can take a number of courses, be based on various principles and be proposed by several organisations or even individuals. Policies can therefore be proposed or adopted or at the macro level, meso level or the micro level¹. Moreover, policies are said to be revealed through texts, practices, symbols, discourses, that define and deliver values including goods and services as well as regulations, income, status, and other positively or negatively valued attributes (Schneider & Ingram, 1997: cited in Birkland, 2005). Through this conception of policy, it is clear that policies are not just contained in laws and regulations; even once a law is passed, policies continue to be made as the people who implement policy make decisions about who will benefit from the policies and who will shoulder the burdens as a result (Birkland, 2005). Therefore it is hardly surprising that there is little in the way of a consistent conceptualisation of the term policy itself (Jenkins, 1978).

¹ Macro level refers to the international, European or national level; meso level refers to the regional/provincial or sectoral level; micro level refers to the organisational level.

Today, “policy is a word that trips easily, perhaps too easily, off the tongues of political actors and academic theorists alike” (Jenkins, 1978, p.1), it is also easily recognised and understood by all of us. However, ‘what is meant by policy’ and ‘what policy is meant for’, is understood, conceived, studied and analysed in many different ways. Table 2.1, compares five paradigms that are popularly used to enhance our understanding of policies as well as used for studying and analysing policies.

Table 2.1: Comparing paradigms that enhance our understanding of policies

Paradigms	Major objective	‘Client’	Common style	Time constraints	General weaknesses
Academic social science research	Construction of theories for understanding society	Truth as defined by the disciplines, other scholars	Rigorous methodology to construct and test theories, often retrospective	Rarely external time constraints	Often irrelevant to information needs of decision makers
Policy research	Prediction of impacts of changes in variables can be altered by government	Actors in the policy arena; the related disciplines	Applications of formal methodology to policy relevant questions	Sometimes pressure of deadlines, perhaps mitigated by issue recurrence	Difficulty in translating findings into government action
Classical planning	Defining and achieving desirable future state of society	The public interest as professionally defined	Established rules and professional norms; specification of goals and objectives	Little immediate time pressure because it deals with future	Wishful thinking in plans when political process is ignored
The ‘old’ public administration	Efficient execution of programmes established by political processes	The mandated programme	Managerial and legal	Routine decision making; budget cycles	Exclusion of alternatives external to programme
Journalism	Focusing public attention on societal problems	General public	Descriptive	Must move while the issue is topical	Lack of analytical depth
Policy analysis	Analysing and presenting alternatives available to political actors for solving public problems	A specific decision maker or collective decision maker	Synthesis of research and theory to estimate consequences of alternative decisions	Completion of analysis usually tied to specific decision point	Myopia produced by client orientation and time pressure

Source: Weimer & Vining (1992)

Since this research employs methods from the social science discipline to study policies, it can be characterised as policy research. However, there is only a fine line that separates policy research and policy analysis, which is characterised by the strength of the client orientation. Low client orientation allows the policy researcher to focus on formal methodology, while policy analysts are restricted by high client orientation and also need to consider practical constraints which are of little academic interest (Weimer & Vining, 1992). In this research, the researcher takes on the primary role of a policy researcher but also attempts to take on the role of a policy analyst, while analysing policies and suggesting recommendations (as presented in Chapter 8). The methodological approach used in this research is presented and discussed in Chapter 4. Furthermore, within this context, it is proposed that policies adopted or proposed at the macro level can be regarded as public policies. This research focuses on the study of public policies relevant to psychosocial risk management.

According to Laswell (1970), policy research also includes the study of the policy process. This chapter therefore focuses on clarifying the policy process and in doing so forms the basis for this research. By critiquing the policy process, it discusses how policies are made, identifies the key stakeholders and their role, highlights the types of policy instruments, the policy implementation process and examines policy evaluation paradigms.

2.2 Defining public policy

A number of definitions have been suggested to explain the term public policy. Public policies have usually been defined in terms of government action, as 'whatever governments choose to do or not do' (Dye, 2010). According to Peters (1999) public policy is the sum of government activities, whether acting directly or through agents, as it has an influence on the life of citizens. Another definition was suggested by Roberts, who defined public policy as 'a set of interrelated decisions taken by a political actor or group of actors concerning the selection of goals and the means of achieving them within a specified situation where these decisions should, in principle, be within the power of these actors to achieve' (Roberts, 1971; cited in Peters, 1999). Although these definitions, like most definitions of public policy, are not all-encompassing, they

suggest that the policy process is an elaborate and complex process. It involves a large number of choices made by a possibly large number of individuals and organisations (Hill, 1997). It may also involve complex interactions between state and non-state actors.

Birkland (2005) reviewed a number of definitions of public policy and concluded that while finding consensus on a precise definition was impossible, all variants suggest that public policy affects a greater variety of people and interests than do private decisions, and government or other 'policy' actors are at the centre of efforts to make and implement public policy. It is also important to note that public policy can refer to, or relate to, a number of policies within specific areas, such as energy policy, education policy, climate policy, social policy etc. However, some argue that public policy is distinct from other areas of policy.

For example, Spicker (2008) suggests that there are important differences between public policy and social policy in terms of areas of interest and the different subject matter. According to him, public policy is mainly concerned with the study of the policy process while social policy is centrally concerned with the content of the policy. Public policy may be concerned with content in so far as it offers an insight into process; social policy is concerned with process in so far as it offers an insight into content. Public policy is of interest to people from different disciplines because they need to know about the policy process while social policy uses material from different disciplines because this is how the problems of social policy are addressed.

In defining public policy for this research, such distinctions are not applicable as both the policy process and the policy content is of interest and relevance. The study of policies for psychosocial risk management, as discussed in Chapter 1, has largely been ignored in the literature in applied psychology and even occupational health. This research therefore is concerned with how a policy is made and implemented as well as examining its content and impact. To summarise, this research uses the term policy as suggested by Jenkins (2007) to include the following characteristics:

- Policy is an attempt to define, shape and steer orderly courses of action, not least in situations of complexity and uncertainty.

- Policy involves the specification and prioritisation of ends and means and the relationships between competing ends and means.
- Policy is best regarded as a process and it is ongoing and open-ended.
- The policy process is by definition, an institutional practice.
- The policy process is embedded in and not distinct from other aspects of institutional life.
- Policy appeals to and is intended to foster, institutional trust – that is, external trust of institution and trust within institutions - based upon knowledge claims and expertise.
- Policy appeals to and is intended to foster, institutional trust based on legitimate political authority.
- Policy is about absences as well as presences, about what is not said as much as what is said.
- Policy may be implicit as well as explicit.
- Policy formulation and implementation are implicated in each other, even though they are talked about as distinct processes. In practice both policy formulation and implementation typically inform and shape each other in many ways that they are hard to disentangle.

Policy scholarship can therefore be divided between knowledge in the policy process and knowledge of the policy process (Nowlin, 2011). Knowledge in the policy process largely refers to knowledge produced through analysis and evaluation (James & Jorgensen, 2009), whereas knowledge of the policy process is “focused on the how and why of policymaking” (Smith & Larimer, 2009, p.6). This research is concerned with both, knowledge in and knowledge of the process.

2.3 The policy process

To date, various models and approaches in studying the policy process have been proposed. Those who study the policy process often focus on particular aspects or stages of the process, ‘stages heuristic’, and apply a specific model or approach. Dunn (1994) divided the policy process into five stages: agenda-setting, policy formulation, policy adoption, policy implementation, and policy assessment.

Since the early 1990s scholars became dissatisfied with the early ways of understanding the policy process, which included the stages heuristic and

called for 'better' theories of the policy process. One of the major criticisms of the stages heuristic was that it did not contain any causal mechanisms and was therefore not a scientific theory. As the stages heuristic grew, a number of alternative theories of the policy process began to proliferate² (Nowlin, 2011).

Even though it is acknowledged that multiple theories and frameworks have offered important insights into the policy process and that recent work has expanded those frameworks (Nowlin, 2011), this research uses a stages heuristic framework to examine the policy process. At the same time it is recognised that in practice the policy process seldom occurs in a neat step-by-step sequence and these stages often occur simultaneously, each one collapsing into the others (Dye, 2010). However, a stages framework is deemed useful in this research as it allows the researcher to analyse each step of the policy process and how it relates to policies for psychosocial risk management. Moreover, the purpose of this research is to explore perceptions and actions of policy makers rather than the validation of a given theoretical approach. The stages approach is particularly useful as each stage is also easily understood by wider audiences as well as those not familiar with policy research.

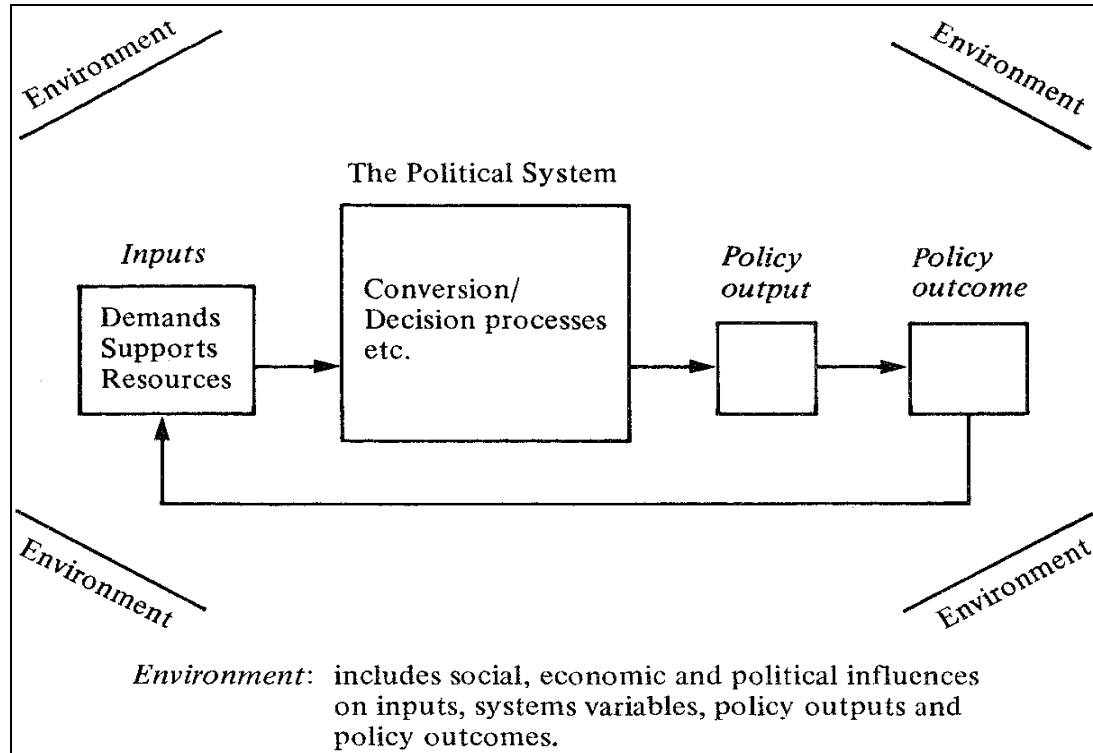
The research uses a systems model of the policy process proposed by Jenkins (1978) which is based on an input-output model of the political system, as indicated in Figure 2.1. He elaborated that "the focus of this approach was the dynamics and processes of a political system operating in its environment and differentiated between the different stages of the model:

1. Inputs - Policy demands: demands for action arising from both inside and outside the policy system.
2. The political system - Policy decisions: authoritative rather than routine decisions by policy actors made through the political system.
3. Policy outputs: what the system does, thus while goods and services are the most tangible outputs, the concept is not restricted to this.

² These include the Institutional Analysis and Development Framework (IAD), Multiple Streams (MS), the Advocacy Coalition Framework (ACF), Policy Diffusion, Punctuated-Equilibrium (PE), and Social Construction and Policy Design (Sabatier, 2007) and more recent, developments such as Narrative Policy Framework, policy subsystems, the role of the bureaucracy in the policy process, and a synthesis of the various frameworks Nowlin (2011).

4. Policy outcomes (or impacts): consequences intended or unintended resulting from political action or inaction” (Jenkins, 1978, p.18-19).

Figure 2.1: A systems model of the policy process



Source: Jenkins (1978)

According to Lindblom and Woodhouse (1993, p.11) “policy making is a complexly interactive process without beginning or end. To make sense of it certainly requires attention to conventional governmental-political topics such as elections, elected functionaries, bureaucrats and interest groups”.

Further, Howlett and Ramesh (2003) point out that it is also important to recognise the role of policy actors and institutions in the policy process although one may be more important than the other in specific instances. Dye (2010) proposed six main steps in the policy process, each of which relate to the four stages proposed in the systems model of the policy process as presented in Figure 2.1. The six steps along with the typical activities and stakeholders in each step and how they relate to the systems model are presented in Table 2.2.

Table 2.2: Steps in the policy process

Stage	Step	Activity	Stakeholders
Inputs - Policy demands	Problem Identification	Publicising societal problems Expressing demands for government action	Mass media, interest groups, citizen initiatives, public opinion
	↓	↓	↓
The political system - Policy decisions	Agenda Setting	Deciding what issues will be discussed, what problems will be addressed by government	Social partners, civil society, political and societal elites
	↓	↓	↓
Policy outputs	Policy Formulation	Developing policy proposals to resolve issues and ameliorate problems	Experts and think tanks Government agencies interest groups
	↓	↓	↓
Policy outcomes	Policy Legitimation	Selecting a proposal – Regulation impact assessment Developing political support Enacting it into law	Government agencies, courts, interest groups
	↓	↓	↓
Policy outcomes	Policy Implementation	Organising departments and agencies Providing payments or services Levying taxes	Government agencies and departments, social partners
	↓	↓	↓
Policy outcomes	Policy Evaluation	Reporting outputs of government programmes Evaluating impact of policies on target and non-target groups Proposing changes and 'reforms'	Executive department and agencies, mass media, experts and think tanks, social partners
	↓	↓	↓

Source: Adapted from Dye (2010)

The next sections briefly describe each stage.

2.3.1 Inputs – Policy demands

There are several steps required to develop the evidence relevant to informing policy and practice. The first is recognising a need for intervention, where 'intervention' is interpreted as any policy or public service practice that may affect other people's lives (Oliver et al., 2005). The need for intervention arises out of the need to solve societal problems in specific or multiple domains and

the demand for 'government' action expressed by civil society, social partners, interest groups and other such stakeholders. Government action here refers to any type of policy intervention. Once the problem is identified, various stakeholders are involved in discussing which problems can be addressed at the policy level to set the agenda for policy action (Dye, 2010).

In the next stages of the process, this is followed by efforts to develop feasible interventions that are acceptable to potential recipients; and finally developing strategies to support appropriate implementation and evaluating the effects of interventions. Designs and methods for the different types of primary research needed at each of these steps are well developed (e.g., Boruch, 1997; Campbell & Stanley, 1966; Haines & Donald, 1998; Hawe et al., 1990). For example, Hawe et al. (1990) describe the use of cross-sectional surveys or in-depth interviews for evaluating need and developing interventions, and randomised controlled trials or other types of experimental designs for evaluating effects. Thus across the steps, both 'qualitative' and 'quantitative' research methods are required.

Concerns relating to the harmful effects of work-related stress and its impact on workers, organisations and society, presented in Chapter 1, are widely recognised as societal concerns, especially in Europe. These concerns have been brought to the policy arena by social partners, particularly trade unions and government agencies (European Social Partners, 2004b), and these concerns and demands from the social partners act as the input to the policy process (policy demands) and initiate the policy making process for managing psychosocial risks. In the next stage, the social partners discuss and negotiate possible actions and formulate the joint way forward. The outcomes of the negotiations are discussed by the government agencies and specific legislations and policies are formulated and implemented. If formulated at the European level, the policies are transposed at the national level. There can be various policy outputs and outcomes, although they might not be easily measurable.

At this stage it is important to identify the key stakeholders involved in the policy process, since they play an increasingly important role in the next stages of the process. Studies on the policy process have pointed out the crucial role of actors and institutions in the process. Howlett and Ramesh noted that

“individuals, groups, classes, and states participating in the policy process no doubt have their own interests, but the manner in which they interpret and pursue their interests, and the outcomes of their efforts, are shaped by institutional factors” (2003, p.53). There is no way of knowing in advance which is more important in a particular instance. Therefore, both policy actors and institutions have to be considered to determine the significance of each factor in specific circumstances.

Considering this perspective of the policy process, policy, in this research, is viewed as a product of the interactions among policy actors and institutions. The term ‘policy actors’ refers to state and societal actors who are involved in the policy process while ‘Institutions’ refer to the structures and organisations of the state, society, the EU and the international system which constitutes the larger context of a policy subsystem, or what is called the policy universe, which may directly or indirectly affect the policy process (Birkland, 2005; Howlett & Ramesh, 2003).

2.3.1.1 State actors and institutions

“Because electoral controls are too imprecise to determine more than the broadest contours of policy making, direct authority rests largely in the hands of elected functionaries, their appointees and civil servants” (Lindblom & Woodhouse, 1993, p.45). These include governments, bureaucracy, ministerial departments, and political parties. At the European level, there is interaction between various state actors and institutions with European institutions such as the European Parliament, the European Council, the European Commission and European Courts.

Government (elected functionaries) – Government refers to that group of people who are in charge of a state/nation at any given time. The government usually comprises of the legislature who make laws, executive who implement them and the judiciary who rule on them (Bealey, 1999). The elected functionaries and their appointees comprise the executive which includes the Cabinet. These members of the Cabinet are supported by civil servants in ministerial departments.

Bureaucracy – “If the executive (i.e. political appointments) stands at the bridge of the modern state, the bureaucracy (i.e. civil service appointments) forms the

engine room. The nature of, and the relationship between these institutions strongly influences what (and how) policies are made” (Harrop, 1992, p.266). Bureaucrats are active participants in the policy-making process. Administrative actions typically modify or set policy in the process of trying to implement it, and agencies not infrequently are instructed by elected functionaries to make policy (Lindblom & Woodhouse, 1993). Traditionally bureaucracy initiates much of the routine policy but lacks its own vision (Harrop, 1992). However, in the recent past, much the bureaucratic setup in Europe has witnessed a major overhaul. The tidal wave of bureaucratic reorganisation known as New Public Management (NPM), with its emphasis on delegation, disaggregation and contracting-out into the private sector led to the transfer of functions from traditional governmental bodies to a new range of quasi-autonomous task-specific bodies. This allowed the introduction of a variety of new management styles and procedures largely derived from the private sector (Ridley 1996). It also broke down the classical public/private dichotomy and allowed a wider and more diverse range of organisations and individuals to be involved in conducting public tasks (Greve, Flinders, & Van Thiel, 1999).

Ministerial Departments - Ministerial Departments are led politically by a Government Minister, normally a member of the Cabinet and cover matters that require direct political oversight. For most Departments, the Government Minister in question is known as a Secretary of State and is a member of the Cabinet. He or she is generally supported by a team of junior Ministers. The administrative management of the Department is led by a senior civil servant known as a Permanent Secretary. Subordinate to these Ministerial Departments are executive agencies. An Executive Agency has a degree of autonomy to perform an operational function and report to one or more specific Government Departments, which will set the funding and strategic policy for the Agency. At 'arm's length' from a parent or sponsor Department there can be a number of Non-Departmental Public Bodies (NDPBs) (Greve, Flinders, & Van Thiel, 1999).

Parties – “In office (as elected functionaries), political parties form the political executive and direct the policy process. In opposition, parties are left free to think up new ideas” (Harrop, 1992, p.268). Political parties serve as a powerful organising force in many political systems, especially those with a

parliamentary form of government in which elected members almost always vote with the other members of their party. Most elected officials achieve coordination by practising a high degree of deference towards leaders of their political party. Parties can give direction to the policy process (Lindblom & Woodhouse, 1993).

European Union – The European Union (EU) is a partnership of 27 democratic countries (either constitutional republics or constitutional monarchies), working together for the benefit of all their citizens. It aims to promote social and economic progress among its members, common foreign and security positions, police and judicial co-operation in criminal matters, and European citizenship. It is founded on the principles of liberty, democracy, respect for human rights and fundamental freedoms, and the rule of law, principles which are common to the Member States as stated in the Maastricht Treaty of 1991.

The EU is unique in that it is not a federation like the United States. Nor is it simply an organisation for co-operation between governments, like the United Nations. The countries that make up the EU (its 'member states') remain independent sovereign nations but they pool their sovereignty in order to gain a strength and world influence none of them could have on their own. Pooling sovereignty means, in practice, that the member states delegate some of their decision-making powers to shared institutions they have created, so that decisions on specific matters of joint interest can be made democratically at European level (EC, 2011a).

2.3.1.2 Non- State Actors

Pressure groups – “The freedom to organise, and lobby government is a hallmark of liberal democracy” (Harrop, 1992, p.269). Organised groups typically lobby government for issues specific to their interests; therefore they are referred to as pressure groups or interest groups. These groups have also been defined as some of the participants in policy-making who perform what is ordinarily called interest group activity, they are individuals, not groups at all (Lindblom & Woodhouse, 1993). Interest group activities are interactions through which individuals and private groups not holding government authority seek to influence policy, together with those policy influencing interactions of government officials that go well beyond the direct use of authority. Interest group activities are believed to constitute an exercise of free thought, speech,

petition, and assembly and hence the exercise of those liberties for which liberal democracy was established (Lindblom & Woodhouse, 1993). Non-governmental pressure groups can include business associations, employer associations, trade unions, mass media, expert/professional associations/societies etc. The largest and most influential pressure groups are from businesses; at the European level these include BUSINESSEUROPE – the Confederation of European Business, European Centre of Employers and Enterprises providing Public services (CEEP) and UEAPME - the European Association of Craft, Small and Medium-sized Enterprises.

Business - Important public tasks are delegated to the business sector in societies that employ market economies, these societies can be said to have a second set of 'public officials': business managers, who organise the labour force, allocate resources, plan capital investments and otherwise undertake many of the organisational tasks of economic life (Lindblom & Woodhouse, 1993). The general opinion in most free-market economy states is that businesses exercise undue power over governments to serve their interests. Lindblom and Woodhouse agree with this, stating that, generally, governments award to business managers a privileged position in policy making. Elected officials often end up giving business needs precedence over concerns that citizens express through electoral and interest-group channels. This counterintuitive outcome even makes good political sense: "Neglect of business brings stagnation or unemployment, at great peril to officials in power; in contrast, citizen and interest-group demands often can be evaded or deflected, given the looseness of popular control over officials. Although a privilege is not always unwarranted, many people believe that the privileges accorded to the business sector are entirely appropriate" (1993, p.93).

2.3.2 The political system - Policy decisions

Stage 2 of the policy process involves policy formulation. At the European level, the decision-making process in general and the co-decision procedure in particular involve three main European Union (EU) institutions:

- the European Parliament, which represents the EU's citizens and is directly elected by them;
- the Council of the EU, which represents the individual member states;

- the European Commission, which upholds the interests of the EU as a whole.

These institutions produce the policies and laws that apply throughout the EU. In principle, it is the Commission that proposes new laws, but it is the Parliament and Council that adopt them. The Commission and the member states then implement them, and the Commission ensures that the laws are properly taken on board. Two other institutions have a vital part to play: the Court of Justice upholds the rule of European law, and the Court of Auditors checks the financing of the Union's activities. The powers and responsibilities of these institutions are laid down in the Treaties, which are the foundation of everything the EU does. They also lay down the rules and procedures that the EU institutions must follow. The Treaties are agreed by the presidents and/or prime ministers of all the EU countries, and ratified by their parliaments (EC, 2011a).

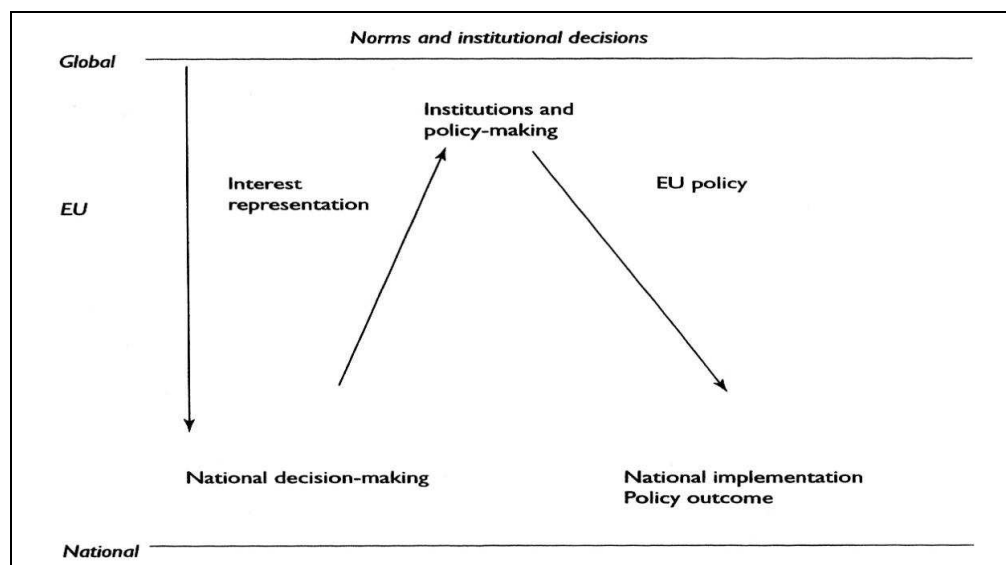
In addition to the main EU institutions, the EU has a number of other institutions and bodies that play specialised roles, these include:

- the European Economic and Social Committee that represents civil society, employers and employees;
- the Committee of the Regions that represents regional and local authorities;
- the European Investment Bank that finances EU investment projects, and helps small businesses via the European Investment Fund;
- the European Central Bank that is responsible for monetary policy;
- the European Ombudsman that investigates complaints about maladministration by EU institutions and bodies;
- the European Data Protection Supervisor that safeguards the privacy of people's personal data;
- the Office for Official Publications of the European Communities that publishes information about the EU;
- the European Personnel Selection Office that recruits staff for the EU institutions and other bodies;
- the European Administrative School that provides training in specific areas for members of EU staff.
- specialised agencies (such as the European Agency for Safety and Health at Work – EU-OSHA) which have been set up to handle certain technical, scientific or management tasks.

The policy process influences policy formulation in EU member states through harmonisation, convergence, and the Europeanisation of issues, processes, and implementation (Hämäläinen, 2008). Membership to the EU has led to the Europeanisation of national policies of member states where domestic policy areas have become increasingly subject to European policy (Börzel, 1999). This is also the case of policies related to occupational safety and health following the implementation of the European Framework Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work.

Börzel (1999) defines Europeanisation as a process by which domestic policy areas become increasingly subject to European policy-making. Similarly, George (2001) links it to changes in national policy which result from membership of the European Union (EU). According to Andersen and Eliassen (2001) the Europeanisation of policy-making implies a need for a new way of delineating the policy context, one with a wider scope which includes central EU institutions, the European network of national political institutions and the actors operating at both levels. A widening of the policy making context also has implications for the analysis of policy-making processes and their outcomes; a key dimension of this is the interaction between the national and the EU level. Andersen and Eliassen (2001) conceptualised it in three stages as shown in Figure 2.2.

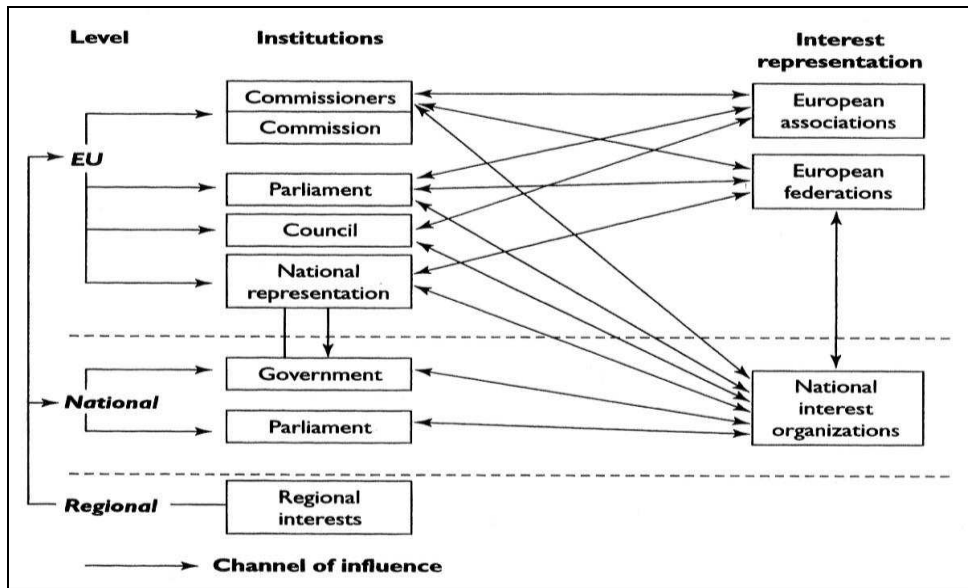
Figure 2.2: Europeanisation of national policy-making in a global context



Source: Andersen & Eliassen (2001)

The model helps in delineating different phases in a policy making process and also helps to focus on important actors, processes and policy outcomes. It is, however, a simplistic depiction of the complex process of policy-making involving a multitude of institutions and actors. Figure 2.3 presents a more complex model of policy making.

Figure 2.3: Europeanisation of policy development and implementation



Source: Andersen & Eliassen (2001)

The trend towards Europeanisation produces more complexity. The central and national-level institutions, interest associations, corporations, regions etc. are brought together. However, the pattern is not fixed. On the contrary, effective participation in the policy-making process stimulates actors to operate 'wearing different hats', in different political channels and in changing coalitions.

Despite the increasing focus on leadership at the EU level, the reality is that much of the policy-making in the EU is done at levels below the council of ministers or college of commissioners (Andersen, Eliassen & Sitter, 2001). The complexity of EU legislation has brought about a high degree of specialisation and differentiation, evident in the plethora of working groups in the Council of Ministers, Rapporteurs and Committees in the Parliament and in the Directorates General. This, in turn has prompted focus on the importance of policy networks ranging from close and stable 'policy communities' to looser 'policy networks' (Richardson, 1996) indicating the importance ascribed to informal relationships, shared views and the role of the civil society in general. This characteristic of the EU is enhanced both by the Commission's need for external input and its commitment to consultation. The most institutionalised

case is its ‘negotiate or we will legislate’ approach to social policy, with provisions for agreements between the social partners to form the basis for legislative proposals (Andersen, Eliassen & Sitter, 2001).

Civil society has always played a central role in the development of European nation-states. Composed of a broad array of social organisations, trade unions, non-governmental organisations, local associations and others, civil society inhabits an arena between the profit-driven nexus of the free market and bureaucratic imperatives of state systems. From the early 1990s onwards the EU has increasingly recognised the importance of civil society in the policy-making/influencing arena as a means of combating poverty, social exclusion and unemployment through social dialogue, promotion of a wide variety of social and civil organisations, and the integration of civil society issues into the strategies of ‘open method of co-ordination’ (Geyer, 2003) and more recently through key initiatives aimed at promoting Corporate Social Responsibility (CSR) (for example, EC, 2001a, 2002b, 2004a).

To analyse the dynamics of Europeanisation and its impact on policy making at the level of the member states, Bulmer and Radaelli (2004), drawing from previous research, developed a typology built on analytical categories of governance, while rejecting the different modes of EU policy making suggested by Wallace (2000) as these modes, according to them, were not devised with Europeanisation in mind. They identified three modes of governance in the EU, and they intersect with different types of policy to produce different mechanisms of Europeanisation, which may be vertical (uploading or downloading) or horizontal. These are summarised in Table 2.3.

Table 2.3: Governance, policy and the mechanisms of Europeanisation

MODE OF GOVERNANCE	TYPE OF POLICY	ANALYTICAL CORE	MAIN MECHANISM
Negotiation	Any of those below	Formation of EU policy	Vertical (uploading)
Hierarchy	Positive integration	Market-correcting rules; EU policy templates	Vertical (downloading)
Hierarchy	Negative integration	Market-making rules; absence of policy templates	Horizontal
Facilitated coordination	Coordination	Soft law, OMC, policy exchange	Horizontal

Source: Bulmer & Radaelli (2004)

2.3.2.1 Governance by negotiation

European policy derives from a process, namely that of negotiation (Bulmer & Radaelli, 2004). The member governments are central to the negotiation process: either by being directly seated at the negotiating table or by means of having set the terms under which power has been delegated to such supranational bodies as the Commission or the European Court of Justice (ECJ). The typical form that Europeanisation takes at this stage is 'uploading'. National policy models or rules are inserted into EU-level negotiations, with the most likely outcome being a synthesis. If national policy is to be Europeanised, EU policy must have an impact at the domestic level. The potential for the Europeanisation of national policy is greatest where the member governments are able to agree policy because their interests converge.

2.3.2.2 Governance by hierarchy

Governance by hierarchy relates to those circumstances where the supranational institutions, the Commission, the Council and the ECJ have a considerable amount of power delegated to them. At the end of the negotiation phase of governance, the Council typically agrees European legislation which needs to be put into practice in the member states. A set of 'command and control' mechanisms comes into play at this stage. These mechanisms derive from the uniquely supranational character of the EU and help to assure that agreements are put into effect by the member states. The exact character of the mechanisms and the consequent explanations of the dynamics of Europeanisation vary according to what are known as positive and negative integration. According to Pinder (1968), positive integration requires the introduction of an active, supranational policy. The Commission has to ensure that legislation is properly implemented, and it can refer laggard governments to the ECJ if necessary. The supremacy of European law is indicative of the hierarchical nature of arrangements. The agreed policy template has to be 'downloaded' to the member state level (Bulmer & Radaelli, 2004). Negative integration, by contrast with positive integration, relates to areas where the removal of national barriers suffices to create a common policy. National legislation is often not required to put policy into practice. The Commission is delegated extensive powers and the jurisprudence of the ECJ can be relied

upon to enforce the framework of rules, such as those set down in the supranational treaties. In negative integration it is the competition amongst rules or amongst socio-economic actors that accounts for Europeanisation rather than the need for national policy to comply with EU policy templates, as under positive integration (Bulmer & Radaelli, 2004).

2.3.2.3 Facilitated coordination

Facilitated coordination relates to those policy areas where the national governments are the key actors. This situation obtains where the policy process is not (or is negligibly) subject to European law; where decisions are subject to unanimity amongst the governments; or where the EU is simply an arena for the exchange of ideas. In these areas agreements predominantly take two forms: political declarations or 'soft law'. Soft law relates to rules of conduct that are not legally enforceable but nonetheless have a legal scope in that they guide the conduct of the institutions, the member states and other policy participants (Wellens & Borchardt 1980). Whichever of these forms the agreements take, the supranational institutions have very weak powers: they cannot act as strong agents promoting Europeanisation. Nevertheless, that does not mean that no Europeanisation takes place, but simply that it is much more voluntary and non-hierarchical.

2.3.3 Policy outputs – measures and instruments

Based on the arguments presented above, the Europeanisation of public policy can take different forms. In principle, it can impinge on all the basic elements of the policy process, such as actors, resources, and policy instruments. Additionally, Europeanisation can affect the policy style, for example by making it more or less conflictual, corporatist or pluralist, or more or less regulation (Bulmer & Radaelli, 2004), on the basis of which policy proposals to resolve issues and ameliorate problems identified in the first stage of the policy process can be developed.

The 1960s idea that public action could solve perennial social problems, resulted in the encouraged use of social sciences in policy by governments who were eager to deploy the insights of research when designing responses to public problems. But the perceived failure of many 1960s programmes

fostered a more critical and analytical approach, which led to the pronouncement of the importance of outputs at the end of the 1960s. The outputs from the policy process, i.e. 'policy instruments', can take a number of forms.

In the last four decades there have been paradigmatic changes concerning regulation (hard law). Modern states face important challenges when governing and promoting the welfare of citizens in complex, open, diverse and interconnected societies and economies (Kirton & Trebilcock, 2004). From the attempts to deepen the understanding of the nature of regulation and deregulation in the 1970s, the systems of regulatory policy tools to overcome these challenges have been expanding their capacity and reach. During the 1980s and 1990s, the core work of governments, especially in the OECD³ countries, was focused on regulatory management and reform. More recently, the goals have been set on a more complex forward-looking agenda with the aim of improving regulatory quality and developing consistent regulatory policy. Regulatory policy tools such as administrative simplification, alternatives to regulation (soft law) and regulatory impact assessment (RIA) are used to make policies more efficient and to improve regulatory quality and good governance. Such improvements can give more stability, trust and strength to governments, private sectors and civil societies (OECD, 1997).

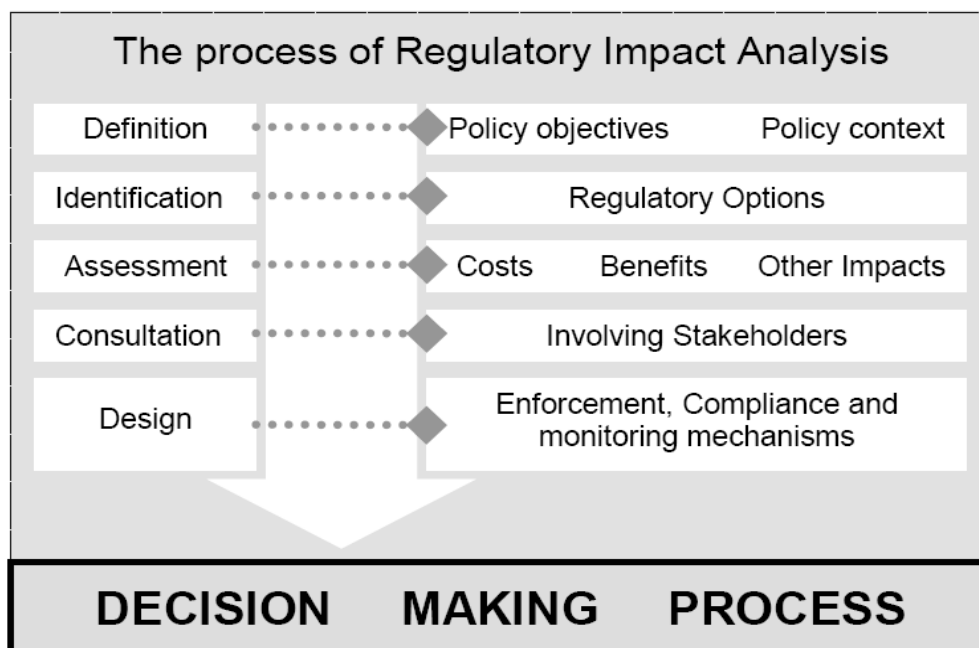
Regulatory Impact Analysis is a key tool for setting out detailed information about the potential effects of policy measures including economic and social costs and benefits and is increasingly being considered in the EU (Ballentine, 2001). This systematic process of questioning at the beginning of the policy cycle facilitates necessary reflection on the important range of details to be taken into account when designing and implementing regulation. As an example, one important element is the determination of the responsibilities that will be allocated to different government agencies for enforcement and compliance. To ensure the effectiveness of a regulatory activity, it is vital to know how the proposed regulation will be correctly enforced and understand the capacity of affected parties to comply with it. At the final stage of the policy process, after the regulation is operable, an RIA process should include an

³ The mission of the Organisation for Economic Co-operation and Development (OECD) is to promote policies that will improve the economic and social well-being of people around the world. Its membership includes 34 countries of which 24 are European.

evaluation of whether regulations are operating in the manner that was expected. By strengthening the transparency of regulatory decisions and their rational justification, RIA contributes to strengthening the credibility of regulatory responses and increasing public trust in regulatory institutions and policy-makers (OECD, 1997).

The process of completing a regulatory impact assessment is a rational policy process that should be undertaken as a series of steps, as presented in Figure 2.4.

Figure 2.4: Elements integrating regulatory impact analysis



Source: OECD (2004)

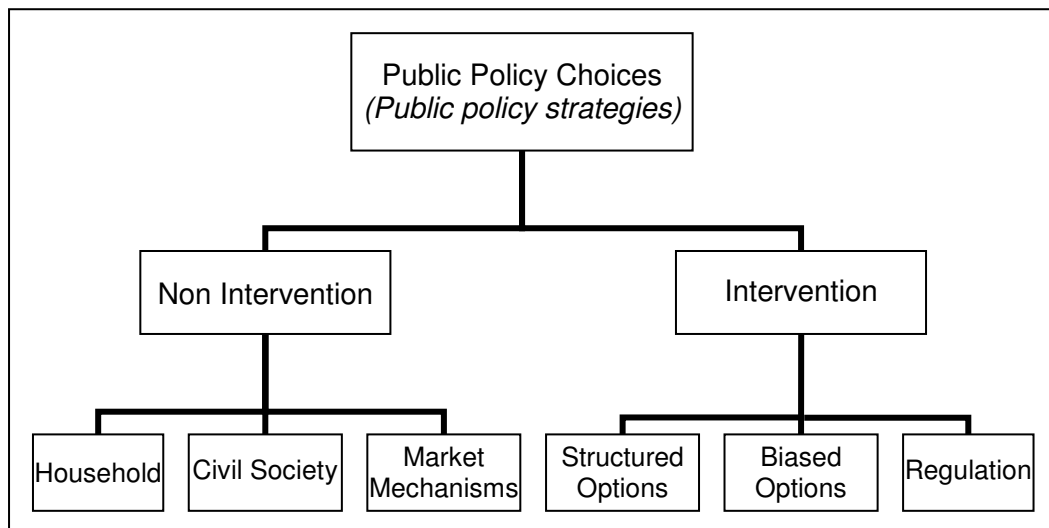
The complexity and depth of the analysis that is required is determined by the importance and size of the impact of the policy issue. The steps of an RIA include (Rodrigo, 2005):

1. Definition of the policy context and objectives, in particular the systematic identification of the problem that provides the basis for action by government.
2. Identification and definition of all possible regulatory and non regulatory options that will achieve the policy objective.
3. Identification and quantification of the impacts of the options considered, including costs, benefits and distributional effects.
4. The development of enforcement and compliance strategies for each option, including an evaluation of their effectiveness and efficiency.

5. The development of monitoring mechanisms to evaluate the success of the policy proposal and to feed that information into the development of future regulatory responses.
6. Public consultation needs to be systematically incorporated to provide the opportunity for all stakeholders to participate in the regulatory process. This provides important information on the costs and benefits of alternatives, including their effectiveness.

A regulatory impact assessment or other feasibility studies allow policy makers to make informed choices on whether or not to implement a policy intervention and also which policy instrument to select if an intervention is being implemented. Vedung (1998) presents a basic policy choice typology (Figure 2.5), which categorises policy choices into ‘intervention’ or ‘non intervention’ on the basis of which policy makers choose which policy instrument to implement.

Figure 2.5: Typology of Basic Policy Choices



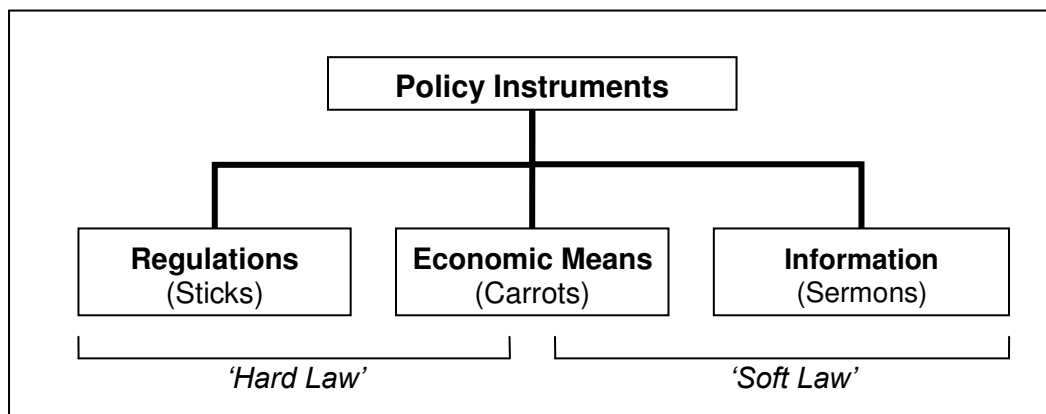
Source: Vedung (1998)

Non-intervention is an important policy choice that governments can use as a policy instrument. It implies that the government leaves the policy implementation to market mechanisms, civil society and households (as they provide the foundation for the emergence and maintenance of social norms) and let the outcome depend on what the individual decides to do (Vedung, 1998). When governments choose to implement an intervention they may use structured options where they create programmes which individuals are then free to use or not as they see fit; biased options where the government devises incentives and deterrents so that individuals will be guided voluntarily, toward the desired ends of public policy; and lastly regulation, where government set

up constraints and imperatives for individual action backed by the coercive powers of government (Anderson, 1977; cited in Vedug, 1998).

If a policy maker decides to implement an intervention to address an issue, such as psychosocial risks at work, a number of policy instruments may be used. Vedung (1998) classified these under three classes of instruments called regulation, economic means and information, as presented in Figure 2.6. He used the popular expression of stick, carrot and sermons to explain the classification, according to which the government may either force us (stick), pay us or have us pay (carrots) or persuade us (sermons) (Vedung, 1998).

Figure 2.6: Typology of Public Policy Instruments



Source: Adapted from Vedung (1998)

He further elaborated that regulations are measures undertaken by governmental units to influence people by means of formulated rules and directives which mandate receivers to act in accordance with what is ordered in these rules and directives, and are usually referred to as 'hard law'. Economic policy instruments involve either handing out or taking away material resources, be it in cash or kind. Economic instruments make it cheaper or more expensive in terms of money, time, effort and other valuables to pursue certain actions. They may either take the form of both 'hard or soft law'. Information policy instruments are also referred to as 'suasion' or exhortation and cover attempts at influencing people through the transfer of knowledge, communication of reasoned argument and persuasion. The information dispensed may concern the nature of the problem at hand, how people are actually handling the problem, measures that are being taken to change the prevailing situation and why these measures ought to be adopted by the addressees (Vedung, 1998). Policy instruments aimed at providing information take the form of 'soft law'.

In instances where the government or 'state' policy actors decide not to implement direct interventions, they may choose to use a non-intervention approach, where they may support civil society, social partners, or market mechanisms to implement policy instruments to address certain policy issues. For example, initiatives within the social dialogue agreements, as described later in the chapter, fall under this category. Such instruments also take the form of 'soft law'.

In recent years in the EU, a new formally non-binding but potentially important normative system has emerged through the Open Method of Coordination (OMC). The OMC employs non-binding objectives and guidelines to bring about change in social policy and other areas such as occupational safety and health and more recently worker well-being (psychosocial risk management). In the short period since its formal inception at the Lisbon Summit, the OMC has generated a great deal of discussion and debate. Much of the controversy concerns the respective merits of 'hard' and 'soft' law in the construction of Social Europe (Trubek & Trubek, 2005).

Policy instruments have typically been differentiated as 'hard law/regulation' or 'soft law/regulation' and each term can be seen as an inclusive, expansive and flexible category. Moreover, both terms are used with a great variety of meanings in the existing literature (Kirton & Trebilcock, 2004). Hard law is defined as a policy relying primarily on the authority and power of the state – ultimately its legitimate monopoly on the means of coercion – in the construction, operation, and implementation, including enforcement, of arrangements at international, national or subnational level (Kirton & Trebilcock, 2004). Hard law, based on the concept of 'legalization⁴', is also

⁴ "Legalization" refers to a particular set of characteristics that institutions may (or may not) possess. These characteristics are defined along three dimensions: obligation, precision, and delegation. *Obligation* means that states or other actors are bound by a rule or commitment or by a set of rules or commitments. Specifically, it means that they are *legally* bound by a rule or commitment in the sense that their behaviour there under is subject to scrutiny under the general rules, procedures, and discourse of international law, and often of domestic law as well. *Precision* means that rules unambiguously define the conduct they require, authorize, or prescribe. *Delegation* means that third parties have been granted authority to implement, interpret, and apply the rules; to resolve disputes; and (possibly) to make further rules. Each of these dimensions is a matter of degree and gradation, not a rigid dichotomy, and each can vary independently. Consequently, the concept of legalization encompasses a multi-

used to refer to legally binding obligations that are precise (or can be made precise through adjudication or the issuance of detailed regulations) and that delegate authority for interpreting and implementing the law (Abbott & Snidal, 2000). Statutes or regulations in highly developed national legal systems are generally taken as prototypical of hard legalization (Abbott et al., 2000). At the inter-governmental level they can take the form of legally binding treaties, conventions and directives. Hard law initiatives or regulatory standards of relevance to the management of psychosocial risks in Europe are reviewed in Chapter 3.

Soft law in contrast, refers to policies that rely primarily on the participation and resources of non-governmental actors in the construction, operation and implementation of a governance arrangement (Abbott & Snidal, 2000). According to Ikenberry (2001), in a soft law regime, the formal legal, regulatory authority of governments is not relied upon and may not be even contained in the institutional design and operation. Furthermore there is voluntary participation in the construction, operation and continuation and a strong reliance on consensus-based decision making for action and, more broadly, as a source of institutional binding and legitimacy. In such a regime, any participant is free to leave at any time and to adhere to the regime or not, without invoking the sanctioning power of state authority (Ikenberry, 2001).

State and non-state actors can achieve many of their goals through soft legalization that is more easily attained or even preferable. Soft law is valuable on its own, not just as a steppingstone to hard law; it provides a basis for efficient international 'contracts' and it helps create normative 'covenants' and discourses that can reshape international politics (Abbott & Snidal, 2000). Soft law instruments range from treaties, which include only soft obligations (legal soft law), to non-binding or voluntary resolutions, and codes of conduct formulated and accepted by international and regional organisations (non-legal soft law), to statements prepared by individuals in a non-governmental capacity, but which purport to lay down international principles. They also include voluntary standards designed and adopted by businesses and civil society to guide their shared understanding (Chinkin, 1989; Kirton &

dimensional continuum, which clarified that the hard-soft dichotomy is not rigid, rather a continuum (Abbott et al., 2000).

Trebilcock, 2004). Soft law initiatives or voluntary standards of relevance to the management of psychosocial risks are reviewed in Chapter 3.

Both hard and soft law offer several advantages and disadvantages. Hard law offers the legitimacy, the strong surveillance and enforcement mechanisms and the guaranteed resources that soft law often lacks. Governments acting alone with their full authority can produce high standards with clear and durable solutions – even ones that presciently address future problems in a timely fashion and prevent them cost effectively. In contrast, with a broader array of stakeholders and interests, soft law arrangements outside the traditional single industry confines can deliver standards less stringent than those required to meet current and future demands (Kirton & Trebilcock, 2004). Soft law offers many advantages such as timely actions when governments are stalemated; bottom up initiatives that bring additional legitimacy, expertise and other resources for making and enforcing new norms and standards and an effective means for direct civil society participation in global governance. These benefits are particularly important at a time when the demands of intensifying globalisation may outstrip the capacity of even the most powerful, but now often deficit ridden, national governments to respond (Kirton & Trebilcock, 2004).

Nonetheless, the soft law approach comes with its own challenges. It may lack the legitimacy and strong surveillance and enforcement mechanisms offered by hard law. With a broader array of stakeholders, soft law may promote compromise, or even compromised standards, less stringent than those delivered by governments acting with their full authority all alone (Chinkin, 1989). And soft law can lead to uncertainty, as competing sets of voluntary standards struggle for dominance and as actors remain unclear about the costs of compliance or its absence and about when governments might intervene to impose a potentially different mandatory regime. Amidst such uncertainty and complexity, it is hardly surprising that the hard law-soft law struggle stands at the heart of many of the central economic, environmental, and social debates and issues of the day (Kirton & Trebilcock, 2004).

2.3.3.1 Soft law in Europe: collective agreements and CSR

The European Union often refers to the European Social Model (ESM) as the basis of its social structure and related considerations. In 2000, at the Lisbon Summit, member states took the position that the European Social Model, with its developed systems of social protection, must underpin the transformation of the knowledge economy (Vaughan-Whitehead, 2003). Social dialogue is a central component of the European social model. Social dialogue in a broader picture is part of the industrial relations system. The issue of industrial relations is 'the cooperative and conflictual interaction between persons, groups and organisations (actors) as well as the norms, agreements and institutions resulting from such interactions' (Weiler, 2004). Social dialogue in this industrial relations system can be seen as the part focussing on cooperative interaction.

In an ILO working paper (Lawrence & Ishikawa, 2005), social dialogue is defined as all types of negotiation, consultation or simply exchange of information between representatives of governments, employers and workers, on issues of common interest relating to economic and social policy. In this context, social dialogue refers to 'discussions, consultations, negotiation and joint actions undertaken by the social partner organisations' in two main forms: a bipartite dialogue between the two sides of industry (management and labour) and a tripartite dialogue involving social partners and public authorities (European Commission, 2002c).

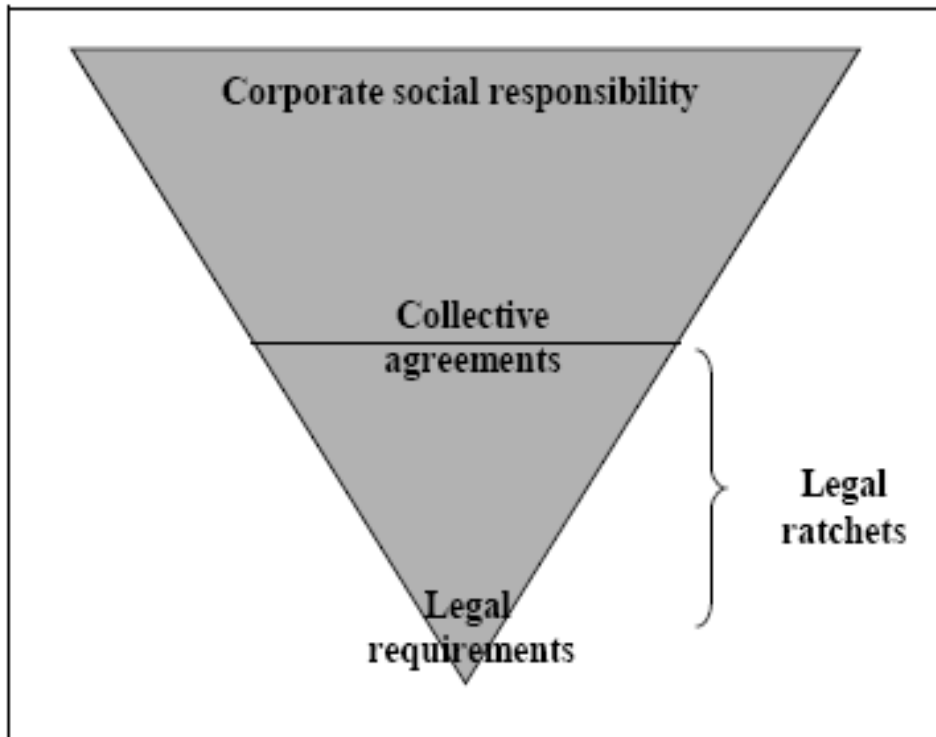
Dialogue between the European social partners takes place at both cross-sectoral and sectoral level. Participants in cross-sectoral dialogue – ETUC (trade unions), BUSINESSEUROPE (private sector employers), UEAPME (small businesses), and CEEP (public employers) - have concluded a number of 'collective agreements' that have been ratified by the Council of Ministers and are now part of European legislation such as the ones on parental leave (1996), part-time work (1997) and fixed-term contracts (1999). In the context of the European employment strategy, part of the Lisbon Agenda (EC, 2000), the social partners have also concluded 'voluntary' collective agreements on telework (2002), work-related stress (2004), and on harassment and violence at work (2007).

An autonomous and/or 'voluntary' agreement signed by the European social partners creates a contractual obligation for the affiliated organisations of the

signatory parties to implement the agreement at each appropriate level of the national system of industrial relations instead of being incorporated into a Directive. Article 139 of the EC Treaty provides two options for the implementation of agreements concluded by the EU-level social partners. The first option is implementation in accordance with the procedures and practices specific to management and labour of the Member States. The second option is to request a Council of Ministers decision (Eurofound, 2007). Implementation of the agreements does not constitute valid grounds to reduce the general level of protection afforded to workers in the field agreement. The agreements do not prejudice the right of social partners to conclude, at the appropriate level, including European level, additional agreements adapting and/or complementing such agreements in a manner which will take note of the specific needs of the social partners concerned (CEC, 2002).

Nordestgaard and Kirton-Darling (2004) suggested that if we consider the different levels of hard and soft social and employment regulation, while recognising that their application and practice differs in each member state, it is possible to speculate on a potential dynamic between: a) legislation, b) collective agreements and c) corporate social responsibility (CSR) in a soft law form. Occupational health and safety legislation traditionally covers legal minimum requirements that companies are obliged to meet in relation to working conditions, environmental conditions and employment relations. Collective agreements ideally should improve on these minimum standards and specifically regulate the working conditions and employment relations of a specific work force, whether European, national, sectoral or company based. CSR has the merit of providing a broad space for the development of innovative approaches to a whole variety of issues, according to economic and market circumstances, but also as a means of preparing or 'softening up' areas of consensus. The dynamic interaction, as depicted in Figure 2.7, would exist at the interface, as issues become the subject of discussion between the social partners and if consensus develops through the evolution and joint-application of CSR policies (whether the inclusion of workers with disabilities, or the improvement of health and safety provisions), it may be possible to integrate long-established aspects into collective agreements.

Figure 2.7: Dynamic interaction between CSR and collective agreements



Source: Nordestgaard & Kirton-Darling (2004)

Through the integration of areas of consensus the relevant collective agreement would act as a legal ratchet ensuring that a company or sector's CSR policy could constantly develop above and beyond the legal norms. This would demonstrate companies' commitment to the industrial relations systems and, therefore, provide evidence to counter trade union, and NGO's fears about 'CSR as cover-up'. For their part, trade unions must guarantee that efficient and effective channels of communication and information exist between both the different levels of industrial relations and the actors in those levels, in order that pressure can be effectively placed on the relevant decision-makers within companies and employers' organisations to ensure that responsibilities and commitments made within CSR policies are maintained (Nordestgaard & Kirton-Darling, 2004).

2.3.4 Policy outcomes – implementation and evaluation

The 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 2.4.

Table 2.4: 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)

For example in the case of health and safety at the European level, the first significant initiative was the 1989 EC framework directive (89/391/EEC) which introduced measures to improve the safety and health of workers at work. This Directive defines the employer’s responsibility to provide: competent protective and preventive services; information concerning safety and health risks and protective and preventive measures; consultation and participation of workers; training of workers; and health surveillance. The framework greatly strengthens the concept of using multidisciplinary OHS in accordance with the ILO Occupational Health Services Convention (No. 161) and its Recommendation No. 171 (1985). A number of subsequent daughter directives for specific groups of workers, workplaces or substances have been enacted. The average figure for compliance with such social directives in force is just over 90% in the EU as a whole (Nicholson, 2002). Chapter 3 reviews the key policies in Europe that are relevant for the management of psychosocial risks at work and presents an evaluation of the implementation of some key policy initiatives.

Following the implementation of a policy, the next step in the policy process is ascertaining its 'success or failure'. Marsh and McConnell (2010) report that popular instances of 'policy success' appear in media pieces assessing the success/consequences of policies, claims by government and government agencies of policy successes, either in the media or in official documents, reports by interest groups' or voluntary organisations' assessments/claims about policy successes, blogs on policy outcomes and academic articles assessing policy success, usually in the form of evaluation studies. According to them, both political actors, whether politicians, bureaucrats or interest group leaders; and observers, whether academics, journalists or bloggers, 'assert', even if they don't demonstrate, the 'success' of policy initiatives. However, the key problem is that these claims/assessments about policy outcomes do not establish any systematic criteria for assessing success or failure.

While the non-academic literature skates over the problem and even the academic literature, which is mostly concerned with the evaluation and explanation of 'public service improvement', generally fails to outline and discuss criteria against which success/improvement could be judged (Marsh & McConnell, 2010). Much of the evaluation literature is produced from within government but rarely, if ever, moves beyond the assumption that success equates with meeting policy objectives or producing 'better' policy (for example, Davidson, 2005; Weimer & Vining, 1989). Most of it is also highly quantitative as well as highly normative, given its assumption that the purpose of evaluation and policy analysis is: 'client-oriented advice relevant to public decisions' (Weimer & Vining, 1989).

Drawing on the literature on policy success, Marsh and McConnell (2010) suggested a framework for assessing policy success. Table 2.5 outlines the three dimensions of policy success - process, programmatic and political - and identifies the indicators which can be used to measure success in relation to each of the dimensions and, then, the evidence which would be appropriate in relation to each of these indicators.

The 'process' of policy formation, as presented in this chapter, is an important, but often unacknowledged, element in any consideration of whether a policy is successful or not. Processes are important, in both practical and symbolic terms. For example, a policy which is produced through constitutional and

quasi-constitutional procedures will confer a large degree of legitimacy on policy outcomes, even when those policies are contested (Marsh & McConnell, 2010).

Table 2.5: Dimensions of policy success

Dimensions	Indicators	Evidence
Process	Legitimacy in the formation of choices: that is, produced through due processes of constitutional and quasi-constitutional procedures and values of democracy, deliberation and accountability	Legislative records, executive minutes, absence of legal challenges, absence of procedural challenges (for example, Ombudsman), absence of significant criticism from stakeholders
	Passage of legislation: was the legislation passed with no, or few, amendments?	Analysis of legislative process, using legislative records, including identification of amendments and analysis of legislative voting patterns
	Political sustainability: did the policy have the support of a sufficient coalition?	Analysis of support from ministers, stakeholders, especially interest groups, media, public opinion
	Innovation and influence: was the policy based on new ideas or policy instruments, or did it involve the adoption of policy from elsewhere (policy transfer/diffusion)?	Government statements and reports (for example, White/Green Papers), academic and practitioner conferences, interest group reports, think tank reports, media news and commentary, identification of similarities between legislation and that in other jurisdictions identification of form and content of cross-jurisdictional meetings/visits by politicians and/or public servants
Programmatic	Operational: was it implemented as per objectives?	Internal programme/policy evaluation, external evaluation (for example, legislative committee reports, audit reports), review by stakeholders, absence of critical reports in media (including professional journals)
	Outcome: did it achieve the intended outcomes?	Internal programme/policy evaluation, external evaluation (for example, legislative committee reports, audit reports), review by stakeholders, absence of critical reports in media (including professional journals)
	Resource: was it an efficient use of resources?	Internal efficiency evaluations, external audit reports/assessments, absence of critical media reports
	Actor/interest: did the policy/implementation benefit a particular class, interest group, alliance, political party, gender, race, religion, territorial community, institution, ideology, etc?	Party political speeches and press releases, legislative debates, legislative committee reports, ministerial briefings, interest group and other stakeholders' speeches/press releases/reports, think tank reports, media commentary
Political	Government popularity: is the policy politically popular? Did it help government's re-election/election chances? Did it help secure or boost its credibility?	Opinion polls, both in relation to particular policy and government popularity, election results, media commentary

Source: Marsh & McConnell (2010)

'Programmatic' success is often seen as synonymous with policy success as in the contemporary focus among most Western democracies on evidence-based policy making where the assessment of success is outcomes-based and judged by 'the evidence' (Parsons 2002; Sanderson 2002). Operational success occurs if a policy is implemented according to objectives laid down when it was approved. Policy implementation is generally a much more complex affair than it was, especially given the growth of multi-level governance, public sector fragmentation through arm's-length agencies, non-departmental public bodies, privatization and outsourcing (Exworthy & Powell, 2004).

'Political' success is the final benchmark for policy success. In particular, from the perspective of government and the governing party, a policy may be successful if it assists their electoral prospects, reputation or overall governance project. Doing so may even involve a 'token' policy such as the creation of a new programme without any additional funding, something which does little more than keep a 'wicked issue' off the political agenda (Head & Alford, 2008).

A number of evaluation methodologies have been developed to measure 'policy success'. Even though evaluation methodologies developed rapidly during the 20th century when the need to apply social research methods to programme evaluation grew alongside burgeoning social programmes (Rossi et al., 1999), no unified paradigm has emerged to organise research. Instead there are now many approaches and a range of research methodologies. Trends and approaches often fall in and then out of favour with an endless succession of concepts and labels. A particular approach becomes the currency of the subject, only to be replaced by a new one later (John, 1998).

The concept of evaluation can be defined as "a study designed and conducted to assist some audience to assess an object's merit and worth" (Stufflebeam, 1999, p.35); or similarly as a "careful retrospective assessment of the merit, worth and value of administration, output of government interventions, which is intended to play a role in future, practical action situations" (Vedung, 1997, p.3). The definitions point to two theoretical traditions – programme evaluation and organisation evaluation.

The definition of programme evaluation offered can be used to classify programme evaluation approaches into four categories. “The first category includes approaches that promote invalid or incomplete findings (referred to as pseudoevaluations), while the other three include approaches that agree, more or less, with the employed definition of evaluation (i.e., Questions/Methods-Oriented, Improvement/ Accountability, and Social Agenda/Advocacy)” (Stufflebeam, 1999, p.3).

Organisational effectiveness, on the other hand, focuses on the efforts of organisations and is somewhat generic in the sense that the intention has been to direct it towards, and be relevant for, all types of organisations, whether they are private or public, big or small, characterised by standardised or flexible production, etc. (Scott, 2003). Both traditions deal with how to conduct assessments, including on which approaches, criteria, values to base the assessments. Also, basic evaluation models employed within the two traditions significantly overlap (Hansen, 2005).

The evaluation literature offers a rich variety of alternative approaches to evaluation. In a detailed analysis of evaluation approaches, Stufflebeam (1999) identified and analysed twenty-two approaches of programme evaluation. In this context, Hansen (2005) therefore stated that, “the options are multiple, such as opting for summative or formative evaluation or stressing the clients’, experts’ or general stakeholders’ concerns. But the choice is also between subscribing to realistic evaluation, theory based evaluation, utilization-focused evaluation or empowerment evaluation, just to mention a few examples” (Hansen, 2005, p.447).

While there is no general theory of evaluation, there are many taxonomies of evaluation approaches through which authors have attempted to categorize and to synthesize the different theories and practices, to order them and to allow comparisons (Demarteau, 2002). Bezzi (2006) using an epistemological approach to evaluation concluded that evaluation is too often reduced to mere techniques. He further warned that while techniques are both the foundations and the original bases of social and evaluative research, ignoring certain systemic biases built into methods can lead to the illusion that techniques generate an unveiling of reality. Taylor and Balloch (2005) pointed out that it is important to remember that evaluation itself is socially constructed and political

articulated. Policy evaluations are entwined with processes of accountability and lesson drawing that may have winners and losers. However technocratic and seemingly innocuous, every policy programme has multiple stakeholders who have an interest in the outcome of an evaluation: decision makers, executive agencies, clients, pressure groups (Bovens et al., 2006).

Guba and Lincoln (1989) have charted and documented the developments of methodologies and approaches for policy evaluation and argue that there is no 'right' way to define evaluation. Rather they describe it as a construction, meaning different things in different historical contexts. They identified four generations of evaluation; the first three are based on the positivist scientific approach which posits that there is an objective truth or reality that can be measured. Guba and Lincoln (1989) argue that evaluations based on this conventional science can disenfranchise and disempower less powerful stakeholders as the evaluation may be used by those holding power to maintain the status quo. They describe the fourth generation of evaluation methods as being based on a divergent 'constructivist, naturalistic, hermeneutic or interpretative paradigm' (Guba & Lincoln, 1989), indicating that it is adaptable to naturalistic inquiry and the use of qualitative methods, as well as other mixed models, in community and participatory action research.

The wide variety of alternative approaches in the evaluator's toolbox raises the important question of what criteria should be used to compare one approach with another or perhaps decide to combine several approaches (Hansen, 2005). In practice most evaluation models are used in modified forms, or as meta-models. It is also interesting to note that policy analysis has grown up under the influence of the positivistic methodology of the behavioural sciences and constitutes a collection of approaches that rely on the scientific method and its techniques (Fischer, 1998) and most evaluation models are based on the positivistic and postpositivistic paradigms. The next sections assess the feasibility of using the first, second, third and fourth generation evaluation approaches, as identified by Guba and Lincoln (1989), to evaluate policies relating to psychosocial risk management and propose an evaluation meta-model to evaluate policies for psychosocial risk management.

2.3.4.1 First generation of evaluation methods

The first generation of evaluation was called the 'measurement generation'. The role of the evaluator was technical; he or she was expected to know the full panoply of available instruments, so that any variable named for investigation could be measured. If appropriate instruments did not exist, the evaluator was expected to have the expertise necessary to create them (Guba & Lincoln, 1989). This technical sense of evaluation still persists today. Questions/methods-oriented approaches which include studies that employ as their starting points standardized measurement devices include methods of first generation. Most of these models emphasize technical quality and posit that it is usually better to answer a few pointed questions well than to attempt a broad assessment of something's merit and worth (Stufflebeam, 1999).

A number of technically sound measurement tools are available to assess the prevalence and impact of psychosocial risks (Cox, 1993). But their effectiveness in evaluating a policy initiative is untested and may be limited. Even though the use of such a methods-oriented approach will allow us to identify, for example, the level of stress at the macro level (through national or European surveys) and answer a few specific questions, it will not be able to provide a broad assessment of a policy programme's merit and worth (Stufflebeam, 1999).

2.3.4.2 Second generation of evaluation methods

The second generation of 'description oriented, objectives-based evaluation' is an approach characterised by description of patterns of strengths and weaknesses with respect to certain stated objectives. The role of the evaluator was that of describer. Measurement was no longer treated as the equivalent of evaluation but was redefined as one of several tools that might be used in its service. In contrast to first generation evaluation where certain variables are identified and the information to be gathered consists of individual scores on instruments that putatively measure those variables, in second generation evaluation, certain objectives are identified and the information to be collected consists of assessment of the congruence between performance and the described objectives (Guba & Lincoln, 1989). Early goal-attainment models where results were assessed only in relation to the predetermined goals (e.g.

Tyler, 1966) could be considered as part of the second generation of evaluation methods.

Such an approach would not facilitate the evaluation of a policy level intervention for psychosocial risk management. For instance, the objectives of the European Framework Agreement on Work Related Stress (European Social Partners, 2004a) are a) to increase the awareness and understanding of employers, workers and their representatives of work-related stress, and b) to draw their attention to signs that could indicate problems of work-related stress. Assessing the extent of increased awareness in this case 'the performance against predetermined goals' is not necessarily possible due to the broad nature of this policy initiative.

The objectives-based evaluation has been the most prevalent approach used in the name of programme evaluation. Common criticisms are that such studies lead to terminal information that is of little use in improving a programme or other enterprise and that this information often is far too narrow in scope to constitute a sufficient basis for assessing the programme's merit and worth. Also, they do not uncover positive and negative side effects and they may credit unworthy objectives (Stufflebeam, 1999). The objectives-based approach is especially applicable in assessing tightly focused projects that have clear, supportable objectives, however, due to the complex nature of psychosocial risks as well as of the contexts of interventions for managing such risks, it may not be possible to identify such clear supportable objectives due to which such an approach may not be appropriate for the evaluation of policies for psychosocial risks.

One of the major challenges noted, particularly by organisational level stress intervention experts, is that of conducting and evaluating interventions in the context of complex and constantly adapting systems such as organisations and work environments (Leka et al., 2008b). Traditionally, off the shelf quasi-experiments developed by academicians have been the routine choice for evaluating such interventions. Yet it has been noted that for many organisations, the outcome of these assessment initiatives have not produced satisfactory results (Randall, Griffiths & Cox, 2005). Although until now, evaluation of interventions for managing psychosocial risks has only been done at the organisational level, this existing body of research suggests that

evaluation approaches based on the positivist - natural scientific paradigm, may be ill suited as a framework for evaluating policies related to psychosocial risks.

2.3.4.3 Third generation of evaluation methods

The inclusion of 'judgement' in the act of evaluation marked the emergence of the third generation of evaluation methods, in which evaluation was characterised by efforts to reach judgements, and in which the evaluator assumed the role of the judge, while retaining the earlier technical and descriptive functions as well. Approaches under this generation required that the goals of the evaluation were to be subject to evaluation themselves (Guba & Lincoln, 1989).

The judgement oriented evaluation evolved as the shift towards thinking whether the objectives of programmes have been appropriate and worthwhile (Hansen, 2005). In this stage, the evaluation research in the contemporary sense of meaning was born, connecting the social and policy areas. Sharing the research designs, measurement tools and data analysis techniques that constitute the methodology of social science research, third generation evaluation research differs from the previous generations by its goal towards facilitating decision-making in order to meet the specified interests of certain social groups (Lai, 1991).

In recent years there has been an increased commitment by governments to commissioning evaluations of their new social policies. This has led to an increased focus on the development of theoretical approaches to evaluation. Realistic Evaluation (Pawson & Tilley, 1997; and in America, Chen, 1990; Weiss, 1997) and the Theories of Change (ToC) approach by the Aspen Institute (Connell et al., 1995), are such approaches for the evaluation of recently introduced policy instruments (Kautto & Similä, 2005). Effects models (goal-free evaluation), explanatory process models, system models, economic models (including cost-efficiency, cost-effectiveness, cost-benefit and programme theory models can also be classified as third generation methods of evaluation and are largely based on postpositivist and critical theory paradigms (Hansen, 2005). Each of these models requires delineating the kinds of information needed for decision-making, obtaining information and

synthesizing it so that it is useful in making decisions (Lai, 1991). These evaluation models are discussed further next.

2.3.4.3.1 Theory based evaluation

The challenges faced by evaluators have been well described by Kubisch and colleagues (1995) who recognise the complexities of social programmes that aim to address multifaceted problems and seek solutions that can address a multitude of problems aimed at multiple levels. They also recognise that programmes evolve, are responsive to changing circumstances and contextual issues such as political and financial systems. The problem for evaluators is to identify all the changes that are taking place, to measure them and to assess whether the changes are due to the social programme, to other extraneous factors or would have happened anyway (Connell et al., 1995; Kubisch et al., 1995; Pawson & Tilley, 1997).

A theoretical approach assists researchers to address these complexities; it encourages researchers to examine the assumptions underlying the programme and makes explicit the link between activities and outcomes (Connell et al., 1995; Pawson & Tilley, 1997). By developing a causal chain of explanations, the reasons why a policy initiative works, and how it works, can be established (Weiss, 1997). The approach also benefits practitioners. It gives them the opportunity to think about the links between the aims and objectives of an initiative and activities they intend to put in place or already have in place. For these reasons approaches with theoretical base for evaluations have been used widely in policy evaluations. There are two key theoretical approaches to evaluation, the Theories of Change (ToC)⁵ and Realistic Evaluation⁶.

⁵ Theories of Change (TOC) is one of a range of theory-driven approaches to evaluation (Chen, 1990). Central to the ToC approach is the expectation that affected stakeholders will be involved in developing and evaluating a relevant theory for the proposed intervention. An important assumption of the ToC approach is that the involvement of stakeholders will extend ownership of the intervention, assist its implementation and support evaluation.

⁶ The realistic approach to evaluation examines political programmes according to the following formula: Context (C) + Mechanism (M) = Outcome (O). According to realistic evaluation, political programmes can trigger a range of mechanisms of change. The specific mechanisms triggered will depend on the programme context. As a result, a political programme can lead to a variety of outcomes in different contexts. This gives rise to different context–mechanism–outcome (CMO) configurations. Realistic evaluation is about conceiving and testing these CMO configurations in order to provide insight on what works for whom and under what circumstances. The idea of producing

For the theory-based evaluator, programmes are not monoliths, people are not passive recipients of opportunities to improve their health, wealth and social standing offered through various initiatives, and context is key to understanding the interplay between programmes and effects (Blamey & Mackenzie, 2007). Context itself is multifaceted and operates at a variety of levels. These include: political, social, organisational and individual dimensions. Inevitably, measuring or accounting for contexts is a difficult process in such evaluations. Context, therefore, must be considered as part of the evaluation and can be key to uncovering the circumstances in which, and the reasons why, a particular intervention works. These approaches acknowledge that particular contexts can enhance or detract from programme effectiveness and that such contexts may include factors that are within or outside the control of programme implementers.

Both Theories of Change and Realistic Evaluation approaches indicate that the impact of social programmes cannot be determined with any degree of confidence if there is no knowledge about the context within which they have taken place. In the absence of such knowledge, alternative possible explanations for any changes uncovered cannot be dismissed. An understanding of context is, therefore, vital in relation to attributing cause (Pawson & Tilley, 1997). Context is also seen as important in terms of replicating the intervention in any future setting or in learning about possible generalisable causal pathways. Like traditional experimental designs theory-based proponents similarly believe that qualitative methods are not fit for the evaluation purpose within complex interventions. In addition, it is perceived the purpose of qualitative approaches is not to draw representative samples that allow generalizations to wider populations (Connell & Kubisch, 1998; Pawson & Tilley, 1997).

Theory-based evaluation approaches have proved fruitful in several policy fields (e.g. crime prevention and health promotion). They seem, however, difficult to apply to evaluations of very complex and 'integrated' interventions,

these so-called CMO configurations is to acknowledge that the outcomes of a programme depend on the conditions under which they take place. With the focus on CMO configurations, realistic evaluation examines constellations as wholes rather than single, isolated influences (Pawson & Tilley, 1997).

such as public sector reforms and regulatory reforms in which several actors jointly and in networks try to tackle simultaneously various aspects of a problem. The aim to identify causality between context, mechanism and outcome is difficult to pursue when the number of variables increases. In other words, it becomes unrealistic to use the realist approach if it is impossible to specify all important variables (Hansen, 2005).

As concerns psychosocial risks, a number of theoretical models exist for their assessment and management and their impacts on health and safety of employees and the healthiness of organisations (in terms of, among other things, productivity, quality of products and services and general organisational climate) (Cox, 1993; Leka & Jain, 2010). On the basis of these, different programmes have been developed. Given this large evidence base, it can be argued that evaluation approaches using theory-based evaluation can be used to evaluate the effectiveness of policies for psychosocial risk management. However, it is essential that any comprehensive evaluation model used to evaluate policies in this area is based on appropriate theories which include a thorough analysis of not only the objectives of the policy but also the context and stakeholders involved in the policy development and implementation.

2.3.4.3.2 Evaluation of recently introduced policy instruments (RIPs)

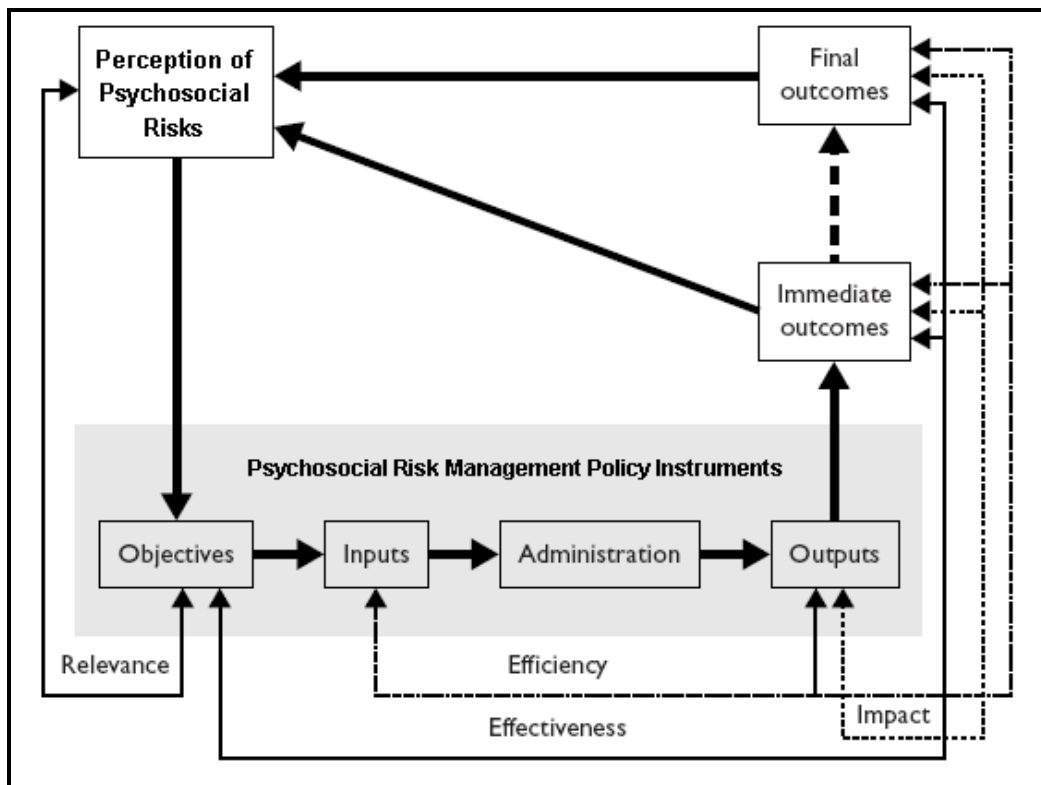
Evaluation of recently introduced policy instruments (RIPs) is especially problematic, because only some effects have occurred, and information on them is imperfect. Policy makers and the public at large are, however, particularly interested in early evaluations (Kautto & Similä, 2005). Evaluation of RIPs is also required for many other reasons. First, it is not always wise to wait for years before launching an evaluation of a policy instrument as in the case with preventive action, i.e. policy instruments adopted to prevent a problem from occurring. Furthermore, over time, as a policy instrument becomes more institutionalised, it is more difficult to change due to political inertia (Rose & Karran, 1987). It might therefore be easier to improve a policy instrument at an earlier stage of implementation. In all, if evaluations are intended to play a role in future, practical action situations, their timing is extremely important. Thus, there is a clear case for RIPs evaluation.

Kautto and Similä (2005) show that a retrospective RIPIs evaluation is possible and that it is fruitful to use intervention theories as tools in early evaluations. The aim of an intervention theory is to describe how the policy is intended to be implemented and function (Hildén et al., 2002). It shows what measures are assumed to be taken, in what order, and what is assumed to follow from these measures. An intervention theory includes different kinds of assumptions: assumptions about the impacts at different stages of the causal chain and their causal relationships, as well as assumptions about the relationship between impacts, goals, various actors and moderators, i.e. contextual factors (Chen, 1990; Dahler-Larsen, 2001; Vedung, 1997). Assumptions may change over time and this change may be of great significance for later retrospective evaluations. However from the perspective of RIPIs evaluation, it is crucial to note that assumptions are formulated for the first time before the policy intervention. Thus, they are in existence – although not necessarily well articulated – when the implementation of a new policy instrument begins. Different actors (e.g. politicians, ministries, implementing agencies, various interest and target groups) may hold different assumptions about the causal chains that lead from means (policy instruments) to the goals and other anticipated impacts, or even different assumptions about goals and other impacts. Therefore, it may be possible to construct several intervention theories in each case (Vedung, 1997).

An input–output model of public policy is often utilized in evaluations. It is a heuristic tool, ‘an instrument to support thinking’ (Vedung & Román, 2002). One such simplified model captures the essential elements of public policy: inputs, administration, outputs and outcomes of these outputs, as presented in Figure 2.8.

Outputs mean items that are issued by government bodies and interface with the target group. Outcomes are the actions taken by the target group when they encounter the outputs, but also what occurs after that in the chain of influence. Outcomes can be immediate, intermediate and ultimate. There are several criteria available for evaluations (Hildén et al., 2002; Mickwitz, 2003).

Figure 2.8: The evaluation criteria and their links to the stages of the input–output model



Source: Adapted from Hildén, Lepola, Mickwitz, Mulders, Palosaari, Similä, Sjöblom & Vedung (2002)

Perhaps the most used criteria are *effectiveness* and *efficiency*. *Effectiveness* here refers to the degree of correspondence between achieved outcomes and intended policy goals. *Efficiency* can be defined, for example, as a cost–result criterion (do the results justify the resources used?) or as a cost–effectiveness criterion (could the results have been achieved with fewer resources?). Other criteria are *relevance* and *impact* (have the impacts occurred due to the policy instruments?). Different evaluation criteria link different stages of the input–output model. Although the usability of evaluation criteria for a retrospective evaluation always depends on contextual matters, the input–output model helps an evaluator ask more precise questions while choosing the criteria for use in the evaluation.

2.3.4.3.3 Fourth generation of evaluation methods (FGE)

FGE, commonly termed constructivist evaluation, is where the ‘claims, concerns and issues of stakeholders serve as organisational foci’, according to Guba and Lincoln (1989). Constructivism is described as being ‘relativistic in stance, meaning knowledge is viewed as relative to time and place . . . thus the

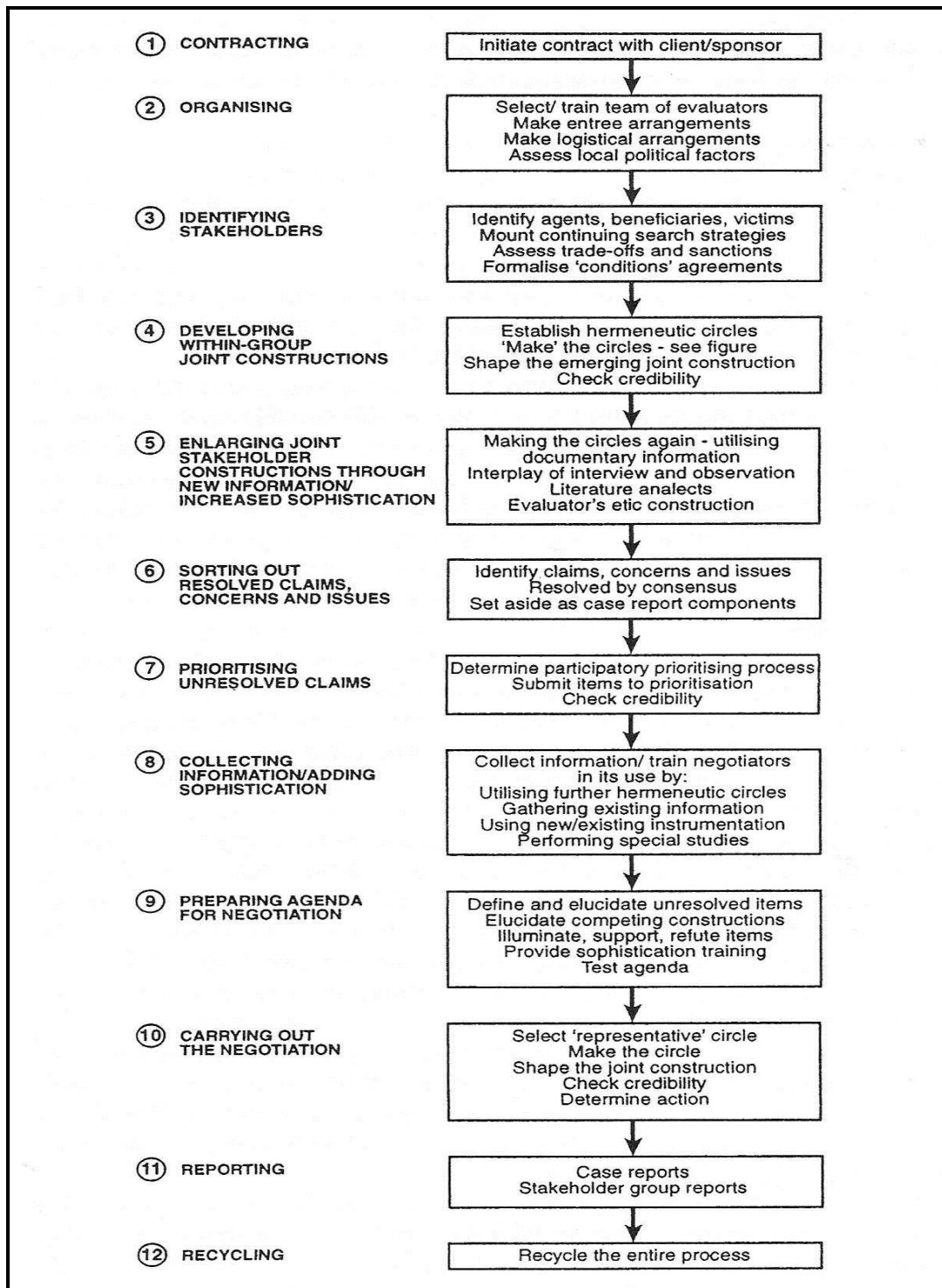
reluctance to generalise and the suspicion of generalisation asserted by others' (Patton, 2002). The constructivist approach to programme evaluation is heavily philosophical, service oriented, and paradigm driven. "The constructivist paradigm rejects the existence of any ultimate reality and employs a subjectivist epistemology; it sees knowledge gained as one or more human constructions, unverifiable and constantly problematic and changing and places the evaluators and programme stakeholders at the centre of the inquiry process" (Stufflebeam, 1999, p.56). The act of subjective valuing is seen as an essential element of the process of evaluation rather than what positivists would perceive as a threat to scientific objectivity.

Constructivist evaluation differs in fundamental ways from other forms of evaluation. FGE or constructivist evaluation obviates the major problems of the first three generations: a tendency toward managerialism, that is, an evaluation approach that favours the point of view of the client or funder, that inappropriately saves the manager harmless, and that is disempowering, unfair, and disenfranchising to selected stakeholders; a failure to accommodate value-pluralism; and an over commitment to the scientific (positivist) paradigm of inquiry. FGE, on the other hand, has the capacity to empower those who traditionally are disempowered, to expose political agendas and lay opposing views open to negotiation or contestation. It aims to be fair, non-discriminatory and non-exploitative while enabling the status quo to be challenged and opening the way for change (Lay & Papadopoulos, 2007).

Figure 2.9 represents the flow of FGE. FGE facilitates the expression of diverse values as crucial aspects of evaluative inquiry. Guba and Lincoln (1989) stressed the importance of not judging constructivist evaluations using positivistic criteria or standards. Of the few published studies describing the application of FGE methods to an actual evaluation, Huebner and Betts (1999) concurred that its strengths were in its involvement of multiple stakeholder groups bringing multiple perspectives, and the fostering of support for later programme developments. Weaknesses found included difficulties in defining stakeholders and proving their educational and empowerment capacity. Furthermore, due to the need for full involvement and ongoing interaction of all stakeholders through both the divergent and convergent stages, it is often difficult to produce the timely reports that funding agencies and decision makers may demand. This is even harder to do when there are numerous

stakeholders involved. Also due to the obvious conflicts of interest between the many stakeholders, such an evaluation approach would be difficult to apply because, to work well, the approach requires the attention and responsible participation of a wide range of stakeholders. This approach may seem to be unrealistically utopian in this regard (Stufflebeam, 1999).

Figure 2.9: The flow of fourth generation evaluation



Source: Shaw (2002)

According to Guba and Lincoln (1989), constructivist evaluation is a difficult model to adopt: it is highly labour intensive; it is ever-recursive and requires frequent recapitulations; it is often adversarial and confrontational; it is a diffuse process impossible to specify in detail (in design form); it requires the evaluator to play multiple roles which at times may appear to be in conflict; it denies the possibility of reliable generalizations and of determining solutions that work everywhere. Yet from a value-oriented view, it is, possibly the best way to evolve viable and acceptable solutions to claims, concerns, and issues widely felt and to the formulation of constructions widely seen to fit, work, demonstrate relevance, and exhibit continuing modifiability. It is one of the more realistic and socially and politically sensitive approaches to performing useful and utilized evaluations. Despite its strengths, FGE is 'neither widely known nor commonly accepted' and it remains outside the mainstream of evaluation methodologies (Lay & Papadopoulos, 2007).

2.4 Identifying the approach to evaluate policies relating to psychosocial risk management

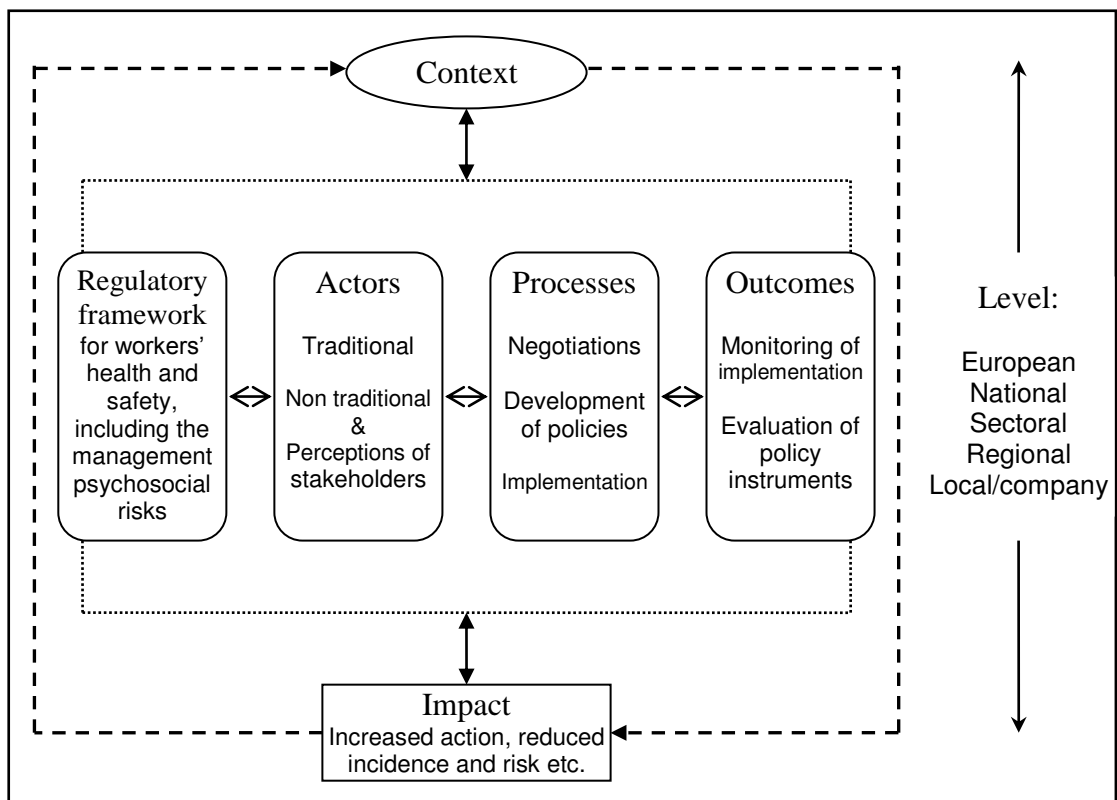
One of the problems in evaluation of policies is that the variety of evaluation approaches and evaluation models has not been matched by a corresponding increase in thinking about the choice of model(s). Considering the literature on evaluation and organisational effectiveness, it is surprising that there are so few theoretical, methodological discussions about principles and criteria for the choice of (combinations of) evaluation models (Hansen, 2005).

Furthermore, as policies are made and implemented in multi-actor contexts, the various stakeholders frequently view problems and solutions differently and some will try to influence the aim and direction of a policy all the way through the policy process. Such situations call for more attention to be paid to different rationalities and lines of argument (Hangerber, 2001). Stufflebeam (1999) further warns that evaluators may encounter considerable difficulties if their perceptions of the study being undertaken differ from those of their clients and audiences. Often, clients want a politically advantageous study performed, while the evaluators want to conduct questions/methods-oriented studies that allow them to exploit the methodologies in which they were trained. Moreover, audiences usually want values-oriented studies that will help them determine the relative merits and worth of competing programmes, or advocacy

evaluations that will give them voice in the issues that affect them. If evaluators are ignorant of the likely conflicts in purposes, the evaluation is probably doomed to failure from the start. Therefore, “it is imperative to remember that no one type of approach consistently is the best in evaluating programmes. In the write-ups of the approaches, different ones are seen to work differentially well depending on circumstances” (Stufflebeam, 1999, p.73).

Based on the discussion of evaluation methodologies presented above it is clear that no single evaluation approach is suitable for the evaluation of policies for psychosocial risk management. As such it is necessary to construct a meta-model which can address the challenges posed by various evaluation approaches as well as the nature of psychosocial risks. The evaluation meta-model, as presented in Figure 2.10, is based on an analytical framework of industrial relations proposed by Weiler (2004).

Figure 2.10: Meta-model for the evaluation of European policies for psychosocial risk management



Source: Adapted from Weiler (2004)

According to this model, any evaluation of policies relating to psychosocial risk management must begin with an exploration of the context within which these policies are developed and implemented; these relate to the environment that

influences the policy process including social, economic and political influences on inputs, systems variables, policy outputs and policy outcomes, as highlighted earlier in Figure 2.1.

The economic climate includes, for example, availability and provision of resources, unemployment rates, labour productivity, as well as social factors such as freedom of association and union participation in public policy. The political climate relates to the system of governance (federal, central, unitary, intergovernmental), political stability etc. The context has a direct impact on the regulatory framework for occupational health and safety, the actors who are included or excluded from the development of policies for psychosocial risk management and their perception of psychosocial risks, the process of negotiation, development and implementation of these policies, and policy outcomes. These have an impact on the actions taken by governments, regions, companies to manage psychosocial risks in order to reduce their impact in terms of incidence of work-related stress, work-related violence, bullying and harassment as well as other mental and physical health conditions and related business outcomes (e.g., absenteeism, presenteeism and human error). This process is applicable at the European level as well as the national, sectoral, regional and company level.

Since no method is without limitations, the use of such a meta-model would allow for effective evaluation of recent policies in an area that is not easily measurable and defined. However, in interpreting the results of a policy or policies, it is important to keep in mind the challenges as outlined by Kautto and Similä (2005) who highlighted that evaluation of recently introduced policy instruments is especially problematic, because only some effects have occurred, and information on them is imperfect. This is particularly relevant in the case of most European policies for the management of psychosocial risks, which are reviewed in the next chapter.

3. Review of policies of relevance to psychosocial risk management in Europe

3.1 Introduction

As has been discussed in previous chapters, since the introduction of the main health and safety Framework Directive a number of significant developments towards the management of psychosocial risks have been achieved in the European Union (EU) (Leka et al., 2010). These include the European Commission's Guidance on Work-Related Stress (1999); the European Framework Agreement on Work-Related Stress (2004); and the European Framework Agreement on Harassment and Violence at Work (2007). Also relevant to Europe, at the international level, significant developments have been WHO and ILO guidance on psychosocial risks, work-related stress and psychological harassment (e.g. ILO 1986; 2006; 2010; WHO, 2003a; 2003b; 2007; 2010).

In Chapter 2, it was clarified that policies and approaches relevant to the management of psychosocial risks include both 'regulatory standards' (e.g., legal regulations such as EU directives, national legislation, ILO conventions) as well as 'soft' or 'non-binding/voluntary' standards developed by recognised national, European and international organisations which may take the form of specifications, guidance, social partner agreements, establishment of networks/partnerships, etc.

Although it is acknowledged that considerable progress has been achieved in the EU in recognising the relevance of work-related stress in particular and of psychosocial risk factors in general, the impact of these standards is being debated due to the gap between policy and practice (EC, 2004b; Levi, 2005; Leka et al., 2011c; Leka et al., 2011a). To explore this reported gap further this chapter presents a review of key standards in OSH in relation to the management of psychosocial risks in the workplace at the European level. It also discusses the results of the evaluation of the implementation of selected policies on the basis of published reports by the European Commission and the European social partners.

3.2 *Standardisation in occupational health and safety in Europe*

Standardisation is an integral part of the EU's strategy to achieve the Lisbon goals of making the EU the most competitive and dynamic knowledge-based economy in the world, by enabling its agencies to carry out better regulation and by removing barriers of trade at the international level (EC, 2002d, 2004c). Albeit not playing an active role in the production of standards itself, the European Commission (EC) deals with standardisation in relation to many European Community policies (EC, 2001b). The role standards can play was outlined by the Community 25 years ago when the 'new approach' to technical harmonisation and standardisation was introduced (EC, 1985). That 'new approach' sees standards as a guarantee of quality with regard to the 'essential requirements' established by European policies, such as Directives; especially 'new approach' Directives in the fields of health, safety and environmental and consumer protection (EC, 2006).

Prevention is the guiding principle for OSH legislation in the EU. In order to avoid accidents from happening and occupational diseases to occur, EU wide minimum requirements for health and safety protection at the workplace have been adopted (EC, 2004b). The Framework Directive 89/391/EEC with a focus on systematic risk assessment and internal competence, implicitly defines systematisation as the minimum standard for managing health and safety at work (Zwetsloot, 2000). Standardisation in occupational health and safety can therefore be regarded as a way to develop a generally accepted definition of occupational health and safety management systems (Zwetsloot, 2000).

While the regulatory standards set the minimum level of protection deemed appropriate by the Community that provides a level playing field for businesses operating within the large European domestic market (EU, 2004b), voluntary standards covering OSH management are linked to the 'business case' intended to provide organisations with the elements of an effective OSH management system that can be integrated with other management requirements and help organisations achieve OSH and economic objectives (Zwetsloot & van Scheppingen, 2007). OSH regulations have increasingly changed from a prescriptive style to a more 'self regulatory' and 'goal setting'

model and have established a general framework for systematic OSH management. At the same time the new regulations have influenced the development of OSH management systems (EU-OSHA, 2010b). These standards, like other international standards, are not intended to be used to create non-tariff trade barriers or to increase or change an organisation's legal obligations (OHSAS, 2008). However, it must be noted that differences in perspectives on the suitability of voluntary standards for occupational health and safety have led many challenges in the development of such standards (Zwetsloot, 2000)

There are three key overarching voluntary OSH standards that apply to the EU member states all of which are based on the plan, do, check, act (PDCA) process (Leka et al., 2011c).

a) European Commission guidance on risk assessment at work:

It states that risk assessment is the process of evaluating risks to workers' safety and health from workplace hazards (EC, 199). The five-step approach to risk assessment is promoted: (1) identifying hazards and those at risk, (2) evaluating and prioritising risks, (3) deciding on preventive action, (4) taking action, (5) monitoring and reviewing.

b) ILO-OSH 2001 guidelines on occupational safety and health management systems: It provides guidance on the development of OSH management systems at both national and organisational levels. It states that OSH management systems should contain the following elements: policy, organising, planning and implementing, evaluation and action for improvements. An employer, in consultation with workers, should set out in writing an OSH policy. Hazards and risks to workers' safety and health should be identified and assessed on an ongoing basis. Preventive measures should be implemented in the following order of priority: eliminate the hazard/risk, control hazard/risk at source, minimise the hazard/risk.

c) The Occupational Health and Safety Assessment Series (OHSAS)

This international standard on general OSH management has been developed and implemented by the British Standards Institution (BSI) in response to customer demand for a recognisable occupational health and safety management system standard against which their management systems can

be assessed and certified, and for guidance on the implementation of such a standard. The Occupational Health and Safety Assessment Series (18001, 18002 and 18004) is compatible with the ISO 9001:2008 (Quality) and ISO 14001:2004 (Environmental) management systems standards, in order to facilitate the integration of quality, environmental and occupational health and safety management systems by organisations, should they wish to do so. The OHSAS 18001 specifies requirements for an OSH management system to enable an organisation to develop and implement a policy and objectives which take into account legal requirements and information about OSH risks. The overall aim of OHSAS 18001 is to support and promote good OSH practices, including self regulation, in balance with socio-economic needs. The OHSAS 18004 is a revision of the previous standard intended to replace it (Smith, 2008).

3.3 Regulatory standards of relevance to the management of psychosocial risks in Europe

Table 3.1 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 most pieces of legislation (Leka et al., 2011c). The main example in this respect is the key EC regulatory OSH standard, the Framework Directive 89/391/EEC on Safety and Health of Workers at Work. Even though the Directive asks employers to ensure workers' health and safety in every aspect related to work, 'addressing all types of risk at source', it does not include the terms 'psychosocial risk' or 'work-related stress'. However, it does require employers to 'adapt the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-rate, developing a coherent overall prevention policy which covers technology, organization of work, working conditions, social relationships and the influence of factors related to the working environment'. In this sense, there is an indirect reference to, and provision for, risks related to the psychosocial work environment. This is also the case for the Council Directive on work with display screen equipment (90/270/EEC), which actually refers to 'problems of mental stress' in the

context of risk assessment, and to the Directive on organisation of working time (93/104/EC).

Table 3.1: Regulatory standards indirectly related to psychosocial risks

Focus	Document	Standard Content
General occupational safety and health at work	Directive 89/391/EEC the European Framework Directive on Safety and Health at Work	According to the Directive, employers have “a duty to ensure the safety and health of workers in every aspect related to work.” They have to develop “a coherent overall prevention policy.” Some important principles are: “avoiding risks”, “combating the risks at source”, “adapting the work to the individual.”
	C155 Occupational Safety and Health Convention (ILO), 1981	The convention states that, “Each Member shall, in the light of national conditions and practice, and in consultation with the most representative organisations of employers and workers, formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment”. The policy should take into account, “relationships between the material elements of work and the persons who carry out or supervise the work, and adaptation of machinery, equipment, working time, organisation of work and work processes to the physical and mental capacities of the workers”.
	C187 Promotional Framework for Occupational Safety and Health Convention (ILO), 2006	The convention states that “In formulating its national policy, each Member, (...) in consultation with the most representative organisations of employers and workers, shall promote basic principles such as assessing occupational risks or hazards; combating occupational risks or hazards at source; and developing a national preventative safety and health culture that includes information, consultation and training.” “(...) the principle of prevention is accorded the highest priority.”

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)	This directive, “lays down minimum requirements for safety and health at the workplace”. It covers aspects of the physical working environment which include, “Ventilation of enclosed workplaces (...), room temperature (...), Natural and artificial room lighting (...)”.
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)	This directive lays down the minimum safety and health requirements for work with display screen equipment. It states that, “Employers shall be obliged to perform an analysis of workstations in order to evaluate the safety and health conditions to which they give rise for their workers, particularly as regards possible risks to eyesight, physical problems and problems of mental stress”.
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)	This directive lays down minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers. It places responsibility on the employer to, “take care to avoid or reduce the risk particularly of back injury to workers, by taking appropriate measures, considering in particular the characteristics of the working environment and the requirements of the activity (...)”.
Working time	Directive 93/104/EC concerning certain aspects of the organisation of working time Amended by Directive 2003/88/EC	“This Directive lays down minimum safety and health requirements for the organisation of working time”. It applies to, “minimum periods of daily rest, weekly rest and annual leave, to breaks and maximum weekly working time; and certain aspects of night work, shift work and patterns of work”.
	C175 Part-time Work Convention (ILO), 1994	The convention requires signatories to take measures to, “ensure that part-time workers receive the same protection as that accorded to comparable full-time workers in respect of: the right to organize, the right to bargain collectively and the right to act as workers' representatives; occupational safety and health; and,

		discrimination in employment and occupation”.
	Directive 97/81/EC concerning the framework agreement on part-time work	The purpose of this Directive is to implement the Framework Agreement on part-time work. The agreement provides, “for the removal of discrimination against part-time workers and to improve the quality of part-time work”.
	Directive 99/70/EC concerning the framework agreement on fixed-term work	The purpose of the Directive is to put into effect the framework agreement on fixed-term contracts, The agreement seeks to, “improve the quality of fixed-term work by ensuring the application of the principle of non-discrimination; establish a framework to prevent abuse arising from the use of successive fixed-term employment contracts or relationships”.
	Directive 2000/79/EC concerning the European Agreement on the Organisation of Working Time of Mobile Workers in Civil Aviation.	The purpose of this Directive is to implement the European Agreement on the organisation of working time of mobile staff in civil aviation. It requires employers to take necessary measures, “to ensure that an employer, who intends to organise work according to a certain pattern, takes account of the general principle of adapting work to the worker”.
	Directive 2002/15/EC on the organisation of working time of persons performing mobile road transport activities	This Directive establishes, “minimum requirements in relation to the organisation of working time in order to improve the health and safety protection of persons performing mobile road transport activities”.
Discrimination	Directive 2000/43/EC prohibiting direct or indirect discrimination on grounds of racial or ethnic origin	“The purpose of this Directive is to lay down a framework for combating discrimination on the grounds of racial or ethnic origin, with a view to putting into effect in the Member States the principle of equal treatment”.
	Directive 2000/78/EC prohibiting direct or indirect discrimination on grounds of religion or belief, disability, age or sexual orientation	“The purpose of this Directive is to lay down a general framework for combating discrimination on the grounds of religion or belief, disability, age or sexual orientation as regards employment and occupation, with a view to putting into effect in the

		Member States the principle of equal treatment”.
Equal treatment for men and women	Directive 76/207/EEC on equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions Amended by Directive 2002/73/EC	The directive states that, “Member States shall actively take into account the objective of equality between men and women when formulating and implementing laws, regulations, administrative provisions, policies and activities”, “as regards access to employment, including promotion, and to vocational training and as regards 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	“The purpose of this Directive is to ensure the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation. To that end, it contains provisions to implement the principle of equal treatment in relation to: access to employment, including promotion, and to vocational training; working conditions, including pay (...)”.
Maternity and related issues	C 183 Maternity Protection Convention (ILO), 2000	The convention states that, “Each Member shall, (...) adopt appropriate measures to ensure that pregnant or breastfeeding women are not obliged to perform work which has been determined (...) to be prejudicial to the health of the mother or the child (...)”.
	Directive 92/85/EC on pregnant workers, women who have recently given birth, or are breast-feeding	The purpose of this Directive is to implement measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or who are breastfeeding. It states that, “In consultation with the Member States and assisted by the Advisory Committee on Safety, Hygiene and Health Protection at Work, the Commission shall draw up guidelines on the assessment of the chemical, physical and biological agents and industrial processes considered hazardous for the safety or health of workers (...). These guidelines shall also cover, “movements and postures, mental and physical fatigue and other types of physical and mental stress connected with the

		work done by workers (...).
	Directive 96/34/EC on parental leave	The purpose of this Directive is to implement the framework agreement on parental leave. "This agreement lays down minimum requirements designed to facilitate the reconciliation of parental and professional responsibilities for working parents".
Informing and consulting employees	Directive 2002/14/EC establishing a general framework for informing and consulting employees in the European Community	The purpose of this Directive is to establish a general framework setting out minimum requirements for the right to information and consultation of employees in undertakings or establishments within the Community. It states, "Information and consultation shall cover (...) information and consultation on decisions likely to lead to substantial changes in work organisation or in contractual relations (...)".

It should be noted here that in some EU member states the national regulatory OSH frameworks are more specific than the key EC Directives and do make reference to psychosocial risks and work-related stress. These countries include Sweden, the Netherlands, and more recently Italy and the Czech Republic (European Social Partners, 2008a).

An interesting debate has been taking place in scientific and policy literatures about the lack of clarity in regulatory frameworks and related guidance on the management of psychosocial risks and work-related stress (Levi, 2005; Leka et al., 2010; Taris, van der Wal & Kompier, 2010). A recent European Survey of Enterprises on New & Emerging Risks (ESENER) which covered over 28,000 enterprises in 31 countries across Europe shed light in this debate by revealing that even though work-related stress was reported among the key OSH concerns for European enterprises, only about half of the establishments surveyed reported that they inform their employees about psychosocial risks and their effects on health and safety and less than a third had procedures in place to deal with work-related stress. The findings of the survey also showed that 42% of management representatives consider it more difficult to tackle psychosocial risks, compared with other safety and health issues. The most important factors that make psychosocial risks particularly difficult to deal with

were reported to be ‘the sensitivity of the issue’, ‘lack of awareness’, ‘lack of resources’ and ‘lack of training’ (EU-OSHA, 2010a).

Similar findings have also been found in stakeholder surveys, which report that many stakeholders still perceive workplace hazards as primarily relating to physical aspects of the work environment. Furthermore, where psychosocial risks and work-related stress are reported to be important OSH concerns there are significant differences among the perception of stakeholders in different countries in the EU (Iavicoli et al., 2004). These differences in perception (in terms of perspectives, priorities and interests) of psychosocial risks between social actors, particularly between employers’ organisations and trade unions are a challenge for effective social dialogue on psychosocial risk management and for the effective implementation of recently introduced voluntary standards for the management of psychosocial risks such as the European framework agreements on work-related stress and on harassment and violence at work (Ertel et al., 2010).

3.4 Voluntary standards of relevance to the management of psychosocial risks

In the last decade, new ‘softer’ forms of policy which directly refer to psychosocial risks and its associated problems have been initiated in the EU through increased stakeholder involvement within such frameworks as social dialogue (Ertel et al., 2010). Participants in European social dialogue – ETUC (trade unions), BUSINESSEUROPE (private sector employers), UEAPME (small businesses), and CEEP (public employers) - have concluded ‘voluntary’ framework agreements, on topics such as, work-related stress (2004), and harassment and violence at work (2007).

The framework agreement on work-related stress aims at increasing the awareness and understanding of employers, workers and their representatives of work-related stress. The agreement clarifies the relevance of the Framework Directive 89/391/EEC for the management of work-related stress and psychosocial risks. As such it identifies that the responsibility for implementing measures to identify and prevent problems of work-related stress and help to manage them when they do arise rests with the employer. It also places emphasis on participation and collaboration of workers (European Social

Partners, 2004a). The framework agreement on harassment and violence at work aims to increase awareness and understanding of employers, workers and their representatives of workplace harassment and violence, and to provide them with an action-oriented framework to identify, manage and prevent relevant problems (European Social Partners, 2007). However, it should be noted that both framework agreements on work-related stress and on harassment and violence at work are broad and do not provide any guidance at the enterprise level on how to design, implement, and sustain programmes for psychosocial risk management.

In addition, in 2008, a high level conference concluded the European Pact for Mental Health and Wellbeing 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 Wellbeing, 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” (European Parliament, 2009).

Additional examples of voluntary standards 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, violence and psychological harassment (ILO, 1986,

2006; WHO, 2003a, 2003b, 2007, 2008, 2010). However, despite these developments, diseases arising due to psychosocial risks at work had not been recognised 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. The revised list includes mental and behavioural disorders as, “post-traumatic stress disorder...and...other mental or behavioural disorders...where a direct link is established...between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker” (ILO, 2010).

Table 3.2 presents a list of voluntary OSH standards which directly address psychosocial risks and their management. These standards directly refer to the concepts of psychosocial risk, stress, harassment and violence that apply to the EU member states.

Table 3.2: Voluntary OSH standards directly related to psychosocial risk management

Focus	Document	Standard Content
Psychosocial Hazards	Guidance: ILO, 1986 Psychosocial factors at work: Recognition and control	Psychosocial hazards = “interactions among job content, work organisation and management, and other environmental and organisational conditions, on the one hand, and employees’ competencies and needs on the other. Psychosocial hazards are relevant to imbalances in the psychosocial arena and refer to those interactions that prove to have a hazardous influences over employees’ health through their perceptions and experience”
	R194 revised annex, ILO 2010 Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases	“Post-traumatic stress disorder (...) and (...) other mental or behavioural disorders (...) where a direct link is established (...) between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker”

	<p>WHO Healthy Workplaces Framework, 2010 Healthy workplaces: a model for action: for employers, workers, policymakers and practitioners</p>	<p>“The psychosocial work environment includes organizational culture as well as attitudes, values, beliefs and daily practices in the enterprise that affect the mental and physical well-being of employees”.</p> <p>“Examples of psychosocial hazards include but are not limited to: poor work organization (...), organizational culture (...), command and control management style (...), lack of support for work-life balance, fear of job loss related to mergers, acquisitions, reorganizations or the labour market/ economy”.</p> <p>“Psychosocial hazards typically are identified and assessed using surveys or interviews, as compared to inspections for physical work hazards. A hierarchy of controls would then be applied to address hazards identified, including: Eliminate or modify at the source (...) Lessen impact on workers (...), Protect workers by raising awareness and providing training to workers (...)”.</p>
<p>Work-related stress</p>	<p>EN ISO 10075-1: 1991 Ergonomic principles related to work-load – General terms and definitions</p>	<p>Mental stress = “The total of all assessable influences impinging upon a human being from external sources and affecting it mentally”. Mental stress is a source of mental strain (= “immediate effect of mental stress within individual (not the long-term effect) depending on his/her individual habitual and actual preconditions, including individual coping styles.”).</p> <p>“There are four main categories of sources of mental stress: task, equipment, physical environment, social environment”. “Impairing (short term) effects of mental stress are: mental fatigue, and fatigue-like states (i.e.: monotony, reduced vigilance, and satiation)”.</p>
	<p>EN ISO 10075-2: 1996 Ergonomic principles related to work-load – Design principles</p>	<p>“Sources of fatigue: intensity of mental workload and temporal distribution of mental workload”.</p> <p>“The intensity of mental workload is affected by the following characteristics: ambiguity of the task goals, complexity of task, requirements, serving strategies, adequacy of information, ambiguity of information, signal discriminability,</p>

		<p>working memory load, long-term memory load, recognition vs. recall memory, decision support (...). Factors of temporal distribution of mental workload include, "duration of working hours, time off between successive work days or shift, time of day, shift work, breaks and rest pauses, changes in task activities with different task demands or kinds of mental workload".</p>
	<p>Guidance: EC, 1999 Guidance on work-related stress – Spice of life or kiss of death?</p>	<p>"This Guidance provides general information on the causes, manifestations and consequences of work-related stress, both for workers and work organisations. It also offers general advice on how work-related stress problems and their causes can be identified and proposes a practical and flexible framework for action that social partners, both at national level and in individual companies, can adapt to suit their own situation. The focus is on primary prevention of work-related stress and ill-health, rather than on treatment".</p>
	<p>Guidance: EU-OSHA, 2002 How to Tackle Psychosocial Issues and Reduce Work-Related Stress</p>	<p>"The aim of this report is to raise awareness of work-related psychosocial issues, to promote a preventive culture against psychosocial hazards including stress, violence and bullying, to contribute to a reduction in the number of workers being exposed to such hazards, to facilitate the development and dissemination of good practice information, and to stimulate activities at the European and Member State levels".</p>
	<p>Guidance: WHO, 2003 Work Organization and Stress</p>	<p>"This booklet provides practical advice on how to deal with work stress. It is intended that employers, managers and trade union representatives use this booklet as part of an initiative to educate on the management of work stress".</p> <p>Guidance is provided on, "the nature of stress of stress at work, the causes and effects of stress, as well as prevention strategies and risk assessment and management methods (...) the role of the organisational culture in this process and the resources to be drawn upon for managing work stress".</p>

	<p>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</p>	<p>“The purpose of this booklet is to raise awareness for employers and worker representatives of work-related stress in developing countries. Work-related stress is an issue of growing concern in developing countries due to important developments in the modern world; two of the most significant being globalisation and the changing nature of work”.</p>
	<p>Guidance: WHO, 2008 PRIMA-EF: Guidance on the European Framework for Psychosocial Risk Management: A Resource for Employers and Worker Representatives</p>	<p>“It provides guidance on the European framework for psychosocial risk management (PRIMA-EF) and concerns the management of psychosocial risks at the workplace, aiming at the prevention of work-related stress, workplace violence and bullying. Such a framework, bringing together a number of key issues in the area and providing guidance on them, has so far been lacking and is necessary for employer and worker representatives to take effective action to address the issues of concern”.</p> <p>“The overarching aim of this document is the promotion of the translation of policy and knowledge into practice”.</p>
	<p>Framework Agreement on Work-related Stress, 2004 European social partners - ETUC, UNICE(BUSINESSEUROPE), UEAPME and CEEP</p>	<p>“Stress is a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them”.</p> <p>“Identifying whether there is a problem of work-related stress can involve an analysis of factors such as work organisation and processes (...), working conditions and environment (...), communication (...) and subjective factors (...). “If a problem of work-related stress is identified, action must be taken to prevent, eliminate or reduce it. The responsibility for determining the appropriate measures rests with the employer”.</p>
	<p>European Pact for Mental Health and Wellbeing, 2008 Together for mental health and wellbeing</p>	<p>“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”</p>

	<p>European Parliament resolution T6-0063/2009 on Mental Health, Reference 2008/2209(INI), non-legislative resolution</p>	<p>The resolution, calls on “the Member States to encourage research into the working conditions which may increase the incidence of mental illness, particularly among women”; it calls 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 calls 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” .</p>
Violence and Harassment	<p>Guidance: WHO, 2003 Raising awareness to psychological harassment at work</p>	<p>“Psychological harassment is a form of employee abuse arising from unethical behaviour and leading to victimisation of the worker (...). It can produce serious negative consequences on the quality of life and on individuals’ health (...)”. “This booklet aims at raising awareness (...) by providing information on its characteristics (...)”.</p>
	<p>Guidance: ILO, 2006 Violence at Work</p>	<p>Violence at Work (3rd Edition) examines aggressive acts that occur in workplaces (...) bullying, mobbing and verbal abuse. It provides information and evidence about the incidence and severity of workplace violence in countries around the world (...) evaluates various causal explanations and details some of the social and economic costs. It evaluates the effectiveness of workplace anti-violence measures and responses such as regulatory innovations, policy interventions, workplace design that may reduce risks, collective agreements and various “best practice” options worldwide.</p>
	<p>Framework Agreement on Harassment and Violence at Work, 2007 European social partners - ETUC, BUSINESSEUROPE, UEAPME and CEEP</p>	<p>“Harassment and violence are due to unacceptable behaviour by one or more individuals and can take many different forms, some of which may be more easily identified than others. The work environment can influence people’s exposure to harassment and violence” .</p> <p>“Raising awareness and appropriate training of managers and workers can reduce the likelihood of harassment and violence at work. Enterprises need to have a clear statement outlining that</p>

		harassment and violence will not be tolerated. This statement will specify procedures to be followed where cases arise”.
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Apart from the voluntary standards presented above, it should also be noted that in some EU member states efforts have been made to address psychosocial risks and work-related stress through similar national approaches. For example, in the UK the Health & Safety Executive (HSE) has developed the Management Standards approach to help reduce the levels of work-related stress reported by British workers (Mackay et al., 2004). The Management Standards cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence (HSE, 2007). Results from the implementation of this approach show that there has been an increased focus on the prevention of stress and sickness absence in the UK as well as an increase in organisational policies and procedures in place to deal with these issues (Broughton et al., 2009).

3.5 The effectiveness of existing standards for psychosocial risk management

From the review presented here on regulatory and voluntary standards it is possible to make some observations. The first is the there is lack of clarity and specificity on the terminology used. The second is that although the different standards are based on related paradigms, very much rooted in the philosophy of OSH legislation, very few of them provide specific guidance on psychosocial risk management to enable organisations (and especially small and medium-sized enterprises - SMEs) to manage psychosocial risks successfully and in a preventive manner. The third is whether existing standards have actually fulfilled expectations in practice in the area of psychosocial risk management. Recent findings suggest that although OSH legislation is seen by European employers as a key driver to address OSH issues, it has been less effective for the management of psychosocial risks (EU-OSHA, 2010a; Natali, et al., 2008). In relation to voluntary standards, there is the question of whether they have been effective in supporting the implementation of existing legislation and in guaranteeing quality with regard to the ‘essential requirements’ established by European policies. It should also be noted here that even though the OHSAS

18000 series and the ILO-OSH 2001 make specific reference to the psychosocial work environment, this reference is very brief and a preventive framework for action that organisations can adopt in practice is lacking, suggesting limited usability of these standards. For example, the only place the psychosocial environment is mentioned in OHSAS 18001 is under 'Terms and Definitions', where 3.8 defines ill health as "identifiable, adverse physical or mental condition arising from and/or made worse by a work activity and/or work related situation".

The current situation points to the need for developing a standard to specifically promote psychosocial risk management at the workplace, bringing together in a comprehensive manner the requirements and approach inherent in all existing standards of relevance to this area. Such a standard should explicitly refer to psychosocial risks, work-related stress, workplace harassment, bullying and violence. It should clarify terminology and provide a framework, rooted in legislative requirements, which organisations can apply to effectively manage psychosocial risks at the workplace in a preventive manner. The development of such a standard can play an important role in harmonizing stakeholder perceptions and action in this area across the EU. Such a standard was recently developed by the British Standards Institution (BSI, 2011).

PAS1010 is a voluntary standard in the area of psychosocial risk management in the workplace. It is applicable to human resources managers and specialists, occupational health and safety managers and specialists, managers and owners of small and medium-sized enterprises (SMEs), and employee representatives. It provides guidance and recommendations for psychosocial risk management in order to enable an organisation to develop and implement a strategy, and specify objectives which take into account legal requirements and information about psychosocial risks. It will be useful to organizations that wish to establish a strategy and process of psychosocial risk management in order to eliminate or minimize risks to personnel and other interested parties who could be exposed to psychosocial hazards associated with its activities; and implement, maintain and continually improve the psychosocial risk management process and related practices. It also addresses aspects of work design and management that has been lacking in previous guidance and standards. The guidance and recommendations in

PAS1010 are intended to be incorporated into any OSH management system. It is intended to apply to all types and sizes of organisations and to accommodate diverse geographical, cultural and social conditions. The overall aim of PAS 1010 is to support and promote good psychosocial risk management practices. The guidance has been written so that it is consistent with, relevant legislation, other guidance and specifications that are used by organisations to manage OSH but expands on the specific needs for managing psychosocial risks. The framework and approach adopted is compatible with that found in the ILO OSH-MS, ISO 31000, BS OHSAS 18001; BS OHSAS 18002; BS 18004 and ANSI Z 10 all of which are based on the risk management paradigm.

It is expected that PAS 1010 will set a consensus led benchmark for psychosocial risk management and will increase awareness and, most importantly, enhance practice at the organisational level in this area, something that appears to be lacking (EU-OSHA, 2010a). However, to ascertain whether this will actually be the case, research will be needed in the uptake and operationalisation of PAS1010 at the enterprise level.

3.6 Evaluating the implementation of policies

This section will focus on the evaluation of the main OSH Framework Directive as well as the two framework agreements completed by the social partners. This evaluation will be based on reports by the European Commission (EC, 2004b; 2011b). The evaluation report of the Framework Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work and associated directives (89/654/EEC, 89/655/EEC, 89/656/EEC, 90/269/EEC and 90/270/EEC) is the response by the Commission to the request laid down in the final provisions of each of these directives which state that “the Commission shall submit periodically to the European Parliament (EP), the Council and the Economic and Social Committee a report on the implementation of this Directive” (EC, 2004b). The evaluation report was based on the national reports provided by the Member States to the European Commission in accordance with the directives which state that “Member States shall report to the Commission every five years (every four years for Directives 90/269 and 90/270) on the practical implementation of the provisions of this Directive, indicating the points

of view of employers and workers” (EC, 2004b). It also builds on an independent experts’ report, analysing the implementation of the directives in all sectors, including the public sector. The analysis concerns the transposition and application of the framework directive 89/391 on the introduction of measures to encourage improvements in the safety and health of workers at work as well as of the first five individual directives, addressing particular workplace environments or risks (EC, 2004b).

The implementation of both the framework agreement on work-related stress and the framework agreement on harassment and violence at work was monitored by the European Social Partners for three years. The aim of these reports is to highlight how the European agreements are implemented, not to provide information on or an assessment of the concrete impact it has had. The monitoring is carried out by the social partners and reported to the European Commission who compile and present the final report which examines how an Agreement is implemented by national social partners in Member States, and what affect this has on national responses to specific issues. It examines policy developments and social partners’ initiatives in each Member State, and highlights the value-added of such an Agreement (EC, 2011b).

3.6.1 Evaluation of the implementation of the Framework Directive 89/391/EEC

Following the introduction of the 1989 EC Council Framework Directive 89/391/EEC, EU Member States have transposed the Directive into their national legal structures as a result of which employers in these countries have an obligation to assess all health and safety risks for employees, including psychosocial risks (Leka et al., 2010). The first report from the European Commission on the practical implementation of the provisions of the Health and Safety at Work Directives (EC, 2004b) indicates that the EU legislation has had a positive influence on the national standards for occupational health and safety. At the same time, the health and safety measures at the workplace are reported to have widely contributed towards improved working conditions, boosting productivity, competitiveness and employment. The increased use of health and safety measures and reported improvements in working conditions in turn resulted from the impact of the Directive on national legislation. In Greece, Ireland, Portugal, Spain, Italy, and Luxembourg, the Framework

Directive had considerable legal consequences due to the fact that they had antiquated or inadequate legislation on the subject when the Directive was adopted. In Austria, France, Germany, the UK, 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 since they had already rules in place which were in line with the Directives concerned (EC, 2004b).

EU-OSHA has summarised the legal position in relation to psychosocial risks at the national level in various reports (e.g., 2002b, 2009). Although in many countries, the legal framework is relevant to psychosocial risks, in very few there is reference to work-related stress. Recent examples at the national level include the new 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 new Labour Code adopted in 2006 in the Czech Republic which includes a provision on work-related stress (Zákoník práce No. 262/2006 Coll.).

Table 3.3 summarises the European Commission's evaluation of the implementation of the main Framework Directive in the EU15 and also its impact in relation to psychosocial risks according to the report (2004b).

Table 3.3: Evaluation of the impact of Framework Directive 89/391 in 15 EU member states (pre-2004)

Area of impact	Effect of Implementation
<i>Legal impact in member states</i>	<ul style="list-style-type: none"> - 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 - In Austria, France, Germany, United Kingdom, the Netherlands and Belgium, the Directive served to complete or refine existing national legislation - 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
<i>Positive effects of implementation</i>	<ul style="list-style-type: none"> - Decrease in the number of accidents at work - Increase in employers' awareness of health and safety concerns - Emphasis on a prevention philosophy - Broadness of scope, characterised by the shift from a technology-driven approach, towards a policy of occupational

	<p>safety and health which focused on the individuals' behaviour and organisational structures</p> <ul style="list-style-type: none"> - Obligation for the employer to perform risk assessments and provide documentation - Obligation for the employer to inform and train workers - Increased emphasis on rights and obligations of workers - Consolidation and simplification of existing national regulations
<i>Main difficulties of implementation</i>	<ul style="list-style-type: none"> - Increased administrative obligations and formalities, financial burden and the time needed to prepare appropriate measures - Lack of participation by workers in operational processes - Absence of evaluation criteria for national labour inspectorates - Lack of harmonised European statistical information system on occupational accidents and diseases; although this has been addressed to an extent - Problems in implementing certain provisions in SMEs
<i>Impact on psychosocial risks</i>	<ul style="list-style-type: none"> - 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 - Concerning the practical implementation of the provisions related to risk assessment, there is hardly any consideration of psychosocial risk factors and work organisational factors - Significant deficits in ensuring a broad coverage of preventive services relating to psychological aspects were identified

Source: Adapted from Leka et al., 2010

The evaluation of the Framework Directive indicated that the tasks of risk assessment, documentation and supervision are not universally spread, even in member states with a tradition based on prevention (EC, 2004b). The report also highlighted that where schematic procedures were in place in organisations, they generally focused on obvious risks where long-term effects (e.g. mental health) as well as risks that are not easily observed were being neglected. There was also hardly any consideration of psychosocial risk factors and work organisational factors and risk assessments were often being considered to be a one-time obligation lacking continuity where the efficiency of the measures was not sufficiently supervised by employers. Furthermore, it was also reported that at the national level risks were not being analysed and evaluated globally as a consequence of which separate measures were being set in place without an integrative approach for the analysis of the conditions at the workplace (EC, 2004b). 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 the Framework Directive 89/391 (Leka et al., 2010).

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 Commission 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, the disparities between older EU member states and new member states in health, social, and industrial relations issues are significant (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. Furthermore, since the Directive places the responsibility of monitoring the health of workers on national agencies (usually labour inspectorates) through the application of measures (usually through occupational health services) introduced in accordance with national laws and practices, it is also important to consider the relations between the national welfare state systems, healthcare systems and industrial relations. The administrative capacities, implementation and delivery, and decentralisation of the government vary among countries. Industrial relations also affect individual policy areas, depending on their independence from state interventions, self-regulations, and involvement of social partners in the management of welfare programmes (Hemerijck, 2002).

3.6.2 Evaluation of the framework agreement on work-related stress

Having identified the need for specific joint action on the issue of work-related stress and anticipating a Commission consultation on stress, the European social partners included this issue in the work programme of social dialogue 2003-2005 (European Social Partners, 2004b). This consultation led to the signing of a non-binding agreement on work-related stress reached at European level by employer and employee organisations as part of the Social Dialogue process, the 'Framework Agreement on Work-related Stress' in 2004.

In summary, the aims of the voluntary agreement are:

- To increase the awareness and understanding of employers, workers and their representatives of work-related stress, and
- To draw their attention to signs that could indicate problems of work-related stress.

The objective is to provide employers and employees with a framework of measures which will identify and prevent problems of work-related stress and help to manage them when they do arise. 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. These 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, 2004a).

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, 2011b). 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 employees have from work-related stress. It examines policy developments and social partners' initiatives in each Member State, and highlights the value-added of the Agreement. It also identifies shortcomings in implementation, and limitations in workers' protection. Table 3.4 presents a summary of key milestones achieved in member states in relation to the implementation of the work-related stress agreement.

Table 3.4: 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	NL, FI, SE BE, DK, UK ³ FR ⁴ ICE, NO	IT	EL, RO	
Non-binding instrument based on general legal provisions	ES (agreement) LU, AT (recommendations)	IE (recommendations) CZ, DE ²		
Mainly legislation	LV ¹	HU ¹ , SK ¹ (SP initiated) PT ¹		LT ¹ BG, EE
No action reported or declaration with limited follow-up			CY ⁵ , PL SI	MT

Notes: 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 (2011b)

As can be concluded from the above Table, the main activities that followed the signing of the agreement 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 high awareness in relation to the issue of work-related stress, such as Finland, Netherlands, Sweden, Denmark, France and the UK. The implementation of the agreement was reported to be a significant step forward and added real value in most Member States while some shortcomings in coverage, impact of measures, and the provision of a comprehensive action-oriented framework were identified. It must be also noted that social partners in Bulgaria, Estonia, Greece, Italy, Lithuania, and Malta have not reported on the implementation of the agreement (EC, 2011b).

3.6.3 Evaluation of the framework agreement on harassment and violence at work

The European social partners maintain that mutual respect for the dignity of others at all levels within the workplace is one of the key characteristics of successful organisations. That is why they consider harassment and violence unacceptable and condemn them in all their forms. They consider it is a mutual concern of employers and workers to deal with these issues, which can have serious social and economic consequences (European Social Partners, 2007). Various EU directives and national laws define the employers' duty to protect workers against harassment and violence in the workplace.

The social partners included the issue of harassment and violence in the work programme of social dialogue 2006-2008 (European Social Partners, 2006). This consultation led to the signing of a non-binding agreement on harassment and violence at work, reached at European level by employer and employee organisations as part of the Social Dialogue process, the 'Framework Agreement on Harassment and Violence at Work' (European Social Partners, 2007).

It is important to note that the agreement relates both to bullying and third party violence. The aims of the agreement are 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. The agreement will be implemented and monitored for three years at the national level.

According to Maria Helena André, Deputy General Secretary of the ETUC (Grégoire, 2007), the biggest net benefit of the agreement on harassment and violence at work is having it. She further elaborates that the European social partner agreements can help improve working conditions and protection of workers at work. Some European countries already have specific legislation

and collective agreements on psychosocial risks, work-related stress and harassment and violence at work, but most have little beyond the general legal basis of the 1989 EC Council Framework Directive. She expects that the agreement on harassment and violence at work will force the national social partners to get around the table, admit that the risk exists within organisations, and work out joint solutions to roll out systems for preventing and dealing with them when they arise in the workplace.

The implementation of the framework agreement on harassment and violence at work has been being monitored for three years from 2008 to 2010 (with the final report forthcoming). The first monitoring report of the framework agreement on harassment and violence at work 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). Table 3.5 presents a summary of key milestones achieved in member states in relation to the implementation of the harassment and violence at work agreement.

Table 3.5: 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, Luxemburg	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 3.5, the main activities that followed the signing of the agreement were its translation in national languages. The translation was carried out by the European Commission; however, in some countries the translations were made jointly and were accepted by the social partner organisations. Legislation in certain countries (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 to further existing initiatives as in the case for example of Sweden and Czech Republic.

3.7 Conclusion

This chapter has highlighted, through a review of OSH standards relating to psychosocial risk management, that regulatory standards set the minimum level of protection for workers, and additional voluntary standards may enable organisations to go beyond their legal obligations in relation to the management of psychosocial risks. However, since the terms ‘stress’ and ‘psychosocial risks’ are not mentioned explicitly in most pieces of legislation, there is lack of clarity and specificity on the terminology used and while recent voluntary standards seek to address this, very few provide specific guidance on psychosocial risk management to enable organisations to manage psychosocial risks successfully.

As such a need for developing a standard to promote psychosocial risk management at the workplace, bringing together in a comprehensive manner the requirements and approach inherent in all existing standards of relevance to this area, has been identified. The recently developed PAS1010 aims to provide such a comprehensive framework, which organisations can apply to effectively to manage psychosocial risks in the workplace in a preventive manner. This standard is expected to promote practice by complementing national approaches in this area where available, and initiating action in countries where management of psychosocial risks is lacking, particularly due to lack of awareness and expertise. Future research on the uptake, use and outcomes of PAS1010 will show whether these aims are achieved.

This chapter also presented outcomes of the evaluation of the implementation of some key regulatory and voluntary standards conducted by the European Commission. While the analysis of the implementation of the report of the framework report on harassment and violence at work indicated that the agreement had largely been useful as an awareness raising tool, the analysis of the implementation reports of the framework agreement on work-related stress on five key criteria (translation of agreement, awareness raising, further social dialogue initiatives, sectoral initiatives, development of new policy/legislation) indicated that the main activities that followed the signing of the agreement were also limited to its translation in national languages and its use as an awareness raising tool. However, it is also interesting to note that additional activities following the implementation of the agreement took place mostly in countries where there had already been high awareness in relation to the issue of work-related stress, such as Finland, the Netherlands, Sweden and the UK (Leka, et. al, 2010).

Even though monitoring implementation of policies is important, as discussed in Chapter 2, it is only one aspect that needs to be considered in evaluating such policies. Also important is evaluation of whether the available standards have met their aim and have been effective in promoting best practice in psychosocial risk management. These questions are revisited later in this thesis. However, before delving into the studies conducted as part of this research, Chapter 4 discusses the methods used to achieve the aims and objectives of this research.

4. Research Design and Methodology

“All men by nature desire knowledge”

Aristotle

4.1 Introduction

This research within the field of applied psychology, examining policies for the management of psychosocial risks in Europe, is policy-orientated. Policy-oriented research is “designed to inform or understand one or more aspects of the public and social policy process, including decision making and policy formulation, implementation and evaluation” (Becker & Bryman, 2004, p. 15), as discussed in Chapter 2.

This chapter focuses on the application of research methods and design in social sciences, specifically applied psychology and public policy, to both widen and define our understanding of ‘reality’, drawing conclusions and making recommendations on the basis of the methodologies and procedures used in the seven studies carried out. The chapter deals with the general approach and specific techniques used in this research. It further discusses the rationale for the use of primary and secondary data and for combining qualitative and quantitative methodologies. More detailed accounts of the actual methodologies used and detailed accounts of data collection methods employed in specific studies are presented in Chapters 5-7.

Methodology refers to the major approaches or paradigms, which guide the conduct of a study. Methods on the other hand refer to specific research techniques or tools, which a researcher employs to collect the relevant data to address the research objectives and questions. Since different questions require different methods to answer them (Punch, 2005), the choice of particular research methods for a study is informed by a range of factors. These may include important quality criteria as have been suggested by several authors in various social science disciplines (e.g. Becker et al., 2006): the appropriateness of the method for the study, the purpose of the study, the

research problem, questions and objectives, the researcher's inclinations or preferences among other practical considerations.

4.2 *Design, method and conceptions of quality in policy research*

Every research topic begins with a research objective (Blaikie, 2004), from which the design and method evolves and attempts an answer (Williams, 2003). This general objective and more specific objectives, unique to each individual piece of policy-based research, assist in formulating the particular approach of the study and the adoption of suitable methods and design (Becker & Bryman, 2004). The choice of research design and methodology used must also adhere to widely-held views on quality criteria with regards to social and policy research, and what is deemed 'good practice'.

Becker and colleagues (2006), identify two contrasting approaches in assessing the quality of social research – measurement-led, 'structured' criterion, or value-led, 'sensitised' criterion - concluding that quality is construed in the 'eye of the beholder' and is largely affected by the degree of orientation to 'research process', 'policy', 'theory', 'service user' or 'academic prestige' drivers of investigation.

Becker et al. (2006) on the basis of a survey of over 250 social policy researchers suggest that the most important quality criteria in social research are:

- accessibility to the appropriate audience
- a research design clearly addressing the research question
- transparency of data collection and analysis
- an explicit account of the research process, design, method and analysis of data
- a contribution to knowledge, and
- adherence to issues of informed consent, safety and ethical codes and protocol.

These quality criteria are linked to notions of originality, significance and rigour – free from values. However, the comprehension of 'originality' 'significance' and 'rigour', as standards of quality in research is subject to a diversity of

opinion, with persisting problems of definition and interpretation (Becker et al., 2006). Becker and Bryman (2004) therefore suggest that it may be more worthwhile addressing the core process of policy research – the critical relationship between theory, analysis and procedure rather than to focus too much on originality, significance and rigour. Tackling this interface of theory and practice is more pertinent to the objectives of research (Becker & Bryman, 2004) and assessing its quality (Becker et al., 2006).

As Hart (1998) observes, research can generally be classified according to its design features and its intended outcomes. Also, a key element of good research is integration. Integration is about making connections between ideas, theories and experience. It is about placing some episode into a larger theoretical framework, thereby providing a new way of looking at that phenomenon (Hart, 1998).

As concerns rigour even the highest transparency of data collection and analysis and an explicit account of the research process, design, and method cannot ensure the neutrality of the research methodology and/or findings. Research texts are not ‘neutral’ writings offering a ‘Gods eye’ view of the world; value-free assessment is therefore an ‘impossibility’, with the very claim to being ‘value-free’, a value in itself (Dalby, 2003). Inclusion and exclusion of information reflect the personal and political motivations and bias of the author (Creswell, 2003). Much research exists in a supposed vacuum, quite apart from the vagaries, whims and real-life relations of everyday existence, but this does not mean it fails to detail, to colour in, contribute, or penetrate individual or institutional understanding, or reflect a perceived reality, or be itself affected by social and political values.

In conducting and disseminating policy research it is important to critically evaluate the implications of social and political aspirations and ideologies, and also the widespread commitment to the ideology and impact of evidence-based research amongst the public, politicians, practitioners, professionals and their increased collective involvement; this could enliven the process and ensure progress (Becker & Bryman, 2004). Moreover, closing the gap between research and practice would need practitioners to understand the relative strengths and weaknesses of different research methods and design and how they answer, or provide evidence on, different questions (Becker & Bryman,

2004). If this could be achieved, within the refreshed parameters of theory and practice, a space for the discussion of 'quality' and 'utility' could be adequately located (Becker et al., 2006).

In brief, what counts as quality, much like what counts as reality, is open to significant ontological interpretation and the powers of perception and perspective (Becker et al., 2006). Quality in research is incapable of being universally applied, though, perhaps capable of being individually assessed and rationalised (Bryman, 2004).

An absolutist research-based 'quality hierarchy' of 'universal utility' – although somewhat perceived in the social sciences – is at the very least, irrelevant to the debate (Becker et al., 2006). Nonetheless, a consensus of judgement, in the quality of research is perhaps well-founded and accepted, particularly if a more specific and less general overview is adopted, with regards to approaching and adopting research design and method (Becker et al., 2006).

In this context, the primary aim of this research is to inform future occupational safety and health policy development by examining the impact of existing policies for managing psychosocial risks at work. At the same time this research seeks to raise awareness amongst policy-makers about the importance of psychosocial risks within the realm of all occupational hazards.

Ritchie and Spencer (1994) outlined the four categories that need to be addressed in applied policy research:

- i) Consideration of the context and identification of the form and nature of what exists;
- ii) Diagnostics to examine the reasons for, or causes of, what exists;
- iii) Evaluation and appraisal of the effectiveness of what exists, particularly in terms of barriers of implementing the system; and
- iv) Development of a strategy to define approaches to overcome barriers.

This research attempts to cover each of these four categories by using a mixed methods approach.

4.3 Research methods

The aim of all research methods is to obtain valid and reliable data, not distorted to the methods of collection or prone to chance fluctuation and can be used as the basis for credible conclusions. As discussed previously, there is therefore no single best way for the collection of data. The appropriateness of the method should be dependent on the nature of the research and the questions it seeks to answer.

In social science research, the competing ontological paradigms of positivism and interpretivism, and qualitative and quantitative epistemological and technical approaches to research, dominate academic discourse (Neuman, 2007). In practice, this theoretical division or polarisation of opinion is often bridged using multi-strategy research and the logic of triangulation, combining methods in research design (Bryman, 2004). However this in reality is not always possible and very few longitudinal research studies are able to use multiple methods in the dynamic world of policy making. Many researchers in the social sciences however do use methods appropriate to the research questions or hypotheses; these take the form of qualitative or quantitative methods. Depending on the availability of resources, time and money, multiple methods are sometimes used, as has also been done in this research.

The use of multiple methods or mixed methodology finds its roots in the work of Campbell and Fiske (1959). Since then the use of mixed methodologies has increasingly gained credibility and been extensively used, primarily for aiding “better understanding” (Cooke, 1986). Greene and colleagues (1989) suggested the following purposes for the use of mixed methodologies by researchers:

- i) understanding more comprehensively; developing more comprehensive, more complete, more full portraits of the social world - *mixed methods purpose of complementarity (and development, expansion)*
- ii) understanding more defensibly, with stronger validity or credibility and less known bias; developing stronger, more defensible knowledge claims - *mixed methods purpose of triangulation*
- iii) understanding more insightfully, with new ideas, fresh perspectives, creative concepts and meanings - *mixed methods purpose of initiation*
- iv) understanding with greater value consciousness and with greater diversity of values, perspectives, and positions.

On the basis of these purposes, a mixed-method designs can be used in multiple ways, namely mix at end or mix throughout, parity/equality or one dominant/one less dominant methodology and sequential (iterative) or concurrent implementation of the different methods. Caracelli and Greene (1997) suggested a mixed-method evaluation design framework which outlines the characteristics of each design, as presented in Table 4.1.

Table 4.1: Mixed methods design framework

Design	Description
<i>Component designs</i>	
Triangulation	Different methods used concurrently, preferably with equal priority, to assess same phenomena toward convergence and increased validity; paradigm assumptions not central, cross paradigm triangulation problematic
Expansion	Different methods used for different phenomena; can be sequential or concurrent, equal or unequal priority, with paradigm assumptions important or not
<i>Integrated designs</i>	
Iteration (development)	Dynamic, ongoing interplay of methods during multiple stages of the study; characteristically sequential; methods preferably of equal priority; paradigm assumptions important
Holism (complementarity)	Different methods necessarily “interdependent” for understanding complex phenomena fully; concurrent implementation, highlighting “simultaneity” of integration, rather than taking turns; methods preferably equal; paradigm assumptions preferably important
Transformation (initiation)	Primacy given to value-based and action-oriented dimensions of different methods, emphasis on mixing value commitments toward greater pluralism and engagement with difference; concurrent implementation; methods preferably equal; paradigm value assumptions central

Source: Adapted from Caracelli & Greene (1997)

On the basis of the typology suggested by Caracelli and Green, this mixed methods research uses a triangulation approach in its research design, and employs a range of methods in its studies, aimed to provide greater understanding to probe further into the underlying issues.

4.3.1 Mixed method approach: Triangulation

Triangulation has been broadly defined by Denzin (1978) as ‘the combination of methodologies in the study of same phenomena’. Bryman (2006) shares similar views with Denzin (1978) and Jick (1979) and suggests that

triangulation involves the use of multiple data collection methods and procedures to answer the research question and to achieve pragmatic validation. The aim of using triangulation is to reduce contradictions or to compensate the deficit of using a single strategy, thus increasing the ability to interpret and understand the findings (Thurmond, 2001).

There are mainly five types of triangulations, namely: data sources triangulation, investigator triangulation, methodologic triangulation, theoretical triangulation and data-analysis triangulation (Thurmond, 2001).

- Methods of data sources triangulation can vary from collecting data at different time points, to collecting it in different places, settings or from different people (Denzin, 1970; Mitchell, 1986). A longitudinal study, however, would not be considered as a method of triangulation (Thurmond, 2001).
- Investigator triangulation involves using more than one observer, interviewer, coder or data analyst in the same study (Thurmond, 2001).
- Methodologic triangulation involves using a mixed-method or multi-method approach, it can refer to either data collection methods or research designs (Lincoln & Guba, 1985).
- Theoretical triangulation is the use of multiple theories or hypotheses when examining a phenomenon (Denzin, 1970; Thurmond, 2001).
- Finally data analysis triangulation is the combination of two or more methods of analysing data (Thurmond, 2001). When more than one type of triangulation is used, it is referred to as multiple triangulation (Denzin, 1970; Thurmond, 2001).

This research used multiple triangulation methods to evaluate the impact of policy level interventions for the management of psychosocial risks. It involved using multiple data sources (primary data and secondary data) and methods to collect information (both qualitative and quantitative, e.g. surveys, interviews, focus groups etc.). It also used a number of analysis methods, both qualitative and quantitative, to analyse the data. Analysis methods used include framework analysis, thematic analysis, correlations and logistic regression.

4.3.2 Data sources

Social science researchers can work with both data they have gathered specifically for their own research – primary data – and data that has been already produced by others – secondary data (Matthews & Ross, 2010). The sources of data may therefore be classified into (a) primary sources and (b) secondary sources.

4.3.2.1 Primary data

Primary data sources are original sources from which the researcher directly collects data that have not been previously collected (Krishnaswami & Satyaprasad, 2010), e.g., in the case of this research collection of data directly by the researcher on stakeholder roles and responsibilities, expert views on effectiveness of policy interventions etc. Primary data is gathered by the researcher using a data collection method appropriate to the type of data that is being collected (Matthews & Ross, 2010); these can include both qualitative and quantitative methods of data collection. Primary data are therefore first-hand information collected usually through observations, interviewing, focus groups, surveys etc.

4.3.2.2 Secondary data

These are sources containing data which have been collected and compiled for another purpose. Secondary data is mainly used by researchers to serve three purposes: a) for reference purposes, b) for benchmarking, and c) for more detailed/secondary analysis of datasets (Krishnaswami & Satyaprasad, 2010).

There are a number of types of secondary data:

- Data that have been gathered by other researchers using a method of data collection, for example, a questionnaire survey or interview. The data is then made available for further analysis.
- Data that have been gathered by governments or other organisations for their own research or recording purposes, for example, national health and safety statistics, European working conditions surveys etc.
- Data that are produced in the course of an organisation's activity, for example, policy documents, legal documents, doctors' or social workers' case notes. Here the data has been produced for a particular purpose

and may or may not be available in the public domain. A number of documents on evaluation of policy initiatives fall within this category of secondary data.

- Data produced by individuals or groups as their own means of communication, for example, letters, diaries, etc. Again these data have been produced for a particular purpose and may or may not be available in the public domain (Matthews & Ross, 2010).

Since secondary data are not produced primarily for a research project at hand, the researcher if using secondary source data must still consider how the data have been collected and analysed as well clearly indicate how it will be used in their research (Matthews & Ross, 2010). If good quality, accurate, pertinent and up to date secondary data is available, its use offers researchers a number of advantages:

- Secondary data sources are faster and cheaper to secure.
- Secondary data can extend the researcher's time and space reach, by allowing them to cover a wider geographical area and longer reference period without increased costs.
- The use of secondary data broadens the base from which scientific generalisations can be made. This is especially so when data from several geographical and cultural settings are required for a study.
- The use of secondary data enables a researcher to verify the findings based on primary data and vice versa (Krishnaswami & Satyaprasad, 2010).

4.3.2.3 Data sources used in this research

The research utilises data from a number of primary as well as secondary sources. Primary data was collected using interviews, focus groups and surveys with key stakeholders. Most of the primary data were collected by the researcher as part of the PRIMA-EF project⁷. However, additional data were also collected to supplement the PRIMA-EF data (see Table 3.2 for details).

⁷ To promote a unified approach for psychosocial risk management, the European Commission funded the development of the Psychosocial Risk Management European Framework (PRIMA-EF). The framework incorporates best practice principles and methods of all existing and validated psychosocial risk management approaches across Europe.

The research also makes extensive use of secondary sources of data which includes the use of official surveys and reports. The use of such information is a debated practice in the field of policy research, refuted by some, for producing overly deterministic and artificial depictions of phenomenology (Allan, 2007). On the other hand (Bulmer, 1984, p.86) said that “official statistics and reports produce interesting findings on contemporary society which, despite their shortcomings [of high susceptibility to political manipulation and individual or organisational appropriation]... go to considerable lengths to reduce error, and as a result may produce high quality data”.

The research also uses published publicly available documentation in relation to social policy, legislation, integrative infrastructure, social dialogue and guidance across Europe in relation to psychosocial risk management, work-related stress, violence and bullying. For the final study in this research the publicly available ESENER dataset (EU-OSHA, 2010a) was also used. The secondary data sources used in this research are presented in Table 4.2.

Table 4.2: Primary and secondary data sources used in the research

Data source	Study/Chapter
Primary	
– Focus groups (with stakeholders)*	Study 1 (Chapter 5)
– Stakeholder survey*	Study 3 (Chapter 6)
– Interviews (experts from international organisations/NGOs)	Study 2 (Chapter 5)
– Interviews (with policy experts)*	Study 4 (Chapter 6)
Secondary	
– Policy implementation reports	Chapter 3
– Regulatory ‘hard’ policies	Chapter 3
– Non-regulatory ‘soft’ policies	Chapter 3
– ESENER dataset ¹	Study 5 (Chapter 7)

* Indicates data were collected as part of the PRIMA-EF project

¹ Indicates data were collected by EU-OSHA

4.3.3 Methodological approaches: The qualitative - quantitative dichotomy

Qualitative and quantitative approaches to research have been identified as the two main methodological approaches in the literature (e.g., Bryman, 2004). Traditionally there has been an ongoing debate between the two paradigms of qualitative and quantitative research methods, which is also called the qualitative-quantitative debate (e.g., Reichardt & Rallis, 1994). Qualitative methods apply the constructivist or the realist or essentialist paradigm (Braun & Clarke, 2006) and quantitative methods apply the positivist paradigm (Guba & Lincoln, 1994; Howe, 1988).

The mixed-method approach, based on the principle of triangulation or cross examination (Cheng, 2005) as described previously, allows the researcher to be more confident with a result if different methods lead to convergent results; at the same time it allows the researcher to improve the accuracy of judgment about a phenomenon through the collection of different kinds of data. This may enable the enrichment of our understanding by allowing for the discovery of new or deeper dimensions (Todd, 1979) and, thereby, not restricted by current theories or models. It is also assumed that multiple and independent measures do not share the same weaknesses or potential for bias, and although each method has assets and liabilities, triangulation purports that it exploits and neutralizes the assets rather than amplifies the liabilities (Todd, 1979).

Bryman (2004) argues that though many writers on methodological issues attempt to distinguish between the qualitative and quantitative research methodologies, the status of this distinction is ambiguous. Using the distinction for the purpose of classifying different methods of social science, Bryman (2004) conceives the qualitative methodology as a research strategy, which lays emphasis on words rather than quantification in collection and analysis of data. He contrasts this view with the quantitative methodology, which he indicates lays emphasis on quantification in the collection and analysis of data. A similar distinction between these methodologies in terms of 'words and numbers' was also suggested by Maykut and Morehouse (1994).

However, reducing the distinction between qualitative and quantitative methodologies to words and numbers appears too simplistic and superficial. Brennen (1992), for instance, argues that the most important difference between qualitative and quantitative research is the way data are treated by each approach. Thus according to him, whereas qualitative researchers usually begin their journey with very general concepts which change their meanings as the research progresses, quantitative researchers define variables and variable categories and link them together to frame hypotheses often before collecting data which are used to test the hypotheses. He further asserts that the major preoccupation of the quantitative researcher is the extent to which research findings can be generalised to a larger population, while the prime concern of qualitative research is the possibility of replicating the findings in similar cases or set of conditions extrapolated to the theory that the research has been designed to test.

Similarly, Nunan (1992) differentiated between the two methodologies as representing different ways of thinking about the world and different ways of collecting, treating and analysing research data, stating that “Quantitative research is obtrusive and controlled, objective, generalisable, outcome oriented, and assumes the existence of facts which are somehow external to and independent of the observer or researcher. Qualitative research, on the other hand, has a subjective element to all knowledge and research, and is ungeneralisable. In metaphorical term, quantitative research is ‘hard’ while qualitative research is ‘soft’” (Nunan, 1992, p.3).

Other authors have also argued that the two methodologies are more than just differences between research strategies and data collection procedures since they represent fundamentally different epistemological frameworks for conceptualising the nature of knowing social reality and procedures for comprehending these phenomena (Huges, 1990). This view is shared by Guba and Lincoln (1982) who refer to the qualitative and quantitative methodologies as resting on divergent paradigms and hence assumptions about the proper study of social life. They are of the view that important epistemological differences between the two methodologies imply they operate with divergent principles regarding what is knowledge about the social world and how it can be produced legitimately. Going by this epistemological derivative means that researchers formulate their views about the proper foundation for the study of

social reality and choose their methods of investigation in the light of that decision.

It is also important to note that even though many researchers point to existing differences between qualitative and quantitative research traditions, some authors take a more technical view of this distinction. For example, Blaxter and colleagues (2001) have questioned the distinctive features of the two traditions. According to them the conception that the use of questionnaire as a research technique constitutes a quantitative strategy and interviews as a qualitative strategy is an oversimplification of a more complex issue. They are of the view that it is possible for structured interviews to be analysed in a quantitative manner just as surveys may also make use of open-ended questions leading to in-depth study of cases. Thus according to them, the qualitative and quantitative methodologies are similar in many respects. This view is shared by Miles and Hubberman (1994) who also assert that both the qualitative and quantitative data can be used for the same purpose. A corollary from the qualitative and quantitative debate is the question of whether the two traditions can be combined in a single study.

From the above discussions, two positions on the distinction between the qualitative and quantitative methodologies emanate from: the epistemological view, which conceives the two research approaches as representing two different paradigms which are also mutually exclusive models of the research process as grounded in incompatible epistemological principles (and ontological ones too but these tend not to be given as much attention); and the technical view, which argues that the two methodologies are each appropriate for different kinds of research problems (Bryman, 2004). Furthermore, Bryman (2004) also asserts that there is the tendency of many researchers to oscillate between the two methodologies depending on the research questions and research needs of each study. Glesne and Peshkin (1992), summarised the differences between quantitative and qualitative methodology in terms of predispositions relating to assumptions, purpose, approach and the researchers role, as presented in Table 4.3.

Table 4.3: Predispositions of Quantitative and Qualitative Modes of Inquiry

Quantitative Mode	Qualitative mode
<p>Assumptions</p> <ul style="list-style-type: none"> • Social facts have an objective reality • Primacy of method • Variables can be identified and relationships measured • Etic (outside's point of view) 	<p>Assumptions</p> <ul style="list-style-type: none"> • Reality is socially constructed • Primacy of subject matter • Variables are complex, interwoven, and difficult to measure • Emic (insider's point of view)
<p>Purpose</p> <ul style="list-style-type: none"> • Generalizability • Prediction • Causal explanations 	<p>Purpose</p> <ul style="list-style-type: none"> • Contextualization • Interpretation • Understanding actors' perspectives
<p>Approach</p> <ul style="list-style-type: none"> • Begins with hypotheses and theories • Manipulation and control • Uses formal instruments • Experimentation • Deductive • Component analysis • Seeks consensus, the norm • Reduces data to numerical indices • Abstract language in write-up 	<p>Approach</p> <ul style="list-style-type: none"> • Ends with hypotheses and grounded theory • Emergence and portrayal • Researcher as instrument • Naturalistic • Inductive • Searches for patterns • Seeks pluralism, complexity • Makes minor use of numerical indices • Descriptive write-up
<p>Researcher Role</p> <ul style="list-style-type: none"> • Detachment and impartiality • Objective portrayal 	<p>Researcher Role</p> <ul style="list-style-type: none"> • Personal involvement and partiality • Empathic understanding

Source: Glesne & Peshkin (1992)

As can be deduced from the discussions above, qualitative and quantitative approaches are different in many respects and as such can make various contributions to the acquisition of knowledge and further contributions to the existing body of knowledge. Qualitative and quantitative methodologies have each got their strengths and weaknesses and are therefore appropriate for different kinds of research problems. These strengths and weaknesses are reviewed below.

4.3.3.1 Qualitative methods

Qualitative approaches have a large role to play in policy-oriented research. According to Walker (1985), qualitative research can offer the policy maker theories of social action grounded on the experiences – the world view – of those likely to be affected by a policy decision or thought to be part of the problem. This underlines that those who will be concerned will need to be part of the solution and ideally provide a basis for policy development.

Byrne (2001) states that any definition of qualitative research would be elusive, vague and imprecise due to the term 'qualitative', which, he believes, encapsulates such a broad umbrella of research methods. He however, attempts a definition of the qualitative methodology as inquiries of knowledge that are outside the framework prescribed by the scientific method as well as assumptions of inferential statistics. This ambiguous definition of the concept has been supported by commentators such as Preissle (2006) who also indicates that the qualitative methodology is a loosely defined category of research designs or models all of which elicit verbal, visual, tactile, olfactory, and gustatory data in the form of descriptive narratives. Byrne (2001) and Preissle (2006) thus emphasise the descriptive nature of the qualitative methodology and their use of symbols and words to indicate the presence or absence of phenomena and as a basis for categorisation without referring to 'so-called' scientific methods.

O'Neil (2006) describes qualitative research methods as naturalistic, anthropological, and ethnographical approaches founded on 'post-positivism' and 'interpretivism' paradigms. Thus, according to him, the qualitative methodology shares the theoretical assumptions of the interpretative paradigm, which is based on the notion that social reality is created and sustained through the subjective experience of people involved in communication (Morgan, 1980). O'Neil's description further emphasises the fact that qualitative research in general is more likely to take place in a natural setting (Lincoln & Guba, 1985; Marshall & Rossman, 1989) and is less driven by very specific hypotheses and categorical frameworks but rather concerned with emergent themes and idiographic descriptions (Cassell & Symon, 1994).

Qualitative researchers in their studies are more concerned with attempting to accurately describe, decode, and interpret the meanings of phenomena occurring in their normal social contexts (Fryer, 1991). The interpretative paradigm framework within which qualitative researchers operate enables them to focus on investigating the complexity, authenticity, contextualisation and shared subjectivity between them and the researched as well as minimizing illusions (Fryer, 1991).

Emphasising the interpretative power of the qualitative methodology, Ting-Tooney (1984) names three characteristics of the methodology as follows:

- Qualitative research is the study of symbolic discourse that consists of the study of texts and conversations.
- Qualitative research is the interpretive principles that people use to make sense of their symbolic activities.
- Qualitative research is the study of contextual principles, such as the roles of the participants, physical setting, and a set of situational events that guide the interpretation of discourse.

Judging from the above descriptions and definitions given by the various authors to the qualitative methodology, it is evident that the qualitative methodology also derives its name from the “quality” of data that the approach makes available to researchers engaged in exploratory studies. Thus it is a type of research methodology that allows the researcher the opportunity to assemble a wide range of data out of which he/she is able to sift out and obtain quality data necessary to make new discoveries. The earlier view of qualitative methods as useful only in preliminary studies conducted before “real” studies begin has changed, since now it is increasingly recognised that contributions of qualitative research are much more wide-ranging and that they have an important role to play (Charmaz, 2000). Such research has its own right, particularly in providing insights, explanations and theories of social behaviour (Ritchie & Spencer, 1994).

The literature generally underlines that qualitative approaches are flexible and sensitive to social context (e.g., Braun & Clarke, 2006) and that they are essentially non-numerical. Researchers also stress that qualitative analysis is based on complex, detailed and contextual interpretation (Banister et al., 2003). Qualitative research lives and breathes through the context provided. It is the particularities that produce the generalities, not the reverse. This is contrary to prior instrumentation or pre-designed and structured instruments (e.g., Miles & Huberman, 1994).

What qualitative research data does not intend to achieve are generalizations of findings to wider populations, testing for differences or associations between participants or variables, and setting out to accept or reject a hypothesis or

research question. It hence does not try to find a fixed truth (Banister et al., 2003), but rather it tries to identify a present trend. In this context, Golafshani (2003) argues that reliability and validity have to be redefined to reflect the multiple ways of establishing truth for qualitative data sets. Lincoln and Guba (1985) suggest an alternative to the terms reliability and validity in qualitative paradigms which denote credibility, neutrality, confirmability, consistency or dependability, and applicability or transferability.

Since the nature of qualitative methodology with its descriptive nature answers the “why” in research questions, it makes available a wide range of possible empirical materials and multiple data sources to a researcher who decides to use such methodology for their study (Punch, 2005). Thus the qualitative researcher has a number of data gathering instruments at their disposal (Bryman, 2004; Cohen et al., 2000; Maykut & Morehouse, 1994). Maykut and Morehouse (1994) highlighted that an inventory of qualitative approaches available to researchers, include participant observation, in-depth interviewing, field notes, researchers’ journal, focus group discussion, documentary analysis and films. This wide range of avenues available to a researcher interested in qualitative study makes the use of the qualitative approach not only flexible but also very adaptable. Its strength in the exploration of issues that may be too complex to investigate through quantitative means and the insights it brings into perspectives not usually represented or even envisaged by researchers cannot be over-emphasised.

The use of qualitative methodology therefore means that much of the richness and meaning of the data can be explored. It also ensures that the material which is being analysed originates from respondents rather than being a function of a specific measuring instrument as it is in the case of the quantitative methodology. Thus the qualitative methodology provides a more a realistic feel of the world that cannot be experienced in the numerical data and statistical analysis used in quantitative research.

The qualitative methodology with its numerous advantages is not without problems. The quest for greater level of depth and details, in qualitative methods, does not allow for a large number of participants to be included in the study thereby making it more difficult to generalise. Furthermore, its narrative and descriptive power makes it more difficult to summarise results and make

systematic comparisons as well as investigate causality between different research phenomena. The lack of structure in design and standardisation in procedure also makes replication of a qualitative research study extremely difficult even as its use of different probing techniques brings to question the reliability of data gathered. However, there can be no doubt, that even though qualitative techniques do not lead to numerical results they never-the-less have some precision (Harre, 1997) and remain important techniques in exploratory studies.

4.3.3.2 Quantitative methods

A researcher applying a quantitative method tries to fragment or delimit phenomena into measureable or common categories that can be applied to all of the subjects or wider and similar situations (Winter, 2000). There are two main approaches that underlie quantitative research. One is reliability and the other validity. Reliability, on the one hand, is a concept that implies that study results must be reproduced under a similar methodology to be qualified as reliable. Hence, there is a notion of replicability or repeatability of the results. On the other hand, validity determines whether the research measures what it intended to measure, as well as the truthfulness of the research results.

As compared to qualitative methodology, quantitative methodology is more easily defined as the collection of numerical and statistical data. It is based on the positivism paradigm, which assumes that social reality has an objective ontological structure and that individuals are responding agents to this objective environment (Morgan & Smircich, 1980). Matveev (2002) explains the underlying assumption of the positivist paradigm to mean that there is an objective truth existing in the world which can be measured and explained scientifically. This explanation perhaps accounts for the perception of the quantitative methodology as the scientific approach to research employing experimental and quasi-experimental strategies. Thus, it involves the counting and measuring of events and the performance of statistical analysis of a body of numerical data. Quantitative researchers hold the strong view that measurements are reliable, valid and generalisable in their clear predictions of cause and effect (Cassell & Symon, 1994). With their belief that scientific hypotheses are value free (i.e., have no room for researchers' own values, biases and subjective preferences), quantitative researchers generally

formulate hypotheses and verify them empirically on a specific set of data (Frankfort-Nachmias & Nachmias, 1992).

From the above definitions and descriptions of the quantitative methodology, it is evident that as it postulates that events within the environment are measurable and explainable scientifically it uses robust and rigid approaches to derive “reliable” and “valid” data that can be used to draw conclusions, which are generalisable to similar or related events or populations. Contrary to the subjective techniques employed by the qualitative methodology, the use of standardised methods, which submit themselves to measurable scales by the quantitative approach allows for greater objectivity and accuracy of results, eliminating or minimising subjectivity of judgment (Kealey & Protheroe, 1996). The standard procedure adopted by the quantitative methodology and its ability to control variables of interest ensures the reliability and validity of data collected (Balsley, 1970) and further allows for the replication of studies. The controlled nature of the quantitative methodology also allows for a broader study involving greater number of subjects, which enhances the generalisation of results. Kruger (2003) argues that quantitative methods allow for the summary of vast sources of information and facilitate comparisons across categories over a period of time.

In spite of its robustness and its power of generalisation, the quantitative methodology can be quite complex and requires considerable investment for proper understanding and use (Kruger, 2003). The disadvantage of using quantitative methods may emerge from the use of controls in quantitative methods to ensure reliability and validity of data. This can tend to restrict quantitative studies to unnatural and artificial environments such as laboratories where variables can be controlled. Thus in real world situations where levels of control might not normally be in place, quantitative research cannot be functional, in its absolute positivist sense. The seemingly restrictive and closed nature of the data collecting instruments used by quantitative researchers yields limited outcomes and tends not to encourage the evolution and continuous investigation of emerging phenomena. Results produced by quantitative data sets are also limited as they provide numerical descriptions, which are less elaborate accounts of human perceptions.

This research, being exploratory, evidently needed to be complemented by the provision of a qualitative scope to offer further insight and ideally a debate.

4.3.3.3 Methods used in this research: combining qualitative and quantitative methodologies

On the basis of the strengths and weaknesses that come with employing the two methodologies, as discussed in the previous sections, it is obvious that combining the two approaches in a single research study will help derive maximum results. This however, is not without problems. While the technical version of the qualitative and quantitative divide, which holds the view that both methodologies are each appropriate for different kinds of research problems seems favourably disposed to the combination of the two approaches, the epistemological version, which shares the view that the qualitative and quantitative methodologies are grounded in incompatible epistemological and ontological principles seems to put impediments on the possibility of a combination (Lincoln & Guba, 1985).

Arguments for the combination of the two methodologies which derives from the technical version of the qualitative-quantitative divide emphasises the strengths of data collection and analysis techniques associated with the two methodologies and sees them as capable of being fused in spite of their epistemological underpinnings (Patton, 1990). Bryman (2004) clearly articulates this as follows: "There is recognition that qualitative and quantitative methodologies are each connected with distinctive epistemological and ontological assumptions, but the connections are not fixed and ineluctable. Research methods are perceived, unlike in the epistemological version, as autonomous. A research method from one strategy is therefore viewed as capable of being pressed into the service of another" (Bryman, 2004, p.454).

According to O'Neil (2006) both methods provide valuable contributions to the collection of scientific knowledge and can be used together in a complementary mixed method approach. There is a strong suggestion within the research community that research, both qualitative and quantitative is best thought of as complementary and should therefore be mixed in research of many kinds. In this way they believe the researcher can take advantage of the pro's of each methodology, making it possible to gather more information than

if using a single method, and to substantiate qualitative research with quantitative data.

A combination of qualitative and quantitative methodologies was employed in this research. The qualitative approach consisted of semi-structured interviews with key policy experts and stakeholders in the area of psychosocial risk management as well as the use of focus groups. The quantitative approach, through a stakeholder survey was used to supplement the findings from the qualitative methods used to evaluate the impact of policies. The quantitative approach, through a large employer survey, was also used to examine the translation of policy into practice as a means of assessing the impact of policies on preventative action taken at the enterprise level.

4.4 Research model

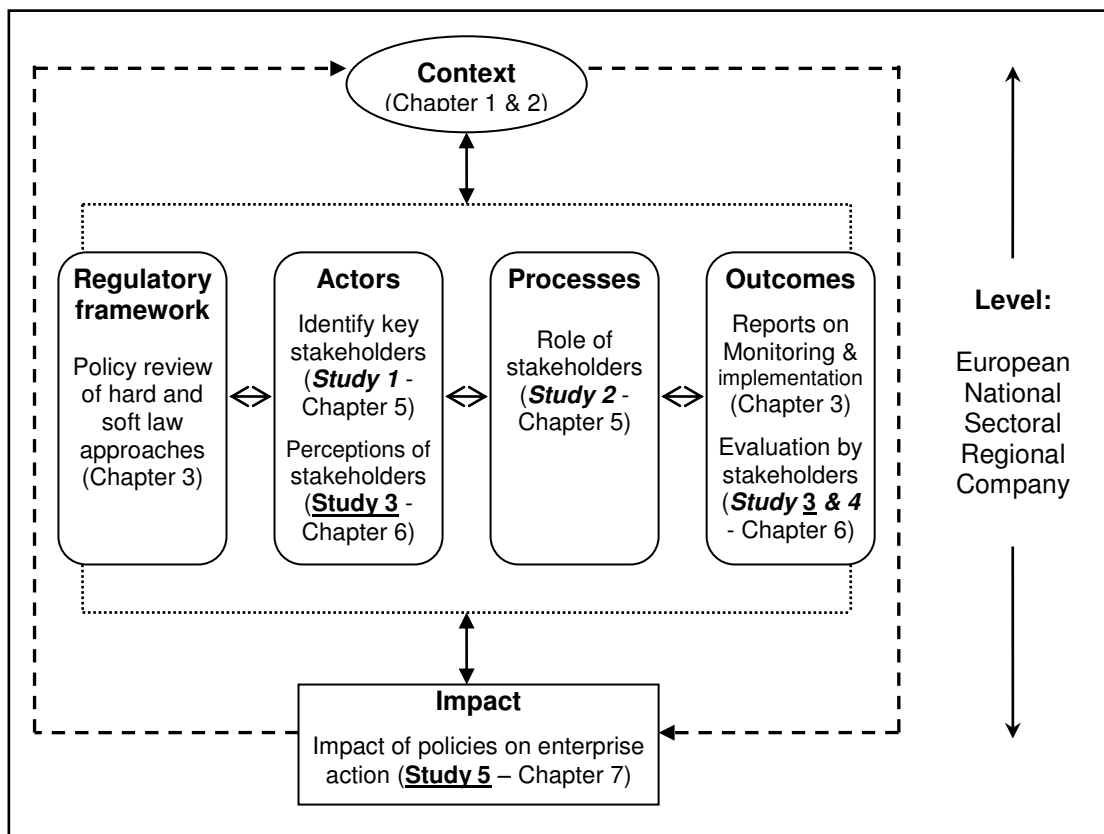
To summarise, in this research, quantitative and qualitative data are linked to enable confirmation or corroboration of each other via triangulation, to elaborate and develop analysis providing richer details, and to initiate new lines of thinking through attention to newly identified aspects. Key decisions that guided the choice of both qualitative and quantitative research were based on the policy-orientated nature of this research, the prior operationalisation of concepts of psychosocial risks, and the nature of the policy process.

This research is based on an evaluation meta-model which has been developed on an analytical framework of industrial relations proposed by Weiler (2004), which also incorporates all key components of policy evaluation methodologies, as discussed in Chapter 2. Figure 4.1 presents the research model and methodology applied.

According to the model, any evaluation of policies relating to psychosocial risk management must begin with an exploration of the context within which these policies are developed and implemented, the context in relation to the changing world of work and psychosocial risk management has been discussed in Chapter 1, while the context in relation to the policy process and policy evaluation has been presented in Chapter 2. The context has a direct impact on the regulatory framework for occupational health and safety, which was reviewed in Chapter 3.

The research employs three qualitative studies and two quantitative studies. Study 1 uses focus groups to identify the key stakeholders in psychosocial risk management. Study 2 uses interviews to ascertain the role of key stakeholders in the development, implementation, evaluation and advocacy of policies for psychosocial risk management. Study 3, the first quantitative study, employs a survey with stakeholders to identify their perception of psychosocial risks. It also examines stakeholder perceptions of the impact of policies on psychosocial risk management. In Study 4, policy experts are interviewed to evaluate the impact of policy interventions for psychosocial risks. The last study, Study 5, uses the European Survey of Enterprises on New & Emerging Risks (ESENER) data set to assess the impact of policies on enterprise action, specifically on the implementation of procedures and measures to manage psychosocial risk management at the company level.

Figure 4.1: Research model and methodology applied



Note: Study 1, 2 and 4 use qualitative methodologies
Study 3 and 5 are quantitative

4.5 Sampling

The sampling strategy employed varies for each of the five studies and can be summarised as:

Study 1: Two focus groups were organised at a Stakeholder workshop in Berlin on the 26th of January 2008, as part of the PRIMA-EF project. A number of stakeholders were invited to participate in the workshop and the focus groups representing the social partners (trade unions, employer organisations and governmental organisations), international organisations, researchers and academic experts in the area of occupational health and safety. In total, 45 stakeholders participated in the focus groups.

Study 2: Key stakeholders who had been involved in the development, implementation and/or evaluation of policies relating to psychosocial risk management at the national, European and international levels were invited to participate in an interview to assess the role of their organisation in the policy making process and to further explore key priorities at the policy level in the area of psychosocial risk management. Participants were identified through reports and articles published by them or by virtue of their employment in policy making institutions. In total, 16 interviews were conducted.

Study 3: Seventy-five stakeholders responded to an online survey, which was conducted as part of the PRIMA-EF project. The study sample represented key European stakeholders on a tripartite basis: government institutions, trade unions, employers' organisations. The sample was gathered with the help of the European Agency for Safety and Health at Work (EU-OSHA). The sample was extended by contacting the Work Life and EU Enlargement (WLE) Advisory Committee and the Board members of PRIMA-EF, who were each asked to identify at least six stakeholders in their own country, two from government institutions, two from trade unions and two from employers' associations.

Study 4: Fifteen semi-structured interviews with key stakeholders at the policy level who had been involved in some form of policy-level intervention for psychosocial risk management were also conducted. Participants were

identified through reports and articles published by them or by virtue of their employment in policy making institutions.

Study 5: ESENER involved approximately 28,650 computer-assisted telephone interviews (CATI) with the highest ranking manager. EU-OSHA contracted TNS Infra-test to carry out the fieldwork. The interviews took place with managers from establishments with ten or more employees in 31 participating countries (all 27 European Member States, as well as Croatia, Turkey, Norway and Switzerland), covering all sectors of economic activity except for agriculture, forestry and fishing (NACE Rev. 2 'A'). In 15 of the 31 countries, interviews were conducted directly by using addresses from address registers. In the remaining 16 countries, a special screening procedure was applied in order to transform company-related samples into establishment samples. In the case of multi-site companies, the screening procedure served to identify the eligible establishments belonging to that company and to randomly select one of them for interview.

4.6 Analyses

4.6.1 Qualitative Analysis

To analyse the qualitative data, thematic analysis was applied which is exploratory and usually aims at understanding rather than knowing the data (Braun & Clarke, 2006). Both focus group data and interview data gathered were transcribed and summarised. Emerging themes were identified across all participants. The purpose was to reveal potential parallels or inconsistencies in participant perceptions of the situation in their perspective. Patterns, associations, concepts, and explanations in the data were identified and interpreted. Further details are presented in the respective chapters.

4.6.2 Quantitative Analysis

A number of statistical analysis techniques were used to analyse the quantitative data. To analyse the data from Study 3, frequency analysis was conducted. The responses were analysed to check the frequency of replies to the questions and differences across stakeholders views (employers, trade unions, government), and differences based on the origin of the sample (EU15

or EU27) using a chi-square test. In Study 7, point-biserial correlation was used to analyse the 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. Following this multivariate analysis (logistic regression) was conducted to examine the impact of key drivers and barriers in relation to the management of psychosocial risks for the implementation of procedures and measures for psychosocial risk management. The method was chosen on the basis of its strengths while analysing models with binary dependent variables as was also suggested by Pohlmann and Leitner (2003). Further details are again presented in the respective chapters.

4.7 Ethics

The research, having been approved by the Ethics Committee of the Institute of Work Health & Organisations, University of Nottingham, ensured that ethical standards were adhered to at every phase. Thus in line with ethical standards and guidelines, the following ethical issues were fully addressed.

4.7.1 *Informed consent*

Homan (2001) indicates that the principle of informed consent is supposed to be a standard feature for ethical consideration in all social research. It is the requirement that human subjects be informed of the nature and implications of research before their commencement and that participation be voluntary (Homan, 2001). Bryman (2004), in commenting on the principle of informed consent, also reiterates that it is imperative for prospective research participants to be given as much information as possible to enable them make an informed decision about whether they wish to participate in a study or not (2004).

In adhering to the above ethical principle, participants were made aware of the purpose of the study and their right to withdraw from the study at any point in time and also refusal to respond to any question they felt uncomfortable with. They were further assured that data collected would remain strictly anonymous and confidential and no individual organisation or participant would be identified in reports or scientific publications written on the basis of the

research findings. Informed consent was secured from participants in all studies used in this research.

4.7.2 Access and acceptance

Closely related to the principle of informed consent is the principle of access and acceptance. It involves obtaining permission to carry out a study in a community, institution or organisation. According to Homan (2001), it involves both allowing investigators into a given physical space as well as permitting them to conduct their investigations in a particular way.

Getting access to policy makers is not an easy task let alone investigating issues of health and well-being. The researcher was able to secure access to the sample while working on the PRIMA-EF project, as described previously. Permission for subsequent use of data collected in the studies as part of the PRIMA-EF project was also secured from all experts and stakeholders participating in the project. Thus the researcher was successful in gaining access and acceptance both in terms of penetration and methodology. The researcher also carried out further interviews with key international stakeholders while undertaking an internship at the World Health Organization, through which access for the study was secured. Lastly, the ESENER data was secured through the freely accessible United Kingdom Data Archive (UKDA) of the University of Essex (<http://www.data-archive.ac.uk/Introduction.asp>).

4.7.3 Privacy, confidentiality and anonymity

The British Psychological Society's Code of Conduct states the following: 'Participants in psychological research have a right to expect that information they provide will be treated confidentially and, if published, will not be identifiable as theirs' (cited in Robson 1993, p.43).

The Data Protection Act (1998) which came into effect on 1 March 2000 considers the issue of anonymity and privacy no longer as simply a matter of ethics; it can also have legal implications. The fundamental principle of the Act, which is the protection of the rights of individuals in respect of personal data

held about them by data controllers, including academic researchers, prevents the divulgence of the personal data by holding organisations to a third party.

In each of the studies in this research, the issue of confidentiality was addressed by making sure information provided by participants was kept with the strictest adherence to confidentiality. Participants were assured of anonymity and confidentiality of the information they provided and were not identified in the research or any report.

4.8 Conclusions

Since policies are made and implemented in multi-actor contexts, the various stakeholders frequently view problems and solutions differently and some may try to influence the aim and direction of a policy all the way through the policy process. Such situations therefore call for more attention to be paid to different rationalities and lines of argument (Hangerber, 2001). It is therefore thought that a combination of qualitative and quantitative methodologies which are employed in this research will help derive maximum results. Furthermore, few evaluations of policies for psychosocial risk management have been carried out previously, and especially few by researchers (and not the European Commission or equivalent body). In such a context, it was thought that qualitative methodologies supplemented by quantitative methodologies would allow such an exploratory analysis to be carried out. In the context of the literature and the findings from the studies carried out in this research, the choice of methods and analysis is discussed further in Chapter 8.

The next chapters present a detailed account of the five studies carried out as part of this research.

5. Key stakeholders and their role in promoting psychosocial risk management

5.1 Introduction

As discussed in Chapter 2, the policy process is an elaborate and complex process, which involves a large number of choices made by a possibly large number of individuals and organisations (Hill, 1997). It may also involve complex interactions between state and non-state actors. Howlett and Ramesh (2003) point out that it is important to recognise the role of policy actors and institutions in the policy process although one may be more important than the other in specific instances. They also note that “individuals, groups, classes, and states participating in the policy process no doubt have their own interests, but the manner in which they interpret and pursue their interests, and the outcomes of their efforts, are shaped by institutional factors” (2003, p.53).

In addition to state actors, non-state actors play an important role in influencing policy development through organised, or pressure groups which have the freedom to organise, and lobby government (Harrop, 1992). Non-governmental pressure groups can include business associations, employer associations, trade unions, mass media, expert/professional associations/societies etc. Within Europe, civil society has always played a central role in the development of European policies. Composed of a broad array of social organisations, trade unions, non-governmental organisations, local associations and others, civil society inhabits an arena between the profit-driven nexus of the free market and bureaucratic imperatives of state systems. From the early 1990s onwards the European Union (EU) has increasingly recognised the importance of civil society in the policy-making/influencing arena as a means of combating poverty, social exclusion and unemployment through social dialogue, promotion of a wide variety of social and civil organisations, and the integration of civil society issues into the strategies of ‘open method of co-ordination’ (Geyer, 2003) as discussed in Chapter 2.

Furthermore, the international environment and the inherent dependence and collaboration between states form much of the context of national policy

making. This need for collaboration arises from the recognition that the costs of national self-reliance are usually excessive (Haas, 1980). Sometimes governments try to commit themselves to ambitious goals; pressure to reform within the political environment means that policies may be implemented without a coherent intellectual understanding of causes and effects, and without a complete mastery of the means considered necessary and sufficient to attain the ends, while political ideologies act as simplifying mechanisms to justify reform goals (Common, 1998). The recognition that policy successes involve many organisations and the recognition that the public sector cannot do everything has made the rationale for promoting collaboration even stronger.

Stakeholder participation and involvement in the development of public policies in Europe is underpinned by the European Social Model. The European Union often refers to the European Social Model (ESM) as the basis of its social structure and related considerations. In 2000, at the Lisbon Summit, member states took the position that 'the European Social Model, with its developed systems of social protection, must underpin the transformation of the knowledge economy' (Vaughan-Whitehead, 2003). Within the context of the European Social Model, a relatively novel mode of governance in the area of social policies is European Social Dialogue.

5.2 European Social Dialogue

European Social Dialogue comprises discussions, consultations, negotiations and joint actions undertaken by the social partner organisations and allows them to participate in social-policy decision-making at EU level (Welz, 2008). Social dialogue thereby grants a 'privileged status' to the European social partners, which is unique among other actors of civil society (Keller, 2008). Social dialogue has passed through different stages of development, from a rather passive approach, based mainly on responding to initiatives of the European Commission, to a more proactive and increasingly autonomous approach (Branch, 2005). The first stage, from the beginning of social dialogue in 1985 up to the early 1990s, involved the adoption of (non-binding) joint opinions through the social partners. The second stage started in 1993, when the social partners obtained the right to be consulted by the Commission on all initiatives and to negotiate and conclude framework agreements which might be adopted as European law. In this phase, the European social partners

concluded three binding framework agreements (parental leave, 1995; part-time work, 1997; and fixed-time work, 1999) that were implemented as Directives and transposed into national legislation by the member states. In the third stage, the social partners broadened their autonomy and concluded three autonomous agreements (telework, 2002; work-related stress, 2004; and harassment and violence at work, 2007). To implement these non-legally binding autonomous agreements, the social partners commit to discuss and implement them at national level through their member organisations, and to monitor the process. Therefore, the “implementation of ‘autonomous’ agreements depends on the quality of industrial relations systems, on the representativeness and administrative capacity of the national (and sectoral) members of the European organisations, as well as on the dissemination and monitoring activities of the European social partners themselves” (Martín & Visser, 2008, p.512).

The strengthening of European social dialogue can be seen in the light of regulatory difficulties and connected attempts to improve European governance, which led to a policy shift from detailed legislation to a more self-regulatory process by the involvement of stakeholders in the policy-making process (Branch, 2005). The role of the Commission is thereby to suspend the legislative process in order to encourage the social partners to negotiate on particular issues. If their negotiations fail, the Commission still has the option to tackle the issue through legislation (Welz, 2008). Keller (2008) finds evidence that the Commissions’ implicit or sometimes even explicit threat of legislative action was necessary for stimulating, maintaining or increasing social partner incentives to take voluntary action.

In that sense, the European social dialogue takes place in the ‘shadow of the law’ (Welz, 2008). The development of European social dialogue has also been strongly advanced by the employers’ organisations as an alternative to the legislative route. The voluntary nature of these agreements gives employers a stronger veto power. In fact, it is argued (Branch, 2005) that the employers’ conversion to autonomous agreements could have been motivated by an intention to dilute social policies. A number of intersectoral social dialogue initiatives have failed because the employers’ side was not prepared to open negotiations - as with musculoskeletal disorders, a core issue for workers’ safety and health (Welz, 2008).

In addition, while the European Social Model and Social Dialogue, built on social partnership and democratic values, are considered useful, they are nevertheless under attack with several member states repeatedly trying to undermine social rights due to the belief they would be too expensive for their enterprises and result in too rigid labour markets (Vaughan-Whitehead, 2003). The European Commission's Social Agenda, subsequently supported by the European Council in Nice (EC, 2001c), emphasised the role of corporate social responsibility (CSR), voluntary responsible business practices, in addressing employment and social consequences of economic and market integration and in adapting working conditions to the new economy.

In this context, CSR as a voluntary corporate policy is a fairly recent phenomenon in the European context (Jackson & Apostolakou, 2010). However, there is a convincing argument in the literature (Phillips, 2003) that stakeholders, employees, suppliers, competitors, customers and government, are all increasingly placing demands on companies to improve standards, both from an individual and societal standpoint.

In this changing landscape of policy making in Europe, it is important to explore who are the key stakeholders in the area of psychosocial risk management, considering both traditional and emerging stakeholders. In addition, it is then important to understand their role in the policy making process as well as in promoting occupational health and safety policy, with a particular focus on policies relating to psychosocial risk management. This is the focus of the current chapter.

5.3 Methodology

Two qualitative studies were conducted to explore the above issues. The first, aiming to identify who the key stakeholders are, was based on focus groups. The second, aiming to identify the role of key stakeholders in the policy making process in relation to psychosocial risk management, was based on semi-structured interviews. These are detailed next.

5.3.1 Focus Groups

5.3.1.1 Procedure

Two focus groups were organised at a Stakeholder workshop in Berlin on the 26th of January 2008. A number of stakeholders were invited to participate in the workshop and the focus groups representing the social partners (trade unions, employer organisations and governmental organisations), international organisations, researchers and academic experts in the area of occupational health and safety. The participants were randomly split in two groups keeping the representation of each stakeholder group within them.

The facilitator welcomed participants and thanked them for the participation. They were informed that the sessions would be audio taped to preserve the most important issues discussed. Confidentiality and anonymity of the statements provided were assured by the facilitator. The participants signed consent forms for participation in the research. The facilitator then introduced the topic and gave participants' handouts summarising the aim and objectives of the focus group session and the questions to be discussed. The focus groups explored two thematic areas that included the following key questions:

- Who are key stakeholders in relation to psychosocial risk management, both traditional and non-traditional?
- What are their stakes in the area of psychosocial risk management?

The focus group sessions lasted approximately 1.5 hours each. At the end of the session participants were thanked again for their participation and were informed that a summary of the results would be made available to anyone interested at the end of the study. Ethical issues were re-iterated (for further information on ethical issues, see Chapter 4).

5.3.1.2 Sample

In total, 45 stakeholders participated in the focus groups. Table 5.1 presents demographic information on the focus groups participants. The age range of participants was 25-63 years.

Table 5.1: Demographic characteristics – Focus groups participants Study 1

Stakeholder group	Male	Female	TOTAL
Employers associations	4	3	7
Trade unions	4	3	7
Government agencies	5	4	9
International organisations	2	2	4
Researchers and academics	6	12	18
TOTAL	21	24	45

5.3.1.3 Analysis

Data gathered were transcribed and summarised. Thematic analysis was applied to analyse the data (Braun & Clarke, 2006). Emerging themes were identified across all participants. The purpose was to reveal potential parallels or inconsistencies in participant perceptions of the situation in their perspective. A thematic grid was produced through the following process. Transcripts were reviewed in detail to familiarise the researcher to their content and then develop a set of 'open codes', specifically summarising the content of short sections of the text in a few words. Transcripts were read repeatedly to identify the key themes and categories for coding. The collection of generated open codes was discussed and reflected upon by two other researchers and were subsequently grouped into broader categories established by consensus. The collection of categories was used to develop the initial coding frame, which was used to identify emergent themes. The template was viewed as a continuously evolving template and where information was found not to fit into the existing framework, the template was further refined and developed. Theoretical saturation was achieved once the final coding frame was developed and all relevant first- and second-order themes were identified. The researcher reviewed the collected emergent themes and examined relationships among the way themes co-occurred. An independent researcher reviewed the emerging themes and adjustments were made in collaboration. Lastly, patterns, associations, concepts, and explanations in the data were identified and interpreted.

To ensure inter-rater reliability, two other researchers reviewed the collected emergent themes, and the coded data. Consensus was reached through discussion. Once the patterns, associations, concepts, and explanations in the data were searched, and the new table established, an independent researcher examined the relationship between these occurring across the data set. The results were compared to the researcher's initial table. Discrepancies in coding and themes were discussed and addressed in the final thematic table.

5.3.2 Interviews

5.3.2.1 Procedure

Semi-structured interviews with key stakeholders at the policy level were conducted. E-mails were sent inviting policy experts in the interview study and proposing a date and time for a telephone interview. All 16 invited participants responded positively. The questions were forwarded to participants prior to the interview since it was conducted in English, a second language to some participants, thus allowing sufficient time for preparation. Interview consent forms were emailed to participants informing them that the interview session would be recorded to assist the interviewer with data analysis. Ethical issues were outlined assuring participants of confidentiality, anonymity, their right to withdraw and storage and use of data. Interviewees were asked to written the signed consent form by email (scanned signed copy) or post to the researcher.

Participants were called by telephone at the previously agreed-upon day and time. They were reminded that the interview would be recorded. Ethical issues were again outlined, assuring them of confidentiality and anonymity as discussed in Chapter 4. They were provided with a brief overview of the aim and objectives of the study. Each participant was asked 4 questions:

1. What is the role of your organisation in relation to psychosocial risk management and work-related stress at policy/macro level? How is this achieved?
2. What has been the involvement of various stakeholders in relation to policy development in the area of psychosocial risk management and work-related stress?

3. What have been the main drivers and barriers for the development and implementation of different policy initiatives for psychosocial risk management?
4. Is there anything you would like to add in the context of this interview?

Probing questions were used to clarify ambiguous answers or to ask participants to elaborate. Each interview lasted for approximately one hour. Participants were informed that they would be able to obtain a summary of the study findings at the end of the study. They were thanked for their participation.

5.3.2.2 *Sample*

Key stakeholders who had been involved in the development, implementation and/or evaluation of policies relating to psychosocial risk management at the national, European and international levels were interviewed to assess the role of their organisation in the policy making process and to further explore key priorities at the policy level in the area of psychosocial risk management. In total, 16 interviews were conducted as shown in Table 5.2 below.

Table 5.2: Demographic characteristics – Interview participants Study 2

Organisation	No. of Interviews
World Health Organization (Departments of Occupational Health, Health Promotion and Mental Health)	3
International Labour Organization (Safework)	1
European Commission – DG Employment and DG SANCO	2
European Agency for Safety & Health at Work	1
International Trade Union Confederation	1
European Trade Union Confederation	1
CEEP	1
BUSINESSEUROPE	1
International Organisation of Employers	1
International Commission on Occupational Health	1
International Occupational Hygiene Association	1
European Foundation for the Improvement of Living and Working Conditions	1
International Social Security Association	1
TOTAL	16

5.3.2.3 Analysis

The interviews were recorded and subsequently transcribed verbatim. The same procedure was followed to analyse the interview data as outlined previously for the focus groups.

5.4 Results

5.4.1 Focus groups

5.4.1.1 Main stakeholders in psychosocial risk management

The focus group participants discussed the involvement of stakeholders in psychosocial risk management and identified key stakeholders and their respective interests. Two main themes emerged: traditional stakeholders and non-traditional stakeholders. Traditional stakeholders were identified as:

- Trade unions
- Employer organisations
- Government agencies
- Researchers and academics
- Occupational health services

Overall, participants agreed that these traditional stakeholders remain very important in OSH and also more specifically for psychosocial risk management. However, they went further to identify a number of non-traditional stakeholders with a clear interest in the business impact and/or societal impacts of psychosocial risks. These included a number of additional groups including for example social security agencies, families/partners and shareholders. Table 5.3 presents the thematic grid that was developed on the basis of the focus group data. It presents all identified stakeholders as well as a concise explanation of their respective stakes on the basis of quotes from the focus groups participants.

Table 5.3: Thematic grid - Stakeholders in psychosocial risk management

Themes	Sub-themes	Descriptors
<i>Traditional stakeholders (A)</i>	Employers (A1)	<i>'Good health and safety management is of primary importance to ensure that workers remain healthy and productive. Employers</i>

		<i>also have a legal obligation to provide safe and healthy workplaces. Psychosocial risk management is a key part of health and safety management’.</i>
	Employees (A2)	<i>‘Psychosocial risk management is of primary importance to employees for their own health and productivity... and staying economically active’. ‘They also share the legal obligation with employers’.</i>
	Government agencies (A3)	<i>‘They develop and implement occupational health and safety regulation’. ‘They are responsible for monitoring, inspection, and ensuring compliance with national health and safety regulations and quality standards’. ‘In some cases, they also provide occupational health services, for example through the primary health care system’.</i>
	Researchers and academics (A4)	<i>‘They provide the knowledge needed... they develop health and safety management tools’. ‘They examine the link between exposure to occupational risks and health and share this information with policy makers and practitioners’.</i>
	Occupational health services (A5)	<i>‘Occupational health services should ideally implement risk management initiatives and tools’. ‘Occupational health services also have a great role to play in rehabilitating the affected workforce’.</i>
Non-traditional Stakeholders (B)	Social security agencies (B1)	<i>‘Good psychosocial risk management may reduce the burden of psychosocial problems and help to reduce rising costs of psychosocial problems on social security arrangements⁸ (for workers compensation, societal costs of mental disabilities and associated unemployment)’. ‘Social security agencies have a clear stake in prevention’.</i>
	Health insurers (B2)	<i>‘Good psychosocial risk management may reduce the rise of health care costs for treatment of psychosocial problems⁹’. ‘Health insurers have a clear stake in (primary and secondary) prevention’.</i>
	Families/partners (B3)	<i>‘The psychosocial health of the workers is a very important issue for partners and</i>

⁸ Social security arrangements differ widely across the EU. This implies variations in the exact nature of their stakes.

⁹ The societal arrangements for insurance of health care cost differ widely across the EU. As a consequence there are variations in the stakes of the health insurers.

	<p><i>their families’.</i></p> <p><i>‘First of all a stress of traumatised partner will have a strong impact on family life. Secondly they are economically depending on the workers earning capacity, which can be seriously threatened by psycho-social risks’.</i></p>
(Mental) health care institutions (B4)	<p><i>‘The rising prevalence of psychosocial problems is a challenge and burden to the health care systems and institutions. Increasing treatment activities may trigger greater interest in prevention’.</i></p>
Customers/clients (B5)	<p><i>‘In many jobs people work with clients. If workers suffer from psychosocial illnesses, this is likely to affect the way they work and communicate with customers. This is likely to reduce customer satisfaction’.</i></p>
Shareholders (B6)	<p><i>‘In some industries psychosocial problems lead to high levels of sickness absence. In companies with severe psychosocial problems, it may also be more difficult to attract talent. ...As a result the productivity and competitiveness of the company may be affected, implying reduced shareholder value.’</i></p>
NGOs (B7)	<p><i>‘NGOs represent civil society groups. Several civil society groups may have an interest in good psychosocial risk management by companies. This may range from organisations of patients to local groups requiring socially responsible business practices from companies in their neighbourhood’.</i></p>
Communities (B8)	<p><i>‘Psychosocial risk management does not only promote health in the company but also in the community...everybody can benefit, so there is increased societal interest’.</i></p>
Business Schools and Universities (B9)	<p><i>‘Good psychosocial risk management clearly has a link with good business practice. This is important for the education of present and future business leaders’.</i></p> <p><i>‘Psychosocial risk management should be integrated in the curricula of business schools and universities’.</i></p>
Employment agencies (B10)	<p><i>‘Psychosocial disorders are increasingly relevant as a cause of reduced work ability and rising unemployment. In some countries, many long term unemployed people suffer from mental health problems. ... (re)activation of this target group is more successful when it is</i></p>

	<i>combined with work than in the traditional model of treatment and cure before people start working... This implies that employment agencies are having a clear interest in tertiary prevention’.</i>
Human Resource departments and officers (B11)	<i>‘Within companies, psychosocial issues are relevant for wellbeing at work, company climate, employee satisfaction and the retention of existing employees. Though coming from another tradition compared to OHS experts, HRM officers are increasingly involved in the management of psychosocial issues at work’.</i>
Media (B12)	<i>‘Psychosocial risk management is a societal issue with even growing impact. It is important to many people (workers, their families...). As a result the issue is of growing importance to mass media (journals, TV, internet, etc)’.</i>
Actors of (in) the judiciary system (B13)	<i>‘Psychosocial risks are increasingly having economic implications both for companies and their workers. This is likely to lead to a boost in legal cases, on liability issues. This may form a burden to parts of the juridical system but might be a source of potential income to lawyers’.</i>
Business consultants (B14)	<i>‘As psychosocial risks are increasingly having business impacts, advising on these issues will probably not remain the exclusive domain of psychologists and OHS-Services. Business consultants are likely to develop a growing interest in this area’.</i>

5.4.2 Interviews

Thematic analysis was used to analyse the data (Braun & Clarke, 2006). Four thematic areas emerged as follows:

- a) Stakeholders’ role in promoting psychosocial risk management
- b) Stakeholder involvement and the contribution of social dialogue in policy development in the area of psychosocial risk management
- c) Main drivers for the development and implementation of policy level initiatives for psychosocial risk management
- d) Main barriers for the development and implementation of policy level initiatives for psychosocial risk management

The key themes and sub-themes are presented in Table 5.4.

Table 5.4: Thematic grid – Role of stakeholders in policy development for psychosocial risk management

Main themes	Sub-themes
<i>Stakeholders' role in promoting psychosocial risk management (A)</i>	Advocacy (A1) Development of policy and guidance (A2) Implementation and enforcement (A2) Provision of evidence for policy development (A4) Policy evaluation (A5)
<i>Stakeholder involvement and the contribution of social dialogue in policy development in the area of psychosocial risk management (B)</i>	Importance of social dialogue (B1) Differences in tradition of social dialogue and provision of health and safety legislation in EU member states (B2) Cultural differences at national and sectoral levels (B3) Lack of consensus on psychosocial issues (B4)
<i>Main drivers for the development and implementation of policy level initiatives for psychosocial risk management (C)</i>	Strong evidence-base on negative impact of psychosocial risks (C1) Multidisciplinary research contribution (C2) Increased awareness (C3) Identified needs and public demands (C4) European Community strategy for health and safety at work 2002-2006 (C5) Social dialogue and framework agreements (C6) Ethical reasons (C7) Media attention (C8)
<i>Main barriers for the development and implementation of policy level initiatives for psychosocial risk management (D)</i>	Lack of awareness in relation to psychosocial issues (D1) Low prioritisation of psychosocial issues (D2) Lack of government support for macro initiatives and conflict between different governmental departments (D3)

	<p>Lack of enforcing mechanisms (D4)</p> <p>Differences of opinion on the kind of policies (hard vs. soft policies) to be ratified (D5)</p> <p>Broad contextual nature of many policy initiatives relating to psychosocial risk management with principles open to different interpretations (D6)</p> <p>Lack of sanctions relating to voluntary agreements (D7)</p> <p>General perception that psychosocial risk management interventions are expensive to implement and unwillingness to invest in them (D8)</p> <p>Power relations (D9)</p>
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5.4.2.1 Stakeholders' role in promoting psychosocial risk management

The roles of stakeholders ranged from the development of policy and guidance, implementation and enforcement, provision of evidence for policy development and evaluation and advocacy. The role played by each stakeholder in the area of workers' health and safety, including psychosocial risk management, was largely dependent on their overall mandate and need expressed by its constituents. For example an interviewee (government agency) commented *"It is in our mandate to defend workers rights which include protection and promotion of health and safety. At the international level we meet the needs of our constituents by representing their views and concerns at the policy level as well as providing them with support and guidance on key initiatives in relation to health and safety"*.

Advocacy was described by the stakeholders as a key a strategy by which most 'non-state' stakeholders would influence policy makers when they make laws and regulations, distribute resources, and make other decisions that would affect workers health. The participants described the principal aims of advocacy to include the representation of their views in the creation of policies, reform of policies, as well as in the implementation of policies. A participant (trade union confederation) quoted *"As a core social partner in Europe we are involved in the European social partner consultations and negotiations which*

have led to the development of the social partner agreements on work-related stress and violence and harassment at work. We also play a role in policy advocacy and the dissemination information on health and safety legislation to our constituents across Europe". All stakeholders reported to be involved in some form of policy advocacy for the management of psychosocial risks.

The development of policy and guidance as well the implementation and enforcement of policies was described as some of the major roles of 'state' or 'governmental' stakeholders. A stakeholder (government agency) explained "*The primary role of our organisation is the development of international labour standards and these standards are developed on the basis of consensus of our members, and provide the minimum standards for safety and health which are applicable globally. In addition to developing these standards we are also involved in technical cooperation with other policy makers, establish standards for competence, and provide guidelines and codes of practice through which we support our member states to implement their own policies*". Stakeholders however clarified that enforcement of most policies took place at the regional and national level rather than the European and international level.

Some stakeholders, particularly international NGOs such as the International Commission of Health (ICOH), the International Occupational Hygiene (IOHA) association and other specialist agencies such as the European Foundation for the Improvement of Living and Working Conditions and the European Agency for Safety & Health at Work were involved in provision of evidence for policy development through research, documentation and communication activities. A stakeholder (specialist agency) commented, "*We are involved in activities to draw out messages for policy and practice, through large population based surveys, through the working conditions observatory, and specific projects looking at initiatives in public policies, including the evaluation of such initiatives and around the development of good practices in companies*". These stakeholders also reported to actively contribute to the evaluation of policies for the management of psychosocial risks at the workplace, the primary responsibility for which rests with the European social partners. However, no stakeholder elaborated what 'evaluation' of policies entailed.

5.4.2.2 *Stakeholder involvement and the contribution of social dialogue in relation to policy development in the area of psychosocial risk management*

The main stakeholders in the area of psychosocial risk management, as reported by interviewees, included the International organisations, the European commission and its agencies, and the social partners at the international and European level. However, most respondents did not explicitly discuss the role of key NGOs and professional associations such as ICOH, IOHA and IEA. Stakeholders at the national level were found to vary; this variation was also found across sectors and in the type of initiative undertaken.

Some initiatives at the national level were developed based on tripartite plus dialogue, that is discussions between representatives from the government, employer organisations, trade unions and researchers/experts (as in the development of the Management Standards to address work-related stress in the UK and the Code of Practice to manage bullying, developed by the HSA in Ireland), while in some cases national governments implemented initiatives without consultation with social partners (as in the case of some health and safety legislation).

National as well as sectoral differences in culture relating to social dialogue were reported to determine the involvement of stakeholders in policy development. The involvement of the stakeholders has been different across member states. As a participant (trade union confederation) commented, *“involvement in terms of attending meetings: fine, having discussions: fine, but in terms of effectiveness, it [social dialogue] works better in some countries than in others”*.

Participants reported that it was critical that stakeholders cooperated with one another rather than competing, which was sometimes found to be the case. As one participant (business association) quoted, *“I am not sure I am the right person to say that but I am sure that they co-operate but I think they also have a bit of ‘what is my job, what is your job’ - that is competition - and it doesn't help”*.

The involvement of employers at the national level (such as in Sweden or Germany) in formulating joint policies/agreements was cited by a few participants as lacking commitment. Participants reported that there was still very little consensus among stakeholders on whether stress was actually work-related (or caused by factors related to work) or linked to individual differences. Also there was little recognition that bullying at work was related to the work environment and not to the personality of an individual. Many of the interviewed experts also reported that the employers' contribution in preventing bullying and in enforcing regulations was not satisfactory. As one participant (trade union confederation) commented, "*trade unions have been active in addressing bullying at work but employers' organisations have been less active*". However, another participant (business association) also reported that trade unions have been somewhat "*lazy or uncertain*" in their activities to address bullying at work. This highlights differences in opinion and across countries.

There was general agreement that social dialogue played an important role in the process of developing and implementing policies relating to psychosocial risk management. In some cases (e.g. UK, ILO), social dialogue was reported as intrinsic to the processes of policy development. A participant (government agency) quoted: "*The contribution of social dialogue has been huge, I think that it is one of the strong points of the European Union system and very little happens without it*". Some participants also commented that dialogue with social partners had been key not just in the development of policy but also in the effective implementation and eventual evaluation of these policies (e.g. the Management Standards in the UK).

Some participants also highlighted that there are differences in the extent of the contribution of social dialogue that varies from country to country due to differences in tradition of social dialogue and provision of health and safety legislation in the member states. Many participants reported that there was more scope for the effective use of social dialogue, not just at the national level but also at the regional and sectoral levels. As an interviewee (trade union confederation) argued, "*the contribution of social dialogue has not been sufficient, we have this agreement of social dialogue, but when work-related stress is mentioned in discussions about national strategy, the representatives of the employers' associations prefer not to talk about it. They neglect it. So I*

think that the result of social dialogue has not had a very good impact in Germany because of employers' associations”.

5.4.2.3 Main drivers and success factors for the development and implementation of policy-level initiatives for psychosocial risk management

Most participants reported increased awareness of psychosocial issues in organisations and society at large. Undeniable evidence of losses and harm caused due to mismanagement or ignorance of psychosocial risks and the related change in priorities, and new policy developments (such as framework agreements) were reported as the main drivers for the development of macro level interventions. As one participant (trade union confederation) quoted *“The main driver [for the development of policy level initiatives] was the clear need for the initiatives and demand from the general population. Awareness of stress, bullying and violence is at an all-time high”.*

To address work-related stress, bullying or third party violence, wide-ranging campaigns, programmes and projects were reported to have been organised by different stakeholders including national and international organisations, trade unions, safety and health authorities and insurance companies. Often the drivers for campaigns were reported to be the increasing number of violent incidents at work, sickness absence due to violence and bullying and economic reasons. Awareness raising, high turnover rates, economic sanctions and bad public image as well as ethical reasons were also mentioned as main drivers to take action against bullying at work. One participant (government agency) commented *“Despite a lot of attention and stricter measurements and rules nationally, the level of undesired behaviours has not diminished significantly. For that reason it ranks high on the political agenda and gets serious public attention, which is reflected by a lot of attention in the media.”*

At the European level, social dialogue was highlighted as the main driver for the development of EU initiatives. The European Community strategy for health and safety at work 2002-2006 was reported to be the main driver for the launch of the consultation with the social partners. As a participant (trade union confederation) commented: *“The Strategy had a stronger focus on mental*

health and psychosocial risks as compared to how these issues had been dealt with in earlier strategies”.

Research commitment and contribution was also highlighted as a key driver. But a few participants commented that researchers needed to do more to communicate the findings of their work to those outside research committees and purely academic audiences. A participant (specialised agency) quoted: *“The time researchers will start to have a real impact on policy making is when they go out of their ivory tower or what I consider ghettos. The ghetto tends to be a place where people talk to each other and they don’t talk to others (outside the area of expertise). Researchers in the area of psychosocial risk management should be establishing alliances with other researchers in disciplines like public health, environmental health, social policy, and where there are clear links. This can then be one of the drivers. We need to communicate the research findings – the key messages to the policy makers. If it stays in the ghetto, it is no good.”*

Further, it was suggested that highlighting issues such as the economic cost of psychosocial risks was highly likely to draw media attention and very often media drives policy development. However, the participants cautioned that there were differences across member states and occupational sectors in terms of the commitment of stakeholders in the area of psychosocial risk management.

5.4.2.4 Main barriers in the development and implementation of policy level initiatives for psychosocial risk management

The main barriers to the development of policy level interventions were reported to be lack of government support for macro initiatives and conflict between different governmental departments as highlighted in the case of bullying. One participant (trade union confederation) quoted, *“bullying is nowadays seen broadly as a health and safety issue. In some countries, like the UK, violence and bullying are handled as different phenomena. While the health and safety department has the responsibility to deal with violence, the trade and industry department has the responsibility of addressing bullying, often leading to conflict and uncoordinated initiatives”.*

Low prioritisation of psychosocial issues and lack of enforcing mechanisms were also cited as significant barriers. For example, interviewees argued that if policy-makers have other priorities or if they think that an issue is not important, it is very difficult to make progress. For example, a participant (business association) commented “*There is lack of government support for macro initiatives and conflict between different governmental departments. The Ministry of Finance oppose the programme [for promoting workers’ health including mental health] and they want to decrease the number of people working in the work force. So in a way they are working against us*”. Lack of awareness in relation to psychosocial issues and differences of opinion on the kind of policies (hard vs. soft policies) to be ratified have been significant barriers to the development of policy level interventions.

The recent non-binding agreements were cited as significant policy developments but these were also reported to have drawbacks. One of these was reported to be the ‘broad’ contextual nature of many policy initiatives relating to psychosocial risk management; some participants discussed that such general frameworks did not always motivate stakeholders and social partners at the national and sectoral level to implement these initiatives as their general recommendations and principles were open to different interpretations. Another drawback pointed out was the lack of sanctions relating to voluntary agreements. A participant (government agency) commented that: “*Although stakeholders may commit themselves to implement voluntary agreements, they are not obliged to honour their agreement as there are no sanctions that can be imposed if they do not, so neither the Commission nor the European social partners can force companies to implement such agreements*”.

Participants reported that there was a general perception among key stakeholders in organisations as well as government that psychosocial risk management interventions are expensive to implement. As a result of this perception, there was little or no political will to develop and implement such interventions at the macro level. Some respondents further commented that policy makers did not consider interventions as an investment, instead they were considered as expenditure. One participant (trade union confederation) commented that “*The perception is that interventions are expensive. Also, interventions for psychosocial risk management, as with other health and safety initiatives, are not seen as investments rather as expenditure*”.

An interesting finding from the interviews was the concept of power relations. It was reported that power relations are not discussed in general discourse, but an imbalance of power can potentially act as a barrier to the development and implementation of psychosocial risk management interventions both at the macro and at the enterprise level. As one participant (government agency) explained: *“The company and the workers: one of them has more power over the other, mostly because one can sack the other. An inherent imbalance of power exists in such settings and this impacts all processes that relate to psychosocial risk management. Most employers are fine with tertiary interventions, they are happy to provide for example a help line, or fitness facilities; such interventions are considered as part of business. But this is not the case in primary interventions, where very often the question has to do with work organisation. Politically, employers, private and public, see work organisation as their realm. They do not like employees to tell them how to organise working time, how to design, manage, organise the work environment. The common notion of employers is that since they give employees a salary, they tell them how to work - employees cannot tell them how to organise work.”* Although social dialogue was reported to play a key role, power relations between stakeholders at the macro level also posed barriers to the development of policy level interventions. Employer associations and government organisations were reported to have a greater say in how policy was shaped at the macro level than trade unions and researchers.

5.5 Discussion

Since the policy making is a complex and interactive process (Lindblom & Woodhouse, 1993), it is important to identify the key stakeholders involved in the policy process to make sense of it. The findings from the focus groups identified the key stakeholders and their involvement in psychosocial risk management. The stakeholders were classified as traditional stakeholders and no-traditional stakeholders. Traditional stakeholders included those that have typically been considered in playing a role in the policy process related to occupational safety and health and included the social partners - trade unions and employer organisations - government agencies as well as researchers and academics and occupational health services. Iavicoli et al. (2006) in a review of eight studies evaluating research priorities in occupational health and safety

policy (most of which used the Delphi methodology), identified that most studies defined stakeholders in terms of traditional stakeholders.

The results from the focus groups indicated that even though traditional stakeholders remained very important in promoting psychosocial risk management, it was also important to consider a number of non-traditional stakeholders with a clear interest in the business impact and/or societal impacts of psychosocial risks. These included a number of additional groups which included social security agencies, health insurers, customers/clients, NGOs, communities, human resource departments, the media and actors in the judiciary system among others. While outlining a new occupational health agenda for a new work environment, Benach et al. (2002) also highlighted the need to consider new stakeholders in the policy process. The findings from the interviews also highlighted the presence and role of multiple stakeholders, however, most respondents did not discuss the role of non-traditional stakeholders in any detail. This needs to be clarified further in future research.

Howlett and Ramesh (2003) point out that it is important to recognise the role of policy actors and institutions in the policy process even though one may be more important than the other in specific instances. The findings highlighted a number of important roles in relation to psychosocial risk management at the policy level undertaken by key stakeholders, which included policy advocacy, policy development and implementation (including monitoring and evaluation), development of guidance and dissemination and research support for the policy process. All traditional stakeholders, particularly the social partners and government agencies reported to be involved in policy development and implementation of policies such as the framework agreements on work-related stress and violence and harassment at work.

All stakeholders stated that they had a role in policy evaluation. This is not surprising as every policy programme has multiple stakeholders who have an interest in the outcome of an evaluation: decision makers, executive agencies, clients, pressure groups (Bovens et al., 2006). However, none of the stakeholders explained what 'evaluation' specifically meant and how policy 'success' was defined. This seems to be a common problem. Marsh & McConnell (2010) point out that while the non-academic literature skates over the problem of defining criteria for success, even the academic literature, which

is mostly concerned with the evaluation and explanation of 'public service improvement', generally fails to outline and discuss criteria against which success/improvement could be judged. The literature also indicates that even though much of the evaluation literature is produced from within government, it rarely moves beyond the assumption that success equates with meeting policy objectives or producing 'better' policy (for example, Davidson, 2005; Weimer & Vining, 1989). Having clearly defined and specific success criteria are important to ensure an objective and representative evaluation of any policy.

The importance of social dialogue in the policy process in Europe was highlighted by all stakeholders. The European Union often refers to the European Social Model as the basis of its social structure and related considerations. In 2000, at the Lisbon Summit, member states took the position that the European Social Model, with its developed systems of social protection, must underpin the transformation of the knowledge economy (Vaughan-Whitehead, 2003) with social dialogue as a central component. Social dialogue in a broader picture is part of the industrial relations system. The issue of industrial relations is 'the cooperative and conflictual interaction between persons, groups and organisations (actors) as well as the norms, agreements and institutions resulting from such interactions' (Weiler, 2004). Social dialogue in this industrial relations system can be seen as the part focussing on cooperative interaction.

The framework agreements (on stress and violence/harassment) were reported to be the most significant contribution of social dialogue at the European level. Based on an analysis of the monitoring of the implementation of the agreement on work-related stress by the social partners significant differences were observed between member states that could be relevant to differences between new and older member states in relation to awareness and prioritisation of psychosocial issues; the involvement of stakeholders was found to differ across countries. Further efforts need to be made to effectively implement the framework agreements (European Social Partners, 2008a; 2008b) and to evaluate their impact at the practical, 'on-the-ground' level across the EU.

The main drivers for macro initiatives were found to be increased awareness of psychosocial issues in the past few years. Increased awareness of

psychosocial issues, increased prioritisation and agreement among social partners were reported as the key success factors in the development of the social partners' agreements of stress (2004) and violence (2007). Involvement and long-term commitment from key stakeholders were found to be the key factors for successful implementation of policy level interventions. This is also a crucial success factor for primary interventions at the enterprise level in the area of psychosocial risk management.

Commitment from the European Commission to address psychosocial issues was illustrated in the 2002-2006 and 2007-2012 EU strategies for health which have had a stronger focus on mental health and psychosocial risks as compared to how these issues had been dealt with in earlier strategies. These strategies were also reported to be key drivers in raising awareness of these issues, eventually leading to the discussions and development of the framework agreements on work-related stress and harassment and violence at work. Increased research in the area of psychosocial risk management and the gradual development of the business case, has also contributed to raising the awareness and prioritisation of these issues as has guidance by international organisations such as the WHO (e.g., Leka, Griffiths & Cox, 2003; Leka & Cox, 2008) and ILO (Di Martino, 2006).

The main barriers to the development of policy for psychosocial risk management included a lack of government support for macro initiatives, especially in new EU member states. Conflict/competition between different governmental/ international organisation departments was also found to be a barrier as it hindered communication and collaboration among key stakeholders. The perception of stakeholders that interventions for managing psychosocial risks are expensive; and the power relations between stakeholders were identified as other barriers. Most of the barriers are linked to a lack of awareness amongst the stakeholders on the nature and impact of psychosocial risks as well as on how they can be managed. Awareness raising campaigns as well as training programmes aimed towards mainstreaming the protection and promotion of workers health, including the management of psychosocial risks, can help in alleviating some of these barriers at the macro level as well as the organisational level (EU-OSHA, 2010a).

The shift of policies towards 'soft law' approaches as characterised by the framework agreements were also highlighted as a concern. Much of the controversy here concerns the respective merits of 'hard' and 'soft' law in the construction of Social Europe (Trubek & Trubek, 2005). Proponents of soft law as well as many of the interviewed stakeholders believe that both state and non-state actors can achieve many of their goals through soft legalization that is more easily attained or even preferable. Soft law is valuable on its own, not just as a steppingstone to hard law; it provides a basis for efficient international 'contracts' and it helps create normative 'covenants' and discourses that can reshape international politics (Abbott & Snidal, 2000). This, however, remains to be seen in the case of policies for the management of psychosocial risks. The need for systematic, in-depth evaluation studies is therefore critical.

5.6 Conclusion

The two studies presented in this chapter clearly identify that a number of stakeholders play a role in each stage of the policy process. While some stakeholders are primarily involved in policy advocacy others are actively involved in supporting the policy process through the collection and documentation of evidence to support 'evidence-based' policy. However the role and potential of non-traditional stakeholders need further clarification through future research. This can lead to better co-ordination with traditional stakeholders.

The social partners and government agencies are the main stakeholders responsible for the development of the policies relating to psychosocial risk management, and are also responsible for the implementation and evaluation of such policies. The activities which relate to evaluation however were not specified. Establishing criteria for policy success is critical for policy evaluation.

In Europe, social dialogue plays a key role in the development of policies, particularly in the area of psychosocial risk management evidenced by the development of two recent collective agreements. However, not all stakeholders participate actively in the dialogue process and at times hold divergent views, which in turn can have an impact on the policy process. The use of soft law instruments has also been cited as a concern, however soft policies also can present many opportunities for advancing practice across

countries. The need for evaluation of policies not only by the policy-makers themselves but by other experts (like academics and researchers) is evident and should be promoted.

The next chapter evaluates the impact of policies relevant for the management of psychosocial risks through stakeholder opinions and perceptions.

6. Evaluation of policies for psychosocial risk management in Europe

6.1 Introduction

Although the policy process in general is inherently elaborate and complex, within Europe, the trend towards Europeanisation of policy produces more complexity within the policy making and implementation process, where central and national-level institutions, interest associations, corporations, regions etc. are brought together. European policy originates from processes of bargaining, imitation, and diffusion wherein domestic governments and national interest groups play an important role, together with European institutions (Radaelli, 2000). The inclusion of 12 new members to the European Union (EU) since 2004 has further diversified the provision and management of European policies and consequently national policies of member states. This is also the case in relation to policies for the promotion of health and safety at the workplace in the EU. The different national situations, ascribable to the time available to acknowledge and implement European Directives and to social and cultural characteristics of each member country have a direct impact on implementation of good practice and preventive measures at the workplace level.

This is confirmed by the fact that in spite of the presence of the Framework Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work, which emphasises the importance of considering all occupational risk factors, including psychosocial risk factors, different risks factors are prioritised in different ways across member states. This is even though the Framework Directive aimed to harmonize regulations and to prevent social dumping and using workers as a commodity due to the single European agreement within EU member states. The Framework Directive was created within the EU context in which the single European market, the creation of the European Monetary Union (EMU), and the social dimension of a unified Europe were developing in parallel and created the specific drive for the Framework Directive to be accepted (Hämäläinen, 2008).

Following the enlargement of the EU it became clearer that the various EU Member States differ in how they address OSH concerns in terms of application of policies, regulations and preventive measures. There were substantial social and cultural differences and a range of different political and economic situations regarding the management of and priorities assigned to occupational risks (Vaughan-Whitehead, 2005). Although all Member States are expected to apply the European Directive 89/391, there were still differences between countries (Kompier, De Gier, Smulders & Draaisma, 1994), reflecting the time they have had to put it into action, especially in the EU15 (EU member states pre-2004) compared to the more recent EU27 members (EU member states since 2004), some of which have had to cope with the shift from a Soviet-style “protected” economy to some quite extreme forms of liberalisation.

Today, psychosocial risks and issues such as work-related stress, harassment, bullying and violence at work are increasingly being acknowledged as potential threats to workers’ health (EC, 2000; WHO, 2003a; 2003b). However, it has been amply demonstrated that the perceived severity of such risks or ‘risk perception’ can differ widely between experts and the general population (Parent-Thirion et al., 2007; Iavicoli et al., 2004). Studies carried out using the risk perception paradigm have evidenced for a long time that such perception may largely diverge between experts and the common population and affect the decision-making process (Fischhoff, et al., 1978; Slovic, 2000; Slovic et al., 1986).

6.2 Perception of stakeholders – the case of psychosocial risks

Perception may in fact largely influence decisions, hence also the application of preventive measures. Decision making is inevitably based on conscious or unconscious reasoning and assessment of available information, which then serves to formulate a judgment. Models describing the cognitive mechanisms underlying such choices show a difference between what would theoretically be the best choice and the choice a subject actually makes. One particularly useful approach taken by these models is based on heuristics – considered mental “short-cuts” – which seems to take account of the reasoning involved in problem solving, in the judgment and in the actual decision taken (Kahneman

& Tversky, 1972; Tversky & Kahneman, 1973, 1974). The heuristics can be swift and economical, that save time and cognitive work, but are also subject to distortions that can lead to systematic errors in the reasoning – bias – because some information is “intuitively” selected and some discarded. Risk perception must therefore be considered subjective and as such runs this risk of distortion (Slovic, 2000). This model offers one reading of the complex picture in the world of work, where the viewpoints differ between different categories of stakeholders, and sometimes even within a category.

The increased familiarity with European legislation on working conditions, and the increased awareness of, and concern about, health and safety risks in the workplace by national parties, have created a supportive background for the development of stress prevention activities in the workplace (Geurts & Grundemann, 1999). However, several studies have also shown how socio-cultural factors could influence the perceived risk from work-related stress, pointing to the importance of including “country of origin” as a variable (Daniels, 2004; de Smet et al., 2005). This probably reflects each individual country’s policies in relation to communication of work-related stress risks (Daniels, 2004).

At the stakeholder level, several actions have also been promoted to improve dialogue and, as discussed, in 2004 and 2007, autonomous agreements were signed between the European social partners on psychosocial risks. These agreements originated from the willingness of addressing psychosocial issues, above all because of their impact on absenteeism, ill health and rising costs (Eurofound, 2007; Gimeno et al., 2004; Schaufeli & Kompier, 2002). The long negotiations, however, also highlighted a wide perceptive gap between trade unions and employers on perception/recognition of problem causes and consequent difficulty in implementing shared prevention/correction strategies. Such perceptive gaps were further confirmed by the results from two surveys conducted in 2004 by the Italian National Institute for Occupational Safety and Prevention and in 2005 by the European Foundation for the Improvement of Living and Working Conditions.

Since the policy process begins after the recognition of a need for intervention, this gap in perceptions of psychosocial risks and related issues can have a significant impact on the policy process from the beginning till the end. The

policy process begins once the problem is identified; various stakeholders are involved in discussing which problems can be addressed at the policy level to set the agenda for policy action. If the stakeholders cannot reach consensus on the nature or causes of the problems, they cannot move to the next stage of developing feasible interventions that are acceptable to potential recipients; and finally would be unable to develop strategies to support appropriate implementation and evaluate the effects of interventions (Dye, 2010). Involvement of all stakeholders is critical for the effective evaluation of policy intervention as the criteria for evaluation, to a large extent, depend on all the relevant interested parties' views (Hansen, 2005). The quality of the evaluation would greatly depend on perceptions and involvement of the key stakeholders in relation to health and safety, and in particular with a special focus on psychosocial risks. To explore these perceptions further, two studies were carried out:

- In the first study, a survey was conducted that aimed at investigating the level of knowledge of health and safety legislation at the workplace (with special focus on psychosocial risk factors) among European stakeholders representing: a) employers' associations; b) trade unions, and c) governmental bodies. The survey investigated the perceptions of stakeholders in relation to the effectiveness and needs related to EU and national regulations governing health and safety and psychosocial risk management at work.
- In the second study, key stakeholders at the policy level who had been involved in some form of policy-level interventions for psychosocial risk management were interviewed. The interviews focused on awareness of policy initiatives, evaluation and impact of policy interventions, and priorities for action.

6.3 Methodology

6.3.1 Social partner survey

An online stakeholder survey was conducted that aimed at investigating the level of knowledge of health and safety legislation (with special focus on

psychosocial risk factors) among European stakeholders representing: a) employers' associations; b) trade unions, and c) governmental bodies.

6.3.1.1 Procedure

First, a preliminary version of the questionnaire, in English, was drafted in April 2007. The draft was circulated to the advisory board members of the PRIMA-EF project and to the European Agency for Safety and Health at Work, seeking suggestions and comments to improve the questionnaire. The questionnaire was piloted by pre-administering it to a sample of nine stakeholders in Italy, Germany and the UK (three government institutions, three trade union representatives and three employer organization representatives in each country) in order to test its structure and ensure that the questions were clear and understandable. The final version of the questionnaire was drawn up in May 2007. It comprised six sections, each with a series of multiple-choice questions, some allowing for more than one answer so as to gain as much information as possible. The section headings were:

- European regulations - 16 questions;
- Initiatives - 5 questions;
- Perception of work-related stress - 12 questions;
- European social dialogue - 9 questions;
- Priority issues - 1 question;
- Demographic characteristics.

This chapter focuses on the findings of perceptions on European regulations and initiatives. The full survey may be found in Natali et al. (2008). The survey was supported by the European Agency for Safety & Health at Work.

The study sample represented key European stakeholders on a tripartite basis: government institutions, trade unions, employers' organisations. The sample was gathered with the help of the European Agency for Safety and Health at Work that disseminated the survey across its Advisory Board and Focal Point Network. The sample was extended by contacting the Work Life and EU Enlargement (WLE) Advisory Committee and the Board members of PRIMA-EF, who were each asked to identify at least six stakeholders in their own country, two from government institutions, two from trade unions and two from employers' associations.

An email invitation was sent to the identified stakeholders. The email outlined the aim of the survey, re-iterated ethical issues (see Chapter 4) and provided information on how invitees could access the survey. Anonymity, confidentiality, storage and use of data and ability to withdraw were outlined in the email. Reminder emails were sent after 3 weeks.

6.3.1.2 Sample

The study sample comprised of key European stakeholders on a tripartite basis: government institutions, trade unions, employers' organisations, who had direct influence on the actual development and implementation of OSH policies within the European and national context. Seventy-five stakeholders responded to the survey representing employers' associations (19.2%), trade unions (35.5%), and government institutions (42.1%). Respondents came from 21 EU countries, 57.3% from the EU15, and 42.7% from the new EU27 (post 2004 member states).

Table 6.1 below shows the numbers of respondents in each country of the EU-15 and new EU-27 countries. Government institutions made up 43.8% of the total sample, employers' associations 19.2% and trade unions 37.0%.

Table 6.1: Stakeholder survey participants

EU-15		NEW EU-27		
Austria	3	Bulgaria	2	
Belgium	1	Cyprus	4	
Denmark	2	Czech Republic	7	
Finland	5	Estonia	2	
France	0	Hungary	3	
Germany	10	Latvia	2	
Greece	0	Lithuania	0	
Ireland	2	Malta	2	
Italy	6	Poland	7	
Luxembourg	0	Slovakia	0	
The Netherlands	2	Romania	0	
Portugal	1	Slovenia	3	
United Kingdom	9			
Spain	1			
Sweden	1			
Total	43	Total	32	Total Sample: 75

6.3.1.3 Analysis

Frequency analysis was conducted. The responses were analysed to check the frequency of replies to the questions and differences between the three respondent categories (employers, trade unions, government), and differences based on the origin of the sample (EU-15 or EU-27) using a chi-square test. P-values <0.05 were considered to be statistically significant.

6.3.2 Interviews

Following the survey, fifteen semi-structured interviews with key stakeholders at the policy level who had been involved in some form of policy-level intervention for psychosocial risk management were also conducted. Participants were identified through reports and articles published by them or by virtue of their employment in policy making institutions.

6.3.2.1 Procedure

E-mails were sent inviting key stakeholders in the interview study and proposing a date and time for a telephone interview. All 15 invited participants responded positively. The questions were forwarded to participants prior to the interview since it was conducted in English, a second language to some participants, thus allowing sufficient time for preparation. Interview consent forms were emailed to participants informing them that the interview session would be recorded to assist the interviewer with data analysis. Ethical issues were outlined assuring participants of confidentiality, anonymity, their right to withdraw and storage and use of data. Interviewees were asked to written the signed consent form by email (scanned signed copy) or post it to the researcher.

Participants were called by telephone at the previously agreed-upon day and time. They were reminded that the interview would be recorded. Ethical issues were again outlined, assuring them of confidentiality and anonymity as discussed in Chapter 4. They were provided with a brief overview of the aim and objectives of the study. Each participant was asked 5 questions:

1. Are you aware of any policy level developments in relation to psychosocial risk management and work-related stress?
2. What type of policy level interventions are you aware of?
Prompt:
 - i. Legislation/policy development
 - ii. Standards at national/stakeholder levels
 - iii. Stakeholder/collective agreements
 - iv. Declaration signing
 - v. International organization action
 - vi. Social dialogue initiatives
 - vii. National strategy development
 - viii. Development of guidelines
 - ix. Economic incentive schemes
 - x. Developing partnerships/networks
3. What has been the impact of these interventions?
4. What do you think are the main priorities at the policy level in relation to psychosocial risk management and work-related stress?
5. Is there anything you would like to add in the context of this interview?

Probing questions were used to clarify ambiguous answers or to ask participants to elaborate. Each interview lasted for approximately one hour. Participants were informed that they would be able to obtain a summary of the study findings at the end of the study. They were thanked for their participation.

6.3.2.2 *Participants*

Key stakeholders who had been involved in the development, implementation and/or evaluation of policies relating to psychosocial risk management at the national, European and international levels were interviewed to assess the role of their organisation in the policy making process and to further explore key priorities at the policy level in the area of psychosocial risk management. The interviews were conducted with fifteen stakeholders at the national level (representing governmental organisations, trade unions and employer organisations), two at the European level (European Commission, European

Agency for Safety & Health at Work) and two at the international/global level (WHO, ILO) (see Table 6.2 below).

Table 6.2: Demographic characteristics – Interview participants Study 4

Organisation	No. of Interviews
World Health Organization (Occupational Health)	1
International Labour Organization (Safework)	1
European Commission – DG Employment	1
European Agency for Safety & Health at Work	1
Swedish National Institute for Working Life	1
European Trade Union Confederation	1
German Metal Workers Union	1
Finnish State Treasury	1
CEEP	1
TUC	1
UAPME	1
Institute of Directors	1
Health & Safety Executive - UK	1
Ministry of Employment & Social Affairs - Netherlands	1
Petroleum Safety Authority - Norway	1
TOTAL	15

6.3.2.3 Analysis

The interviews were recorded and subsequently transcribed verbatim. Thematic analysis was applied to analyse the data (Braun & Clarke, 2006). Emerging themes were identified across all participants. The purpose was to reveal potential parallels or inconsistencies in participant perceptions of the situation in their perspective. A thematic grid was produced through the following process. Transcripts were reviewed in detail to familiarize the researcher to their content and then develop a set of ‘open codes’, specifically summarising the content of short sections of the text in a few words. Transcripts were read repeatedly to identify the key themes and categories for coding. The collection of generated open codes was discussed and reflected upon by two other researchers and were subsequently grouped into broader

categories established by consensus. The collection of categories was used to develop the initial coding frame, which was used to identify emergent themes. The template was viewed as a continuously evolving template and where information was found not to fit into the existing framework, the template was further refined and developed. Theoretical saturation was achieved once the final coding frame was developed and all relevant first- and second-order themes were identified. The researcher reviewed the collected emergent themes and examined relationships among the way themes co-occurred. An independent researcher reviewed the emerging themes and adjustments were made in collaboration. Lastly, patterns, associations, concepts, and explanations in the data were identified and interpreted.

To ensure inter-rater reliability, two other researchers reviewed the collected emergent themes, and the coded data. Consensus was reached through discussion. Once the patterns, associations, concepts, and explanations in the data were searched, and the new table established, an independent researcher examined the relationship between these occurring across the data set. The results were compared to the researcher's initial table. Discrepancies in coding and themes were discussed and addressed in the final thematic table.

6.4 Results

6.4.1 Survey

Half the respondents of the survey thought that the European Directive 89/391 had not been effective for the assessment and management of psychosocial risks and work-related stress. Differences were also found in the level of acknowledgment of stress-related issues at the national level. Table 6.3 presents these findings in more detail.

As Table 6.3 indicates, there were significant differences in the perceptions of stakeholders in old (EU-15) and new (EU-27) member states across each of the three questions. The difference in perceptions of the stakeholders was also found to be significant between the three stakeholder groups. Respondents from new member states were much more pessimistic in relation to the effectiveness of Directive 89/391 for the assessment and management of

psychosocial risks. Respondent opinions also diverged with trade union and government stakeholders being more negative than employers. It is also interesting to note that a large percentage of employer representatives responded they did not know in both questions.

Table 6.3: Stakeholder survey - European regulations

QUESTION		TOTAL	COUNTRIES			STAKEHOLDERS			
			EU 15	New EU27	p-value	Employers' association	Trade unions	Govt.	p-value
Has the European Directive 89/391 on health and safety in the workplace been effective for the <i>assessment</i> of psychosocial risks and work-related stress?	Yes	36.0%	48.8%	18.7%		35.7%	29.6%	43.8%	
	No	50.7%	41.9%	62.5%	.025	21.4%	63.0%	53.1%	.008
	Don't know	13.3%	9.3%	18.8%		42.9%	7.4%	3.1%	
Has the European Directive 89/391 on health and safety in the workplace been effective for the <i>management</i> of psychosocial risks and work-related stress?	Yes	33.8%	51.1%	9.7%		38.4%	18.5%	43.8%	
	No	55.4%	41.9%	74.2%	.001	23.1%	74.1%	53.1%	.001
	Don't know	10.8%	7.0%	16.1%		38.5%	7.4%	3.1%	
Generally speaking, do you think that the level of acknowledgment of stress-related issues is appropriate in your country, in relation to the importance/significance of the problem?	Yes	30.1%	42.9%	12.9%		50.0%	14.8%	37.4%	
	No	64.4%	57.1%	74.2%	.003	33.3%	85.2%	56.3%	.000
	Don't know	5.5%	0.0%	12.9%		16.7%	0.0%	6.3%	

When asked why they thought that the Directive had not been effective for the assessment and/or management of psychosocial risks and work-related stress, a few issues were outlined. Table 6.4 ranks the four reasons most frequently selected amongst the following options:

- Lack of awareness
- Lack of resources (e.g. financial, human)
- Lack of scientific expertise
- Lack of practical and user-friendly tools
- Lack of consensus between social partners
- Insufficient infrastructure (e.g. services, formalized systems)
- Low prioritisation of psychosocial issues
- Perception that psychosocial issues are too complex/difficult to deal with
- Other reasons

Table 6.4: Key reasons (ranked) for reporting Directive 89/391 as ineffective for the assessment and/or management of psychosocial risks

	TOTAL	COUNTRIES		STAKEHOLDERS		
		EU 15	New EU 27	Employers' associations	Trade Unions	Government
Low prioritisation of psychosocial issues	17.7% (1)	19.7% (1)	16.1% (3)	27.3% (1)	14.5% (3)	20.0% (1)
Perception that psychosocial issues are too complex / difficult to deal with	17.1% (2)	16.9% (3)	17.2% (2)	18.2% (2)	14.5% (3)	18.6% (2)
Lack of awareness	16.5% (3)	11.3% (5)	20.7% (1)	18.2% (2)	19.7% (1)	12.9% (3)
Lack of consensus among social partners	12.7% (4)	18.3% (2)	8.0% (6)	0,0% (6)	17.1% (2)	10.0% (5)

Table 6.4 indicates that while in EU-15 the key reason for reporting Directive 89/391 as ineffective for the assessment and management of psychosocial risks was low prioritisation of these issues, lack of awareness was the reported to be the key reason in EU-27. Trade union representatives also ranked lack of awareness higher than the other stakeholder groups. The perception that psychosocial issues are too complex or difficult to deal with was reported by all stakeholder groups as a major barrier and was ranked as the 2nd or 3rd most frequently reported reason for the ineffectiveness of the directive.

The respondents were also asked whether other EC Directives that directly or indirectly addressed psychosocial risks had been effective in their countries. For all four Directives, the majority of respondents was affirmative. Results are presented in Table 6.5. No significant differences were found between the EU-15 and EU-27 member states and stakeholders.

Table 6.5: Effectiveness of other relevant EC Directives

Directives		Effective		
		Yes	No	<i>p-value*</i>
a)	Directive 90/270/EEC on VDT	83.1%	16.9%	<i>n.s.</i>
b)	Directive 92/85/EEC on pregnant workers, women who have recently given birth, or are breast-feeding	87.3%	12.7%	<i>n.s.</i>
c)	Directive 93/104/EC about working time	75.4%	24.6%	<i>n.s.</i>
d)	Directive 96/34/EC on parental leave	82.0%	18.0%	<i>n.s.</i>

**p-value* < .05

Stakeholders were asked a number of questions relating to the European voluntary agreement between social partners on work-related stress. Most

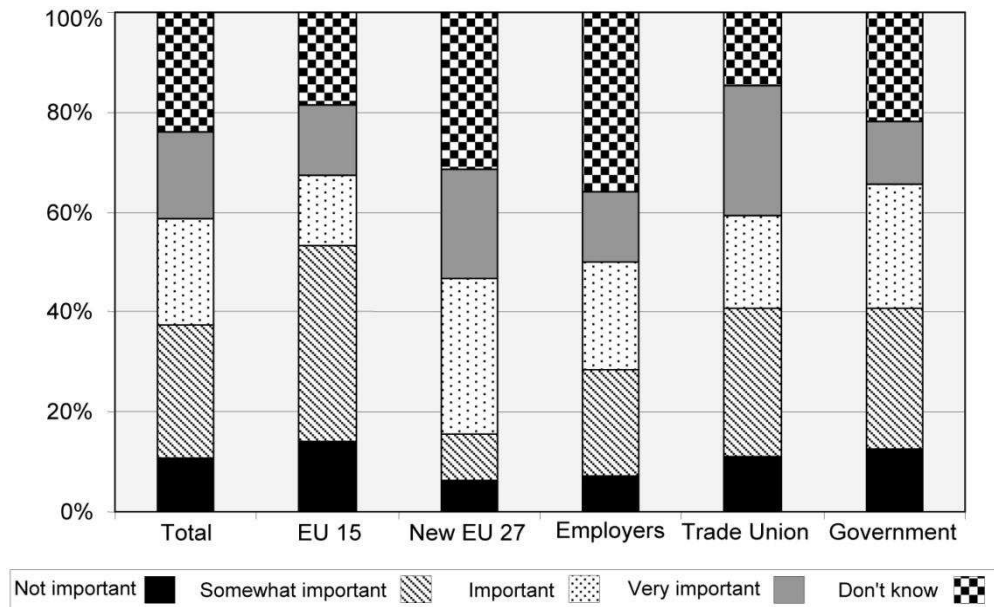
participants (overall: 69.3%; EU-15 countries: 74.4% and EU-27 countries: 62.5%) reported that they were familiar with the contents of the agreement. 77.8% of the participants representing trade unions reported to be familiar with the contents of the agreement as compared to 68.8% of representatives of government agencies and 64.3% of employers' association representatives. While over half of the participants (57.3%) indicated that the agreement had been translated into their country's national language, there were also a large number of participants (36%) who indicated that they did not know whether the agreement had been translated. This lack of awareness was reported highest by participants from the new Member States (46.9%) and representatives of employers' organisations (42.9%). Additionally, only 29.4% of respondents reported that the agreement had an impact on the actions taken to tackle work-related stress in their countries. Again, a large number of participants (37.3%) did not know if the agreement had had any impact.

When asked if the agreement had been implemented effectively in their country, only 17.3% of the participants said 'yes', while over half (52%) said 'no' and 30.7% were not aware. 25.6% of participants from the EU-15 countries reported that the agreement had been implemented effectively, while only 6.5% of participants from the new member states (EU-27) reporting the same. There was no significant difference ($p=0.082$) of perceptions between participants from the EU-15 and new member states. However the difference was significant amongst the stakeholders ($p=0.044$). While 42.9% of representatives from employers' associations reported that they believed that the agreement had been implemented effectively, only 12.5% of representatives from government agencies and 11.1% of representatives from trade unions reported the same.

The participants were also asked to rate the relevance or usefulness of the work-related stress agreement in relation to already existing national legislation, agreements and action programmes on work-related stress/psychosocial risks in their country. Figure 6.1 presents these findings. Differences can again be observed in the above figure in the responses from EU-15 and EU-27 countries. As compared to EU-27, more respondents from the EU-15 reported that the agreement was not important to existing national policies. However the differences were not significant. Many of the respondents, particularly those from EU-27 countries and employers'

associations, stated that they did not know whether the agreement had been useful. These findings further highlight the need for evaluation.

Figure 6.1: Relevance/usefulness of the work-related stress framework agreement in relation to already existing national policies and initiatives



6.4.2 Interviews

Thematic analysis was used to analyse the data (Braun & Clarke, 2006). Three thematic areas emerged. The thematic areas are as follows:

- a) Awareness of policy level initiatives
- b) Evaluation and impact of policy level interventions
- c) Main priorities at the policy level in relation to psychosocial risk management.

The key themes and sub-themes are presented in Table 6.6.

Table 6.6: Thematic grid – Interviews with key stakeholder on policy-level interventions Study 4

Main themes	Sub-themes
<i>Awareness of policy level initiatives (Aw)</i>	Clarity of policies (Aw1) Transposition of Directives across the EU (Aw2) International organisation collaboration (Aw3) Ministry collaboration (Aw4)
<i>Evaluation and impact of</i>	Lack of resources for evaluation (Ev1)

<p><i>policy level interventions (Ev)</i></p>	<p>Usefulness of policy level interventions at the enterprise level (Ev2)</p> <p>EU Directives as minimum standards (Ev3)</p> <p>Research to practice (Ev4)</p> <p>Raising public awareness (Ev5)</p> <p>Need for evaluation of policy level interventions (Ev6)</p>
<p><i>Main priorities at the policy level in relation to psychosocial risk management (Pr)</i></p>	<p>Successful implementation of framework agreements (Pr1)</p> <p>Implementation of harassment and violence laws, especially in new member states (Pr2)</p> <p>Sharing of best practices in policy development, implementation and evaluation among member states (Pr3)</p> <p>Policy-level actions to disseminate existing knowledge, best practice and tools to organisations (Pr4)</p>

6.4.2.1 Awareness of policy level initiatives

Participants reported that there were a number of policy level developments in relation to psychosocial risk management. The majority of these took the form of official guidance and social dialogue initiatives, with some examples of legislation, collective agreements, international organisation action, economic incentives at the national level and established networks and partnerships. At the European level there are guidelines issued by the EU, and the framework agreements but there are no specific Directives or a legal framework on work-related stress (apart from the 1989 Directive that also concerns psychosocial risk management). More clarification of the Directive in relation to psychosocial risk management was seen by most as necessary. The interviewees also highlighted the need to see EU legislation as minimum standards that have to be met. An interviewee (specialised agency) stated that *“The (EU) directives are compulsory and you have to transpose them, this at least gives this floor, minimum standards. Hopefully it is not a ceiling so people want to go beyond and improve but at least they give a level playing field.”*

At the global level, the initiatives mainly took the form of guidance issued by the WHO, ILO conventions and global networks. But despite the availability of these initiatives, cooperation between international organisations, such as the ILO and the WHO, was considered by many to be lacking in the area of psychosocial risk management. This was reported to have an impact on the awareness of these issues at the macro level. As one participant (trade union confederation) commented: *“It is truly a shame that WHO and ILO cannot coordinate better and often get stuck at words and lose the essence. A lot more would have been achieved had there been cooperation, also in practice”*. Also, a clear communication structure with clearly defined mandates for different ministries was considered essential, especially between the ministries of Labour and Health, so that progress in this area is achieved.

Participants also raised concerns regarding the evaluation of policy initiatives. Even though many policy level developments have been implemented in Europe, their effectiveness has not been evaluated. Another problem at the EU policy level, highlighted by all interviewees, was the effect of Europeanization of the policy process, more specifically, how new member states can adapt EU Directives and other European initiatives. This was summed up in a quote from one of the interviewees (government agency): *“The problem is that when you transpose Directives it is always said that they should be adapted to national habits and customs but this is not always possible as we have very different situations in 27 different member states. The situation in Romania and Bulgaria is not the one in Finland and Sweden. So you need to look for adaptations. You can have a Directive that sets the standard across all 27 but then how do you transpose it in each country with different structures, different traditions of social dialogue... it is going to be difficult”*. Participants also recognised the challenges posed by the way in which policy level interventions are implemented with a participant (employer association) commenting that, *“often not enough time is allocated to introduce the regulation or initiative, with little or no support provided to employers and employees”*.

6.4.2.2 Evaluation and impact of policy-level interventions

No clear pattern in evaluating policy interventions was reported. Many initiatives at the macro level are recent and have not been evaluated formally. Difficulties in evaluation due to confounding variables and shortage of

resources (time, monetary) were highlighted as some of the barriers to evaluation. Few studies on evaluating policy interventions, primarily legislation, were reported to have been conducted. A participant (trade union confederation) highlighted a study on the evaluation of the Swedish regulations on bullying which suggested that the law was introduced “*too early*”, in a situation when the level of awareness, recognition and knowledge of the issue was not adequate. It was thought that, “*such situations might lead to resistance and difficulties, especially if employers were aware [due to the legislation] of what they should do but did not know how*”.

However, the outcomes of existing policy-level interventions were reported to be largely positive based on anecdotal evidence and initial reports. Interviewees highlighted the need for more long-term evaluation. Participants reported that policy interventions could be implemented not only at the macro level but also at the enterprise level. In countries where systems to support macro initiatives are lacking or not fully developed, policy interventions at the enterprise level can help in promoting effective psychosocial risk management.

Also, even though anecdotal evidence suggests that policy-level interventions are largely successful, it is not clear what the impact of policy level interventions has been on societal learning and society in general as many of these initiatives are still very recent and there is still very limited awareness regarding such initiatives. As one interviewee commented (specialised agency) on the impact of the framework agreements, “*I think it is too early for me to say if this initiative has had an impact on society. I think you need another couple of years at least to see how it affects the work place, and how it has an impact on society, on mentalities and so on. I think it is too early to draw a conclusion on that*”.

All interviewees emphasised the importance of communicating the key messages from the findings in research to policy makers, these could be in the form of best practice examples, guidance etc. There was consensus in the notion that an impact on society could only be made if the key messages were communicated. Not much about psychosocial risks and their effects were reported to be known and discussed in society. Some participants further reported that researchers and experts in the area have not been successful in communicating the harmful effects of psychosocial risks to the general

population. A participant (government agency) quoted: *“In any election in any country politicians always talk about health and healthcare provision, so on one hand the population puts health at the top of their priorities and on the other hand it is nowhere in the public discourse. They talk about health care but they don’t talk about the fact that you have tens of thousands of people dying every year from preventable work -related diseases, and we don’t do a terribly good job of putting that in the public domain”.*

The media was reported to play a key role in shaping public opinion and thereby have an impact on societal learning. However, it was reported that there was still little coverage of customer/client violence and even less coverage of work-related stress and bullying and harassment at the workplace in mass media. A participant commented (trade union confederation) that: *“These interventions [policy level] have not had a lot of impact on societal learning because one thing that we miss is presence in the media. I think there is still a huge focus on accidents in the media while occupational diseases are largely ignored. When you look at the estimates from the ILO, fatalities from accidents are 5%, but estimates also show that for every person dead from an accident 10 have died from work-related diseases. Until we make more of an effort to raise public awareness, nothing is going to happen.”*

6.4.2.3 Main priorities at the policy level in relation to psychosocial risk management

The respondents pointed-out that there were many priorities and that everyone should take initiative. One of the main priorities was reported to be the successful implementation of the recent framework agreements on work-related stress and harassment and violence at work. In addition, many agreed that due to the ‘nature’ of work-related stress, soft laws might be better suited to address the challenges posed, but also emphasised that such measures were meant to set minimum standards and the outcome of a softer approach remains to be seen. As one interviewee (employer association) commented: *“Social partners thought a softer approach than a legal one would be the most appropriate and the most effective because as it is known, employers are very reticent to any legal frameworks and they would say let’s avoid the bureaucracy and try to have a soft approach, so this was a good way forward. Now we have to see what the outcomes are”.*

Legislation and other statutory requirements were seen as essential to support the management of work-related violence, and harassment. It was reported that, although, in many countries occupational health and safety legislation, environmental legislation or specific legislation against bullying and violence existed, it was essential to develop such legislation in countries where they did not exist, particularly in some new member states. New systems and actors (stakeholders) were reported to be needed to combat bullying in countries with old and outdated systems which are ineffective in dealing with psychosocial issues.

The participants recommended that member states should share best practice in policy development, implementation as well as evaluation, so that states could learn from the experiences of others. As one interviewee (government agency) commented: *“At the national level, many member states have enacted and implemented legislation relating to occupational health and safety, however, these initiatives were largely driven by internal discussions and a few European Directives; there are no significant efforts made by member states to collaborate with each other in order to aid policy learning and transfer of knowledge and experiences, in the area of occupational health and safety and psychosocial risk management”*.

All participants agreed that increasing awareness of psychosocial risks and providing information and guidelines to facilitate psychosocial risk management was essential. They reported that the provision of usable information, both in terms of tools and in terms of processes must be provided. This was considered important because it was thought that until sufficient numbers of organisations were aware of these issues, successful implementation would not be possible. As one participant (trade union confederation) commented, *“when you have a critical mass of organisations that you can show to the others saying that these organisations have used some tools, which has helped them to do the assessment which led to risk reduction, you will show that it is possible and then the excuses will start to fall”*. Also policy-level actions were needed to disseminate existing knowledge and best practice to organisations. A common suggestion was to have relevant codes of conduct in every organisation.

6.5 Discussion

The findings highlighted a number of important issues in relation to psychosocial risk management at the policy level. A number of initiatives have been implemented with overall good results, however, analysis and in-depth evaluation of these initiatives is lacking. While calling for more studies of intervention effectiveness at the legislative, employer/organisational and job/task level, Murphy and Sauter (2004) highlighted the notable absence of studies of legislative or public policy initiatives.

The survey findings point out that issues more frequently perceived as the main causes for the ineffectiveness of Directive 89/391 include the low prioritisation of psychosocial issues, the perception that psychosocial issues are too complex/difficult to deal with, lack of consensus and the lack of awareness among social partners. Similar findings are also reported by Iavicoli et al. (2004). The findings of the survey further point to the differences between member states in relation to the available support for the management of psychosocial risks and a substantial difference between the EU15 countries and the new member states on awareness of psychosocial risk factors. The findings suggest that a lack of awareness in new member states is one of the main reasons for the poor evaluation and management of these risks.

The level of application of European Directive 89/391 for the assessment and management of psychosocial risks and work-related stress was largely reported by the stakeholders as inadequate. This opinion was more marked in the new EU27 countries than the older EU15, and the difference was significant as regards the impact of the Directive on the assessment of psychosocial risks. This important difference between the two groupings can be explained to some extent by the time that the 'older' EU countries have had to examine and apply the Directive as compared to the newer member states (this was also highlighted in the previous chapter). This is also probably why there is also a need for more awareness of occupational risks in general and psychosocial risks in particular in older member states when compared to the newer member states. As discussed in Chapter 5, the differences between the new and the old member states may also be due to the process of Europeanisation of health and safety legislation. According to Andersen and Eliassen (2001) the Europeanisation of policy-making implies a need for a new

way of delineating the policy context, one with a wider scope which includes central EU institutions, the European network of national political institutions and the actors operating at both levels. A widening of the policy making context also has implications for the analysis of policy-making processes and their outcomes; a key dimension of this is the interaction between the national and the EU level which needs to be considered while conducting a policy evaluation study.

The survey results also indicated that unlike trade unions and governmental bodies, employers perceived the Directive as effective in terms of the management and assessment of psychosocial risks but at the same time also showed a high percentage of lack of knowledge, similarly indicated in previous surveys (Iavicoli et al. 2004). As highlighted in Chapter 5, this difference of opinion among social partners often proves to be a barrier in social dialogue and the development of joint initiatives and as a consequence hinders the policy process (Howlett & Ramesh, 2003), as discussed in Chapter 2.

Low prioritisation of psychosocial issues was most frequently perceived as the main cause for ineffectiveness of Directive 89/391, this is arguably because it does not make explicit reference to psychosocial risks. Although it emphasises the importance of considering all risk factors (including psychosocial risks), as discussed in Chapter 3, it does not provide a practical and operational translation for managing such risks; hence, the reported lack of effectiveness in terms of assessment and management of psychosocial risks at the workplace. As regards other European Directives associated with psychosocial risks but focusing on specific factors or categories of workers, such as Directive 90/270/EEC on VDT, Directive 92/85/EEC on pregnant workers, women who have recently given birth or are breast-feeding, Directive 93/104/EC about working time and Directive 96/34/EC on parental leave, these were reported to be effective by a very high proportion of the sample. This suggests that Directives can be viewed as valuable not only in legislative terms but also in practical terms, especially if they are more specific in nature. The main problem, therefore, in implementing Directive 89/391 is its general approach, in contrast to the others which deal with much more clearly defined topics making them easier to enforce and transfer.

To overcome the difficulty in applying Directive 89/391 and the lack of explicit reference to psychosocial risks, awareness raising on how psychosocial risk management can be conducted must be promoted through appropriate tools and guidance and in all stakeholder groups. Directive 89/391 needs further implementation in terms of assessment and management of psychosocial risk factors.

The findings from the interviews also indicate that evaluation studies for policies relevant to the management of psychosocial risks are lacking. This lack of evaluation could be attributed to the recency of many policy initiatives as discussed in previous chapters. There are also only a few examples of evaluation of national level interventions, primarily legislation, such as for instance, the Swedish regulations on bullying at work assessed by Hoel (2006) and the French legislation on bullying by Bukspan (2004). However, (Hildén et al., 2002) argue that even recently introduced policy instruments can be evaluated using an evaluation framework based on intervention theory to describe how the policy is intended to be implemented and function. Unfortunately, such extensive evaluation of policies relevant to the management of psychosocial risks has not been carried out.

Findings in relation to the framework agreement for work-related stress again highlighted differences among new and old member states and social partners. EU15 respondents rated the framework agreement as more important than EU27 respondents in relation to legislation and initiatives in their countries. In addition, many of the EU27 respondents stated that they did not know about the impact of the agreement. That might again be related to lower awareness in these countries as well the recency of the agreement itself and the time needed to see effects in practice. Interestingly, lack of knowledge was also reported by many employer representatives, again indicating limited awareness.

Findings from the interviews further highlight the differences in awareness and prioritisation of psychosocial risks identified in previous studies, and in capacities and structures to support their management between the EU15 and EU27 member states. Previous research (e.g. Daniels, 2004; de Smet et al., 2005) has also provided evidence of such differences between EU countries, and further emphasised the investigation of 'origin country' variables; however

previous studies have focused mainly on the EU15 countries. Börzel (2003) suggested that the capacity of member states to shape and take on EU policies depends on both political factors (such as domestic veto players or institutional weight in EU decision-making) and more importantly on the administrative capacity (resources, level of corruption, expertise and fragmentation of competencies) of a member state.

The significance of the dissemination of guidance and examples of best practice for psychosocial risk management was also raised. It was pointed out that there are no significant efforts by member states to share best practice. Although networks between national occupational health and safety institutes exist, such as the PEROSH network, they are largely focused on research activities and do not involve representation on a tripartite basis while the impact of their activities has not been evaluated. However, such networks can still strive to improve collaboration between member states to promote policy learning and transfer of knowledge especially in the context of the enlarged EU.

Clear communication structure with clearly defined mandates for different ministries was considered essential, especially between the ministries of Labour and Health. Cooperation between international organisations, such as the ILO and the WHO, was considered by many to be lacking in the area of psychosocial risk management, this was reported to have an impact on the awareness of these issues at the macro level. The societal impact of policy-level interventions has not been assessed adequately and further efforts need to be made to evaluate and communicate research findings to policy makers and the general public.

6.6 Conclusion

Overall, it can be concluded that the major limitations of the current situation concerning policy level interventions for psychosocial risk management at the EU level relate to the lack of a systematic intervention cycle that promotes the translation of monitoring data into policy plans and the development of additional macro intervention programmes that are evaluated appropriately in order to promote societal learning and have a systematic impact on the labour

market, economic performance of EU countries and the Union as a whole, and public and occupational health.

All the studies conducted as part of this research, so far point to the same conclusions. Emphasis must be placed on conducting careful analysis and evaluation of policy level interventions and efforts. In doing so, it is important to evaluate not only their effectiveness but also their development and implementation process to identify success and failure factors that are important for societal learning. This would also help to improve collaboration across member states and promote policy learning and transfer of knowledge in the area of psychosocial risk management. Increased collaboration will also help address differences of perception between various stakeholders and between new and old member states.

Having evaluated the impact of policies in relation to psychosocial risk management from the perspective of key stakeholders, it is also interesting to explore whether there are indications on the basis of available data on the impact of these initiatives in practice at the enterprise level as well potential drivers and barriers to the implementation of best practice on the basis of legal requirements and guidance. This will allow building a fuller picture in relation to their implementation. The final study in this research, presented in the next chapter, addresses these questions.

7. Translation of policy into practice in Europe: Drivers and barriers for psychosocial risk management at the enterprise level

7.1 Introduction

As discussed in the previous chapters, in spite of the progress that has been achieved at the policy level, it has been widely acknowledged that these initiatives have not had the impact anticipated both by experts and policy makers mainly due to the gap that exists between policy and practice (Levi, 2005). On the one hand, there is a common European OSH 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 & Morvan, 2004). Despite the increasing relevance and impact of psychosocial risks and work-related stress (e.g., Eurofound 2007; EU-OSHA, 2007) countries differ in their acknowledgement, awareness and prioritisation of these issues and this is often associated with lack of expertise, research and appropriate infrastructure (Leka et al., 2011a).

Particular challenges in relation to psychosocial risks and their management exist both at the policy level and at the enterprise level. At the 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. At the 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 (Leka & Cox, 2008). However, before these challenges can be addressed, it is necessary to examine the overarching issues that may influence the translation of policies into action. At the macro level these include the national legislation, surveillance systems and enforcement mechanisms, while at the enterprise level they include enterprise size and sector as well as characteristics of the organisational context such as awareness, availability of resources, training and expertise, technical support and guidance, employee participation and organisational culture (Leka et al., 2011a).

The overarching issues at macro level have been discussed in the previous chapters. This chapter focuses on reviewing the characteristics of the organisational context that can have an impact on the translation of policies into practice. At European level monitoring tools in relation to psychosocial risks have mainly examined employees' perception of their work situation and work environment. The main tool in this respect is the European Working Conditions Survey that is conducted by the European Foundation for the Improvement of Living and Working Conditions. However, until recently there was a gap in terms of monitoring practices implemented at the enterprise level to deal with psychosocial risks. This gap has been filled with EU-OSHA's ESENER survey. ESENER is an employer survey across Europe that explores awareness, knowledge, practices, drivers, barriers and needs that enterprises have in the area of occupational health and safety in general and psychosocial risk management in particular. The last study in this research used the ESENER data (that as discussed before is publicly available) to examine the impact of policies on enterprise action, and to specifically identify which contextual factors act as drivers and barriers for the implementation of procedures and measures to manage psychosocial risks at the level of the enterprise.

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 the enterprise level.

7.2 The organisational context

Psychosocial risk management is a systematic, evidence-informed, practical problem solving strategy. Contextualization, tailoring the approach to its situation, is a necessary part and facilitates its practical impact in workplaces. Because national, sectoral and workplace contexts differ, contextualization is always needed to optimize the design of the risk management activities, to guide the process and maximize 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 combined with data from interviews with key stakeholders, identified key factors affecting the implementation of such interventions as concerns the organisational context. These are presented in Table 7.1.

Table 7.1: Factors affecting the implementation of psychosocial risk management interventions

<ul style="list-style-type: none">• Top-down and 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 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)

ESENER examines many of these issues, relating to awareness of psychosocial risks, their impact and their management; availability of expertise and training on these issues, 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.

7.2.1 Level of awareness and acknowledgement of psychosocial problems

The level of awareness of the psychosocial risks and their impact 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, availability of expertise, research and also relates to fulfilment of legal obligations by employers (Iavicoli et al., 2004). Studies have examined, for example, 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.

7.2.2 Availability of training and expertise, including appropriate tools, technical support and guidance

Capabilities for psychosocial risk management at the enterprise level are an important element that needs to be considered and 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 & Cox, 2008).

Across countries, there are differences in existing capabilities and especially in newer EU member states. In those countries where only minor capabilities are available, this is a major limitative factor for successful psychosocial risk management practice as this is linked to 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 & Cox, 2008).

7.2.3 Availability of resources

Filer and Golbe (2003) have described how companies' investment in workplace safety is connected to companies' 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 also associated with the size of the enterprise (e.g., Jensen, Alstrup & Thoft, 2001).

7.2.4 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 & Ducki, 2004; Cox et al., 2000). 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 into 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).

7.2.5 Employee participation and consultation

An additional element which has been emphasised as integral to a comprehensive and successful preventative practice for management 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 increase their effectiveness. 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 each member of an organisation, and other social actors which surround it, have expert knowledge of their environment and the best way to access this is through inclusion (Leka et al., 2008b; Nielsen et al., 2010; Walters, 2004).

7.2.6 Organisational culture

Conceptually (see Leka et al., 2008b; Nielsen et al., 2010) psychosocial risk management demands organisations to 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. Readiness for change is an important prerequisite for the successful process of psychosocial risk management. A key element of successful organisational change is the existence of an appropriate organisational culture (Hofstede, 1980; Dollard & Bakker, 2010; Diaz-Cabrera et al., 2010; Shein, 2004). Organisational culture can be evaluated at various levels: national culture (Hofstede, 1991, 2002; Hofstede & Peterson, 2000), business sector culture (e.g., De Witte & 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; Shein, 2004). Organisational culture is increasingly recognised as an important determinant of occupational health and safety and its management (Sunderland & Cooper, 2000; Goetzel et al., 2002; Golaszewski et al., 2008).

7.2.7 Sensitivity of psychosocial issues

Sensitivity of psychosocial issues and the role and influence of cultural aspects such as risk sensitivity and risk tolerance (both at the company and societal levels) are important; these are often relevant to awareness, education and training and availability of expertise and appropriate infrastructures at the organisational and national levels (Leka, Cox & Zwetsloot, 2008). In addition, they can affect other important context issues 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). Readiness for change is also linked to perceived sensitivity of psychosocial issues. It is an important prerequisite for the successful process of a psychosocial risk prevention and intervention programme.

7.2.8 The business case

In this era of a slow growth economy, large deficits and huge spending cuts, to remain sustainable and compete more effectively, many enterprises (both private and public) have restructured and downsized their workforce, relocated production to lower-cost sites, increased the use of non-traditional methods of employment practices (such as outsourcing, temporary work, part-time work, or flexible work) and implemented new forms of work methods (EU-OSHA, 2007; Kompier, 2006). These changes, if not managed, can lead to a poor working environment which can have an impact on performance, productivity and quality (EU-OSHA, 2004) and also have an adverse effect on organisational health, namely, job satisfaction, morale, performance, turnover, absence, presenteeism and organisational commitment (Cox, Griffiths & Rial-Gonzalez, 2000).

Bond, Flaxman and Loivette, (2006) further re-iterate 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, 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. This would provide possibilities for identifying health and safety as important business enablers that can push companies to better performance (EU-OSHA, 2004, 2010b).

7.2.9 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, 2001a). The scrutiny of all aspects of business performance is not just a matter for enforcers but is more intensively done by investors, NGOs, society, and, particularly business competitors. As such many organisations have stimulated growth by publishing 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. It is now increasingly accepted that OSH is an essential component of CSR (EU-OSHA, 2004; Jain, Leka & Zwetsloot, 2011; Sowden & Sinha, 2005; Zwetsloot & 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, Zwetsloot & Jain, 2010). 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 & 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 & Lyon, 2006).

7.2.10 Other contextual factors at the enterprise level – size, country, sector and public/private enterprises

Evidence clearly suggests that the size of a company has an impact on how health and safety is managed within the organisation and that small and medium sized enterprises (SMEs) do not manage health and safety as effectively as large ones (Cook, 2007). This is mainly because smaller companies lack resources and at the same time are not aware of the economic benefits of improving OSH performance (Dorman, 2000; EU-OSHA, 2009b; EC, 2004b; Lahm, 1997; McKinney, 2002), which is contrary to the case (EU-OSHA, 2009).

At the country level, a number of factors relating to legislation, health and safety surveillance systems and enforcement mechanisms, economic climate, economic and trade policies, key employment sectors will have an impact on

the way companies promote workers' health and safety. Research has also shown that enterprises operating in different employment sectors may face different problems and have different priorities (e.g., EU-OSHA, 2009; ILO, 2010). In addition, the risks addressed by the Framework Directive 89/391 and its five first individual Directives are present in the public sector at the same levels as in the private sector. Evidence from national and European population surveys clearly indicate the risks linked to ergonomic aspects, workplace conditions, the handling of loads, the use of display screen equipment or the organisational aspects including the psychosocial risks, are widely present in the public sector (EU-OSHA, 2009).

7.3 Research questions

The literature review indicates that there are several drivers and barriers for the implementation of good practice measures and processes for psychosocial risk management at the enterprise level. The ESENER survey assesses some of these key factors. The analysis presented focuses on the items that assess these factors. This study aimed at examining the following research questions:

1. What are the key drivers in relation to the management of psychosocial risks for the implementation of: a. established procedures to deal with work-related stress; bullying and harassment; work-related violence, b. measures to deal with psychosocial risks?
2. What are the main barriers in relation to the management of psychosocial risks for the implementation of: a. established procedures to deal with work-related stress; bullying and harassment; work-related violence, b. measures to deal with psychosocial risks?

7.4 Methodology

7.4.1 ESENER

ESENER involved approximately 28,650 computer-assisted telephone interviews (CATI) with the highest ranking manager. The interviews took place with managers from establishments with ten or more employees in the 31 participating countries, covering all sectors of economic activity except for

agriculture, forestry and fishing (NACE Rev. 2 'A'). The statistical unit of analysis is the establishment. The 31 participating countries comprise all 27 European Member States, as well as two Candidate Countries (Croatia and Turkey), and two EFTA countries (Norway and Switzerland). In 15 of the 31 countries, interviews could be conducted directly by using addresses from address registers. In the remaining 16 countries, a special screening procedure had to be applied in order to transform company-related samples into establishment samples. In the case of multi-site companies, the screening procedure served to identify the eligible establishments belonging to that company and to randomly select one of them for interview. Interviews were conducted in the national language in each country. The translation was conducted by professional translators and was checked by native language experts (for more information, see EU-OSHA, 2010a).

7.4.2 Variables and Scales

7.4.2.1 Selection of survey items

The full ESENER questionnaire is available online at: www.esener.eu. 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 (work-related stress; violence or threat of violence; 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 (work-related stress; bullying or harassment; work-related violence)
7. Measures for psychosocial risk management.

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 7.2.

Table 7.2: Survey items selected

Background information	<u>Enterprise sector</u> : <i>Assigned from NACE-Code from sampling source</i>
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	<p><u>Size of enterprise:</u> MM102a/b: <i>Approximately how many employees work at this establishment?</i></p> <p><u>EU Country:</u> <i>Country code: pre-assigned</i></p> <p><u>Public/Private enterprise:</u> MM103: <i>Does this establishment belong to the public sector</i></p>
Health & safety concerns in the workplace – Psychosocial issues	<p>MM200.5: <i>Whether work-relates stress is of major concern, some concern or no concern at all in your establishment.</i></p> <p>MM200.6: <i>Whether violence or threat of violence is of major concern, some concern or no concern at all in your establishment.</i></p> <p>MM200.7: <i>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.</i></p>
Concern for psychosocial risks	<p>MM202: <i>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.</i></p>
Management of health and safety	<p>MM150: <i>What health and safety services do you use, be it in-house or contracted externally?</i></p> <p>MM152: <i>Does your establishment routinely analyse the causes of sickness absence?</i></p> <p>MM153: <i>Do you take measures to support employees’ return to work following a long-term sickness absence?</i></p> <p>MM155: <i>Is there a documented policy, established management system or action plan on health and safety in your establishment?</i></p> <p>MM158: <i>Are health and safety issues raised in high level management meetings regularly, occasionally or practically never?</i></p> <p>MM159: <i>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?</i></p> <p>MM161: <i>Are workplaces in your establishment regularly checked for safety and health as part of a risk</i></p>

	<p><i>assessment or similar measure?</i></p> <p><i>MM173: Has your establishment used health and safety information from any of the following bodies or institutions?</i></p> <p><i>MM355: Does your establishment have an internal health and safety representative?</i></p> <p><i>MM358: Is there a health and safety committee in your establishment?</i></p>
Drivers and support available for psychosocial risk management	<i>MM262: Which of the following reasons prompted your establishment to deal with psychosocial risks?</i>
Barriers for psychosocial risk management	<i>MM301: Considering the situation in your establishment: Do any of the following factors make dealing with psychosocial risks particularly difficult?</i>
Procedures in place for psychosocial risk management	<p><i>MM250: Does your establishment have a procedure to deal with work-related stress?</i></p> <p><i>MM251: Is there a procedure in place to deal with bullying or harassment?</i></p> <p><i>MM252: And do you have a procedure to deal with work-related violence?</i></p>
Measures in place for psychosocial risk management	<p><i>MM253: In the last 3 years, has your establishment used any of the following measures to deal with psychosocial risks?</i></p> <p><i>MM256: Does your establishment take action if individual employees work excessively long or irregular hours?</i></p> <p><i>MM259: Do you inform employees about psychosocial risks and their effect on health and safety?</i></p> <p><i>MM260: Have they been informed about whom to address in case of work-related psychosocial problems?</i></p> <p><i>MM302: Have you used information or support from external sources on how to deal with psychosocial risks at work?</i></p>

7.4.2.2 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 data collection 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.

7.4.2.3 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 7.3. The reliability (KR-20) of the scales varied from .75 to .80 indicating high internal consistency of the scales.

Table 7.3: Items and reliability of constructed scales

<i>Topic</i>	<i>Scales</i>	<i>Items</i>	<i>Kuder-Richardson 20 (KR-20)*</i>
<i>OSH Management</i>	OSH Management	MM150, MM152, MM153, MM155, MM158, MM159, MM161, MM173, MM355/MM358	.80
<i>Concern for Psychosocial risks</i>	Concern for Psychosocial risks	MM202.1 – MM202.10	.77
<i>Measures for PRIMA</i>	Measures for PRIMA	MM253.1 - MM253.6, MM256, MM259, MM260, MM302	.75

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

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. Many aspects included in this scale are influenced by European and national policy initiatives.

The composite OSH management score was 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 which reported between 1 to 5 aspects of OSH management.

Concern for psychosocial risks: Concern for psychosocial risks in the organisation was assessed by asking the participants to rate ten issues in their establishment (time pressure, poor communication between management and employees, poor co-operation 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, 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 categorized as measures for psychosocial risk management on the basis of their theoretical relevance. These included 6 measures used to deal with psychosocial risks in the last 3 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 was 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 which reported implementation of 5 or more measures and 'low psychosocial risk management measures=0' which included enterprises which reported implementation of 1 to 4 measures.

7.4.2.4 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 7.4 presents items used for topics where scales were not constructed. Each item was treated as a variable.

Table 7.4: Items of topics (without constructed scales)

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

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 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’.

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 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’ indicated the absence of established procedures.

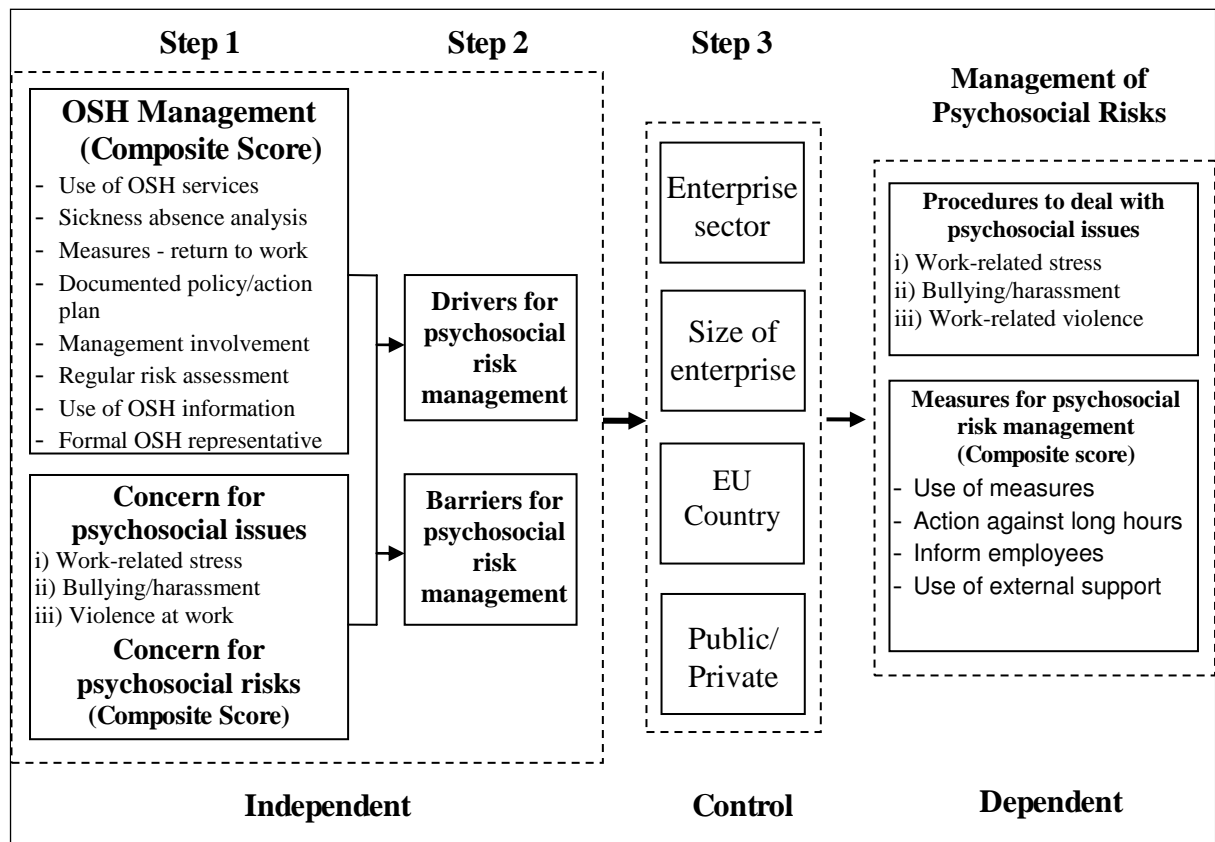
Drivers and barriers for psychosocial risk management were dichotomised where a ‘Yes’ response was coded as ‘1’, a ‘No’ response was coded as ‘0’ and ‘No answer or N/A’ was coded as ‘system missing’.

7.4.3 Data Analysis

7.4.3.1 Analysis model

Based on the literature review and variables identified, the analysis model (Figure 7.1) was developed to examine the impact of drivers and barriers on the management of psychosocial risks in the workplace.

Figure 7.1: Analysis model - Impact of drivers and barriers on the management of psychosocial risks in European enterprises



(composite score), concern for psychosocial issues, 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. Procedures as opposed to measures in place for psychosocial risk management appeared to be quite different indicators. Since procedures for psychosocial risk management related to specific issues, a

composite scale was created for measures in place for psychosocial risk management.

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.

7.4.3.2 Analysis method

- **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 was carried out using point-biserial correlation in SPSS. Point biserial correlation is a correlation coefficient used when one variable or both variables are dichotomous (Brown, 2001).
- **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 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 as 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 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 in relation to the management of psychosocial risks

for the implementation of procedures and measures for psychosocial risk management. As depicted in the analysis model (Figure 1), 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 done to also examine their effect on the impact of the independent variables on the dependent variables.

7.5 Findings

7.5.1 Correlation

Table 7.5 presents the correlations between OSH management, concern for psychosocial issues and risks, *drivers* for psychosocial risk management and dependent variables. Table 7.6 presents the correlations between OSH management, concern for psychosocial issues and risks, *barriers* for psychosocial risk management and dependent variables.

A number of interesting relationships between variables can be observed. Specifically, in terms of procedures for psychosocial risk management, it can be seen that these are correlated positively with all other variables and in particular with OSH management. Procedures for psychosocial risk management, indicative of structural measures embedded in the establishment policies, are also correlated with more ad hoc 'measures' for psychosocial risk management. Concern for psychosocial issues – work-related stress, violence and bullying - were significantly correlated. There was a high correlation between concern for violence and concern for bullying. Concern for psychosocial issues was found to have a moderate correlation with procedures for psychosocial risk management, while a low correlation with measures for psychosocial risk management.

Table 7.5: Correlations between OSH management, concern for psychosocial issues and risks, drivers for PRIMA and dependent variables

	OSH mgt	Concern WRS	Concern violence	Concern bullying	Concern Psych Risk	Legal Obligation	Employee Request	Absenteeism	Decline in productivity	Client req. / image	Pressure Labour Inspect.	Procedure WRS	Procedure bullying	Procedure violence	Measures PRIMA
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										
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 PRIMA	.294**	.199**	.189**	.201**	.176**	.141**	.276**	.170**	.150**	.169**	.073**	.327**	.332**	.312**	1

**p< 0.01 *p< 0.05

Table 7.6: Correlations between OSH management, concern for psychosocial issues and risks, barriers for PRIMA and dependent variables

	OSH mgt	Concern WRS	Concern violence	Concern bullying	Concern Psych Risk	Lack of resources	Lack of awareness	Lack of expertise	Lack of tech support	Org Culture	Sensitivity of issue	Procedure WRS	Procedure bullying	Procedure violence	Measures PRIMA
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 PRIMA	.294**	.199**	.189**	.201**	.176**	.032	-.010	-.056	-.093	.024	.093**	.327**	.332**	.312**	1

**p< 0.01 *p< 0.05

In terms of drivers, employee requests had the strongest relation with psychosocial risk management, followed by absenteeism and legal obligations, however the correlations were moderate to low. All barriers had weak negative correlations with measures and procedures for psychosocial risk management. Logistic regression was carried out to further examine these relationships and address the research questions.

7.5.2 Logistic regression

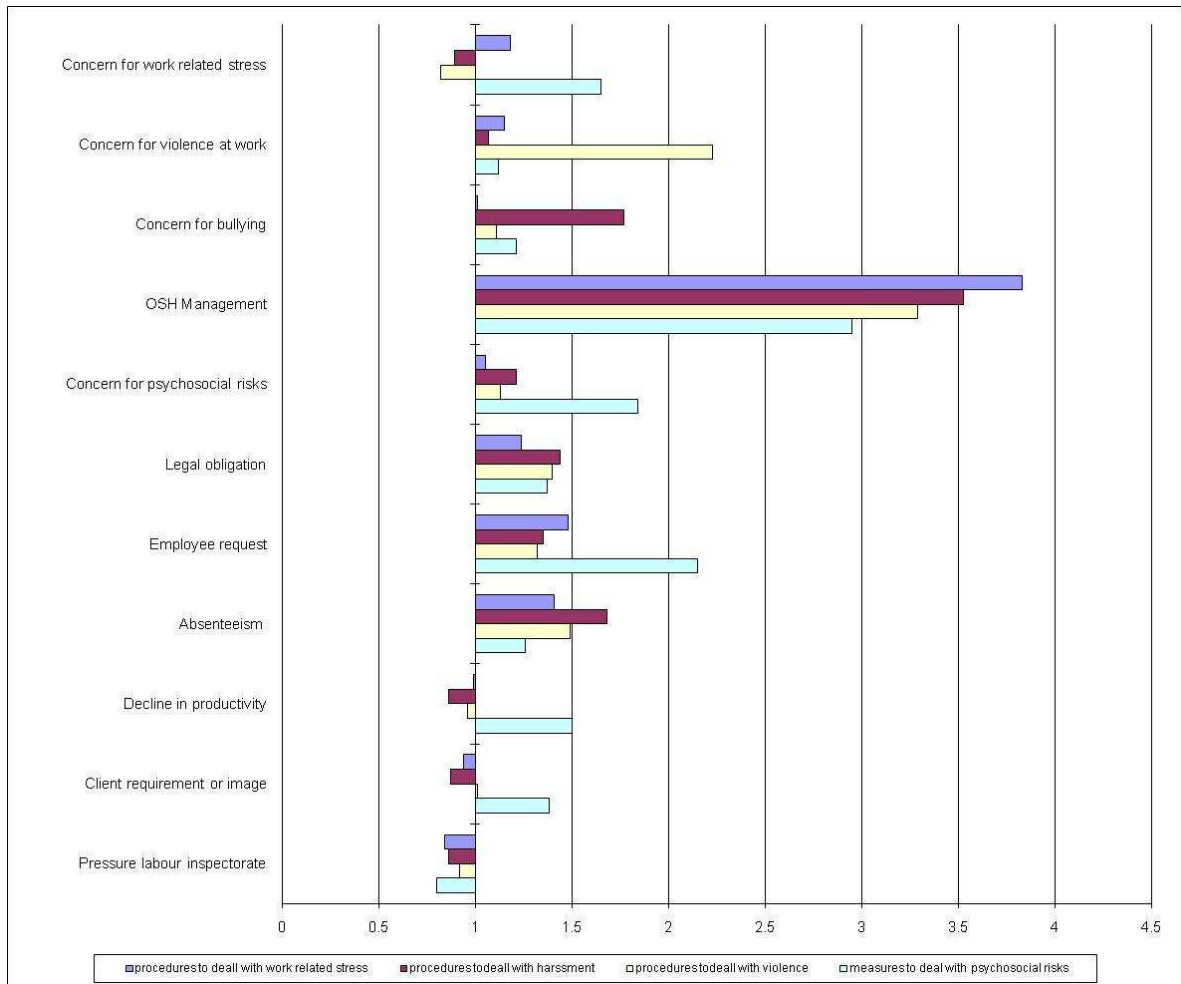
The multivariate analysis indicated that in general, drivers and barriers add to the explanation of procedures and measures to deal with work-related stress, violence and harassment. However, some drivers appear to act as obstacles rather than facilitators and some barriers acted as facilitators. Drivers particularly add to the explanation of work-related measures (8%) much more than what drivers and barriers in general appear to add to procedures (2-3%). OSH management is the most important explanatory variable – can be even considered a precondition – for procedures and measures to deal with work-related stress, violence and harassment. Concern for psychosocial issues and risks are important explanatory variables of the respective procedures and measures directed at managing work-related stress, violence and harassment.

7.5.2.1 Key drivers for the implementation of procedures and measures for psychosocial risk management

The findings indicate that absenteeism and requests by employees for management of psychosocial risks are consistent explanatory variables of both procedures and measures to manage work-related stress, violence and harassment. On the other hand, decline in productivity and client requirements or employer image appear to be consistent barriers (and not drivers) for procedures on work-related stress management, whereas decline in productivity and client requirements or employer image appear to be drivers for the more ad hoc work-related stress measures. Findings in relation to pressure from the labour inspectorate appear to be spurious on the basis of the univariate and multivariate analyses. At first pressure from labour inspectorate appears to have positive relationship with the implementation of psychosocial risk management measures in the univariate analysis but later it appears to have a negative relationship with procedures and measures in the multivariate analysis. This is most likely due to the fact that very few enterprises reported pressure from labour inspectorate as a driver. As such the findings in relation to this issue must

be interpreted with caution. The control variables generally weakened the impact of concerns and drivers on procedures and measures for psychosocial risk management. The odds ratios (OR) for the impact of drivers on procedures and measures are presented in Figure 7.2.

Figure 7.2: The impact (Odds Ratio) of several explanatory variables (drivers) on procedures/ measures to manage psychosocial risks in European enterprises.



Note: The 1-axis is the reference. Impact ratings above one are positive, whereas impact between 0 and -1 is negative

7.5.2.1.1 Procedures to deal with work-related stress

Table 7.7 presents the factors that were significantly associated with a higher likelihood of having procedures in place to deal with work-related stress. Establishments with higher occupational health and safety management activity were nearly four times more likely to have procedures for work-related stress in place. This highlights that those establishments that implement good practice in OSH management as stipulated in EU legislation were more likely to have in place formal procedures for dealing with work-related stress. Concern about the issue was another

strong explanatory variable with establishments that were concerned about work-related stress or work-related violence showing slightly higher likelihood than other establishments to have one or more procedures in place to deal with work-related stress. Drivers which prompted establishments to deal with work-related stress were requests from employees (most important driver), absenteeism and fulfilment of legal obligations. As explained before, findings in relation to pressure from the labour inspectorate should be treated with caution, however it is still important to consider labour inspectorate practices in the area of psychosocial risk management.

Table 7.7: 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**	0.23	1.26**	0.16	1.18**
Concern for violence	0.25	1.28**	0.23	1.26**	0.14	1.15**
Concern for bullying	0.06	1.06	0.00	1.00	0.01	1.01
OSH management	1.50	4.48**	1.40	4.07**	1.34	3.83**
Concern for psychosocial risks	0.20	1.22**	0.15	1.16**	0.05	1.05
Legal obligation			0.23	1.25**	0.22	1.24**
Employee requests			0.48	1.61**	0.40	1.48**
Absenteeism			0.38	1.46**	0.34	1.41**
Decline in productivity			-0.13	0.88**	-0.01	0.99
Client requirements or employer image			-0.07	0.93	-0.06	0.94
Pressure from labour inspectorate			-0.22	0.80**	-0.18	0.84**
Public or private enterprise					-0.05	0.95
Sector (NACE)					0.08	1.08**
Country					0.00	1.00**
Size of enterprise					0.06	1.06**

Notes: Step 1: Pseudo $R^2 = .11$; Step 2: $\Delta R^2 = .02$; Step 3: $\Delta R^2 = .03$
 N = 17220 ** $p < .01$ * $p < .05$

7.5.2.1.2 Procedures to deal with bullying or harassment

A number of factors were significantly associated with a higher likelihood of having procedures in place to deal with bullying or harassment (Table 7.8). Establishments with higher OSH management activity were over 3.5 times more likely to have procedures in place. Establishments that were concerned with bullying or harassment or psychosocial risks were also more likely than other establishments to have one or more procedures in place to deal with bullying or harassment. So, implementation of good practice in OSH management and concern about bullying and harassment were key issues that were associated with more good practice. Drivers which prompted establishments to deal with bullying or harassment included absenteeism, legal

obligations and employee requests. It is interesting to note here that, for bullying and harassment, employee requests were a weaker driver than absenteeism and legal obligations, while for work-related stress they were a stronger driver. This finding is logical as work-related stress affects more employees but it could also relate to the more sensitive nature of bullying and harassment and reluctance to report it. Decline in productivity and client requirements or employer image had a negative effect and establishments were slightly less likely to have procedures to deal with bullying or harassment.

Table 7.8: Impact of OSH management, concern for psychosocial issues and risks, drivers 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	0.02	1.02	-0.04	0.96	-0.12	0.89
Concern for violence	0.17	1.18**	0.16	1.17**	0.07	1.07
Concern for bullying	0.57	1.77**	0.52	1.68**	0.57	1.77**
OSH management	1.45	4.24**	1.33	3.77**	1.26	3.53**
Concern for psychosocial risks	0.34	1.40**	0.31	1.37**	0.19	1.21**
Legal obligation			0.37	1.44**	0.36	1.44**
Employee requests			0.40	1.49**	0.30	1.35**
Absenteeism			0.55	1.74**	0.52	1.68**
Decline in productivity			-0.30	0.74**	-0.15	0.86**
Client requirements or employer image			-0.19	0.83**	-0.14	0.87**
Pressure from labour inspectorate			-0.20	0.82**	-0.15	0.86**
Public or private enterprise					0.19	1.21**
Sector (NACE)					0.07	1.07**
Country					-0.01	0.99**
Size of enterprise					0.05	1.05**

Notes: Step 1: Pseudo $R^2 = .14$; Step 2: $\Delta R^2 = .03$; Step 3: $\Delta R^2 = .03$
 N = 17244 ** $p < .01$ * $p < .05$

7.5.2.1.3 Procedures to deal with work-related violence

Table 7.9 presents factors that were significantly associated with a higher likelihood of having procedures in place to deal with work-related violence. Consistent with previous results, establishments with higher OSH management activity were over three times more likely to have procedures for work-related violence in place. Establishments that were concerned with violence at work were over two times more likely than other establishments to have one or more procedures in place to deal with work-related violence. Concern for psychosocial risks or bullying and harassment slightly increased the likelihood of the establishment to have one or more procedures in place to deal with work-related violence. Drivers that prompted establishments to

deal with work-related violence by establishing procedures included absenteeism, legal obligations and employee requests. Again here it can be observed that employee requests are a weaker driver than absenteeism and legal obligations.

Table 7.9: 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	-0.05	0.95	-0.11	0.90*	-0.19	0.82**
Concern for violence	0.93	2.52**	0.91	2.47**	0.80	2.23**
Concern for bullying	0.13	1.13**	0.06	1.07	0.11	1.11*
OSH management	1.34	3.83**	1.24	3.44**	1.19	3.29**
Concern for psychosocial risks	0.28	1.33**	0.24	1.27**	0.12	1.13*
Legal obligation			0.34	1.41**	0.34	1.40**
Employee requests			0.38	1.46**	0.27	1.32**
Absenteeism			0.43	1.54**	0.40	1.49**
Decline in productivity			-0.19	0.82**	-0.04	0.96
Client requirements or employer image			-0.01	0.99	0.01	1.01
Pressure from labour inspectorate			-0.14	0.87**	-0.08	0.92
Public or private enterprise					0.19	1.20**
Sector (NACE)					0.08	1.08**
Country					-0.01	0.99**
Size of enterprise					0.04	1.04**

Notes: Step 1: Pseudo $R^2 = .15$; Step 2: $\Delta R^2 = .02$; Step 3: $\Delta R^2 = .03$
 N = 17240 ** $p < .01$ * $p < .05$

7.5.2.1.4 Measures to deal with psychosocial risks

Table 7.10 presents the factors that were significantly associated with a higher likelihood of having measures in place to deal with psychosocial risks. Again, establishments with higher OSH management activity were nearly 3 times more likely to have measures in place to manage psychosocial risks. Establishments that were concerned with psychosocial risks, work-related stress, bullying or harassment and work-related violence, were more likely than other establishments to take measures to manage psychosocial risks. Drivers which prompted establishments to implement more measures to manage psychosocial risks, included employee requests (most important driver), decline in productivity, client requirements or employer image, fulfilment of legal obligations and absenteeism. It is interesting to note that for ad hoc measures employee requests are the key driver but also the business case seems to have a stronger effect as shown by drivers related to a decline in productivity, absenteeism and client requests or employer image.

Table 7.10: 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	0.61	1.83**	0.54	1.72**	0.49	1.63**
Concern for violence	0.26	1.30**	0.18	1.20**	0.12	1.12*
Concern for bullying	0.30	1.35**	0.20	1.22**	0.19	1.21**
OSH management	1.23	3.42**	1.17	3.21**	1.08	2.93**
Concern for psychosocial risks	0.79	2.20**	0.68	1.97**	0.60	1.83**
Legal obligation			0.33	1.39**	0.31	1.37**
Employee requests			0.83	2.28**	0.76	2.14**
Absenteeism			0.27	1.32**	0.23	1.26**
Decline in productivity			0.30	1.35**	0.40	1.49**
Client requirement or employer image			0.32	1.38**	0.32	1.38**
Pressure from labour inspectorate			-0.27	0.76**	-0.22	0.80**
Public or private enterprise					0.03	1.03
Sector (NACE)					0.05	1.06**
Country					0.00	1.00
Size of enterprise					0.08	1.08**

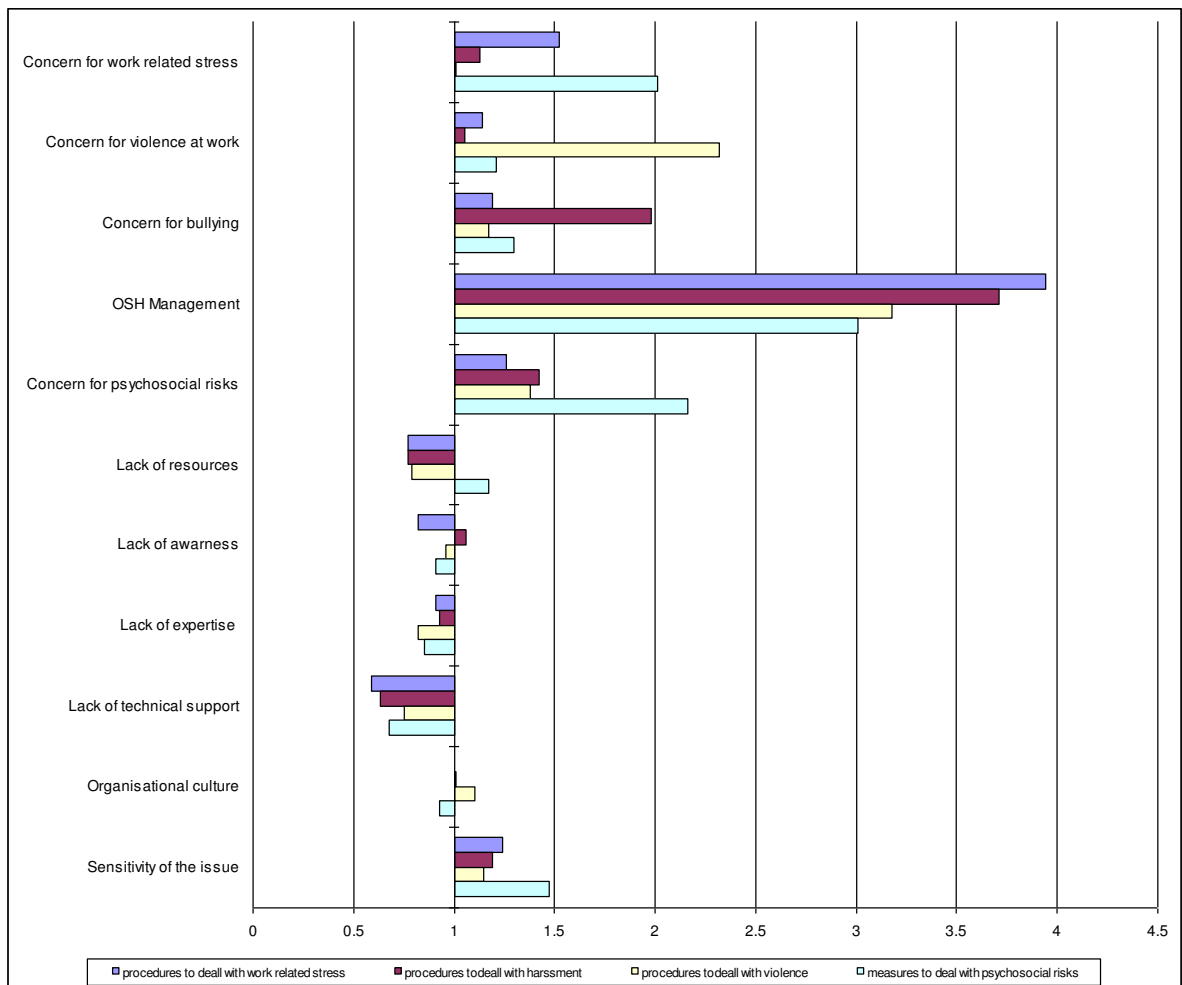
Notes: Step 1: Pseudo $R^2 = .16$; Step 2: $\Delta R^2 = .07$; Step 3: $\Delta R^2 = .02$
 N = 16340 ** $p < .01$ * $p < .05$

7.5.2.2 Main barriers in relation to the implementation of procedures and measures for psychosocial risk management

The application of filters and data routing in relation to the questions on barriers for psychosocial risks during data collection led to the loss of over 60% of the sample. The generalisability of the findings should be interpreted in this context. The findings indicated that 'sensitivity of the issue' is consistently associated with an increase in the implementation of procedures and measures directed at managing work-related stress, violence and harassment. This is an interesting and unexpected finding on the basis of the available literature. It appears that those enterprises that report a higher level of activity in the area of psychosocial risk management are more aware of the sensitivity of psychosocial risks. The implementation of procedures and measures may then lead to an increased awareness in this area. This, however, does not make their management impossible. It is important though to recognise that even those enterprises that implement good practice would still need continuous support since psychosocial risks is a sensitive issue.

Other barriers were not related to the more ad hoc measures for work-related stress management, but lack of technical assistance, lack of awareness and/or expertise and/or resources have an impact on the implementation of procedures for managing work-related stress, bullying or harassment and violence. The odds ratios (OR) for the impact of barriers on procedures and measures for psychosocial risk management is presented in Figure 7.3.

Figure 7.3: The impact (Odds Ratio) of several explanatory variables (barriers) on procedures/measures to manage psychosocial risks in European enterprises.



Note: The 1-axis is the reference. Impact ratings above one are positive, whereas impact between 0 and -1 is negative

7.5.2.2.1 Procedures to deal with work-related stress

A number of barriers were significantly associated with a lower likelihood of having procedures in place to deal with work-related stress, as presented in Table 7.11.

Establishments with lack of technical support, lack of resources and lack of awareness were significantly less likely to have procedures in place to deal with work-related stress. While organisational culture and lack of expertise had no impact, increased sensitivity of psychosocial issues again was found to be associated with increased use of procedures.

Table 7.11: 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	0.49	1.63**	0.51	1.66**	0.42	1.52**
Concern for violence	0.16	1.17**	0.21	1.24**	0.13	1.14*
Concern for bullying	0.15	1.16**	0.18	1.20**	0.17	1.19**
OSH management	1.63	5.10**	1.47	4.34**	1.37	3.94**
Concern for psychosocial risks	0.23	1.25**	0.33	1.39**	0.23	1.26**
Lack of resources			-0.25	0.78**	-0.26	0.77**
Lack of awareness			-0.21	0.81**	-0.20	0.82**
Lack of expertise			-0.12	0.89*	-0.10	0.91
Lack of technical support/guidance			-0.57	0.57**	-0.53	0.59**
Organisational culture			0.03	1.03	0.00	1.00
Sensitivity of the issue			0.24	1.27**	0.22	1.24**
Public or private enterprise					-0.01	1.00
Sector (NACE)					0.06	1.07**
Country					0.00	1.00*
Size of enterprise					0.07	1.07**

Notes: Step 1: Pseudo $R^2 = .12$; Step 2: $\Delta R^2 = .03$; Step 3: $\Delta R^2 = .03$
 N = 8932 ** $p < .01$ * $p < .05$

7.5.2.2.2 Procedures to deal with bullying or harassment

Two barriers were significantly associated with a lower likelihood of having procedures in place to deal with bullying or harassment (Table 7.12). Establishments with lack of technical support and guidance and lack of resources were significantly less likely to have procedures in place to deal with this issue. Again, increased sensitivity of psychosocial issues was found to be associated with more use of procedures.

Table 7.12: 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	0.19	1.21**	0.21	1.23**	0.12	1.13
Concern for violence	0.07	1.07	0.13	1.14*	0.05	1.05
Concern for bullying	0.64	1.90**	0.66	1.94**	0.68	1.98**
OSH management	1.55	4.69**	1.40	4.04**	1.31	3.71**
Concern for psychosocial risks	0.40	1.49**	0.46	1.59**	0.35	1.42**
Lack of resources			-0.28	0.76**	-0.27	0.77**
Lack of awareness			0.04	1.04	0.06	1.06
Lack of expertise			-0.09	0.92	-0.07	0.93
Lack of technical support/guidance			-0.53	0.59**	-0.47	0.63**
Organisational culture			0.06	1.06	0.01	1.01
Sensitivity of the issue			0.20	1.23**	0.17	1.19**
Public or private enterprise					0.31	1.37**
Sector (NACE)					0.05	1.05**
Country					-0.01	0.99**
Size of enterprise					0.06	1.06**

Notes: Step 1: Pseudo $R^2 = .15$; Step 2: $\Delta R^2 = .02$; Step 3: $\Delta R^2 = .04$
 N = 8949 ** $p < .01$ * $p < .05$

7.5.2.2.3 Procedures to deal with work-related violence

A number of barriers were significantly associated with a lower likelihood of having procedures in place to deal with work-related violence, as presented in Table 7.13. Establishments that reported a lack of technical support and guidance, lack of resources and lack of expertise were significantly less likely to have procedures in place to deal with work-related violence. Again increased sensitivity of psychosocial issues was found to be associated with an increased use of procedures to deal with work-related violence.

Table 7.13: 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	0.10	1.11	0.11	1.12	0.01	1.01
Concern for violence	0.91	2.47**	0.96	2.60**	0.84	2.32**
Concern for bullying	0.13	1.14*	0.15	1.16*	0.16	1.17**
OSH management	1.33	3.79**	1.20	3.31**	1.16	3.18**
Concern for psychosocial risks	0.38	1.46**	0.45	1.57**	0.32	1.38**
Lack of resources			-0.21	0.82**	-0.23	0.79**
Lack of awareness			-0.09	0.92	-0.04	0.96
Lack of expertise			-0.22	0.80**	-0.20	0.82**
Lack of technical support/guidance			-0.33	0.72**	-0.28	0.75**
Organisational culture			0.11	1.12*	0.09	1.10
Sensitivity of the issue			0.16	1.17**	0.14	1.15**
Public or private enterprise					0.25	1.28**
Sector (NACE)					0.07	1.07**
Country					-0.01	0.99**
Size of enterprise					0.05	1.05**

Notes: Step 1: Pseudo $R^2 = .14$; Step 2: $\Delta R^2 = .02$; Step 3: $\Delta R^2 = .04$
 N = 8946 ** $p < .01$ * $p < .05$

7.5.2.2.4 Measures to deal with psychosocial risks

Establishments reporting lack of technical support and guidance and lack of expertise were significantly less likely to have measures in place to deal with psychosocial risks, as presented in Table 7.14. While lack of awareness and organisational culture had no impact, increased sensitivity of psychosocial issues was found to be associated with use of more measures. Interestingly, the same was true for lack of resources which did not appear to limit the use of measures by establishments to manage psychosocial risks.

Table 7.14: 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	0.74	2.09**	0.73	2.08**	0.67	1.95**
Concern for violence	0.26	1.30**	0.28	1.32**	0.21	1.23**
Concern for bullying	0.25	1.28**	0.25	1.29**	0.23	1.25**
OSH management	1.20	3.32**	1.11	3.02**	1.01	2.74**
Concern for psychosocial risks	0.80	2.22**	0.82	2.26**	0.75	2.12**
Lack of resources			0.14	1.15**	0.14	1.15**
Lack of awareness			-0.09	0.91	-0.09	0.91
Lack of expertise			-0.18	0.84**	-0.16	0.85**
Lack of technical support/guidance			-0.39	0.68**	-0.36	0.69**
Organisational culture			-0.03	0.97	-0.06	0.94
Sensitivity of the issue			0.35	1.42**	0.35	1.42**
Public or private enterprise					0.06	1.07
Sector (NACE)					0.04	1.05**
Country					0.00	1.00*
Size of enterprise					0.08	1.09**

Notes: Step 1: Pseudo $R^2 = .14$; Step 2: $\Delta R^2 = .02$; Step 3: $\Delta R^2 = .02$
 N = 8203 ** $p < .01$ * $p < .05$

7.6 Discussion of findings

Overall, findings indicate that the implementation of good practice in OSH management as stipulated by EU legislation as well as concern for work-related stress, harassment and violence are strongly associated with the implementation of both procedures and ad hoc measures to deal with these issues. Essentially those enterprises that implement good practice in OSH as stipulated by law and in several pieces of guidance are also those that engage more in psychosocial risk management. It is important then for the link between general OSH management and psychosocial risk management to be made clear as already stressed in the literature (e.g., Leka et al., 2011a). Psychosocial risk management should be promoted as an essential part of OSH management. This is also important as psychosocial risks underpin every activity and business operations in general and they are linked to not only health but also safety outcomes and performance as well as wider societal benefits (Leka et al., 2011a).

In addition, employee requests and absenteeism were identified as key drivers. These findings highlight the importance of employee participation and involvement as well as the business case for dealing with psychosocial issues and have also been reported in previous studies (e.g., Kompier et al., 1998; Nielsen et al., 2010; Smulders & Nijhuis, 1999). It is interesting to note here that for bullying and harassment employee requests were a weaker driver than absenteeism and legal obligations, while for work-related stress they were a stronger driver. This finding is logical as work-related stress affects more employees. However, since bullying and harassment are sensitive issues due to their nature, there is more reluctance to report it (EU-OSHA, 2011). It is interesting to note that for ad hoc measures the business case seems to have a stronger effect as shown by reported drivers related to a decline in productivity, absenteeism and client requests or employer image.

Finally, fulfilment of legal obligations was identified as a driver and more so for bullying and harassment. Findings in relation to pressure from labour inspectorate should be treated with caution as noted previously. However, it is still important to consider here the issue of labour inspectors' capacities in the area of psychosocial risk management. This is because training of labour inspectors in this area has been raised as an issue in many countries, especially where awareness, tradition and expertise are lacking but also in those where there is high awareness, like Sweden (Bruhn & Frick, 2011).

Overall findings in relation to barriers for psychosocial risk management indicate that lack of technical support and guidance was the main barrier followed by lack of resources in relation to having procedures for work-related stress, bullying or harassment and violence. In the case of procedures for work-related stress, lack of awareness was also reported while in the case of procedures for violence, lack of expertise was reported. In terms of barriers for the implementation of measures to manage psychosocial risks, lack of technical support and guidance was again reported as the main barrier followed by lack of expertise. Similar findings have been reported in many studies (e.g., Filer & Golbe, 2003; Kankaanpaa et al., 2009; Leka et al., 2008b). These barriers obviously are linked to availability of OSH services and their knowledge and expertise in psychosocial risk management. In addition, the development of user-friendly tools that are easily accessible can potentially greatly promote good practice in psychosocial risk management. These tools should also be suitable for smaller organisations where these barriers might be more pronounced. An example of such a tool is EU-OSHA's online interactive risk assessment tool (OiRA for SMEs).

As noted before, the finding that sensitivity of the issue of psychosocial risks was consistently associated with the implementation of procedures and measures to deal with work-related stress, bullying or harassment and violence, contradicts the results of other studies (e.g., Cox et al., 2007a, 2007b; Nielsen et al., 2007; Vartia & Leka, 2010). This should be considered in relation to the finding that concern for these issues also acted as a strong driver. Those enterprises that report a higher level of activity in the area of psychosocial risk management appear to be more aware of the sensitivity of psychosocial risks. Implemented procedures and measures may lead to an increased awareness in this area. This does not make their management impossible but since the issue is sensitive, those enterprises that implement good practice would still need continuous support. Thus, special tools and expertise would be necessary for all enterprises in addition to awareness raising for those enterprises who report less practice in this area.

Finally, it is important to note that lack of resources was also found to be associated with the implementation of ad hoc measures to deal with psychosocial risks. This highlights the fact that psychosocial risk management interventions are not resource intensive and can be implemented even when resources are lacking (Nielsen, Randall, & Christensen, 2010). This is a message that needs to be communicated more to enterprises of all sizes.

As expected, sector and enterprise size were all important variables in relation to which differences were identified in psychosocial risk management. Implementation of OSH management good practice is consistently associated in enterprises of different sectors, sizes and countries with the implementation of procedures and measures for psychosocial risk management. So, again it is important that the implementation of systematic OSH management practices, mapping onto the comprehensive OSH management model, is promoted.

As with every applied study, this also has its strengths and weaknesses. In terms of limitations, the study is cross-sectional and there was a large amount of missing data. As such generalisability of findings should be treated with caution. Another important issue is that of social desirability, given that the survey was conducted with managers who might be inclined to paint a more positive picture than what reality is in practice in their enterprises. However, it should be noted that the limited time to conduct the interview and the large number of questions included in the survey could possibly

minimise the effect of social desirability. This could also be due to the large, representative survey sample in each country and across Europe. Another strength of this survey is the fact that it actually explores enterprise practices in psychosocial risk management which is quite innovative at European level.

7.7 Conclusion

The final study provided an insight on enterprise practices in the area of psychosocial risk management in Europe, identifying drivers and barriers to practice. It is important that these are considered in a comprehensive manner in relation to findings from the previous studies in this research to identify some emerging priorities for policy and practice in this area. This is the focus of the final chapter in this thesis.

8. The main findings, way forward and point of it all

8.1 Introduction

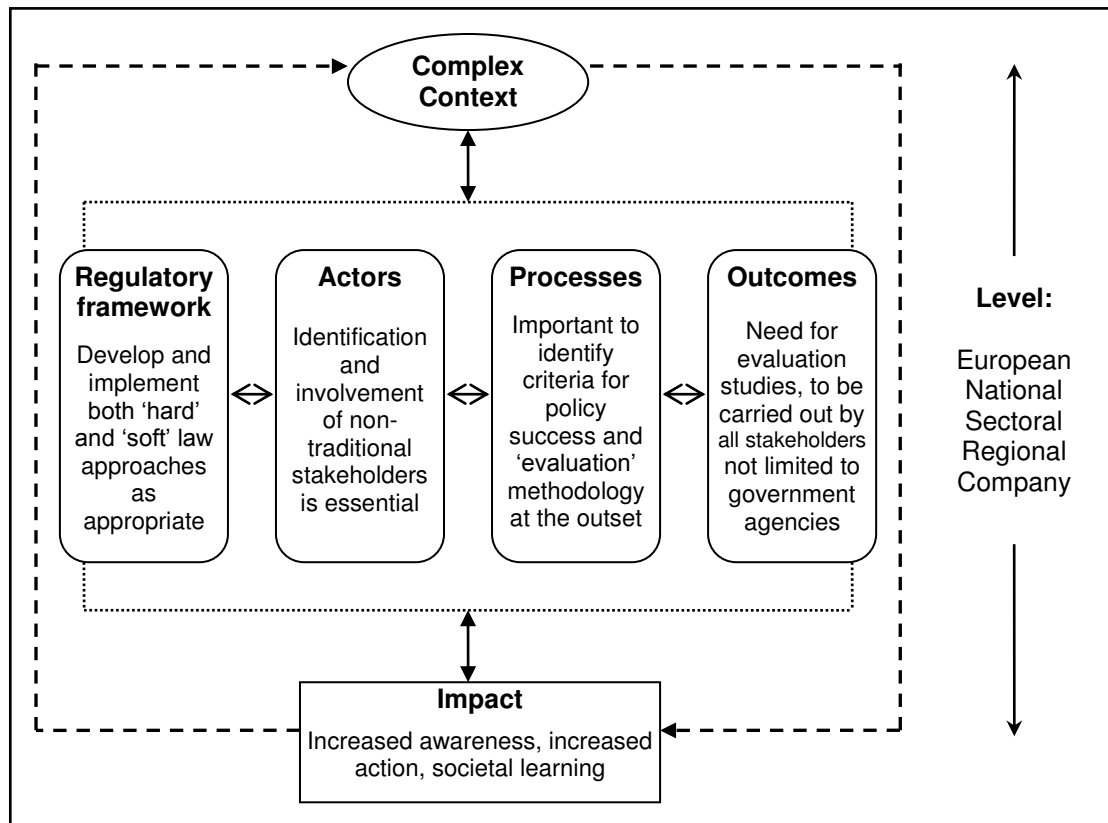
A key aim of this research was to evaluate the impact of policy level interventions for the management of psychosocial risks in Europe. Since the policy process is an elaborate and complex process which involves a large number of choices made by a large number of individuals and organisations (Hill, 1997), the evaluation was carried out drawing data from a number of sources. The policy context in relation to the management of psychosocial risks was reviewed and analysed, key stakeholders were identified, their role, perceptions and actions were studied, the development and implementation of policy-level interventions were explored and the translation of policy into practice at the enterprises level was clarified.

The research was based on an evaluation meta-model which was developed on an analytical framework of industrial relations proposed by Weiler (2004), which also incorporates all key components of policy evaluation methodologies, as discussed in Chapter 2. This evaluation meta-model is particularly relevant for the evaluation for policies relating to the management of psychosocial risks, most of which have been developed on the basis of European social dialogue. Social dialogue is a central component of the European social model and in a broader picture is part of the industrial relations system. The issue of industrial relations is 'the cooperative and conflictual interaction between persons, groups and organisations (actors) as well as the norms, agreements and institutions resulting from such interactions' (Weiler, 2004).

The model therefore emphasises the role of the context, actors and processes within the policy process. The context has a direct impact on the regulatory framework for occupational health and safety, the actors who are included or excluded from the development of policies for psychosocial risk management and their perception of psychosocial risks, the process of negotiation, development and implementation of these policies, and policy outcomes. These have an impact on the actions taken by governments, regions, companies to manage psychosocial risks in order to reduce their impact in terms of incidence of work-related stress, work-related violence, bullying and harassment as well as other mental and physical health conditions and

related business outcomes (e.g., absenteeism, presenteeism and human error). This process is applicable at the European level as well as the national, sectoral, regional and company level. Figure 8.1 presents the research model and highlights the key needs identified in this research moving forward, discussed in this chapter.

Figure 8.1: Research model and key needs



According to the model, any evaluation of policies relating to psychosocial risk management must begin with an exploration of the context within which these policies are developed and implemented, the context in relation to the changing world of work and psychosocial risk management was discussed in Chapter 1, while the context in relation to the policy process and policy evaluation was presented in Chapter 2. The context has a direct impact on the regulatory framework for occupational health and safety or relevance to the management of psychosocial risks, which was reviewed in Chapter 3. Each of these reviews indicated a dynamic, ever-changing, multi-layered, multi-stakeholder complex context within which the need for policies is established and where the development, implementation and evaluation of policies must take place.

The research employed three qualitative studies and two quantitative studies. Study 1 used focus groups to identify the key stakeholders in psychosocial risk management.

Study 2 used interviews to ascertain the role of key stakeholders in the development, implementation, evaluation and advocacy of policies for psychosocial risk management. Study 3, the first quantitative study, employed a survey with stakeholders to identify their perception of psychosocial risks. It also examined stakeholder perceptions of the impact of policies on psychosocial risk management. In Study 4, policy experts were interviewed to evaluate the impact of policy-level interventions for psychosocial risks. The last study, Study 5, used the European Survey of Enterprises on New & Emerging Risks (ESENER) data set to assess the impact of policies on enterprise action, specifically on the implementation of procedures and measures to manage psychosocial risk management at the company level.

8.2 Main findings and implications

The review of occupational health and safety standards relating to psychosocial risk management, presented in Chapter 3, concluded that regulatory standards set the minimum level of protection for workers, and additional voluntary standards may enable organisations to go beyond their legal obligations in relation to the management of psychosocial risks. However, since the terms ‘stress’ and ‘psychosocial risks’ are not mentioned explicitly in most pieces of legislation, there is lack of clarity and specificity on the terminology used. Some recent voluntary standards seek to address this, but very few provide specific guidance on psychosocial risk management to enable organisations to manage psychosocial risks successfully. One notable exception is the recently developed PAS1010 in the UK by the British Standards Institution which aims to provide such a comprehensive framework that organisations’ can apply to effectively manage psychosocial risks in the workplace in a preventive manner. Future research on its uptake, use and outcomes will show whether these aims are achieved.

The shift of policies towards ‘soft law’ approaches as characterised by the framework agreements were also highlighted as a concern by some stakeholders in an interview study. Much of the controversy here concerns the respective merits of ‘hard’ and ‘soft’ law in the construction of Social Europe (Trubek & Trubek, 2005). Proponents of soft law as well as many of the interviewed stakeholders believe that both state and non-state actors can achieve many of their goals through soft legalization that is more easily attained or even preferable. This however remains to be seen in the case of policies for the management of psychosocial risks. The need for systematic, in-depth

evaluation studies is therefore critical. In all, the main conclusion in relation to the regulatory framework was the continued need to develop both 'hard' and 'soft' law policies, as appropriate, to deal with psychosocial risks.

The findings from the focus groups identified key stakeholders and their involvement in psychosocial risk management. The stakeholders were classified as traditional stakeholders and non-traditional stakeholders. Traditional stakeholders included those that have typically been considered as playing a role in the policy process related to occupational safety and health and included the social partners - trade unions and employer organisations - government agencies as well as researchers and academics and occupational health services. Iavicoli and colleagues in a review of eight studies evaluating research priorities in occupational health and safety policy (most of which used the Delphi methodology), identified that most studies defined stakeholders in terms of traditional stakeholders (Iavicoli et al., 2006).

The results from the focus groups and interviews indicated that even though traditional stakeholders remained very important in promoting psychosocial risk management, it was also important to consider a number of non-traditional stakeholders with a clear interest in the business impact and/or societal impacts of psychosocial risks. These included social security agencies, health insurers, customers/clients, NGOs, communities, human resource departments, the media and actors in the judiciary system among others. While outlining a new occupational health agenda for a new work environment, Benach and colleagues also highlighted the need to consider new stakeholders in the policy process (Benach et al., 2002).

A number of important roles in relation to psychosocial risk management at the policy level undertaken by key stakeholders were identified, which included policy advocacy, policy development and implementation (including monitoring and evaluation), development of guidance and dissemination and research support for the policy process. All stakeholders stated that they had a role in policy evaluation. This is not surprising as every policy programme has multiple stakeholders who have an interest in the outcome of an evaluation: decision makers, executive agencies, clients, pressure groups (Bovens et al., 2006). However, none of the stakeholders explained what 'evaluation' specifically meant and how policy 'success' was defined. This seems to be a common problem (Marsh & McConnell, 2010) as while the non-academic literature skates over the problem of defining criteria for success, even the academic literature which is concerned with the evaluation and explanation of 'public service

improvement', generally fails to outline and discuss criteria against which success/improvement could be judged. Another issue is that much of the evaluation literature is produced from within government and it rarely moves beyond the assumption that success equates with meeting policy objectives or producing 'better' policy (for example, Davidson, 2005; Weimer & Vining, 1989). Having clearly defined and specific success criteria are important to ensure an objective and representative evaluation of any policy.

Among the main drivers for macro initiatives was found to be increased awareness of psychosocial issues in the past few years. Increased awareness of psychosocial issues, increased prioritisation and agreement among social partners were reported as the key success factors in the development of the social partners' agreements for work-related stress and for harassment and violence at work. Involvement and long-term commitment from key stakeholders were found to be the key factors for successful implementation of policy level interventions. This is also a crucial success factor for primary interventions at the enterprise level in the area of psychosocial risk management.

The importance of social dialogue in the policy process in Europe was highlighted by all stakeholders. The European Union often refers to the European Social Model as the basis of its social structure and related considerations. As mentioned before, social dialogue in a broader picture is part of the industrial relations system and can be seen as the part focussing on cooperative interaction. The framework agreements were reported to be the most significant contribution of social dialogue at the European level. Based on an analysis of the monitoring of the implementation of the agreement on work-related stress by the social partners, significant differences were observed between member states that could be relevant to differences between new and older member states in relation to awareness and prioritisation of psychosocial issues; the involvement of stakeholders was also found to differ across countries. Further efforts need to be made to effectively implement the framework agreements and to evaluate their impact at the practical, 'on-the-ground' level across the EU.

The main barriers to the development of policy for psychosocial risk management included a lack of government support for macro initiatives, especially in new EU member states. Conflict/competition between different governmental/international organisation departments was also found to be a barrier as it hindered communication and collaboration among key stakeholders. Power relations between stakeholders

were identified as other barriers. Most of the barriers are linked to a lack of awareness amongst the stakeholders on the nature and impact of psychosocial risks as well as on how they can be managed. Awareness raising campaigns as well as training programmes aimed towards mainstreaming the protection and promotion of workers' health, including the management of psychosocial risks, can help in alleviating some of these barriers at the macro level as well as the organisational level (EU-OSHA, 2010b).

The need for evaluation was further underlined by two studies in this research aimed at assessing stakeholder perception of effectiveness and impact of policies. It appears that a number of initiatives have been implemented, however, analysis and overall evaluation of these initiatives is lacking. While calling for more studies of intervention effectiveness at the legislative, employer/organisational and job/task level, Murphy and Sauter (2004) highlighted the notable absence of studies of legislative or public policy initiatives. Unfortunately this is still true as the findings of this research indicate. Emphasis must therefore be placed at conducting careful analysis and evaluation of these interventions and efforts. In doing so, it would be important to evaluate not only their effectiveness but also their process to identify success and failure factors that are important for the societal learning process. This would also help to improve collaboration across member states and promote policy learning and transfer of knowledge in the area of psychosocial risk management. Increased collaboration will also help address differences between new and old member states.

The stakeholder survey findings further point out that barriers more frequently perceived as the main causes for the ineffectiveness of Directive 89/391 include the low prioritisation of psychosocial issues, the perception that psychosocial issues are too complex/difficult to deal with, lack of consensus and the lack of awareness between social partners. Similar findings are also reported by Iavicoli et al. (2004). The findings of the survey also further point to a substantial difference between the EU15 countries and the new member states on awareness of psychosocial risk factors and to differences across member states in relation to the available support and infrastructure for the management of psychosocial risks.

Low prioritisation of psychosocial issues can be a result of the previously identified lack of specificity and consistent terminology found in relevant policy instruments and especially in Directive 89/391. Although, it emphasises the importance of considering all risk factors (including psychosocial risks), it does not provide a practical and

operational translation for managing such risks. As regards other European Directives associated with psychosocial risks but focusing on specific factors or categories of workers, these were reported to be effective by a very high proportion of the sample. This suggests that Directives can be viewed as valuable not only in legislative terms but also in practical terms, especially if they are more specific in nature. The main problem, therefore, in implementing Directive 89/391 is its general approach, in contrast to the others which deal with much more clearly defined topics making them easier to enforce and transfer.

The differences between the new and the old member states may also be due to process of Europeanisation of health and safety legislation. According to Andersen and Eliassen (2001) the Europeanisation of policy-making implies a need for a new way of delineating the policy context, one with a wider scope which includes central EU institutions, the European network of national political institutions and the actors operating at both levels. A widening of the policy making context also has implications for the analysis of policy-making processes and their outcomes; a key dimension of this is the interaction between the national and the EU level which needs to be considered while conducting a policy evaluation study. The survey results also indicated that unlike trade unions and governmental bodies, employers perceived the Directive as effective in terms of the management and assessment of psychosocial risks but at the same time also showed a high percentage of lack of knowledge, similarly indicated in previous surveys (Iavicoli et al. 2004). To overcome the difficulty in applying Directive 89/391 and the lack of explicit reference to psychosocial risks, awareness raising on how psychosocial risk management can be conducted must be promoted through appropriate tools and guidance and in all stakeholder groups.

Findings in relation to the framework agreement for work-related stress again highlighted differences among new and old member states and social partners. EU15 respondents rated the framework agreement as more important than EU27 respondents in relation to legislation and initiatives in their countries. In addition, many of the EU27 respondents stated that they did not know about the impact of the agreement. That might again be related to lower awareness in these countries as well the recency of the agreement itself and the time needed to see effects in practice. Interestingly, lack of knowledge was also reported by many employer representatives, again indicating limited awareness.

A way to solve this problem in relation to awareness would be to disseminate guidance and examples of best practice for psychosocial risk management across member states. It was pointed out that there are no significant efforts by member states to share best practice. Although networks between national occupational health and safety institutes exist, such as the PEROSH network, they are largely focused on research activities and do not involve representation on a tripartite basis while the impact of their activities has not been evaluated. However, such networks can still strive to improve collaboration between member states to promote policy learning and transfer of knowledge especially in the context of the enlarged EU.

Again it must be reiterated that evaluation studies for policies relevant to the management of psychosocial risks are still lacking. This lack of evaluation can be attributed to the recency of many policy initiatives. However, Hildén et al. (2002) argue that even recently introduced policy instruments can be evaluated using an evaluation framework based on intervention theory to describe how the policy is intended to be implemented and function. Overall, it can be concluded that there is a lack of a systematic intervention cycle that promotes the translation of monitoring data into policy plans and the development of additional macro intervention programmes that are evaluated appropriately in order to promote societal learning and have a systematic impact on the labour market, economic performance of EU countries and the Union as a whole, and public and occupational health.

The last study in this research, explored whether there are indications on the basis of available data on the impact of policy initiatives in practice at the enterprise level as well potential drivers and barriers to the implementation of best practice on the basis of legal requirements and guidance. Overall, findings indicate that the implementation of good practice in occupational safety and health (OSH) management as stipulated by EU legislation as well as concern for work-related stress, harassment and violence are strongly associated with the implementation of both procedures and ad hoc measures to deal with these issues by European enterprises. Essentially, those enterprises that implement good practice in OSH as stipulated by law and in several pieces of guidance are also those that engage more in psychosocial risk management. It is important then for the link between general OSH management and psychosocial risk management to be made clear as already stressed in the literature (e.g., Leka et al., 2011c; Leka, Zwetsloot & Cox, 2008). Psychosocial risk management should be promoted as an essential part of OSH management. This is also important as psychosocial risks underpin every activity and business operations in general and they

are linked to not only health but also safety outcomes and performance as well as wider societal benefits (Leka et al., 2011c).

Findings in relation to barriers for psychosocial risk management indicate that lack of technical support and guidance was the main barrier followed by lack of resources in relation to having procedures for work-related stress, bullying or harassment and violence. In the case of procedures for work-related stress, lack of awareness was also reported while in the case of procedures for violence, lack of expertise was reported. In terms of barriers for the implementation of measures to manage psychosocial risks, lack of technical support and guidance was again reported as the main barrier followed by lack of expertise. Similar findings have been reported in many studies (e.g., Filer & Golbe, 2003; Kankaanpaa et al., 2009; Leka et al., 2008b). These barriers obviously are linked to availability of OSH services in different countries and their knowledge and expertise in psychosocial risk management. In addition, the development of user-friendly tools that are easily accessible can potentially greatly promote good practice in psychosocial risk management. These tools should also be suitable for smaller organisations where these barriers might be more pronounced.

8.3 Strengths and limitations of this research

As with all applied research, this research also has its strengths and weaknesses. One of the core strengths of this policy orientated research is its multi-disciplinary nature, which examines literature from disciplines such as applied psychology, sociology, politics, business and management. Multidisciplinary research provides for a comprehensive approach through the contribution of different disciplinary perspectives in an attempt to solve complex problems that individual disciplines cannot (Younglove-Webb et al., 1999).

The research also uses a mixed methods approach. A combination of qualitative and quantitative methodologies was employed in this research. According to O'Neil (2006) both methods provide valuable contributions to the collection of scientific knowledge and can be used together in a complementary mixed method approach. There is also a strong suggestion within the research community that research, both qualitative and quantitative, is best thought of as complementary and should therefore be mixed in research of many kinds. In this way they believe the researcher can take advantage of the pro's of each methodology, making it possible to gather more information than if using a single method, and to substantiate qualitative research with quantitative data.

Another strength of the research included the development of an evaluation meta-model. The wide variety of alternative approaches in the evaluator's toolbox raises the important question of what criteria should be used to compare one approach with another or perhaps decide to combine several approaches (Hansen, 2005). Based on the discussion of evaluation methodologies, no single evaluation approach was considered suitable for the evaluation of policies for psychosocial risk management. As such it was necessary to construct a meta-model which could address the challenges posed by various evaluation approaches as well as the nature of psychosocial risks. This meta-model took into account the role of non-traditional actors who are generally ignored in the literature, and also allowed the study of the policy process, also often overlooked in such research. Furthermore, the model also allowed an evaluation of translation of policy into practice, which further strengthened the research.

Apart from limitations mentioned in relation to each study that was conducted in the relevant chapter, the main limitation of this research was its scope. Even though a large number of studies were undertaken which involved several stakeholders, evaluation of policies in relation to the management of psychosocial risks, especially at the European level requires more detailed country level analysis to evaluate impact. This study is the first step towards achieving this long term goal.

8.4 Conclusions and way forward

In the last four decades there have been paradigmatic changes concerning regulation (hard law). Modern states face important challenges when governing and promoting the welfare of citizens in complex, open, diverse and interconnected societies and economies (Kirton & Trebilcock, 2004). De-regulation and the move towards soft law have several advantages, as pointed out in this research. However, the role of policy evaluation in this changing context is critical as deregulation may also pose a number of challenges when carried out due to political or economic constraints, which is usually at the cost of the level of social protection offered by such policies. In Europe, the move towards soft law approaches in the context of policies for the management of psychosocial risks are based on social dialogue, which due to its inclusivity, may afford several advantages. However, unless the impact of these policies is evaluated using predefined and appropriate evaluation methodologies and criteria, the basis on which further policies can be developed will not be clear. Therefore, no matter whether

hard and soft approaches pursued (and a combination appears to most beneficial) it is evaluation of the policy development, implementation and outcomes that is of outmost importance if lessons are to be learned and progress is to be achieved in practice. Also any development of new initiatives and implementation must be based on processes involving social dialogue and consultation on a tripartite plus basis, including experts.

The research also highlighted that despite the increased awareness of issues relating to psychosocial risks in Europe, there are several differences in perceptions amongst stakeholders and lack of prioritisation of these issues at the policy level. If there is no awareness there will be no prioritisation, if there is no prioritisation there will be no development of infrastructure and support for research (evidence building) and if there is no infrastructure there will be no support at the national and European level for the development and implementation of relevant policies, leading to a vicious cycle of inaction and apathy. Lack of awareness was also found to be relevant in terms of translation of policies in to practice. Those companies that showed higher awareness and had better systems of managing health and safety in place also indicated better action in terms of psychosocial risk management. This is mainly due to the higher awareness and understanding that psychosocial risk management is part of overall health and safety management in those enterprises.

The overall question then comes down to who will raise awareness, especially for the policy stakeholders since the evaluation of policies is largely carried out by agencies of the European Union themselves (like the European Commission), and rarely moves beyond meeting policy objectives. Most of it is also highly quantitative as well as highly normative, given its assumption that the purpose of evaluation and policy analysis is: 'client-oriented advice relevant to public decisions' (Weimer & Vining, 1989). As a result of this, the 'process' of policy formation, an important and often unacknowledged element in any consideration of whether a policy is successful or not is often excluded from such analysis.

Processes are important, in both practical and symbolic terms. For example, a policy which is produced through regulatory and social dialogue procedures will have an impact on the legitimacy of policy outcomes, even when those policies are not contested. The inclusion of process evaluation is also challenged by the methodologies used. Since policy analysis has grown up under the influence of the positivistic methodology of the behavioural sciences, the methods for evaluation

comprise a collection of approaches that rely on the scientific method and its techniques (Fischer, 1998), which may be unsuitable in this context. There is a need to move beyond the positivist scientific approach which posits that there is an objective truth or reality that can be measured. It has been argued that evaluations based on this conventional science can disenfranchise and disempower less powerful stakeholders as the evaluation may be used by those holding power to maintain the status quo. In this context, the role of researchers and academics is important. Evaluation of policies must therefore ideally be carried out on a tripartite plus basis and should not be within the remit of governmental agencies alone.

Psychosocial risk management is increasingly being recognised as an important area with potential to improve not only quality of work but quality of life in general and societal learning and development. Despite the fact that it is an area where a lot of controversy has been generated over the years, a time has come when the evidence and the political will are there in Europe to achieve its great potential. A combined effort is now needed to achieve a systematic process linking policy to practice through partnership of all key stakeholders. It is after all what societies should be about: collective action, learning and progress to achieve a fairer, healthier and safer world.

END

9. References

- Abbott, K.W., & Snidal, D. (2000). Hard and Soft Law in International Governance. *International Organization*, 54(3), 421-456.
- Abbott, K.W., Keohane, R.O., Moravcsik, A., Slaughter, A-M., & Snidal, D. (2000). The Concept of Legalization. *International Organization*, 54(3), 401-419.
- Allan, K.A. (2007). *The Social Lens: An Invitation to Social and Sociological Theory*. London: Pine Forge Press
- Andersen, S.S. & Eliassen, K.A. (Eds) (2001). *Making policy in Europe*, 2nd Edition. London: Sage.
- Andersen, S.S., Eliassen, K.A., & Sitter, N. (2001). Formal processes: EU institutions and actors, in S.S. Andersen and K.A. Eliassen. (eds.), *Making policy in Europe*, 2nd Edition (pp. 20-43). London: Sage
- Aronsson, G., & Goransson, S. (1999). Permanent employment but not in a preferred occupation: psychological and medical aspects, research implications. *Journal of Occupational Health Psychology*, 4(2). 152-163.
- Auer, P., & Fortuny, M. (2000). *Ageing of the labour force in OECD Countries: Economic and Social Consequences*. Geneva: International Labour Office
- Aust, B., & Ducki, A. (2004). Comprehensive health promotion interventions at the workplace: experiences with health circles in Germany. *Journal of Occupational Health Psychology*, 9 (3), 258-270.
- Ballentine, B. (2001). *Regulatory impact analysis: Improving the quality of regulatory EU activity*. Occasional paper. Brussels: European Policy Centre.
- Balsley, H.L. (1970). *Quantitative research methods for business and economics*. New York: Random House.
- Banister P., Burman E., Parker, I., Taylor, M., & Tindal, C. (2003). *Qualitative methods in psychology: A research guide*. Open University Press: McGraw-Hill Education.
- Bate, R. (1997). *What Risk?* Oxford: Butterworth-Heinemann.
- Bauer, R.A. (1968). *The Study of Policy Formation: An Introduction*. In R.A. Bauer and K.J. Gergen (eds.), *The Study of Policy Formation*. New York: The Free Press.
- Bealey, F. (1999). *The Blackwell Dictionary of Political Science: A User's Guide to Its Terms*. Oxford: Wiley-Blackwell.
- Becker, S., Bryman, A., & Sempik, J. (2006). *Defining Quality in Social Policy Research: Views, Perceptions and a Framework for Discussion*. Lavenham: Social Policy Association.

- Becker, S & Bryman, A. (2004). *Understanding Research for Social Policy and Practice: Themes, Methods and Approaches*. Bristol: The Policy Press.
- Benach, J., Amable, M., Muntaner, C., & Benavides, F.G. (2002). The consequences of flexible work for health: are we looking in the right place. *British Medical Journal*, 325(7272), 405-406.
- Benavides, F.G., Benach, J., Diez-Roux, A.V., & Roman, C. (2000). How do types of employment relate to health indicators? Findings from the second European survey on working conditions. *Journal of Epidemiology & Community Health*, 54(7), 494-501.
- Bevan, S. (2010). *The Business Case for Employee Health and Well-being*. A report prepared for Investors in People. London: The Work Foundation.
- Bezzi, C. (2006). Evaluation pragmatics. *Evaluation*, 12(1), 56-76.
- Birkland, T.A. (2005). *An Introduction to the Policy Process: Theories, Concepts, and Models of Public Policy Making*, 2nd Edition. New York: M.E. Sharpe.
- Blaikie, N. (2004). *Designing Social Research: The Logic of Anticipation*, Cambridge: Polity Press.
- Blalock, A.B. (1999). Evaluation Research and the Performance Management Movement. *Evaluation*, 5(2), 117-49.
- Blamey, A., & Mackenzie, M. (2007). Theories of Change and Realistic Evaluation: Peas in a Pod or Apples and Oranges? *Evaluation*, 13(4), 439-455
- Blaxter, L., Hughes, C., & Tight, M. (2001). *How to research* (2nd edition). Buckingham: Open University Press.
- Boardman, J., & Lyon, A. (2006). *Defining best practice in corporate occupational health and safety governance*. Sudbury: HSE Books.
- Bond, F.W., Flaxman, P.E., & Loivette, S. (2006). *A business case for the management standards for stress*. Research report 431. Norwich: Health and Safety Executive books.
- Bonde, J.P. (2008). Psychosocial factors at work and risk of depression: a systematic review of the epidemiological evidence. *Occupational and Environmental Medicine*, 65 (7), 438-445.
- Boruch, R. F. (1997). *Randomised Experiments for Planning and Evaluation*. Thousand Oaks, CA: Sage
- Börzel, T.A. (1999). Towards convergence in Europe? Institutional adaptation to Europeanization in Germany and Spain. *Journal of Common Market Studies*, 39(4), 573-96.
- Börzel, T.A. (2003). *Shaping and Taking EU Policies: Member State Responses to Europeanization*. Queen's Papers on Europeanisation No 2/2003

- Bosma, H. Peter, R. Siegrist, J., & Marmot, M. (1998). Two alternative job stress models and the risk of coronary heart disease. *American Journal of Public Health*, 88(1), 68-74.
- Bovens, M., Hart, P., & S. Kuipers. (2006). The Politics of Policy Evaluation', in M.Moran, M.Rein and R.E.Goodin (eds), *The Oxford Handbook of Public Policy* (pp. 319–335). Oxford: Oxford University Press.
- Branch, A. (2005). The Evolution of the European social dialogue towards Greater Autonomy: Challenges and Potential Benefits. *International Journal of Comparative Law and Industrial Relations*, 21(2), 321-46.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Brennen, J. (1992). Combining Qualitative and Quantitative Approaches: An Overview. In, J. Brennen, (Ed), *Mixing Methods, Qualitative and Quantitative Research*. Aldershot: Ashgate Publishing Limited.
- British Standards Institution (BSI) (2011). *Guidance on the Management of Psychosocial Risks in the Workplace: PAS1010*. London: BSI.
- Broughton , A., Tyers, C., Denvir, A., Wilson, S. & O'Regan, S. (2009). *Managing stress and sickness absence. Progress of the Sector Implementation Plan – Phase 2. Research Report RR694*. Sudbury: HSE books.
- Brown, J.D. (2001). Point-biserial correlation coefficients. *Shiken: JLT Testing & Evaluation SIG Newsletter*, 5(3), 13-17
- Bruhn, A., & Frick, K. (2011). Why it was so difficult to develop new methods to inspect work organization and psychosocial risks in Sweden. *Safety Science*, 40(4), 575-581.
- Bryman, A. (2004). *Social Research Methods*, Oxford: Oxford University Press.
- Bukspan, E. (2004). A personal view: Bullying at work in France. *British Journal of Guidance & Counselling*, 32(3), 397-406.
- Bulmer, S.J. & Radaelli, C.M. (2004). *The Europeanisation of National Policy? Queen's Papers on Europeanisation No 1/2004*.
- Bulmer, M. (1984). Why don't sociologists make more use of official statistics? In M.Bulmer (ed.), *Sociological Research Methods* (pp. 131-152). Basingstoke: Macmillan.
- Byrne, M.M. (2001). Linking philosophy, methodology, and methods in qualitative research. *AORN Journal*, 73(1), 207-210.
- Campbell, D.T., & Fiske, D.W. (1959). Convergent and discriminant validation by the multitrait-multimethods matrix. *Psychological Bulletin*, 56, 81-102.
- Campbell, D.T., & Stanley, J. (1966). *Experimental and Quasi-Experimental Designs for Research*. Boston, MA: Houghton Mifflin Co

- Caracelli, V.J., & Greene, J.C. (1997). Crafting mixed-method evaluation designs. In J.C. Greene and V.J. Caracelli (eds.), *Advances in mixed-method evaluation: The challenges and benefits of integrating diverse paradigms*. *New Directions for Evaluation*, no. 74 (pp. 19-32). San Francisco: Jossey-Bass.
- Cassell, C., & Symon, G. (1994). Qualitative research in work contexts. In C. Cassell, & G. Symon (Eds.), *Qualitative methods in organizational research* (pp. 1-13). Thousand Oaks, CA: Sage Publications.
- CEC (2002). *The Lisbon Strategy and Framework Agreement on Telework*. Brussels: Confederation Europeenne des Cadres.
- Chappell, D., & Di Martino, V. (2006). *Violence at work* (3rd Ed.). Geneva: International Labour Office.
- Charmaz, K. (2000). Grounded theory. In J.A. Smith, R. Hjarré, & L. Van Langenhove (Eds.), *Rethinking Methods in Psychology* (pp. 27-49). London: Sage.
- Chen, H.-T. (1990). *Theory Driven Evaluations*. Newbury Park, CA: Sage.
- Chen, W.Q., Yu, I.T.S., & Wong, T.W. (2005). Impact of occupational stress and other psychosocial factors on musculoskeletal pain among Chinese offshore oil installation workers. *Occupational and Environmental Medicine*, 62, 251-256.
- Cheng, L. (2005). *Changing language teaching through language testing: A washback study*. Cambridge University Press.
- Chinkin, C.M. (1989). The challenge of soft law: development and change in international law. *International and Comparative Law Quarterly*, 38, 850-866.
- Chui, W., Chan, A., Snape, E., & Redman, T. (2001). Age stereotypes and discriminatory attitudes towards older workers: an East-West comparison. *Human relations*, 54(5), 629-61.
- Commission for the Social Determinants of Health (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. Geneva: World Health Organization.
- Common, R. (1998). *The New Public Management and Policy Transfer: The Role of International Organizations*. In M. Minogue, C. Polidano and David Hulme (eds) *Beyond the New Public Management: Changing Ideas and Practices in Governance*. Cheltenham: Edward Elgar.
- Connell, J., & A. Kubisch (1998). Applying a Theory of Change Approach to the Evaluation of Comprehensive Community Initiatives: Progress, Prospects and Problems. In K. Fulbright-Anderson, A. Kubisch and J. Connell (eds) *New Approaches to Evaluating Community Initiatives*, vol. 2, Theory, Measurement, and Analysis. Washington, DC: Aspen Institute.
- Connell, J., Kubisch, A., Schorr, L., & Weiss, C. (eds) (1995). *New Approaches to Evaluating Community Initiatives: Concepts, Methods and Contexts*. Washington, DC: The Aspen Institute.

- Cook, N. (2007). Size Matters. *RoSPA Occupational Safety & Health Journal*. 37: 32-36.
- Cooke, T.D. (1986). Postpositivist critical multiplism. In R.L. Shotland and M.M. Mark (eds.), *Social science and social policy* (pp. 21-62). Thousand Oaks, CA: Sage.
- Cooper, C.L., & Cartwright, S. (1997). An intervention strategy for workplace stress. *Journal of Psychosomatic Research*, 43 (1), 7-16.
- Cox, S., & Tait, R. (1998). *Safety, Reliability and Risk Management*. Oxford: Butterworth-Heinemann.
- Cox, T. (1993). *Stress research & stress management: Putting theory to work*. Sudbury: HSE Books.
- Cox, T., & Griffiths, A. (2005). The nature and measurement of work-related stress. In: J. Wilson, N., Corlett, (Eds), *Evaluation of Human Work: A Practical Ergonomics Methodology*. 3rd ed., (pp. 553-573). Boca Raton, FL: CRC Press.
- Cox, T., Griffiths, A. J., Barlow, C. A., Randall, R. J., Thomson, L. E., & Rial-Gonzalez, E. (2000). *Organisational interventions for work stress*. Sudbury: HSE Books.
- Cox, T., Griffiths, A., & Leka, S. (2005). Work organization and work-related stress. In K. Gardiner & J.M. Harrington (Eds.), *Occupational Hygiene* (3rd ed.). Oxford: Blackwell Publishing.
- Cox, T., Griffiths, A., & Rial-Gonzalez, E. (2000). *Research on work related stress*. Luxembourg: Office for Official Publications of the European Communities.
- Cox, T., Karanika, M., Griffiths, A., & Houdmont, J. (2007a). Evaluating organizational-level work stress interventions: Beyond traditional methods. *Work & Stress*, 21(4), 348-362.
- Cox, T., Karanika, M., Mellor, N., Lomas, L., Houdmont, J. & Griffiths, A. (2007b). *Implementation of the Management Standards for Work-Related Stress: Process Evaluation – Phase 1*. Report for the British Health and Safety Executive, Institute of Work, Health and Organisations: University of Nottingham.
- Cox, T., Randall, R., & Griffiths, A. (2002). *Interventions to control stress at work in hospital staff*. Sudbury: HSE Books.
- Creswell, J.W. (2003). *Research Design: Qualitative & Quantitative Approaches*. London: Sage Publications
- Dahler-Larsen, P. (2001). From Programme Theory to Constructivism. On Tragic, Magic and Competing Programmes. *Evaluation* 7(3), 331-349.
- Dahl-Jørgensen, C., & Saksvik, P.Ø. (2005). The impact of two organizational interventions on the health of service sector workers. *International Journal of Health Services*, 35, 529–549
- Dalby, S. (2003). Geopolitics, Knowledge and Power at the End of the Century. In O'Tuathail., Dalby, S. Routledge, P. (Eds). *The Geopolitical Reader*, (pp. 305-312). London: Routledge.

- Daniels, K. (2004). Perceived risk from occupational stress: a survey of 15 European countries. *Occupational and Environmental Medicine*, 61, 467-470.
- Davidson, J.E. (2005). *Evaluation Methodology Basics: The Nuts and Bolts of Sound Evaluation*. Thousand Oaks, CA: Sage.
- de Smet, P., Sans, S., Dramaix, M., Boulenguez, C., de Backer, G., Ferrario, M., Cesana, G., Houtman, I., Isacson, S.O., Kittel, F., Ostergren, P.O., Peres, I., Pelfrene, E., Romon, M., Rosengren, A., Wilhelmsen, L., & Kornitzer, M. (2005). Gender and regional differences in perceived job stress across Europe. *European Journal of Public Health*, 15(5), 536-545.
- De Witte, K., & van Muijen, J. (1999). Organisational culture: critical questions for researchers and practitioners. *European Journal of Work and Organisational Psychology*, 8(4), 583–595.
- Dehousse, R. (1992). Integration Vs. Regulation? On the dynamics of regulation in the European Community. *Journal of Common market studies*, 30(4), 383-402.
- Demarteau, M. (2002). A theoretical framework and grid for analysis of programme evaluation practices. *Evaluation*, 8, 454-473.
- Denzin, N.K. (1978). *The Research Act* (2nd edition.). New York: McGraw-Hill.
- Denzin, N.K. (2006). *Sociological Methods: A sourcebook* (5th edition). Chicago: Aldine.
- Di Martino, V., Hoel, H., & Cooper, C.L. (2003). Preventing violence and harassment in the workplace. European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for Official Publications of the European Communities
- Diaz-Cabrera, D., Hernandez-Fernaund, E., Ramos-Sapena, Y., & Casenave, S. (2010). Organisational Culture and Knowledge Management Systems for Promoting Organisational Health and Safety. In J. Houdmont & S. Leka (Eds.), *Contemporary Occupational Health Psychology: Global Perspectives in Research & Practice*. Chichester: Wiley-Blackwell.
- Dollard, M.F., & Bakker, A.B. (2010). Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational & Organizational Psychology*, 83, 579-599.
- Dorman, P. (2000). *The economics of safety, health, and well being at work: An overview*. Geneva: International Labour Organization.
- Dunn, W. (1994). *Public Policy Analysis: An Introduction*, 3rd edition. Englewood Cliffs, NJ: Prentice Hall.
- Dye, T.R. (2010). *Understanding public policy* (13th Edition). London: Pearson International.
- European Commission (EC) (1985). A new approach to technical harmonization and standards. Council Resolution 85/C 136/01. C 136/2 - Official Journal of the European Communities. Luxembourg: Office for Official Publications of the European Communities.

- European Commission (EC) (2000). Towards a Europe of Innovation and Knowledge – The Lisbon Strategy. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (1996). Guidance on Risk Assessment at Work. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (1995). The broader use of standardisation in community policy. Communication from the Commission. COM(1995) 412 final. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2001a). Green Paper: Promoting a European Framework for Corporate Social Responsibility. Official Journal of the European Communities, 32, No L183, 1-8. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2001b). European Policy Principles on International Standardisation. Commission staff working paper - SEC (2001) 1296. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2001c). European Social Agenda - approved by the Nice European Council meeting on 7, 8 and 9 December 2000. C 157/02 - Official Journal of the European Communities. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2002a). Guidance on work-related stress – Spice of life or kiss of death? Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2002b). Communication from the Commission concerning Corporate Social Responsibility: A business contribution to Sustainable Development; COM(2002) 347 final. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2002c). Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006. Communication from the Commission - COM/2002/0118 final. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2002d). Council conclusions on standardisation. C66 – Official Journal of the European Communities. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2004a). European Multi-stakeholder Forum on Corporate Social Responsibility – Final results and recommendations. Last accessed 05 August 2011
http://ec.europa.eu/enterprise/csr/documents/29062004/EMSF_final_report.pdf
- European Commission (EC) (2004b). Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of Regions on the practical implementation of the provisions of the Health and Safety at Work Directives 89/391 (Framework), 89/654 (Workplaces), 89/655 (Work Equipment), 89/656 (Personal Protective Equipment), 90/269 (Manual Handling of Loads) and 90/270 (Display Screen

- Equipment). COM/2004/0062 final. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2004c). The role of European standardisation in the framework of European policies and legislation. Communication from the Commission. COM(2004) 674 final. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2006). Decision on the financing of European standardisation Decision No 1673/2006/EC. L 315/9 - Official Journal of the European Union. Luxembourg: Office for Official Publications of the European Communities.
- European Commission (EC) (2011a). EU institutions and other bodies. Last accessed 05 August 2011. http://europa.eu/about-eu/institutions-bodies/index_en.htm
- European Commission (EC) (2011b). Report on the implementation of the European social partners - Framework Agreement on Work-related Stress. SEC(2011) 241 final, Commission staff working paper, Brussels. Last accessed 05 August 2011. <http://ec.europa.eu/social/BlobServlet?docId=6560&langId=en>
- European Commission (1989). Council Framework Directive on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work. 89/391/EEC. Official Journal of the European Communities, 32, No L183, 1-8. Luxembourg: Office for Official Publications of the European Communities.
- European Pact for Mental Health and Wellbeing (2008). EU High Level Conference 'Together for mental health and wellbeing', Brussels, 12-13 June 2008.
- European Parliament (2009). European Parliament resolution of 19 February 2009 on Mental Health T6-0063/2009, Reference 2008/2209(INI). <http://www.europarl.europa.eu/oeil/FindByProcnum.do?lang=en&procnum=INI/2008/2209> (05 August 2011)
- Ertel, E., Stilijanow, U., Iavicoli, S., Natali, E., Jain, A., & Leka, S. (2010). European social dialogue on psychosocial risks at work: Benefits and challenges. *European Journal of Industrial Relations*, 16 (2), 169-183.
- Ertel M., Pech E., & Helsperger P. (2000). Telework in perspective - new challenges to occupational health and safety. In K. Isaksson, C. Hogskdt, C. Eriksson, & T. Theorell (Eds.), *Health Effects of the New Labour Market* (pp. 169-182). New York: Kluwer Academic.
- European Agency for Health and Safety at Work (EU-OSHA) (2002a). European Week 2002: Preventing Psychosocial Risks at Work. Luxembourg: Office for Official Publications of the European Communities.
- European Agency for Safety and Health at Work (EU-OSHA) (2002b). How to Tackle Psychosocial Issues and Reduce Work-Related Stress. Report of European Agency for Safety and Health at Work. Luxembourg: Office for Official Publications of the European Communities.
- European Agency for Safety and Health at Work (EU-OSHA) (2004). Corporate social Responsibility and Safety and Health at Work. Luxembourg: Office for Official Publications of the European Communities.

- European Agency for Safety and Health at Work (EU-OSHA) (2007). Expert forecast on emerging psychosocial risks related to occupational safety and health. European Risk Observatory Report. Luxembourg: Office for Official Publications of the European Communities.
- European Agency for Safety and Health at Work (EU-OSHA) (2009). OSH in figures: stress at work - facts and figures. Luxembourg: Office for Official Publications of the European Communities.
- European Agency for Safety and Health at Work (EU-OSHA) (2010a). European Survey of Enterprises on New and Emerging Risks: Managing safety and health at work. European Risk Observatory Report. Luxembourg: Office for Official Publications of the European Communities.
- European Agency for Safety and Health at Work (EU-OSHA) (2010b). Mainstreaming OSH into business management. Luxembourg: Office for Official Publications of the European Communities.
- European Agency for Safety and Health at Work (EU-OSHA), (2011). Violence and harassment at work. Luxembourg: Office for Official Publications of the European Communities.
- European Foundation for the Improvement of Living and Working Conditions (Eurofound) (2007). Autonomous agreement – an explanation. Dublin: European Foundation for the improvement of living and working conditions.
- European Foundation for the Improvement of Living and Working Conditions (Eurofound) (1996). European Survey on Working Conditions 1995. European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for Official Publications of the European Communities.
- European Social Partners (2004a). Framework Agreement on Work-related Stress. Brussels: European social partners -ETUC, UNICE (BUSINESSEUROPE), UEAPME and CEEP. Last accessed 05 August 2011 http://ec.europa.eu/employment_social/news/2004/oct/stress_agreement_en.pdf
- European Social Partners (2004b). Work Programme of the European Social Partners 2003 – 2005. Brussels: European social partners - ETUC, BUSINESSEUROPE, UEAPME and CEEP.
- European Social Partners (2006). Work Programme of the European Social Partners 2006 – 2008. Brussels: European social partners - ETUC, BUSINESSEUROPE, UEAPME and CEEP.
- European Social Partners (2007). Framework Agreement on Harassment and Violence at Work. Brussels: Social partners - ETUC, BUSINESSEUROPE, UEAPME and CEEP. [electronic report]. Last accessed 05 August 2011 http://ec.europa.eu/employment_social/news/2007/apr/harassment_violence_at_work_en.pdf
- European Social Partners (2008a). Implementation of the European autonomous framework agreement on work-related stress. Report adopted by the European Social Partners – Adopted at the Social Dialogue Committee on 18 June 2008.

Brussels: European social partners - ETUC, BUSINESSEUROPE, UEAPME and CEEP.

European Social Partners (2008b). First joint table summarising ongoing social partners activities - Implementation of the European framework agreement on harassment and violence at work. Brussels: European social partners - ETUC, BUSINESSEUROPE, UEAPME and CEEP.

European Social Partners (2009). Second joint table summarising ongoing social partners activities - Implementation of the European framework agreement on harassment and violence at work. Brussels: European social partners - ETUC, BUSINESSEUROPE, UEAPME and CEEP.

Exworthy, M. & Powell, M. (2004). Big Windows and Little Windows: Implementation in the "Congested State". *Public Administration*, 82, 2, 263–281.

Felstead, A., & Jewson, N. (2000). In *Work, At Home: Towards an understanding of homeworking*. London: Routledge.

Filer, R.K., & Golbe, D.L. (2003). Debt, Operating Margin, and Investment in Workplace Safety. *Journal of Industrial Economics*, 51(3), 359-381.

Fischer, F. (1998). Beyond empiricism: Policy enquiry in postpositivist perspective. *Policy Studies Journal*, 26(1), 129-146

Fischer, F.M., Oliveira, D.C., Nagai, R., Teixeira, L.R., Júnior, M.L., Latorrec, M.R.D.O & Cooper, S.P. (2005). Job control, job demands, social support at work and health among adolescent workers. *Revista de saúde*, 39(2), 245-253.

Fischhoff, B., Slovic, P., Lichtenstein, S., Read, S., & Combs, B. (1978). How safe is safe enough? A psychometric study of attitudes towards technological risks and benefits. *Policy Sciences*, 9, 127-152.

Frankfort-Nachmias, C., & Nachmias, D. (1992). *Research methods in the social sciences* (4th ed.). New York: St. Martin's Press.

Frick, K., & Zwetsloot, G.I.J.M. (2007). From safety management to corporate citizenship: An overview of approaches to health management. In U. Johansson, G. Ahonen & R. Roslander (Eds.) *Work Health and Management Control* (pp 99-134). Stockholm: Thomson Fakta.

Fryer, D. (1991). Qualitative methods in occupational psychology: Reflections upon why they are so useful but so little used. *The Occupational Psychologist*, 14, 3-6.

Geurts, S., & Grundemann, R. (1999). Workplace stress and prevention in Europe. Chapter 2 In M. Kompier and C. Cooper (eds.) *Preventing Stress, Improving Productivity – European Case studies in the workplace* (pp. 9-32). London: Routledge.

Geyer, R. (2003). *Why European Civil Society Matters: The View from a Complexity Perspective*. Queen's Papers on Europeanisation No 6/2003

Giga, S. I., Noblet, A. J., Faragher, B., & Cooper, C. L. (2003). The UK perspective: A review of research on organisational stress management interventions. *Australian Psychologist*, 38, 158–164.

- Gimeno, D., Benavides, F.G., Amick III, B.C., Banach, J. & Martinez, J.M. (2004). Psychosocial factors and work related sickness absence among permanent and non-permanent employees. *Journal of Epidemiology and Community Health*, 58, 870-876.
- Glesne, C., & Peshkin. (1992). *Becoming qualitative researchers: An introduction*. White Plains, NY: Longman.
- Goetzel, R. Z., Ozminkowski, R. J., Sederer, L. I., & Mark, T.L. (2002). The business case for quality mental health services: Why employers should care about the mental health and well-being of their employees. *Journal of Occupational & Environmental Medicine*, 44, 320-30.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 598-607.
- Golaszewski, T., Allen, J., & Edington, D. (2008). Working together to create supportive environments in worksite health promotion. *American Journal of Health Promotion*, 22(4), 1-10.
- Goudswaard, A. (2002). *New forms of contractual relationships and the implications for occupational health and safety*. Luxembourg: Office for Official Publications of the European Communities.
- Greene, J.C., Caracelli, V.J., & Graham, W.F. (1989). Toward a conceptual framework for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis*, 11(3), 255-274.
- Grégoire, D. (2007). European framework agreements: "The best option as the politics stand" (Interview with deputy general secretary of the ETUC, Maria Helena André) - *Psychosocial Factors*. HESA Newsletter, 33, 6-7.
- Greve, C., Flinders, M., & Van Thiel, S. (1999). Quangos—What's in a Name? Defining Quangos from a Comparative Perspective. *Governance*, 12(2), 129-146
- Griffiths, A. (1997). Ageing, health and productivity: a challenge for the new millennium. *Work & Stress*, 11, 197-214.
- Guba, E.G., & Lincoln, Y.S. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Communication and Technology Journal*, 30(4), 233-252.
- Guba, E.G. & Y.S. Lincoln (1989). *Fourth Generation Evaluation*. Newbury Park, CA: Sage
- Guba, E.G. & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In N.K.Denzin & Y.S. Lincoln (Eds.) *Handbook of qualitative research*. London: Sage.
- Gurr, K., Straker, L., & Moore, P. (1998). Cultural hazards in the transfer of ergonomics technology. *International Journal of Industrial Ergonomics*, 22, 397-404.

- Guthrie, R., & Quinlan, M. (2005). The occupational safety and health rights and workers' compensation entitlements of illegal immigrants: an emerging challenge.
- Haas, E.B. (1980) Why collaborate? Issue linkage and international regimes. *World Politics*, 32, 357-373.
- Haines, A., & Donald, A. eds. (1998). *Getting Research Findings into Practice*. London: BMJ Publishing.
- Hämäläinen, R-M. (2008). The Europeanisation of occupational health services: A study of the impact of EU policies. Research Report 82. Helsinki: Finnish Institute of Occupational Health
- Hanberger, A (2001). What is the Policy Problem?: Methodological Challenges in Policy Evaluation. *Evaluation*, 7(1), 45-61.
- Hansen, H.F (2005). Choosing Evaluation Models: A Discussion on Evaluation Design *Evaluation* , 11(4), 447-462
- Harré, R. (1997). An outline of the main methods for social psychology. In, N. Hayes (ed.) *Doing qualitative analysis in psychology*. Hove: Psychology Press.
- Harrop, M. (1992). *Power and Policy in Liberal Democracies*. Cambridge: Cambridge University Press.
- Hart, C. (1998). *Doing a Literature Review: Releasing the Social Science Research Imagination*, London: Sage Publications.
- Hawe, P., Degeling, D. and Hall, J. (1990). *Evaluating Health Promotion*. Sydney: MacLennan & Petty.
- Head, B., & Alford, J. (2008). Wicked Problems: The Implications for Public Management. Panel on Public Management in Practice. International Research Society for Public Management, 12th Annual Conference, 26-28 March, 2008, Brisbane.
- Health and Safety Executive (HSE) (2009). *Health and safety Statistics 2008/09*. Sudbury: HSE Books.
- Health and Safety Executive (HSE) (2007). *Managing the causes of work-related stress: A step-by-step approach using the Management Standards (HSG218)*, 2nd Edition. Sudbury: HSE Books.
- Herzog, T. (1996). *Research methods in the Social Sciences*. New York: Harper Collins.
- Hildén, M., J. Lepola, P. Mickwitz, A. Mulders, M. Palosaari, J. Similä, S. Sjöblom and E. Vedung (2002). *Evaluation of Environmental Policy Instruments – a Case Study of the Finnish Pulp & Paper and Chemical Industries*. Monographs of the Boreal Environment Research, No. 21. Helsinki: Finnish Environment Institute.
- Hill, M. (1997). *The Policy Process in the Modern State*, 3rd edition. London: Prentice Hall.

- Hoel, H. (2006). The limits of regulations: Assessing the effectiveness of the Swedish regulations against workplace bullying. Proceedings of the Fifth International Conference on Bullying and Harassment in the Workplace. June 15-17, Trinity College, Dublin, 7-10.
- Hofstede, G. & Peterson, M.F. (2000). National values and organizational practices. In N.M. Ashkanasy, C.P.M. Wilderom & M.F. Peterson (Eds), Handbook of organizational culture and climate (pp. 401-405). London: Sage.
- Hofstede, G. (1980). Culture consequences: International differences in work-related values. Beverly Hills, CA: Sage.
- Hofstede, G. (1991). Cultures and organizations: Software of the mind. London, United Kingdom: McGraw-Hill.
- Hofstede, G. (2002). Dimensions do not exist: A reply to Brendan McSweeney', Human Relations, 55(11), 1355-1360.
- Homan, R. (2001). The principle of assumed consent: the ethics of gatekeeping. Journal of Philosophy of Education, 35 (3), 329-343.
- Howe, K. R. (1988). Against the quantitative-qualitative incompatibility thesis or dogmas die hard. Educational Researcher, 17, 10-16.
- Howlett, M. & Ramesh, M. (2003). Studying Public Policy: Policy Cycles and Policy Subsystems, 2nd edition. Toronto: Oxford University Press.
- Huebner, A.J. & Betts, S. (1999). Examining fourth generation evaluation: Application to positive youth development. Evaluation: The International Journal of Theory, Research, and Practice, 5 (3), 340-358.
- Hughes, J.A. (1990). The Philosophy of Social Research, 2nd edition. Harlow: Longman
- Hurrell, J.J.Jr., & Murphy, L.R. (1996). Occupational stress interventions. American Journal of Industrial Medicine, 29, 338-341.
- Hurst, N.W. (1998). Risk assessment: The human dimension. Cambridge: Royal Society of Chemistry.
- Iavicoli, S., Rondinone, B., Marinaccio, A., & Fingerhut, M. (2006). Research priorities in occupational safety and health: a review. Industrial Health, 44(1), 169-178.
- Iavicoli, S., Deitinger, P., Grandi, C., Lupoli, M., Pera, A., & Rondinone, B. (2004). Fact-finding survey on the perception of work-related stress in EU candidate countries. In S. Iavicoli, P. Deitinger, C. Grandi, M. Lupoli, A. Pera, & M. Petyx (Eds.). Stress at Work in Enlarging Europe (pp.81-97). Rome: ISPESL.
- Iavicoli, S., Natali, E., Deitinger, P., Rondinone, B., Ertel, M., Jain, A., & Leka, S. (2011). Occupational health and safety policy and psychosocial risks in Europe: The role of stakeholders' perceptions. Health Policy, 101(1), 87-94.
- Ikenberry, J. (2001). After Victory: Institutions, Strategic Restraint and the Rebuilding Order after Major Wars. Princeton: Princeton University Press.

- Ilmarinen, J. (2006). The ageing workforce - challenges for occupational health. *Occupational Medicine*, 56(6), 361-364.
- International Labour Office (ILO) (2004). *Global Strategy on Occupational Safety and Health*. Geneva: International Labour Office.
- International Labour Office (ILO) (2010). *Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases ILO recommendation R194 revised annex*, 2010. Geneva: International Labour Office.
- International Labour Office (ILO), (2006). *Violence at Work 3rd Edition*. Geneva: International Labour Office.
- International Labour Office (ILO), 1986. *Psychosocial factors at work: Recognition and control*. Report of the Joint International Labour Office and World Health Organization on Occupational Health, Ninth Session, Geneva, 18-24 September 1984. *Occupational Safety and Health Series No. 56*. Geneva: International Labour Office.
- Jackson, G., & Apostolakou, A. (2010). Corporate Social Responsibility in Western Europe: CSR as an institutional mirror or a substitute? *Journal of Business Ethics*, 94 (3), 371-394.
- Jain, A., Leka, S., & Zwetsloot, G. (2011). Corporate social responsibility and psychosocial risk management in Europe. *Journal of Business Ethics*, 101(4), 619-633.
- James, T.E., & Jorgensen, P.D. (2009). Policy Knowledge, Policy Formulation, and Change: Revisiting A Foundational Question. *Policy Studies Journal*, 37(1), 141–62
- Jenkins, R. (2007). The meaning of policy/policy and meaning. In S.M. Hodgson and Z. Irving (eds.), *Policy Reconsidered: Meaning, Politics and Practices*, (pp. 21-36). Bristol: Policy Press.
- Jenkins, W.I. (1978). *Policy Analysis: A Political and Organisational Perspective*. London: Martin Robertson & Company
- Jensen, P.L., Alstrup, L., & Thoft, E. (2001). Workplace assessment: A tool for occupational health and safety management in small firms? *Applied Ergonomics*, 32 (5), 433-440.
- Jick, T.D. (1979). Mixing qualitative and quantitative methods: Triangulation in action. *Administrative Science Quarterly*, 24, 602-611.
- John, P. (1998). *Analysing Public Policy*. London: Pinter
- Jones, D.M. (1999). The cognitive psychology of auditory distraction: The 1997 BPS Broadbent Lecture. *British Journal of Psychology*, 90 (2), 167-187.
- Kahneman, D., & Tversky, A. (1972). Subjective probability: A judgment of representativeness. *Cognitive Psychology*, 3, 430-454.

- Kankaanpää, A., Suhonen, A. & Valtonen, H. (2009). Does the company's economic performance affect access to occupational health services? *BMC Health Services Research*, 9, 156.
- Kasl, S. V. (1992). Surveillance of psychological disorders in the workplace. In: G. P. Keita & S. L. Sauter (eds) *Work and Well-Being: An Agenda for the 1990s*. Washington DC: American Psychological Association.
- Kautto, P. & Similä, J. (2005). Recently Introduced Policy Instruments and Intervention Theories. *Evaluation*, 11(1), 55-68.
- Kealey, D.J., & Protheroe, D.R. (1996). The effectiveness of cross-cultural training for expatriates: An assessment of the literature on the issue. *International Journal of Intercultural Relations*, 20(2), 141-165.
- Keller, B. (2008). Social Dialogue: The Specific Case of the European Union. *International Journal of Comparative Labour Law and Industrial Relations*, 24, 201-226.
- Kirton, J.J., & Trebilcock, M.J. (Eds.) (2004). *Hard Choices, Soft Law: Voluntary Standards in Global Trade, Environment and Social Governance*. Aldershot: Ashgate Publishing Ltd.
- Kivimäki, M., Head, J., Ferrie, J.E., Shipley, M.J., Vahtera, J., Marmot, M.G. (2003). Sickness absence as a global measure of health: Evidence from mortality in the Whitehall II prospective cohort study. *British Medical Journal*, 327(7411), 364-368.
- Kivimäki, M., Virtanen, M., Elovainio, M., Kouvonen, A., Väänänen, A., & Vahtera J. (2006). Work stress in the aetiology of coronary heart disease – a meta-analysis. *Scandinavian Journal of Work and Environmental Health*, 32(6), 431-442.
- Knill, C. (1998). European policies: the impact of national administrative traditions. *Journal of public policy*, 18, 1-18.
- Kogi, K. (1997). Ergonomics and technology transfer into small and medium-sized enterprises. *Ergonomics*, 40, 1118-1129.
- Kompier, M., De Gier, E., Smulders, P., & Draaisma, D. (1994). Regulations, policies and practices concerning work stress in five European countries. *Work & Stress*, 8(4), 296-318.
- Kompier, M.A.J., & Kristensen, T.S. (2001). Organizational work stress interventions in a theoretical, methodological and practical context. In J. Dunham (Ed.), *Stress in the workplace: Past, present and future* (pp. 164–190). London: Whurr.
- Kompier, M., Geurts, S., Grundemann, R., Vink, P., & Smulders, P. (1998). Cases in stress prevention: The success of a participative and stepwise approach. *Stress Medicine*, 14, 155–168.
- Kompier, M.A.J. (2006). New systems of work organization and workers' health. *Scandinavian Journal of Work, Environment and Health*, 32(6, special issue), 421-430.

- Kompier, M.A.J., & Cooper, C.L. (1999). *Preventing Stress, Improving Productivity: European Case Studies*. London: Routledge.
- Koningsveld, E.A.P., Zwinkels, W., Mossink, J.C.M., Thie, X., & Abspoel, M. (2001). *National costs of working conditions for workers in the Netherlands 2001* (Working Document; no. 203). The Hague: Ministry of Social Affairs and Employment.
- Koukoulaki, T. (2004). Stress prevention in Europe: trade union activities. In: S. Iavicoli, P. Deitingner, C. Grandi, M. Lupoli, A. Pera, M. Petyx (eds). *Stress at work in Enlarging Europe* (pp. 17-27). Rome: ISPEL .
- Krishnaswami, O.R. & Satyaprasad, B.G. (2010). *Business Research Methods*. Mumbai: Global Media.
- Kruger, D.J. (2003). Integrating quantitative and qualitative methods in community research. *The Community Psychologist*, 36, 18-19.
- Kubisch, A.C., Weiss, C.H., Schorr, L.B., & Connell, J. P. (1995). Introduction. In J. P. Connell, A. C. Kubisch, L. B. Schorr, & C. H. Weiss (Eds.), *New approaches to evaluating community initiatives: Concepts, methods, and contexts* (pp. 1-22). Washington, DC: Aspen Institute.
- Lahm, F. (1997). Small business and occupational health and safety advisors. *Safety Science*. 25, 153-161.
- Lai, M.K. (1991). Field based concerns about fourth-generation evaluation theory. Paper presented at the annual meeting of the American Educational Research Association, Chicago, April 3-7, 1991.
- LaMontagne, A.D., Keegel, T., Louie, A.M.L., Ostry, A., & Landsbergis, P.A. (2007). A systematic review of the job-stress intervention evaluation literature, 1995-2005. *International Journal of Occupational & Environmental Health*, 13, 268-280.
- Laswell, H.D. (1970). The emerging conception of the policy sciences. *Policy Sciences*, 1(1), 3-30.
- Lawrence, S., & Ishikawa, J. (2005). *Social Dialogue Indicators Trade union membership and collective bargaining coverage: Statistical concepts, methods and findings Working Paper No. 59*. Geneva: International Labour Office.
- Lay, M. & Papadopoulos, I. (2007). Exploration of Fourth Generation Evaluation in Evaluation, 13(4), 495-504.
- Leka, S., & Cox, T., (2008). *The European Framework for Psychosocial Risk Management*. Nottingham: I-WHO publications.
- Leka, S., & Jain, A. (2010). *Health Impact of Psychosocial Hazards at Work: An overview*. Geneva: World Health Organization.
- Leka, S., Cox, T., & Zwetsloot, G. (2008). The European framework for psychosocial risk management. In Leka, S. & Cox, T. (Eds.), *The European Framework for Psychosocial Risk Management: PRIMA-EF* (pp. 1-16). Nottingham: I-WHO publications.

- Leka, S., Griffiths, A., & Cox, T. (2003). *Work Organization and Stress*. Geneva: World Health Organization.
- Leka, S., Griffiths, A., & Cox, T. (2005). Work-related stress: The risk management paradigm. In A.S. Antoniou & C.L. Cooper (Eds.) *A Research Companion to Organizational Health Psychology*. Cheltenham: Edward Elgar.
- Leka, S., Hassard, J., Jain, A., Makrinov, N., Cox, T., Kortum, E., Ertel, M., Hallsten, L., Iavicoli, S., Lindstrom, K., & Zwetsloot, G. (2008a). Towards the development of a psychosocial risk management framework, SALTSA. Nottingham: I-WHO publications.
- Leka, S., Jain, A., Zwetsloot, G. & Cox, T. (2010). Policy-level interventions and work-related psychosocial risk management in the European Union. *Work & Stress*, 24 (3), 298-307.
- Leka, S., Jain, A., Iavicoli, S., Vartia, M., & Ertel, M. (2011a). The role of policy for the management of psychosocial risks at the workplace in the European Union. *Safety Science*, 49 (4), 558-564.
- Leka, S., Jain, A., Cox, T., & Kortum, E. (2011). The development of the European framework for psychosocial risk management: PRIMA-EF. *Journal of Occupational Health*. 53, 137-143.
- Leka, S., Jain, A., Widerszal-Bazyl, M., Żołnierczyk-Zreda, D., & Zwetsloot, G. (2011c). Developing a standard for psychosocial risk management: PAS1010. *Safety Science*, 49(7), 1047-1057.
- Leka, S., Vartia, M., Hassard, J., Pahkin, K., Sutela, S., Cox, T., & Lindstrom, K. (2008b). Best Practice in Interventions for the Prevention and Management of Work-Related Stress and Workplace Violence and Bullying. In: S. Leka & T. Cox (Eds.) *the European Framework for Psychosocial Risk Management: PRIMA-EF* (pp. 136-173). Nottingham: I-WHO publications.
- Leka, S., Zwetsloot, G., & Jain, A. (2010). Corporate social responsibility and psychosocial risk management. In: J. Houdmont & S. Leka (Eds.). *Contemporary Occupational Health Psychology: Global perspectives on research and practice* (Vol. 1). Chichester, England: Wiley-Blackwell.
- Levi, L. (1981). *Preventing Work Stress*. Reading, Mass: Addison-Wesley.
- Levi, L. (1984). *Stress in Industry: Causes, Effects and Prevention*. Occupational Safety and Health Series no. 51. Geneva: International Labour Organization.
- Levi, L. (2000). *Guidance on work-related stress – Spice of life or kiss of death?* Office for Official Publications of the European Communities, Luxembourg.
- Levi, L. (2002). Spice of life or kiss of death. In *Working on Stress*, Magazine of the European Agency of Safety and Health at Work No.5. Luxembourg: Office for Official Publications of the European Communities.
- Levi, L. (2005). Working life and mental health - A challenge to psychiatry? *World Psychiatry*, 4(1), 53-57.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

- Lindblom, C.E. & Woodhouse, E.J. (1993). *The Policy-making Process*, 3rd Edition. Upper Saddle River, NJ: Prentice Hall.
- MacKay, C.J., Cousins, R., Kelly, P.J., Lee, S., McCaig, R.H. (2004). Management standards and work related stress in the UK: policy background and science. *Work and Stress*, 18, 91–112.
- Mann, S. & Holdsworth, L. (2003). The Psychological Impact of Teleworking: Stress, Emotions and Health. *New Technology, Work and Employment*, 18(3), 196-211.
- Marmot M & Wilkinson RG, eds. (2006). *Social determinants of health*. Oxford: Oxford University Press.
- Marmot, M., Feeney, A., Shipley, M., North, F., & Syme, S.L. (1995). Sickness absence as a measure of health status and functioning from the UK Whitehall II study. *Journal of Epidemiology and Community Health*, 49, 124-130.
- Marsden, D. (2004). The 'network economy' and models of the employment contract. *British Journal of Industrial Relations*, 42(4), 659-684.
- Marsh, D. & McConnell, A. (2010). Towards a framework for establishing policy success. *Public Administration*, 88, 564–583.
- Marshall, C., & Rossman, G.B. (1989). *Designing qualitative research*. Newbury Park, CA: Sage Publications.
- Martin, N.R. & Visser, J. (2008). A More “Autonomous” European social dialogue: The Implementation of the Framework Agreement on Telework. *International Journal of Comparative Labour Law and Industrial Relations*, 24, 511-48.
- Matthews, B. & Ross, L. (2010). *Research Methods: a practical guide for the social sciences* (1st Edition). Harlow, UK: Pearson Education.
- Matveev, A.V. (2002). The advantages of employing quantitative and qualitative methods in intercultural research: practical implications from the study of the perceptions of intercultural communication competence by American and Russian manager. In, I.N. Rozina (Ed.) *Theory of communication and applied communication* (pp.59-67). Rostov-on-Don: Institute of Management, Business and Law Publishing.
- Maurer, T. (2001). Career-relevant learning and development, worker age, and beliefs about self-efficacy for development. *Journal of Management*, 27, 123-140.
- Mayhew, C. (2003). Occupational violence: a neglected occupational safety and health issue? *Policy and practice in health and safety*, 1(1), 31-58.
- Maykut, P., & Morehouse, R. (1994). *Beginning qualitative research: A philosophic and practical guide*. London: Falmer Press.
- McDaid, D. (2008). *Mental health in workplace settings: Consensus paper*. Luxembourg: Office for Official Publications of the European Communities.

- McDonald, N., Corrigan, S., Daly, C., & Cromie, S. (2000). Safety management systems and safety culture in aircraft maintenance organisations. *Safety Science*, 34, 151-176.
- McKinney, P. (2002). Expanding HSE's ability to communicate with small firms: A targeted approach (No. 420/2002). Sudbury: HSE Books.
- Messing, K. (1998). *One Eyed Science: Occupational health and women workers*. Philadelphia: Temple University Press.
- Michie, S. (2002). Causes and management of stress at work. *Occupational and Environmental Medicine*, 59, 67-72.
- Mickwitz, P. (2003). A Framework for Evaluating Environmental Policy Instruments: Context and Key Concepts. *Evaluation*, 9(4), 415-436.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis* (2nd ed.). USA: Sage Publications, Inc.
- Molinie, A.F. (2003). *Age and working conditions in the European Union*. Dublin: European Foundation for the Improvement of Living and Working Conditions.
- Morgan, G. (1980). Paradigms, metaphors, and puzzle solving in organization communication. *Administrative Science Quarterly*, 25, 608-621.
- Morgan, G., & Smircich, L. (1980). The case for qualitative research. *Academy of Management Review*, 5, 491-500.
- Murphy, L.R., & Sauter, S.L. (2004). Work organization interventions: stage of knowledge and future directions. *Social and Preventive Medicine*, 49, 79-86.
- Natali, E., Deitinger, P., Rondinone, B., & Iavicoli, I. (2008). Exploring Stakeholders' Perceptions on Social Policies, Infrastructures and Social Dialogue in relation to Psychosocial Risks. In: S. Leka, T. Cox, (eds). *The European framework for psychosocial risk management: PRIMA-EF* (pp. 79-95). Nottingham: I-WHO Publications.
- Neuman, W.L. (2007). *Social Research Methods: Qualitative and Quantitative Methods*. London: Pearson International.
- Nicholson, P.J. (2002). Occupational Health in the EU. *Occupational Medicine*, 52(2), 80-84.
- Nielsen, K., Randall, R., & Albertsen, K. (2007). Participants' appraisals of process issues and the effects of stress management interventions. *Journal of Organizational Behaviour*, 28, 793-810.
- Nielsen, K., Randall, R., & Christensen, K.B. (2010). Developing new ways of evaluating organizational-level interventions. In J. Houdmont & S. Leka (Eds.) *Contemporary Occupational Health Psychology: Global perspectives on research and practice* (Vol. 1). Chichester, England: Wiley-Blackwell.
- NIOSH (2002). *The changing organization of work and the safety and health of working people: Knowledge gaps and research directions*. NIOSH (Vol. 2002-116): DHHS (NIOSH).

- Nordestgaard, M., & Kirton-Darling, J. (2004). Corporate social responsibility within the European sectoral social dialogue. *Transfer: European Review of Labour and Research*, 10(3), 433-451.
- Nowlin, M.C. (2011), Theories of the Policy Process: State of the Research and Emerging Trends. *Policy Studies Journal*, 39: 41–60.
- Nunan, D. (1992). *Research methods in language learning*. New York: Cambridge University Press.
- Nytrø, K., Saksvik, P. Ø., Mikkelsen, A., Bohle, P., & Quinlan, M. (2000). An appraisal of key factors in the implementation of occupational stress interventions. *Work & Stress*, 14, 213–225.
- O'Neill, D.H. (2000). Ergonomics in industrially developing countries: does its application differ from that in industrially advanced countries? *Applied Ergonomics*, 31, 631-640.
- O'Neil (2006). The advantages and disadvantages of qualitative and quantitative research methods. [electronic resource]. Last accessed 05 August 2011. http://www.roboneill.co.uk/papers/research_methods.htm
- OECD (2004). *Regulatory Impact Analysis (RIA) Inventory*, note prepared by the OECD Secretariat for the Public Governance Committee meeting, OECD, Paris, April.
- OECD (1997), *Regulatory Impact Analysis: Best Practices in OECD Countries*. OECD: Paris.
- Oeij, P.R.A., & Morvan, E. (Eds.) (2004). *European Ways to Combat Psychosocial Risks Related to Work Organisation: Towards Organisational Interventions? PEROSH (Partnership for European Research in Occupational Safety and Health)*.
- Oliver, S., Harden, A., Rees, R., Shepherd, J., Brunton, G., Garcia, J. and Oakley, A. (2005). An Emerging Framework for Including Different Types of Evidence in Systematic Reviews for Public Policy. *Evaluation*, 11(4), 428-446
- Östlin, P., Eckermann, E., Mishra, U.S., Nkowane, M., & Wallstam, E. (2006). Gender and health promotion: A multisectoral policy approach. *Health Promotion International*, 21, 21-35.
- Packham, C., & Webster, S. (2009). *Psychosocial Working Conditions in Britain in 2009*. Health and Safety [electronic report]. Last accessed 05 August 2011 <http://www.hse.gov.uk/statistics/pdf/pwc2009.pdf>
- Paoli, P. & Merllié, D. (European Foundation for the Improvement of Living and Working Conditions) (2001). *Third European Survey on Working Conditions 2000*. Luxembourg: Office for Official Publications of the European Communities.
- Parent-Thirion, A., Macías, E., Hurley, J., & Vermeylen, G. (2007). *Fourth European Working Conditions Survey*. European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for Official Publications of the European Communities.

- Parsons, W. (2002). *Public Policy: An Introduction to the Theory and Practice of Policy Analysis*, London: Edward Elgar Publishing.
- Patton, M.Q. (2002). *Qualitative Research and Evaluation Methods*, 3rd edn. Thousand Oaks, CA: Sage
- Patton, M.Q. (1990) *Qualitative Evaluation and Research Methods*, 2nd edn. Newbury Park, CA: Sage.
- Pawson, R. & N. Tilley (1997). *Realistic Evaluation*. London: Sage.
- Peters, G. (1999). What is public policy? In G. Peters and J. Pierre, *Handbook of public policy*. London: Sage.
- Phillips, R. (2003). *Stakeholder theory and organizational ethics*. San Francisco: Berrett-Koehler Publishers.
- Pinder, J. (1968). Positive integration and negative integration: some problems of economic union in the EEC. *The World Today* 24(3), 89-110.
- Pohlmann, J.T., & Leitner, D.W. (2003). A comparison of ordinary least squares and logistic regression. *Ohio Journal of Science*, 103(5), 118-125.
- Preissle, J. (2006). Envisioning qualitative inquiry: A view across four decades. *International Journal of Qualitative Research in Education*, 19(6), 685-695.
- Punch, K (2005). *Introduction to social research: quantitative and qualitative approaches*. London: Sage
- Quinlan, M. (2004). Workers' compensation and the challenges posed by changing patterns of work. *Policy and Practice in Safety and Health*, 2(1), 25-52.
- Quinlan, M., Mayhew, C., & Bohle, P. (2001). The global expansion of precarious employment, work disorganization, and consequences for occupational health: A review of recent research. *International Journal of Health Services*, 31 (2), 335-414.
- Radaelli, C. (2000). Whither Europeanization? Concept Stretching and Substantive Change. *European Integration online Papers (EioP)*, 4(8). [electronic resource]. Last accessed on 05 August 2011. eiop.or.at/eiop/pdf/2000-008.pdf
- Randall, R., & Nielsen, K. (2010). Interventions to promote well-being at work. In S. Leka & J. Houdmont (Eds.) *Occupational Health Psychology*. Chichester, England: Wiley-Blackwell.
- Randall, R., Griffiths, A., & Cox, T. (2005). Evaluating organizational stress-management interventions using adapted study designs. *European Journal of Work and Organizational Psychology*, 14, 23-41.
- Reichardt, C.S., & Rallis, S.F. (1994). The qualitative-quantitative debate: New perspectives. *New Directions for Program Evaluation*, 61, 1-98.

- Richardson, J. (1996). Actor based models of national and EU policy-making, in H. Kassim and A. Menon (eds.), *The European Union and National Industrial Policy, The State and the European Union Series* (pp. 26-51). London: Routledge.
- Ridley, F. (1996) cited in Greve, C., Flinders, M., and Van Thiel, S. (1999), Quangos—What's in a Name? Defining Quangos from a Comparative Perspective. *Governance* 12 (2), 129-146
- Ritchie J., & Spencer J. (1994). Qualitative data analysis for applied policy research. In A. Bryman, & R. G. Burgess (Eds.), *Analysing Qualitative Data* (pp.173-194). London: Routledge.
- Robson, C. (1993) *The Real World Research – A Resource for Social Scientists and Practitioner-researchers*. Oxford, UK: Blackwell Publications.
- Rodrigo, D. (2005). *Regulatory Impact Analysis in OECD Countries. Challenges for Developing Countries*. Paris: OECD
- Rose, R., & Karran, T. (1987). *Taxation by Political Inertia: Financing the Growth of Government in Britain*. London: Allen & Unwin.
- Rosengren, A., Hawken, S., Ôunpuu, S., Sliwa, K., Zubaid, M., Almahmeed, W.A., Blackett, K.N., Sitthiamorn, C., Sato, H., & Yusuf, S. (2004). Association of psychosocial risk factors with risk of acute myocardial infarction in 11,119 cases and 13,648 controls from 52 countries (the INTERHEART study): case-control study. *The Lancet*, 364(9438), 953-962.
- Rossi, P.H., Lipsey, M.W., & Freeman H.E. (1999). *Evaluation: A Systematic Approach*, 6th edn. Thousands Oaks, CA: Sage
- Saksvik, P. Ø., Nytrø, K., Dahl-Jørgensen, C., & Mikkelsen, A. (2002). A process evaluation of individual and organizational occupational stress and health interventions. *Work & Stress*, 16, 37–57.
- Sanderson, I. (2002). Evaluation, policy learning and evidence based policy making. *Public Administration*, 80(1), 1-22.
- Sauter, S.L., & Murphy, L.R. (2003). Monitoring the changing organization of work: international practices and new development in the United States. *Social and Preventive Medicine*, 48.
- Sauter, S.L., Brightwell, W.S., Colligan, M.J., Hurrell, J.J., Katz, T.M., LeGrande, D. E., Lessin, N., Lippin, R.A., Lipscomb, J.A., & Murphy, L.R. (2002). The changing organization of work and the safety and health of working people: Knowledge gaps and research directions. NIOSH (Vol. 2002-116): DHHS (NIOSH).
- Schaufeli, W.B., & Kompier, M.A.J. (2002). Managing job stress in the Netherlands. Newsletter of the European Trade Union Technical Bureau for Health and Safety (TUTB), Special issue: Stress at work No. 19-20, September 2002.
- Scott, W.R. (2003). *Organizations: Rational, natural, and open systems* (5th ed.). Upper Saddle River, NJ: Prentice Hall.
- Shaw, I. (2002). *Evaluating public programmes: contexts and issues*. Aldershot: Ashgate Publishing Ltd.

- Schein, E. (2004). *Organisational culture and leadership* (3rd ed.). San Francisco: Jossey-Bass.
- Shields, M.A., & Price, S.W. (2003). The labour market outcomes and psychological well-being of ethnic minority migrants in Britain. UK, Home Office. Retrieved November 3rd, 2003 from National Coalition of Anti-Deportation Campaigns.
- Slovic, P. (2000). What does it mean to know a cumulative risk? Adolescents' perceptions of short-term and long-term consequences of smoking. *Journal of Behavioral Decision Making*, 13, 259-266.
- Slovic, P., Fischhoff, B. & Lichtenstein S. (1986). The psychometric study of risk perception. In Covello T.V., Menkes, J & Mumpower, J. (Eds). *Risk evaluation and management*. New York: Plenum Press, 3-24.
- Smith, D., (2008). OHSAS 18004 update. BSI British standards - Occupational Health and Safety Conference, Manchester, 9-10 December 2008.
- Smith, K.B., & Larimer, C.W. (2009). *The Public Policy Theory Primer*. Boulder, CO: Westview Press
- Smulders, P.G.W., & Nijhuis, F.J.N. (1999). The job demands-job control model and absence behavior: Results of a 3year longitudinal study. *Work & Stress*, 13, 115-131.
- Sowden, P. & Sinha, S. (2005). *Promoting health and safety as a key goal of the corporate social responsibility agenda*. Sudbury: HSE books.
- Spicker, P. (2008). *Social Policy: Themes and Approaches* (2nd edition) Bristol: Policy Press.
- Spurgeon, A., Harrington, J.M., & Cooper, C.L. (1997) Health and safety problems associated with long working hours: A review of the current position. *Occupational & Environmental Medicine*, 54(6), 367-375.
- Stanks, J. (1996). *The Law and Practice of Risk Assessment*. London: Pitman.
- Stansfeld, S. & Candy, B. (2006). Psychosocial work environment and mental health - a meta-analytic review. *Scandinavian Journal of Work Environment and Health*, 32, (6), 443-462.
- Stufflebeam, D.L. (1999). *Foundational Models for 21st Century Program Evaluation*. Occasional Papers Series. Western Michigan University: The Evaluation Center.
- Sundin, E. & Wikman, A. (2004). Work life changes and new forms of production. In Rolf Å.Gustafsson & Ingar Lundberg (Eds), *Work life and health*. Malmö: Liber Idéförslag. Arbetslivsinstitutet, Arbetsmiljöverket och författarna.
- Sutherland, V.J., & Cooper, C.L. (2000). *Strategic Stress Management: An organizational approach*. New York: Palgrave.
- Taris, T. W. , Kompier, M. A. J. , Geurts, S. A. E. , Schreurs, P. J. G. , Schaufeli, W. B. & de Boer, E. (2003). *Stress management interventions in the Dutch Domiciliary*

- Care Sector: findings from 81 organizations. *International Journal of Stress Management*, 10, 297-325
- Taris, T.W., van der Wal, I., & Kompier, M.A.J. (2010). Large-scale job stress interventions: The Dutch experience. In J. Houdmont & S. Leka (Eds), *Contemporary Occupational Health Psychology: Global perspectives in research and practice* (Vol.1). Chichester: Wiley-Blackwell.
- Taylor, D., & Balloch, S. (Eds.) (2005). *The politics of evaluation: participation and policy implementation*. Bristol: The Policy Press.
- Tennant, C. (2001). Work-related stress and depressive disorders. *Journal of Psychosomatic Research*, 51, 697–704.
- Tetrick, L.E., & Quick, J.C. (2003). Prevention at work: Public health in occupational settings. In J.C. Quick & L.E. Tetrick (Eds.) *Handbook of Occupational Health Psychology* (pp. 3-18). Washington, DC: American Psychology Association.
- Thurmond, V.A. (2001). The Point of Triangulation. *Journal of Nursing Scholarship*, 33(3), 253-258.
- Ting-Toomey, S. (1984). Qualitative research: An overview. In W.B. Gudykunst, & Y.Y. Kim (Eds.), *Methods for intercultural communication research* (pp. 169-184). Beverly Hills, CA: Sage Publications.
- Todd, D. J. (1979). Mixing qualitative and quantitative methods: Triangulation in action. *Qualitative Methodology. Administrative Science Quarterly*, 24 (4), 602-611.
- Trubek, D.M., & Trubek, L.G. (2005). Hard and Soft Law in the Construction of Social Europe: the Role of the Open Method of Co-ordination. *European Law Journal*, 11(3), 343–364.
- Tversky, A. & Kahneman, D. (1973). Availability: A heuristic for judging frequency and probability. *Cognitive Psychology*, 5, 207-232.
- Tversky, A. & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. *Science*, 185, 1124-1131
- Tyler, R.W. (1966). The objectives and plans for a National Assessment of Educational Progress. *Journal of Education Measurement*, 3(1), 1-10.
- Vahtera, J., Pentti, J., & Kivimäki, M. (2004). Sickness absence as a predictor of mortality among male and female employees. *Journal of Epidemiology and Community Health*, 58(4), 321–326.
- Van den Berg, T.I.J., Elders, L.A.M., de Zwart, B.C.H., & Burdorf, A. (2009). The effects of work-related and individual factors on the Work Ability Index: a systematic review. *Occupational and Environmental Medicine*, 66, 211-220.
- Vartia, M., & Leka, S. (2010). Interventions for the prevention and management of bullying at work. In: S. Einarsen, H. Hoel, D. Zapf & C.L. Cooper, *Workplace Bullying: Developments in theory, research and practice*. Taylor & Francis.
- Vaughan-Whitehead, D. (2003). *EU Enlargement versus Social Europe? The Uncertain Future of the European Social Model*. Cheltenham, UK: Edward Elgar.

- Vaughan-Whitehead, D. (Ed.) (2005). *Working and Employment Conditions in the New EU Member States. Convergence or Diversity?* Geneva: International Labour Office and European Commission.
- Vedung, E. & Román (2002). *Intervention Theory Evaluation of Global Environmental Regimes*. Paper presented at the European Evaluation Society conference, Seville, Spain, 10–12 October.
- Vedung, E. (1997). *Public Policy and Program Evaluation*. New Brunswick, NJ: Transaction Publishers.
- Vedung, E. (1998). Policy instruments: typologies and theories. In M-L. Bemelmans-Videc, R.C.Rist and E. Vedung (Eds.), *Carrots, Sticks, and Sermons: Policy Instruments and Their Evaluation* (pp. 21-58). New Brunswick, NJ: Transaction Publishers.
- Virtanen, M., Kivimäki, M., Joensuu, M., Virtanen, P., Elovainio, M., & Vahtera, J. (2005). Temporary employment and health: A review. *International Journal of Epidemiology*, 34, 610-622.
- Walker, R. (1985). *Applied Quality Research*. Aldershot: Gower.
- Wallace, H. (2000). The Institutional Setting: five variations on a theme. In H. Wallace and W. Wallace (eds.), *Policy-Making in the European Union*, 4th edition (pp. 3-37). Oxford: Oxford University Press.
- Walters, D. (2004). Worker representation and health and safety in small enterprises in Europe. *Industrial Relations Journal*, 35(2), 169-186.
- Warr, P. B. (1992) Job features and excessive stress. In R. Jenkins & N. Coney (Eds.), *Prevention of Mental Ill Health at Work* (pp. 201-205). London: HMSO.
- Weiler, A. (2004). *Quality in industrial relations: Comparative indicators*. Luxembourg: Office for Official Publications of the European Communities. (Report prepared for the European Foundation for the Improvement of Living and Working Conditions).
- Weimer, D.L., & Vining, A.R. (1989). *Policy Analysis: Concepts and Practice* (1st Edition). Upper Saddle River, NJ: Longman.
- Weimer, D.L., & Vining, A.R. (1992). *Policy analysis: Concepts and practice* (2nd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Weiss, C.H. (1997). *Evaluation: Methods for Studying Programs and Policies*. Upper Saddle River, NJ: Prentice Hall
- Wellens, K., & Borchardt, G. (1980). Soft Law in European Community Law. *European Law Review*, 14(5), 267-321.
- Welz, C. (2008). *The European social dialogue under Articles 138 and 139 of the EC Treaty: Actors, Processes, Outcomes*. Alphen aan den Rijn: Kluwer.

- Wieclaw, J., Agerbo, E., Mortenesen, P.B., Burr, H., Tuchsén, F., & Bonde, J.P. (2008) Psychosocial working conditions and the risk of depression and anxiety disorders in the Danish workforce. BMC Public Health online access.
- Williams, M. (2003). *Making Sense of Social Research*, London: Sage Publications.
- Winter, G. (2000). A comparative discussion of the notion of validity in qualitative and quantitative research. Last accessed on 05 August 2011 <http://www.nova.edu/ssss/QR/QR4-3/winter.html>.
- World Health Organization (WHO) (2008). PRIMA-EF: Guidance on the European Framework for Psychosocial Risk Management: A Resource for Employers and Worker Representatives. Protecting workers' health series; no. 9. Geneva: World Health Organization.
- World Health Organization (WHO) (2010). *Healthy workplaces: a model for action: for employers, workers, policymakers and practitioners*. Geneva: World Health Organization.
- World Health Organization (WHO), (2003a). *Work Organization and Stress*. Protecting workers' health series; no. 3. Geneva: World Health Organization.
- World Health Organization (WHO), (2003b). *Raising awareness to psychological harassment at work*. Protecting workers' health series; no. 4. Geneva: World Health Organization.
- World Health Organization (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*. Protecting workers' health series; no. 6. Geneva: World Health Organization.
- Younglove-Webb, J., Gray, B., Abdalla, C.W., & Thurow, A.P. (1999). The Dynamics of Multidisciplinary Research Teams in Academia. *The review of higher education*, 22(4), 425-440
- Zahm, S.H. (2000). Women at work. In M.B. Goldman & M.C. Hatch (Eds.) *Women and Health* (pp.441-445). San Diego, CA: Academic Press.
- Zwetsloot, G., & Leka, S. (2010). Corporate culture, health and well-being. In: S. Leka & J. Houdmont (Eds.), *Occupational Health Psychology*. Chichester, England: Wiley-Blackwell.
- Zwetsloot G.I.J.M., (2000). Developments and debates on OHSM system standardisation and certification, In: Frick, K, Quinlan, M., Langaa Jensen, P. & Wilthagen, T. (Eds.) *Systematic Occupational safety & Health Management- Perspectives on an International Development*, pp 391-412, Pergamon-Elsevier Science, Oxford.
- Zwetsloot, G. & Starren, A. (2004). *Corporate social Responsibility and Safety and Health at Work*. European Agency for Safety and Health at Work, Luxembourg: Office for Official Publications of the European Communities.
- Zwetsloot, G. & van Scheppingen, A. (2007). Towards a Strategic Business Case for Health Management, In: U. Johansson, G. Ahonen & R. Roslander (eds), *Work Health and Management Control*, (pp 183-213). Stockholm: Thomson Fakta.