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Is psychosocial risk prevention possible? Deconstructing common presumptions

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Abstract

This paper tackles a much debated and often misunderstood issue in the modern world of work, psychosocial risks. Although the prevalence and impact of psychosocial risks is now widely acknowledged as a priority in health and safety in Europe, there remains resistance by key stakeholders in prioritizing psychosocial risk management both in business and policy making. This paper explores why this is still the case by discussing three presumptions in relation to the current state of the art in this area. It examines the validity of these presumptions by summarizing key evidence, policies and practices. It is concluded that, although guidance on psychosocial risks and their management exists in abundance as does evidence to support the 'case' for psychosocial risk management, the concept of psychosocial risk is still not clearly understood in its entirety with discussions being focused on negative impacts and not opportunities that can be capitalized upon through effective psychosocial risk management at the organizational and societal levels. A key issue is the false distinction often made between psychosocial factors and issues pertaining to work organization, since psychosocial risks are embedded in certain forms of work organization. The suitability of available methods and tools is also considered as well as existing capabilities in the context of socioeconomic changes and constraints. On the basis of the current state of the art, an action plan for the prevention of psychosocial risks in the workplace is proposed, linked to sustainability and a value-based perspective.

Keywords: psychosocial risks, management, work organization, prevention

Introduction

The France Telecom suicides dramatically projected psychosocial risks and work-related stress to the front of the stage. Based on the report submitted to the court by the French Labour inspection authority, the Paris prosecutor's office opened on 8 April 2010 judicial proceedings for "bullying and inadequate risk assessment". The Labour inspectorate criticized very harshly the entire restructuring process of the company, a situation that, now more than ever, represents the norm both in enterprises in Europe and across the world. In 2004, France Telecom became a private company and since 2006 it reduced its staff and costs to improve productivity (NeXT recovery plan in 2006, aiming to cut 22,000 jobs and additionally change the job of some 10,000 workers within 3 years).

Public interest in the topic in France (and elsewhere) increased as a result of this highly publicized case. Consequently, one of three targets of the Ministry of Labour strategic work plan 2010-2014 was psychosocial risks. Between 1 December 2009 and 30 October 2010, the French Ministry of Labour analyzed 234 company agreements on psychosocial risks and collected 250 company plans reported by companies with more than 1000 workers (out of 1300 companies concerned). Four out of five agreements were methodological agreements to define a process of assessment, evaluation and action. Few agreements included a clear commitment from management or specified the terms of their involvement (DGT, 2011). Since August 8, 2012, in France, companies with more than 20 employees must display at the workplaces articles of the Penal Code relating to sexual and moral harassment and make available to their staff a document specifying occupational risk assessment provided by the Article R 4121-1 of the Labour Code.

France is not the only country where there has been recent focus on this area. For example, the recent financial crisis accentuated challenges faced in the modern work environment mainly in relation to widespread organizational restructuring. According to the European Restructuring Monitor database, which contains information on large-scale restructuring events reported in the principal national media in each European Union (EU) member state, approximately 17,000 restructuring events have occurred in Europe from 2002 to present. This number includes only cases in which at least 100 jobs have been lost or created or employment effects affecting at least 10% of a workforce of more than 250 people; the number of smaller restructuring cases is undoubtedly even higher. Both business downsizing

and expanding have been shown to influence employee well-being through the experience of stress, anxiety and burnout (e.g. Ferrie et al, 2008; Haruyama et al., 2008; Scheck & Kinicki, 2000; Vahtera et al., 2004).

In many countries in Europe, there has also been increased action concerning psychosocial risks (including harassment and bullying), and work-related stress as a result of accumulating evidence on their prevalence and impact, or policy actions at European or national level, such as social partner agreements. In some cases, for example in Italy, these have brought about changes in legislation with subsequent increased engagement at organizational level (Iavicoli et al., 2013). However, psychosocial risks are still considered by some stakeholders difficult to address in a preventative fashion. Taking into account the current state of the art in this area, three common presumptions are explored and addressed in this paper, in relation to this perception:

- There is neither a clear definition nor full understanding of psychosocial risks, not only by businesses, but also by other key stakeholders, including the social partners, policy makers and occupational health services. The often claimed complexity of the subject does not facilitate its practical management.

- The 'case' for the prioritization and management of psychosocial risks is still not clearly defined. While the emergence of psychosocial risks as a key health and safety challenge is commonly accepted and evidence is available on their prevalence and impact, the arguments presented on psychosocial risk management are focusing on potential negative impacts and do not also consider positive outcomes. In addition, their economic cost is often indirect, hidden and difficult to quantify. As a result psychosocial risk management is not strategic enough both in business and in policy making.

- Methods and tools for the assessment and management of psychosocial risks are not suitable for businesses while roles and responsibilities are not clearly established. Taking account of these risks in the risk assessment process and in operations management is difficult. This situation is worse when it comes to small and medium-sized enterprises (SMEs) where expertise, resources and appropriate methods are lacking more.

This paper develops and examines the validity of these three presumptions. It also proposes an action plan for the prevention of psychosocial risks in the workplace considering the current state-of-the-art.

First presumption: there is no clear definition and understanding of psychosocial risks by key stakeholders and businesses

Psychosocial hazards are discussed in guidance by key organizations (such as ILO, WHO, European Commission, etc.) as aspects of work organization, design and management that have the potential to cause harm on individual health and safety as well as other adverse organizational outcomes such as sickness absence, reduced productivity or human error (e.g. WHO, 2008). They include several issues such as work demands, the availability of organizational support, rewards, and interpersonal relationships, including issues such as harassment and bullying in the workplace. Psychosocial risk refers to the potential of psychosocial hazards to cause harm (BSI, 2011). Work-related stress is closely associated to exposure to psychosocial hazards and has been defined, for example, by the UK Health & Safety Executive as "The adverse reaction people have to excessive pressures or other types of demand placed on them at work". While the European Agency for Safety & Health at Work (EU-OSHA) states that "People experience stress when they perceive that there is an imbalance between the demands made of them and the resources they have available to cope with those demands". While in the past there was confusion between the concepts of 'eu-stress' and 'di-stress', in the current literature and key guidance on the topic, there is differentiation between work-related stress and different levels of pressure at work. When pressure at work is chronic and unmanageable, it results in work-related stress which is now recognized as a *negative* experience resulting from exposure to poor working conditions (psychosocial and/or physical) (Cox, 1993; WHO, 2008; Cox & Griffiths, 2010).

Despite many publications and available guidance on the topics of psychosocial risks and work-related stress, the question remains, why are stakeholders and businesses still unclear on them? For example, the European Trade Union Institute (ETUI, 2013) recently staged the first European trade union seminar on psychosocial risks in Bilbao on 19-21 June 2013 with the support of EU-OSHA and 19 union representatives attending. At that meeting,

participants discussed that an alternative term to “psychosocial risks” is needed “that will not perpetuate the confusion between cause and effect... [and will shift] the focus from work stress (effect)… towards acting on the causes of it, most often found in work organization (e.g., workload, management methods, etc.)”. This discussion highlights that there is lack of clarity on the meaning of the term ‘psychosocial risks’, often being considered synonymous to work-related stress, even when key guidance has clarified their distinction a long time ago. Is the lack of understanding of psychosocial risks a matter of semantics despite the significant investment already made to raise awareness on the topic over the last almost three decades since the term ‘psychosocial factors’ appeared in guidance by the ILO in 1986?

To add to this, the lack of specificity and diversification of terminology used in the case of policies and guidance of relevance to psychosocial risks in Europe has also been highlighted as a concern (e.g., Widerszal-Bazyl et al., 2008; Leka et al., 2011). Indeed, there have been criticisms that this lack of specificity has negatively affected an understanding of legal requirements and practice (e.g. Ertel et al., 2010; Leka et al., 2011). Interestingly, in the documentation provided in the Senior Labour Inspectors (SLIC) 2012 campaign on psychosocial risks, one can find reports from European Union member state inspectorates stating that their country does not have specific legislation on psychosocial risks; assuming that they mean beyond the legal requirements of the Framework Directive 339/89/EEC which concerns all types of risk to workers’ health and safety and also refers to work organization. This has also been clarified in the final report on the SLIC campaign (2012). Since psychosocial risks are defined as ‘aspects of work organization, design and management’, one would expect stakeholders and businesses to understand the relevance of EU health and safety legislation to them; however this is not always the case.

In addition, if one looked at the types of issues employers are asked to consider when it comes to psychosocial risks, they would find reference to workload, work schedules, role clarity, communication, rewards, teamwork, problem-solving, and relationships at work. Is there any business that is of the view that these issues are not important to its survival and success? Can any business flourish without effectively managing these issues? And if there is clear evidence that not managing these issues effectively can lead to poor employee health, presenteeism, absenteeism, human error and reduced productivity both published in scientific papers (e.g. Vahtera, Pentti & Kivimaki, 2004; van den Berg et al., 2009) and by businesses themselves (e.g. http://www.hse.gov.uk/stress/experience.htm; Bergh et al., 2014) why is

there resistance when it comes to health and safety legislation in this area? Even if one took the view that businesses become more competitive and perform better when there are less regulatory restrictions, they would surely not deny that good work organization, design and management (a good psychosocial work environment) lead to good performance?

Perhaps then difficulties in understanding arise from the 'traditional' perspective in health and safety, based on risk management. Businesses deal with 'risk' and 'risk management' routinely in areas such as finance, strategy, and operations (among others) (Langenhan, Leka & Jain, 2013) As such, the principles of risk management, which are based on being proactive, are not at all foreign to them. However, the same cannot be claimed for other key stakeholders involved in psychosocial risk management, such as occupational health services. Experts working in occupational health services traditionally have a 'reactive' perspective, supporting individuals and organizations deal with problems they experience, and not designing a work environment that will prevent them from occurring (Westerholm & Kilbom, 1997). Across Europe, such expertise is still scarce in occupational health services personnel and consequently appropriate support to businesses might be lacking. This undoubtedly also complicates understanding in this area since the approach employed to deal with psychosocial risks is very much focused on 'mending harm' and not sufficiently on prevention through managing risks. As a result the 'case' for managing psychosocial risks is unclear – and mainly focuses on negative outcomes as is discussed next.

Second presumption: the case for prioritization and management of psychosocial risks is not clearly defined

Several studies over the past decades have shown the impact of psychosocial risks, work-related stress, bullying and harassment on individual health, safety and well-being, organizational performance, and societal health and prosperity. For example, a report by WHO (2010) reviewed the health impact of psychosocial hazards showcasing their detrimental effect on mental health (including depression and anxiety), physical health (including cardiovascular disease, musculoskeletal disorders and diabetes) and health behaviours (including smoking, alcohol consumption and exercise).

In 2005, and again in 2010, every fourth participant of the European Working Conditions survey believed that their health is at risk due to work-related stress (Eurofound, 2012). There is a solid amount of cumulative evidence indicating a causal association in terms of prospective observational epidemiological investigations based on theoretical models of work stress and associated psychosocial risks such as work demands and control, effort-rewards imbalance, and organizational injustice (Marmot et al, 2010; Chandola, Heraclides, & Kumari, 2010). The main health outcome variables examined in these studies are cardiovascular diseases and poor mental health (mainly depression), due to the fact that most robust evidence is restricted to these two disorders. This is justified in view of their contribution to the worldwide burden of disease. For example, in a global perspective, depression is a leading cause of premature mortality and of life years spent with disability (Mathern & MaFat, 2008). The lifetime prevalence of major depression in Europe is estimated to be 13–16% of the total population (Alonso et al., 2004), and every second case of depression manifests itself during young adulthood, before the age of 35.

Concerning cardiovascular disease, the majority of at least 30 reports derived from prospective studies document elevated odds ratios of fatal or non-fatal cardiovascular (mostly coronary) events amongst those reporting job strain, effort-reward imbalance or organizational injustice (Tsutsumi & Kawakami, 2004; Eller et al., 2009; Kivimäki et al., 2006, 2012; Marmot, Siegrist, & Theorell, 2006). Overall, risks are at least 50% higher amongst those suffering from stress at work in comparison to those who are not.

In addition several cardiovascular risk factors are associated with an adverse psychosocial work environment in terms of job strain and effort-reward imbalance, in particular metabolic syndrome (Chandola, Brunner, & Marmot, 2006), type II diabetes (Kumari, Head, & Marmot, 2004), hypertension (Schnall et al., 2000), obesity (Kivimäki et al., 2002), health-adverse behaviours (Head, Stansfeld, & Siegrist, 2004; Siegrist & Rödel, 2006) and markers of dysregulated autonomic nervous and endocrine system activity (Chandola et al., 2008; Hintsanen et al., 2005; Vrijkotte, van Doornen, & de Geus, 2000; Steptoe et al., 2004).

A second, widely prevalent chronic disorder, depression, is associated with stressful work. The large majority of results from more than a dozen prospective investigations confirm elevated risks of depression amongst employees experiencing work-related stress, and odds

ratios vary between 1.2 and 4.6, depending on type of measure, gender and occupational group under study (e.g. Bonde, 2008; Ndjaboué, Brisson, & Vézina, 2012).

Other health outcomes significantly related to job strain, effort-reward imbalance, or organizational injustice concern reduced physical and mental functioning (Stansfeld et al., 1998), musculoskeletal disorders (Bongers, Kremer, & ter Laak, 2002; Gillen et al., 2007; Rugulies & Krause, 2008), sickness absence (Chandola, 2010; Marmot, Siegrist, & Theorell, 2006; Head et al., 2007) and disability pensions (e.g. Blekesaune & Solem, 2005; Dragano, 2007; Stattin & Järvholm, 2005).

Other studies have shown the direct and indirect effect of a poor psychosocial work environment on absenteeism, productivity, job satisfaction, and intention to quit (see for example, Kivimaki et al. 2003; Miche, 2002; Spurgeon, Harrington & Cooper, 1997; Vahtera, Pentti & Kivimaki, 2004; van den Berg et al., 2009). In addition, a reduction in physical and psychological health through the experience of stress can cause suboptimal performance that may lead to accidents and to other quality problems and reduced productivity, thereby augmenting operational risks (e.g., Barling et al., 2002, 2003; Bjerkan, 2010; Bergh et al., 2013; Flin et al., 2000; Mearns, 2004; Nahrgang et al., 2011; Rundmo, 1992, 1995). However, it should be noted that accident analysis and feedback methods and models do not sufficiently take psychosocial factors and work-related stress into account (Van Wassenhove & Garbolino, 2008).

Even from early 2000, studies suggested that between 50-60% of all lost working days have some link with work-related stress (EU-OSHA, 2000) leading to significant financial costs to companies as well as 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 15 Member States of the pre-2004 EU, was estimated to be on average between 3-4% of gross national product, amounting to €265 billion annually (Levi, 2002). 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, Koningsveld et al. (2003) calculated that costs of absenteeism and disability amounted to €12 billion. 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. A

report by EU-OSHA summarized the economic costs of work-related stress illnesses. It reported that in France, between 220,500 and 335,000 (1-1.4%) 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 EUR 3,000 million (EU-OSHA, 2009).

Each case of stress-related ill health has been reported to lead to an average of 30.9 working days lost (Mental Health Foundation, 2007). Estimates from the UK Labour Force Survey indicate that self-reported work-related stress, depression or anxiety accounted for an estimated 11.4 million lost working days in Britain in 2008/09 (HSE, 2010). This was an increase from earlier estimates, which indicated that stress-related diseases are responsible for the loss of 6.5 million working days each year in the UK, costing employers around €571 million and society as a whole as much as €5.7 billion. A recent study concluded that the 'social cost' of just one aspect of work-related stress (job strain) in France amounts to at least 2-3 billion euros, taking into account health care expenditure related to absenteeism, people giving up work, and premature deaths (Trontin et al., 2010). The invisibility of indirect costs keeps awareness of, and sensitivity to, psychosocial risks low, which is one of the key barriers to psychosocial risk management (EU-OSHA, 2012).

The picture presented so far clearly indicates that there is a wealth of data making the 'economic' case for psychosocial risk management clear. However, and astonishingly, there still appears to be resistance from businesses to prioritize it. This may be partly attributable to the way psychosocial risk management is understood; that is, as an approach to alleviate negative outcomes but not necessarily one to capitalize on opportunities and resources. This perception might stem from the approach employed by some key stakeholders to deal with psychosocial risks (as discussed previously) and also from the understanding of the concept of risk in health and safety in general, focusing on negative impact.

ISO 31000 defines risk as an 'effect of uncertainty on objectives' (Leitch, 2010). According to this definition, risk is not conceptualized in terms of neither negative nor positive outcomes. As a result, risk management is a dynamic process that can act as a catalyst with the potential to alleviate negative outcomes and promote positive ones. As mentioned before, businesses deal with risk and risk management routinely. Risk management is used from the development of business strategy to the execution of daily operations. Since psychosocial risk

management concerns work organization, design and management, if it is successfully embedded in business operations and is not viewed as an add-on, it can result in significant benefits concerning individual and organizational outcomes such as work engagement, improved quality and performance. To do so the organization should ensure that the risk management process does not only mitigate negative impact but also recognizes and utilizes good practices that can lead to positive impacts through the process of organizational learning and development (Leka, Cox, & Zwetsloot, 2008). Such a conceptualization of psychosocial risk management would also reduce resistance and stigmatization in dealing with mental health in the workplace and promote well-being and performance.

A final, and perhaps the most important, point in discussing the case for psychosocial risk management concerns its moral dimension. More often than it should, arguments for and against psychosocial risk management focus on legal requirements and the economic or business case. While both are useful and relevant, they should not represent the starting point in making the case for psychosocial risk management. Was it economic considerations that brought immediate attention to the French Telecom suicides or the tragic outcome of mismanagement resulting from wider socioeconomic pressures affecting the organization? The Seoul Declaration on Safety and Health at Work (2008) asserts that entitlement to a safe and healthy work environment is a fundamental human right. It follows that this should be protected through responsible practices at the policy and business levels and efforts have been made through corporate social responsibility initiatives to address these issues, including psychosocial risks (Jain, Leka & Zwetsloot, 2011; Leka & Jain, 2013).

Taking into account the existing evidence and efforts made to tackle psychosocial risks, the final question concerns the availability/suitability of methods and tools for the assessment and management of psychosocial risks in order to achieve positive outcomes.

Third presumption: methods and tools for the assessment and management of psychosocial risks are not suitable for businesses and especially SMEs

Several approaches have been implemented in an effort to make employers engage in psychosocial risk management. These include regulatory approaches, agreements at national,

sectoral or organizational level, and voluntary approaches in the form of standards, guidance, and specific tools and methods. In the EU, all member states have the obligation to assess and manage all types of risk to workers' health and safety and consider aspects of work organization (for a summary of relevant legislation see Leka et al., 2011). The relevance of EU legislation to work-related stress and to harassment and bullying at work was also clarified by two social partner agreements at European level in 2004 and 2007. Several further agreements have been developed at sectoral and organizational level in many countries (European Social Partners, 2008). In addition, in some EU countries, legislation is even more specific than EU law and makes direct reference to work-related stress, bullying and harassment or psychosocial risks (Langenhan, Leka & Jain, 2013) although in very few countries stress-related diseases are included in official lists of occupational diseases. However, as highlighted previously in this paper, some stakeholders still appear to lack awareness and understanding of legal requirements, and several authors have highlighted the existence of a gap between policy and practice (Ertel et al., 2010, Leka et al., 2010). To partly address this issue and assist inspectors in assessing company practices in this area, the Senior Labour Inspectors Committee in Europe, launched a campaign on psychosocial risks in 2012 that provided several tools and guidance (SLIC, 2012).

Even though legislation has been reported to be the stronger driver for European enterprises to engage in occupational health and safety (EU-OSHA, 2010), additional studies have highlighted the business case as more important (Bevan, 2010; EU-OSHA, 2012), especially for SMEs. To promote good practice and specifically target SMEs, further methods, tools and guidance have been developed in several countries (for example, the Management Standards in the UK and Italy, Work Positive in Ireland, and the Work and Health Covenants and Catalogues in the Netherlands; see EU-OSHA, 2012). EU-OSHA has also been working to develop an online simple risk assessment tool for SMEs, OiRA, that will include psychosocial risk assessment.

Additional tools have been developed through research over the past two decades (such as the Copenhagen Psychosocial Questionnaire adapted by ISTAS in Spain, SOBANE in Belgium, the tools developed by INRS and ANACT in France, QPS Nordic, and the Job Content Questionnaire, among others), some of which are suitable for psychosocial risk assessment only while others also for putting in place interventions. More recently, guidance and tools have also been developed in relation to organizational restructuring, psychosocial risks and

well-being (Wiezer et al., 2011). However, it has been acknowledged that further work is necessary to develop tools that will assist enterprises put in place appropriate interventions to follow up on the psychosocial risk assessment results (e.g., Randall & Nielsen, 2010).

An interesting recent development in the area is the launch of two standards at national level. The first was launched by the British Standards Institution in 2011 and it is the first national guidance standard on the management of psychosocial risks in the workplace (BSI, 2011). The second was launched as a national standard on psychological health and safety in the workplace in Canada in 2013 (BNQ, CSA Group and MHCC, 2013) and it is the first standard that is auditable in this area. Both seek to support organizations in implementing psychosocial risk management as part of normal business operations while the Canadian standard also provides a guide for SMEs.

Despite the plethora of guidance and tools developed in the area of psychosocial risk management, it was quite disappointing that an EU-OSHA employer survey in 2009 (EU-OSHA, 2010) found that only about 20% of European enterprises inform their employees on psychosocial risks, let alone taking appropriate actions to tackle them. Less awareness and action was reported by SMEs. Lack of awareness, lack of resources, and lack of technical support, guidance and expertise were key needs in this area that were identified irrespective of enterprise size, sector or country. In addition, it was found that psychosocial risk management might be considered as an 'advanced subset' of OSH management which is influenced by the recognition of psychosocial risk and its significance to the safety, health and well-being of workers. Traditions of national level research into OSH both generally and specifically in relation to psychosocial risks and their management, national discourses on OSH definitions and priorities socially and politically, and the practical application of research knowledge to workplace practice were identified as important determinants of action in this area (EU-OSHA, 2013).

Clearly then, despite efforts made so far, there is still some way to go to achieve the desired progress in this area on the basis of prevention, and especially in SMEs. However, in a global context of economic recession, austerity, competition and deregulation, psychosocial risk prevention might seem to be too difficult to achieve.

Is psychosocial risk prevention possible?

To ask the question 'is psychosocial risk prevention possible' is in many ways like asking the question 'is good management possible'. It would be very disappointing for the answer to this question to be 'no'. However, before rushing to proclaim an enthusiastic 'yes', one needs to consider the conditions under which this can be the case, taking into account the issues discussed in this paper.

If psychosocial risk management was understood by businesses and other key stakeholders to be synonymous with good management, then the arguments used, the approaches employed, and the actions taken would be more strategic both in policy making and at organizational level. Psychosocial risk management would not be approached solely through a health and safety perspective (and not solely from a human resource management perspective either since this often lacks prioritization) but from a strategic perspective both at organizational and at policy level (Langenhan, Leka & Jain, 2013). It would be a key part of Business School curricula and would be highlighted as an opportunity that could bring positive outcomes both to individuals and organizations. Instead of the business case, a 'value case' (van Scheppingen et al., 2012) would be promoted for psychosocial risk management, highlighting economic, social and ecological dimensions. It would be embedded both in business operations through management systems and in policy making, and appropriate competencies would be developed for managers, employees, and policy makers to implement good practice. It would be conceived to be an essential part of responsible business practices that would be taken into account in working partnerships in the supply chain between large and small enterprises. In this manner, SMEs would engage in and prioritize this area while learning from sharing of knowledge and good practices.

Frameworks, tools and services that support businesses in this process, would clearly prioritize preventive approaches aiming at sustainable solutions and not just reactive actions. Available guidance would be conceptualized more clearly within this thinking and there would be cross-fertilization of knowledge and good practices across countries. Inspectorates would act as catalysts of change in this process supported by a suitable 'policy mix' including both enforceable regulations and voluntary standards. Psychosocial risk management would be linked to business and societal sustainability, recognizing both potential negative and

positive outcomes, and emphasizing their important link to business strategy and policy making.

If this is the ideal scenario in relation to psychosocial risk management, how far are we now from achieving it? At the policy level, a number of approaches, both regulatory and voluntary, now exist, even though some, like the standards in this area, are too new to evaluate. Some policy approaches have been implemented in different countries, like in the case of the Management Standards for work-related stress in the UK and in Italy (Iavicoli et al., 2013). The current ‘policy mix’ is interesting but needs to be evaluated critically to conclude on what works and when, and divert efforts more strategically where needed (Leka & Jain, 2013). The basis for decisions made in policy making would also need to be evaluated on the basis of a new ‘value case’ instead of solely an economic case while the use of evidence should play a key role in this process.

Efforts have also been made to share knowledge and develop competencies of key stakeholders in this area, such as inspectors (SLIC, 2012) and occupational health services. However, in many countries, deregulation coupled with budget cuts has led to the weakening of labour inspectorates that are turning into reactive agents. For example, the good work of the HSE in the UK has stalled in this area in recent years (James, Tombs, & Whyte, 2013).

The perspective policy makers adopt plays a crucial role as well as the extent to which evidence-based policy making is a reality or just lip-service. As discussed in the paper, the case for psychosocial risk management is now very strong, however there is still little prioritization by both policy makers and businesses alike. The same way psychosocial risk management can represent an opportunity for businesses at the organizational level, it can present an opportunity for nations at the macro level (Leka, Cox & Zwetsloot, 2008). However, policy making is still far from strategic in this area (Langenhan, Leka & Jain, 2013).

Both from the perspective of policy makers and businesses, it could be argued that economic recessions challenge their ability to deal with psychosocial risks since they are forced to cut resources and restructure. In addition, during times of economic crisis, austerity measures implemented in many countries have a pervasive effect on national economies. Unemployment rates shoot up and there are severe impacts in terms of ill health and

increasing suicide rates (e.g. Kentikelenis et al., 2011; Kivimäki et al., 2003). If psychosocial risk management was thought of as an opportunity in terms of individual, organizational, and societal outcomes, approaches taken by businesses and policy makers would be more innovative and forward-thinking in this area. Instead, what is seen in many countries is a turn towards reactive measures focused on the individual, their rehabilitation and return to work (e.g. DWP, 2011). Recent data from longitudinal studies shows that those exposed to the poorest psychosocial work environment, suffer from worse physical and mental health than the unemployed (Kivimäki et al., 2003; Butterworth et al., 2011; Westerlund et al., 2010). Data further shows that those exposed to the worst psychosocial working conditions engage in less lifelong learning (Siegrist & Wahrendorf, 2013), which has important implications in light of the ageing workforce. Public and organizational strategies aiming to keep people longer in employment will not be effective unless both policy makers and businesses prioritize the development of a working environment that is conducive to longer and healthier working lives; managing psychosocial risks is essential in this endeavor (Langenhan, Leka & Jain, 2013).

As recent data still points out that European enterprises are in need of support to develop, implement and manage psychosocial risks (EU-OSHA 2010), it is more pressing now than ever for a critical evaluation of efforts employed so far to address them to be conducted and an approach at European level that will allow both flexibility and a certain level of benchmarking across members states to be developed. There needs to be further sharing of experiences, practices, and tools across countries (Iavicoli et al., 2013) instead of duplication or quadruplication of efforts, while the case for psychosocial risk management should be reformulated to include 'the other half of the story', a positive perspective.

Conclusion

Perhaps the most challenging obstacle to overcome when it comes to psychosocial risk management is fear and associated resistance to taking necessary actions. This stems from the way psychosocial risks and psychosocial risk management are perceived and understood. The ultimate question is about the risks each of us is willing to take – as an employee, manager, policy maker, individual. The answer will depend on the context each of us finds ourselves in, associated pressures, needs, and values. A policy maker might be clear on the available

evidence on the impact of psychosocial risks but might choose to focus policies on reaction and not prevention because of economic and /or political pressures. A line manager might understand that putting more pressure on her employees will challenge their well-being, but might choose to go ahead with the plan of meeting additional targets to satisfy her superiors and contribute to the company's survival. An employee might realize that working 60 hours per week will make them ill and limit the time spent with his family but might choose to do so to have an income in a country with high unemployment. In all these cases, each actor's decision can be justified although, on the basis of available knowledge, each situation will not be sustainable and will perpetuate problems at different levels. It is high time we recognize that we need to face up to the reality – and to the future, in order to have a chance of achieving our ambitious vision for Europe to become a smart, sustainable and inclusive economy.

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