IDENTIFYING ŞI MANAGING PSYCHOSOCIAL RISKS
- guide for health and well-being at the workplace -

developed within the project
Safety and Well-being in Law Enforcement System

IO5 – Digital methodologies and specific guide for identifying, analysis and preventing occupational risks and diseases

LEADER:
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Ministry of Interior from Bulgaria
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IO5 – Digital methodologies and specific guide for identifying, analysis and preventing occupational risks and diseases

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In the context of the new world of work, it is very important that individuals already have an understanding of occupational safety and health when entering the labour market. This requires not only lifelong learning for occupational safety and health professionals but also integration of occupational safety and health in all sectors of education. 1 (p.17)
Psychosocial Risk Management

- Content - Psychosocial Risk Management
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- Key Concepts and Philosophy - 2
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- Preparation of the process
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  - Identifying Risks and Exposed People
    - Indicators of Psychosocial Risks and Stress
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Foreword

- **Framework Directive 89/391/EEC**:  
  - establishes the employer’s obligation to ensure, through preventive measures, the safety and health of workers, related with all the work aspects, including psychosocial risks, and to develop a comprehensive and coherent policy of prevention  
  - establishes the employee’s obligation to be responsible for their own safety and health at work, and for the safety and health of the others, as an active part in risk management at the workplace  
- Ensuring employees’ safety and health means healthy, efficient, creative, motivated and loyal workers, with a good work capacity, an organization that achieves its goals and a competitive society.

- **Psychosocial risks and work-related stress are among the most challenging – and growing - occupational safety and health concerns.** Over half of EU workers report that stress is common in their workplace and 4 out of 10 think that it is not handled well.  
- This guide aims to provide all the actors in the field with a better understanding of psychosocial risks as stress factors and with possible pathways to prevent their negative consequences and to promote safety and health at work. The topic is multidisciplinary and complex and the guide is not intended to be exhaustive. Any action to prevent and manage risks at the workplace has to be in line with the law (international standards, European directives and national legislation).
Health at Work

- Work is good for physical and mental health, not only because it provides people with financial resources, but with purpose, personal growth, social integration, identity and social status as well. The nature of work, its social context, the degree in which work is safe and adapted to workers must be taken into account. Worklessness is associated with poorer physical and mental health and well-being. ³ (p.52), 15 (p.10)

- Mental health at work is a priority, through:
  - optimizing work organization, organizational culture and leadership practices in order to promote mental health at work, including the reconciliation of work with private life
  - implementing mental health and well-being programs (which include risk evaluation), prevention programs for situations which can cause adverse effects on mental health of the workers (stress, abusive behavior, like violence and harassment at work, alcoholism, drug addiction) and early intervention plans at work ⁵ (p.5)

- Health is ‘a state of complete physical, mental and social wellbeing, and not merely the absence of disease’. ⁴ (p.15)

- Mental health is a state of well-being in which an individual are aware of his or her own abilities, can cope with the normal stress of life, can work productively and is able to make a contribution to his or her community; mental health is more than just the absence of mental disorders and disabilities; there is no health without mental health. ⁶

- A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace. ⁴ (p.16)
Well-being at Work

**Well-being**

- is a state of happiness and contentment, with low level of distress, overall good physical and mental health and outlook, or good quality of life

• is a dynamic state of mind characterized by reasonable harmony between a person's abilities, needs, expectations and the environmental demands and opportunities

• refers to the general satisfaction with life, to the sense of purpose and meaning in life, to what people think and feel about family, society, social relationships, free time, spirituality, work, self-fulfillment

**Well-being at Work**

- can be described as the worker’s experience of the safety and healthiness of work, good leadership, competence, change management, the organization of work, support of the individual from the work community and how meaningful and rewarding a person finds his/her work

- relates to all aspects of working life, from the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organization
Psychosocial Risks - content

- Concept
- A priority
- Types of Psychosocial Risk
  - Psychosocial Risks - 1: work content, workload and work pace, work schedule and work time
  - Psychosocial Risks - 2: autonomy and control, environment and equipment, organizational culture and function
  - Psychosocial Risks - 3: role in the organization, career development, home-work interface
  - Psychosocial Risks - 4: interpersonal relationships at work
  - Psychosocial Risks - 5: work-related violence (moral harassment, sexual harassment, third-party violence)
    - Moral Harassment at Work
      - Specific Moral Harassment Behaviors at the Workplace
      - Organizational Conditions which Foster Moral Harassment
    - Sexual Harassment at Work, Third-party Violence

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Psychosocial Risks
- concept

- **Psychosocial factors** are defined in terms of interactions between and among work environment, job content, organizational conditions and workers capacities, needs, culture, personal extra-job considerations that may, through perceptions and experience, influence health, work performance and job satisfaction. 10 (p. 2)

- Changes in work life in the last few decades have led to **emerging psychosocial risks** (new and/or growing) related to the following five main topics: (i) new forms of employment contracts and job insecurity, (ii) the ageing workforce, (iii) work intensification, (iv) high emotional demands at work, and (v) poor work-life balance. 11 (p. 7)

- **Psychosocial risks** are linked to the way work is designed, organized and managed, as well as to the economic and social context of work, result in an increased level of stress and can lead to serious deterioration of mental and physical health. 12 (p. 2), 15 (p. 14). Work factors which can lead to stress are psychosocial factors.
Psychosocial Risks
- a priority

- Psychosocial risks, as well as ergonomic risks, remain a European priority, even more so as the pandemic and the remote work full time blurred the traditional boundaries between work and private life, in addition to permanent connectivity, lack of social interaction, increased use of ICT.  

  Research carried out over the past few decades has found that a poor psychosocial work environment may lead to work-related stress and to negative health and well-being outcomes, as well as dissatisfaction with the job and absenteeism.  

  Relationship between work and health and well-being is complex. Health problems appear most of the time as a result of many interrelated factors. Health might be affected by the work environment but is also determined by the personal behavior, lifestyle and living conditions, institutional and economic context (such as welfare regime), and genetic make-up of workers.
Types of Psychosocial Risk

Cox, Leka and Zwetsloot 12 (p. 2) adapted

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Psychosocial Risks - 1
- work content, workload and work pace, work schedule and work time

**Work Content**
- monotonous, non-stimulating tasks, lack of variety
- repetitive operations, fragmented work, short work cycles
- meaningless work
- high frequency of new tasks
- frequent changes (technology, legislation, work process, required skills)
- increased demands for attention, concentration, accuracy
- continuous exposure to people through work, working with difficult people
- demands to hide feeling (dealing with anger people, repressing fear, staying calm)
- work at height, work in isolation
- remote work
- exposure to potentially psycho-traumatizing events

**Workload and work pace**
- overloading – oversized workload
- intense work pace
- continually subject to deadlines
- imposed work pace
- increased complexity of work - maintained for a long time, these characteristics of work lead to exhaustion
- undercharging – undersized workload
- underutilization of skills, very simple tasks - frustrate the need for self-affirmation and self-development
- on long term, these characteristics of work reduce the individual capacities and skills

**Work schedule and work time**
- working in shifts, night shifts
- inflexible schedule, extended hours irregular hours, work during the evenings or weekends
- the demand to be permanent available
- work breaks regime, impossibility to leave work, if necessary, when there is no break
- daily, weekly, monthly, annually work time
- overtime

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### Psychosocial Risks - 2
- autonomy and control, environment and equipment, organizational culture and function

#### Autonomy/ control
- low participation to decision-making
- reduced possibility to organize work: lack of control on workload, work pace, work methods, breaks
- the impossibility of choosing colleagues with whom to work
- a high degree of autonomy in work associated with a high level of responsibility

#### Environment and equipment
- inadequate/insufficient/improperly maintained equipment
- difficult environmental conditions (insufficient space, poor lighting, excessive noise, low or high temperatures, rough terrain)
- environmental factors which are objectively harmful
- risk of injury, of accident

#### Organizational culture and function
- poor communication about work changes
- low support for problem solving
- reduced assistance for self-development
- lack of accuracy and agreement on organizational goals
- lack of policies and practices regarding dignity and respect
- inconsistency in respecting the basic rights of the employees (maternal leaves, working hours, days off)
- lack of awareness and skills in dealing with mental and physical health
Psychosocial Risks - 3
- role in the organization, career development, home-work interface

**Role in the organization**
- role ambiguity – not knowing exactly the requirements for you as an employee: goals, tasks, responsibilities, requested level of performance, control and assessment criteria
- role conflict - conflicting demands from different managers, simultaneous tasks which can’t be prioritized, non-conformity of requests
- being in charge of people and their safety

**Career development**
- unclear and inequitable performance assessment system
- lack of career perspectives, uncertainty
- too fast or too slow career promotion
- lack of adequate recognition and reward
- lack of appropriate training and instruction
- job insecurity

**Home-work interface**
- conflicting demands between career and private life (e.g. stemmed from work intensification)
- lack of organizational support for an adequate balance between work and private life
- reduced support from family
- dual careers

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Psychosocial Risks - 4
- interpersonal relationships at work

Interpersonal relationships at work
- numerous interpersonal conflicts
- when work problems appear, the manager is not approachable
- the manager does not provide employees with support
- the colleagues do not give advice, assistance
- low sense of belonging to the group
- inadequate managerial and control style

Social support from colleagues and managers is one of the most important moderators of stress: counseling, guidance, mentoring, tutoring, understanding employees’ problems, empathy, moral support, assistance, sympathy, companionship, practical advice, informational support etc.

The Manager
- Manager’s behavior has a direct impact on employees’ well-being and it could be a source of stress or a tool to prevent stress.

- Supportive management means that work is managed in a health-promoting way - for instance:
  - balancing the demands put on employees
  - supporting their participation
  - providing social support and recognition 15 (p. 27)

An index of leadership and relationship with one’s superior 15 (p. 27):
- immediate manager respects worker as a person
- manager provides help and support
- is good at solving conflicts and in planning and organizing work
- the employee receives feedback from manager
- the employee is encouraged to take part in the decision

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Psychosocial Risks - 5
- work-related violence: **moral harassment, sexual harassment, third-party violence**

- **Workplace violence** - incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being and health:
  - **abuse**: behaviors that depart from reasonable conduct and involve the misuse of physical or psychological strength; abuse covers all forms of harassment, including sexual and racial harassment, bullying and mobbing
  - **threats**: the menace of death, or the announcement of an intention to harm a person or to damage their property
  - **assault**: any attempt at physical injury or attack on a person, including actual physical harm

- In Communication of the European Framework Agreement on Harassment and Violence at Work (2007), all forms of harassment and violence are condemned and the duty of the employer to protect workers against them is confirmed. Organizations are requested to adopt a zero tolerance policy on such behaviors and to specify procedures to deal with such cases when they occur.

- Violence and harassment are less frequently reported, but have a strong negative relationship with well-being.  

- Respect, non-discrimination, equity are essential for employees’ well-being.

- Mutual respect for the dignity of others at all levels within the workplace is one of the key characteristics of successful organizations.
Moral Harassment at Work

- any conduct exercised on an employee by the boss or a subordinate and/or an equal, related with work, which has as goal or effect the deterioration of the work conditions, by violating the employee’s rights or dignity, by damaging their physical or mental health or by compromising their professional future, conduct which can have any of the following forms: hostile or unwanted behaviors, verbal comments, actions or gestures.

- any conduct which, by its systematic nature, might reflect adversely upon the dignity, physical or mental integrity of an employee or a group of employees, endangering their work, or degrading the work climate. 18

- Moral harassment is hostile, repetitive, undesirable, unjustified, intentional, long-lasting; it occurs when there is an imbalance of power.

- The victims are pushed and maintained in a state of helplessness in which they cannot defend themselves.

- Moral harassment is fostered by certain organizational conditions.

- To effectively manage psychosocial risks, promote fair and respectful workplace environments and the presence of employee representation in the workplace, together with the opportunity to formally discuss organizational issues, are particularly important drivers. 19 (p. 56)
Specific Moral Harassment Behaviors at the Workplace

- verbal threats, insults, publicly disregard, discrediting, mocking, ridiculing, calumny, starting rumors, negative labels, irony, continuous and inappropriate criticism, calling names, bad jokes, playing jokes, undermining job performance and one’s image in front of the manager and colleagues

- unreasonable exclusion from different discussions and activities, preventing the person from expressing themselves, repeated interruptions of the person, systematic questioning the employee’s ideas and decisions

- non-assignment of tasks, deprivation of any occupation, assignment of useless, absurd, humiliating tasks or which are over or under one’s level of competence, in order to belittle the employee, without access to proper training, intentionally retention of information needed for work or transmitting false data

- the exclusion of a person, encouraging people to act against a person, abusive, offending phone calls, e-mails, messages

- abusive supervising, unreasonable requests, unnecessary pressure in work, impossible deadlines, inequity in task or working hours assignment, deliberately changes of schedule to become inconvenient

- inequitable application of the work rules or benefits, malicious assessment of job performance
Organizational Conditions which Foster Moral Harassment

- poor relationships between employees and managers
- poor relationships among employees
- lack of co-operation in the performance of work
- interpersonal conflicts
- inadequate, negative or non-existing communication between peers
- organizational change contexts (sudden organizational changes, lack of stability and restructuring)
- multiple hierarchies

- poor or non-existing flow of information within the company
- organizations that do not disapprove of psychological violence behaviors
- negative social work climate
- attitudes of generalized individualism
- extreme levels of work demands, work overload (for example, time pressure)
- leadership models with authoritarian or laissez-faire managerial styles
- very competitive promotion systems

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Sexual Harassment at Work

Third-party Violence

**Sexual harassment at work**

- **definition**: any form of unwanted verbal, non-verbal or physical conduct of a sexual nature, with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment.

- **forms**: deliberate and unsolicited physical contact, gestures, persistent leering at a person or a part of their body, repeated sexually oriented comments, inappropriate comments regarding dress or physical appearance, jokes, sexual language, allusions to a person’s private life, references to sexual orientation, intrusive questions about intimate relationships, sending messages, photos, e-mails with an inappropriate, sexual, allusive content, unwanted and repeated invitation to involve in a sexual relationship, threatening of dismissal if sexual favors are not granted.

**Moral harassment at workplace on the grounds of sex is forbidden.**

**Third-party violence**

- threats, physical violence, and psychological violence (e.g. verbal violence) by third parties such as customers, clients, or patients receiving goods or services
- it includes the aggression occurred outside the place of the job, because of the job
  - workers could be the target of: verbal violence, lack of respect, abusive comments, physical attacks, threats with physical aggression or property damage
  - even though the threats don’t become real, verbal abuse and imminent danger are very stressful
  - this risk is part of the daily work of the employees who are continuously exposed to people through work and who can meet emotional instable people, prone to become furious, under the influence of alcohol or other stimulating substances, being frustrated, having mental disorders or being part of the criminal environment

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Occupational Stress - content

- **Definition**
- **Explanatory Models of Occupational Stress**
- **Interindividual Differences in Occupational Stress Management**
- **Coping Strategies**
- **Coping Strategies Efficiency**
- **Consequences of Occupational Stress**
  - Negative Consequences of Occupational Stress at Individual Level - 1 – emotional, cognitive, behavioral outcomes (psychological)
  - Negative Consequences of Occupational Stress at Individual Level - 2 - physical consequences, on career and personal life
    - Musculoskeletal Disorders
    - Burnout
  - Negative Consequences of Occupational Stress on the Organization
  - Negative Consequences of Occupational Stress on the Society
Occupational Stress
- definition

- **Stress is defined as a negative psychological state with cognitive and emotional components**, with effects on both individual and organization. It is a result of a problematic interaction between an individual and the environment.

- **Occupational stress is a present and future problem** that can be systematically addressed, like any other safety and health issue, prevented and managed through measures for eliminating/reducing of psychosocial risks, as part of the organizational strategy for safety and health at work.

- **Work stress appears when work demands overcome the individual’s capacity to cope with them**:
  - there is a significant imbalance between the employer’s capacities (abilities, knowledge, resources, expectations, needs etc.) and work environment (work demands, role, organizational and group rules etc.)
  - the individuals perceive that they have not the necessary abilities to cope with work demands and this is important for them, which leads to changing in cognitions, feelings and behaviors
  - work tasks (content, work organization etc.), the organizational climate and culture (e.g. support and encouragement from managers and colleagues, low level of decision and control on work) are characterized by aggressive and harmful aspects which are not well managed
  - human capacity is overcome by prolonged and excessive demands and requirements
  - individual has to cope with private issues (e.g. marriage, moving house, death or illness in family, interpersonal or financial problems) or has a certain life style (alcohol, sedentary lifestyle) which affects their capacity to deal with work demands

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Explanatory Models of Occupational Stress

**Job - Demand - Control - Support Model** (Karasek și Theorell, 1979):
- high occupational stress occurs when high work demands are associated with a low control on assigned tasks; these conditions increase the risk to develop various disorders, including anxiety and depression
- this model was extended by Johnson și Hatt (1998): the group at the greatest risk is characterized by high demands, low control and, in addition, low social support

**Effort - Reward Imbalance Model** (Siegriest, 1996, 2004):
- lack of reciprocity between costs and rewards, meaning high efforts associated with low reward cause emotional stress, mental and physical health problems, subjective negative evaluation of health, the decrease of work capacity
- rewards have three forms: appreciation (esteem, respect, support and equity), financial recognition (income, benefits) and status control (promotion, avoidance of unwanted changes, job security)

**Person - Environment Fit Model** (French et al, 1982) - two basic aspects of fit were identified:
- the degree to which an employee’s attitudes and abilities meet the demands of the job
- the extent to which the job environment meets the workers’ needs, and, in particular, the extent to which the individual is permitted and encouraged to use their knowledge and skills in the job setting

**The organizational justice concept** (Elovainio et al, 2002) : fairness, justice and equity in the workplace may have significant influences on the path between work-related stress and ill-health.

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Interindividual Differences in Occupational Stress Management 8 (p. 49-52), 23 (100-104)

People feel and manage stress differently, depending on:

- how they interpret a work situation, the significance they give to a certain context
- coping strategies people use and their efficiency
- gender, intelligence, educational background, socioeconomic status
- lifestyle (smoking, alcohol, drugs, diet, exercise, rest)
- work experience and competency, skills and abilities
- health and well-being, medical history
- needs, expectations, goals
- extra-professional problems

- optimism/ pessimism
- negative affectivity/ level of neuroticism/ tendency toward anxiety
- beliefs about their ability to deal with work demands, self-efficacy, the confidence they can be successful, self-esteem
- believes that life events are or are not under their control
- needs for social support and the ability to use it, perception on social support
- level of reactivity, physiological responsivity to stimulus
- behavioral type (A Type is associated with risk for cardiovascular diseases), level of hostility
- belonging to a vulnerable group: young or older workers, emigrants, people with disabilities, women

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Coping Strategies

Coping strategy is what the person actually thinks and does in a stressful encounter, to reduce stress \(^8\) (p. 46)

Types of coping strategy:

- **Problem-focused coping**: behaviors and cognitions aimed at solving the problem, like seeking information or taking direct action
  - planning the steps to solve the problem
  - seeking information
  - accepting the situation/role
  - removing the stressor
  - modifying the stressor
  - anticipating the event
  - avoiding the stressor/the associated feelings or distress
  - denying the problem/feelings
  - giving up/disengaging
  - distancing/detaching
  - minimizing the situation’s significance
  - reinterpreting the stressors as positive or growth-orientated experience
  - changing the goals
  - lowering the expectations
  - seeking social support
  - waiting to act/postponing
  - using substances to dull feelings
  - turning to religion
  - using humor
  - venting emotions
  - gaining abilities
  - learning, practicing skills
  - building and strengthening personal resources

- **Emotion-focused coping**: managing the emotional response to the problem by avoidance, withdrawal, expressing emotion, substance use (e.g., alcohol, food)
  - efficient or inefficient, adaptive or maladaptive.

- **Social support**: seeking both emotional and concrete aid from others and advice
- **Religious coping**: seeks to conserve or transform meaning in the face of adversity
- **Meaning making**: seeing the positive and meaningful aspects of the situation, especially with severe or chronic stressors \(^25\)

They are complex and dynamic behaviors, which are influenced by the particular encounter or appraisal that initiates it and by the resources available to manage that encounter, \(^8\) (p.46-47)

Coping strategies could be efficient or inefficient, adaptive or maladaptive.

Coping is a key factor influencing long-term mental and physical health, well-being and development in face of adversity. \(^24\)

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There is no universally effective coping strategy. The best method of coping is a combination of strategies of different types.  

People have personal tendencies to use certain coping strategies.  

Some people are habitually more flexible in their strategies.  

The strategies change over time.  

Coping strategies could be developed by voluntary effort.

- The tendency to employ focus-problem coping is associated with better mental (and sometimes, physical) health while emotion-focused coping tends to show the opposite relationship.

- Nevertheless, avoidance-oriented coping is often found to be beneficial in the short run but detrimental in the long run; avoidance is beneficial when the situation cannot be controlled by the person, when there are no solutions; however, if the situation could be under control and there are available solutions, it is better to act, to use active coping strategies for managing stress.  

- ‘emotional coping’ tends to be associated with a poorer mental health and poorer outcomes.

- However, highly stressful experiences may require some management of intense emotions before a person is able to deal with the problem in a more active way and a direct way; thus, on short term, denial, substance consumption (not excessive or illegal), avoidance, venting emotions are useful and allow people to build resources for more active coping.
Consequences of Occupational Stress

- Work-related stress and a bad management of psychosocial risks at the workplace have outcomes that can be recorded within a continuum, from minor consequences on well-being and performance of the employees to severe deterioration of health.

- Work-related health problems are, at their turn, stress factors for the individuals and have a negative impact on the employees functioning at the workplace.

- Psychosocial risks, as stress factors, have negative consequences:
  - at the individual level:
    - of a psychological nature (cognitive, emotional, behavioral) - 1
    - physical consequences
    - on the employees’ career
    - on private life - 2
  - on the organization’s ability to achieve goals
  - on the society

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Negative Consequences of Occupational Stress at Individual Level -1
- emotional, cognitive, behavioral outcomes (psychological)

- **emotional:**
  - feelings of boredom, guilt, fear, tension, worry, sadness, pesimism, apathy, embarrassment, pressure, discomfort, irritation
  - decrease in job satisfaction
  - low self-esteem
  - depression of varying intensity
  - anxiety disorders
  - posttraumatic stress disorder

- **cognitive:**
  - reduced ability to concentrate
  - reduced creativity
  - difficulties of reasoning
  - difficulties to make decisions
  - memory impairments
  - perception impairments

- **behavioral:**
  - substance abuse (alcohol, smoking etc.)
  - verbal/ physical aggression, risky behaviors
  - changes in eating habits
  - sleeping disorders
  - lack of care for health
  - decrease of activism and social participation
  - changes in lifestyle
  - suicide/ suicide attempt

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Negative Consequences of Occupational Stress at \textit{Individual Level} - 2
- physical consequences, on career and private life

- physical and physiological:
  - musculoskeletal disorders
  - endocrine disorders
  - weakening of immune system
  - cardiovascular and gastrointestinal disorders
  - weight gain or loss
  - chronic stress, \textbf{burnout}
  - injuries, disabilities

- career:
  - decline in performance, decreased involvement in work, turning down the tasks, resignation, indifference, postponing duties, frequent errors
  - absenteeism/prezenteism
  - risky behaviors, accidents
  - go into litigation, open disputes, conflicts
  - loss of the job, difficulties to reintegrate in work

- private life:
  - problems in family relationships and in friendship: detachment, distancing, disengagement (roles, responsibilities), intolerance, aggression, conflicts, separation, divorce
  - financial problems – reduced or loss of earnings, high medical costs

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Musculoskeletal Disorders (MSDs)

- MSDs are the most common work-related problems in Europe. MSDs are widespread in all sectors. 27 (p. 58)
- Diagnosed or not, they reduce the people’s functionality and bring muscular, joint and bones pain, in the upper or low back, neck, shoulders, elbows, wrists, hands, hips, knees, feet, ankles.
- MSDs have a significant influence on work capacity, work performance and productivity and lead to absenteeism, presenteeism and early or forced retirement. 27 (p. 59)

- MSDs develop over time; they have usually multiple causes, being generated by associated factors, like:
  - **physical and biomechanical factors:** handling loads (especially when bending and twisting), repetitive or forceful movements, awkward or static postures, vibration, low lighting, low temperatures, fast-paced work, prolonged standing or sitting in the same position
  - **organizational and psychosocial factors:** increased work demands and low autonomy, no breaks or no possibility to change the work posture, working at high speed, working long hours or on shifts, harassment and discrimination, low job satisfaction.
  - **individual factors:** prior medical history, physical capacity, lifestyle and habits (e.g. smoking, lack of exercise)

- In general, all psychosocial and organizational factors (especially when combined with physical risks) that may lead to stress, fatigue, anxiety or other reactions, could raise the risk of MSDs. 28

- A number of epidemiological studies, conducted in different sectors (from office work to manual work), repeatedly show linkages between work-related psychosocial factors and MSDs:
  - incidence of MSDs is associated with high perceived work-related stress levels, high workload and demands, low social support, low job control, low job satisfaction and monotonous work
  - effort-reward imbalance and difficulties in communicating with colleagues and supervisors, as well as workplace violence (in particular, harassment, bulling and intimidation) have been shown to be associated with MSDs 10 (p. 6-7)

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Burnout

• Burnout is an advanced level of prolonged interpersonal and emotional stress at work, a physical and emotional state of exhaustion, that could lead to a total and/or permanent incapacity for resuming work.

• Burnout is mainly the result of the following psychosocial factors: high or unmanageable workload (quantitative and emotional demands), role ambiguity, organizational changes, low job satisfaction and personal achievement, unsuitable work-life balance, poor interpersonal relationships and support at work, workplace violence, including harassment and bullying.\(^{10}\) (p. 7)

• Certain individual traits and lifestyle are involved in exhaustion at the workplace, for instance excessive responsibility, insufficient rest and relaxation, lack of close relationships, perfectionism, A type of personality, need for control, low self-esteem.\(^{29}\) (p. 106)

Warning signals\(^{10}\) (p. 7), \(^{13}\) (p.37) - non-specific symptoms of burnout that must be taken into consideration for early intervention:

<table>
<thead>
<tr>
<th>chronic tiredness</th>
<th>weight gain or loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>the feeling of being totally overcome by the situation</td>
<td>sleeping disorders</td>
</tr>
<tr>
<td>finding very difficult to go to and to start working</td>
<td>lack of energy which affects the consistency of productivity</td>
</tr>
<tr>
<td>inconsistency</td>
<td>cynicism, negativism, criticism</td>
</tr>
<tr>
<td>emotional ‘explosions’</td>
<td>high self-criticism</td>
</tr>
<tr>
<td>irritability, anger in dealing with colleagues, bosses, clients</td>
<td>inflexibility in relationships, suspiciousness</td>
</tr>
<tr>
<td>signs of depression</td>
<td>the increase in drugs, alcohol consumption</td>
</tr>
<tr>
<td>frequent migraines, gastrointestinal disorders</td>
<td>high tendency toward risk</td>
</tr>
</tbody>
</table>

Erasmus+ Key Action 2 – Cooperation for innovation and the exchange of good practices
Project Title: „Safety and Well-being in Law Enforcement System”
Project No.: 2019-1-R001-KA202-063815

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Damage of employees’ health through exposure to psychosocial risks could lead to:

- decrease in the quality and quantity of work
- conflicts among employees
- increased absenteeism
- increased turnover
- frequent medical leaves
- increased costs of personnel recruitment
- incorrect decisions and errors
- harassment complaints
- disciplinary issues
- voluntary leaves
- increased costs of compensation
- increased costs of personnel training
- failure to achieve organizational goals
- litigations
- work accidents
- early retirement
- increased costs of medical support
- increased costs of personnel training
- voluntary leaves
- increased costs of compensation
- increased costs of personnel training
- image costs

Erasmus+ Key Action 2 – Cooperation for innovation and the exchange of good practices  
Project Title: „Safety and Well-being in Law Enforcement System”  
Project No.: 2019-1-RO01-KA202-063815
Negative Consequences of Occupational Stress on the Society

- Eventually, health problems of the employees affect the health of the community and society, involving the decrease of economic competitiveness and of the economic and social well-being, as well as multiple associated increased costs with health, early retirement, safety and public order, social welfare.

- Occupational disorders and injuries represent 3.3% of the European Union GDP, meaning 476 billion euros which can be saved annually through adequate safety and health strategies, policy and practices at work. 30

- “Beyond its intrinsic value, improved health contributes to social well-being through its impact on economic development, competitiveness and productivity. High-performing health systems contribute to economic development and wealth.” (Tallinn Charter, 2008) 4 (p.40)
Psychosocial Risk Management

- content

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- **An Obligation of the Employer**
- **Key Concepts and Philosophy – 1**
- **Key Concepts and Philosophy – 2**
- **Facilitators and Obstacles in Psychosocial Risk Management**
- **Preparation** of the process
- **Actors**
  - The Role of the Employees

- **Stages of Psychosocial Risk Management**
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    - Relevant Indicators (Order of the Ministry of Health and Family)
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  - **Evaluating Risks for Setting Priorities**
    - Response Strategies at Risk
  - **Developing the Action Plan**
    - Measures to Prevent and Manage Psychosocial Risks
    - Types of Intervention
      - Primary Intervention
      - Secondary Intervention
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        - Promoting Health at Workplace
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  - **Implementing and Monitoring the Action Plan**
  - **Evaluating and Revising the Psychosocial Risk Management System**

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Psychosocial Risk Management at the Workplace - definition

- **Psychosocial risk management at the workplace:**
  - means analyzing of how work is organized and managed, how people interact at work and finding which changes have to be made to ensure health and security at the workplace
  - means identifying and evaluating the psychosocial risks, identifying and establishing the response at risk in order to reduce the possibility of occurrence and diminish its consequences
  - reduces costs caused by absences, errors, accidents, medical problems and downturn in productivity and work efficiency and contributes to building an attractive organization on the labor market

- **The central element of the risk management process is the risk assessment**, defined by the European Commission as ‘a systematic examination of the work undertaken to consider what could cause injury and 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’. 12 (p. 8)

- **Psychosocial risk management:**
  - is a proactive approach, a continuous process, based on certain **key concepts and with its own philosophy**
  - takes into account **potential facilitators and possible obstacles**
  - must be **prepared** and planned, and supported by the top level management of the organization (commitment, providing resources, transfer of authority to the people in charge)
  - is sustained by a good understanding of the subject and its importance, as well as by the engagement of the **actors**
  - involves well-defined **stages**, similar to the steps to prevent all other risks in the workplace
Psychosocial Risk Management at the Workplace - an obligation of the employer

- Psychosocial risk assessment is an obligation of the employers required by European Directives, transposed into national law.

- The employer must have an up-to-date assessment of all types of risk in order to prevent work accidents and occupational diseases. ²

- The employer must be in possession of a risk assessment on the workers’ health. The health risk assessment shall be updated if significant changes have occurred due to which the assessment would be exceeded or when the results of the health surveillance require it. ³¹

- The head of the public entity has the obligation to organize and implement an efficient risk management system to reduce or eliminate the probability and impact of risks, mainly by identifying and assessing risks, establishing risk management strategy, monitoring the implementation of measures, revising them, periodically reporting on the risk situation. ³² (Standard 8)

Success in building and implementing an effective system for preventing and managing psychosocial risks:

- means supporting initiatives, allocating resources (financial, human, technological, equipment, infrastructure), ensuring skills (expertise, training for all stages of the process), engaging in development and implementing appropriate solutions

- depends on the degree to which the organization and employees are aware of the importance and benefits of a workplace that ensures health, safety and well-being of the employees
Key Concepts and Philosophy of Psychosocial Risk Management – 1

- Psychosocial risk management is synonymous to an efficient organizational management, learning and development, social responsibility and to promotion of the quality of working life and good work.

- Occupational health and safety management is a systematic, evidence-informed practical problem-solving strategy. The over-riding objective is to produce a good enough reasoned account of the most important work organization factors associated with ill-health.

- To be effective, the approach must be contextualized and tailored to the particularities of the situation. Psychosocial risk management involves several choices in the preparation stage, depending on the size of the organization, the occupational sector, the characteristics of the workforce (such as gender, age etc.) and on the country context as well.

- The participative approach and social dialogue, the inclusion of all parties in prevention efforts can reduce barriers to change and increase their effectiveness; the judgment of the experts from the group of relevant workers is recognized as valuable evidence of the presence of psychosocial risks; for changes to be effective, workers must have a sense of ownership and to be involved in changes that take place.

- In the management process it is very important that the main actors - the managers and the workers (who can be supported by internal and external experts) - feel the 'ownership' of the process; they need to be aware of the link between risk management and the performance of the organization.
Key Concepts and Philosophy of Psychosocial Risk Management - 2

- **Multi-causality and identification of key factors**: Psychosocial risks have many causes; some of these may be very apparent; others may require a good analysis to identify them as underlying causal factors; as a consequence, there are usually no quick-fix solutions.

- **Solutions that are fit for purpose**: Psychosocial risk management is not rocket science; knowledge provided by randomized clinical trails is usually not very practical; it is more important to investigate the problem reported by the experts and to develop knowledge and solutions that are ‘fit for purpose’.

- **Different levels of intervention with focus on measures at source**: Although primary risk intervention at the organizational level is the first to be considered, specific actions targeted at the individual level can also play an important role depending on the magnitude and severity of the problem and its effects on employee health.

- **Psychosocial risk management is relevant for broad policy agendas** on promoting workers' health, quality of life, innovation and competitiveness and economic performance.

- **Protecting the psychosocial health of the employees is also an ethical issue. The management of psychosocial risks is about people.**

- **Minimum standards** for the management of psychosocial risks must be rooted in legal requirements and the policy context and best practice principles.

- **Psychosocial risk management policies should be supported by capabilities** such as adequate knowledge of key agents, relevant and reliable information to support decision-making, availability of effective and friendly methods and tools, availability of competent supportive structures (experts, consultants, services, institutions, research).
Facilitators and Obstacles in Psychosocial Risk Management

- **The European Survey of Enterprises on New and Emerging Risks (ESENER):**
  - **Key drivers of psychosocial risk management:** some or major concern for psychosocial risks reported by managers, the quality of establishment’s general OSH management, factors that prompted the organization to deal with psychosocial risks, such as legal obligations, requests from the employees or their representatives, high absenteeism rates, a decline in productivity/quality of outputs, clients’ requirements, concern about the organization’s reputation, pressure from labor inspectorate.
  - **Key barriers:** the difficulty perceived, by the managers, of this process, the lack of resources (time, personnel, financial), the lack of awareness of the problem, lack of training or expertise, lack of technical support or guidance, the organizational culture, the sensitivity of the problem. ¹⁵ (p. 47-50)

- **Opinion poll among key experts conducted in all ILO regions:**
  - **Facilitators:** availability of resources (staff, time or money), integration of measures at the workplace, understanding and awareness of psychosocial risks and work-related stress, availability of appropriate tools and methods of intervention.
  - **Obstacles:** conflicts and competition between different government departments and lack of clear complementarity of roles, perception that intervention is expensive and difficult to control, lack of trained experts, role and influence of cultural aspects (sensitivity to psychosocial problems, sensitivity to risk and risk tolerance), lack of resources (staff, time, money), inadequate application of regulations, lack of consensus between the social partners, poor integration of this issue at national level and at the workplace. ¹⁰ (p. 26-27)
Preparation of the Process

- Preparation to develop a strategy in order to manage psychosocial risks at the workplace necessarily involves raising workers’ and managers’ awareness of the benefits of creating healthy working conditions.

- Members of the Steering Group are key people in the organization (including managers and employees), with authority and credibility, in-depth knowledge of the field, jobs, of what a healthy work environment and psychosocial risks mean. 33 (p. 8)

- The design of the study aims to ensure the systematic (based on a methodology), comprehensive (all types of activity in the organization), adequate (measures adapted to the findings), documented (policies, objectives, goals, stages, risk alert forms, risk register, risk tracking sheets etc.) character of the strategy for prevention and management of psychosocial risks.

- The planning of the study starts from the current situation and involves decisions related to the investigated risks, to the analyzed positions/ activity/ organizational structures, needed expertise, participants/ respondents, responsibilities, psychosocial risk indicators, theoretical models, methods and techniques, tools to collect employees’ perceptions and objective data, necessary resources, ways of collaboration and communication, task calendar.
Modern occupational safety and health policy relies on many actors working together with common sense and a common conviction that high standards of protection of people's health and safety at work are everybody's business. 

An effective system for preventing and managing the negative consequences of psychosocial risks requires:

- related actions of employers (who have an obligation to provide a job in which, as far as possible, workers are protected against risks) and employees (who must be responsible for their own safety and health and avoid compromising security and health of others)

- a multidisciplinary approach, integration of knowledge in technical, medical, psychosociological, organizational, managerial and legislative areas

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The Role of the Employees in Ensuring Health and Safety at Work

- Employees are responsible for their health and safety at the workplace, which involves:
  - involvement in identifying psychosocial risks
  - generating solutions and implementing them
  - working without endangering oneself or other people
  - getting informed about:
    - occupational safety and health legislation
    - psychosocial risks at work
    - potential stressors and signs of stress
    - measures to protect themselves
    - ways to manage stress
    - what they can do to support colleagues
    - available support and assistance services

- Employees can treat stress as a problem that has solutions and act accordingly:
  - be aware that they are stressed (e.g. irritability, sleeping problems) and of the causes of stress (e.g. much overtime, many conflicts within working group, lack of breaks, complex tasks that exceed skills)
  - discuss problems with trustworthy people around them to find out how they see things and potential solutions, to obtain emotional and concrete support from other people
  - talk to the managers, raise the problem, come up with a plan or a proposal
  - make even small changes in lifestyle
  - use self-help techniques - there is a lot of information about this on Internet
  - call for specialized assistance to learn ways to manage stress
Stages of Psychosocial Risk Management at Work

1. Identifying the psychosocial risks and exposed people
2. Evaluating risks for setting priorities
3. Developing the action plan
4. Implementing and monitoring the action plan
5. Evaluating and revising the psychosocial risk management system

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Identifying the Psychosocial Risks and Exposed People

- As the central element of the process, this stage provides the basis for analysis, arguments, evidence for decisions needed to build the safety and health strategy.

- Examining the work and its context allows us to identify the problems the organization faces, their nature and severity and how they can affect the health of individuals and of the organization.

- It implies a rigorous collection of information from all sectors of work, sufficient, complete, relevant, valid information.

- Attention is also paid to the positive aspects that characterize the work, which will be strengthened and used as solutions to reduce the identified risks.

- Assessing the stress and health of employees (data from organizational medical records and employees self-reports) is necessary to determine the consequences of psychosocial risks.

- Before action can be sensibly planned, it is necessary to carry out an audit of existing managerial practices and employee support, in other words to analyze what measures are already in place in dealing with psychosocial hazards and their effects on the individual and organization. 12 (p. 9)

- Identifying the psychosocial risks and their effects on the health of employees and the organization involves establishing indicators, at the individual and organizational level, of the response to their presence.

- The association of objective data (the organization’s records on demographic data, medical problems, accidents, staff turnover etc.) with subjective data (employees’ perception of working conditions, work relationships, management, stressors etc.), therefore using quantitative, but qualitative methods and techniques as well, increases the accuracy of the diagnosis.

- In order to obtain accurate and valid data, certain aspects have to be considered before proceeding to data collection:
  - informing the respondents, in advance, about the purpose and activities
  - ensuring a special time for activities that do not overlap with work tasks
  - ensuring the conditions of confidentiality and anonymity
  - the participation of all selected respondents 20 (p. 32-33)
Indicators of Psychosocial Risks

- The indicators of psychosocial risks and stress are warning signals for starting the risk prevention activities, but they are also landmarks for establishing the efficiency of the implemented intervention strategies:
  - an increased number of errors in work may indicate excessive workload or a poor work organization, the measures implemented being effective to the extent that the frequency of mistakes decreases.

- Organizational statistics, methods and tools specific to organizational/occupational psychology and to the medical field are ways of measuring organizational (related to the functioning of the organization, safety and health in the organization) and individual (well-being, physical and mental health) indicators.

- Indicators of the presence of psychosocial risks may be associated with:
  - the functioning of the organization: working hours (absenteeism), staff movement (voluntary leaves), organization activity (product quality), social relations (disciplinary sanctions), training and remuneration (training plans in disagreement with needs and expectations), organization of the work (delegation of power)
  - workers' health and safety: work accidents, occupational diseases, bad or degrading work situations (violence), chronic stress (headaches), diagnosed and treated diseases, requests for medical services

- The Order of the Ministry of Health and Family no. 803/2001 approves some relevant indicators of exposure and/or of biological effect for establishing the body's specific response to occupational disease risk factors, applicable to all types of activity, jobs and working conditions.

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Relevant indicators for determining the body's specific response to occupational disease risk factors

The Order of the Ministry of Health and Family no. 803/2001 refers to:

- **biological indicators of internal exposure** (concentrations of harmful substances in biological environments, without altering the structure or function of organs)
- **body-specific response** indicators (e.g. noise-induced deafness)
- **non-specific response indicators**, which can be used in the occupational safety and health strategy:
  - physiological indicators (such as heart rate), endocrine indicators (such as prolactin concentration), psycho-physiological indicators (such as visual acuity)
  - **psychological indicators**, such as reaction time to visual, auditory and/ or combinations of stimulus, psychomotor coordination, electrodermal response, volume, distribution and concentration of attention, short and medium term memory, efficiency of higher nervous processes (analysis-synthesis, reasoning, logical thinking, spatial representation)
  - **psycho-behavioral indicators**, such as the frequency of reported symptoms (psycho-affective, neurovegetative, sensorial, social inclusion and sleep disorders), neuroticism, anxiety, fatigue, underactivation or overactivation, stress syndromes, changes in the dynamic and structure of the personality.

There are used terms such as:
- stress and neuro-physicic overload
- neuropsychiatric fatigue
- fatigue or psycho-physiological hyperactivation
- cognitive/ mental demands and accumulation of harmful factors
Data Collection Methods and Techniques

Criteria for choosing the methods and techniques of data collection:

- adaptation to the purpose, matching with the analyzed work
- ensuring multiple and complementary sources of information
- associating objective and subjective data, quantitative and qualitative techniques
- resources of time, budget, technique support
- friendly character and accessibility
- expertise in using and interpretation of results
- validity, fidelity, objectivity, sensitivity, the possibility of generalization
- characteristics of the respondents and organization (level of education, access to respondents, size of organization etc.)
- issues related to anonymity and confidentiality

Data collection techniques:

- questionnaires
- checklists, lists with psychosocial risks
- observation of the actual activity and the work environment
- structured or semi-structured interviews
- group discussions (focus groups, workshops) with key workers
- analysis of the organization's documents - statistics, reports, rules, procedures, complaints, job descriptions, attendance register, performance assessment, demographic characteristics of the employees etc.
- systematic procedures for collecting physiological and biochemical data
- instruments for measuring psychological individual variables such as job satisfaction, stress

Poorly structured (qualitative) data collection techniques, such as interview, observation, group discussion, are useful in preparing the process, for collecting information that guides the approach/for delimiting the psychosocial risks to be investigated and, subsequently, for clarifying quantitative data so that appropriate measures to be designed.

Questionnaires:

- Romanian version (INCDPM „Alexandru Darabont”) of the Copenhagen Psychosocial Questionnaire (COPSOQ - Tage S. Kristensen, Harald Hannerz, Annie Hogh, Vilhelm Borg, National Institute of Occupational Health, Denmark)

Content

Preparation of the Process/ Back
Identifying Risks/ Back
Content Risk Management

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The evaluation of identified risks aims to establish the order in which they should be addressed, depending on the probability of producing harm (low, medium, high) and the probable severity of the harm (estimation of the qualitative and quantitative impact - low, medium, high):

\[
\text{Risk} = \text{Probability} \times \text{Impact}
\]

The impact of risks can be analyzed in terms of quality (decreased quality of services), budgetary (financial losses), effort (work overload) and time (exceeding the deadlines). The result of estimated quantitative impact is translated into a qualitative assessment that reflects the perceived importance in relation to the goals.  

It is important to make informed decisions. Judgment of key experts, specialized measurements, studies, national and international standards, statistics provide adequate knowledge and evidence on the strength of the relationship between risk and harm, to establish the response strategy at risk, the priorities and urgency in implementing measures.

In order to establish the risk control measures, starting from the risk evaluation, the extent to which the organization can/ is willing to tolerate the risk and within what limits, from the perspective of costs, benefits, available resources allocated for corrective and preventive measures, shall be analyzed.

The number of workers exposed to risk and the extent to which a risk has already produced negative effects are important criteria in assessing the degree of urgency in establishing and implementing measures. If employees are already suffering from stress symptoms, action should be taken immediately.

The risk that is most likely to cause significant stress, which has a major impact on health and safety, must be addressed first.

The analysis of the collected data must ensure the discovery of the causes of the identified problems.

A problem can have various causes; beyond the apparent cause, the aim is to establish the real cause.
Response Strategies at Risk 36 (p. 38-39)

Accepting the risk (tolerating)
- not initiating measures in case of inherent risks at a lower level of the hierarchy

Monitoring the risk
- accepting the risk, but monitoring the probability of occurrence, in case of risks with a high impact, but with a low probability of occurrence

Avoiding the risk
- eliminating the activities which generate risks

Transferring the Risks (outsourcing)
- entrusting the management of the risk to a third party, capable or specialized in the management of such risks

Risk Management
- control measures for inherent risks at a medium and high level of the hierarchy, which cannot be tolerated

The establishment of strategies and priorities in addressing the identified psychosocial risks is based on criteria such as:
- how easily a certain solution to a problem could be implemented
- which is the risk to workers, namely the combination of the severity of the risk exposure and the likelihood of occurring
- the possibility to change something (the existence of effective solutions, if the employer is ready to make a change, the level of acceptance of the solution, the probability of being successful)
- the extent to which the strategy prevents exposure to multiple psychosocial risks
- what are the costs if the problem is ignored
- considerations related to the national and internal policy of the organization. 4 (p. 93)

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Developing the Action Plan

- Developing the action plan involves transforming the knowledge gained about the nature of the problem and its causes into a practical, reasonable plan to reduce the risks (solutions).  

- respects general prevention principles mentioned in Framework Directive

- involves decisions on concrete, preventive and corrective measures to control psychosocial risks

- avoiding risks
  - evaluating risks which cannot be avoided
  - combating the risk at source
  - adapting the work to individual
  - adapting to technical progress

- replacing the dangerous aspects by the non-dangerous/less dangerous
  - developing a coherent overall prevention policy
  - priority given to collective protection measures over individual measures
  - giving appropriate instructions to the workers

- problem description
  - target group
  - the priority of the problem
  - risk tolerance
  - response strategies at risk
  - types of intervention/measures
  - implementation plan
  - ways of communication

- the responsible persons
  - resources: time, money
  - deadlines
  - expected results (measurable benefits)
  - monitoring/evaluation methods
  - provisions regarding steps in the management of unanticipated risks
Measures to Prevent and Manage Psychosocial Risks

- There are no universally valid/standard solutions - the best result-oriented solutions, the identification of the ways in which the measures can be implemented and made to work are generated through the collaboration of the actors, between the employer and the employees.

- The measures taken must be linked to the identified psychosocial risks. In the case of psychosocial risks with satisfactory scores, measures can be established to maintain the positive aspects/to avoid their depreciation.

- There are numerous lists of measures for different psychosocial risks, good practice guides, theoretical models, which can be a starting point in tailoring the solutions to the particularities of the organization and the problematic situation.

- To design measures to prevent and manage psychosocial risks:
  - it is important to take into account the evidence for their effectiveness, the time needed for being implemented and to obtain the anticipated effects
  - will take precedence those that have the greatest impact on a large number of employees (collective or organizational intervention that address risk at source), as well as actions that address high-risk activities or provide a substantial reduction in psychosocial

The most effective solutions are those that combine measures addressing different aspects of the work environment with individual intervention; single measures (for instance, offering training) do not prove very effective. 15 (p.45)

Workshops and focus groups are effective ways to discuss the collected information, to present points of view, to set out priorities and identify solutions, to make collaboratively decisions about the appropriate intervention. 15 (p. 71)
Types of Intervention

- An occupational safety and security issue usually has multiple causes. Psychosocial risks can work together. Thus, **effective strategies to prevent the negative consequences of psychosocial risks at work combine primary, secondary and tertiary measures** and address several aspects of the work environment simultaneously. The responsibility is a joint one, of the employer and the employees.

<table>
<thead>
<tr>
<th>Primary intervention</th>
<th>Secondary intervention</th>
<th>Tertiary intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>risk control / risk elimination / reduction of risk exposure / reduction, modification of stress sources</td>
<td>developing employees' abilities to manage psychosocial risks/ stress (awareness / prompt detection, knowledge, skills, coping strategies) and optimizing their perception on stress</td>
<td>recovery measures for the employees who have been affected by psychosocial risks</td>
</tr>
<tr>
<td>usually intervention at the organizational level</td>
<td>intervention at individual level, but also at the group level</td>
<td>intervention at the individual level</td>
</tr>
<tr>
<td>require a proactive approach, harm prevention, intervention at the level of causes</td>
<td>seek to cancel, reduce, slow down progress of the stress effects, increase the resources of the individual</td>
<td>rehabilitation, reducing the negative impact, healing ¹⁵ (p.66-67)</td>
</tr>
</tbody>
</table>

¹⁵(p.66-67)

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Primary Intervention

Primary intervention aims to eliminate and avoid risks and is the first step to be taken. It involves changing the different aspects of the work in order to adapt it to the employee's resources and to achieve a good work design.

Good work design:
• clear practices and organizational structures
• proper selection of staff
• training and staff development
• clear job descriptions
• supportive social environment

12 (p. 10)

changing the way tasks are assigned
• alternating / varying tasks
• job enrichment
• changing the content of the activity
• changing work methods
• changing procedures
• participatory decision
• increased control over work
• increased support
• improving the physical environment
• microclimate optimization
• changing the work schedule

increase the employee’s control over breaks
• training, ensuring adequate knowledge and skills
• clarification of tasks, expectations, performance criteria
• better equipment
• clear and covering procedures
• protection measures
• feedback on performance
• zero tolerance policy and clear procedures regarding moral harassment
• regular breaks for alternating working position

development of an organizational culture based on mutual respect
• clear reporting lines
• establishing concrete ways to call for colleagues’ support
• setting out limits on contacting staff in their free time
• development of managerial skills
• measures to manage customer expectations
• support for employees in working with the public

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Secondary Intervention

- When risk is an intrinsic feature of the activity and cannot be eliminated or avoided, there are put in place secondary measures which aim to increase the capacity of employees to manage it, to provide people with adequate means to cope with stress.

**Informing** workers about:
- psychosocial risks and preventive measures
- causes and consequences of stress at work
- mental health issues
- signs of stress at work
- organizational risk management procedures and strategies
- health and wellness programs
- incidental legislation and regulations

**Training:**
- self-knowledge: abilities, resources and limitations
- stress management skills/ developing **resilience**
- skills: effective communication, assertiveness, social skills, conflict management, managing aggression/violent attitudes
- problem-solving techniques
- strategies for creating a harmonious work climate
- time management skills
- managerial development (tool for increasing well-being in the organization): self-knowledge, self-management, empathy, the ability to establish and maintain effective interpersonal relationships, care for physical and mental health, supportive communication, motivation, providing feedback, efficient team building etc.

**Education:**
- a healthy lifestyle (health care, balanced diet, sports, sufficient rest, pleasant activities, diversification of interests, relaxation, socializing, creating a social support network)
- raising awareness of the responsibility of workers for their own health and well-being and that of those around them

A comprehensive psychosocial risk management system includes **occupational health promotion at workplace programs**.
Human resilience is the ability of the individual to maintain a relatively stable and healthy level of psychological and physical functioning after being exposed to potentially stressful, disruptive, traumatic events (immunity, resistance to stress) and to rapidly and effectively rebound from psychological and behavioral perturbations suffered in the face of significant stress and adversity.

- People characterized by hardiness (Suzanne Kobasa) will experience fewer stress-related disease/illnesses even though they may find themselves in a stressful environment.

- Hardiness results from the aggregation of three factors:
  - commitment (to oneself, to family, work and other values): the tendency to involve oneself in experiences in meaningful ways, according to important personal values
  - control: the tendency to believe and act as if one has influence over one’s life
  - challenge - the belief that change is a positive and normal characteristic of life

- Reviews of resiliency on high-risk tactical groups have consistently shown that interpersonal support is the most powerful factor predicting the ability to rebound from adversity.
Resilience - 2 37 (p. 175-186)

- Resilient people have **seven main characteristics that can be developed** (Everly):
  - **innovative, non-dogmatic thinking** - the ability to see old problems in a new perspective, the belief that every problem has a solution
  - **decisiveness** - to act decisively, without hesitation, not to be afraid to make mistakes or fail, to take responsibility for the consequences
  - **tenacity** - perseverance despite obstacles, failures
  - **interpersonal connectedness** - the quantity and quality of social connections (it is perhaps the strongest predictor of human resilience)
  - **honesty and integrity** - the quality of doing what is right as a lifestyle, taking into account not only what is good for you but also for other people
  - **self-control** - not to act impulsively
  - **optimism and a positive perspective on life** - having a positive and optimistic outlook on things, expecting the best results, thinking that good overcomes evil

- The key to a successful and resilient organization seems to be to create a ‘culture of resilience’.
- The best way to create a resilient organization is through **resilient leadership**.
  - **The resilient leader** (Gladwell 2000)
    - has credibility
    - be information conduits (usually frontline supervisors)
    - be willing to promote the success of others
  - **Features of a resilient leader** (Everly, 2010)
    - optimism
    - decisiveness
    - integrity
    - open communications

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Promoting Health at Workplace

- flexible working hours
- sports facilities
- family facilities - camps for children, vaccination, travel tips, kindergarten
- partial support of expenses related to kindergarten, holidays, housing problems
- financial support - birth in a private clinic, loans
- support for the challenges of everyday life, privacy issues (e.g. access to childcare)
- early identification of signs of stress and mental illness and strengthening of care
- psychological counseling and specialized psychological support (external, independent specialists, ensuring confidentiality, immediate access)
- counseling regarding personal life events (becoming/being a parent, divorce, marriage, death etc.)

- Mental health promotion shifts the focus from preventing illness/disorders on positive variables and protective factors which maintain and promote health and well-being.  
  \[\text{38 (p. 8-9)}\]
  - It involves an active participation of individuals in the process of achieving positive mental health and well-being and enhancing the quality of life.
  - Barriers to implementation of such programs can be budget constraints and difficulties with gathering support from employees and managers (due to increase in workload, a busy schedule, reticence to engage in unfamiliar projects).  
  \[\text{38 (p. 23-24)}\]

- opportunities to socialize
- medical services, medical insurance
- lifestyle and health assessment services
- coaching and work advice
- health and nutrition courses
- courses on chronic disease management
- healthy meals
- promoting interests and hobbies
- encouraging to be active in the community
- mentoring programs
- measures for work-life balance
- social events that promote a healthy life (information on stressful life situations, disabilities, domestic violence, watching movies, interactive discussions with experts)
- individual interviews with employees to analyze the professional situation and for professional and personal development

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Tertiary Intervention

- There are actions to **improve health and reduce psychological suffering**.

- There are **supportive and recovery measures** for staff who bear the consequences of unavoidable psychosocial risks, who already have symptoms as a result of exposure to stress, to minimize them, for rehabilitation and professional reintegration.

- medical services
- psychological assistance (psychotherapy, counseling)
- legal assistance
- financial advice
- counseling and support for professional reintegration
- reintegration programs at work
Implementing and Monitoring the Action Plan

The success of the implementation of the action plan depends on:

- organizational readiness for change – the level of awareness and education of managers and employees in the matter
- understanding of and agreement on the purpose, role, importance
- existing knowledge, skills, abilities
- commitment, support and active participation of management
- active participation and consultation of employees in the design of measures
- active, continuous communication among actors
- the degree of realism, the practical and comprehensive character of the plan
- combining measures belonging to the three types of intervention
- matching measures with daily work activities
- permanent adjustments of intervention

The implementation of measures to reduce psychosocial risks has to be carried out according to the established plan.

- Actions to prevent and manage psychosocial stress must become an integral part of daily activities.
- Responsibilities for implementing the measures must be clear.
- Support and supervision are needed to implement the action plan.
- The involvement of workers is critical; they really have to understand the risks, the role of the measures and receive feedback in order to be involved.
- The applied measures, the progress, the obstacles have to be monitored and the necessary adjustments to be made (changing the priorities, reallocation of resources etc.)
Evaluating and Revising the Psychosocial Risk Management System

- This stage is an organizational learning and development experience. The organization learns about what have worked out or not and brings corrections to the intervention strategies, but also to each stage of the process of identifying and assessing psychosocial risks, planning and implementing measures. Lessons learned should be discussed, communicated and used for optimizing future approaches.  

- Sufficient data are collected (through surveys, measurements, observations, interviews, statistics on accidents, errors, health problems etc.) to establish corrective and preventive intervention: the extent to which the established measures have been implemented and the objectives have been achieved, the efficiency of the agreed solutions and results, the extent to which they produce long-term effects, the obstacles encountered, the factors that have favored and those that have slowed down the process, the strengths and weaknesses of the process, the unexpected results, the compliance with the legislation.

- The dynamism of the work environment and its context (changes in working conditions, of the legislative framework) requires continuous/periodic/regular reviews of initiatives and organizational context, to repeat the risk assessment at appropriate intervals and to act accordingly, as part of the overall risk management strategy.

- The occupational risk assessment must be carried out when there are changes in the technology, work environment, agents or chemicals used, after the occurrence of an adverse event, when it is found that certain risks have been omitted or new risks have arisen, when the worker belongs to a risk group or special operations are performed.

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Surveys and studies have shown that stress at work is a widespread phenomenon, which leads to significant costs for organizations and national economy.

- Psychosocial risks at the workplace can and must be managed.

- Stress at work is an organizational problem, not an individual fault. 41 (p.6)

- Psychosocial risk management is part of a successful organizational management.

Workers are well-trained and have enough time and autonomy to organize and complete their tasks.

Workers are involved in decision-making process regarding their work and are encouraged to contribute, for instance, to the development of working methods and work plans.

The work environment is user-friendly and supportive and additional resources are made available during peak periods of time.

Communication is open and two-way, and workers are kept up-to-date with developments, especially in times of organizational change.

Monotonous tasks are minimized or performed jointly and workers are encouraged to be responsible for their work.

The main factors that contribute to a favorable work climate 41 (p.16)

Workers understand exactly what is expected from them and regularly receive constructive feedback (positive or negative).

Task assignment, the distribution of rewards, career promotion are done fairly.

Workers can effectively combine their private and professional life.

Measures are put in place to prevent stress at work, harassment and violence from third parties and workers feel that any issue raised by them will be treated carefully.

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International Labor Standards 10 (p.11, 15), 12 (p. 39-41)

- ILO International Labor Standards (ILS) - conventions and recommendations - are legal instruments that establish principles and rights at work.
- The three basic principles are:
  - work must take place in a safe and healthy work environment
  - working conditions must be compatible with the well-being of workers and human dignity
  - work must offer real possibilities for personal fulfillment, self-fulfillment and services for society

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<td>• functions of the labor inspection system: control of the application of legal provisions and provision of technical information and advice to employers and workers</td>
<td>• reviewing national policies in order to protect the physical and mental health and well-being of workers, to prevent accidents and illnesses related to work by minimizing the sources of danger inherent in the workplace • periodic review and updating of the list of occupational diseases (reference to mental and behavioral disorders, post-traumatic stress disorder)</td>
<td>• defining the role of occupational health services as multidisciplinary services with the role of prevention and counseling</td>
<td>• the requirements and functions of a national structure, the relevant institutions and the stakeholders responsible for implementing the policies • measures to be taken to build a culture of occupational safety and health prevention at national level</td>
<td>• equal opportunities and treatment • working time • night work</td>
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Erasmus+ Key Action 2 – Cooperation for innovation and the exchange of good practices
Project Title: “Safety and Well-being in Law Enforcement System”
Project No.: 2019-1-RO01-KA202-063815
European Directives and Framework Agreements of the European Social Partners

- The European legislative framework starts from the 1989 European Framework Directive on safety and health at work, which sets out minimum principles and standards in the EU and is developed through 24 specific directives.

- The directives adopted by the European Union form the basis of European legislation on safety and health at work:
  - Directives on workplaces, equipment, signaling elements, personal protective equipment, such as those relating to the use of protective equipment or minimum occupational safety and health requirements
  - Directives on exposure to chemical agents and chemical safety, physical hazards (such as noise, vibration) and biological agents
  - Directives on workload, ergonomic and psychosocial risks, such as those related to manual handling of weights, working in front of screens, certain aspects of the organization of working time
  - Directives on specific work sectors and workers, such as those on young workers or pregnant women, the principle of equal treatment and opportunities for women and men, information and consultation of workers, equal opportunities

- Framework Agreement on Stress at Work (2004)
- Framework Agreement on Harassment and Violence at Work (2007)
- Multi-sectoral guidelines for combating violence and harassment from third parties at work (2010)
National Legislation

- European legislation is transposed into national law. Each state establishes, starting from the European minimum norms, its own norms to protect workers.
- Law no. 319/2006 on safety and health at work transposes Framework Directive 89/391/EEC; it refers to the introduction of measures to promote the improvement of workers’ safety and health at work and describes the institutional framework in the field of occupational safety and health.

- LAW No. 31 of March 22, 1991 on setting working hours less than 8 hours per day for employees working in special conditions - harmful, heavy or dangerous;
- METHODOLOGICAL NORMS of October 11, 2006 for the application of the provisions of the Law on safety and health at work no. 319/2006 approved by Decision no. 1,425 of October 11, 2006;
- EMERGENCY ORDINANCE no. 99 of June 29, 2000 on the measures that can be applied in periods of extreme temperatures for the protection of employed persons, approved by Law no. 436 of 2001;
- DECISION no. 580 of July 6, 2000 for the approval of the Methodological Norms for the application of the provisions of the Government Emergency Ordinance no. 99/2000 on measures that can be applied in periods of extreme temperatures for the protection of the employed;
- EMERGENCY ORDINANCE no. 96 of October 14, 2003 on the protection of maternity in the workplace, approved by Law no. 25 of March 5, 2004;
- DECISION no. 537 of April 7, 2004 for the approval of the Methodological Norms for the application of the provisions of the Government Emergency Ordinance no. 96/2003 on maternity protection in the workplace.

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18. Legea nr. 167 din 7 august 2020 pentru modificarea și completarea Ordonanței Guvernului nr. 137/2000 privind prevenirea și sancționarea tuturor formelor de discriminare și pentru completarea art. 6 din Legea nr. 203/2002 privind egalitatea de șanse și de tratament între femei și bărbați


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31. Hotărârea nr. 355 din 11 aprilie 2007 privind supravegherea sănătăţii lucrătorilor

32. Ordinul nr. 600 din 2018 privind aprobarea Codului controlului intern managerial al entităţilor publice, emis de Secretariatul General al Guvernului, Standardul B - Managementul riscurilor.


35. Ordinul nr. 803/2001 privind aprobarea unor indicatori de expunere și/sau efect biologic relevanți pentru stabilirea răspunsului specific al organismului la factori de risc de îmbolnăvire profesională - emis de Ministerul Sănătății și Familiei


39. Legea nr. 319/2006 privind securitatea și sănătatea în muncă
