

精神障害の労災認定に関する諸外国の状況等

- 1 精神障害の労災認定に関する諸外国の状況
（令和 2 年度業務上疾病に関する医学的知見の収集に係る調査研究（精神障害）報告書、p90-93）
※ 「独立行政法人労働政策研究・研修機構 労働政策研究報告書 No. 205 労災補償保険制度の比較法的研究」の内容等を取りまとめたもの
- 2 職業性ストレスについての枠組み合意
Framework agreement on work-related stress、2004
- 3 心理社会的リスクマネジメント欧州枠組み
Psychosocial Risk Management – European Framework : PRIMA-EF
Guidance on the European Framework for Psychosocial Risk Management、2008

4. 参考資料

4.1 諸外国の労災補償（保険）制度について²⁵

参考資料として、諸外国（イギリス、フランス、ドイツ、アメリカ）の労災保険法のうち、業務上の疾病の概要および精神障害に関する記載について、特に療養、休業補償の在り方、期間等について取りまとめ、整理した。

4.1.1 イギリス

概要	精神障害について	休業補償等、期間等
<p>イギリスでは、1897 年労働者災害補償法の制定により、使用者の過失の有無を問わずに被災者もしくはその遺族に対して災害補償をなす制度（労災補償制度）が導入されている。</p> <p>労災保険の対象となる保険事故は、労働災害（業務災害）および指定疾病（指定職業病）であるが、指定疾病（職業病）に罹患した場合、一定の要件のもとで疾病が補償の対象とされている。経験則および医学の専門的知識からして特定の業務についての典型的な危険として認められている特定の「疾病リスト」を作成しており、そのリストに記載されている疾病のみが補償の対象となる。</p> <p>被用者が指定疾病に罹ったとして労災保険給付を請求する場合、要件は①被用者が指定疾病に罹ったこと、②被用者の業務が指定疾病の原因業務として定められている業務に属していること、③被用者の当該疾病が、指定疾病の原因業務として定められている業務に従事したことで生じたものであることの 3 つである。</p>	<p>イギリスでは限定列举方式を採用しており、指定疾病規則の別表に記載されていない疾病については、業務災害とは認められていない。精神障害は指定疾病となっていない。もっとも、事故による身体的負傷により精神障害に罹った場合には、補償対象となり得る。業務災害と認定されるためには、被用者について、①人身傷害（a personal injury）が生じたこと、②人身傷害が事故（特定の出来事または一連の出来事）によって生じた（caused by an accident）ものであること、③事故が「業務に起因して」、かつ「業務の遂行過程で」生じた（arising out of and in the course of employment）ものであることが必要となる。すなわち、発生の蓋然性を考慮してその事故がその傷害を引き起こしたこと（事故と人身傷害との因果関係）を立証しなければならない。</p>	<p>労災保険給付としては、障害年金（disablement pension と 2 つの手当〔constant attendance allowance〕と特別重度障害手当〔exceptionally severe disablement allowance〕が存在するのみである。</p> <p>労災保険給付と一般の社会保障給付は支給調整される。身体・精神の機能喪失によって具体的な稼働収入に影響がない場合、14%以上の障害が残ればその障害の程度に応じ、傷害もしくは疾病の日から数えて 90 日経過後から障害年金が支払われる。</p>

²⁵ 独立行政法人労働政策研究・研修機構 労働政策研究報告書 No.205 労災補償保険制度の比較法的研究 <https://www.jil.go.jp/institute/reports/2020/0205.html>（2021 年 3 月閲覧）

4.1.2 フランス

概要	精神障害について	休業補償等、期間等
<p>フランスの労災保険制度は、適用対象者や運営主体の異なる複数の制度から成り立っており、民間労働者の大部分が加入する一般制度（<i>régime général</i>）の労災保険制度の他、農業部門の労働者・自営業者をそれぞれ対象とする労災保険制度や、特定の産業部門・企業の労働者をそれぞれ対象とする特別制度（<i>régimes spéciaux</i>）の労災保険制度がある。※このうち一般制度の一部門としての労災保険制度を整理対象とする。</p> <p>労災給付の対象となる保険事故には、（固有の意味の）労働災害、職業病および通勤災害の3つがあるが、職業病については、当該疾病が職業病表に掲載されていない限り、保険給付の対象とはならないのが原則である。被災労働者等が、職業病表に掲載された疾病の1つに罹患したことと、当該表に記載された諸条件（当該疾病を惹起する可能性がある労働の1つに従事したこと、最初の診断が所定の期間内になされたこと等）の充足を立証した場合には、当該疾病は職業病であることが推定される。また、例外として、被災労働者の労働と疾病との因果関係を個別に審査する個別鑑定の仕組みも存在している。</p>	<p>2020年6月現在、精神疾患は、職業病表には一切掲載されていない。従って、精神疾患に罹患した被災者等が職業病に対する保険給付を受けるためには、個別鑑定の手続によって職業病の認定を受ける必要がある。なお、精神疾患の発症をもたらした出来事が「災害（<i>accident</i>）」に該当すると認められる場合には、（固有の意味の）労働災害の被災者等として保険給付を受けることができる。精神疾患を職業病リストに追加することはこれまで幾度か検討されてきたが、実現には至っていない。その背景には、職業病であることの推定という効果の発生を認めるための基準を設定すること（特に、当該精神疾患を惹起する可能性が典型的に高い労働の種類を特定すること）が困難であるという事情があることが指摘されている。</p> <p>他方で、フランスでは近年、個別鑑定による精神疾患の職業病認定を推進する政策が展開されている。例えば、2015年には、社会保障法典 L.461-1 条の改正によって、「精神疾患は、本条4段および5段（筆者注：現在の6段および7段）に定められた条件のもとで、職業病と認定されうる。」との一文が追加され（同条8段）、精神疾患が個別鑑定の手続によって職業病と認定される可能性があることが法律上明記された。また、すでに見たように、個別鑑定を行う地域圏職業病認定委員会は3名の医師によって構成されるが、2016年には、精神疾患の個別鑑定を行う場合には、このうちの1名として精神科を専門とする医師を関与させることを認めるとともに、必要な場合にその都度、精神科を専門とする医師の意見を求めることを可能とするデクレの改正が行われた（社会保障法典 D.461-27 条）。</p> <p>これらの法令の改正は、精神疾患に罹患した労働者又はその遺族が、個別鑑定による職業病認定によって労災保険給付を受けることができる範囲を拡大することを目指すものであったが、実際にも、精神疾患に係る労災申請の件数および認定件数は近年著しく増加している。</p>	<p>休業補償（社会保障法典 L.433-1 条以下）は、休業2日目から治癒、症状固定又は死亡まで支給される。</p> <p>支給金額は、休業28日目までは1日あたりの賃金（月払いの場合は前月の賃金を30.24で除したもの）の60%、29日目以後は80%である。算定基礎となる1日あたりの賃金の額には、社会保障年間賦課限度額の0.834%という上限が設定されている。</p>

4.1.3 ドイツ

概要	精神障害について	休業補償等、期間等
<p>ドイツの労災保険制度の本来の目的は、従属労働と関連した労働災害又は職業疾病の発生によって、労働者にとって経済的な存立の基礎となる就労能力（Arbeitsfähigkeit）が害され、あるいは失われることからのリスクから、労働者およびその家族を保護することにある。</p> <p>労災保険の対象となる保険事故は、労働災害、職業疾病および通勤災害である。職業疾病については、職業疾病規則（BKV）において掲載される疾病が、職業疾病（Berufskrankheit）として認められ得る（社会法典第VII編9条）。ある疾病が職業疾病規則に掲載されるためには、一定の人的グループがある保険対象活動を行うことで、他の一般人よりも相当に高い程度で特別の作用に晒されることによって、当該疾病が惹起されるという関係が、医学上の知見に基づいて認められることが要件となる（社会法典第VII編9条1項）。</p>	<p>長時間労働等による脳・心臓疾患や、過重労働・いじめ・ハラスメント等を原因とする心理的負担による精神障害への罹患は、2020年3月の現時点では、職業疾病規則には掲載されていない。</p> <p>ただし、労働災害（業務中の突発的に生じた事案によるもの）と認定された場合には、補償の対象となり得ることも考えられる。このようなケースは、銀行員が銀行強盗に人質に取られた経験や、あるいは労働者が職務中に同僚の死亡等の重大な事故を目撃した経験から、心的外傷後ストレス障害を発症したケースが典型的であるが、裁判例で、人事面談（Personalgespräch）の際に、従来の役職を解かれ賃金を減額されるとともに、解雇もほめかされた労働者が、自身が“期待外れ（Versager）”の烙印を押されたことに強い精神的なショックを受け、自殺した事案において、自殺が労働災害にあたることが認められている。</p>	<p>被災者手当金（Verletztengeld）は、医師により就労不能が確認された日、又はそれによって全日にわたって稼得活動を行うことができなくなる治療上の措置が始まった日に支給が開始され、就労不能であった日の最後の日、又は治療上の措置により全日にわたり稼得活動が阻害されていた日の最後の日に終了する。</p> <p>被災者手当金の額は、通常の賃金の80%で、一定の場合を除き、支給は78週で打ち切られる²⁶。労災保険等の社会保険受給者には快復（社会参加能力の獲得・回復）のための協力義務が課されており、履行しなければ、合理的な理由がない限り、保険給付が拒否／停止され得る。協力義務には、①正確な事実の申告、②医学／心理学的検査の受検、③受診と治療、④部分的な労働参加等が含まれる²⁷。</p>

²⁶ 厚生労働省 2019年 海外情勢報告 <https://www.mhlw.go.jp/wp/hakusyo/kaigai/20/> （2021年3月閲覧）

²⁷ 三柴丈典（2021）第27回日本産業精神保健学会 シンポジウム「仕事を原因とした精神疾患の発症により労災認定を受けた長期療養者に対する治療と社会復帰支援」での発表内容

4.1.4 アメリカ

概要	精神障害について	休業補償等、期間等
<p>保険会社や州基金が使用者の保険料率を決定するにあたっては、各州が設立する独自の料率決定機関（9 州において設立）又は NCCI（全国補償保険協議会：National Council on Compensation Insurance. 500 以上の保険会社や州政府基金からなり、州独自の料率決定機関と協働している）の設定する 600 以上の職業分類ごとの基本保険料率をベースに、経験料率やメリット料率等を用いて行うのが一般的である。</p> <p>疾病のリスト化はしておらず、「使用者の事業の性格により、かつそれに特有の原因および状態に起因する傷病」が職業病として補償の対象となる。</p>	<p>長時間労働等による脳・心臓疾患や、過重労働・いじめ・ハラスメント等を原因とする心理的負担による精神障害への罹患は、職業病ではなく業務災害として扱われる。その他リスト化をしている州、混合システムを採用している州もある。</p> <p>業務災害は、雇用の過程において、雇用から生じた人身傷害に対し補償が行われる。精神疾患と加齢に伴う人身傷害については、雇用が「有意に」寄与し、増悪させ、あるいは症状を加速させたことが補償の要件となる。さらに、精神疾患の場合は、雇用に係る「実際の出来事」から発生したこと、当該出来事に対する感覚が事実と現実と即して合理的であることが必要である。</p> <p>被用者の自殺について、多くの裁判所では、雇用関連の外傷（身体的・精神的）が精神錯乱を引き起こし、自制を失い自殺に至ったことが認められる場合には、故意による結果の発生ではないとして、補償の対象とするようになってきている。</p>	<p>すべての州法において、被用者に、雇用関連の傷病について療養補償を受ける権利を認めている。被用者が受けることができる療養は、合理的に必要なすべての治療をいい、医療リハビリテーションも含む。また、移送の費用も含まれる場合がある。補聴器、眼鏡、車椅子等の物品についても一般的に補償の対象となる。ほぼすべての州で、補償の額や期間について上限を設けていない。</p> <p>また、労働不能補償（disability benefits）は、雇用関連の傷病が原因で賃金喪失（あるいは賃金稼得能力の喪失）を被った被用者に対する金銭補償である。多くの州では、被災被用者について、軽微な傷病を除外するための待期（州により異なるが、3～7 日である。労働不能が一定程度継続した場合、さかのぼって同期間の補償支払義務が発生する）の後、療養を受け労働不能の状態が継続している場合、まずは「一時」（temporary）労働不能として扱われ、一時的労働不能補償の支払を受ける。一時労働不能補償の額は、多くの州で、「（平均週給－人身傷害後週給）×2/3」である。我が国の労災保険法の休業補償給付に相当するといつてよい。人身傷害後に賃金を全く受けていない場合には「完全」（total）労働不能、一部受けている場合には「部分的」（partial）労働不能と呼ばれる。一時労働不能補償は症状固定の時点まで支払われる。</p>

S O C I A L D I A L O G U E

work- related stress

Framework agreement on work-related stress



The voice of 60 million workers in Europe



3-6



1. Introduction

Work-related stress has been identified at international, European and national levels as a concern for both employers and workers. Having identified the need for specific joint action on this issue and anticipating a Commission consultation on stress, the European social partners included this issue in the work programme of the social dialogue 2003-2005.

Stress can potentially affect any workplace and any worker, irrespective of the size of the company, field of activity, or form of employment contract or relationship. In practice, not all work places and not all workers are necessarily affected.

Tackling stress at work can lead to greater efficiency and improved occupational health and safety, with consequent economic and social benefits for companies, workers and society as a whole. Diversity of the workforce is an important consideration when tackling problems of work-related stress.

2. Aim

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

The objective of this agreement is to provide employers and workers with a framework to identify and prevent or manage problems of work-related stress. It is not about attaching blame to the individual for stress.

Recognising that harassment and violence at the work place are potential work-related stressors but that the EU social partners, in the work programme of the social dialogue 2003-2005, will explore the possibility of negotiating a specific agreement on these issues, this agreement does not deal with violence, harassment and post-traumatic stress.

3. Description of stress and work-related stress

Stress is a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them.

The individual is well adapted to cope with short-term exposure to pressure, which can be considered as positive, but has greater difficulty in coping with prolonged exposure to intensive pressure. Moreover, different individuals can react differently to similar situations and the same individual can react differently to similar situations at different times of his/her life.

Stress is not a disease but prolonged exposure to it may reduce effectiveness at work and may cause ill health.

Stress originating outside the working environment can lead to changes in behaviour and reduced effectiveness at work. All manifestations of stress at work cannot be considered as work-related stress. Work-related stress can be caused by different factors such as work content, work organisation, work environment, poor communication, etc.

4. Identifying problems of work-related stress

Given the complexity of the stress phenomenon, this agreement does not intend to provide an exhaustive list of potential stress indicators. However, high absenteeism or staff turnover, frequent interpersonal conflicts or complaints by workers are some of the signs that may indicate a problem of work-related stress.

Identifying whether there is a problem of work-related stress can involve an analysis of factors such as work organisation and processes (working time arrangements, degree of autonomy, match between workers skills and job requirements, workload, etc.), working conditions and environment (exposure to abusive behaviour, noise, heat, dangerous substances, etc.), communication (uncertainty about what is expected at work, employment prospects, or forthcoming change, etc.) and subjective factors (emotional and social pressures, feeling unable to cope, perceived lack of support, etc.).

If a problem of work-related stress is identified, action must be taken to prevent, eliminate or reduce it. The responsibility for determining the appropriate measures rests with the employer. These measures will be carried out with the participation and collaboration of workers and/or their representatives.

5. Responsibilities of employers and workers

Under framework directive 89/391, all employers have a legal obligation to protect the occupational safety and health of workers. This duty also applies to problems of work-related stress in so far as they entail a risk to health and safety. All workers have a general duty to comply with protective measures determined by the employer.

Addressing problems of work-related stress may be carried out within an overall process of risk assessment, through a separate stress policy and/or by specific measures targeted at identified stress factors.

6. Preventing, eliminating or reducing problems of work-related stress

Preventing, eliminating or reducing problems of work-related stress can include various measures. These measures can be collective, individual or both. They can be introduced in the form of specific measures targeted at identified stress factors or as part of an integrated stress policy encompassing both preventive and responsive measures.

Where the required expertise inside the work place is insufficient, competent external expertise can be called upon, in accordance with European and national legislation, collective agreements and practices.

Once in place, anti-stress measures should be regularly reviewed to assess their effectiveness, if they are making optimum use of resources, and are still appropriate or necessary.

Such measures could include, for example:

- management and communication measures such as clarifying the company's objectives and the role of individual workers, ensuring adequate management support for individuals and teams, matching responsibility and control over work, improving work organisation and processes, working conditions and environment,
- training managers and workers to raise awareness and understanding of stress, its possible causes and how to deal with it, and/or to adapt to change,
- provision of information to and consultation with workers and/or their representatives in accordance with EU and national legislation, collective agreements and practices.

7. Implementation and follow-up

In the context of article 139 of the Treaty, this voluntary European framework agreement commits the members of UNICE/UEAPME, CEEP and ETUC (and the liaison committee EUROCADRES/CEC) to implement it in accordance with the procedures and practices specific to management and labour in the Member States and in the countries of the European Economic Area.

The signatory parties also invite their member organisations in candidate countries to implement this agreement.

The implementation of this agreement will be carried out within three years after the date of signature of this agreement.

Member organisations will report on the implementation of this agreement to the Social Dialogue Committee. During the first three years after the date of signature of this agreement, the Social Dialogue Committee will prepare a yearly table summarising the on-going implementation of the agreement. A full report on the implementation actions taken will be prepared by the Social Dialogue Committee during the fourth year.

The signatory parties shall evaluate and review the agreement any time after the five years following the date of signature, if requested by one of them.

In case of questions on the content of this agreement, member organisations involved can jointly or separately refer to the signatory parties, who will jointly or separately reply.

When implementing this agreement, the members of the signatory parties avoid unnecessary burdens on SME.

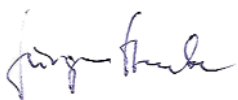
Implementation of this agreement does not constitute valid grounds to reduce the general level of protection afforded to workers in the field of this agreement.

This agreement does not prejudice the right of social partners to conclude, at the appropriate level, including European level, agreements adapting and/or complementing this agreement in a manner which will take note of the specific needs of the social partners concerned.



John Monks

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(on behalf of the trade union delegation)



Dr. Jürgen Strube
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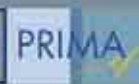


PROTECTING WORKERS'
HEALTH SERIES No. 9

PRIMA-EF

Guidance on the European Framework for Psychosocial Risk Management

A Resource for Employers and
Worker Representatives



World Health
Organization

PRIMA-EF

GUIDANCE ON THE EUROPEAN FRAMEWORK FOR PSYCHOSOCIAL RISK MANAGEMENT

A RESOURCE FOR EMPLOYERS AND WORKER REPRESENTATIVES



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World Health
Organization

baua:
Bundesanstalt für Arbeitsschutz und Arbeitsmedizin



CIOP PIB



Finnish Institute of
Occupational Health



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PRIMA-EF has been developed under the lead of the Institute of Work, Health & Organisations, University of Nottingham. The Institute of Work, Health & Organisations is a postgraduate research school in applied psychology. It is concerned with the contribution of applied psychology to occupational and public health and safety and to the provision of related health services. This concern focuses, in part, on the development of healthy behaviours, healthy communities and healthy work organisations. The Institute is a designated WHO Collaborating Centre in Occupational Health and a long standing member of the European Agency's Topic Centre programme. It is the only WHO Collaborative Centre in Occupational Health in the world staffed solely by applied psychologists.

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Preface

This document is the ninth in a series of occupational health documents entitled: *Protecting Workers' Health*, published by the World Health Organization (WHO) within the Programme of Occupational Health. It is the result of the implementation effort of the Global Strategy on Occupational Health for All as agreed upon at the Fourth Network Meeting of the WHO Collaborating Centres in Occupational Health which was held in Espoo, Finland from 7-9 June 1999. More recently, it has gained further impetus following the endorsement of the Global Plan of Action in Workers' Health, 2008-2017, by the World Health Assembly (2007).

The text has been prepared by the PRIMA-EF consortium under the lead of the Institute of Work, Health & Organisations, University of Nottingham, with the support of the European Commission's Sixth Framework Programme.

This document is primarily targeted at employer and worker representatives but will also be useful to occupational health professionals and experts and to policy makers. It provides guidance on the European framework for psychosocial risk management (PRIMA-EF) and concerns the management of psychosocial risks at the workplace, aiming at the prevention of work-related stress, workplace violence and bullying. Such a framework, bringing together a number of key issues in the area and providing guidance on them, has so far been lacking and is necessary for employer and worker representatives to take effective action to address the issues of concern.

The overarching aim of this document is the promotion of the translation of policy and knowledge into practice. As such, guidance is provided in relation to key issues including risk assessment, social dialogue and employee participation, key indicators, best practice interventions and corporate social responsibility. It is advised that this guide is used in conjunction with three other published guides through the WHO Protecting Workers' Health Series:

No. 3: Work Organization and Stress

No. 4: Raising Awareness of Psychological Harassment at Work

No. 6: Raising Awareness of Stress at Work in Developing Countries: A Modern Hazard in a Traditional Working Environment

Additional materials on PRIMA-EF are available at: www.prima-ef.org

WHO offers special acknowledgement to the authors of the document and Professor Lennart Levi who provided assistance in finalising it.

01 Psychosocial Risk Management: Definitions, Key Facts and Aim

This guide concerns the management of psychosocial risks at the workplace and summarises the key elements of the European framework for psychosocial risk management (PRIMA-EF). PRIMA-EF aims at providing a framework to promote policy and practice at national and enterprise level within the European Union (EU). The need for such a framework is particularly pressing due to recent EU data indicating the high prevalence of psychosocial risks to workers' health and an increase of problems such as work-related stress and workplace violence, harassment and bullying.

Work-related psychosocial risks concern aspects of the design and management of work and its social and organisational contexts that have the potential for causing psychological or physical harm (see table overleaf) (Leka, Griffiths & Cox, 2003). They have been identified as one of the major contemporary challenges for occupational health and safety and are linked to such workplace problems as work-related stress and workplace violence, harassment and bullying. As reported by the European Foundation for the Improvement of Living & Working Conditions (2007), work-related stress is among the most commonly reported causes of illness by workers affecting more than 40 million individuals across the EU. The same report highlights that 6% of the EU workforce had been exposed to threats of physical violence, 4% to violence by other people and 5% to bullying and/or harassment at work over the past 12 months.

PRIMA-EF identifies key aspects and stages and provides best practice guidelines in psychosocial risk management at the workplace. The framework is broad and aims at accommodating differences in approach and culture across EU member states. It can be used by companies as the basis for the development of relevant policies, indicators and action plans to prevent and manage work-related stress and workplace violence, harassment and bullying.



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

In PRIMA-EF, psychosocial hazards also include violence, bullying and harassment at work. These are often multiform phenomena: e.g., to become bullied is a psychosocial risk situation causing psychological harm; on the other hand, bullying at work should be regarded and discussed as a consequence of a poor psychosocial work environment.

Regulatory Framework

Psychosocial risk management is among employers' obligations to assess and manage all types of risk to workers' health as stipulated in the European Council Framework Directive on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work, 89/391/EEC. Two agreements that have been concluded by the European Social Partners are also relevant: the framework agreement on work-related stress (2004) and the framework agreement on harassment and violence at work (2007). However, good psychosocial risk management also goes beyond legal requirements and offers many opportunities for businesses.



02 PRIMA-EF Model

Psychosocial risk management incorporates five important elements:

- (i) a declared focus on a defined work population, workplace or set of operations
- (ii) an assessment of risks to understand the nature of the problem and their underlying causes
- (iii) the design and implementation of actions designed to remove or reduce risks
- (iv) the evaluation of those actions
- (v) the active and careful management of the process.

The following figure presents the PRIMA-EF model as it applies to the enterprise level.

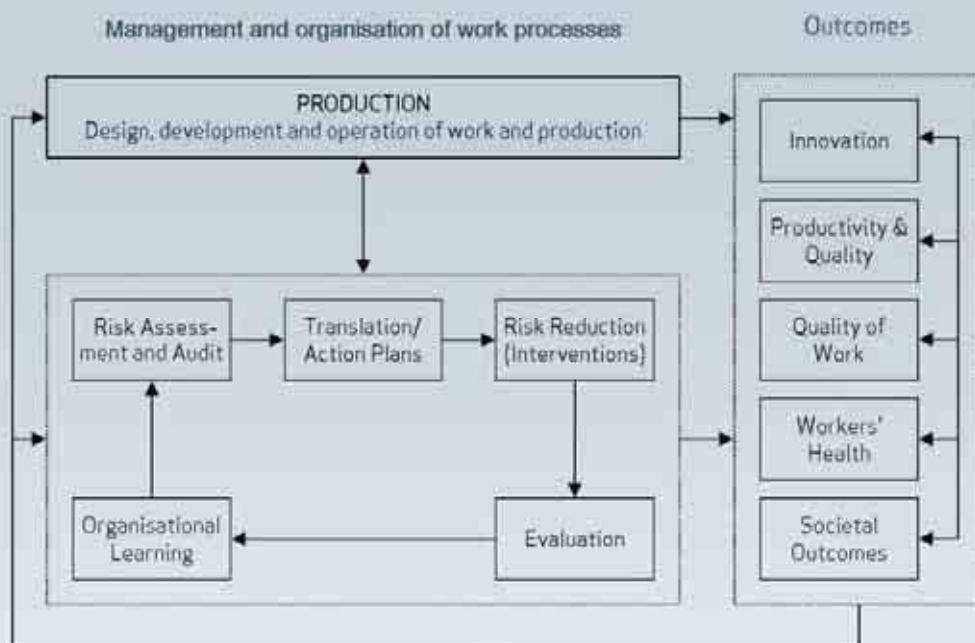


Figure 1. PRIMA-EF model: Enterprise level

It is important to note that the management of psychosocial risks at the workplace also has positive effects at the societal level and can contribute to the promotion of mental health and well-being of the population overall.



03 Key Aspects of Psychosocial Risk Management (PRIMA)

➤ *Good PRIMA is good business*

Best practice in relation to PRIMA essentially reflects best practice in terms of organisational management, learning and development, social responsibility and the promotion of quality of working life. It leads to higher productivity, higher quality of products and services, greater attractiveness at the labour market, and greater capabilities for innovation.

➤ *PRIMA should be a continuous process, part of normal business operations*

In every day practice, psychosocial risks have many causes. As a consequence there are no quick fix solutions; a continuous management process is required. To be effective it is important to understand the most important underlying causal factors before solutions are selected.

➤ *Ownership by all stakeholders*

It is important that the main actors involved in PRIMA (managers, workers and their representatives) are responsible for the work to be done and have ownership of the process. They can be supported by internal or external experts or by external service providers but outsourcing ownership to service providers is a failure factor.

➤ *Contextualisation and tailoring*

Tailoring the approach to its situation is a necessary part; it facilitates its practical impact and helps to make effective action plans. The size of the enterprise, its occupational sector, characteristics of the workforce (such as gender, age and contingent work) as well as the wider context of the country have to be considered.

➤ *Evidence-informed practice*

PRIMA is a systematic, evidence-informed, practical, problem solving strategy. It should aim at producing a reasoned account of the most important psychosocial factors associated with ill-health for a specific working group and one grounded in evidence. Most important of all is that the solutions chosen are fit for purpose.

➤ *Participative approach and social dialogue*

Inclusion of all parties in prevention efforts can increase participation, reduce barriers to change, and provide the first steps for prevention. PRIMA should involve actors in the prevention of psychosocial risks and not by requiring them to simply change their perceptions and behaviour. Participation of workers' representatives, social dialogue and dialogue with external stakeholders are important.

➤ *Different levels of interventions with focus on measures at source*

The emphasis in European legislation on health and safety is on primary risk prevention targeted at the organisation as the generator of risk. However specific actions targeted at the individual level can also play an important role depending on the extent and severity of the problem within organisations and its effect on employee health.

➤ *Ethics and corporate social responsibility*

PRIMA is about people, their mental and physical health status and business and societal interests. Protecting the psychosocial health of people is not only a legal obligation, but also an ethical issue and falls within the remit of corporate social responsibility.

➤ *Capabilities at enterprise and macro levels*

Policies and practice in PRIMA require capabilities, respectively at the macro (national, sectoral) and at the company level:

- adequate knowledge of the key agents (management and workers)
- relevant and reliable information to support decision-making
- availability of effective and user-friendly methods and tools

- availability of competent supportive structures (experts, consultants, services and institutions, research and development).

Within the EU there are great differences in existing capabilities. In those countries where only minor capabilities are available, this is a major limitative factor for successful PRIMA practice as this is linked to lack of awareness and limited assessment of the impact of psychosocial risks on employee health and the healthiness of their organisations.

04 PRIMA Stages

Risk assessment

Risk assessment is a central element of the risk management process. It has been defined by the EC as 'a systematic examination of the work undertaken to consider what could cause injury or harm, whether the hazards could be eliminated, and if not what preventive or protective measures are, or should be, in place to control the risks' (EC, 1996).

Risk assessment provides information on the nature and severity of the problem, psychosocial hazards and the way they might affect the health of those exposed to them and the healthiness of their organisation (in terms of issues such as absence, commitment to the organisation, worker satisfaction, intention to leave, productivity). A well-conducted risk assessment does not only identify challenges in the work environment but also positive aspects of the work environment that should be promoted and enhanced.

The purpose of the risk assessment is to inform, guide and support subsequent risk reduction; it is not an aim in itself

Risk assessment should:

- be based on data collected through tools such as surveys, individual or group discussions and/or observation methods
- take into consideration diversity issues and not ignore the wider context, such as occupational sector characteristics or socioeconomic and cultural variations across member states
- recognise and make use of the knowledge and expertise of working people in relation to their jobs
- treat information at the group level (not catalogue individual views about work) and measure consensus in expert judgments on working conditions.



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

Bringing together the information on psychosocial hazards and their possible health effects allows the identification of likely risk factors. These risk factors can be prioritised in terms of the nature of the hazard or the harm it causes, the strength of the relationship between hazard and harm, or the size of the group affected.

As mentioned before, in PRIMA-EF, psychosocial hazards also include violence, bullying and harassment at work. Risk assessment of customer violence needs to take into account the physical work environment, e.g. workplace design and safety devices as enabling factors of violent attacks. Also, as mentioned before the multiform nature of issues such as bullying should be considered.

Audits of existing practices and support

Before action can be sensibly planned, it is necessary to analyse what measures, if any, are already in place to deal with psychosocial hazards and their effects on the individual or the organisation. This analysis requires an *audit* (review, analysis and critical evaluation) of existing management practices and employee support. This is an examination of initiatives for handling psychosocial hazards, work-related stress and other associated health outcomes. The support available to employees to help them cope or look after them if they are affected is also examined.

This information from the audit together with the risk assessment information allows a notion of the residual risk to be formulated (i.e. the risk associated to psychosocial hazards that is not currently being managed by the organisation). All this information feeds forward to the process of translation: discussing and exploring the risk assessment data to allow the development of an action plan for risk reduction.

Development of an action plan

When the nature of the problems and their causes are sufficiently understood, a reasonable and practical action plan to reduce risk (solutions) can be developed. That involves deciding on:

- what is being targeted
- how
- by whom (who is responsible)
- who else needs to be involved
- what the time schedule will be
- what resources will be required
- what will be the expected (health and business) benefits
- how they can be measured
- how the action plan and its effects will be evaluated.

In practice, those involved in action planning discuss and explore the results of the risk assessment (the likely risk factors and the problems identified by the majority of staff), further developing their understanding of the problems identified and their underlying causes; this can add to the power of the translation exercise.

Interventions can help prevent health complaints through the design of work and the reduction of hazards; they can provide tools to manage hazards so that risks are reduced; or they can provide treatment and rehabilitation for those who have already been harmed by the exposure to hazards.

Changing the organisation and work environment is one of the main strategies for managing psychosocial risks, as it can be accomplished before the problem actually arises. A good employer designs and manages work in a way that avoids common psychosocial hazards and prevents as much as possible foreseeable problems.

Well-designed work should include clear organisational structures and practices, appropriate selection, training and staff development, clear job descriptions, and a supportive social environment

Risk reduction interventions should give priority to modifying psychosocial risk factors at source focusing on the organisation or groups within it. Worker-directed measures can complement these actions and are an important support for those employees who are already suffering from the negative effects of exposure to risk factors.

Risk reduction (implementation of action plan)

Implementation of measures and interventions is the crucial step in reducing risks. The implementation of the action plan for risk reduction needs to be carefully and thoughtfully managed.

The progress of the action plan must be systematically monitored, recorded and discussed to identify where necessary corrective action should be taken, as well as provision made for its evaluation. During implementation its progress is monitored and reviewed to identify where necessary corrective action should be taken.

Ownership and participation of managers and workers are essential for the implementation process and increase the probability of success (i.e. reduction of risk).

Evaluation of action plan

It is essential for any action plan to be evaluated to determine how well and in what respects it has worked. The *process* of implementation as well as the *outcomes* of the action plan must be evaluated. Evaluation must consider a variety of types of information and draw it from a number of relevant perspectives (e.g. staff, management, stakeholders).

The results of the evaluation should allow the strengths and weaknesses of both the action plan and the implementation process to be assessed. This information must not be treated as an issue of success or failure, praise or blame, but more dispassionately. It should inform a re-assessment of the original problem and of the overall risk management process, as well as providing feedback on the outcomes.

Evaluation does not only tell the organisation how well something has worked in reducing psychosocial hazards and the associated harm but it allows the re-assessment of the whole situation, providing a basis for organisational learning. Essentially it establishes a continuous process for improvement that should be repeated within an established timeframe in the organisational context. Lessons learned should be explicitly identified.

Organisational learning

The organisation should use the evaluation for continuous improvement and also as the basis for sharing (discussing and communicating) learning points that may be of use in future risk management, but also in the (re)design of work organisation and workplaces as part of the normal organisational development process. A long-term orientation is essential and should be adopted by organisations.

Lessons learned should be discussed and, if necessary, redefined in existing work meetings and as part of the social dialogue process within the firm. They should be communicated to a wider company audience. Finally they should be used as input for the 'next cycle' of the psychosocial risk management process.

Outcomes of the PRIMA process

Knowledge on the outcomes of the risk management process is an important input for the continuous risk assessment process.

A healthy organisation is one with values and practices facilitating good employee health and well-being as well as improved organisational productivity and performance

Managing psychosocial risks and workplace health relates to managing the corporate image of organisations.

PRIMA can contribute to:

- a reduction of the cost of absence or mistakes and accidents and hence an associated increase of production
- a reduction in the cost of medical treatment and associated insurance premiums and liabilities
- the improvement of work processes and communication and promotion of work effectiveness and efficiency

- the attractiveness of the organisation as being a good employer and one that is highly valued by its staff and its customers
- the development of an innovative, responsible, future-orientated corporate culture
- the promotion of health and well-being in the enterprise as well as in the wider community setting.

Best practice in relation to psychosocial risk management essentially reflects best practice in terms of organisational management, learning and development, social responsibility and the promotion of quality of working life

05 PRIMA-EF Indicator Model

In developing an integrated indicator model for monitoring psychosocial risks, several criteria have to be taken into account. The indicator model should:

- identify indicators on exposure (e.g. psychosocial risk factors), outcomes and preventive action or interventions
- illustrate the cyclical process of psychosocial risk management
- address three levels of impact: the individual level, the organisational level and the society/sector or national level.

The PRIMA-EF indicator model, presented in Figure 2, meets all three criteria.

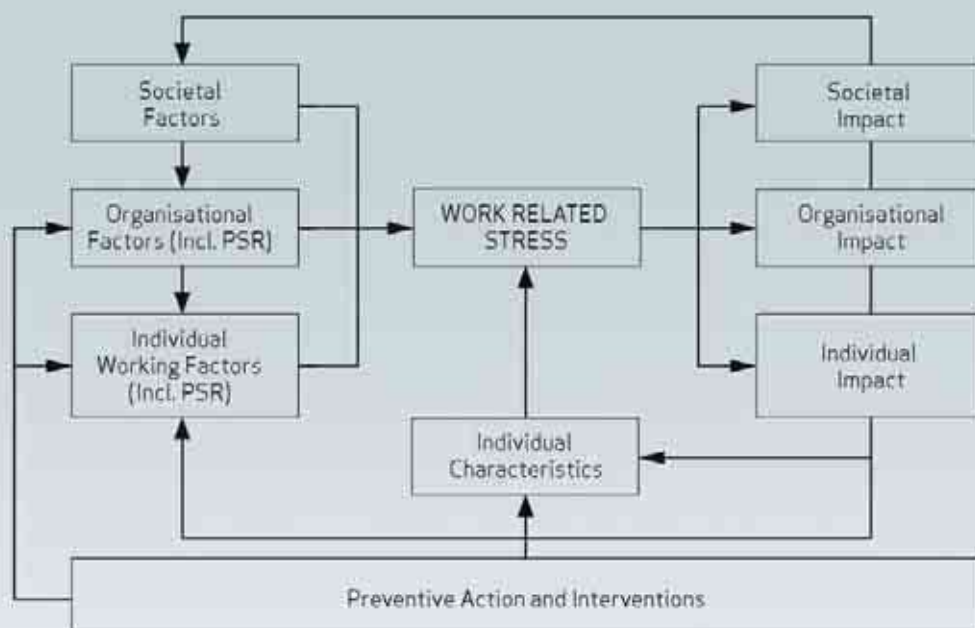


Figure 2.
Indicator model on psychosocial risks at work linked up with preventive action and interventions
(PSR = psychosocial risks)

Psychosocial risks are constituted by organisational factors, such as lack of supportive relationships at work, job insecurity or company culture. However, even societal or sectoral factors, like a high competitive climate or an economic recession can have an aggravating effect on psychosocial risks at the workplace. Exposure to psychosocial risk factors at work may result in a state of work-related stress, in which one often feels tense, concerned, less vigilant and less efficient in performing tasks.

Depending on resources available in the workplace and in the organisation, e.g. the support of co-workers and supervisors, psychosocial risks and work-related stress can have negative consequences like negative health outcomes, increased risk for accidents, and impaired performance eventually leading to drop out from work. These consequences indicate impact at the individual as well as at the organisational level, but will also result in impact at the sectoral and national level.

Conversely, work tasks with a high degree of personal control and skill variety, together with an organisational environment which includes resources such as supportive social relationships, can contribute positively to workers' well-being, health and productivity as well as to organisational productivity and growth.

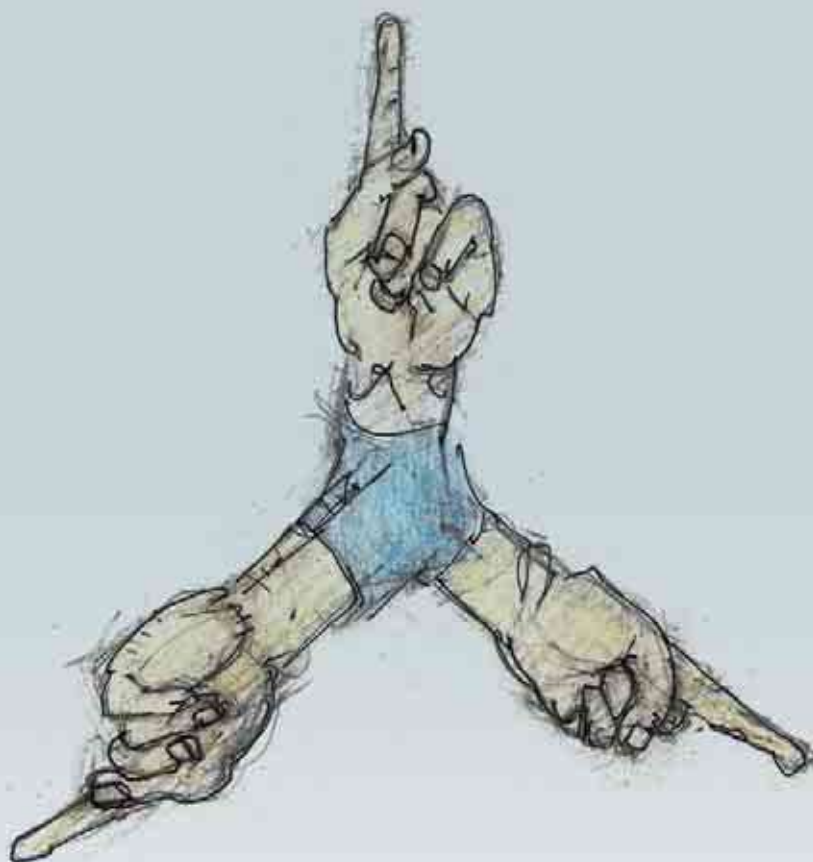
To prevent and manage psychosocial risks at the workplace and their negative impact, preventive action or interventions should be implemented that are primarily directed at sources of risk at the workplace and the organisational level but are supplemented by actions directed at the individual workers, their skills, abilities and capacities. Preventive action can also include structural measures like the implementation of policies or the integration of issues related to psychosocial risk management into the systems and structures of business operations.

Measuring indicators

Several methodologies are available for measuring indicators for psychosocial risk management. The indicators can be translated into questions or checklist items to be transmitted verbally or in written form, either by regular questionnaire, by a web- or internet based survey or in a checklist.

Web- or internet based surveys are increasingly used. These surveys attract different types of respondents, which may be a problem when representativeness is important and this methodology is solely used. The appropriate methodology of monitoring is heavily dependent on the aim, context and specific topic of the survey. Large organisations may benefit from questionnaires and web-based surveys, whereas checklists may be more suitable for SMEs. It is important for a combination of subjective and objective measures to be used.

In the following tables, a summary review of indicators that can be used in relation to exposure, outcomes and preventive action is presented. It should be noted here that although violence and bullying are presented as work-related factors, these are multiform issues and to be managed effectively they also need to be considered as outcomes of a poor or unsatisfactory work environment.



INDICATORS FOR PSYCHOSOCIAL RISK MANAGEMENT	
Exposure (including psychosocial risks)	
Organisational factors	
<i>Policies/facilities</i>	Facilities for optimizing work-home balance
	Human resource management
	Occupational Safety & Health policies
	Corporate social responsibility as related to psychosocial risk management
	Business strategy
<i>Organisational culture</i>	Open/trust-based relationship between management and workers
	Information from management / feedback
	Communication (bottom up / top down)
	Organisational justice
<i>Industrial relations</i>	Existence of works council/employee representatives
	Trade union membership
	Collective agreements
Work-related factors	
<i>Employment conditions</i>	Contract
	Pay
	History of work
<i>Organisational design</i>	Job rotation / cross-training
	Team work
	Multi-skilling
<i>Quality of work</i>	Job demands
	Autonomy / decision latitude
	Job security
	Social support and conflicts
	Violence, harassment, bullying
	Discrimination
	Working time
	Work from home, telework

Outcomes	
<i>Health-related outcomes</i>	Accidents at work
	Health complaints
	Physical health
	Mental health
<i>Outcomes related to job satisfaction</i>	Job satisfaction
	Turnover
<i>Absence/presenteeism</i>	Sick leave
	Cause of absence
	Working while being sick / presenteeism
<i>Economic costs</i>	Economic costs of accidents and absence

Preventive action / Interventions	
<i>Assessments</i>	Risk assessment
	Recording/registration of attendance, accidents and illness
	Investigation into causes of accidents etc.
<i>Measures</i>	Directed at
	<ul style="list-style-type: none"> ○ reducing psychosocial risks ○ improving autonomy, control and organisational resources ○ improving coping capacity, providing information & training ○ return to work ○ drivers/barriers for taking measures
	Use of policies/facilities
	Effectiveness of measures
	Process evaluation of implementing measures
	Economic costs of accidents and absence
<i>Economic costs</i>	Economic costs of accidents and absence
<i>Participation of employees</i>	Risk assessment
	Development & implementation of a plan of action

06 Social Dialogue: Consultation of Key Stakeholders and Employee Participation

Progress in psychosocial risk management at the workplace depends on a complex set of context factors and must be seen within the broader framework of the respective policy background and state of industrial relations. At the global level, this is reflected in the conceptualisation of 'decent work' by the International Labour Organisation (ILO; www.ilo.org). One of four strategic objectives of *decent work* concerns Social Dialogue and tripartism and therefore stresses the importance of employee representation and stakeholder dialogue for the quality of work.

Social dialogue as a peaceful way of solving conflicts and balancing interests between different parties is - in the context of the European Union - a central component of the European Social Model and comprises discussions, consultations, negotiations and joint actions undertaken by social partners (employers' organisations and trade unions). At the enterprise level, social dialogue is expressed through consultation between the employer and employees and their representatives.

Two framework agreements at European level dealing with psychosocial risks have been concluded as a result of social dialogue: the framework agreement on work-related stress (2004) and the framework agreement on harassment and violence at work (2007). They aim at increasing awareness of employers, workers and their representatives in relation to these issues and provide a framework to identify problems and address them within an overall process of risk management and through specific policies. At national level, social partners commit to implement the agreements through their member organisations. Implementation results depend highly on the quality of industrial relations at national, branch and enterprise level, particularly the ability and the will of social partners to negotiate as equals, to reach consensus on relevant issues and to find innovative solutions. In this overarching framework, social dialogue is crucial for combating psychosocial risks at the workplace.

Health and safety committees, works councils or other representation bodies have an important role to play. In smaller enterprises where formal worker representation might be lacking this consultation process will be more direct with employees. In any case, it should take place at all stages of the psychosocial risk management process, as outlined previously. Both the employer and employees have specific responsibilities and roles to

fulfil. For example, employers should commit to conduct and implement recommendations of risks assessments or ensure that bullying and harassment are not tolerated within their jurisdiction. Employees should raise issues of concern and accept opportunities for training or counselling when recommended. Workers' representatives should be able to consult with employees and should be meaningfully involved in the risk assessment process. These responsibilities and roles may also be identified through organisational policies in relation to these issues (see Appendices II and III).

Outlined overleaf are some success factors for social dialogue on psychosocial risk management. These are relevant both to the national and to the enterprise levels. It is important to stress that for social dialogue to be effective, the perceptions of the social partners in relation to psychosocial risks and their management need to be addressed so that a consensus is reached in terms of understanding, approach and targets to be achieved. Awareness raising in relation to psychosocial risks can play an important role in this respect through appropriate training.



Guidance on Social Dialogue: success factors for psychosocial risk management

Area	Success factors
<i>General Social Dialogue process</i>	<p>Freedom of association and recognition of workers' rights to organise and to bargain collectively and adequate structures for Social Dialogue at national, sector and enterprise level, e.g. organisation of social partners, employee representation and employee participation</p> <p>Culture of mutual problem solving and routines of cooperation among social partners</p> <p>Capacity building activities, if structures are weak; Social Dialogue structures need some time to develop and improve in a continuing learning process</p> <p>Building mutual trust and respect between social partners, e.g. starting the dialogue process on less controversial issues</p> <p>Assistance for conflict settlement between social partners, e.g. mediation mechanisms</p> <p>Agreement on ways of implementation; social partners need to make sure that as a result of Social Dialogue, actions are taken</p>
<i>Social Dialogue on psychosocial risk management</i>	<p>Consideration of differences in risk perception and problem awareness of relevant issues between the parties at enterprise level</p> <p>Building a common language among and between social partners on issues, e.g. agree on definitions of key issues</p> <p>Specific approaches for the domains 'work-related stress' and 'violence/harassment/bullying'</p> <p>Consideration of seemingly paradoxical effects of actions; (in particular at branch or enterprise level); e.g. awareness raising on violence and bullying may result in a higher level of complaints</p> <p>Inclusion of gender issues, in particular with regard to violence and harassment at the workplace</p>

07 Approaches to Work-related Stress Prevention and Management

According to the framework agreement on work-related stress, work-related stress is experienced when the demands of the work environment exceed the employees' ability to cope with (or control) them. It is among the most commonly reported causes of illness by workers (European Foundation, 2007) affecting more than 40 million individuals across the European Union. It is estimated that work-related stress costs 3-4% of the GNP for Europe.

As stressed before, the main aim of PRIMA is risk reduction and hence the prevention of work-related stress through appropriate interventions. Three main types of work-related stress management interventions have been identified in the scientific literature and are broadly termed primary, secondary and tertiary prevention.

- *Primary prevention* approaches seek to combat work-related stress by changing elements in the way work is organised and managed. Examples include work redesign, development of appropriate communication systems and reviewing appraisal systems.
- *Secondary prevention* approaches aim to combat work-related stress by developing individual skills in stress management through training. Examples of such training include relaxation and time management training.
- *Tertiary prevention* approaches aim to reduce the impact of work-related stress on workers' health by developing appropriate rehabilitation and 'return-to-work' systems and enhanced occupational health provisions. Examples include the provision of confidential counselling to employees and cognitive behavioural training.

Preventing and Managing Work-related Stress: Best Practice Guidelines

PRIMA-EF identifies key aspects and best practice principles for strategies to prevent and manage work-related stress, reflective of the European perspective. These best

practice principles relate to the content, the implementation and the evaluation of work-related stress management interventions.

Intervention content: Key components

- The content (key elements of focus, tools and implementation) of the intervention should be derived from evidence-based practice, based on sound scientific theory.
- Psychosocial risks to employees' health and well-being in the work environment should be identified by way of conducting a proper risk assessment.
- The intervention components and tools should be adapted and tailored to the given occupational sector and should meet the unique needs of the respective organisation.
- The intervention should be designed to be implemented in a systematic and step-wise manner with the aims, objectives, and implementation strategy of the intervention clearly defined and outlined.



Intervention context: Successfully implementing

- Raising awareness and educating managers and employees on the causes and consequences of work-related stress is essential.
- Knowledge, competencies and skills on continuous psychosocial risk prevention and management at the workplace should be developed through appropriate training for managers and workers.
- The intervention aims and its overall importance should be clearly understood and agreed upon by both management and employees.
- The overall support and commitment of the organisation (e.g. allocation of resources) and the active participation of management throughout the intervention – in its design, implementation and evaluation – should be determined.
- Employees should participate actively and be consulted in the development of the intervention strategy.
- Continuous and active communication among all key stakeholders in the intervention process (e.g. employees, managers, occupational physician and/or other occupational health experts, trade unions) should be developed.

Intervention evaluation: Effectiveness and sustainability of intervention effects

- An evaluation strategy should be developed, clearly linked to the outlined intervention aims, goals, and identified problems.
- A variety of methods should be used to evaluate the intervention (e.g. survey, interviews or group discussions); methods utilised will be dependent on the size and the available resources of the company.
- The intervention's impact and overall effectiveness on employee well-being and organisational outcomes (e.g. cost-effectiveness, productivity, absenteeism) should be systematically evaluated at several time-points, both directly following the intervention and over the long-term.

- The quality and effectiveness of the *implementation process* of the intervention should also be systematically assessed.
- The impact of the intervention within different groups (e.g. by worksite, department, gender) within the organisation should be assessed to identify and, in turn, address any differential effects of the intervention.

Guidelines on how to draw up a policy for the management of psychosocial risks and the prevention of work-related stress are presented in Appendix II.

Examples of successful interventions for the prevention and management of work-related stress can be found at the PRIMA-EF website at: www.prima-ef.org



08 Workplace Violence and Bullying Prevention

A situation is called bullying when someone is exposed to repetitive and long-lasting negative, hostile and aggressive behaviours. Bullying is an escalating process in the course of which the target ends up in a situation in which he/she feels defenseless. Although the term bullying is mainly used to describe situations inside an organisation, continuous negative behaviours by clients and customers can also become bullying. The terms mobbing, harassment and psychological violence are sometimes used interchangeably. Third party violence (also called customer violence or violence by other people) refers to violence from clients, customers, patients and pupils and the like. Third party violence can be threats and physical assaults but also psychological in nature.

According to the Fourth European Working Conditions survey (2007), 6% of the workforce had been exposed to threats of physical violence, 4% to violence by other people and 5% to bullying and/or harassment at work over the past 12 months. The risk of experiencing both threats of violence and violence as well as bullying is greatest in the health care sector and in public administration and defense. The risk is higher than on average also in transport and communication, in the hotel and restaurant sector and in education. Work-related violence represents an important concern in health and safety but it is also an ethical issue and relevant to customer/patient service. Again, the three main intervention approaches of primary, secondary and tertiary prevention have been applied to workplace violence and bullying.

- *Primary interventions* are proactive by nature aiming at reducing the risks of or bullying and violence at work. These include for example anti-bullying policies and action plans, registration of violent incidents and designing out of risk and redesign of the psychosocial work environment.
- *Secondary (timely reaction) interventions* aim at increasing individual resources. Violence and bullying interventions include for example training, staff surveys and conflict/case resolution.
- *Tertiary interventions* aim at reducing and healing the damages of bullying and violence. These include for example corporate agreements and programmes of after-care, counselling and therapy.

Key aspects of Interventions for the Prevention and Management of Workplace Violence and Bullying

Both bullying and third party violence are multidimensional phenomena. In prevention and management of work-related violence and bullying a comprehensive approach including individual, job, organisational and society level activities is needed. Preventive approaches should be prioritised.

The basis in the management of work-related violence is zero tolerance to all kinds of physical and psychological violence both from inside and from outside the workplace

- Planning of interventions should be based on research based knowledge about the causes and escalating nature of bullying and violence situations and on scientific theory.
- Proper situation analysis or risk assessment should be carried out and form the basis of interventions.
- Interventions should be tailored to respond to the problems and needs (e.g. training needs) of the respective organisation and individuals.
- Commitment and support of management to the aims and implementation of interventions is crucial.
- Those involved in interventions should have ownership of the process. Occupational health and safety staff as well as trade unions are good partners in cooperation.
- An evaluation strategy should be developed, clearly linked to the outlined intervention aims, goals, and identified problems.
- A variety of methods should be used to evaluate the intervention (e.g. survey, interviews or group discussions); methods utilized will be dependent on the size and the available resources of the company.

- The quality and effectiveness of the implementation process of the intervention should also be systematically assessed.



Best Practice Guidance for Bullying at Work

- Awareness and recognition of bullying need to be promoted. Awareness and recognition as well as knowledge and know how of bullying differ a lot among EU countries and among organisations nationally. If the awareness and recognition of the problem is not adequate, resistance to interventions may appear. Only interventions that employees are ready for can be successful.

- Bullying at work needs to be seen as a work environment problem. Prevention and reduction should concentrate on reducing the risks of bullying in the psychosocial work environment, paying attention to psychosocial risks, the atmosphere in the workplace, organisational culture and leadership practices. Initiatives focusing on personality are unlikely to succeed.
- Anti-bullying policies and codes of conduct including clear and operable procedures to prevent and deal with bullying should be built in organisations to support the management of bullying.
- Building a culture of respect in the workplace is important.
- Management interventions are essential in the prevention of bullying. Managers need also to be given training on responsible and legally sound management of bullying cases.
- Managers' and workers' competencies and skills of organisations to combat workplace bullying need to be developed.
- When a bullying case arises it needs to be handled and settled immediately with those involved.
- External consultants involved in bullying interventions should adopt a neutral and impartial role.

Best Practice Guidance for Third Party Violence at Work

- All workplaces with high risk for violence by third parties should have codes of conduct, guidelines and crisis plans for the prevention and management of violence.
- All workers should be given training to help them handle and deal with violent incidents. Also fear of violence should be addressed.
- Systematic registration and analysis of violent incidents form an important basis for the prevention of violent incidents. Registration systems should also include reporting of psychological violence.
- Risk assessment should include e.g. work environment design, security devices, staffing plans, work practices, guidelines and training.

- Different intervention methods are needed in different sectors/occupations (e.g. police force, care of demented people).
- Customers and clients also need to be trained not to behave in a threatening and violent way.

Bullying and violence at work arouse shame and guilt; handling of bullying and third party violence requires a non-blaming atmosphere in the workplace

Guidelines on how to draw up a bullying or violence policy and codes of conduct to prevent and manage workplace bullying and violence are presented in Appendix III.

Examples of successful interventions for the prevention and management of workplace violence and bullying can be found at the PRIMA-EF website at: www.prima-ef.org.

Lessons Learned: Key Issues for Success in Psychosocial Risk Management Interventions

Organisations and experts that wish to implement psychosocial risk management interventions should bear in mind the following issues for the implementation of successful and effective intervention strategies.

✓ *Organisational readiness to change*

Organisational readiness and resistance to change will impact on the success and effectiveness of the intervention. As such it is important to develop and retain organisational commitment and support of the intervention initiative from the beginning.

✓ *Realistic intervention strategy*

Addressing all the problems and issues identified through psychosocial risk assessment would result in a resource-heavy and complicated intervention initiative that would be unlikely to succeed. The intervention strategy should outline achievable solutions that

can be incorporated into daily business practices, thus facilitating easier, and more successful, implementation over the longer term.

✓ *Comprehensive intervention strategy*

To successfully prevent and manage psychosocial risks, intervention strategies should comprehensively incorporate elements from all three intervention levels: primary, secondary, and tertiary prevention. Specifically, they should address the root causes of work-related stress, workplace violence and bullying (*primary prevention*), provide training to managers and employees on psychosocial risk management (*secondary prevention*), and, for those that have suffered ill health as a result of work-related stress, workplace violence and bullying provide them with resources to manage and reduce their respective effects (*tertiary prevention*).

✓ *Supporting continuous improvement*

Efforts to effectively address psychosocial risks should not be viewed as 'one off activities' but rather, should be incorporated into daily business practices. In so doing, a continuous improvement cycle promoting a better psychosocial working environment will be supported.



09 Corporate Social Responsibility and PRIMA

Today, with increasing globalisation, greater environmental and social awareness, the concept of organisations' responsibilities beyond the purely legal or profit-related aspects has gained new impetus. In order to succeed, business now has to be seen to be acting responsibly towards people, planet and profit (European Commission, 2001).

Corporate Social Responsibility (CSR) is 'a concept whereby companies integrate social and environmental concerns in their business operations and their interactions with their stakeholders on a voluntary basis' (European Commission, 2001). CSR is also about business ethics, core values and a corporate culture that promotes responsible behaviour.

The social dimension of CSR is relevant both to the external social responsibility of companies towards their community, society and the planet but also their internal responsibility towards their own workforce. This covers socially responsible practices concerning employees relating to their safety and health, equal opportunities and access to work, working conditions, investing in human capital, managing industrial change and financial control.

Looking after the workforce and developing its capacity (mentally, socially, etc.) have strategic importance for organisations and society alike. Addressing psychosocial risks and promoting well-being in the workplace context also fall within the remit of CSR.

Key CSR Guidelines for Psychosocial Risk Management

- *Make sure the strategic importance of the management of psychosocial issues is recognised*

To develop top management support the strategic relevance of the management of psychosocial issues needs to be clarified. A first step is to develop a business case which clarifies the health and business benefits, both in terms of potential cost reductions and added value. Strategic value can be added when the management of psychosocial risks

contributes to the realisation of the company's strategic aims, e.g. to become an employer of choice and for creating an innovative company culture.

➤ *Integrate psychosocial issues in strategies, plans and processes for organisational development*

When an organisation's development goals are clear, it is possible to assess what requirements in terms of work organisation, work processes, staffing, new competencies (that need to be developed), working environment, etc. will be essential for their realisation. As organisational development goals require a timeframe of some years, and are associated with changes in work organisation, work processes, etc. changes can be anticipated. Psychosocial issues can be included from the start in the design of work processes and in decision-making thereof. In this way lessons learned from dealing with psychosocial risks can be taken into account in organisational development. This is likely to lead to much more effective prevention, while saving costs and delivering strategic added value to the enterprise.

➤ *Organise a good balance between implementation of systems, internalisation of values, and organisational learning processes*

The management of psychosocial issues and risks requires systematically planned activities. These activities can and should be integrated in the management systems the company has to manage risks in general, e.g. via integrating it in health and safety management systems, or in the planning and control cycle or other existing procedures. The management of psychosocial issues and risks is also about ethics and values, about doing the right thing, i.e. creating awareness, promoting responsible behaviour and walking the talk. As part of their CSR policy companies can raise awareness or provide training to their employees about corporate values and how to deal with ethical dilemmas. Values and ethical dilemmas related to psychosocial issues can easily be integrated into such CSR approaches. This cannot be achieved without individual and collective learning processes.

➤ *Be aware of the business impact of psychosocial risks*

Health in itself is rarely seen as a primary business interest. However, the health of employees does often strongly influence business. While the primary concern of workers is the management of the impact of business activities on psychosocial risks and their health, the primary concern for management is often the impact of psychosocial risks and ill-health of employees on the business. A comprehensive consideration of both aspects is important.

➤ *Engage with stakeholders, traditional as well as non-traditional*

The greater the involvement of key stakeholders, the more likely it is that the management of psychosocial risks will be and remain of strategic importance to the enterprise. Concerning this matter, the concept of CSR is linked to the industrial relations system and social dialogue. Traditional stakeholders include trade unions, employer organisations, government agencies, occupational health services, researchers and academics. Non-traditional stakeholders include social security agencies, health insurers, families/partners, NGOs, health care institutions, customers/clients, shareholders, communities, employment agencies, media, actors of the judiciary system and business consultants. As several of this non-traditional stakeholders have a clear (financial) interest in the prevention of psychosocial problems this offers a range of opportunities that is hardly explored today.



CSR indicators for psychosocial risk management at enterprise level	
Area	Indicators
<i>Integration into systems and structures of business operations</i>	<p>The enterprise has management information on psychosocial risk management (as part of normal business control or a management system in place)</p> <p>The enterprise has a policy to address (prevent, reduce, control) psychosocial risks (and comply with legal obligations)</p> <p>The system for managing psychosocial risks is also relevant and used in cases of reorganisation and restructuring</p> <p>The enterprise has a code of conduct for violence, harassment and bullying</p> <p>The enterprise has systems for raising harassment, bullying or other psychosocial issues confidentially</p> <p>The enterprise has systems in place that address diversity issues and work-life balance issues</p> <p>Guidance on the prevention of psychosocial risks and the promotion of mental health is available to workers</p>
<i>Integration into company culture</i>	<p>Managers are trained and developed to prioritise psychosocial issues and address them openly as a preventive measure</p> <p>Training on psychosocial risks is provided to all employees as a preventive measure</p> <p>Workers' representatives are actively involved in preventive efforts on psychosocial risks</p> <p>Workers' representatives are trained in psychosocial risks as a preventive measure</p>

	<p>Notification of incidents (e.g. violence and harassment) is encouraged (rewarded, not leading to blame)</p> <p>Open discussion of psychosocial issues is encouraged with attention also to diversity issues and work-life balance</p> <p>In addition to precautions taken, workers are alert to deal with unexpected stressful or violent situations.</p> <p>There is active, open internal and external communication on psychosocial problems and preventive actions (transparency)</p>
<i>Integration into learning and development of the organisation</i>	<p>All incidents on violence and harassment are recorded, analysed and the lessons learned are communicated</p> <p>Individual workers get feedback on problems notified and solutions proposed or implemented</p> <p>Psychosocial risk management interventions are evaluated</p> <p>Information from psychosocial risk management and evaluation of psychosocial risk management interventions are used as vehicles to promote individual and organisational learning and development</p>
<i>Integration into dialogue with stakeholders</i>	<p>The enterprise has a reporting system in place on psychosocial problems, that is linked to internal planning and control cycle and to external reporting (e.g. in the CSR report)</p> <p>Psychosocial risks are regularly addressed in discussions between management and workers' representatives</p> <p>The enterprise has identified their main stakeholders on psychosocial issues (both internal and external) and has regular dialogue with them</p>
<i>Explicitly addressing ethical aspects and dilemmas</i>	<p>Workers are trained to use conflicts at work in a positive way (to overcome problems and turn them into productive experiences)</p>

10 Psychosocial Risk Management: From Organisational Policy to Effective Practice

Managing psychosocial risks at work and preventing work-related stress, violence and bullying requires that organisations adopt a comprehensive, long-term strategy. This strategy needs to consider the organisation's policies, structure, resources, existing systems and operations, and practices.

In developing appropriate policies to manage psychosocial risks, organisations need to consider whether a synergistic fit exists among different organisational policies and whether they adhere to existing legislation and standards. For example, organisations need to consider how health and safety, human resources and CSR policies fit together in order to achieve common goals and promote organisational learning and development.

A list of key existing standards of relevance to psychosocial risk management is presented in Appendix I of this guide. They can be used as supplementary sources of information to the guidance provided here to develop effective organisational policies and practices for psychosocial risk management. In addition, Appendices II and III present a list of key issues organisations need to consider and cover in their policies for the prevention of work-related stress and for the prevention of workplace violence and bullying.

However, it should be kept in mind that the development of policies for the management of psychosocial risks is not sufficient: organisations should develop and monitor practices in line with their policies in order to be successful; they should promote the *translation of organisational policy into effective practice*.

Issues covered in this guide, such as awareness in relation to the issues of concern, dialogue among stakeholders, employee participation, availability of resources and expertise, existing support and infrastructure at local, sectoral or national level, need to be considered and will play an important role in achieving this goal. Where challenges are identified in one or more of these areas, organisations should seek advice from health and safety agencies, social partner associations and experts as appropriate.

PRIMA-EF aims at promoting a comprehensive European approach and framework to the management of psychosocial risks at the workplace; one that aims at the translation of

knowledge and policy into effective practice. It is hoped that the adoption of PRIMA-EF at national and enterprise level will not only prevent ill-health and promote well-being in European enterprises but will become synonymous to the promotion of productivity, prosperity and quality of life in European society.



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APPENDIX 1

STANDARDS

Standards Directly Referring to the Concepts of: Psychosocial Risk, Stress, Harassment and Violence

- o *European Commission guidance on work-related stress*

It defines stress as "a pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organisation and work environment."

The following are outlined among the main causes of stress: overload and underload; no recognition, no opportunity to voice complaints; many responsibilities, but little authority; lack of a clear job description, uncooperative or unsupportive superiors, co-workers or subordinates; no control; job insecurity; exposure to prejudice regarding age, gender, etc.; exposure to violence, threats, or bullying; unpleasant or hazardous physical work conditions; no opportunity to utilize personal abilities.

Organisational improvements ought to be considered in stress preventive measures, above all in the following areas: work schedule (to avoid work-life conflict), participation/control, workload (to ensure compatibility with the capabilities and resources of the worker), task content (to provide meaning, stimulation, an opportunity to use skills), roles (their clarity), social environment (to provide social support), future perspectives (to reduce job insecurity).

The document outlines the following prevention steps:

- Identification of work-related stress factors, their causes and health consequences
- Analyzing the characteristics of exposures in relation to the outcomes found
- Design and implementation of a package of interventions by stakeholders
- Evaluation of short- and long-term outcomes of the interventions.

○ Framework agreement on work-related stress

It defines stress as “a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them.”

The agreement does not provide an exhaustive list of potential stress indicators. It does point out, however, that “high absenteeism or staff turnover, frequent interpersonal conflicts or complaints by workers are some of the signs that may indicate a problem of work-related stress.”

The agreement contains a reminder that “all employers have a legal obligation to protect the occupational safety and health of workers. This duty also applies to problems of work-related stress in so far as they entail a risk to health and safety.”

Examples of anti-stress measures are given in the document: “management and communication measures such as clarifying the company’s objectives and the role of individual workers, ensuring adequate management support for individuals and teams, matching responsibility and control over work, improving work organisation and processes, working conditions and environment; training managers and workers to raise awareness and understanding of stress; provision of information to and consultation with workers.”

○ Framework agreement on harassment and violence at work

According to the agreement, “Violence [at work] occurs when one or more worker or manager are assaulted in circumstances relating to work,” and “harassment [at work] occurs when one or more worker or manager are repeatedly and deliberately abused, threatened and/or humiliated in circumstances relating to work.”

Raising awareness and appropriate training of managers and workers can reduce the likelihood of harassment and violence at work. Preventive procedures should be underpinned by, but not confined to, the following:

- discretion to protect the dignity and privacy of all
- no disclosure of information to parties not involved in the case
- investigation and enactment upon complaints without undue delay
- backing up complaints by detailed information
- involvement of all parties to get an impartial hearing and fair treatment
- consultation with workers
- no toleration of false accusations that may result in disciplinary action
- external assistance as appropriate.

- *Ergonomic principles related to mental workload (European standard: EN ISO 10075)*

Mental stress is defined as: "The total of all assessable influences impinging upon a human being from external sources and affecting it mentally."

Situational influences on mental stress include: task requirements (e.g. sustained concentration, responsibility for others), physical conditions (e.g. lighting, noise), social and organisational factors (e.g. control structure, communication structure, organisational environment), social factors, external to the organisation (e.g. economic situation).

Mental strain is an immediate effect of mental stress. The impairing (short term) effects of mental strain are: mental fatigue and "fatigue-like states" (i.e.: monotony, reduced vigilance, satiation). The document lists 29 task features that influence the intensity of mental workload and are sources of fatigue (e.g. ambiguity of task goals, complexity of task requirements, adequacy of information, ambiguity of information, signal discrimination).

- *Council Directive 90/270/EEC on the minimum safety and health requirements for work with display screen equipment*

It states that employers are obliged to perform an analysis of workstations in order to evaluate safety and health conditions, particularly as regards possible risks to eyesight, physical problems and problems of mental stress.

Key Standards in the Field of Occupational Health and Safety Referring to the Concept of Risk in General

- *Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work*

According to the Directive, employers have "a duty to ensure the safety and health of workers in every aspect related to work." They have to develop "a coherent overall prevention policy." Some important principles are: "avoiding risks", "combating the risks at source", "adapting the work to the individual."

- *European Commission guidance on risk assessment at work*

It states that "Risk assessment is the process of evaluating risks to workers' safety and health from workplace hazards". The five-step approach to risk assessment is promoted:

(1) identifying hazards and those at risk, (2) evaluating and prioritising risks, (3) deciding on preventive action, (4) taking action, (5) monitoring and reviewing.

- *ILO-OSH 2001 guidelines on occupational safety and health management systems*

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

- *ILO Convention 187: Convention concerning the promotional framework for occupational safety and health*

"In formulating its national policy, each Member, (...) in consultation with the most representative organisations of employers and workers, shall promote basic principles such as assessing occupational risks or hazards; combating occupational risks or hazards at source; and developing a national preventative safety and health culture that includes information, consultation and training." "(...) the principle of prevention is accorded the highest priority."

Standards Indirectly Related to Psychosocial Risks

The following additional standards are of relevance to psychosocial risk management and should also be taken into consideration by stakeholders as non-adherence to those regulations can create psychosocial problems at the workplace.

Psychosocial issues	Type of document
Working time	<p>Directive 93/104/EC concerning certain aspects of the organisation of working time</p> <p>C175 Part-time Work Convention (ILO), 1994</p> <p>Directive 97/81/EC concerning the framework agreement on part-time work</p> <p>Directive 99/70/EC concerning the framework agreement on fixed-term work</p> <p>Directive 2002/15/EC on the organisation of working time of persons performing mobile road transport activities</p> <p>Directive 2003/88/EC concerning certain aspects of the organisation of working time</p>
Discrimination	<p>Directive 2000/43/EC and 2000/78/EC prohibiting direct or indirect discrimination on grounds of racial or ethnic origin, religion or belief, disability, age or sexual orientation</p>
Equal treatment for men and women	<p>Directive 76/207/EEC and Directive 2002/73/EC on equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions</p> <p>Directive 2006/54/EC on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation</p>
Young people at work	<p>Directive 94/33/EC on the protection of young people at work</p>
Maternity and related issues	<p>C 183 Maternity Protection Convention (ILO), 2000</p> <p>Directive 92/85/EC on pregnant workers, women who have recently given birth, or are breast-feeding</p> <p>Directive 96/34/EC on parental leave</p>
Informing and consulting employees	<p>Directive 2002/14/EC establishing a general framework for informing and consulting employees in the European Community</p>

APPENDIX 2

DEVELOPING A POLICY FOR THE MANAGEMENT OF PSYCHOSOCIAL RISKS AND THE PREVENTION OF WORK-RELATED STRESS

Over the past years different companies, trade unions, employer associations and national agencies have provided guidelines for the development of organisational policies for the prevention of work-related stress. A policy is often considered as a first step in tackling work-related stress and its negative consequences. What is important though is that any organisational policy is translated into practice at the company level and is evaluated systematically.

An organisational policy for the management of psychosocial risks and the prevention of work-related stress presents a clear message to employees and stakeholders that the company recognises the importance of these issues and is serious about addressing them. As with every other stage in psychosocial risk management, a policy will work best when it is developed through a consultation process with key stakeholders and with appropriate expert support as necessary.

A number of key issues need to be addressed through the policy:

- The policy should clearly define psychosocial risks and work-related stress to avoid misunderstandings.
- The aim and objectives of the policy should be clearly stated as should its link to health and safety legislation.
- The application and use of the policy should be clarified.
- The link of the policy to other organisational policies and practices should be stated.
- The policy should include detail on its operationalisation on the basis of the key stages and principles of psychosocial risk management.
- Implementation issues including responsibilities of key actors and policy evaluation should be discussed.
- The policy should openly address and clarify any ethical issues that are relevant to it.

More specifically, the policy should start with a clear statement that the company is committed to the prevention of work-related stress, the management of psychosocial risks and the promotion of mental health of its employees. Following the definition of key terms (e.g. psychosocial risks, work-related stress), the policy aim and objectives should be stated clearly as well as the link of the policy to health and safety legislation at the European and national levels and the management of any type of risk to workers' health. Mention should also be made to the link of the policy to other policies, practices and systems that the organisation may have, such as human resources and corporate social responsibility.

It should further be stated who the policy concerns and how it will be made available and it will be applied. Most importantly, there should be clarity on the operationalisation of the policy and its implementation. There should be detail on how the organisation will conduct risk assessments and how the data will be used to develop appropriate interventions for risk reduction at the organisational and at the individual level. The policy should state who will be involved and should outline responsibilities of key actors, including managers, health and safety staff, trade union representatives, health and safety committee or representatives and employees.

It is important for the policy to highlight the key role of social dialogue and employee participation in the psychosocial risk management process. Procedures and contact persons in relation to the policy should be outlined. Key indicators that the organisation will use throughout the psychosocial risk management process should be identified. The policy should mention the type of training and guidelines that will be developed and offered to key actors to ensure its proper implementation. It should be mentioned how and how often the policy will be evaluated. Finally, any ethical issues of relevance to the policy should be addressed and discussed and information should be provided on the procedure for them to be tackled.

APPENDIX 3

DEVELOPING A POLICY AND CODES OF CONDUCT FOR THE MANAGEMENT OF WORKPLACE VIOLENCE AND BULLYING

It is the employer's duty to ensure that any case of violence or bullying emerging in the organisation is handled in a fair, ethical and legally responsible manner; ensuring the rights of the targets, as well as those accused. Anti-bullying policies and guidelines for actions are a necessary and suitable tool for both managers and those involved in bullying situations; both in regards to dealing with the situation, and for the prevention and management of the problem. Policies and codes of conduct to prevent and tackle third party violence and bullying at work have been widely drawn up, for example, by organisations/enterprises, trade unions and national authorities. In most organisations policies for the management of workplace bullying and third party violence are separate documents because actions for preventing and tackling bullying and violence by third parties are different.

With a policy the employer demonstrates commitment to tackle violence and bullying at work. A policy makes a clear statement about what an organisation thinks, its relationships with staff and how it expects people to work within its culture. It also makes clear what is considered acceptable behaviour and what will not be tolerated. The policy should recognise that violence and bullying are organisational issues that affect health and safety.

The process of drawing up and implementing a policy and codes of conduct for the management and prevention of violence and bullying is as important as its contents. In order to ensure the success of a policy of this nature, it is crucial that it is developed and implemented jointly in the organisation. Commitment and feeling of ownership in relation to the policy and its actions can best be achieved when a representative working group is instrumental in the policy's formulation and development. The group should include employer, employee and health and safety representatives, personnel administration as well as trade unions. Additionally, the group should consider if an outside expert is required to be involved during the policy formulation process to give a broader perspective and overview.

The objective and purpose of the policies and guidelines in the management and prevention of violence and bullying are in many respects universally the same, however, they differ somewhat between countries and organisations in relation, for example, to the roles and duties of the different actors and the procedures. It is important that the policy reflects the culture and ways of action of the specific organisation. Below are listed some issues that a policy should include but the actual content of the policy must be developed in the specific organisation. The policy should include a clear statement of commitment to tackle the issue, definition and facts about the issue, relevant legislation and regulations, responsibilities and duties of different actors, reporting systems, appropriate procedures to settle specific cases (including informal systems and formal complaints), clear instructions and measures to prevent violence and bullying, as well as ways of supporting and rehabilitating the targets.

The anti-violence and anti-bullying policy and instructions should include:

- A clear statement from management that all types of violence, bullying and harassment are unacceptable
- Description of violence and bullying, with examples of violent and bullying behaviour as well as positive and desired behaviour
- Legislation and/or other regulations in relation to violence and bullying, disciplinary procedures and sanctions
- Responsibilities, duties and roles of management and other actors like: line managers/supervisors, targets, co-workers, occupational health care services, health and safety representatives, health and safety authorities, and trade unions
- The procedures to tackle violence and bullying in the organisation:
 - complaint/reporting procedures
 - dealing with and settling the bullying cases in the workplace
- Clear instructions for the persons experiencing bullying, for the observers, for the persons accused of bullying, and for the supervisors. Instructions how to behave with potentially violent customers, how to behave in a situation when somebody behaves threateningly or aggressively or attacks the employee etc.
- Information on support mechanisms for those involved (targets, bullies), including any organisational rehabilitation programme
- Measures to prevent violence and bullying in the organisation
- Measures to monitor and evaluate the policy
- Details of specific contact persons (in the organisation)

Often the policy document also includes a chapter on the causes and antecedents of workplace bullying.

Successful measures for the prevention and reduction of violence and bullying in workplaces include preparation and activities to reduce the risks of violence and bullying

in the work environment; physical and psychosocial work environment, security devices, the atmosphere in the workplace, organisational culture and leadership practices. Rehabilitation programmes need to include individual support, counselling and/or therapy but the organisation needs also to build a supportive environment to which the person can return.

Implementation of a policy

All employees working in the organisation need to know that the organisation is committed to a policy for the management of workplace violence and bullying. The group needs to think how information about the policy can successfully be distributed to everybody. In connection with the implementation of the policy all staff should also be given basic training on these issues. Training should include: definitions; information about causes and consequences and the escalating nature of the bullying process; legislation and other regulations relating to violence and bullying, as well as description of the policy and instructions. In addition managers and supervisors need to be trained to recognise bullying, and to deal with any cases in a responsible and legally sound manner. The functioning and effectiveness of the policy should be monitored and evaluated in a systematic way. It is best practice to evaluate the process after every case of bullying and the policy on a regular basis (e.g. annually). The policy should also be developed further on the basis of the evaluation when necessary.

The European framework for psychosocial risk management (PRIMA-EF) was developed through funding from the European Commission's 6th Framework Programme. The PRIMA-EF consortium is led by the Institute of Work, Health & Organisations (I-WHO) at the University of Nottingham and involves the German Federal Institute of Occupational Safety & Health (BAuA), the Italian National Institute for Occupational Safety and Prevention (ISPESL), TNO Quality of Working Life – Work & Employment (Netherlands), the Polish Central Institute for Labour Protection (CIOP-PIB) and the Finnish Institute of Occupational Health (FIOH). The consortium is also supported by an Advisory Board including key organisations such as the WHO, the ILO, DG Employment & Social Affairs, DG SANCO, the International Commission on Occupational Health, the European Agency for Safety & Health at Work, the European Foundation for the Improvement of Living & Working Conditions, BUSINESS EUROPE, ETUC, ETUI, ETUI-REHS, UEAPME, CEEP and UNIZO.

PRIMA-EF aims at providing a framework to promote policy and practice at national and enterprise level within the European Union. The need for such a framework is particularly pressing due to recent EU data indicating the high prevalence of psychosocial risks to workers' health and an increase of problems such as work-related stress and workplace violence, harassment and bullying.

For more information on PRIMA-EF please visit: www.prima-ef.org

