Original Article

The Role of Labour Inspectorates in Tackling the Psychosocial Risks at Work in Europe: Problems and Perspectives

Dimitrios Toukas 1,*, Miltiadis Delichas 1, Chryssoula Toufekoula 2, Anastasia Spyrouli 1

1 Occupational Safety and Health District of Central Greece, Ministry of Labour, Larissa, Greece
2 Directorate of Programming, Planning, and Coordination of Health and Safety Inspections, Ministry of Labour, Athens, Greece

A R T I C L E  I N F O

Article history:
Received 29 October 2014
Revised 2 May 2015
Accepted 8 June 2015
Available online 19 June 2015

Keywords:
inspections
labour inspectorates
occupational risk
psychosocial risks
work-related stress

A B S T R A C T

Significant changes in the past year have taken place in the world of work that are bringing new challenges with regard to employee safety and health. These changes have led to emerging psychosocial risks (PSRs) at work. The risks are primarily linked to how work is designed, organized, and managed, and to the economic and social frame of work. These factors have increased the level of work-related stress and can lead to serious deterioration in mental and physical health. In tackling PSRs, the European labor inspectorates can have an important role by enforcing preventive and/or corrective interventions in the context and content of work. However, to improve working conditions, unilateral interventions in the context and content of work are insufficient and require adopting a common strategy to tackle PSRs, based on a holistic approach. The implementation of a common strategy by the European Labor Inspectorate for tackling PSRs is restricted by the lack of a common legislative frame with regard to PSR evaluation and management, the different levels of labor inspectors’ training, and the different levels of employees’ and employers’ health and safety culture.

Copyright © 2015, Occupational Safety and Health Research Institute. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

1. Introduction

The past decades have been characterized by major influential events such as globalization, free movement of capital, the increased use of information and communication technologies, the growth of the service sector, the increase in the aging population, the development of multicultural societies, and economic crisis and recession. These events have directly influenced and created new workplace conditions that are primarily characterized by an increase in the working demands of employees. Such conditions include work flexibility, new types of labor contracts, irregular working schedules, temporary work, work intensification, and an imbalance between personal life and work [1–3]. These changes have consequently significantly increased psychosocial risks (PSRs) in the workplace with an immediate impact on the number of employees experiencing work-related stress.

Because of the aforementioned factors, a large number of international organizations and institutions associated with promoting health and safety at work have planned and developed a range of targeted action plans to deal with problems associated with PSRs in the workplace. In 2010, the European Agency of Health and Safety at Work [4] approved PSRs as a main focus of their activities for 2014.

In addition, in 2010 the Senior Labour Inspectors Committee (SLIC) of the European Union, agreed on implementing an Information and Inspection Campaign on PSRs for 2012. Twenty-seven labor inspectorates from various European countries participated. During the planning and development of the campaign, several problems emerged that created barriers for effectively managing occupational risks because the barriers rendered it difficult to apply strategies characterized by a holistic approach to tackle the PSRs [5–8]. These problems reflect many factors that influence the labor inspectorates’ action frame and the effectiveness of their intervention in tackling the PSRs in Europe. This study will further elaborate on these problems and propose ways for their resolution.

2. Psychosocial risks at work

The term “psychosocial risks” (PSRs) at work has been extensively used in the literature in disciplines such as sociology,
jurisprudence, and occupational medicine. In the field of safety and health at work, the PSRs refer to the occupational risks associated with “those aspects of work design and the organization and management of work, and their social and environmental contexts, which have the potential for causing psychological or physical harm” [9,10].

The main characteristic of PSRs is that they are associated with the experience of work-related stress. Psychosocial risks go hand-in-hand with work-related stress. They are also connected with situations such as violence, psychological harassment, mobbing, intimidation in the workplace, bullying, and burnout [11–13].

According to the literature data, PSRs are associated with negative psychological, physical, and social outcomes that arise from unfavorable organization and management in the workplace and arise from a poor social context at work, which include but is not limited to excessively demanding work and/or insufficient time to complete tasks, conflicting demands and lack of clarity over an employee’s role, lack of involvement in making decisions that affect a worker’s role, psychological or sexual harassment, ineffective communication, poorly managed organizational change and job insecurity, and difficulty in combining work commitments with personal life [8–10].

The European Agency of Health and Safety at Work (EU-OSHA) classifies psychosocial hazards into two categories with regard to their relation to the content and context of work [8,9]. The first category includes psychosocial risk factors associated with the type and the organization of applied work practices. These risks can be categorized into the following groups: (1) factors associated with the type of work, particularly with so-called aversive tasks (i.e., work of low social value); (2) factors associated with an employee’s workload related to the amount of work and the difficulty of work; (3) factors associated with the pace at which work must be conducted and completed, (i.e., the speed at which work has to be completed); (4) factors related to work control (i.e. the way that the work pace is checked by an employee or by engine systems); and (5) factors related to the schedule and shift work.

The second category of PSRs refers to the context of work and includes factors associated with integrating employees into the wider work environment (i.e., macro level). In particular, the context of work includes factors related to the following: (1) the organizational structure and the health and safety culture of the enterprise (e.g., a system of evaluation—reward, career development, system of briefing-training); (2) an employee’s role in the enterprise such as role ambiguity and role conflict; the employee’s responsibility for other people; exploitation of workers, depending on the faculties and dexterities that allocate responsibilities against third parties or the enterprise; (3) social relations such as factors that influence interpersonal work relations; (4) work uncertainty which includes factors related to job insecurity and low wages; and (5) the home—work interface comprising factors related to an employee’s personal life, which can consequently influence a worker’s professional life (i.e. conflict of requirements between family and job demands).

The systemic exposure of employees in the aforementioned factors may adversely affect their health at the physical, behavioral, and psychological/cognitive level. These psychosocial factors have a possible detrimental impact on employees’ physical, mental, and social health [14,15]. In addition, a growing body of evidence indicates a direct role and an indirect role of the psychosocial working environment on organizational health indices (e.g., absenteeism, sickness absence, productivity, job satisfaction, and intention to quit) [16,17]. Longitudinal studies and systematic reviews have indicated that stress at work is associated with heart disease, depression, and musculoskeletal disorders, and there is consistent evidence that high job demands, low control, and an effort—reward imbalance are risk factors for mental and physical health problems; these factors lead to further strains on public spending for increased costs on health care [10,11,15].

Taking into account the aforementioned factors, the efficient risk management of psychosocial risks should be a priority for any enterprise. This requires targeted interventions in the work context and content and the European labor inspectorates could have an important role, which will be discussed later.

3. The legislative framework for psychosocial risks at work in the European Union

In most European countries, there is no specific legislation on PSRs such as legislation for chemical factors, noise levels, or work equipment. However, this does not necessarily mean that there is a legal gap because, for PSRs, many preventive and protective measures regarding the health and safety at work are applied by using appropriate legislation that is applicable to general risks in the workplace.

In general, the European Union Directives 89/391/EEC and 91/383/EEC on the promotion of improvement of employees’ safety and health at work, and the Framework Agreements between the social partners on work-related stress [18] and on violence and harassment at work [19] constitute the common legal base for PSRs.

The reason specialized legislation in Europe for PSRs does not exist can be attributed to the difficulty of legislating specific provisions for working conditions for which the diversity and the causality cannot be covered, except by applying general principles and legal notions. Such general principles even characterize countries (e.g., Belgium, The Netherlands, Denmark, Norway, and Finland) that do have more specific legislative provisions on PSRs.

In addition, “non-legislative provisions” such as the European Framework Agreement on work-related stress and the European Framework Agreement on Harassment and Violence at Work, are characterized by generalities and ambiguities that can be interpreted variously. Articles 5 of the Framework Agreement on Work-related Stress states that employers are obligated to protect their employees from work-related problems by adhering to appropriate collective and individual health and safety measures. However, there is no reference on specific techniques and methods that an employer should adopt for the evaluation and resolution of problems associated with work-related stress.

The European Framework Agreement on harassment and violence in the workplace is even more unclear. For instance, Article 4 states that increasing awareness and appropriately training managers and workers can reduce the likelihood of harassment and violence in the workplace. Enterprises also need to have a clear statement that outlines that harassment and violence at work will not be tolerated. This statement will specify procedures to be followed when applicable cases arise. However, there is no mention of the criteria and the means that could be used to implement these recommendations. The European Framework Agreement is consequently attempting to establish a general framework of preventive actions that can guide changes in an enterprise’s policy on the organization of work (i.e., ergonomics) and the management of human resources (i.e., training, behavioral code, and conflict management). They will not however, refer to techniques and procedures that should be adopted. It is evident that there is a lack of a legislative framework that clearly defines how PSRs are assessed and managed and this is reflected in the way the European labor inspectorates act on this issue.

4. Inspection framework of the psychosocial work environment in Europe and affecting factors

Labor inspections conducted in various European countries to undertake problems connected with PSRs are not uniform and
present small or large differences, primarily with regard to applied strategies. Very often these strategies are characterized by interventions that are focused on singular problematic situations (e.g., work intensification, monotonous and repeated work), which have doubtful effectiveness (i.e., the traditional inspection model).

By contrast, applied strategies are based on a holistic approach of working conditions, adopting wider and cooperative methods and techniques that can simultaneously evaluate specialized working conditions and examine the common aspects and interconnections between problems reported at a personal, interpersonal, and organizational/ergonomic level (i.e., the modern inspection model). Tackling PSRs in the workplace through a holistic approach seems to be more effective. This is the reason for consolidating the holistic approach in recent guidelines issued by international organizations that deal with work health and safety [5–8,13].

In light of these facts, it is evident that, although the role of labor inspectorates in tackling PSRs in European countries is not considerably differentiated and is characterized by a common goal (i.e., the improvement of the psychosocial work environment), substantial differences exist in the ways to achieve this goal.

The action frame of labor inspectorates from different countries consequently outlines small and/or large differentiations with regard to the type and degree of inspectors’ interventions of the working conditions and their effectiveness.

These differentiations are primarily the result of variant legislative frameworks for PSRs, which determine the actions of the inspectorates in European countries and influence each country’s understanding of the impact of PSRs on the working environment and on employees’ health.

In North European countries such as Finland, The Netherlands, Sweden, Germany, and Denmark, the PSR inspections at workplaces are in general primarily based on interventions related to the verification of the reliability and validity of the PSR assessment and its compliance and implementation by the employer (i.e., the compilation and implementation of a PSR assessment is an employer’s obligation).

These inspections are based on risk analysis of working conditions conducted by the labor inspector. The enterprise’s PSR assessment is checked for reliability and validity by the labor inspectors who constitute the compass that directs their actions and interventions.

However, in other European countries such as Austria, United Kingdom, Italy, France, Spain, and Greece, the PSR inspections are based on the dominant perception that the surveillance and control of the working conditions should be focused primarily on the PSR management process by the enterprise (i.e., the inspection concerns are on the existing preventive and protective measures but the process does not give great importance to the results of risk assessment). In this situation, the risk assessment constitutes a tool that is used by the labor inspectors to achieve an overall viewpoint of the working conditions in the various sectors of the enterprise, without the need to prove its validity and reliability [20].

The diversity of the framework action of the European labor inspectorates became evident during the European SLIC 2012 campaign, which had the objective of assessing PSRs in the health and welfare sector, transport sector, and services sector.

The results of the campaign revealed a rough image of the working conditions in Europe in relation to the PSR factors and the existing action framework used to tackle them. The results were of particular importance because of the fact that a European inspection campaign for PSRs was performed for the first time.

However, it is questionable whether this picture reflects the actual state of working conditions. During the planning and performance of the campaign, it was evident that several factors affected the reliability and validity of the results. Such factors included the sample size of the employees that were examined in relation to the total sample (i.e., homogeneous employee sample) and the type of PSR assessment method. In particular, as to the type of PSR assessment methods, each country could choose one or more of the proposed risk assessment tools (e.g., questionnaires, checklists); however, the tools differ in their qualitative and quantitative resolution. These tools could be used separately or in combination with other risk assessment methods such as a personal interview or team interview (i.e., focus group).

Thus, the action framework of the European labor inspectorates could vary greatly from country to country, based on the employee sample size and the type of tools and PSR assessment methods adopted. This differentiation of the action framework of the labor inspections was the “weak” point in the planning and the performance of the campaign that affected the reliability of the results of each country primarily in their comparative examination.

Apart from the action framework of European labor inspectorates, two additional factors directly and indirectly influenced the efficiency of PSR workplace inspections concerning, respectively, (1) the level of training and qualifications of labor inspectors and (2) the level of culture in health and safety of employees and employers of each country.

With regard to the labor inspectors’ competence in the assessment of PSRs, the European SLIC 2012 campaign results indicated that, among 27 countries that participated in the campaign, four countries revealed that 75% of inspectors had the necessary skills and ability to conduct the research, fifteen countries had ~25% qualified inspectors, and five countries declared that they had no inspectors with the required skills and competencies [12].

These data suggest that in European countries have great inconsistencies in the training of their labor inspectors (on a theoretical and practical level), which create gaps in the planning and implementation of a uniform and consistent European strategy in tackling the PSRs.

The literature data indicate that cultural, social, and economic factors can influence attitudes and behaviors that employees and employers adopt, and influence how they perceive and cope with occupational risks at work [21–23]. According to a recent report by the European Agency for Safety and Health at Work [24], disregarding these factors can have repercussions on the efficacy of occupational risk assessment and management. These repercussions could be avoided if the enterprises adopted a participative approach in the treatment of occupational risks and constructively utilize cultural diversity as a resource for learning, change, and renewal [24–26].

Therefore an enterprise’s adaptability to the needs of a culturally heterogeneous workforce that emphasizes the creation of a “healthy organizational climate” constitutes a key factor for improving safety and health in the workplaces.

The term “culture of health and safety at work” refers to the attitudes, beliefs, and perceptions shared by natural groups as defining the norms and values that determine how they act and react in relation to risks and risk control systems [27]. Taking into account the cultural, social, and economic diversity of European countries and their influence on the configuration of employee’s and employer’s health and safety culture at work, it is obvious that the level of culture in health and safety at work can impact the effectiveness of interventions in tackling the PSR, especially when these interventions require the active participation of employers and employees [22,28].

Although, for the above mentioned reasons, there are objective difficulties for a comparative characterization of the level of employer’s and employee’s health and safety at work, an indirect general picture of the culture of health and safety at work in Europe
can be acquired by examining the policy context of enterprises for health and safety at work issues.

Many studies in the literature indicate that the average number of enterprises that incorporate health and safety at work in their policy is greater in countries that are characterized by a high socioeconomic and cultural level [24,29,30]. Because of the assumption that the health and safety culture in the workplace is directly related to the existence of a health and safety policy in an enterprise, it can generally be concluded that employees from countries with different socioeconomic and cultural levels are characterized by different levels of health and safety culture at work. These differences among European countries constitute an inhibitory factor on the application of a common strategy to tackle PSRs completely and effectively at work [7,31].

5. Is the improvement in the tackling of psychosocial risk at work feasible? Proposals and perspectives

The tackling of PSRs in the workplace by European labor inspectorates is not conducted in a uniform manner and varies from country to country because of factors such as (1) the different legislative background of each country, which determine a labor inspector’s intervention framework; (2) the different levels of a labor inspector’s training; and (3) the different levels of health and safety culture of employers and employees. These differences constitute barriers in the implementation of a holistic approach in tackling PSRs in accordance with the guidelines and directives of international organizations dealing with health and safety at work [5,8,13,14,24].

To overcome these barriers, the European labor inspectorates need to adopt and implement a single and common inspection strategy concerning their role in tackling PSRs at work. This inspection strategy should (1) examine the common aspects and the interconnections between problems caused by PSRs by means of intervening collectively at interpersonal, organizational, and ergonomic levels, and (2) contribute to the mitigation of differences regarding the level of health and safety culture of each country’s workforce. To effectively tackle PSRs at work, targeted interventions are required that focus on the working conditions (i.e., content and context of work) and not on the individual. Contingent interventions at the individual level should not replace actions at the collective level because interventions aimed exclusively to the individual seem not to be effective in the medium term or in the long term for both the employee and the enterprise. For enterprises characterized by great organizational complexity, these interventions should be carefully planned in advance and implemented progressively with regard to the content and context of work. It is well documented that interventions characterized by large and sudden changes (i.e., primary interventions) can very likely constitute new PSRs [32,33].

However, to improve the working conditions, unilateral interventions in the context and content of work are insufficient, and require strong support of these interventions by employees and enterprises’ management [32,34]. The results of the SLIC 2012 campaign showed that a significant percentage of enterprises’ management do not consider the existence of PSRs in their work environment, whereas most management workers who did acknowledge them did not deem it necessary to tackle PSRs [12]. As a result, the European scientific community has indicated the importance of PSRs in the working environment and accepted that the PSRs constitute an important challenge for health and safety at work, although employers have yet to acknowledge these important points.

It is crucial to adopt a strategy that would consequently emphasize the participation of employees and employers in procedures focusing on the tackling of PSRs. In particular, the involvement of an enterprises management executives in tackling PSRs at work is very important (1) because they constitute the vectors of changes (i.e., they decide on any changes that take place in the enterprise’s policy) and (2) because their participation implies that they are interested in the existing workplace problems and thereby encourages employees’ participation [35,36]. Employees’ participation in the procedures is also essential for the effectiveness of interventions because they constitute a source of useful information for the identification of problematic situations at work, and the validity and reliability of the PSR assessment [17]. However, the employees’ participation should not be just a typical procedure but an essential one that takes place in a climate of confidence about the effectiveness of the actions and is based on the conviction that the outcome will improve the working conditions [32].

Taking into account the aforementioned factors, a reasonable question emerges: how can the active participation of employees and employers in tackling of PSRs be achieved and how can labor inspectorates facilitate this transition? The answer can be provided by guidelines for PSRs issued by international organizations of work health and safety. To have the active participation of employees and employers in tackling PSRs and in raising awareness and familiarity with psychosocial factors and the problems they cause to the work environment are necessary. This can be achieved by the implementation of differentiated periodic training actions to the employees and the employers [7,13,16,23,31,33]. The involvement of labor inspectorates can have a crucial role in the effectiveness of these actions because, apart from direct interventions in the working conditions during the inspection visits, they can (1) have a mediating role between employees and an enterprise’s management staff with regard to safety and health issues and (2) help employees and employers—through information, guidance, and encouragement—to establish a new concept (i.e., perception) for tackling occupational risks, based on adopting safe behavior at work, and using their active participation to resolve problematic situations at the workplaces [37]. In particular, for employees to participate actively in the PSR tackling procedure, they should be able to recognize problematic working conditions and be aware of the impact that exposure to these psychosocial factors has on their health. They should also be informed about the causes of work-related stress, burnout, and psychological harassment, and about the goals and benefits to be obtained from the PSR assessment process.

Furthermore, it is necessary to clarify that their participation in the PSR assessment process does not intend to attribute the responsibility for the existing problems in the workplaces to other employees, but the goal is to assist in the design of an appropriate intervention plan to tackle them.

By contrast, for employers and enterprises management executives to participate actively in the procedures, it is necessary to understand that working conditions cannot be improved without altering existing balances to perceive the necessity for potential changes in the enterprise’s organization and policy and to be convinced that these changes are intended to benefit employees and the enterprise [28,31,33].

In conclusion, it is apparent that for effectively tackling PSRs at workplaces, especially with continuously changing working conditions and increased demand for workers to meet the set objectives, it is necessary to adopt a common strategy to tackle PSRs, adopt a common communication language between employers and employees, and create a common action framework for European labor inspectorates that are oriented towards a holistic approach to tackle PSRs at work. The latter implies the systematic training of labor inspectors regarding the inspection techniques and
coordinated modifications of the legislative tools used by labor inspectors so that the legal aspect of their interventions at the organizational, ergonomic, interpersonal, and potentially individual levels are guaranteed.

However, the interventions of labor inspectors’ in work content and work context will not have the desired result without being accompanied by differentiated training for employers and employees to ensure their active participation in occupational risk management, which is essential in holistically tackling PSRs at work.

Conflicts of interest

All contributing authors declare no conflicts of interest.

References

[1] European Agency for Health and Safety at Work (EU-OSHA). OSH in figures: stress at work—facts and figures. European Risk Observatory Report. Luxembourg: Office for Official Publications of the European Communities; 2009.
[2] Michie S. Causes and management of stress at work. Occup Environ Med 2002;59:67–72.
[3] Benach J, Mutaner C. Precarious employment and health: developing a research agenda. J Epidemiol Community Health 2007;61:276–7.
[4] European Agency for Safety and Health at Work (EU-OSHA). Workplace violence and harassment: a European picture. Luxembourg: Publications Office of the European Union; 2010. p. 16–25.
[5] Benach J, Mutaner C. Precarious employment and health: developing a research agenda. J Epidemiol Community Health 2007;61:276–7.
[6] European Agency for Safety and Health at Work (EU-OSHA). Management of psychosocial risk assessment: a SLIC inspection campaign. SLIC Final Report. Luxembourg: Office for Official Publications of the European Communities; 2007.
[7] Cox T, Griffiths AJ, Barlow CA, Randall RJ, Thomson LE, Rial-Gonzalez E. Organizational interventions for work stress: a risk management approach. 1st ed. Sudbury (UK): HSE Books; 2000. p. 1–61. Research Report 286/2000. Available from: http://www.hse.gov.uk/research/crr_pdf/2000/crr00286a.pdf.
[8] Leka S, Cox T, Zwetsloot G. The European Framework for Psychosocial Risk Management PRIMA-EF. In: Leka S, Cox T, editors. The European framework for psychosocial risk management PRIMA-EF. Nottingham (UK): 1-World Health Organization Publications; 2008. p. 1–16.
[9] Leka S, Jain A. Health impact of psychosocial hazards at work: an overview. Geneva (Switzerland): World Health Organization (WHO); 2010.
[10] European Agency for Health and Safety at Work (EU-OSHA). Expert forecast on emerging psychosocial risks related to occupational health and safety. Luxembourg: Office for Official Publications of the European Communities; 2007.
[11] Cox T, Griffiths A, Rial-Gonzalez E. Research on work-related stress. Luxembourg (Luxembourg): European Agency for Safety and Health at Work; 2000.
[12] Dollard MF, Skinner N, Tuckey MR, Baile T. National surveillance of psychosocial risk factors in the workplace: an international overview. Work Stress 2007;21:11–29.
[13] Emanssen S. Harassment and bullying at work: a review of the Scandinavian approach. Aggress Violent Behav 2000;5:379–401.
[14] Toukas D, Delichas M, Karageorgiou A. Definitions and causative factors of psychological violence in the workplace and their role in the risk assessment of mobbing. Arch Hellen Med 2012:29:162–73.
[15] Bonde JP. Psychosocial factors at work and risk of depression: a systematic review of the epidemiological evidence. Occup Environ Med 2008;65:438–45.
[16] Tennant C. Work-related stress and depressive disorders. J Psychosom Res 2001;51:697–704.
[17] Ivanímková M, Head J, Ferrie JE, Shipley MJ, Vahtera J, Marmot MG. Sickness absence as a global measure of health: evidence from mortality in the Whitehall II prospective cohort study. BMJ 2003;327:364–6.
[18] van den Berg T, Elders LA, de Zwart BC, Burdorf A. The effects of work-related and individual factors on the Work Ability Index: a systematic review. Occup Environ Med 2009;66:211–20.
[19] Framework agreement on work-related stress [Internet]. Bilbao (Spain): European Agency of Health and Safety at Work. 2004. Available from: https://osha.europa.eu/data-links/framework-agreement-on-work-related-stress.
[20] Framework agreement on violence and harassment at work [Internet]. Brussels (Belgium): European Trade Union Institute (ETUI); 2007 [cited 2015 Jun 19]. Available from: http://www.worker-participation.eu/EU-Social-Discussion/Interprofessional-ESD/Outcome/Framework-agreements/Framework-agreement-on-violence-at-work-2004.
[21] Framework agreement on violence and harassment at work [Internet]. Brussels (Belgium): European Trade Union Institute (ETUI); 2007 [cited 2015 Jun 19]. Available from: http://www.worker-participation.eu/EU-Social-Discussion/Interprofessional-ESD/Outcome/Framework-agreements/Framework-agreement-on-violence-at-work-2007.
[22] Velázquez M. Ispettorati del lavoro europei affrontano I rischi psicosociali [Internet]. Molletta. (Italy): Società Nazionale degli Operatori della Prevenzione; 2012 [cited 2013 Oct 21]. Available from: http://www.snop.it/attachments/article/184/velazquez.pdf [in Italian].
[23] Psychosocial risk assessments, a SLIC inspection campaign, SLIC final report [Internet]. Committee of Senior Labour Inspectors (SLIC); 2012 [cited 2013]. Available from: http://www.av.sv/dokument/inenglish/European_Work/Slic_L/2012/Slic2012_Final_report.pdf.
[24] Griffin MA, Neal A. Perceptions of safety at work: a framework for linking safety climate to safety performance, knowledge, and motivation. J Occup Health Psychol 2000;5:347–58.
[25] Jain A, Leka S, Zwetsloot G. Corporate social responsibility and psychosocial risk management in Europe. J Bus Ethics 2011;101:519–33.
[26] European Agency for Safety and Health Work (EU-OSHA). Diverse cultures at work: ensuring safety and health through leadership and participation. Luxembourg (Luxembourg): Publications Office of the European Union; 2013.
[27] Melin B. Towards a cognitive working life. Paper presented to: SLIC Inspection Campaign 2012: Psychosocial Risks Final Conference, Kista, Sweden (March); 2013.
[28] Williamson AM, Feyer AM, Cairns D, Biancottii D. The development of a measure of safety climate: the role of safety perceptions and attitudes. Saf Sci 1997;25:15–27.
[29] Hale AR. Culture’s confusions. Saf Sci 2000;34:1–14.
[30] Leka S, Jain A, Madronico N, Erlel M, Jain A, Leka S. Organizational interventions for work stress: a risk management approach. 1st ed. Sudbury (UK): HSE Books; 2000. p. 1–61. Research Report 286/2000. Available from: http://www.hse.gov.uk/research/crr_pdf/2000/crr00286a.pdf.
[31] Leka S, Cox T, Zwetsloot G. The European Framework for Psychosocial Risk Management PRIMA-EF. In: Leka S, Cox T, editors. The European framework for psychosocial risk management PRIMA-EF. Nottingham (UK): 1-World Health Organization Publications; 2008. p. 1–16.
[32] Leka S, Jain A. Health impact of psychosocial hazards at work: an overview. Geneva (Switzerland): World Health Organization (WHO); 2010.
[33] European Agency for Health and Safety at Work (EU-OSHA). Expert forecast on emerging psychosocial risks related to occupational health and safety. London (UK): British Standards Institution. PAS 1010: guidance on the management of psychosocial risk management framework. SALTSA report. Nottingham (UK): 1-World Health Organization Publications; 2008.
[34] Toukas D, Touka A. Analysis and management of occupational stress in the hospital environment: from scientific approach to practical application. Arch Hellen Med 2011;28:20–6.
[35] British Standards Institution. PAS 1010: guidance on the management of psychosocial risks in the workplace. London (UK): British Standards Institution; 2011.
[36] Rick J, Briner R. Psychosocial risk assessment: problems and prospects. Occup Med 2000;50:310–4.
[37] Cooper MD. Towards a model of safety culture. Saf Sci 2000;36:111–36.
[38] European Agency for Safety and Health at Work (EU-OSHA). Management leadership in occupational safety and health [Internet]. Bilbao (Spain): EU-OSHA; 2012 [cited 2013 Dec 4]. Available from: https://osha.europa.eu/en/tools-and-publications/publications/reports/management-leadership-in-OSH_guide.
[39] Atkinson W. Behavior-based safety. Manage Rev 2000;45(3):41–6.