the Occupational Health Psychologist

Newsletter of the European Academy of Occupational Health Psychology

eaohp

EAOHP 2014 conference - date for the diary

The European Academy of Occupational Health Psychology would like to invite you to London, described by many as the 'Cultural Capital of the World', to attend the 11th conference of the European Academy of Occupational Health Psychology. The event will take place over three days, **14-16 April, 2014**, in central London.

Confirmed keynote speakers include: Professor Tom Cox, Professor Eva Demerouti, Professor Robert Karasek and Professor Johannes Siegrist.

More information including details of venue, draft programme, key dates and call for papers will soon be available on the conference website:
http://www.eaohp.org/conference.html

London 2014

European Academy of Occupational Health Psychology

14-16 April 2014, London, United Kingdom

CONTENTS

Editorial

We would like to welcome all our readers to the latest edition of the Occupational Health Psychologist.

We begin this edition with news of the next EAOHP conference. This will take place in April, 2014, so please mark that in your diaries for next year. The venue is London, and more information will be available in due course on the conference website: http://www.eaohp.org.conference.html

Our interview in this edition is with Gerard Zwetsloot, Senior Scientist at the Netherlands Foundation for Applied Scientific Research and Honorary Professor at the Institute of Work, Health and Organisations (IWHO) at the University of Nottingham. He tells us how he became interested in the field of occupational health psychology, what his current interests and activities are, and more broadly, what issues he sees as important in the discipline.

In a research report, Simon Easton and Darren Van Laar write about the development of a Work-Related Quality of Life Scale. From early this year, the scale and its associated user manual have been available free of charge, courtesy of the University of Plymouth.

Our 'Focus on Practice' interview is with Peter Kelly, who is a psychologist with the UK Health and Safety Executive. We hope that this will be informative and inspirational to those of you who are studying OHP and considering career choices in the professional field.

In this edition, we report on a new policy development. Ian Arnold writes about the development in Canada of a voluntary national standard on psychological health and safety in the workplace. This was launched in January 2013. Ian was a Member of the Standard Project Review and Technical Committees.

Our 'Research in progress' report relates to the changing landscape of OSH regulation in the UK. David Hollis describes a research project that is currently underway at the University of Nottingham. Here the results of the first two stages of the study are discussed.

Two recently published books are reviewed in this edition, by Jonathan Houdmont and Paul Flaxman. These are: 'Improving Organizational Interventions for Stress and Wellbeing', edited by Biron, Karanika-Murray and Cooper, and 'The Mindful Workplace: Developing Resilient Individuals and Resonant Organizations with MBSR' by Chaskalson.

Remember, this is your newsletter, and we are happy to receive your suggestions, contributions or feedback!

Sue Cowan and Jennie Guise, Editors

On behalf of the Editorial Team

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Gerard Zwetsloot

Gerard Zwetsloot is Senior Scientist at the Netherlands Foundation for Applied Scientific Research (TNO). He is also Honorary Professor at the Institute of Work, Health and Organisations (IWHO) at The University of Nottingham. In this interview, he discusses how he came to work in the field of occupational health psychology, his research, and his views on key challenges and the future development of the discipline

How did you first become interested in occupational health psychology?

Let me first say that I am not an occupational health psychologist through initial education. I did my masters in chemistry (1975) and, nineteen years later (1994), I did my PhD in social science on the joint management of working conditions, environment and quality, and the associated search for synergies and organizational learning. My first interest in occupational health psychology was triggered by the relevance of organizational learning processes for successful management of occupational health and safety, the learning between similarly structured management processes (health, safety, environment and quality) and the interaction with organizational development. As a result, I had two supporting professors. One, Jacques Allegro, was an organizational psychologist who specialized in what we now call occupational health psychology. The other was Ina Hommes, a sociologist, who specialized in research methodologies, and the social aspects of environmental problems. Throughout my career I have worked in interdisciplinary projects and in multidisciplinary teams. To be honest, I do not see myself as somebody with a discipline specific identity, like 'occupational health psychologist', but rather as an interdisciplinary social scientist, with a great interest in occupational health psychology. I fully acknowledge the great relevance of occupational health psychology in an era in which the importance of psychosocial factors in the decision-making and behaviour of all key actors involved in managing work and health is increasingly recognized. At the same time, psychosocial risks form a key occupational health challenge. Work organization and organizational culture are important contexts for OSH in general. On top of this, there is the societal challenge of making the transition to a knowledge society, in which creativity and innovation are key.

What are your current activities and in which area of OHP are you most interested?

I am presently Senior Research Scientist, at the Netherlands Foundation for Applied Scientific Research, TNO. I work in the Institute for Work and Employment, in the research group for Safe and Healthy Business. I am also Honorary Professor at the Institute of Work, Health and Organisations (IWHO) at The University of Nottingham.

I will focus here on my activities at TNO, as I assume the activities of IWHO are well-known among EAOHP members. My main activities are research and development, and strategic consultancy. Two themes are presently central in my work.

The first is mainstreaming occupational health and safety into business management and policies. At the organizational level, this addresses the challenge of how OSH can become a natural part of the core activities of organizations. This requires emphasizing the business benefits, the benefits for leadership, and the motivation of managers and workers. It also requires emphasizing the meaning of OSH at a more strategic level, and the link with corporate social responsibility. Nowadays, the focus of OSH is often on operational health and safety problems, and it is not very likely that this will motivate management to pay attention to OSH at the structural level. Indeed when the main problems are solved, the motivation to further improve OSH will be reduced; then OSH gets a low priority. I regard OSH problem-solving as a satisfier, not a motivator for management. The better option is to identify the challenges for the organization for the coming three to five years (not forgetting the link with the corporate social responsibility agenda), then to identify what challenges that implies for work and health, and then to develop what I call 'strategic OSH management', which simultaneously serves OSH goals and the aims of organizational development.

At the macro level (national or sector) we see that discourses on OSH usually address labour market issues, including the need for jobs that support innovation, and healthcare costs (i.e. economy, employment and public health). So the main discourses at these levels are not primarily about solving

occupational health problems or about OHP. In fact, that seems the method rather than the aim. That variation in the OH(P) discourse is an interesting phenomenon, and it is clearly a challenge for occupational health psychologists to contribute to such discourses successfully.

The second central theme in my work, which is closely related to mainstreaming, is the development and implementation of an organizational culture that stimulates (primary) prevention and promotion of OSH. In the area of occupational safety, it is now rather common to pay attention to the development of a 'safety culture'. However, safety culture should always be regarded as an aspect of the organizational culture, and in my opinion, organizational culture is just as relevant for occupational health. It is, therefore, important to pay attention systematically to the (core) values in the organization, and to organize dialogues around the importance of safety and health at work.

Thus, one of my recent interests is the development of 'commitment strategies', well-known in human resource management, and in my view, increasingly important in the area of occupational health and safety. Within the project group on Safety Culture of the Partnership for Occupational Safety and Health (PEROSH) we came to realize the importance of the 'zero accident vision' as a trigger for the development of a commitment strategy for occupational safety, i.e. a strategy whereby a long-term goal (zero accidents) is the key focus, instead of the operational management of OSH risks. Interestingly, this strategy does not stem from research, but was developed in industrial practice, inspired by other zero goals, such as 'zero defects' (quality), and 'zero waste' (both environmentally and economically, i.e. lean). This implies that it is still a new area to be explored in research. It is also important to note that the zero accidents or zero harm goals are the only ethically sustainable goals; they are relevant for business ethics, which is an important dimension of corporate social responsibility.

How big is your department, and who are the leading researchers?

Within TNO Work and Employment, we now have around 130 people, mostly researchers, but also consultants. We earn around seventy per cent of our turnover from national or European government, national or international businesses, or national or European research funds.

I would like to mention the work of three colleagues, in particular: Irene Houtman, Roland Blonk and Jop Groeneweg.

Irene Houtman is involved in many large scale projects on psychosocial risks at work, mental health at work, the prevention of psychosocial risk and stimulating return to work, both in national and European research projects. At the European level she has been involved in the projects PRIMA-EF, Stress Impact, and Emerging OSH risks.

Roland Blonk is a leading researcher on employability and social cohesion, focusing on (long term) unemployed and workers with low educational attainment. The aim of his research is to develop evidence-based interventions and instruments to enhance participation of those outside the workforce, and to enhance horizontal and vertical employability of workers with low level skills, or low levels of educational attainment.

Jop Groeneweg is well-known in the area of occupational safety for his research on reduction of human error, and the development of the TRIPOD methodology for accident prevention with a strong focus on the oil and gas industry.

Could you describe some of the OHP projects in which your department has been, and is currently, involved?

We participated in the well-known PRIMA-EF project. My colleague Irene Houtman led the 'monitoring' aspect. My personal contribution was twofold: exploring the close link between psychosocial risk management and corporate social responsibility, and in close cooperation with Stavroula Leka and Tom Cox from IWHO, developing the general PRIMA-EF model for psychosocial risk management.

In our Safe and Healthy Business team we have a range of activities that focus on the development, implementation and evaluation of organizational cultures that promote safety and health. With my colleague Linda Drupsteen we investigate the conditions for a successful process of 'learning from incidents' (i.e.: making sure the learning potential of incidents is optimally used, which is more conducting an incident investigation, and defining some lessons learned). With my colleague Arjella van Scheppingen, I do research on the development, implementation and evaluation of a culture in which self-steering and self-determination is promoted. The underlying assumption is that it is important for every person, to align his or her values and interests optimally with those of the organization, to be able to do meaningful work based on their intrinsic motivation. This often requires innovative leadership and the development of a culture within which local initiatives are encouraged. This research focuses on the development and evaluation of methodologies for such interventions, and the benefits for the organization and the people involved.

What are the current issues of importance in OHP?

Well, let me give some food for thought for the profession, including the opportunities and challenges that I see as important.

I am increasingly interested in what I call 'implicit OSH management'. We are all convinced that good psychosocial risk management, and good OSH management in general, is good business. In the PRIMA -EF model it is clarified that, at the company level, the psychosocial risk management cycle is interacting with normal production activities (design, development and operation of work and production). Both have an impact on the same types of outcomes (innovation, productivity and quality, the quality of work, workers' health, and societal outcomes (e.g. healthcare costs). In principle, this means that through carefully designed and managed work and production processes, good health outcomes can be achieved, even without (explicit) psychosocial risk management. The question is then, what characteristics of good work and production are good for health and wellbeing at work?

Another issue I would like to draw attention to is the limitations of the dominant risk management paradigm in light of complexity, uncertainties and ambiguities. Risk problems associated with complex (eco) systems, and the implications of new technologies, have led to discourses on the precautionary principle. As an outcome of these discourses, the risk governance paradigm has been developed, in which it is recognized that (scientific) uncertainties, complexities and ambiguities imply conditions in which the normal risk management paradigm is not valid (see http://www.irgc.org/, and Renn (2008) 'Risk Governance: Coping with Uncertainty in a Complex World'). In my opinion, psychosocial risks and psychosocial risk management processes are often associated with (organizational) complexities, and ambiguities and practical uncertainties about the meaning and impact of the psychosocial hazards. Therefore, it would be valuable for the OHP profession to explore the risk governance paradigm. Several of the factors that hinder the wider acceptance and implementation of psychosocial risk management may stem from the fact that OHP experts practically always implicitly follow the traditional risk management paradigm (implicitly assuming that the risk can be measured objectively and fully understood), even when it is not fully valid.

One of the somewhat philosophical issues that fascinates me is the following: a good friend of mine, the late professor Henk Gazendam was a pioneer in logical conceptual analysis, specification, and formalization of organizational theories. In his PhD study, he compared different organizational theories, associated with the 'images of organization' based on Morgan's well-known book 'Images of Organization'. To his surprise and disappointment, one of the things he found is that the 'mechanical' view of organizations, i.e.

neo-Taylorist theories, allow much better predictions of the effects of changes, developments and interventions compared to, for instance, the 'brain metaphor', and theories of organizational learning. Indeed, in Taylorism, the cause and effect chains are more linear and transparent prior to any change or intervention, so that the effects can be predicted better than when people are assumed to learn collectively, and instead use their creativity to develop more effective ways to handle problems. In my view this can be regarded as an often overlooked strength of the Taylorist paradigm. Another implication is that experimental research (RCTs) is more compatible with the Taylorist paradigm than paradigms based on non-linear cause and effect, e.g. via self-steering, self-control, self-organization and learning. Though this may not be visible in individual RCTs, this may imply that the body of knowledge based on RCTs is likely to be biased towards the Taylorist paradigm. As we know, from a psychosocial risk point of view, Taylorist work organizations usually have significant disadvantages. Thus, a major challenge is to develop alternative research designs that are scientifically just as sound, but that do not have such an implicit bias.

How do you think the profile of the discipline could be raised?

From my perspective, the relevance of psychosocial factors to the management of occupational health and safety in general (not only for psychosocial hazards) should be a major topic for the discipline, which is not yet the case. The understanding of occupational health psychological factors in relation to OSH problems and challenges, which are not associated with psychosocial risk, is certainly a major challenge. In occupational safety, it is already widely acknowledged that when technology and safety organization are at a certain level, the remaining challenges are in safety awareness and behaviours of managers and workers, and in creating an organizational culture that promotes safety. I expect similar psychosocial issues to also play an increasing role in the discourses around most other occupational health issues, e.g. about dealing responsibly with chemical substances, physical workload, noise or workplace health promotion, and a range of other occupational health areas.

What advice would you give to those early in their OHP careers?

Make sure you understand the broader OSH area, as well as psychosocial risk management as such, because the meaning of psychosocial factors in managing and improving OSH has relevance beyond that. Make sure you understand how organizational change can be managed, and what change means for people in the workplace. Don't be afraid to draw on arguments relating to values and ethics for tackling occupational health problems, or for explaining the relevance of OHP from an economic point of view.

The Work-Related Quality of Life Scale: A free-to-use survey measure for use in organizations

By Simon Easton and Darren Van Laar

The concept of Quality of Working Life (QoWL) refers to someone's work experience in the broadest sense. The QoWL of an individual can be seen as being influenced by both their experience of work and by various other factors that affect that experience. Thus, organizational policies, personality, feelings of general wellbeing, working conditions and many other factors have all been proposed as playing a part in an individual's assessment of their Quality of Working Life. Within this broader conceptualization, QoWL is influenced by job satisfaction, for example, as well as factors that broadly reflect life satisfaction and general feelings of wellbeing.

There is mounting evidence that indicates that improvements to employee's quality of working life can have a range of benefits. Tasho, Jordan & Robertson (2005) reported, for example, the results of a study by the UK's Somerset County Council who conducted a study to improve the QoWL of their employees as part of their endeavours to reduce levels of workplace stress and sickness absence. It was estimated that sickness absence levels fell from 10.75 days in 2001-02 to 7.2 days in 2004-05. It was calculated that this represented a total net saving of some £1.57 million over two years.

Simon Easton

Whilst addressing QoWL might help keep workers working, there are also studies which link QoWL with productivity. Judge et al. (2001), for example, in a meta-analysis of 312 studies, found a correlation of 0.30 between QoWL-related factors including job satisfaction and self-reported productivity, while the Finnish workplace development programme (Ramstad, 2007), provided additional support for the proposition that quality of working life and performance are closely linked.

While attention to QoWL can, therefore, be seen as relevant to best practice in the management of human resources, this focus is not voluntary; in the UK the assessment of psychosocial hazards is required under health and safety legislation. Indeed, the concepts of QoWL have been considered in some depth in the context of psychometric analysis of the Health & Safety Executive Management Standards Work-Related Stress Indicator Tool (Edwards et al., 2008).

Until now, there have been almost as many ways of conceptualizing QoWL and measuring it as there have been publications with the term in the paper title. Researchers at the University of Portsmouth in the UK have developed a scale over the last ten years or so that has expanded and combined other models of QoWL from the literature, in an endeavour to unify and refine the key theoretical approaches to QoWL. On the basis of that research, which was originally based on a large sample of staff employed by the UK's National Health Service, six independent psychosocial factors were identified as contributing to QoWL (Van Laar, Edwards, & Easton (2007). These six factors are assessed by the 23-item Work-Related Quality of Life (WRQoL) scale. The factors are: Job and Career Satisfaction (JCS), General Wellbeing (GWB), Stress at Work (SAW), Control at Work (CAW), Home-Work Interface (HWI) and Working Conditions (WCS). More recent research has confirmed the validity of the scale factors in other samples (Edwards et al., 2009).

To date, the WRQoL scale has been used in many types of organization across the world by over 250 researchers, and has been translated into several languages. The WRQoL factor sub-scales can help organizations identify and understand the issues affecting the experience of their employees within a

wider context of work and individual factors, and in relation to the inter-relationship of these various factors. That detailed information is key to developing an understanding of the direct and indirect influences on employees' experience of working so that interventions can be targeted appropriately. Thus, rather than simply providing stress management courses, effective attention to the causes of stress and strain might better be focused on issues associated with perceptions of control at work or the home-work interface.

The new WRQoL User Manual now provides researchers, organizations and consultants with a detailed description of the theoretical background to the WRQoL scale. As well as offering the relevant normative data, the user manual also includes a comprehensive description of the psychometric derivation and properties of the WRQoL scale, along with detailed explanation of its scoring, reliability and validity. In addition to providing the information required by those considering staff surveys, the manual includes an individual version of the WRQoL which can be used within the contexts of annual appraisals, coaching and career development. The repeated assessment of QoWL factors over time allows evaluation of the effectiveness of interventions both for staff groups and individuals.

From early 2013, the questionnaire and the WRQoL user manual will be made available free of charge for download online (http://www.qowl.co.uk/) courtesy of the University of Portsmouth. It is hoped that this scale will, along with other relevant scales and assessments, contribute to the development of more rigorous models of QoWL, and thereby play a part in the promotion of more targeted and effective interventions in the workplace. The authors welcome comments and feedback on the conceptualization of QoWL, as well as findings from WRQoL surveys and observations based on the use of the WRQoL with individuals.

References

Edwards, J., Van Laar, D.L., Easton, S. & Kinman, G. (2009). The Work-Related Quality of Life (WRQoL) scale for Higher Education Employees. Quality in Higher Education. 15: 3, 207-219.

Edwards, J.A., Webster, S., Van Laar, D.L., Easton, S. (2008). Psychometric Analysis of the Health & Safety Executive Management Standards Work-Related Stress Indicator Tool. Work & Stress 22.2.96-107

Judge, T. A., Thoresen, C. J, Bono J. E., & Patton G. K. (2001). The job satisfaction – job performance relationship: a qualitative and quantitative review. Psychological Bulletin; 127, 376–407.

Ramstad E. (2007). Unresolved couple?: the relationship between performance and quality of working life and the role of development approach. In: Pelletier, J. Intervention practices in firms. Lyon (France): ANACT; 2007. 93–107.

Tasho, W., Jordan. J. & Robertson, I. (2005). Case study: Establishing the business case for investing in stress prevention activities and evaluating their impact on sickness absence levels. HSE Research Report: 295.

Van Laar, D.L., Edwards, J., & Easton, S. (2007). The Work-Related Quality of Life (WRQoL) Scale for Healthcare Workers. Journal of Advanced Nursing 60(3) 325-333.

Simon Easton

Simon is a Chartered Clinical Psychologist and Senior Lecturer at the University of Portsmouth. He provides psychological interventions, and specializes in assessment for, and preparation of, psycho-legal reports and fitness for work/mental health assessment. Simon has been conducting research into quality of life for over 10 years.

Darren Van Laar

Darren is currently a Reader in Applied Psychology at the University of Portsmouth where he has worked since 1990. He has conducted research and provided advice to a wide range of organizations on designing workplace information, and on conducting surveys. Darren has been conducting research into quality of life for over 10 years.

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Darren Van Laar

Peter Kelly

Psychologist, UK Health and Safety Executive

How did you first become interested in occupational health psychology?

I first became interested in occupational health psychology when I was appointed a psychologist at the Health and Safety Executive (HSE) back in 1998. I had come from a neuropsychology background and was asked to review neuropsychological test results for workers exposed to organic solvents. Through this experience I realised that OHP offered a range of different avenues to explore. I felt that in OHP I had found a way of applying psychological theory to the world of work in a practical way.

What is your educational background, and what if any, previous relevant work experience have you had?

I was educated in Australia obtaining a basic school certificate. I left school to travel the world and ended up in England, where I worked as a nursing assistant in a hospital for people with learning disabilities. Through working with individuals who could exhibit challenging behaviour, I was exposed to how psychology could be used to help people experiencing distress. This prompted me to undertake a BSc in Applied Psychology. After finishing my degree, I worked in clinical settings, initially in learning disabilities and adult mental health, and later in neuropsychology. I also completed an MSc in Occupational Psychology, which helped to consolidate my BSc and my work experiences. It has also given me the theoretical underpinning for my current OHP practitioner role.

Could you tell us something about your current employer and the kind of department you work in?

The Health and Safety Executive is the regulatory agency tasked with protecting workers' health and safety in the UK. I am employed as a psychologist/ scientific officer and currently work in the Human Factors, Ergonomics and Psychology Team of the Hazardous Installations Directorate. I am the only psychologist working in this area. In the past, I have worked in the Health Directorate, and the Policy and Chief Scientist Units. In each of these different departments, I was employed as a psychologist. The experience of working in these different areas has enabled me to further develop my thinking and ideas around OHP.

What are your key responsibilities in relation to your employer/department?

As a psychologist/scientific officer, my role is to provide specialist support and advice to the organization and to members of the public on diverse areas such as mental health promotion and rehabilitation, work-related stress, health and wellbeing, psychosocial interventions, cognitive functioning, ageing, and neuropsychological functioning.

Another aspect of my role is providing specialist support in investigations. On occasions, I also provide expert witness testimony.

Could you describe some of the work initiatives/ projects in which you have been, and are currently involved?

In 2000, the HSE launched a public consultation looking at what was needed to address work-related stress within the UK. This led to my involvement in the development and implementation of the HSE Management Standards for work-related stress, and ongoing work. The Management Standards approach was the first national approach taken by any country to tackle work-related stress. The programme has been running since 2004 and remains a key part of the UK's approach to tackling work-related stress.

I have been directly involved in the development of a number of the health and wellbeing initiatives presently being undertaken in the UK. This has involved me working as an expert advisor to the National Institute of Clinical Excellence (NICE) Public Health Committee.

I am currently working on several intervention

projects with large organizations in the UK, looking at how they are managing work-related stress and applying the principles of health and wellbeing initiatives.

What are the biggest challenges for you as an OHP practitioner?

One of the biggest challenges facing OHP practitioners is how we can make people aware of the key skills that we have with regards to preventing occupational health issues from arising.

If you look at the approaches taken to OHP across different countries, then it is clear, for example, that the United States has integrated MSc/PhD Occupational Health Psychology training programmes, whereas other countries do not have this recognized training route. I feel that this is one of the challenges that we, as European OHP practitioners, need to address.

In what direction do you see OHP practice going in the future?

I believe OHP practice will continue to grow and develop as a profession that offers unique insight into the world of work. In particular, I feel that health and wellbeing will be a significant area for us as practitioners. I also believe that OHP has a significant part to play in developing interventions for work-related stress. Particularly in Europe, I believe it will be important for us to develop more OHP specific courses similar to those presently being promoted in the United States.

What advice would you give to someone considering OHP as a career?

I would recommend OHP as a career option to anyone who is interested in the occupational health of workers. As OHP practitioners, we have a unique opportunity to influence employers to improve employees' health and safety. Be prepared to constantly push forward the benefits of OHP to the organizations with which you are working. Use all the available resources and data that you have to promote OHP and reduce the barriers to organizations applying it.

What advice would you give to someone looking for their first job as an OHP practitioner?

Look for opportunities where you can apply OHP in non OHP roles. Do not limit yourself, in the first instance, to applying only for OHP roles. Be prepared to apply yourself to a range of different opportunities, and always look to see how OHP theories can be applied.

Contribute to the Newsletter!

This is your newsletter! We do our best to cover what interests you, but we need your input. We welcome contributions of all kinds – for instance, news of people in practice, education and/ or research, including new professional appointments and contracts, conference announcements, reports of symposia, accounts of work in progress, and letters to the Editor.

We are keen to include content from any contributory discipline, in order that we can encourage discussion and debate around Occupational Health Psychology in its fullest possible sense. You don't have to be an EAOHP member to contribute, nor do you have to be based in Europe. We welcome contributions from all parts of the globe. We will publish any item that is of interest to Newsletter readers (who number some 1,000 individuals worldwide).

If English is not your first language, don't let this put you off – if you need it, you will be provided with help to prepare your item.

If you have a contribution for the Newsletter then just send it to a member of the Newsletter Team or, if you are undecided, get in touch with Sue Cowan or Jennie Guise to discuss your ideas. See the back page of this Newsletter for our contact details.

Canada Launches a National Standard on Psychological Health and Safety in the Workplace

By Ian Arnold

Workplace psychological health and safety has been a concern in Canada for several years. Much of the foundational work was done by the Global Business and Economic Roundtable on Addiction and Mental Health. This body of work, and others, noted the increasing business impact of workplace psychological health and safety (in fact, the leading cause of short - and long-term disability in Canada is now related to mental health) and advanced strong business arguments to improve psychological health and safety in the workplace.

More recently, reports to the Mental Health Commission of Canada noted that Canadian law is trending towards holding employers increasingly responsible for failing to provide a psychologically safe workplace. The primary focus of psychological health and safety is not on individual employee mental health, but on hazards and risks in the workplace that could potentially cause mental injury. It is about providing a psychologically safe workplace and promoting psychological health by considering the hazards and risks that may exist in workplace policies, processes, procedures, or interactions.

In 2009, a Consensus Conference was held with participants from business, labour, research, and others to determine if there was agreement on whether a voluntary national standard was needed, and if such a standard would be a benefit rather than a burden to employers. The outcome was unanimous that such a standard would be helpful and should be pursued. In 2010, another group came together to address the need for immediate information about providing a psychologically safe workplace. The results of that session were compiled into a resource called 'Elements and Priorities for Working Toward a Psychologically Safer Workplace' (*www.workplacestrategiesformentalhealth.com/mhcc/*)

The Mental Health Commission of Canada (MHCC), working with its Workforce Advisory Committee, engaged in discussion with two standard development organizations – the CSA Group (CSA) and the Bureau de Normalisation du Quebec (BNQ). In early 2011, an agreement was reached among the Government of Canada, MHCC, BNQ and CSA to begin the process of developing a voluntary National Standard of Canada. Funding for the development of the Standard was provided by the Government of Canada (Human Resources and Skills Development Canada, Health Canada, and the Public Health Agency of Canada), the Great-West Life Centre for Mental Health in the Workplace, and Bell Canada.

A Project Review Committee (PRC) was established to form and provide guidance to the Technical Committee (TC). The public call for nominations for TC volunteers was made in March, 2011 on both the BNQ and CSA websites. The membership of the TC represented a balanced and diverse matrix of persons with experience and interest in this subject matter. The TC members represented five interest groups: those with organizational interest, employee interests, service providers, government/regulatory authorities/insurance, and general interest. Starting in April 2011, the TC held several two to three day meetings to develop the draft Standard and to respond to over 850 comments received during the 66 day public review period.

The Technical Committee approved the draft Standard with no negative votes. National Standards of Canada are developed through a consensus process, accredited by the Standards Council of Canada. Consensus implies much more than a simple majority, but not necessarily unanimity.

This Standard is a voluntary national standard intended to provide a systematic framework for Canadian employers, through the engagement of all stakeholders, for developing and continuously improving psychologically safe and healthy work environments for their employees. Prevention and promotion are also considered key aspects of the Standard. The Standard aligns with other existing standards, such as BNQ 9700-800/3008 'Prevention, Promotion and Organizational Practices Contributing to Health in the Workplace' and CAN/CSA-Z1000-06 (R2011) 'Occupational health and safety management', and BSI PAS 1010 - Guidance on the management of psychosocial risks in the workplace . Its content follows a continual improvement process and captures the concepts of Hazard Identification, Risk Assessment, and Risk Control (HIRARC).

A unique aspect of this Standard is the inclusion of several annexes designed to assist with developing and implementing key components of the Standard. Included are implementation models, scenarios for small and large organizations, an audit tool, and several other resources and references.

The Standard CAN /CSA-Z1003-12/BNQ 9700-803/2012, entitled 'Psychological Health and Safety in the Workplace — Prevention, promotion and guidance to staged implementation' was approved by the Standards Council of Canada in November of 2012 and was launched on 16th January 2013. The Standard will be made available free of charge for the first five years to help with its implementation and is available after its launch and publication at: BNQ (www.bnq.qc.ca) and CSA (www.csa.ca).

> *Ian M.F. Arnold* *was a Member of the Standard Project Review and Technical Committees, and Past Chair of the Workforce Advisory Committee, Mental Health Commission of Canada. He works as a Health and Safety Consultant in Ottawa, Canada.*

This is the second standard in the area of mental health and wellbeing, the first being the British Standards Institution's Publicly Available Specification 1010 (BSI PAS1010). PAS1010 aims to promote best practice in the area of psychosocial risk management by bringing together essential guidance included in key standards by the European Union, International Labour Organization, World Health Organisation and the UK Health and Safety Executive. It has been written so that it complements all existing standards on occupational health and safety management systems.

PAS1010 is applicable to human resources managers, occupational health and safety managers and specialists, managers and owners of small and medium-sized enterprises, and employee representatives. It is most likely to be used by organizations that wish to establish a strategy and process of psychosocial risk management to eliminate or minimise risks to personnel and addresses issues such as work-related stress, bullying and harassment at work thereby promoting workers' mental health and wellbeing.
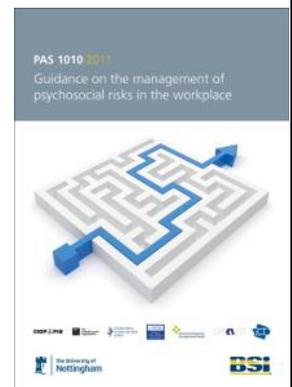
Comments by BSI

A selection of other relevant material is noted below:

◊ **The MHCC Leadership Initiative:** http://www.mhccleadership.ca/

◊ **The Peer Support Project:** http://www.mentalhealthcommission.ca/English/Pages/PeerProject.aspx

◊ **Psychological Health and Safety—An action guide for employers:** http://www.nxtbook.com/dawson/redlabel/mhcc_onlineguide_201201-e/index.php?startid=33#/0

◊ **The Shain Reports:** http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/Stress%20at%20Work%20MHCC%20V%203%20Feb%202009.pdf

◊ **Guarding Minds at Work:** http://www.guardingmindsatwork.ca/

◊ **Great-West Life Centre for Mental Health in the Workplace:** http://www.workplacestrategiesformentalhealth.com

The changing landscape of OSH regulation in the UK: Achieving the right balance in policy and practice

By David Hollis, Stavroula Leka, Aditya Jain and Nicholas Andreou

The University of Nottingham is currently at the mid-point of a two year research project which maps and assesses the changing landscape of occupational safety and health (OSH) regulation in the UK. Funded by the Institution of Occupational Safety and Health (IOSH) this research aims to evaluate the implications of these changes for all parties concerned with a healthy and safe working environment and provide future recommendations for experts, policy makers and practitioners. The first stage of the research involved an academic and 'grey' literature and policy review. This investigated critical events and sources of authority in the changing OSH regulatory landscape.

The review showed an abundance of initiatives taken in pursuit of a balance between policy and practice with different levels of success. A similar trend could also be observed in other countries such as the Netherlands. OSH regulation has moved from a purely legislatory approach to a combination of 'hard' (mandatory by law) and 'soft' (voluntary) policy approaches aimed at promoting greater involvement and responsibility of key stakeholders while, at the same time, meeting minimum standards as set by law. This change has been evident since the 1970s when the first attempt to consolidate OSH regulation was made with a view to shifting responsibility to employers. Since then, the balance of different stakeholder interests has fluctuated depending on social, economic and political influences. Deregulation or 'better regulation' has been a key theme since the 1980s that has expanded at the European Union (EU) level. Despite continuous debate and initiatives aimed at reducing OSH regulation, the image of OSH in the UK is perceived to be poor, due to regulatory burden and associated costs

However, the review showed that it does not appear that policy makers have identified the golden standard in OSH policy making to achieve the desired impact in practice. This can be partly attributed to related issues such as policy making within the broader industrial relations context in the country, which is dependent on socioeconomic and political aspects. It may also be relevant to the limited discussion of policy evaluation from a diverse stakeholder perspective in order to identify key success and failure factors and learn lessons for the way forward. A key outcome of the review was the identification of numerous key stakeholders in OSH and their role; for example the rising influence of trade associations and standard setting bodies, the changing nature of the role of the HSE and the changing influence of trade unions. The second stage in the research involved a review and case study analyses of different types of policy initiatives promoted by different stakeholders, in order to identify what works and why. Seven key elements appear to be essential for OSH policy initiatives to work in practice. To begin with, the policy initiative has to meet an identified need in an appropriate manner. Linked to this, the specific policy initiative option has to have legitimacy in meeting this need. This might relate to it being promoted by an authority such as the European Commission or experts, or having a strong evidence-base to support its implementation. The next key element is ownership of and commitment to the initiative by recognised stakeholders (such as the government, social partners, trade bodies or sectoral bodies). However, ownership of the initiative by specific stakeholders does not appear to be enough for longer term success. Consultation with various stakeholders and raising awareness in relation to the initiative are also key. This consultation should happen in a structured, systematic and transparent process. The initiative will have a greater chance of success if there is the right balance between different stakeholder interests depending on social, economic and political influences. Also important to its continuity is resource availability in terms of finances, personnel and time. Finally, where initiatives have been implemented through a structured process including clear objectives, responsibilities and evaluation methods that allow learning, knowledge transfer and future initiative development, chances of success are much higher.

Bearing these findings in mind, the next stage in this research will consider them in conjunction with findings from the first stage of the study, and will seek to explore them in relation to the current landscape of OSH regulation in the UK. Key themes to be explored include whether actors are being granted space to devise locally relevant strategies for achieving OSH goals or whether they find themselves constrained in different ways; how potential external constraints are being generated and managed by actors in local OSH systems and how are they are changing with the industrial structure; the implications of the changing OSH landscape for OSH standards and OSH practice, especially as concerns SMEs; and the role of OSH professionals against this changing OSH landscape.

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Book reviews:

Improving Organizational Interventions for Stress and Wellbeing.

By Biron, Caroline, Karanika-Murray, Maria and Cooper, Cary (Eds.) (2012). Routledge, ISBN: 978-1-84872-056-5

This book, edited by three established and respected researchers in occupational health psychology, seeks to "provide some answers... on how to improve the development, implementation, and evaluation of organizational initiatives aiming to reduce exposure to psychosocial risks, to promote healthy organizations, and healthy workers."
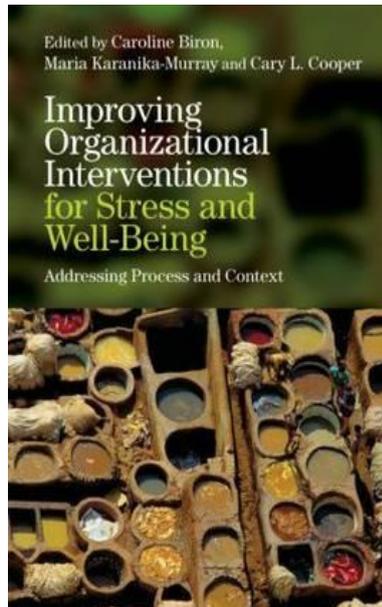
Occupational health psychologists have long acknowledged that the results of psychosocial interventions have often been inconsistent and modest, a point that Norbert Semmer considers, in his foreword to the book, ought to give us "a reason to be concerned". Furthermore, it is well recognised that the majority of psychosocial intervention research has focused on the effects of interventions, neglecting to address the content and context of interventions. This is an important issue because, as the editors note in their opening chapter, "for policy makers, the lack of evidence regarding how and why interventions produce their results … constitutes a barrier to progress." They go on to observe that "research on organizational interventions to prevent stress and improve wellbeing has been focused on what works and for whom, but not to why and under what circumstances." This situation has stimulated a number of researchers in the last decade to begin to systematically evaluate issues of process and context that might support or hinder interventions. An understanding of the strategies and processes likely to enhance or undermine interventions is crucial for the continued evolution of stress intervention practice; thus, the time is ripe for this volume. This book, as Norbert Semmer suggests in his foreword, indeed

"moves issues that have often been talked about but rarely been investigated systematically, from a kind of informal backstage existence into the systematic focus." In bringing together what is known on this fledgling topic, the editors have also succinctly identified what remains unknown, and in doing so have set a challenging route map for further research.

The book is logically divided into three parts. Part 1 includes nine chapters that present some of the difficulties and complexities encountered in research on organizational interventions for stress and wellbeing. Part 2 includes four chapters that explore how issues of process might realistically and reasonably be integrated into the evaluation of real-world interventions. Finally, Part 3 examines organizational intervention policies that have been advanced for the promotion of workers' health and wellbeing. Altogether, the chapters include contributions from 39 researchers and practitioners. One of the first things to strike the reader from a glance at the table of contents is the extent to which the editors have assembled contributions from the key players in the field.

Occupational health psychology is not a huge speciality when regarded in terms of its number of active researchers; a fact that often renders it possible to know precisely who is studying a particular topic at any one point in time and who the experts in an area might be. This book is comprehensive in having secured contributions from all of the key figures in psychosocial intervention process evaluation research. The table of contents reveals that space has been made for both those who established this strand of research in the late 1990s, as well as those who have more recently picked up the baton. This approach ensures a complete, logical, and seamless telling of the story.

My only criticism of this book is one that can be applied to most within the genre, including my own. Books of this type are often overtly targeted at both the researcher and practitioner communities. One wonders how many practitioners have the time, inclination, patience or skill set required to wade through academic-authored texts that can appear somewhat dense, if not unintelligible, to readers unfamiliar with the characteristics and quirks of academic writing. It is understandable that book authors need to demonstrate to their publisher that a proposed text promises healthy sales, and this is often achieved by listing a range of end user groups with a vested interest in the product. On reflection, however, this probably does a disservice to the practitioner community that would perhaps benefit

more from a user manual type of book - a 'how to' guide - than an academic tract. Perhaps the editors of the current book might usefully make the development of such a volume the focus of their next joint endeavour!

In sum, the editors are to be congratulated for identifying the imperative for this book and for demonstrating the skills required to draw together contributions from all of the researchers within a single domain of investigation. The book brilliantly serves to move the question on from 'does the intervention work?' to 'how and why does the intervention work'.

Two final points are also worth noting. First, the editors and Routledge have produced a volume that is beautiful in appearance from the cover image to the typesetting; something that can't always be said about academic texts. Second, it is encouraging to find a book of this nature marketed in a price bracket that will help to make it accessible to individuals, rather than the exclusive preserve of institutional libraries, a fact that will hopefully ensure the book finds its audience.

Review by Jonathan Houdmont, University of Nottingham

The Mindful Workplace: Developing Resilient Individuals and Resonant Organizations with MBSR.

By Chaskalson, M (2011). John Wiley & Sons, Chichester . ISBN: 978-0-470-66158-1
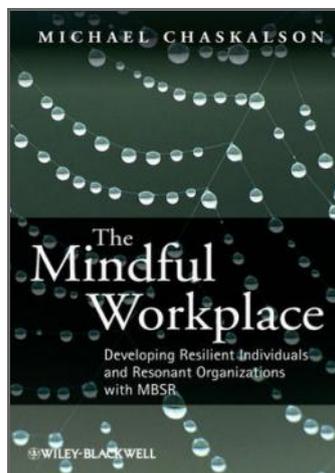
Before proceeding with this book review, I should begin by declaring a conflict of interest! I have attended a couple of Michael Chaskalson's mindfulness training programs in London, and have recommended that other members of my research team also attend his courses.

Michael is a highly experienced mindfulness practitioner (as explained at the beginning of the book, he began his own mindfulness journey in 1975), and I have witnessed firsthand how his interventions and group facilitation style can lead to meaningful improvements in people's mental health and quality of life. I was therefore very interested to see how Michael would translate his considerable experience into a book-length account of applying mindfulness in workplace settings.

In my (hopefully objective) opinion, the result is excellent. Michael has produced a concise and accessible account of the nature of mindfulness training, along with a comprehensive and insightful review of the research that clearly supports the use of mindfulness-based approaches in non-clinical settings. I was already somewhat familiar with much of the research reviewed in the book; nonetheless, the accessible writing style and integration of research evidence with anecdotal examples will ensure this book offers an important resource even for more experienced mindfulness practitioners and researchers.

The opening chapter offers a clear definition of mindfulness. This is an important starting point, as there is ongoing debate within the therapeutic literature regarding the most appropriate and useful definitions (e.g., whether mindfulness is best viewed

as a trait, state, or multifaceted set of skills). From the outset, Michael shows an unusual ability to weave together hypothetical case examples, his own experience with mindfulness practice, and the research evidence (focusing particularly on the neuroscientific evidence for the benefits of mindfulness). This is a notable strength of the book, and makes the material both accessible and highly engaging.

In chapter 2, Michael takes us through the key features of mindfulness practice as it is found in most MBSR (Mindfulness-Based Stress Reduction) programs. At the end of each chapter, Michael provides the reader with a script for practising each exercise, so that readers unfamiliar with the training techniques can get an experiential taster. In subsequent chapters, Michael makes some interesting links between mindfulness and prominent models of human functioning - such as the BIS/BAS (Behavioural Inhibition System/Behavioural Activation System) avoidance/approach model, and the emerging concept of self-compassion. We again see Michael repeatedly bringing the neuroscience research to life - for example by providing an interesting account of Richard Davidson's seminal studies of brain functioning among experienced and less experienced meditators.

In later chapters, Michael explores links between mindfulness skills and emotional intelligence, the role of mindfulness in effective leadership (a very promising new area of research and practice), and the use of mindfulness to enhance one-on-one coaching interventions. In the final chapter, the author focuses on some of the practicalities of implementing mindfulness training in workplace settings, including a consideration of the desired outcome of the training, who the course is being designed for, and the extent of home practice required by employees participating in these programs.

In my view, the only thing that appeared to be missing was some consideration at the outset about who the book is designed for and how it might be used. As the chapters unfold, it becomes clear that the book will be a useful resource to suitable occupational health/mental health professionals interested in delivering mindfulness-based training in workplace settings. However, I would recommend this book to anyone with an interest in mindfulness practice and/or research – it provides a very useful overview of the key studies and describes each practice in a very straightforward manner.

Towards the end of the book, Michael discusses some different ways of delivering this type of training, reviewing variations on the more traditional eight-week MBSR program format. In this section, I would have liked to have had access to Michael's opinion on the potential benefits (and perhaps risks) of offering even shorter mindfulness training programs, given there is some evidence that 'low dose' interventions can result in effects similar to those found following longer programs. We know from meta-analytic reviews of Cognitive Behavioural Therapy (CBT)-based worksite stress management training that longer interventions are not always the most effective. In the current economic climate, it has become increasingly difficult for organizations to release staff for longer interventions during work time, so further evaluation of even briefer training formats would be welcome. I suspect this will be an issue picked up by mindfulness researchers in the future.

Overall, I would strongly recommend this book to anyone interested in promoting employees' psychological health. There is now a compelling body of self-report and brain data to demonstrate that mindfulness practices have a profound impact on people's mental health, self-awareness, and various other functions that are relevant to workplace well-being and performance. This book is timely, as we have recently seen the expansion of the field of CBT to include various mindfulness- and acceptance-based approaches (collectively referred to as 'contextual' CBTs). There has been a long and fruitful history between the CBT movement and worksite stress management training, and the increased interest in mindfulness models and interventions means that this relationship will continue into the future.

Having experienced Michael's training, I was not surprised to find such a clear and accessible account of mindfulness principles and practices. As a researcher interested in the outcomes of mindfulness interventions, I was most impressed by the quality, scope, and insight provided by the research reviewed throughout the book. It is certainly a resource I will be making use of in my own work.

Review by Paul Flaxman, Psychology Department, City University London.

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Academy Publications

the Occupational Health Psychologist: Published three times per annum. ISSN 1743-16737 (Online). Back copies can be downloaded at   www.eaohp.org

Work & Stress: A journal of work, health and organisations. Published by Taylor & Francis in association with the European Academy of Occupational Health Psychology. ISSN 0267-8373

Contemporary Occupational Health Psychology: Global Perspectives on Research and Practice, Volume 2 (2012-2013).

A biennial series published by Wiley-Blackwell on behalf of the European Academy of Occupational Health Psychology and the Society for Occupational Health Psychology. Available from the Wiley-Blackwell websites and through large online retailers including Amazon.

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We are keen to publish many different kinds of articles, and we hope this will encourage a broad range of submissions. We welcome articles from people involved in practice, education and/or research in OHP and across the full range of contributory disciplines, and with a variety of levels of experience. If English is not your first language, don't let this put you off – if you need it, you will be provided with help to prepare your item. We aim to publish three issues per year.

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We welcome short reports (of no more than about 1000 words) of research findings, practice issues, case studies, brief literature reviews, and theoretical articles. This could be a valuable opportunity for you to disseminate information on your work both to academics and practitioners. When writing these reports please make them as accessible as possible to the broad readership of the Newsletter.

OHP briefings

We also welcome overviews of your OHP-related activities, or those of your research group, consultancy or organization. This type of article provides a useful insight into the sort of work that is being undertaken across the OHP world community. Additionally, this section enables the communication of policy developments that may have implications for OHP research, practice and education in your country. We ask that such articles are no longer than 1,200 words long.

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Other articles

We welcome news, conference announcements, open letters regarding any OHP-related topics, responses to published articles and brief summaries (in English) of OHP issues that have been reported by your national news media.

We would be pleased to receive appropriate photographs to accompany your contributions.

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