



the Occupational Health Psychologist

Newsletter of the European Academy of Occupational Health Psychology

Supporting research, practice and education in occupational health psychology Vol 14 Issue 2, November 2017

Season Greetings from all of us at EAOHP

**Promoting safety and health
at work in Portugal**

**Focus on Practice with
Jacqui Wilmshurst**

Lisbon 2018

Conference updates



**Young workers' health-related working
conditions and their access to occupational
safety and health protection in Italy**

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Editorial

A very warm welcome to this issue of *The Occupational Health Psychologist* from all of us on the Editorial Team!

We begin this issue with an overview of OHP in Portugal, profiling in particular, the work of the Organizational Behaviour and Human Resources (OBHR) research group at the Business Research Unit, ISCTE – Instituto Universitário de Lisboa, our hosts for our forthcoming EAOHP conference in September next year. Two European projects in which the group has been involved are discussed. The first of these, 'ORCAB', examined the link between organizational culture, health professional burnout, and quality of care in the hospital environment; while the second, 'Participative Prevention of Psychosocial Emergent Risks in SMEs' led to the development of a range of resources to support stakeholders in this important sphere of economic activity.

If you would like to join us at our conference in Lisbon, in this issue you can find out more about what will be on offer. Apart from our three keynote speakers, we have two pre-conference workshops, and a doctoral showcase session. Remember too, that if you would like to submit an abstract, the call for papers remains open until 5th March.

Our Focus on Practice interview is with Jacqui Wilmshurst, who currently works as a self-employed OHP consultant. In her interview with Kevin Teoh, Jacqui describes some of the work she has undertaken with people who are employed in high risk roles in hostile environments, including journalists, aid workers and firefighters, and tells us about the very eclectic path she took, which led her to this fascinating area of work.

Some of you may remember the poster that won the best poster prize at last year's conference in Athens, 'Young workers' health-related working conditions and their access to occupational safety and health protection in Italy'. For those of you who missed it, however, Nico Dragano and colleagues have very kindly produced a research in brief article based on the poster, so that you can catch up on this important ongoing study.

If you are winding down now for the holidays, you might like to put your feet up and test your OHP knowledge with our Christmas-themed crossword, which by popular demand is now in its second year!

Finally, we are grateful to Birgit Greiner and Karina Nielsen for providing us with updates on the Academy Education and Research Forums, respectively.

We hope you enjoy this issue of the bulletin, and wish you all a wonderful, relaxing holiday season!

Sue Cowan, Editor

On behalf of the Editorial Team
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Promoting safety and health at work in Portugal: A brief overview

By *Sílvia Silva, Sara Ramos, & Susana Tavares*

Business Research Unit, ISCTE – Instituto Universitário de Lisboa

Promoting performance and well-being at work is a significant challenge for European societies. The economic and financial crisis has affected the working conditions and risks across EU Member States, including Portugal. During the peak of the economic crisis, there was higher unemployment, an increase in job insecurity, higher workload pressure (as the same tasks had to be done with less people), and workers accepted having these poorer work conditions.

The need to support prevention and intervention, and to improve the assessment of psychosocial risks contributed to a more demanding law in 2009 (Law nº 102/2009). In particular, this document stresses the importance (art. 5º) of “increasing technical and scientific research applied in the field of safety and health at work, in particular with regards to the emergence of new risk factors”. In the general obligations of the employer, we can find in the same document (actually updated in 2014 by the Law nº 3) that: “developing prevention as a coherent system that integrates technical developments, the organization of work, working conditions, social relationships and the influence of environmental factors”; “ensure, in the workplace, that exposure to chemical, physical and biological agents and psychosocial risk factors do not constitute risk to the safety and health of workers”; “adaptation of work to man, especially with regards to the design of work stations, the choice of work and methods of work and production equipment, with a view to, inter alia, alleviating monotonous work and repetitive work and reduce psychosocial risks”.

However, despite this clear legislation, many companies are still far from having a prevention strategy covering psychosocial risks. That has been a challenge for researchers in Portugal.

The field in Portugal

The promotion of the field of occupational health psychology in Portugal has evolved significantly in the last 20 years. The research into organizational and human factors in safety at work started in the late 90s



with several studies taking place in different places in Portugal. In O’Porto University, a research group started to focus on Ergonomic and Training issues, with methodological prominence of Ergonomic Work Analysis (e.g., Lacomblez, 1996a, 1996b). In Lisbon, at ISCTE, the focus was on Safety Climate and Safety Culture (e.g. Silva et al., 2001; Silva et al. 2004). At the same time, in Lisbon University, Maria José Chambel and Alexandra Marques Pinto started to study stress and burnout at work in different occupations (e.g., Chambel, 2005; Chambel & Peiró, 2005; Marques Pinto et al., 2005). In fact, the topic of stress and burnout was the topic that dominated the research also in in the North of Portugal with Scott McIntyre and Teresa McIntyre’s pioneering work (e.g., McIntyre et al., 1999), as well as in Algarve with Saul Jesus also contributing for these topics (e.g., Neves de Jesus & Conboy, 2001). For a while these were the main topics being studied, but in the last 10 years the field suffered a huge expansion with an increase of researchers and studies happening every year covering various topics such as family-life conflict (e.g., Tavares, et al., 2007), well-being at work (e.g. Junça-Silva, Caetano, & Lopes, 2017; Tavares, 2016), work engagement (e.g., Costa et al., 2014), ageing and health (e.g., Ramos & Lacomblez, 2008; Ramos, 2010), temporary work and well-being (e.g., Castanheira et al., 2010a, 2010b), and covering very different work contexts and occupations.



Cloister Garden with Fountain and Arches galleries
Residência ISCTE-IUL

Our research group at ISCTE-IUL

Our group, the Organizational Behavior and Human Resources (OBHR) from UNIDE/BRU, aims to develop knowledge and know-how in order to address social problems relating to organizational innovation, competitiveness, quality of working life and well-being by focusing on different levels of explanation and contexts. Our research group has been making important contributions for the health and safety field in Portugal by presenting our work in different types of publications in to reach different audiences (e.g., Costa et al., 2015; Fugas et al., 2011; Ramos, 2015a, 2015b; Silva & Tavares, 2012). It is noteworthy that in the last eight years we were engaged in two European Projects that made an important contribution to the occupational health psychology field - the ORCAB project and the Participative Prevention of Psychosocial Emergent Risks in SMEs project.

ORCAB: Improving quality and safety in the hospital: The link between organisational culture, burnout, and quality of care (2009-2014)

The aim of the ORCAB was to benchmark the organizational and individual factors that have an impact on quality of care and patient safety, and design bottom-up interventions that both increase quality of care and Health Professionals well-being. The countries involved in the ORCAB project included Ireland, UK, Romania, Greece, Bulgaria, FYROM, Croatia, Portugal, and Turkey. In Portugal our team was coordinated by Ana Passos and included Patrícia Costa, Sara Ramos, Sílvia Silva and Susana Tavares. In specific the project had the following goals:

1. To profile the specific factors of hospital-organizational culture that increase burnout among Health Professionals, and therefore decrease quality of care.



Belém Tower, Lisbon

2. To monitor burnout and its associations to quality of hospital care among HPs in the South European (SE) and South East of European (SEE) regions.
3. To identify appropriate bottom-up solutions to the problems of organizational culture and HP burnout, and its impact upon patient safety and quality of care.
4. To develop a network for hospital managers and associated stakeholders for the communication of interventions aimed at improving quality of care in hospitals. The goal of this network was to provide a platform to discuss how to improve quality of care in hospitals and provide an avenue for the experiences of hospitals in the SE and SEE regions to feed into the wider European debates on quality of care and patient safety.

Participative Prevention of Psychosocial Emergent Risks in SMEs (2013-2015)

This project aimed to transfer knowledge on psychosocial risks prevention to a number of stakeholders with a specific emphasis on SMEs. The project involved five partners and was conducted in four European Countries: Greece, Italy, Portugal and Spain, and involved several stakeholders with different roles: Unions; Employers; Employees; Workers Representatives; Health & Safety (H&S) professionals. The project was coordinated by Sílvia Silva and the team included Ana Passos, Patrícia Costa, Sara Ramos and Susana Tavares.

During the project we interviewed persons (individual interviews and focus groups) from all countries, including key workers unions, employers' representative associations, workers with experience and knowledge about SMEs in their activity sector, and H&S technicians with knowledge about SMEs reality. Additionally, we conducted a survey with SMEs. The interviews and surveys focused the stakeholder's perspective about existent knowledge and prevention practices about psychosocial risks in SMEs. Finally we organized four workshops (one in each country). One important outcome of the project was the dissemination of available ready-to-use toolkits and the preparation of a new improved toolkit to help answer stakeholders' questions which was more comprehensive than the existing ones. Additionally, the project has been widely disseminated through national seminars, national websites and social partners' media.

Overall, the results of this project revealed that in all countries assessed there was a low level of awareness about psychosocial risks and an almost inexistence of risk assessment practices, as well as lack of resources for investing in the prevention of these risks. To facilitate the change in the prevention practices it will be critical to develop resources that organizations could easily use at low cost. Transnational projects such as this can have an important role in knowledge creation, dissemination and stakeholder engagement on prevention awareness and practice for emergent psychosocial risks. Furthermore, the creation of networks of academics and practitioners, including many SMEs, can have long lasting implications in effectively addressing psychosocial risks prevention for the SMEs involved.

General Conclusion

The purpose of this paper was to present a very brief overview of the OHP field in Portugal giving a special emphasis to our group in ISCTE-IUL that will be hosting the forthcoming EAOHP conference. It is clear that OHP in Portugal is a growing and developing field in line with the international evolution. Nevertheless, there are still challenges to be addressed, especially aiming to have an impact in society.

Project References

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Project "Participative Prevention of Psychosocial Emergent Risks in SME's" (VS/2014/0053). Project Coordinator: Sílvia Silva. To see more information: <http://risksinsmes.wixsite.com/risksinsmes>

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The 13th Academy Conference 2018

The 13th European Academy of Occupational Health Psychology Conference will take place from 5-7 September, in Lisbon Portugal. The EAOHP 2018 conference will be co-organized in collaboration with the Organizational Behaviour and Human Resources (OBHR) research group of the Business Research Unit (BRU-IUL), a multidisciplinary research unit that spans the main fields of Business, Economics and Finance in ISCTE-IUL.

Keynote speakers

The three keynote speakers for the Conference are:

- Maria José Chambel (University of Lisbon)
- David Guest (King's College London)
- Leslie Hammer (Portland State University)

Abstract submissions until 5th March 2018

Delegates can submit abstracts (500 words max) by the 5th of March 2018 for four types of sessions: paper presentations, symposia, poster presentations and the young researcher showcase.

Submissions are welcome on all areas of research, practice, and education in occupational health psychology and related areas. Relevant topics include, but are not limited to the psychosocial work environment, contemporary issues in OHP, and special issues in OHP.

Conference dinner

The conference dinner will take place on evening of the 6th September 2018. The venue will be Casa do Alentejo in the centre of Lisbon. The dinner will include a welcome cocktail and four courses plus couvert and drinks.

Tickets will be available when the delegate registration opens.



5-7 SEPTEMBER | 13th CONFERENCE OF THE EUROPEAN ACADEMY OF OCCUPATIONAL HEALTH PSYCHOLOGY

Pre-conference workshops

For the 2018 conference we will be running two pre-conference workshops on the 4th of September 2018. Registration is free but places are allocated on a first come, first served basis. These are:

- Conducting longitudinal research in the study of work, stress, and health (by Karina Nielsen and Raymond Randall)
- Introduction to multilevel moderation analysis: Probing and plotting cross level interaction (by Helena Carvalho)

For more details on the workshop please see the next page.

Delegate registration

Delegate registration is now open!

For more information

Visit our conference website at: <http://www.eaohp.org/conference.html>



Maria José Chambel



David Guest



Leslie Hammer

Pre-Conference Workshops (4th Sept 2018)

Workshop 1: Conducting Longitudinal Research in the Study of Work, Stress, and Health

Duration: Full day - 10:00am to 16:30pm / lunch and coffee breaks are not provided

Participants: 25 (places are allocated on a first come, first served basis)

Open to: Fully registered delegates only

Cost: Free

Session Description

The first half of the workshop will focus on presenting one recent framework for developing interventions developed by Nielsen, Randall and colleagues (2010). This framework outlines five phases of designing, implementing and evaluating organizational interventions. Participants will then engage in group work discussing important tools and considerations of each phase based on their own experiences. A key part of the discussions will be to develop an understanding of how intervention activities may be integrated into existing organizational practices to ensure intervention fit.

The second half of the workshop will focus on the collection, interpretation and use of process evaluation

data during each phase of the framework. Evidence about the utility of different data collection methods will be presented to enable participants to formulate and evaluate specific plans for the process evaluation of interventions. The opportunities and challenges associated with the integration, interpretation and use of these data will be presented. New methods will be introduced to participants that show how process evaluation data can be integrated into intervention decision-making. Participants will then explore how process evaluation data from each stage can be used to enhance intervention implementation and reduce the risk of intervention failure.

Instructors

Prof Karina Nielsen, Chair of Work Psychology and Head of the Institute of Work Psychology at the University of Sheffield, UK

Dr Raymond Randall, Senior lecturer in School of Business and Economics at Loughborough University, UK

Workshop 2: Introduction to Multilevel Moderation Analysis: Probing and Plotting cross Level Interaction

Duration: Half day - 13:00 to 17:00pm

Participants: 20 (places are allocated on a first come, first served basis)

Open to: Fully registered delegates only

Cost: Free

Session Description

This workshop provides an overview of methods used to probe interaction effects and describes a unified collection of freely available online resources that researchers can use to obtain significance tests for simple slopes, compute regions of significance, and obtain confidence bands for simple slopes across the range of the moderator in the MLR, HLM, and LCA contexts. Participants will be introduced to test a

moderator model with multilevel data using Linear Mixed Models in SPSS. The moderation will be theoretically introduced within a multilevel framework, followed by an empirical application. First, it will show how to conduct a cross level interaction with MIXED procedure using a parametric method but also using bootstrapping. Computational tools will be used for probing and plotting interactions in multilevel modeling. Finally, it will highlight the presentation of the obtained results in Health Research. Previous knowledge on linear regression analysis will be helpful.

Instructor

Dr Helena Carvalho, Associate Professor, Coordinator of the Postgraduate in Data Analysis in the Social Sciences, Department of Social Research Methods, ISCTE-IUL, Portugal

Jacqui Wilmshurst

Kevin Teoh has a chat with Dr Jacqui Wilmshurst about her experience as a practitioner, her roles with the BBC and South Yorkshire Fire Service, and addressing mental health in the workplace.

Could you tell us something about your current employment and what is it that you do?

Right now I am a consultant, working primarily on a project with the South Yorkshire Fire Service, where I am advising on the development of their health and wellbeing strategy. Since 2012 I have been self-employed, although I have worked on a number of short contracts as an in-house practitioner.

So what is your educational and career background that led you into this point of your career?

Very varied actually. I did a psychology undergraduate degree and then spent six years as an officer in the British Army. After doing some management jobs in the charity sector, I did a MSc in Psychological Research Methods and then my PhD at the University of Sheffield. My PhD was in the psychology of Disaster Risk Reduction which meant that I had to focus a lot on the psychology of risk and resilience. After six years as an academic I have been mostly self-employed since 2012. In the beginning I focused more on leadership and professional development than I did on applied psychology specifically.

Then I started using the learning from my research career as I started realising how much of it is applicable. In parallel I also trained as a counsellor, and although I didn't practice formally all the skills and knowledge I learnt around mental health, self-awareness and personal development were extremely useful. I ended up combining all these different routes and roles which meant that when I became self-employed I was drawing on a breadth of different skills and sources of knowledge.

Over these many roles could you describe some of the work initiatives/ projects in which you have been involved with?

My specialist focus really is in the high risk professions, and one of the things I was asked to do as a freelancer was to run training courses for people who work in high risk roles that take them to 'hostile environments', as they are known. These include journalists and aid workers who are



deployed for periods of time to areas where there is an elevated risk. These courses would include first aid which is essentially around how you keep people alive when you don't have a hospital nearby. Here I would have colleagues who are fire service and ex-military who would deliver this training. The other side would be on security, which is about how to reduce chances of people getting harmed by making them aware of the different types of security situations they can encounter. Part of this is what is referred to as "PTSD awareness", but really it was about psychological welfare and equipping people to be more resilient so that they can better look after themselves psychologically in these challenging environments. When I started delivering this I realised I was drawing on all the different areas like my PhD research and certainly the work I had done in the military, and my work in personal and professional development

As an independent consultant I also deliver general mental health awareness sessions in different companies and sectors. This includes helping organisations realistically tackle such a huge topic as everybody's wellbeing, how to provide support for what life can do to people, and how to make sure that work doesn't cause unnecessary harm to employees. Organizations often have physical safety very well covered. There is a huge amount of specialist input into companies now and it is well legislated. But what I notice is missing is that aside from the odd stress risk assessment there isn't a lot of what I would call psychological safety. Often organisations are saying we realize that some aspects of work may cause harm so let's make sure that we provide therapy and signposting to mental health services should that person need it. My take on it is that this approach really is saying "please try not get yourself hurt at work, and if you do we'll get you a doctor" but that's not how safety should work. So I spend a lot of my time helping organisations take that approach to identify and minimise the risks where they are foreseeable.

You mention that you've worked in-house as well. Can you tell us about that?

When I was asked to be the Mental Health Lead for the BBC that took me into a large complex organisation. My focus was on the psychological wellbeing of those working in high risk environments. Classically this would be the journalists going off to war zones, but increasingly there was awareness for there were people working with material that was potentially hazardous to their psychological wellbeing even though they may not necessarily be in physically dangerous places. They may be in a newsroom in London processing the imagery of the aftermath of a terrorist attack or natural disaster, or a big story around child sexual abuse. They would potentially have to sit for days on end looking at imagery and video, and also talking to people gathering newsworthy material and editing out bits that are too distressing for viewers to see. Although it was those journalists being deployed getting the psychological resilience and trauma awareness training, I realised that there were people all over the organisation that were vulnerable as well to something that might be called vicarious trauma. Basically this is about understanding how to better equip people to be resilient in these types of roles; how do you minimise the harm that they are exposed to; and how do you make sure they get the right type of help when the classic counselling or employee assistance programmes might not be enough or appropriate for them.

We've been hearing a lot in the press about the mental health of firefighters. What can you share about your experience with fire service?

What happened at Grenfell Towers brought a sharp focus on this topic in the public domain. But the emergency services generally have wanted to focus on mental wellbeing and psychological health for some time and have been reaching out. That's why the charity Mind has had their Blue Light programme which offers intervention resources and signposting to those professions who are dealing with really difficult things. There is also the Fire Fighters Charity and the Fire Brigade Union, both of which do brilliant work around mental health. With fire fighters, the emphasis has been on the classic going into burning buildings or to a multiple car pile-up on the motorway. They will do casualty treatment but really their primary job is to turn up and make the casualty accessible to the ambulance crews. More often than not they will not know what happens to the casualty once they hand them over, so they tend to feel a sense of pride because even when it's a horrible situation that they have attended, because they would have done the very thing that they were trained to do.

What is emerging now is that for lots of different reasons fire fighters have to do all sorts of things they do not feel so well equipped for. This could be

where now they help gain entry into a property where someone has not been seen for a few days and people are getting worried. They will gain entry and there may be someone that needs medical attention that is beyond the remit of the fire fighters. Due to all sorts of constraints it maybe a while before an ambulance can get there, and now they are in a situation where they have a casualty they can only do so much for, and a family member in huge distress asking what's going to happen. Here it may not be the big dramatic fire or crash but they are coming away feeling emotionally unequipped to deal with what they have had to do. This may be the changing nature of how the emergency services are being used. It's about being aware there needs to be catching up on aspects of their role and this is not always that obvious. It's also about the need to develop their resilience and skillset to have those difficult emotional conversations, and to feel that they have done the job that they were paid to do.

That's quite interesting. What about your own role within the fire service?

My employed role was to manage the occupational health unit at South Yorkshire Fire Service and having a look at how to transform it to keep up with the demands of our times. For example, the team still use a lot of time in managing sickness absence, and don't have enough left for health promotion, building resilience and helping people access treatment that will allow them to prevent injury. In the past the attention has been very much on the rehabilitation side, so now there is a huge desire to want to reduce sickness absence and to promote and protect good health. As the Fire Service wants to take a more strategic perspective I have transitioned out into a consultancy to work with them at that level.

To address health and wellbeing properly it is not about devising some wonderful thing that you then overlay onto the organisation; it's about identifying how to protect, enhance and support wellbeing through all that the organisation already does. What they want to do is to look at the way the organisation works, the resources and people they already have, and the will and the ideas that are there, to enhance wellbeing throughout the organisation. This includes the role of leadership at every level and how a culture that is both supportive and that requires self-responsibility can be evolved from the most senior level; the role of health and safety and that this is about health and not just safety; proactively looking at HR and how their policies compliment things like sickness absence and reasonable adjustments due to mental health issues; how HR use their knowledge and skills to support managers; and how we develop line managers to have the skillset to come into work to support workers who can have quite complex needs, but also to know when to establish boundaries and signpost someone towards professional care. It's all of those things really.

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

As I mentioned earlier, when you really start define it health and wellbeing means everything that makes an organisation run well. Health and wellbeing is not this separate thing, we all know that poor leadership is a huge detractor from people's wellbeing, as is lack of resource. Whether you use the HSE Management Standards or any of the other models, when those factors that support wellbeing are not in place then the environment will detract from workers' health. From how people treat each other, to what resources are available, to how much control people have. So one thing is the overwhelmingly huge nature of doing it properly; where you need to establish boundaries as well as offer support, how you set realistic expectations, and how you find the most effective resources to do it.

The other big things that is absolutely the difference between whether this is going to work or not is whether you get senior leadership buy-in. If they are not genuinely interested and engaged then it's not going to work. Like at South Yorkshire Fire where you have a senior leadership team that are genuinely, passionately interested. By being willing to stand up and say that they too have struggled with aspects of life and work, then they are saying that any one of us can reach that point in life where it gets too much. As such, they want the workplace to offer as much as is reasonably possible to help the people when they need it.

Another issue is about duty of care. It's interesting where organisations in the past have been guilty of not doing enough, you now sometimes get organisations feeling like they've got to take care of every need for their employees. There is a lot of pressure legally, morally and financially. I've done sessions where I've asked people what is the duty of care of senior leadership when it comes to mental health and they say, for example, creating the right culture and giving resources. Line managers are supposed to be compassionate and help people find support when they need it. But when you ask people what their own responsibilities are then this is where it can go quiet. They might say "oh... err... to be nice to other colleagues?" Yes, but it's also about keeping yourself as fit and well-resourced as you possibly can. Not letting yourself slip into patterns or behaviours where you put yourself at risk regardless of how stressed you become, which requires self-awareness. It's about being able to put your hand up and asking for help when you realise you are struggling. So if we talk about the psychological contract it's about an environment where everyone has their part to play.

Do you have any thoughts as to where OHP may be going in the future?

Well I think there is this incredibly strong drive to address mental health. I personally think it could

potentially go too far for the reasons above. With that I am seeing organisations trying to step in when our NHS cannot provide adequate mental health support. Managers really overextend to the point they create problems for themselves because they are so worried about not providing enough support. It's not about legal obligations, but its people being human beings and feeling responsible for their staff. I wholeheartedly agree that organisations haven't done enough in the past, so I really support that the issue of mental health is in the public discourse. But I see mental health as a human issue, albeit with medical aspects at times. So I feel that the field of mental health is over-medicalised and part of the issue is that mental health is given overly to the remit of doctors and psychiatrists who can 'diagnose'.

Instead, there is a role for everybody. The first port of call is where an individual does their very best to be resourced and to gain awareness on how we can address things before they start going downhill. The second port of call is our social support network - family, friends and colleagues. We are social animals and when we have awareness of our own resources we know when they are depleted and we know when they need topping up. This does not of course mean that there are not times, for example after acute trauma, or when the impacts of older trauma may be triggered, when professional help is more immediately needed. But if in the workplace we know how to identify things early, where possible, then the need for professional mental health care can be much further down the line, if at all. And as mental health is being talked about more and more I am seeing line managers increasingly being told to send their staff straight off to see their GP when they're in distress, when it may be that that person may not need to see a medical professional at all. They just need help at a human level to figure out their situation. So, I really hope to see it becoming more a psychosocial issue and less a medical one.

Lastly, what advice would you give to someone who is looking to work in the area that you are currently working in?

Because I haven't trained as an occupational psychologist or as an occupational health professional, I would say that if you haven't gone down the traditional path then don't be scared as there are other ways to enter the field. It does not mean you can just waltz in, but that good skills, experience and knowledge can be gained in all sorts of ways. Of course you have to show yourself to be knowledgeable and credible. I've gone into jobs that I did not tick all the boxes at all. So don't be afraid to bring what you've got when you have something to offer.

Contact details

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Young workers' health-related working conditions and their access to occupational safety and health protection in Italy

by Nico Dragano¹, Cristina Di Tecco², Matteo Ronchetti², Giuliana Buresti², Sergio Iavicoli²

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This research was awarded the Best Poster Prize at the 12th European Academy of Occupational Health Psychology Conference in Athens, 2016

Background

New profiles of vulnerable workers with specific needs related to the management of Occupational Health and Safety (OSH) are emerging in times of economic crises and demographic changes. One aspect of change is the shift in the age proportions of the workforce as working life prolongs while it has become difficult for younger persons to enter the labour market - in particular in countries affected by the European economic crises. Moreover, deregulation of labour markets has led to an increase in insecure employment over recent decades. In Italy, contingent work has been on the rise since the mid-1990s; the percentage of contingent workers has nearly doubled from 7.2% in 1995 to 13.4% in 2011, particularly among younger workers, where the rate has sharply increased from 17.9% to 49.9% (OECD, 2012). This suggested a dramatically changing nature of the "typical" employment contract for new workforce entrants.

Although recent research has largely focused on unemployment and health consequences among younger workers, the situation of those who manage to enter the labour market is largely unknown. This study aimed to investigate the situation with regard to the health-related working conditions and OSH management in young workers in Italy, while also considering their employment status.

Methods

Data from the 2014 Italian survey on workers' OSH perceptions (Inail, 2014) were the starting point of this study. The sample is representative and includes 8,000 Italian workers (46.2% women), who were involved in the survey. The survey was conducted by the Italian Workers Compensation Authority (Inail) and data were assessed by computer-assisted-telephone interviews. The sample was stratified. The mean age of the participants was 43 years and 732 participants were under 30 years old (9.2%). This comparably low proportion reflects the various barriers for the labour market entry of young persons in the current economic situation in Italy.

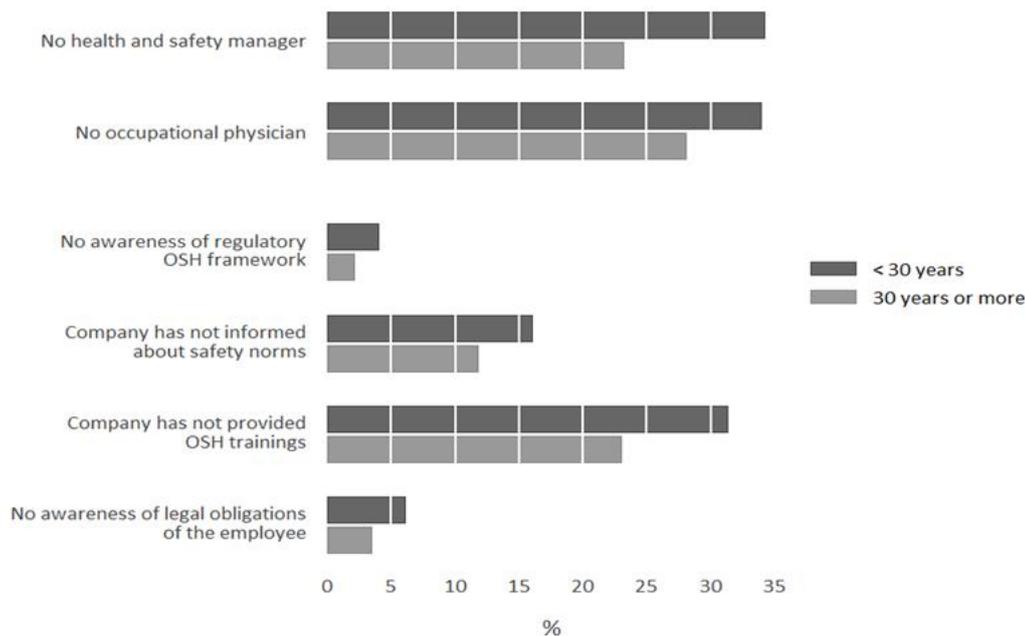
Three dimensions of OSH issues were studied using several indicators from the questionnaire: a) Employment situation; b) Exposure to psychosocial and physical risk factors; c) Occupational safety and health management (Table 1).

The prevalence of indicators were compared between young workers (aged 19-29 years) and adult workers (aged 30+ years) using bivariate statistics. To assess the magnitude of differences, logistic regression models were calculated with age groups as the dependent variable and OSH indicator variables as independent variables. Different adjustment sets were used. Analysis was conducted with the SPSS statistical package.

Table 1. Dimensions under investigation

DIMENSIONS	INDICATORS
Employment situation	occupational status, type of employer, employment contract, company size, economic sector
Exposure to psychosocial and physical risk factors	demands, control, long working hours, co-worker support, relationships, physical hazards, chemical hazards, biological hazards, ergonomic hazards, injury risks
Occupational safety and health management	availability of occupational physician, safety and health manager, workers' representative for OSH; awareness of basic OSH norms, first aid procedures, legal obligations of the employee; company provides OSH information or training

Figure 1. Access to OSH services



Results

As expected, the employment conditions of the two age groups differed markedly. Young workers were mostly employed in the private sector and 42.5% reported fixed-term contracts and other forms of precarious employment, such as project or seasonal contracts. Conversely, the proportion of permanent contract is higher for workers aged 30+. Finally, younger workers had lower occupational positions and a higher proportion worked in small enterprises.

In terms of health-adverse working conditions, only small differences between young and elder workers were observed. Significantly higher exposure prevalence among the young are reported for long working hours only, while exposures to tight deadlines or bullying emerged more frequently among the 30+.

Young workers reported more frequently to have no knowledge or access to OSH services such as an occupational health physician, a safety and health manager, or a workers representative for occupational safety and health (Figure 1). Accordingly, they were not aware of basic regulatory frameworks, received less information about safety risks, and received less often job training on OSH issues.

Conclusions

These findings highlight that young workers have less knowledge on occupational safety and health risks and less access to OSH services, resulting in being less well protected than older and/or more established workers. Nevertheless, temporary employment in the private sector or employment in small companies increased the likelihood of having less access to OSH services and

protective measures. Thus, special efforts are necessary to ensure appropriate coverage of OSH especially for young workers in precarious employment.

Future perspectives

Some issues remain open in this study, particularly in relation to the effects of the job insecurity on health. Although small differences were found on the health-adverse working conditions between young and elder workers, it is broadly acknowledged that insecure employment - significantly higher among

young workers- has consequences for work-related health as job insecurity can have detrimental effects on mental and physical health.

The University of Dusseldorf was recently involved with the Department of Psychology of the Sapienza University of Rome in a research project financed by Inail aiming to contribute in the investigation of the complex relation between job insecurity and determinants of health in young workers. This general objective will be addressed through a systematic analysis of the relevant literature, through the analysis of unpublished data, and the examination of organizational cases. The availability of representative and solid databases (INSULA, EWCS and ESS) will allow secondary analyses to disentangle the relation between health and job insecurity in young worker. This will result in new insights of the effects of contingent work on health outcomes within a broad cross-national framework for orienting future policies regarding type of contract, job insecurity and their effects on health. The project is still in progress.

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In this section we describe the five papers published in the most recent issue of our partner journal—Work & Stress, vol. 31, issue 4, 2017.

Rumination for innovation? Analysing the longitudinal effects of work-related rumination on creativity at work and off-job recovery

By Vahle-Hinz, Mauno, de Bloom, & Kinnunen

This two year longitudinal study showed that after a year, affective rumination, but not problem-solving pondering, was negatively related to off-job recovery; and that problem-solving pondering, but not affective rumination, was positively related to creativity at work. After two-years, reversed effects were detected as creativity at work was negatively related to affective rumination and positively to off-job recovery. This suggests that the quality of work-related thoughts determines whether the outcome is beneficial or detrimental, and that advise to employees to stop thinking about work during off-job time, may therefore be too simplistic.

Stressors beget stressors: The effect of passive leadership on employee health through workload and work–family conflict

by Che, Zhou, Kessler, & Spector

The results from this study showed that both self-reported and co-worker-reported passive leadership was positively related to employee burnout and physical symptoms, as well as workload and work–family conflict. Additionally, workload and work–family conflict partially mediated the effects of passive leadership on burnout and physical symptoms, respectively. These findings support the notion that passive leadership can create a stressful workplace and have a detrimental effect on employees' health.

The effect of exposure to bullying on turnover intentions: The role of perceived psychological contract violation and benevolent behaviour

by Salin & Notelaers

Analyses from this study confirmed that perceived psychological contract violation partially explains the relationship between exposure to bullying and turnover intentions. The mediation process was stronger for those reporting more benevolent behaviour, suggesting that the importance of perceived psychological contract violation is greater among those scoring high on benevolent behaviour. The results also show that highly benevolent employees are more affected by exposure to bullying



behaviour, although the effects were equally detrimental, irrespective of benevolent behaviour, when employees were exposed to very high levels of bullying.

Job insecurity and work outcomes: The role of psychological contract breach and positive psychological capital

by Costa & Neves

This study not only found that job insecurity related to work outcomes but also a moderated mediation effect, whereby positive psychological capital moderates the negative indirect relationship of job insecurity on outcomes through psychological contract breach.

Long-term profiles of work-related rumination associated with leadership, job demands, and exhaustion: A three-wave study

by Perko, Kinnunen, & Feldt

In a three-wave questionnaire study of Finnish municipal employees, factor mixture modelling was used to identify five latent classes (i.e. subgroups of participants with similar mean levels and mean-level changes) of work-related rumination (WRR). Participants in the higher WRR classes reported higher levels of job demands, less supervisor fairness, and more abusive supervision. In the decreasing class, WRR decreased concurrently with decreasing job demands. Exhaustion showed considerable congruence with WRR both between and within persons.

Work & Stress—Online Access

All members of the Academy receive a personal subscription to the quarterly international journal 'Work & Stress'. If there are any queries, kindly contact our membership officer: Cristina Di Tecco (c.ditecco@inail.it)

Book Updates

Occupational Health Psychology

Authors: Irvin S. Schonfeld & Chu-Hsiang Chang

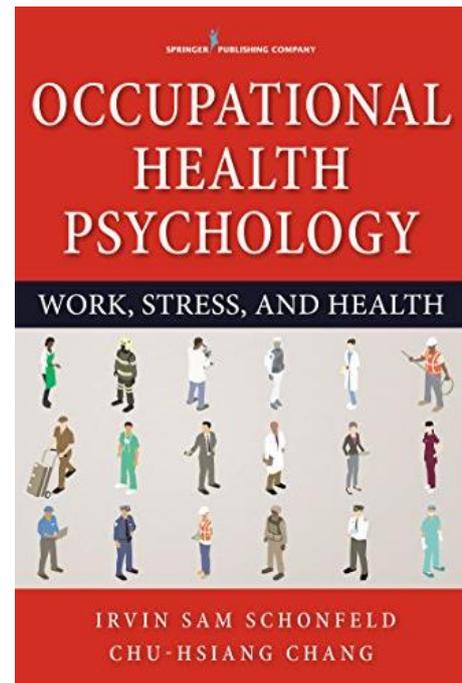
Publisher: Springer Publishing Company

The discipline of Occupational Health Psychology (OHP) has few "one-stop" textbooks that provide an overview of the field. In addition, the rapid evolution of the discipline means that existing textbooks and resources quickly become outdated. This textbook therefore provides a contemporary introduction to OHP that is suitable for both undergraduate and graduate courses, as well as wider practitioners and the general public who have an interest in the field. In addition, by primarily drawing on longitudinal studies and meta-analyses, the textbook provides a comprehensive summary of the extant higher-quality evidence that will be useful for most researchers.

Separated into 11 chapters, Chapter One introduces the origins of OHP and charts the developments of the field into a widely recognized discipline. It includes the setting up of NIOSH, the Work & Stress and JOHP journals, as well as our own EAOHP. Chapter Two provides an overview of research methods in OHP. Although the designs and constructs visited here may be somewhat simplistic to the more experienced researcher, the OHP examples are quite useful in gaining an insight to some of the issues and controversies within the discipline.

Chapters Three and Four focus on the evidence for the impact of psychosocial working conditions on mental health and physical illness. It is here that the main stress theories are introduced before their evidence base is reviewed. The discussion of reverse causality, the impact of socioeconomic status, the timing of data collection and the wide-ranging reliance on self-reported measures provides a more critical lens to consider the existing evidence, and hopefully inform researchers to control for, or at least consider, these factors in future research.

The research surrounding workplace violence and psychological aggression is reviewed in Chapter Five. The focus here is more on the prevalence, risk factors and consequences of these behaviors, rather than a discussion of the debate around the definition and measurement of these constructs. Chapter Six moves beyond the individual to consider the impact of organizational climate and leadership on employee health and safety. Interestingly for a general OHP textbook, Chapter Seven is devoted to summarizing the OHP research in seven different occupations. These include teachers, agriculture workers, soldiers and nurses. The intention here is to highlight some of the differences across occupations and sectors, and



how care needs to be taken when attempting to generalize research.

Chapter Eight examines occupational safety, including the individual and situational antecedents to safety performance. This is much more focused on the individual, as safety climate in general was covered in Chapter Six. In Chapter Nine, the textbook introduces work-family balance. It acknowledges both the negative and positive impact through a discussion of work-family conflict and work-family enhancement respectively. The chapter ends with consideration of the broader context, including how social policies impact work-family issues. This is followed by Chapter Ten that focuses on OHP interventions, providing examples of primary, secondary and tertiary interventions. These are separated into interventions that focus on work-life balance, physical health and safety, and psychological health and wellbeing.

The final chapter reflects on the future of OHP. It considers the issues discussed in eight of the preceding chapters and identifies future directions. For example, for mental health the chapter argues that we should consider how money, personality and social factors, and job crafting impacts on employee mental health. Similarly, in relation to the work-family balance chapter, the authors propose that families with other care responsibilities and the self-employed are two groups where more research is needed. The textbook ends by advocating stronger action to influence employment factors beyond work, including job insecurity and unemployment.

The textbook is designed to support the development of the field of OHP. Educators in this area can contact the publisher for an Instructor Manual that contains resources for classroom discussion and assessment

based on the textbook. In addition, throughout the book there are tips for the interested reader on additional resources (e.g., accessing the EAOHP and APA OHP listserves) and towards existing research controversies and future directions. To make space for the thorough review of the research in each of the broad areas covered in the book has perhaps been at the expense of some of the theoretical background that accompanies these topics. Notable omissions include the positive OHP movement, the systems perspective of error and accidents, and the

organizational intervention cycle. Nevertheless, the textbook is well-written, thorough and easy to read. I would argue that it provides an important resource not only for students but for educators, researchers and practitioners with an interest of OHP.

Review by:
Kevin Teoh
 Lecturer in Organisational Psychology
 Dept. of Organizational Psychology
 Birkbeck University of London, UK

Call for Book Reviewers

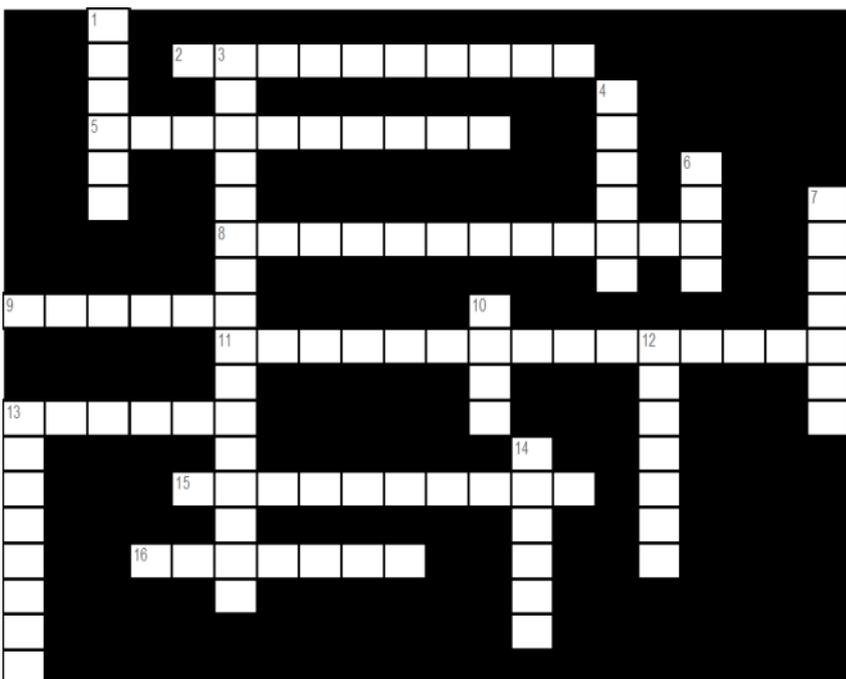
EAOHP is looking to expand our team of book reviewers. There are a number of benefits to becoming a book reviewer, including:

- access to the latest books, allowing you to keep up to date with your areas of practice, education and/or research, or simply those that interest you most;
- getting your name known in relevant circles;
- expanding your CV;
- and you get to keep any book that you review!

Book reviews should be approximately 500 to 700 words in length. Books for review will be sent to you, so you will not incur any costs. 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 review. If you would like to join our team of book reviewers, please email the Newsletter's Book Reviews Editor, Gail Kinman (Gail.Kinman@beds.ac.uk) with details of your interests.

OHP & Christmas Crossword Puzzle

Answers on page 18



Down

1. Psychosocial _____ climate
3. A style of leadership where a leader works with subordinates to identify needed change, creating a vision to guide the change through inspiration, and executing the change in tandem with committed members of a group
4. The four week period that precedes Christmas
6. Joyeux _____
7. The lead reindeer
10. In the Netherlands, and parts of Belgium, Sinterklaas arrives by _____
12. Santa's home in Finland
13. Published the ERI model
14. the positive and developmental state of an individual characterized by high self-efficacy, optimism, hope and resiliency

Across

2. Europe's first Christmas market
5. Core dimension of burnout
8. The three Kings (or Magi) brought gold, _____ and myrrh to Jesus?
9. Mobbing is seen as psychological _____ in the workplace
11. MSD/MSK Problems
13. The world's most famous Christmas carol originally written in German (night)
15. Partner journal of EAOHP
16. St. Nicklaus' deputy in Austria and Germany

The Centre for Organizational Health & Development, University of Nottingham

The Centre for Organizational Health & Development (COHD) at the University of Nottingham, led by Professor Stavroula Leka, has been a World Health Organization collaborating centre for occupational health since 1992. The Centre is best known for the impact of work on the management of psychosocial risks and the promotion of mental health in the workplace. WHO guidance documents produced by the COHD (Guidance on work organisation and stress: [WHO Protecting Workers' Health Series No. 3 Work organization and stress](#) and Guidance on developing healthy workplaces: http://www.who.int/occupational_health/publications/healthy_workplaces_model.pdf?ua=1) were included in WHO's information sheet on mental health in the



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Nottingham

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workplace (http://www.who.int/mental_health/in_the_workplace/en/) that was released on this year's World Mental Health Day. At the EU level, the EU Compass for Action on Mental Health and Wellbeing has produced a policy consensus document on mental health in the workplace in the EU, written by the COHD, that includes 10 key recommendations for action and has been adopted by all EU member states: https://ec.europa.eu/health/sites/health/files/mental_health/docs/compass_2017workplace_en.pdf

Institute of Work Psychology International Conference 2018

The [Institute of Work Psychology](#) International Conference 2018 will take place at Sheffield University Management School between the 19th and 21st June.

Our internationally recognised conference focuses on sharing research and theoretical contributions from all areas of work and organisational psychology, with particular focus on the areas of work, wellbeing and performance. We invite high quality submissions in all areas of work, applied social, organisational, industrial, occupational and vocational psychology and in the related fields of organisational behaviour and human resource management.

We pride ourselves on creating a friendly and welcoming atmosphere, which allows many of our friends and colleagues from across our discipline and



related areas to come together to network, share and develop high quality research, as well as allowing them to develop new research projects and find new collaborative partners.

The conference will be held at Sheffield University Management School, which is located near Sheffield city centre.

For more info please visit: <http://iwconference.group.shef.ac.uk/>

EAWOP Small Group Meeting: Presenteeism and Absenteeism (Call for Papers)

"To work, or not to work (when sick), that is the question" – Recent trends and avenues for research on presenteeism and absenteeism.

Our goal is to bring together a diverse group of researchers in order to foster exchange and collaboration on attendance behaviors.

The meeting is to be held on July 27 and 28, 2018, in beautiful Klagenfurt, Austria.

Abstracts are invited for submission by February 18, 2018.



The full Call for Papers (and contact information) is available here: <http://eawop.org/news/call-for-papers-presenteeism-and-absenteeism>

Upcoming Conferences and Events

- ◇ 32nd International Congress on Occupational Health

April 29th–May 4th, 2018
Dublin, Ireland

<http://icoh2018.org/wp/congress-overview/>

- ◇ 11th International Conference on Workplace Bullying and Harassment

June 5th-8th, 2018
Bordeaux, France

<https://bullying2018.sciencesconf.org/>

- ◇ 6th EAWOP Early Career Summer School

June 2nd-6th, 2018
Heraklion, Crete, Greece

<http://eawop.org/next-school2>

- ◇ 6th Institute of Work Psychology International Conference

June 19th–21st, 2018
Sheffield, United Kingdom

<http://iwpcconference.group.shef.ac.uk/about-the-conference/>

- ◇ 13th European Academy of Occupational Health Psychology Conference

September 5th-7th 2018
Lisbon, Portugal

<http://www.eaohp.org/conference.html>

- ◇ 2nd Annual Symposium to Advance Total Worker Health: Work & Well-Being: How Safer, Healthier Work Can Enhance Well-Being.

May 8th-11th, 2018.

Bethesda, United States.

<https://www.twhsymposium.org/>



5-7 SEPTEMBER | 13th CONFERENCE OF THE EUROPEAN ACADEMY OF OCCUPATIONAL HEALTH PSYCHOLOGY



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 Kevin Teoh to discuss your ideas. See the back page of this Newsletter for our contact details.

Crossword Answers

Across

- | | | |
|-----------------|---------------------|-----------------|
| 2. Strasbourg | 9. Terror | 15. Work Stress |
| 5. Exhaustion | 11. Musculoskeletal | 16. Krampus |
| 8. Frankincense | 13. Silent night | |

Down

- | | | |
|---------------------|------------|--------------|
| 1. Safety | 6. Noel | 12. Lapland |
| 3. Transformational | 7. Rudolph | 13. Siegrist |
| 4. Advent | 10. Boat | 14. PsyCAP |

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EAOHP – About Us

The European Academy of Occupational Health Psychology: the European representative body for the discipline. The Academy is a registered charity under English law (registered charity number 1115640) that exists to support research, education, and professional practice across Europe. This is achieved through a biennial conference, academic and practitioner-oriented publications, and the provision of small grants to individuals and groups.

Individuals with an interest in the application of scientific psychological principles and practices to occupational health issues are invited to join the Academy. Membership attracts a host of benefits including a free personal subscription to the Academy's affiliated journal, *Work & Stress*, as well as discounts on attendance at events.

Academy Publications

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

Work & Stress: A journal of work, health and organizations. 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 3 (2014-2015).

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.



the Occupational Health Psychologist

GUIDELINES FOR CONTRIBUTORS

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.

OHP research/practice

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.

Opportunities

We would be pleased to receive advertisements for job opportunities, internships or PhD studentships. If you have an opportunity that you would like to make our community aware of, please send a short description to the Editors.

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.

**Please email your questions, announcements
or contributions to the Editors:**

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Kevin Teoh: k.teoh@bbk.ac.uk

Vlad Dediu: vlad.dediu@nottingham.ac.uk

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