

PAS 1010:2011

Guidance on the management of psychosocial risks in the workplace



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 European Agency for Safety and Health at Work

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Foreword

This Publicly Available Specification (PAS 1010) was sponsored by the University of Nottingham, Institute of Work Health and Organizations (I-WHO) and its development was facilitated by the British Standards Institution (BSI).

Acknowledgement is given to the following organizations that were involved in the development of this Publicly Available Specification:

- CIOP-PIB (Central Institute for Labour Protection – National Research Institute);
- EEF (The Manufacturers' Organisation);
- ETUC (European Trade Union Confederation);
- EU-OSHA (European Agency for Safety and Health at Work);
- FIOH (Finnish Institute of Occupational Health);
- HSE (Health and Safety Executive);
- iMS Risk Solutions Ltd;
- INAIL (Italian Workers' Compensation Authority);
- TNO – Work and Employment;
- WHO (World Health Organization).

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Use of this document

As a guide, this Publicly Available Specification takes the form of guidance and recommendations. It should not be quoted as if it were a specification and particular care should be taken to ensure that claims of compliance are not misleading.

Any user claiming compliance with this Publicly Available Specification is expected to be able to justify any course of action that deviates from its recommendations.

It has been assumed in the preparation of this Publicly Available Specification that the execution of its provisions will be entrusted to appropriately qualified and experienced people, for whose use it has been produced.

Presentational conventions

The provisions in this PAS are presented in roman (i.e. upright) type. Its recommendations are expressed in sentences in which the principal auxiliary verb is "should".

Commentary, explanation and general informative material is presented in smaller italic type and does not constitute a normative element.

The word "may" is used in the text to express permissibility, e.g. as an alternative to the primary recommendation of the clause. The word "can" is used to express possibility, e.g. a consequence of an action or an event.

Contractual and legal considerations

This publication does not purport to include all the necessary provisions of a contract. Users are responsible for its correct application.

Compliance with a British Standard cannot confer immunity from legal obligations.

In addition to the recommendations of this Publicly Available Specification, users' attention is drawn to the statutory requirements and guidelines given in Annex A.

Introduction

0.1 Background

Psychosocial risks, work-related stress, violence and harassment (psychological harassment, bullying or mobbing) are now widely recognized major challenges to occupational health and safety. Nearly one in three of Europe's workers, and more than 40 million people, report that they are affected by stress at work. Psychosocial risks can have a negative impact in terms of human, social and financial costs. Negative outcomes on the individual level include poor health and well-being, and problems with interpersonal relationships, both at the workplace and in private life.



In the wider perspective, psychosocial risks are a major occupational health concern and are associated with serious economic implications for society and all types of enterprises, irrespective of size and sector. According to the Fourth European Working Conditions Survey¹⁾, stress was experienced on average by 22% of workers from all 27 EU Member States. In the 15 Member States of the pre-2004 EU, the European Commission estimated the yearly cost of work-related stress at €20,000 million. At the national level, the British 2008/9 Labour Force Survey²⁾ estimated that stress-related illnesses are responsible for the loss of an estimated 11.4 million lost working days in Britain, an increase from the 10 million lost working days in 2005/6, which had then cost the economy in excess of £530 million. In a recent report by the European Agency for Safety

and Health at Work (EU-OSHA [1] see Annex A) it is reported that in France stress-related illnesses cost society between €830 and €1,656 million, while in the Netherlands the estimated total cost of poor working conditions was up to €6,000 million, equivalent to 2.96% of the gross national product (GNP).

The European Survey of Enterprises on New and Emerging Risks (ESENER) by EU-OSHA³⁾ [1] covered over 28,000 enterprises in 31 countries (27 EU Member States, Norway, Switzerland, Croatia and Turkey) and found that even though work-related stress was reported among the key occupational safety and health concerns for European enterprises, only about half of the establishments surveyed reported that they inform their employees about psychosocial risks and their effects on health and safety; less than a third have procedures in place to deal with work-related stress.

Work-related stress: key facts

- 22% of all European workers are experiencing work-related stress
- The yearly cost of work related stress was estimated at €20,000 million for 15 Member States of the pre-2004 EU
- In 2008/9 stress related illnesses were responsible for the loss of an estimated 11.4 million lost working days in Britain
- Less than a third of European enterprises have procedures in place to deal with work-related stress

¹⁾ www.eurofound.europa.eu/ewco/surveys/ewcs2005/index.htm

²⁾ www.hse.gov.uk/statistics/lfs/lfs0809.pdf

³⁾ www.esener.eu

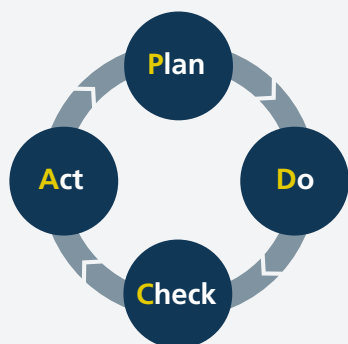
0.2 Purpose

This Publicly Available Specification (PAS) provides guidance for organizations on how to manage the health of employees with respect to psychosocial risk. It recognizes that this area of risk is but one area that organizations can manage proactively with respect to occupational health and safety. It focuses in particular on work-related stress (see Annex B). While work-related harassment and bullying are included in this PAS as psychosocial risks, these issues are discussed only briefly (see Annex C). These are often complex phenomena, e.g. to become bullied is a psychosocial risk situation causing psychological harm; on the other hand, harassment at work may be regarded and discussed as a consequence of a poor psychosocial work environment. In addition, this PAS recognizes the relevance and impact of third party violence as a psychosocial risk and covers it briefly in Annex C.⁴⁾

This PAS does not deal with the clinical management of mental health issues. Although in this PAS the health impact of psychosocial risks in relation to the development of musculoskeletal disorders and cardiovascular disease is recognized, this is not discussed in detail.⁵⁾

This PAS has been written so that it is consistent with other guidance and specifications that are used by organizations to manage occupational health and safety but expands on the specific needs for managing psychosocial risk. The framework and approach adopted is compatible with that found in the ILO OSH-MS Guidelines [5], BS OHSAS 18001; BS OHSAS 18002; BS 18004 and ANSI Z 10, which are all risk based, and use the Plan-Do-Check-Act (PDCA) approach (see Figure 1).

Figure 1 – Plan-Do-Check-Act (PDCA) approach



⁴⁾ ILO (2006) [3]; EU-OSHA (2010) [4].

⁵⁾ EU-OSHA (2009) [1], WHO (2010) [2].

PDCA can be briefly described as:

- Plan: establish the objectives and processes necessary to deliver results in accordance with the organization's OH&S policy;
- Do: implement the processes;
- Check: monitor and measure processes against OH&S policy, objectives, legal and other requirements, and report the results;
- Act: take actions to continually improve OH&S performance.

In everyday practice, psychosocial risks at the workplace have many underlying causes. As a result there are no quick-fix solutions; a continuous management process is required. To be effective it is important to understand the most important underlying causal factors before solutions are selected. This requires a systematic risk management process to be implemented and monitored by organizations. The aim is to identify potential areas and activities that give rise to work-related stress and implement intervention measures before harm can occur.

This PAS provides guidance and recommendations for psychosocial risk management to enable an organization to develop and implement a strategy and to specify objectives that take into account legal requirements and information about psychosocial risk. It is intended to apply to all types and sizes of organizations and to accommodate diverse geographical, cultural and social conditions. The success of psychosocial risk management depends on commitment from all levels and functions of the organization, especially from top management. The overall aim of this PAS is to support and promote good psychosocial risk management practices.

Good psychosocial risk management goes beyond legal requirements and offers many opportunities for business. In essence, psychosocial risk management is synonymous with good business practice. As such, good practice in relation to psychosocial risk management essentially reflects good practice in organizational management, learning and development, social responsibility, employer image and promotion of quality of working life and good work. Psychosocial risk management also has positive financial returns through its positive impact on productivity and safety management and is important for sustainability of organizations. It also has positive benefits outside the workplace, including the promotion of individual and family health, well-being and quality of life.

0.3 How psychosocial risk management relates to general occupational health and safety management

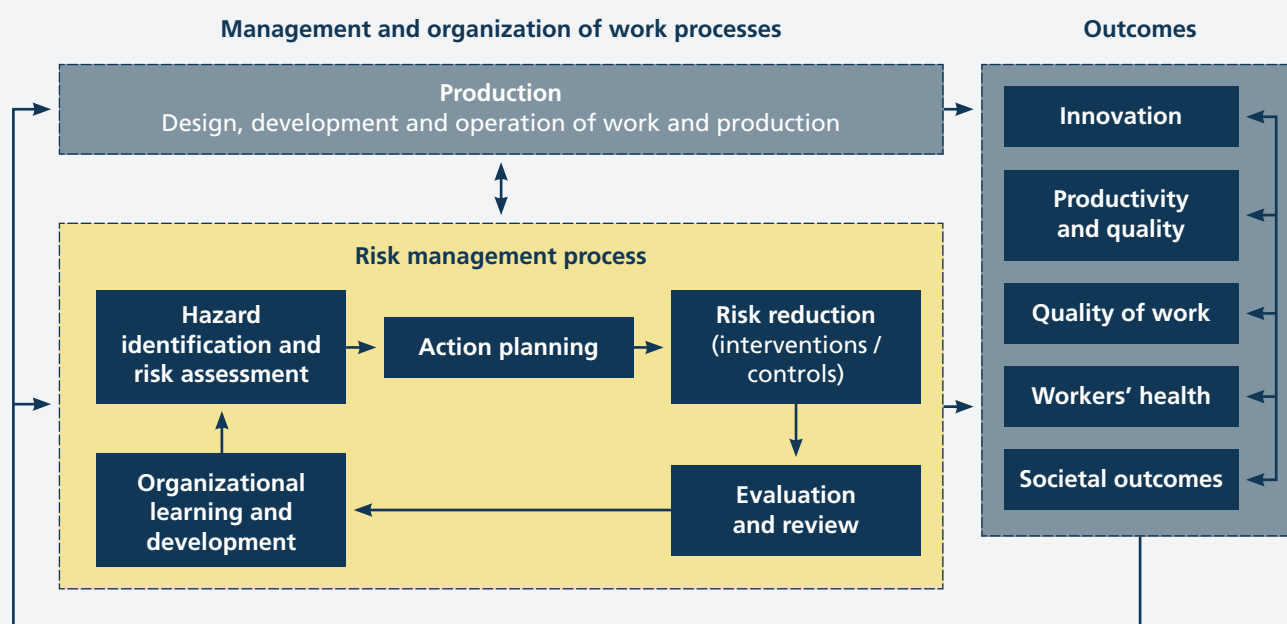
The psychosocial risk management process (see Figure 2) is quite similar to that of general occupational health and safety risk management. In principle, they are both based on the concept of a control cycle:

- identification of hazards and assessment of risks;
- design and implementation of interventions;
- evaluation and review.

Further similarities can be observed when considering the context in which these processes occur. They are

both addressed by the European Framework Directive 89/391/EEC [6] on the introduction of measures to encourage improvements in the safety and health of workers at work. This legal framework establishes the need for continuous assessment of risks and their reduction. It also defines a participative approach as the way in which this assessment and reduction of risks should be conducted. Thus, both the psychosocial and general risk management approaches are a shared responsibility of the employer and the employees.

Figure 2 – Overview of the psychosocial risk management process



The similarities, in relation to shared principles, do not end with their mention in legislation. There is strong research and practice-based evidence of their effectiveness on the reduction of undesired costs for workers, organizations and society. They can both have an effect over a broad range of aspects, including sickness absence and social security, among others. Due to their impact, they should be understood as basic social responsibilities and regarded as aspects of good management.

In more practical terms, psychosocial and general risk management are associated in terms of the interactions that can be observed between psychosocial and

more traditional risks (such as physical exposures). For example, psychosocial hazards may increase the risk of exposure to hazardous chemicals through the generation of more human error, so more harm might occur within the same levels of exposure when psychosocial conditions are less favourable. On the other hand, the exposure to physical or chemical hazards might in itself constitute a psychosocial risk as employees worry about the possible implications of such exposures.

In the psychosocial risk management process, once hazards and their associated risks have been identified, the next step is to take measures to eliminate or to

reduce the risks that result from the hazards. It is more or less generally accepted that there are hierarchies of preferred measures, starting with measures at source, then measures to minimize the effect of exposure to psychosocial risks, and finally measures to mitigate the effects in case of serious exposure to the hazards.

Apart from European and national legislation, psychosocial risk management has also been included in guidance by the ILO (1986) [7], the WHO (2003 [8], 2008 [9], and 2010 [10]), the European Commission (2002) [11], as well as in European social partner

agreements on work-related stress (2004) [12] and on harassment and violence at work (2007) [13]. Standards that are relevant to this PAS include: BIP 3055:2005, BIP 2033:2003, BS 3518-1:1993, BS 31100:2008, BS EN ISO 10075-1, BS EN ISO 10075-2, BS EN ISO 10075-3, PD ISO/IEC Guide 73:2002, ILO OSH-MS Guidelines [5], BS OHSAS 18001; BS OHSAS 18002; BS 18004, ANSI Z 10 and the Management Standards for Work-related Stress (HSE, 2005) [14].

***NOTE** The stages of the psychosocial risk management process are detailed in Section 5.*



1 Scope

This Publicly Available Specification (PAS) provides employers with guidance on good practice for the assessment and management of psychosocial risks in a workplace environment.

This PAS is applicable to human resources managers and specialists, occupational health and safety managers and specialists, managers and owners of small and medium-sized enterprises (SMEs), and employee representatives.

This PAS is most likely to be used by organizations that wish to:

- a) establish a strategy and process of psychosocial risk management to eliminate or minimize risks to personnel and other interested parties who could be exposed to psychosocial hazards associated with its activities;
- b) implement, maintain and continually improve the psychosocial risk management process and related practices;
- c) assure themselves of their conformity with their stated occupational health and safety (OH&S) and psychosocial risk policy.

The guidance and recommendations in this PAS are intended to be incorporated into any OH&S management system. The extent of the application will depend on such factors as the OH&S policy of the organization, the nature of its activities and the risks and complexity of its operations.

2 Terms and definitions

For the purposes of this PAS the following terms and definitions apply.

2.1 harassment (bullying, mobbing) at work

harassing, offending, socially excluding someone or negatively affecting someone's work tasks; negative activity is repeated and regular and lasts over a period of time

NOTE See Annex C.

2.2 harm

subsequent and related ill effects on the health of an employee(s) following exposure to hazards at work

2.3 hazard

source, situation or act with a potential for harm in terms of human injury or ill health, or a combination of these

2.4 occupational health and safety (OH&S)

conditions and factors that affect, or could affect, the health and safety of employees or other workers (including temporary workers), visitors or any other person in the workplace

Organizations can be subject to legal requirements for the health and safety of persons beyond the immediate workplace or who are exposed to the workplace activities.

2.5 OH&S management system

part of an organization's management system used to develop and implement its OH&S policy and manage its OH&S risks

A management system is a set of interrelated elements used to establish policy and objectives, and to achieve those objectives; it includes organizational structure, planning activities (including, for example, risk assessment and the setting of objectives), responsibilities, practices, procedures, processes and resources.

NOTE Adapted from BS EN ISO 14001:2004, 3.8.

2.6 primary intervention

attempt to prevent harmful effects or phenomena emerging

Primary stage interventions are proactive by nature and about creating understanding in the organization.

2.7 psychosocial factor

interaction among job content, work organization and management, and other environmental and organizational conditions, and the employees' competencies and needs

2.8 psychosocial risk

likelihood that psychosocial factors have a hazardous influence on employees' health through their perceptions and experience and the severity of ill health that can be caused by exposure to them

NOTE Derived from International Labour Organization, 1986 [7].

2.9 rehabilitation

process aimed at enabling people to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels

2.10 risk

combination of the likelihood of an occurrence of a hazardous event or exposure(s) and the severity of injury or ill health that can be caused by the event or exposure(s)

2.11 risk assessment

systematic examination of the work undertaken to consider what causes injury or harm, whether hazards could be eliminated and, if not, what preventive or protective measures are, or should be, in place to control the risks

2.12 secondary intervention

intervention aimed at taking steps to improve the perception or to increase individual resources of groups that could be at risk of exposure

The focus of these actions is on the provision of education and training.

2.13 tertiary intervention

intervention aimed at reducing negative impacts and healing damages

Tertiary interventions are rehabilitative by nature.

2.14 work-related stress

pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organization and work environment

NOTE 1 Derived from European Commission's Guidance on work-related stress, 2002 [11].

NOTE 2 Work-related stress can be caused by different factors such as work content, work organization, work environment and poor communication (see Annex B).

3 Psychosocial risk management: overview, policy and key principles

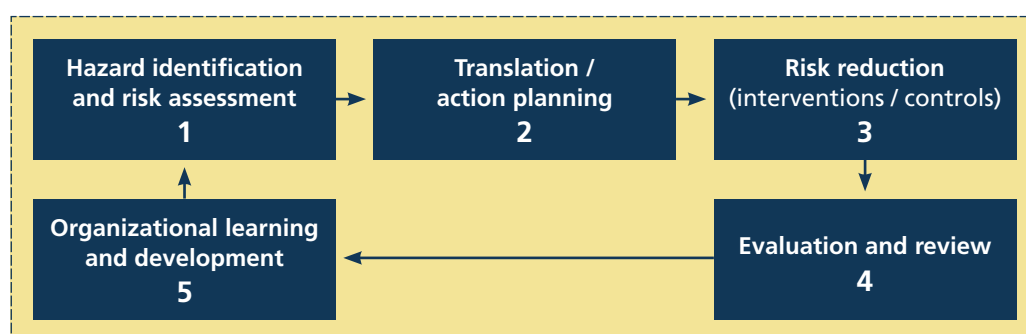
3.1 Overview

Psychosocial risk management is the application of the risk management framework to psychosocial risks at work. As such it is based on the principles of prevention in line with occupational health and safety legislation, and it aims at risk elimination or reduction. It is a systematic process (see Figure 3) by which hazards are identified, risks analyzed and managed, and workers protected. Psychosocial risk management involves five main steps:

- a) hazard identification and risk assessment;
- b) translation/action planning;
- c) risk reduction (interventions/controls);
- d) evaluation and review;
- e) organizational learning and development.

The legal responsibility for removing or reducing any type of risk to workers' health lies with the employer as stipulated in the European Framework Directive on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work, 89/391/EEC [6].

Figure 3 – Main steps in the psychosocial risk management process



In addition, two framework agreements at European level of particular relevance to the management of psychosocial risks have been concluded as a result of social dialogue:

- a) the framework agreement on work-related stress (2004) [12];
- b) the framework agreement on harassment and violence at work (2007) [13].

They aim to increase awareness of employers, workers and their representatives in relation to these issues and provide a framework to identify problems and address them within an overall process of risk management and through specific policies. At national level, social partners commit to implement the agreements through their member organizations. Implementation results depend highly on the quality of industrial relations at national level, particularly the ability and the will

of social partners to negotiate as equals, to reach consensus on relevant issues and to find innovative solutions. Therefore, successful social dialogue is crucial for combating psychosocial risks at the workplace.

As with all risk management processes, psychosocial risk management should represent a systematic, ongoing process within the organizational context so that risks to workers' health can be monitored and managed effectively. This is especially important in relation to psychosocial risks, as their relevance to subjective perceptions and the dynamic nature of the work environment make their continuous assessment very necessary. It is also very important that the assessment and management of psychosocial risks is considered when new processes or functions are implemented within the organization.

In managing psychosocial risks and preventing work-related stress (see Annex B for further information), organizations should adopt a comprehensive, long-term strategy. This strategy should consider the organization's policies, structure, resources, existing systems and operations, and practices. In developing appropriate policies to manage psychosocial risks (see Annex D for further information), organizations should consider whether a synergistic fit exists among different organizational policies and whether they adhere to existing legislation and standards. For example, organizations should consider how health and safety, human resources and corporate social responsibility (CSR) policies fit together to achieve common goals and promote organizational learning and development.

Psychosocial risk management is relevant to the core values underpinning organizational practices and also represents an ethical responsibility for employers. Following the development of policies for the management of psychosocial risks, organizations should develop and monitor practices in line with their policies in order to be successful.

The responsibility for managing psychosocial risks lies with the employer. As such, top management should demonstrate the leadership and commitment necessary for psychosocial risk management to be successful. However, using risk management to tackle psychosocial risks and work-related stress requires the collaborative efforts of several key stakeholders. The employees themselves are always central to the process. Employees and/or their representatives should be consulted and engaged in all discussions on psychosocial risk management, including policy development. Their active participation needs to be appropriately supported and managed.

3.2 Developing a psychosocial risk management policy

For many organizations, the starting point in the psychosocial risk management process is the development of a psychosocial risk management policy. An overall psychosocial risk management policy establishes an overall sense of direction and is the driver for implementing and improving an organization's psychosocial risk management within its general OH&S systems, so that it can maintain and potentially improve its OH&S performance. The policy should enable persons under the control of the organization to understand the overall commitment of the organization and how this can affect their individual responsibilities.

The responsibility for defining and authorizing a psychosocial risk management policy rests with the organization's senior management. However, the ongoing and proactive involvement of all relevant stakeholders in developing and implementing a psychosocial risk management policy is crucial.

The organization (or senior management) should define and authorize the organization's policy on psychosocial risk and ensure that it:

- a) is appropriate to the nature and scale of the organization's psychosocial risks;
- b) includes a commitment to prevention of injury and ill health and continual improvement of psychosocial risk management;
- c) includes a commitment to at least comply with applicable requirements to which the organization subscribes that relate to its psychosocial risks;⁶⁾
- d) provides the framework for setting and reviewing objectives for the management of psychosocial risks;
- e) is documented, implemented and maintained;
- f) is communicated to all persons working under the control of the organization with the intent that they are made aware of their individual obligations;
- g) is reviewed periodically to ensure that it remains relevant and appropriate to the organization.

This policy should be translated into practice at the organizational level, reviewed periodically and evaluated systematically as given in Annexes D and E.

3.3 Key principles of psychosocial risk management

A number of key principles underpin the psychosocial risk management process and are given in Table 1. These are discussed in more detail in Sections 4 and 5.

⁶⁾ Attention is drawn to relevant national and European legislation.

Table 1 – Key principles of psychological risk management

Principle	Key issues
Good psychosocial risk management is good business	Good practice in relation to psychosocial risk management essentially reflects good practice in organizational management, learning and development, social responsibility and promotion of quality of working life and good work
Worker and management commitment	It is very important that managers and workers feel the “ownership” of the psychosocial risk management process. Top management should demonstrate leadership and commitment for psychosocial risk management to be successful
Participative approach	The psychosocial risk management process recognizes the validity of the expertise that working people have in relation to their jobs and seeks to involve employees in the prevention of psychosocial risks and not by requiring them to simply change their perceptions and behaviour
Evidence-informed practice	Psychosocial risk management is a systematic, evidence-informed, practical problem-solving strategy. Risk assessment provides information on the nature and size of possible problems and their effects, and the number of people exposed. This data should be used to inform the development of an action plan that prioritizes measures to tackle problems at source
Identification of key factors	For psychosocial risk management to be effective it is important to understand the most important underlying causal factors before solutions are selected. As a consequence, there are usually no quick-fix solutions at hand; a continuous management process is required
Context relevance	As workplace contexts differ, there is a need to optimize the design of the risk management activities, to guide the process and maximize the validity and benefit of the outcome. Tailoring improves the focus, reliability and validity of the risk management process as well as the utilization of the results of the risk assessment and the feasibility of the results, and helps to make effective action plans
Solutions that are fit for purpose	Psychosocial risk management is an action-led process. It is important to make the problems at the workplace the starting point for action, and to develop knowledge and solutions that are “fit for purpose”
Ethics	The management of psychosocial risks is about people, their health status, and business and societal interests. Protecting the health of people is not only a legal obligation but also an ethical responsibility
Relevance for organizational policy agendas	Psychosocial risk management is central to occupational health and safety policy and practice. Psychosocial risk management can contribute to the creation of positive work environments where commitment, motivation, learning and development play an important role and sustain organizational development
Consideration of capabilities required	The implementation of the psychosocial risk management process requires capabilities that comprise: adequate knowledge of the key agents (management and workers); relevant and reliable information to support decision-making; availability of effective and user-friendly methods and tools; ownership and participation of managers and employees or their representatives; availability of competent supportive structures (experts, consultants, services). Competence should be developed by appropriate training when lacking

4 Setting up the psychosocial risk management process

4.1 Commitment, resources and competence

The successful implementation of psychosocial risk management calls for a commitment from all persons working under the control of the organization. This commitment should begin at the highest levels of management. The responsibility for managing psychosocial risks lies with the employer. As such, top management should demonstrate leadership and commitment for psychosocial risk management to be successful. Top management should:

- a) determine and make available, in a timely and efficient manner, all the resources needed to prevent injuries and ill health in the workplace;
- b) identify and monitor who needs to do what with respect to the management of psychosocial risks and make sure they are aware of their responsibilities;
- c) ensure that those members of the organization's management with psychosocial risk management responsibilities have the necessary authority to fulfil their roles.



Psychosocial risk management is an activity that is closely related to how work is organized and carried out. As a consequence, the main actors are always managers and workers and their representatives that are responsible for the work to be done. They can, of course, be supported by internal or external experts or by external service providers. However, it is very important that managers and workers feel the "ownership" of the psychosocial risk management process as they should for other health and safety issues. Care should be taken if, as often is the case, outside agencies are used to implement improvement projects. Outside agencies are often a valuable resource but should be only treated as support for management in facilitating change.

When determining the resources needed to establish and implement the psychosocial risk management process, the organization should consider:

- the financial, human and other resources specific to its operations;
- the technologies specific to its operations;
- infrastructure and equipment;
- information systems;
- the need for expertise and training.

Resources and their allocation should be reviewed periodically, via management review, to ensure they are sufficient to carry out psychosocial risk management programmes and activities, including performance measurement and monitoring. The processes should be documented in a format(s) that best suits the organization's needs but allows for review and revision periodically.

The organization should also ensure that their employees:

- a) are aware of psychosocial risks;
- b) are aware of their roles and responsibilities;
- c) have the necessary competence to perform tasks that can reduce this risk of harm due to exposure to psychosocial risks;
- d) are, where necessary, trained to achieve the required awareness and competence.

The implementation of the psychosocial risk management process requires capabilities. The

capabilities required at the organizational level comprise:

- a) adequate knowledge of the key agents (management and workers);
- b) relevant and reliable information to support decision-making;
- c) availability of effective and user-friendly methods and tools;
- d) ownership and participation of managers and employees or their representatives;
- e) availability of competent supportive structures (experts, consultants, services).

For those with a recognized professional background, their codes of conduct, ethical principles and advice and issues of good practice should be considered. It is essential that those involved are committed to the risk management process, have evidence of their competence and are fully aware of the ethical aspects of this work as well as the legal and scientific aspects.

Competence should be developed by appropriate training when lacking.

The organization should determine the competence requirements for individual tasks and may seek external advice in defining competence requirements. Specific consideration should be given to the competency requirements for the person(s) who will be:

- the senior management appointee;
- performing risk assessments;
- implementing interventions;
- performing the evaluation and review of the process and its outcomes.

The training or other actions should focus on both competency requirements and the need to enhance awareness. The organization should evaluate the effectiveness of the training or actions taken. Training records should be maintained.

