



Analytical review of the Australian policy context for work-related psychological health and psychosocial risks



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ABSTRACT

Psychosocial hazards and risks are widely acknowledged to be a serious challenge in work health and safety (WHS). WHS regulatory (hard law) and non-regulatory (soft law) policies should strive to engage organisations in psychosocial risk management practices and set a standard for good psychological health in the workplace. Therefore, policies should contain key definitions and aspects of good-practice psychosocial risk management principles. However, at present there has been limited review on policy in this area, despite growing evidence of poor work-related psychological health. Using qualitative methods, the current paper reviews relevant regulatory and non-regulatory policy documents and conducts a gap analysis according to criteria identified in models of good psychosocial risk management practice. The paper extends upon European research by Leka et al. (2015) and examines 39 policies (6 regulatory and 33 non-regulatory) in Australia. We found that most policy documents included psychological health in the objective of the policy. Non-regulatory policies showed sound coverage of exposure factors and preventive actions and, to a slightly lesser degree, risk assessment. Moreover, non-regulatory policy documents scored higher than regulatory policies. Within regulatory policies, there is poor inclusion of risk assessment, preventive action and poor coverage of exposure factors and psychological health outcomes. All policies could be strengthened by including greater coverage of work-related psychological health problems/disorders and associated outcomes. This is a novel review, which contributes to a broader program of research on Australian WHS policy. The next research phase seeks detailed information from WHS experts about the effectiveness and/or implementation of these policies in order to ascertain potential improvements.

1. Introduction

There is growing community and research awareness on the influence of psychological and social aspects of the work environment, which extend beyond more traditional or technical work factors (Sadłowska-Wrzesińska, 2014). Specifically, researchers have identified that work-related psychosocial hazards are highly related to new challenges of work, and contribute to a range of adverse individual, organisational and societal outcomes (Health and Safety Professionals Alliance [HaSPA], 2012). Occupational psychosocial hazards are defined as aspects of work design, organisation and management, which arise from the social and organisational environment, and that have the potential to cause harm (Cox and Griffiths, 1996). Psychosocial risk is conceptualised as the likelihood and consequence of that harm occurring (Cox and Griffiths, 1996). Examples of psychosocial hazards

include excessive workloads, high emotional demands, low autonomy and role conflict (Bluff, 2016). Since psychosocial hazards also refer to interpersonal relations, they comprise low levels of co-worker support, lack of managerial recognition, instances of bullying and harassment, and occupational violence (Bluff, 2016). Psychosocial hazards are multifaceted and more complex than physical hazards in the workplace (Cox et al., 2000; Jespersen et al., 2016), and are negatively associated with employees' physical health (Bailey et al., 2015; Li et al., 2015) and psychological health (EU-OSHA, 2017; Hall et al., 2010). Psychological health (a term used interchangeably with mental health) is defined by the World Health Organization (WHO, 2018) "as a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".

National work health and safety (WHS) policies are instruments that

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shape societal action around the protection of both physical and psychological health and safety matters. In fact, a nations' or regions' WHS regulatory policy framework ascertains the rights and obligations of particular individuals and authorities, and inevitably generates the broader context in which organisations operate (Leka and Jain, 2014). Policy consists of both legally binding instruments (national pieces of legislation) and other “hard” policies developed by recognised national and international organisations, and international organisations, as well as nonbinding/voluntary policies (or “soft” policies) which may take the form of recommendations, resolutions, opinions, proposals, conclusions of institutions (Commission, Council, and Parliament), social partner agreements and frameworks of actions, and specifications, guidance, campaigns, and so forth, instigated by recognised national and international committees, agencies, and organisations. However, research into the review and analysis of such WHS policy instruments has been overlooked, particularly in the area of work-related psychological health. As a result, this study aims to provide a resource that identifies and evaluates all Australian WHS regulatory and non-regulatory policy instruments, at the national and regional-level, relevant to work-related psychological health and psychosocial risk management. Using descriptive and qualitative methods, the objective of this paper is to convey the current position and strengths of the Australian WHS policy framework in the area of psychological health, as well as to prompt investigation into areas that require further action and development.

2. The prevalence and impact of work-related psychosocial hazards on psychological health in Australia

In Australia, national surveillance of psychosocial hazards and health outcomes (see Dollard and Bailey, 2014; Dollard et al., 2012) highlights several concerns regarding psychosocial hazards and psychological health. For instance, more than 40% of participants ($n = 5743$) in the Australian Workplace Barometer project (see Dollard and Bailey, 2014) reported excessive working hours, working over the national standard of 38 h, and 18% were working longer than 48 h a week (Dollard et al., 2012). Also, workplace bullying is of great concern, with increased prevalence rates across the country, rising from 6.1% in 2012 to 9.7% in 2014/15 (Potter et al., 2016). In addition, a national study comprising 1126 interviews (beyondblue, 2014) found that one in five Australians (21%) have taken time off from their work within the last year because they felt stressed, anxious, depressed or psychologically unhealthy. This rate more than doubled to 46% for those employees who felt that their workplace was psychologically unhealthy. Furthermore, only five in ten (56%) participants felt that their senior leader valued their psychological health (beyondblue, 2014).

Work-related psychosocial hazards and poor psychological health have widespread economic impacts on Australia. In particular, psychological injury claims are steadily increasing over the last decade and account for the highest average cost of all workers' compensation claims (Safe Work Australia, 2013). Each year 7820 Australian workers are compensated for work-related mental disorders, costing on average \$23,600 per claim and involving an average of 15 weeks off work (Safe Work Australia, 2015). Since 2006, the cost of these compensation claims has doubled and is now estimated at AUD \$480 million annually (Safe Work Australia, 2015). Significantly, these claims may actually underestimate the incidence of injury and illness that arise from psychosocial hazards at work. Estimates suggest that only two thirds of employees who encounter psychological stress are entitled to, or request workers' compensation (Australian Bureau of Statistics, 2010). In addition, developments in workers' compensation legislation now make it more difficult to receive compensation for both physical and psychological injury (Safe Work Australia, 2015).

Work-related anxiety and depression are estimated to cost businesses in Australia \$10.9 billion annually, consisting of \$4.7 billion in

absenteeism, \$6.1 billion in presenteeism and \$146 million in compensation claims (PwC, 2014). Additional research purports that depression in particular costs Australian employees around \$8 billion per annum because of sickness absence and presenteeism (McTernan et al., 2013). However, of this amount, \$693 million per year is attributable to job strain and bullying, which are psychosocial hazards that can be managed by workplaces (McTernan et al., 2013). Furthermore, national surveillance data suggests that having poor workplace psychosocial safety climates cost employers around AUD 6 billion per annum (Becher and Dollard, 2016), and if the psychological wellbeing of the 25% least psychologically healthy was raised then this could save AUD 17 billion (McTernan et al., 2014). From a moral and economic standpoint, Australian working conditions must be improved to minimise the personal and financial consequences on individuals and society.

Academics and expert practitioners agree that future efforts to address work-related psychological health must be broadened to consider the full range of working conditions that contribute to poor health (Leka et al., 2015). Such an approach should encompass a proactive focus, tackling problems at the source, rather than purely reacting to the emergence of diagnosed psychological injuries. A preventive approach is theoretically supported by the innovative Psychosocial Safety Climate work stress theory (see Zadow and Dollard, 2015 for review), which asserts that targeting upstream organisational factors is more effective than individual work design or outcome factors. Therefore, instead of concentrating on isolated issues or outcomes (e.g., depression), a greater effort must be invested in implementing expansive policies and practices that target the leading risk factors in the preceding work conditions. In addition, these policies should encompass core psychosocial risk management principles in order to most effectively identify, eliminate or minimise risk to health. In essence, it is imperative to consider how work-related psychological health is approached from a broad national or policy-level perspective, because a robust regulatory policy framework is fundamental in the protection of health (EU-OSHA, 2012; Leka et al., 2008). First, WHS regulation has a vital role in driving organisations to perform specific obligations relevant to protecting employee health. Second, WHS regulation also offers a framework for WHS regulators to monitor organisational compliance with the law, as well as providing a basis for the enforcement of improvements (Johnstone et al., 2011). Large-scale or national policies communicate a national standard, and convey the level of importance, that employers should place on the psychological health of their employees. However, at present there is limited review or analysis on the role of policy in this context.

3. Australia's' policy on work-related psychological health and psychosocial risk management

Within Australia, each region (i.e. state or territory) has jurisdiction over WHS legislation. Each jurisdiction has legally binding regulatory instruments that stipulate the broad legal obligations to protect the health and safety of employees at work. Specifically, the Commonwealth and jurisdictions' WHS Acts and Regulations are the top policy layers that outline the responsibility to address psychosocial hazards via duties and obligations that cover both psychological and physical health (see Fig. 1). Then, there are softer policies that provide a more detailed focus on work-related hazards and outcomes. For instance, psychosocial hazards are mentioned within a Managing Work Health and Safety Risks Code of Practice. Guidance material is also available, particularly in Western Australia and Victoria, to address specific psychosocial hazards such as occupational violence.

In 2011, efforts were taken to reform and standardise the WHS regulatory framework across Australia, through the release of a model WHS policy package for jurisdictions to adopt via their own parliamentary processes. The process of standardising the WHS policy approaches across Australia is referred to as harmonisation, and was intended to reduce major differences between the jurisdictions regarding

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