Assessing a national work health and safety policy intervention using the psychosocial safety climate framework

Rachael E. Potter a,⇑, Maureen F. Dollard a, Mikaela S. Owen a, Valerie O’Keeffe a, Tessa Bailey a, Stavroula Leka b

a Asia Pacific Centre for Work Health and Safety, The University of South Australia
b Centre for Organizational Health & Development, The University of Nottingham

ABSTRACT

Despite wide support for work health and safety (WHS) public policy interventions, the evaluation of their effectiveness has been largely overlooked. As such, many important policy developments have not been assessed for their impact within jurisdictions and organisations. We aimed to address this research gap by using the Psychosocial Safety Climate (PSC) framework, theory, measurement tool – the PSC-12, and benchmarks - to investigate the impact of a WHS policy intervention, across Australian jurisdictions, that standardised policy approaches (i.e. harmonisation) and legislated the protection of psychological health. PSC refers to a facet of organisational climate that specifically relates to psychological health and safety; it is a predictor of job design and employee health. We investigated perceived organisational PSC across jurisdictions, across time, and contrasted effects between those that did (harmonised) and did not (non-harmonised) adopt the new policy. Results showed Time × Group effects for the global PSC measure, indicating a significant difference over time between the harmonised and non-harmonised jurisdictions. Specifically, PSC levels significantly decreased in the non-harmonised jurisdiction over time. Analysis of PSC subscales showed that a significant decline in management commitment and priority, and communication in relation to employee psychological health, within the non-harmonised group underpinned these effects. We noted no significant overall PSC change across the harmonised jurisdictions, with the exception that participation and consultation of employee psychological health significantly increased. Overall results imply that without harmonisation the PSC levels reduced. Future research should seek more detailed information regarding the implementation of this policy, as well as perspectives from regulator and employer data to compliment results from the PSC-12.

1. Introduction

Growing evidence indicates that psychosocial risks are a serious issue in modern organisations, and a major challenge for employees, managers, occupational health and safety experts, and policy-makers (European Agency for Safety and Health at Work (EU-OSHA), 2012, Leka et al. 2008). Work-related psychosocial risk factors refer to the social and relational aspects of work design that have the potential to produce detrimental effects on employee psychological (e.g., stress, burnout, depression) and physical health (e.g., musculoskeletal disorders, cardiovascular disease) (McTernan et al., 2013; Dollard et al., 2012b). Psychosocial risks include bullying and harassment, emotional job demands, work intensification, job insecurity, long work hours, role conflict, and low work autonomy and co-worker support (EU-OSHA, 2012). Exposure of employees to psychosocial risks has severe adverse effects on organisational productivity (e.g., through decreased employee performance, sickness absence, employees’ compensation), and contributes to economic loss at a broader societal level (e.g., greater public health costs) (Dollard et al., 2012b). In Australia, depression alone costs employers approximately AUS8 billion per annum as a result of sickness absence and presenteeism, with AUS693 million per annum of this cost due to job strain and bullying (McTernan et al., 2013).

Within the literature it is widely acknowledged that national policy directed towards the elimination or minimisation of risks to employee health present both a foundation and a catalyst for

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the cultivation of healthy psychosocial work environments (LaMontagne, 2003; Leka et al., 2008). For instance, the European Risk Observatory Report (EU-OSHA, 2012) revealed that legislated policy duties and employee requests were fundamental drivers for addressing health and safety matters (including psychosocial risks), which highlights the need for strong regulatory frameworks. Overall, national policy frameworks are regarded by stakeholders and researchers as the most effective strategy for improving accountability and empowering inspectors to initiate specific constructive workplace changes (LaMontagne, 2003). However, there is a lack of research that explores the effectiveness of national work health and safety (WHS) policy approaches, as well as a dearth of defined frameworks by which to systematically assess policy impact over time via benchmarks (Leka et al., 2010). Assessing policy is particularly crucial for the management of psychosocial risks due to their complexity, severity and lesser degree of policy attention in comparison to physical WHS risks (Johnstone et al., 2011). More specifically, tracking policy effectiveness is fundamental in assessing progress and identifying gaps for future development that promotes healthy psychosocial work environments. This is of particular importance in current times of change, as the global context of work is being increasingly shaped by principles of neoliberalism, evident through the growth in economic policies that support globalisation and greater deregulation of the market (Bramble, 2014; Coffey and Marston, 2013; EU-OSHA, 2012; Gagliardi et al., 2012).

The current paper addresses the substantial gap in WHS policy research by investigating the impact of a WHS policy intervention. We propose that Psychosocial Safety Climate (PSC) theory provides an appropriate framework within which to evaluate the impact of policy that intends to address psychosocial factors at work. PSC refers to a specific facet of organisational climate that concerns employee psychological health and safety. PSC is largely determined by management priority for employee psychological health in contrast to productivity concerns (Dollard and Bakker, 2010). There is significant empirical evidence that shows PSC is a reliable leading ‘upstream’ indicator of psychosocial working conditions and work health outcomes (Dollard and Bailey, 2014; Zadow and Dollard, 2016). As such, rather than focusing on lagged indicators, establishing PSC levels is sufficient to infer downstream effects, and we propose that its use in evaluation is best practice in terms of validity, reliability and efficiency (Dollard and Bailey, 2014). We trial the concept and measurement tool, the PSC-12 and its benchmarks, in an investigation of an Australian policy intervention that aimed to address both physical and psychosocial risks, strengthen the protection and promotion of total employee health, and increase legislative consistency across jurisdictions (i.e. harmonisation).

2. Work health and safety policy interventions

Increasing awareness and global dissemination of research which highlights the psychological harm associated with psychosocial risk factors has driven major developments in WHS public policy (Ertel et al., 2010; Leka et al., 2011; Levi, 2000). Legislative WHS policy has a critical function in driving organisations to accept responsibility for meeting specific requirements pertinent to employee health, predominantly through delineating specific legislated duties and regulations. Furthermore legislated WHS policy also comprises less stringent voluntary approaches such as guidance material to help organisations on a more practical level (LaMontagne, 2003). Greater attention to psychological health in WHS policy has also preceded the creation of various psychosocial risk management tools that aim to translate statutory obligations into practice within organisations (Potter et al., 2016).

Nevertheless, WHS policy approaches are in different stages of evolution across the world and reflect varying degrees of comprehensiveness surrounding employee health protection and promotion. For example, in certain countries such as the United States of America (USA), WHS policies focus mainly on physical safety concerns, and therefore predominantly emphasise occupational health from a physical aspect, in terms of occupational diseases like asbestosis, cancers, noise induced hearing loss from exposure to physical hazards injuries. However, policies established in other world regions, such as Scandinavia, make explicit reference to the protection of both employees’ physical and psychological health through addressing both physical and psychosocial risk factors (Engman, 2003). A considerable amount of progress has been achieved in Europe due to legislative and institutional developments such as the Framework Directive 89/391/EEC. In addition, a number of policy initiatives aimed at promoting psychosocial risk management have also been initiated with increased stakeholder involvement through social dialogue (see Leka et al., 2015a for a review of European policy on psychosocial risks and mental health in the workplace). Some EU member states, including Sweden, Italy and the Czech Republic have even introduced their own national regulatory occupational health and safety (OSH) frameworks. Furthermore, many other countries have implemented non-regulatory policy approaches to endorse the management of psychosocial risks.

3. Evaluating the impact of WHS policy

Despite the widely acknowledged support for national policy interventions, and the immense time and resources devoted to their development and implementation, assessment of effectiveness has been largely overlooked in the academic literature (Leka et al., 2008; LaMontagne, 2003). In particular, many developments in national WHS policy have not been evaluated in relation to changes in perceptions of employees in relation to how their organisation protects their health. The lack of evaluative research is commonly attributed to difficulties in acquiring representative and time-appropriate national data, and obtaining reliable enterprise level indicators that will infer policy impact over time (WHO, 2004). Even in Europe, where occupational health policy approaches are deemed the most globally advanced, there is a notable deficiency in systematic evaluation of the effectiveness of national policy interventions (Leka et al., 2010, 2015a, 2015b, 2008) (see also Kompier, 2004; Murphy and Sauter, 2004; Schaufeli and Kompier, 2001; Taris et al., 2010). Some progress has been made by researchers involved in the innovative policy-orientated research programme, the European Framework for Psychosocial Risk Management (PRIMA-EF), with a series of national reviews to determine the policy impact on health and safety, and economic and social effects (see Leka et al., 2008). In addition, there have been several studies focused on evaluating the implementation process of the UK’s national policy HSE Management Standards to address work stress within organisations (Mellor et al., 2011).

National surveillance systems on psychosocial risks and outcomes are an important means of monitoring the effectiveness of interventions and policies as highlighted by Dollard et al. (2007). National surveillance data is regarded as best practice.
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