

IN-DEPTH REVIEW

Psychosocial risk assessment: problems and prospects

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Health and safety legislation now requires organizations to undertake risk assessments for psychosocial hazards in the workplace. Despite this, there is relatively little guidance on what constitutes a psychosocial risk assessment and how one should be conducted. The approaches that do exist are not without problems. This paper examines some of the difficulties with current approaches and looks at possible areas for development to improve understanding and performance in this important area of health and safety management.

Key words: Health and safety; occupational health; psychosocial risk assessment; risk assessment.

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INTRODUCTION

Over the last 15–20 years, the concept of stress has assumed enormous importance in our working lives. Indeed, occupational stress has become almost synonymous with work life and it is widely accepted that work experiences can have a major impact on an employee's psychological health.¹ Stress, anxiety and depression now come second only to musculo-skeletal disorders as a cause of absence from work in the UK.² If this alone is not sufficient to alert employers to the prominence of stress as a health and safety issue, then recent legal history surely is. The last few years have seen a spate of cases where substantial damages have been awarded to those who have suffered as a result of work stress. Both these factors combine to push stress up the management agenda, but what are employers' responsibilities with regard to stress at work, and how well are these understood?

The major requirement of employers with regard to health and safety management is that of conducting risk assessments for psychosocial hazards. This paper will look at current approaches to conducting risk assessment in a psychosocial context and some of the associated problems. The paper will then go on to identify some potential areas of development for the future.

EMPLOYERS' HEALTH AND SAFETY RESPONSIBILITIES WITH REGARD TO STRESS AT WORK

There is no legislative provision to deal specifically with workplace stress or psychosocial harm. However, the statutory duties laid down in the Health and Safety at Work Act (1974)³ apply to both the physical and psychological well-being of employees. The key requirement which the Act places on employers is that they must ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees.⁴ This duty covers both the physical and psychological health of employees—there is no justification for regarding physical and psychological injury as different kinds of injury. A systematic approach to managing health and safety risks is implicit in this act.

The Management of Health and Safety at Work (MHSW) regulations (1992)⁵ make explicit the need for employers to adopt systematic approaches to health and safety. The regulations place a statutory duty on employers to conduct risk assessments of their employees' work, not just their workplaces. This is to enable employers to identify hazards to health (both physical and psychological), who could be harmed, how often, and how. These contribute to the evaluation of the extent of risk, so that appropriate preventive or protective measures can be put in place, or the hazard removed.

The role of risk assessment

In many organizations, occupational health services already play a major role in the conduct of risk

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assessments for physical hazards. Both health and safety, and medical perspectives agree that prevention is better than cure. What is therefore available to assist employers in the prevention of workplace stress? A popular suggestion has been to propose that psychosocial risk assessment should follow physical approaches to risk assessment. Cox and co-workers^{6,7} in particular have advocated a risk management approach that is based broadly on the types of risk assessment that are conducted for physical hazards. However, Briner and Rick⁸ have identified a number of problems with this approach, which are summarized below.

Risk assessment combines three elements: hazards, harm and risk.

- A *hazard* is defined as anything that has the potential to cause harm. In other words, before something can be defined as a hazard, there must be a reason to believe that it has the potential to cause harm.
- In the case of The Control of Substances Hazardous to Health (COSHH) regulations,⁹ *harm* may include, for example, skin irritation, dermatitis, asthma, injury or death through inhalation of toxic fumes, poisoning through drinking toxic substances, cancer, and infection. Other kinds of physical harm, as a consequence of hazards that are not substances, would include injuries and longer-term physical conditions and disability.
- *Risk* is usually defined simply as the chance that somebody will be harmed by hazard. For a physical hazard such as a toxic chemical, risk can be assessed, as will be discussed later, by considering factors such as how the chemical is stored, how many people are likely to be in close physical proximity to it, and any existing protective measures, such as storage or clothing.

Risk assessment puts together all the elements discussed above. It has been defined by the Health and Safety Executive (HSE)¹⁰ as

nothing more than a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. The aim is to make sure that no one gets hurt or becomes ill. The five steps to risk assessment are specified by the HSE.¹⁰

This is a simple framework, but, during the following discussion it will be seen that there are problems with applying this to psychosocial hazards.

1. Look for the hazards.
2. Decide who might be harmed and how.
3. Evaluate the risks and decide whether existing precautions are adequate or whether more should be done.
4. Record your findings.
5. Review your assessment and revise it if necessary.

This approach seems clear and coherent when applied

to physical settings, but how well does it transfer to the psychosocial environment?

Differences between psychosocial and physical hazards

Thinking about hazards first, there are some major differences between physical and psychosocial workplace hazards. Physical hazards tend to be context specific (e.g. the way flammable materials are stored, or the guard rails around a piece of machinery are mounted), whereas psychosocial hazards are found anywhere (e.g. as an excessive workload or role ambiguity). Psychosocial hazards differ in other important ways, as indicated by the following examples.

- It is possible to determine with great specificity at what level exposure to chemical fumes, for example, becomes hazardous, but it is not possible to determine the level at which heavy workloads might cause specific harm.
- Physical hazards usually have immediate effects, for example burns, falls or tripping, whereas the effects of exposure to, for example, a traumatic event may remain latent for many months or longer.
- Physical hazards tend always to have negative effects, whereas with psychosocial hazards effects can sometimes be negative and sometimes positive. For example, autonomy or control over our work is generally believed to be good for our psychological health, but having too much autonomy can indicate a lack of role clarity or little management support—both considered to be potential hazards.
- Finally, physical hazards are intrinsically harmful (e.g. toxic gases) or their impact is determined to some extent by individual susceptibility, whereas psychosocial hazards are determined wholly or partly by the way in which people perceive them (cognitive appraisal). A toxic gas is poisonous regardless of whether it can be smelt, tasted or seen. Workload, however, requires a determination of whether there is ‘too much’ or ‘too little’ for it to be a hazard.

In risk assessment terms this makes it difficult to undertake even the first step of the risk assessment framework, looking for psychosocial hazards. Most of the psychosocial hazards commonly listed exist in the workplace universally (e.g. workload or job content). It is questionable whether anyone has sufficient knowledge to say when and how a situation becomes hazardous.

Differences between psychosocial and physical harm

An examination of harm reveals further differences. Whilst most physical hazards have a clear link to physical injury, diagnosed illness or symptoms, it is not always clear what forms of harm are caused by psychosocial hazards. At one extreme, these might be psychiatric illnesses but at the other, a wide range of moods (anxiety, depression, irritability), or affective states (poor job

satisfaction, low organizational commitment) are attributed to stress as well as a wide range of psychosomatic symptoms (headaches, increased drinking, sleeplessness).

Many other differences exist: a physical harm, such as poisoning, tends to have a specific and readily identifiable cause, whereas the exact cause of a psychosocial harm, such as depressed mood, is less easy to pinpoint and can have many different and multiple causes. In addition, the ease with which the hazard/harm relationship can be identified differs between the two types of harm. It is easy to identify the hazard/harm link between a hazard such as faulty wiring causing a harm such as an electric shock, but less so to understand how role ambiguity causes depression, for example. Another important difference concerns the degree of harm experienced. Again, with physical harm, distinguishing between a major and minor injury seems relatively straightforward and is often based on the immediate degree of impairment. With psychosocial harm, it seems far more complex and difficult to identify the degree of harm suffered.

As mentioned earlier, hazards are identified in terms of harm. With physical hazards it would appear relatively straightforward to identify in a given situation who might be harmed, how often and how. If, however, with psychosocial hazards, it is not possible to be clear about the type of harm in question, or the precise cause of the harm, or even its severity, then this poses serious challenges for any attempt to progress to the second step of risk assessment, which is to decide who might be harmed and how.

Evaluating the risks

The final element of the risk assessment process is 'risk' itself—the chance that somebody might be harmed by a hazard. Cox and Griffiths⁷ state that risk assessment should identify how and why there is a hazard/harm relationship and the strength of that relationship. With a physical hazard, such as a toxic chemical, risk can be assessed by taking into account such factors as how the chemical is stored, who has access, what are the handling procedures, how up to date is training, how well are procedures adhered to, how many people are close to it at any one time and what are existing protective measures (e.g. storage and clothing). For psychosocial hazards the task seems far more complex: to identify the probability that an individual will be harmed by, for example, 'role ambiguity', particularly when individual differences are considered, is an extremely difficult task. More importantly, failure to understand and demonstrate the hazard/harm relationship makes any attempt at intervention very difficult.

Whilst organizations are required to conduct risk assessments, there are clear difficulties to be surmounted when using the standard risk assessment framework in a psychosocial as opposed to a physical context. Prospects for overcoming these difficulties are discussed at the end of the paper, but in the face of such difficulties what are organizations doing?

WHAT DO ORGANIZATIONS DO?

If it is the case that, as suggested here, there will be problems with trying to identify psychosocial hazards, harms and risk as specified in the risk assessment framework, then what are organizations doing to fulfil their obligations under the MHSW regulations? The research evidence in this area is fairly sparse.

A recent report by the IRS¹¹ looked at 126 organizations and found that only 44 used health and safety risk assessments to help them identify sources of stress, this despite the fact that 99 organizations said stress had moved up the management agenda. The report also demonstrated the way that hazard-harm links are sometimes assumed in the absence of any evidence. Ninety-nine organizations said that stress in their organization had caused the sickness absence rate to rise, yet only 44% of respondents (about 55 organizations) measured absence in a way that meant they could identify the proportion of absence attributed to stress.

Over recent years, commercial 'stress audits' have been developed and are widely advertised. However, research suggests that they have yet to be taken up by employers in a big way,¹¹ with just over a quarter of respondents to a recent survey saying their organization had conducted a stress audit in the previous 5 years. Stress audits typically use self-report measures of stressors, job characteristics, psychological well-being and satisfaction in studies of cross-sectional design to purportedly provide information on what type of stress management approaches are needed at an organizational level to reduce workplace stress. Briner¹² has noted many difficulties with this approach. Most importantly for risk assessment is the research evidence that self-reports of job conditions are influenced by many factors other than objective job conditions. He summarizes the key problems as the following.

- Current affective state – an individual's mood at the time they respond to a questionnaire can have considerable impact on the way they report physical and psychological symptoms.
- Individual differences, such as neuroticism, introduce systematic bias into responses on many self-report measures.
- The difficulty in distinguishing between accurate reports of work conditions that cause negative effects and are 'stressors', as opposed to those work conditions that are simply disliked.
- The fact that many self-report measures of physical or psychological symptoms do not necessarily correspond to clinical levels of harm.

These difficulties would suggest that stress audits do not necessarily identify real hazards or demonstrate associated harm. As such, they are limited in the extent to which they can fulfil the requirements for a psychosocial risk assessment.

Briner¹² has suggested that many organizations move straight to the step of introducing initiatives aimed at managing stress without first assessing whether there is a

need. Often this can lead to the introduction of stress management interventions to tackle what are perceived as stress related problems, such as absence or low motivation, without any evidence to show that these outcomes are indeed the result of psychosocial hazards.

Work conducted last year by the Health and Safety Laboratory (HSL),¹³ amongst small to medium-sized employers (SMEs) found that there was relatively little awareness of employers' responsibilities under health and safety legislation. It did, however, reveal that several SME managers were engaged in what they considered to be simply 'good management practice', but which could equally be construed as doing something about stress.

Developing the psychosocial risk assessment framework

As this paper has discussed, there would appear to be a number of difficulties with current attempts to conduct psychosocial risk assessments based on physical risk assessment lines. Recent survey work would suggest that what activity is taking place in organizations appears to be aimed mostly at managing stress rather than assessing risk. At the same time, the understanding of employer obligations under health and safety legislation is variable.

Clearly, work can and does have negative impacts on people and as discussed at the start of the paper, prevention is better than cure. Nevertheless, there still remains the crucial issue of how such impacts can be assessed and, in terms of risk management, how hazards, harm, and the link between them can be identified. There are evident problems associated with trying to replicate physical risk assessment methods. There are important ways in which psychosocial risk assessment needs to be done differently.

Rick *et al.*,¹ in a study of large organizations' responses to workplace stress, concluded that models of intervention which relied on the assumption of clear links between sources of stress, experience of strain and individual and organizational outcomes were problematic and unlikely to help organizations really identify and tackle the challenges they faced. Good practice in the organizations studied meant going beyond a diagnosis of 'stress', identifying specific problems or issues and responding accordingly. This process could be identified as part of a wider problem-solving framework.

Briner¹² has suggested three other potential sources of data which may give indications of hazards, harms and risks.

Desk research. First, are the organization's policies and practices. In the case of assessing whether career development is a hazard, questions about policies and practices can be asked such as: Does the organization have clear promotion policies? Do these appear to be fair? Are they applied in practice? Second, does the organization's own records on, for example, the hours worked, absence, turnover, and grievances?

Observation. Observation can be used to further investigate the results from self-report measures by

examining the context in which such reports are being made.

Qualitative techniques. For developing an in-depth understanding of the ways in which people perceive and make sense of their work (i.e. perceive it to be hazardous), systematic qualitative techniques are ideal.

CONCLUSIONS

There is nothing new or contentious in acknowledging that work can have a major impact on an individual's psychological health and that clearly, risk assessments with the aim of identifying and removing or minimizing psychosocial hazards are a good idea and need to be done. The physical risk assessment framework is one with which organizations are comfortable and it has been suggested that this could be used as a basis for psychosocial risk assessment. However, this article has questioned the validity of using the risk assessment framework in this way. There is mounting evidence to suggest that the framework does not transfer directly to a psychosocial context; it is difficult to apply and debatable whether or not it can identify hazards and associated harms accurately.

These difficulties suggest that the risk assessment framework is not a fruitful method for assessing psychosocial risk. There is a danger that whilst approaches such as stress audits, based on a risk assessment approach, will deliver findings, the inherent methodological weaknesses of the approach will fail to deliver the accurate information organizations need if they are to assess, firstly, whether or not an intervention of some sort is required and, secondly, what type of approach will best suit the specific problems identified.

Whilst attempts are now being made to point to alternative approaches that organizations can use, it is clear that much more work remains to be done. There is an evident need to develop thinking as well as practice in this area. Given the importance that the issue of occupational stress has become, the greater is the need to develop techniques that allow the proper assessment of risk.

REFERENCES

1. Rick J, Hillage J, Honey S, Perryman S. *Stress: Big Issue, but What are the Problems?* Brighton: Institute for Employment Studies, Report 331, 1997.
2. Jones JR, Hodgson JT, Clegg TA, Elliot RC. *Self-reported Work Related Illness in 1995*. Sudbury: HSE Books, 1998.
3. *Health and Safety at Work Act, 1974*, HSE Books.
4. Section 2(1) of the Health Safety at work Act. *Stress at Work 1: Statutory and Common Law Duties of Care*, August, No. 527. *Industrial Relations Law Bulletin*, 1995;
5. *Management of Health and Safety at Work Regulations*, approved code of practice. Sudbury: HSE Books, 1992.
6. Cox T, Cox S. *Psychosocial and Organizational Hazards: Control and Monitoring in the Workplace*. European Occupational Health Series, no. 5. Copenhagen: World Health Organization, Regional Office for Europe, 1993.

7. Cox T, Griffiths A. Assessment of psychosocial hazards at work. In: Schabracq MJ, Winnubst JAM, Cooper CL, eds. *Handbook of Work and Health Psychology*. Chichester: John Wiley, 1996.
8. Briner RB, Rick J. How different are psychosocial and physical hazards? Implications for psychosocial risk assessment at work Paper presented at the Occupational Psychology Conference of the British Psychological Society, Blackpool, 5–7 January, 1999.
9. Health Safety Executive. *COSHH: The New Brief Guide for Employers. Guidance on the Main Requirements of the Control of Substances Hazardous to Health (COSHH) Regulations 1994*. Sudbury: HSE Books, 1996.
10. Health Safety Executive. *Five Steps to Risk Assessment*. Sudbury: HSE Books, 1998.
11. IRS Employment Review. *Stress at Work: A Survey of 126 Employers*. Employee Health Bulletin 11. October 1999, No. 689.
12. Briner RB. Improving stress assessment: Toward an evidence-based approach to organisational stress interventions. *J Psychosom Res* 1997; **43**: 61–71.
13. Kelly C, Sprigg C, Sreenivasan B. *SME Managers Perceptions of Work-related Stress*. Sheffield: Health and Safety Laboratory, 1998.