**Keywords:** psychosocial risk management, work-related stress, workplace violence, harassment, bullying

### Introduction

The European framework for psychosocial risk management at the workplace (PRIMA-EF) aims at providing a framework to promote policy and practice at national and enterprise level within the European Union (EU). The need for such a framework is particularly pressing due to recent data indicating the high prevalence of psychosocial risks to workers’ health and an increase of problems such as work-related stress and workplace violence, harassment and bullying. Work-related psychosocial risks concern aspects of the design and management of work and its social and organisational contexts that have the potential for causing psychological or physical harm.

### Aim

PRIMA-EF at the macro level identifies key stages and indicators in the development of policies for psychosocial risk management. It can be used by policy makers in the development of relevant policies, indicators and policy plans to prevent and manage psychosocial risks, work-related stress and workplace violence, harassment and bullying.

### PRIMA Stages at Macro Level

**Risk and psychosocial health monitoring**
Risk monitoring can be defined as a systematic examination of activities at macro level undertaken to consider what causes injury or harm at societal level. This information is used to determine which psychosocial hazards affect the health of significant groups of those exposed to them. Bringing together the information on psychosocial hazards and their possible health effects allows the identification of likely societal risk factors.

**Policy audits to understand underlying causes**
Before action can be sensibly planned, it is necessary to analyse what policy measures are already in place to deal with psychosocial hazards and their effects on organisations and the working population. This analysis requires a policy audit (review, analysis and critical evaluation) of existing policy practices and dialogue with social partners. All this information feeds forward to the process of translation: discussing and exploring the risk monitoring data to allow the development of a policy plan for risk reduction.

**The development of policy plans**
Knowledge generated by risk monitoring and policy audits is used to develop a policy plan: the translation of the monitoring information into a reasonable and practical policy plan to reduce risk. The development of the policy plan involves deciding on: what is being targeted, how and by whom, who else needs to be involved, what the time schedule will be, what resources will be required, what will be the expected benefits and how they can be measured, and how the plan will be evaluated. Again, it requires dialogue with key stakeholders, especially the social partners.

**The implementation of policy plans to achieve risk reduction**
The policy plan should then be implemented as planned. Essentially it is a societal development process. The implementation of the policy plan needs to be systematically monitored and reviewed to identify where necessary corrective action should be taken. Ownership by and participation of key stakeholders is essential in the policy implementation process as well. The more ownership and involvement of the social partners and other key stakeholders (e.g. social security agencies, health care organisations and insurers) is developed, the more likely it is that the policy plan will be realised and risk reduction will be achieved.

**Evaluation of the policy plan**
The process of implementation as well as the outcomes of the policy plan should be evaluated. The indicators mentioned overleaf might be of help. Evaluation must consider a wide variety of different types of information and draw it from a number of different but relevant perspectives. The results of the evaluation should allow the strengths and weaknesses of both the policy plan and the implementation process to be assessed. They should provide the basis for societal learning. Evaluation should be carried out periodically. Lessons learned should be explicitly identified and communicated.
**Societal learning**

Policy bodies should use the evaluation to establish a vehicle for continuous improvement and as the basis for sharing and communicating learning points that may be of use in future risk policies, but also for the interaction with other policy areas (e.g. economic development or public health policies). A long-term orientation is essential and should be adopted. Lessons learned should be communicated to a wider audience, especially to external (non traditional occupational health and safety stakeholders). Finally they should be used as input for the ‘next cycle’ of the psychosocial risk management policy process.

**Outcomes of the psychosocial risk management policy process**

In essence, policies on psychosocial risk management are closely related to policies for the promotion of economic development, especially with a view on the emerging knowledge society. A healthy workforce and healthy organisations are key for the optimum use of human and social capital, and so for a vital economy. It will help increasing productivity, fostering innovation, improving economic performance, improving public health (including reductions in health care costs), improving the functioning of the labour market (including strengthening of associated social security arrangements and social inclusion impacts). In EU policy terms: it should be a cornerstone in the Lisbon Agenda policy.

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### Indicators for psychosocial risk management at work – Macro level

<table>
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<tr>
<th>Area</th>
<th>Indicators</th>
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<tbody>
<tr>
<td>Integration into government policy</td>
<td>Availability of governmental programmes to promote or stimulate psychosocial risk management in enterprises. Availability of services and adequately trained experts (in the country) to support organisations to manage psychosocial risks. Availability of financial incentives to take preventive measures on psychosocial issues, especially for SMEs.</td>
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<tr>
<td>Integration into policies of employers’ organisations, and business organisations</td>
<td>Percentage of enterprises committing themselves to psychosocial risk management. Number of industrial sectors committing themselves at sector level to tackle psychosocial risks. Guidance developed by employers and business organisations on psychosocial risk management.</td>
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<tr>
<td>Integration into unions’ policy</td>
<td>Number of workers’ representatives, educated in psychosocial risk management. Guidance developed by unions on psychosocial risk management.</td>
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<tr>
<td>Integration into dialogue with civil society and messages from mass media</td>
<td>Frequency of mass media attention to psychosocial risks/issues at work. Number of collective agreements that address psychosocial risk management. Level of national (triplarite) social dialogue on psychosocial risk management and workplace mental health promotion. Number of [and new types of] stakeholders involved in psychosocial risk management.</td>
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<tr>
<td>Integration into education and training</td>
<td>Mainstreaming psychosocial risk awareness raising into primary and secondary education. Percentage of Business Schools and other schools providing training and education modules on psychosocial risk management. Continuous professional development courses offered by employers or business associations addressing psychosocial risk management. Continuous professional development courses offered by unions addressing psychosocial risk management. Continuous professional development courses offered by governments and health and safety bodies addressing psychosocial risk management. Training offered at health and safety inspectors on psychosocial risk management.</td>
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<tr>
<td>Key stakeholders involved in psychosocial risk management</td>
<td>Social security organisations (public or private) involved in prevention of psychosocial risks (via dedicated programmes). Frequency of partnerships [or sponsorships] between enterprises and mental health care organisations and/or patient organisations. Number of enterprises practising psychosocial risk management and workplace mental health promotion.</td>
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**More Information**

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