

Occupational Health Psychology

Edited by Stavroula Leka and
Jonathan Houdmont

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The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

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To my family and my career mentors. They have all been incredible sources of support and inspiration. I am grateful to you all.

Stavroula

To all who have supported the development of my career in occupational health psychology, thank you.

Jonathan

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About the Editors

Stavroula Leka

stavroula.leka@nottingham.ac.uk

Jonathan Houdmont

jonathan.houdmont@nottingham.ac.uk

Institute of Work, Health & Organisations, University of Nottingham, International House, Jubilee Campus, Wollaton Road, Nottingham, NG8 1BB, United Kingdom



Stavroula Leka BA MSc PhD PGCHE CPsychol FRSPH is Associate Professor in Occupational Health Psychology in the Institute of Work, Health & Organisations at the University of Nottingham (United Kingdom). She is director of the Institute's Masters in Occupational Health Psychology. Stavroula is a Chartered Psychologist, a Member of the British Psychological Society, the International Commission on Occupational Health, the European Association of Work & Organizational Psychology, and the European Academy of Occupational Health Psychology, and a Fellow of the Royal Society for the Promotion of Public Health. She studied psychology at the American College of Greece, followed by postgraduate studies in occupational health psychology at the

Institute. Stavroula is the Director of the Institute's World Health Organization Programme. She is member of the Planning Committee of the WHO Network of

Collaborating Centres in Occupational Health and Director of its programme of work on 'Practical Approaches to Identify and Reduce Occupational Risks'. She is Chair of the Education Forum of the European Academy of Occupational Health Psychology and secretary of the scientific committee 'Work Organisation & Psychosocial Factors' of the International Commission on Occupational Health. Stavroula's main research interests are the translation of occupational health and safety knowledge and policy into practice and psychosocial risk management. Her research is well published and she has been a keynote speaker at a number of international conferences. She is coeditor of the biennial book series *Contemporary occupational health psychology: Global perspectives on research and practice*, also published by Wiley-Blackwell. Further information about Stavroula and her work can be found at www.nottingham.ac.uk/iwho/people/



Jonathan Houdmont BSc PGCE MSc PhD is a Lecturer in Occupational Health Psychology in the Institute of Work, Health & Organisations at the University of Nottingham (United Kingdom). He earned his BSc in Psychology at the University of Leeds, postgraduate certificate in further and adult education (PGCE) at the University of Keele, followed by an MSc and PhD in occupational health psychology at the University of Nottingham. He is director of the Institute's Masters in Workplace Health. His current research interests focus on legal and policy issues in occupational health, specifically in relation to work-related stress, and the discipline of occupational health psychology with particular emphasis on education and training. He is the author of several journal papers, edited books,

chapters, and commissioned reports on these topics. Jonathan is Executive Officer of the European Academy of Occupational Health Psychology. He has been the Academy's conference coordinator, having led the delivery of international conferences in Berlin (2003), Oporto (2004), Dublin (2006), and Valencia (2008). He is coeditor of the biennial book series *Contemporary occupational health psychology: Global perspectives on research and practice*, also published by Wiley-Blackwell. Further information about Jonathan and his work can be found at www.nottingham.ac.uk/iwho/people/

Notes on Contributors

Arnold B. Bakker is Professor of Work and Organizational Psychology at Erasmus University Rotterdam, The Netherlands. Arnold developed the Utrecht Work Engagement Scale (with Wilmar Schaufeli) that is currently used in 25 countries, and instigated the Job Demands-Resources model (with Eva Demerouti). His research interests include positive organizational behaviour, emotional labour, crossover, work engagement, burnout, and work–family interaction. Arnold publishes regularly in the major organizational and occupational health psychology journals. He is editor of the book *Work Engagement: A handbook of essential theory and research* (with Michael Leiter).

Paula Brough is an Associate Professor in Organizational Psychology at the School of Psychology, Griffith University (Australia), and Director of the Social and Organizational Psychology Research Unit. Her research encompasses the evaluation and enhancement of occupational psychological health, with particular interest in occupational stress, coping, and work-life balance. Specifically, Paula's research focuses on two main categories: (1) reducing experiences of occupational stress within the high-stress industries and (2) enhancing individual health and organizational performance. Paula is a member of journal editorial boards, serves as an academic reviewer, and regularly presents her work to both academic and industry audiences.

Tom Cox is Professor of Organisational Psychology and Director of the Institute of Work, Health & Organisations (IWHO), University of Nottingham (United Kingdom). His research and consultancy concerns the contribution of applied psychology to occupational health and safety with a special interest in the nature, management, and prevention of work stress and related legal and policy issues. Tom is a Non Executive Director of the Rail Safety & Standards Board, and Chair of its Advisory Committee. He is also Chair of the Board of Trustees of the CIRAS

Charitable Trust, a railway-related body for the confidential monitoring of safety incidents. Tom is currently President of the European Academy of Occupational Health Psychology. He is Managing Editor of the international quarterly *Work & Stress* and a member of the Editorial Boards of the *Journal of Occupational Health Psychology* and *Revista de Psicologia Aplicada Social*.

Annet H. de Lange is an Associate Professor at the Department of Social and Organizational Psychology at the University of Groningen, The Netherlands, and holds a PhD (*cum laude* doctorate) from the Radboud University of Nijmegen, The Netherlands. Her main research interests concern life-span perspectives on ageing at work, causality and longitudinal survey research, and the across-time development of the relationship between work and mental health. Her research has culminated in several honorary prizes (IBM Frye Stipendium, André Büssing Memorial Prize of the EAOHP, Stichting Praemium Erasmianum Prize (www.erasmusprijs.org), and the *Journal of Occupational Health Psychology's* best paper of the decade award). She has published in, and reviewed for, many international journals, and is a consulting editor to the journal *Work & Stress*.

Daantje Derks is an Assistant Professor in Work and Organizational Psychology within the Institute for Psychology at the Erasmus University of Rotterdam (The Netherlands). She is a course director for the Minor in Work and Organizational Psychology. Her current research interests focus on the impact of computer-mediated communication on daily work life, specifically the effects of using a BlackBerry on recovery and work-home interference and impression formation around social networking sites.

Amanda Griffiths is Professor of Occupational Health Psychology in the Institute of Work, Health & Organisations at the University of Nottingham (United Kingdom). Her research concerns the design, organization and management of work, and its relationship with health and performance, and has been supported by organizations such as the National Institute for Health Research, Help the Aged, the BBC World Service, the British Association for Women in Policing, Shell International Exploration & Production, Ford of Europe, UNISON, the Royal College of Nursing, the British Occupational Health Research Foundation, the National Association for Colitis and Crohn's Disease, the British Government's Health & Safety Executive, the European Commission, and the World Health Organization. Current projects focus on the ageing workforce, the management of long-term health conditions, and the delivery of effective services for older patients in general hospitals.

Michiel A. J. Kompier has a full chair in Work and Organisational Psychology at the Radboud University of Nijmegen, The Netherlands. He heads the research programme 'Work, stress and health'. He has published many articles, books, and chapters on topics such as work stress, job design, intervention research, working

time arrangements, and working conditions policies. He is past chairman of the Scientific Committee 'Work Organization and Psychosocial Factors' of the International Commission on Occupational Health, associate-editor of the *Scandinavian Journal of Work, Environment and Health*, and a member of the editorial boards of *Work & Stress*, the *Journal of Occupational Health Psychology*, and the *International Journal of Stress and Health*.

Phil Leather is a Reader in Occupational Psychology in the Institute of Work, Health & Organisations at the University of Nottingham (United Kingdom). He is director of the Institute's Masters degree in Occupational Psychology. Phil's current research interests fall in two principal areas: the management and control of work-related violence and the environmental psychology of the workplace and other organizational settings. The first concerns the causes and consequences of workplace violence as well as the design, delivery, and evaluation of measures taken to 'manage' it. The second research area concerns the way in which individual cognition, affect, well-being and behaviour is influenced by design characteristics of the physical environments in which we typically work. Phil's research is based upon a fundamental desire to use psychology, underpinned with sound theory and reliable evidence, to 'make a difference' – for example, by combating violence at work or in designing workplaces better suited to those who occupy them.

Karina Nielsen is a senior researcher at the National Research Centre for the Working Environment, Denmark. Her main research interests lie within the area of occupational health psychology. She is involved in intervention research investigating the factors that facilitate positive and sustainable changes in the work environment and employee health and well-being. A central aspect of this research is how to strengthen the evaluation of such projects using both quantitative and qualitative process evaluation. Another central focus of her research is work organization and design, especially group- and teamwork, and how you create a positive challenging working environment that allows employees to be innovative. Karina has published her research in a number of book chapters and articles in, among others, *Work & Stress* and the *Journal of Organizational Behavior*.

Andrew J. Noblet is an Associate Professor in Organizational Behaviour at Deakin Business School, Deakin University (Australia). Andrew's research interests are in the areas of occupational stress, organisational fairness, leader-member relationships, employee performance and workplace health promotion. Andrew also provides advisory services to private and public-sector organisations and regularly undertakes employee needs assessments, leadership training and other organisational development initiatives.

Michael P. O'Driscoll is Professor of Psychology at the University of Waikato (New Zealand), where he has taught courses in organizational psychology since 1981, and convenes the postgraduate programme in organizational psychology. His

primary research interests are in the fields of job-related stress and coping, and work-life balance. More generally, he is interested in work attitudes and behaviours, and the relationship between work and health. He has served on the editorial boards of several academic journals, and was editor of the *New Zealand Journal of Psychology* (2001–2006). Finally, he has provided consulting services to numerous organizations, with particular focus on work and well-being.

Raymond Randall is a Lecturer in Occupational Psychology at the University of Leicester (United Kingdom) where he is director of the distance learning MSc in Occupational Psychology and MSc in Psychology of Work. He has worked with many organizations to help them identify and tackle the problem of work-related stress and improve job design. His interests focus on issues associated with the design and implementation of interventions that are used to deal with such problems. Ray's publications in this area show how various innovative approaches can be used to enhance the evaluation of stress management and job re-design interventions. He is also currently working with a team of Danish researchers to evaluate the impact of leadership on employee well-being. His other research interests focus on issues in selection and assessment.

John J. Rodwell is a Professor in Management in the Deakin Business School at Deakin University (Australia). He is the Associate Head of School (Research). His current research interests focus on management, human resource management and employee issues in the workplace, particularly in healthcare management. John has experience as a manager, academic and consultant working on a range of projects, such as stress or productivity projects, across many organizations.

Angeli Santos is Director of Studies of the Institute of Work, Health and Organisations at the University of Nottingham Malaysia Campus (UNMC). She is also course director of the MSc in Occupational Health and Safety Leadership and the BSc in Applied Psychology and Management Studies at UNMC. Angeli completed her PhD in Applied Psychology at Nottingham in the area of coping, support and the impact of work-related violence on police personnel. Her interests in the violence research arena extend to the design, delivery and evaluation of workplace violence training and the use of biological indicators in the measurement of violence and stress. Angeli has been involved in and supervised a number of projects in the area of environmental design, health and well-being, including the use of the arts in hospitals, environmental design and hospital recovery and open-plan office work. She has also presented papers in these areas at recent international conferences held by the Environmental Design Research Association and the European Academy of Occupational Health Psychology. Other research interests include the role of safety culture and risk-taking behaviours on accidents and attitudes to work; and correlates and barriers to career decision-making in students and early career employees.

Toon W. Taris received a PhD degree in Psychology from the Vrije Universiteit Amsterdam, The Netherlands in 1994. He is currently full professor in Work and Organizational Psychology at the Department of Social and Organizational Psychology of Utrecht University, The Netherlands. His research interests include work motivation, work stress, and intervention research. He has published widely on these topics in books and journals such as the *Journal of Vocational Behavior*, *Personnel Psychology*, and the *Journal of Applied Psychology*. He is currently Scientific Editor of *Work & Stress*.

Tony Zarola is Managing Director of ZEAL Solutions (United Kingdom), a psychological consultancy group dedicated to the enhancement of individual and organizational health and well-being. Passionate about psychology and its role in delivering individual and organizational effectiveness, when he's not working in the world of business, he spends his time managing and delivering research on how to make the world of work a better place.

Gerard Zwetsloot is a Senior Researcher and Consultant at TNO Work & Employment (The Netherlands) and Special Professor in Occupational Health and Safety Management at the Institute of Work, Health & Organisations, University of Nottingham (United Kingdom). From 1998 to 2006 he was special professor at the Erasmus Centre for Sustainability and Management of Erasmus University Rotterdam (The Netherlands). His main interest is the combination of health and safety management with business excellence and corporate social responsibility or corporate sustainability. The main underlying themes of his research are to foster processes of collective learning and social innovation, and the creation of meaningful work.

Preface

In 1995 we both chanced upon an advertisement for a Masters degree in Occupational Health Psychology (OHP). The advertisement described a programme that was to be launched the following year at the University of Nottingham, United Kingdom, with a focus on the application of psychology to occupational health issues. This sounded innovative and appealing. Shortly thereafter we made the trip, from Greece and the North of England, to Nottingham in pursuit of the degree. At that time there were few postgraduate opportunities in OHP; with the exception of the University of Nottingham's Masters degree, provision was restricted to courses that operated within a handful of North American doctoral programmes. Other programmes existed that addressed issues within the OHP remit but few, if any, were explicit in their identification of OHP as a discrete domain of research and professional practice. Since that time the OHP educational landscape has developed considerably. Numerous programmes now exist across the globe that attract ever-growing numbers of students in pursuit of OHP career development opportunities.

In view of the rapid international expansion of OHP education and training provision, it was surprising that no textbooks had been written for the purpose of introducing students to the discipline. We are delighted and honoured to be able to address the need for such a volume with this, the first textbook of OHP written specifically for a student audience. The book comprises eleven chapters that, in sum, provide an overview of the discipline through an examination of key theoretical perspectives, issues of interest to researchers and practitioners, and drivers of OHP activities that have shaped and defined the discipline since its emergence. Each chapter is written by internationally-recognized experts who are united by a belief that psychological science can make a valuable contribution to the protection and promotion of workers' health.

Space restrictions necessitate that this textbook does not provide a comprehensive account of topic areas that exist under the OHP umbrella. The ever-changing

content and context of work dictate that the relevant topics are many, varied, and in a constant state of evolution. Readers interested in taking their learning further with a view to keeping abreast of the 'hot issues' tasking OHP researchers and practitioners, are directed towards a partner volume, *Contemporary occupational health psychology: Global perspectives on research and practice*. Published by Wiley-Blackwell, the biennial series presents authoritative, stand-alone, reviews on OHP topics that are germane to the interests and activities of OHP researchers, practitioners, and students. The series also presents new empirical research where it can usefully advance the field in ways that are not typically possible within the confines of the traditional journal article. This applies particularly to developments in professional practice, education, and training.

It is our hope that you enjoy this book and find it useful in your studies. We eagerly anticipate your feedback; please do not hesitate to email us with suggestions for improvements. We will endeavour to introduce as many of these as possible in future editions.

At this point a few words of thanks are due. Our gratitude is extended to Andrew McAleer and Darren Reed, our editors at Wiley-Blackwell, for the opportunity to introduce OHP to a wide constituency of students; the reviewers from the international community of occupational health psychologists who considered the original proposal and provided invaluable feedback that has immeasurably improved the final product; the European Academy of Occupational Health Psychology for endorsing the book; and finally, our contributors for their excellent manuscripts.

Fifteen years ago we were introduced to a discipline that captured our imagination and set the course of our professional lives. We hope that this book similarly inspires you and sparks a flame of enthusiasm that leads to a rewarding career concerned with the application of psychological principles and practices for the protection and promotion of workers' health and safety.

Stavroula Leka

stavroula.leka@nottingham.ac.uk

Jonathan Houdmont

jonathan.houdmont@nottingham.ac.uk

An Introduction to Occupational Health Psychology

Jonathan Houdmont and Stavroula Leka

CHAPTER OUTLINE

This chapter introduces occupational health psychology by defining the subject matter and exploring the features that make it distinct from other related areas. The influence of key research groups and studies, characteristics of the changing world of work, and legislative developments that have contributed to the development of the discipline, are considered. The chapter closes by introducing the bodies that represent and support research, training, and professional practice in occupational health psychology on the international stage.

Introduction

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There are numerous descriptors for subject specialties that concern the application of psychology in the workplace: industrial and organizational psychology, work and organizational psychology, work and health psychology, vocational psychology, and occupational psychology to name but a few. Each of these specialties has a distinct perspective on the dynamic relationship between work and the worker (although some overlap is inevitable), and exists as a formalized entity supported, to varying degrees, by representative bodies, academic and practitioner journals, international conferences, and professional training pathways. To this collection there is a new entrant that since the early 1990s has attracted interest, but about which little has been written for the student embarking upon study of the specialty: occupational health psychology.

In this chapter we set out the nature and definition of this specialty, and trace its emergence by selectively highlighting a series of influential research groups and studies, characteristics of the changing world of work, and legislative developments that have

materialized during the twentieth century in Europe and North America. We conclude with an examination of the contemporary character of occupational health psychology in which consideration is given to structures that exist to support the research, training, and practitioner activities of an expanding international constituency.

What is Occupational Health Psychology?

.....

Where did the term ‘occupational health psychology’ originate?

What is the vision of occupational health psychology?

Why is occupational health psychology important?

Occupational health psychology (OHP) is a youthful discipline with much to offer the aspiring practitioner. This book is designed to facilitate the knowledge development of those who wish to develop a career in OHP: individuals with a curiosity and enthusiasm for the application of psychological theory and evidence to bring about improvements in the health of workers. The term ‘occupational health psychology’ was coined in 1990 at the University of Hawaii by a team of academics who observed unfulfilled potential for psychologists to support the development of healthy work environments (Raymond, Wood, & Patrick, 1990). OHP has grown at a rapid rate in the two decades that have passed since Raymond and colleagues set in motion a new specialty. This can be seen in, among other things, the ongoing rise in the submission rate of scientific articles to the discipline’s dedicated academic journals (*Journal of Occupational Health Psychology* and *Work & Stress*), and the influence of these journals within the broader applied psychology field; the growth in researcher, educator, practitioner, and student attendance at international OHP conferences; the expansion of OHP training provision in Europe and North America; the growth in employment opportunities for OHP practitioners; and the expansion of outlets for practitioners to publish and share best practice.

Alongside these activities, debate on the nature and scope of OHP has crystallized and consensus has developed among academics and practitioners on its aims and objectives. This has allowed for the advancement of a shared vision whereby OHP is understood to have its focus on the creation of ‘healthy workplaces in which people may produce, serve, grow, and be valued’ (Quick et al., 1997, p. 3). Within this vision, healthy workplaces are understood to be ones ‘where people use their talents and gifts to achieve high performance, high satisfaction, and well-being’ (ibid.).

The appeal of OHP can be found in the important and unique role it plays in the management of challenges to safety and health in the organizational context. For many decades, prior to the advent of OHP, occupational safety and health professionals had at their disposal a knowledge- and skill-set that was fit for purpose in respect of the control and prevention of exposures to traditional work-related hazards such as physical, biological, or chemical agents (Sauter & Hurrell, 1999). The practitioner’s professional toolkit was robust and effective in so far as it was designed to deal with the prevalent work-related hazards of the time. The adequacy of the toolkit was, however, called into question towards the end of the twentieth

century as a consequence of the rise in workplace psychosocial hazards. Defined as ‘those aspects of work design and the organization and management of work, and their social and organizational contexts, which have the potential for causing psychological, social or physical harm’ (Cox, Griffiths, & Rial González, 2000, p. 14), psychosocial hazards, and the health-risks they pose, have in recent years entered the consciousness of employers, policy- and law-makers, and occupational safety and health practitioners due to their association with characteristics of the contemporary world of work such as internationalization and increased global competition, the continual evolution of information and communication technologies, and changes to the configuration of the workforce (Kompier, 2006).

Psychosocial hazard exposures hold the potential to cause serious harm. However, education and training provision for occupational safety and health professionals has traditionally neglected psychosocial issues; thus, it is in the management of these that the OHP practitioner can make a unique contribution to the prevention of occupational illness and injury, and promotion of occupational health and well-being. This is an important role; indeed, there is evidence to suggest that psychosocial hazards are likely to continue to pose a growing threat to worker well-being (see Research Close-Up 1.1). As such, the services of the OHP practitioner are likely to be of increasing value to organizations as the twenty-first century unfolds.

RESEARCH CLOSE-UP

1.1 Emerging Psychosocial Risks

Source: EU-OSHA – European Agency for Safety and Health at Work (2007). *Expert forecast on emerging psychosocial risks related to occupational safety and health (OSH)*, Available at: <http://osha.europa.eu/en/publications/reports/7807118/view>

Introduction

The purpose of this study was to identify emerging psychosocial risks that may pose a threat to employee safety and health. Through the early anticipation of emerging (i.e., new and increasing) risks, the study sought to facilitate the planned targeting of resources, interventions, and strategies to tackle these.

Method

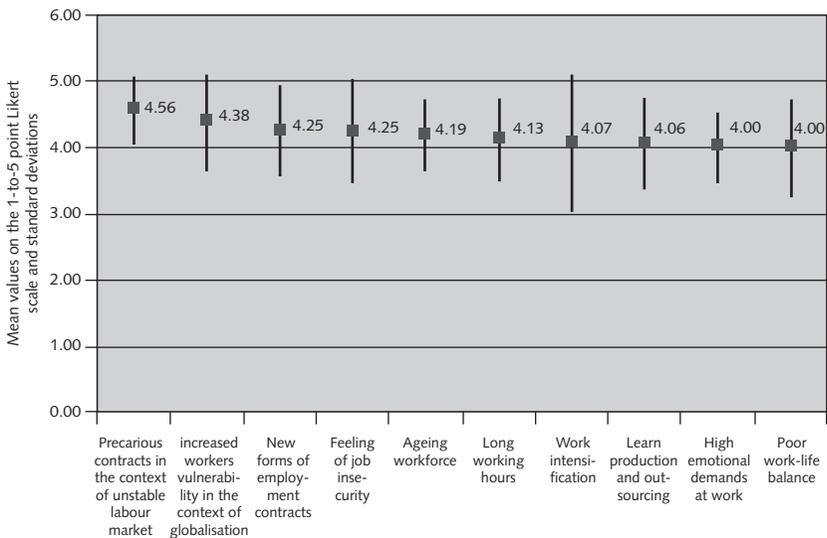
A Delphi consensus-building methodology was applied with an expert-group largely comprised of experienced psychological researchers in occupational safety, health, and psychosocial risks. The first survey round required the experts to propose and prioritize risks that they believed to be emerging (the *creation stage*). Based on the results, a second questionnaire was developed that listed all of the items generated in the previous round. Experts were required to indicate on a five-point Likert scale that ranged from ‘strongly disagree’

Research Close-Up 1.1 (Cont'd)

to 'strongly agree', the extent to which they agreed that each of the topic areas was emerging (the *prioritization* stage). This procedure was repeated for the third round (the *consensus* stage).

Results

The ten most important emerging psychosocial risks identified by the study are shown in the table below.



(NB: $MV > 4$: risk strongly agreed as emerging; $3.25 < MV \leq 4$: risk agreed as emerging)

These ten emerging psychosocial risks can be thematically grouped into five areas:

- new forms of employment contracts and job insecurity;
- the ageing workforce;
- work intensification;
- high emotional demands at work;
- poor work–life balance.

Conclusions

The study's findings highlight that changes in the world of work over the last few decades have resulted in the rise of psychosocial risks associated with the way work is designed, organized, and managed. The results offer a basis for discussion among stakeholders to help them set priorities for future research and policy actions.

Summary

The OHP moniker was coined in 1990, since which time the discipline has flourished in Europe and North America. Agreement can be found on the vision for OHP, and the discipline now plays an important role in the prevention of occupational illness and injury, and promotion of occupational health and well-being.

The Definition of Occupational Health Psychology

.....

*How is occupational health psychology defined?
What commonalities and differences exist between European and North
American definitions?*

With any youthful discipline it takes time for consensus to develop around a precise definition in respect of its key ingredients or features. OHP is no exception; although there is agreement among the discipline's protagonists on its aims and objectives, evidence of divergence can be found between North American and European perspectives on its definition (Cox, 2000). This is specifically so in relation to the specialties that inform and comprise OHP. At one level it could be argued that divergence is a mere matter of semantics because OHP protagonists the world over adhere to a universal understanding of the discipline. However, because the definitions adhered to by academics will determine, in part, the content of training programmes, divergence may have the unfortunate consequence of conspiring against the creation of programme accreditation procedures and professional training pathways that are required to sustain the discipline in the long term.

For this reason, it is imperative that international consensus is ultimately achieved on the definition of OHP. Fortunately, despite the absence of a shared heritage across the international OHP community, broad agreement on the nature of the discipline can be found in the definitions advanced by the discipline's European and North American representative bodies. In Europe, the generally accepted definition is that advanced by the European Academy of Occupational Health Psychology (EAOHP). This is based on the definition posited by Cox, Baldursson, and Rial González (2000), whereby OHP is considered 'the contribution of applied psychology to occupational health' (p. 101). This definition locates OHP at the interface between occupational health and psychology. Cox and colleagues suggest that the areas of psychology that might be applied in addressing occupational health issues include health psychology, work and organizational psychology, and social and environmental psychology. This perspective is illustrated in Figure 1.1. The contribution of these areas of psychology implies that OHP practitioners have their focus on the psychological, social, and organizational

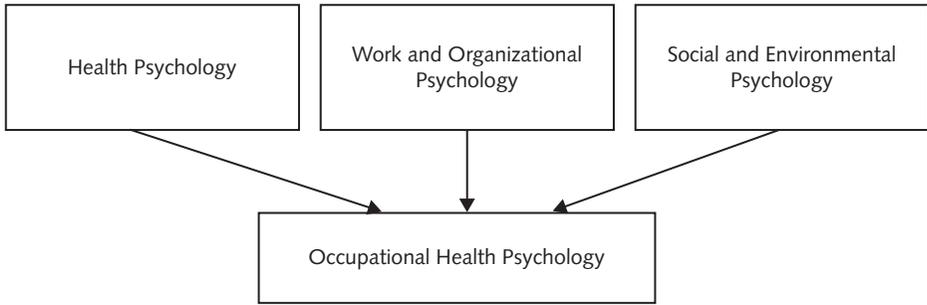


Figure 1.1 Foundations of European occupational health psychology.

aspects of occupational health questions. The European perspective recognizes that occupational health is a multidisciplinary area and that OHP practitioners offer a focused specialization that they may usefully apply within multidisciplinary teams. In this way, it ‘requires that European occupational health psychologists are aware of and recognize the contributions that can be made by others, and can appreciate their intellectual positions, knowledge and practical skills’ (ibid., p. 103).

The North American perspective on OHP is in large part consistent with the European approach. Nevertheless, differences can be identified. Whereas the European tradition draws on procedures, practices, and methodologies from various fields of applied psychology, North American definitions encompass psychological perspectives alongside those from other occupational sciences such as occupational and environmental health, organizational behaviour, human factors, sociology, industrial engineering, ergonomics, and economics (Adkins, 1999; Chen, Huang, & DeArmond, 2005). This perspective gives rise to the definition advanced by the North American representative body for the discipline – the Society for Occupational Health Psychology (SOHP) – whereby OHP is viewed as involving:

The interdisciplinary partnerships of psychological and occupational health science professionals seeking to improve the quality of working life, and enhance the safety, health and well-being of workers in all occupations. Because it exists at the intersection of behavioral science and occupational health disciplines, OHP is inclusive of knowledge and methods from psychology, public/occupational health, organizational studies, human factors, and allied fields (such as occupational sociology, industrial engineering, economics, and others). (Society for Occupational Health Psychology, 2008)

This multidisciplinary perspective, illustrated in Figure 1.2, was established at the outset of the discipline’s existence in North America. In their seminal article, Raymond, Wood, and Patrick (1990) called for training in a discipline that ‘would integrate and synthesize insights, frameworks and knowledge from a diverse number of specialties, principally health psychology and occupational

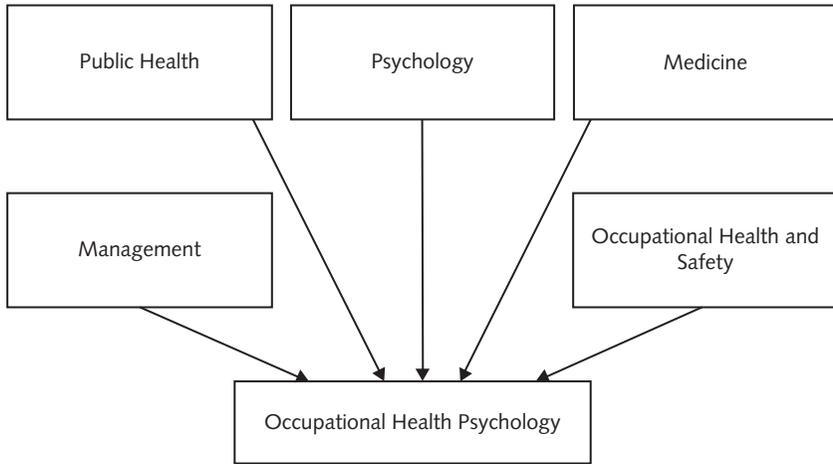


Figure 1.2 Foundations of North American occupational health psychology (adapted from Adkins, 1999).

(public) health but also preventative medicine, occupational medicine, behavioral medicine, nursing, political science, sociology and business’ (p. 1159). Interestingly, in recent times, debate in North America has resurfaced on the extent to which OHP should exist primarily as a psychological discipline (Sinclair, 2009), suggesting that opinion on its interdisciplinary status may be divided.

Despite definitional differences, there is little doubt that advocates for OHP the world over unanimously endorse the aforementioned vision for OHP delineated by Quick et al. (1997). Likewise, most would agree with the high-level characteristics posited by Cox et al. (2000) as defining the discipline. These include acknowledgment that OHP is: (a) an applied science, (b) evidence driven, (c) oriented towards problem solving, (d) multidisciplinary, (e) participatory, (f) focused on intervention, with an emphasis on primary prevention (see Definition 1.1), and (g) operational within a legal framework.

Definition 1.1

Primary prevention: Primary interventions for the improvement of occupational health are targeted at the **source** of problems, i.e., the design, management, and organization of work. These contrast with **secondary** interventions that focus on workers’ **responses** by bolstering coping resources, and tertiary interventions that centre on **effects/outcomes** through the provision of **remedial** support.

Summary

OHP can be defined simply as ‘the contribution of applied psychology to occupational health’. This ‘interface’ definition, adhered to in Europe, recognizes that occupational health is a multidisciplinary area and that OHP practitioners offer a focused specialization that they may usefully apply within multidisciplinary teams. The North American perspective on OHP is in large part consistent with the European approach, but differs in that it encompasses psychological perspectives alongside those from other occupational sciences.

OHP Topic Areas

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*How have OHP topic areas been identified?
Which topic areas fall under the OHP umbrella?*

Further evidence for the youthfulness of OHP can be found in the absence of an agreed list of topic areas that the discipline might address beyond its traditional focus on work-related stress. Although the field is yet to achieve a level of maturity whereby agreement exists in respect of the domains that ought to be encompassed within the OHP umbrella, what is clear is that irrespective of what these might be, OHP should be inclusive in so far as is reasonable (Chen, DeArmond, & Huang, 2006). Three contrasting approaches have been applied for the purpose of drawing conclusions on the topic areas that comprise the focus of OHP: scrutiny of existing educational curricula, analyses of themes as they have appeared in the discipline’s academic journals, and expert surveys.

Scrutiny of existing curricula

One approach to the identification of OHP topic areas, which has been applied in the US context, has involved the analysis of existing curricula. Scrutiny of topics addressed in 12 US doctoral OHP training programs revealed one topic taught across programs: introduction to the discipline of OHP. Work-related stress was the second most prevalent topic area, taught at seven institutions (Fullagar & Hatfield, 2005). A similar analysis of the content of 11 US doctoral curricula identified the consistent appearance of six topic areas: (a) survey (overview) of occupational safety and health, (b) job stress theory, (c) organizational risk factors for occupational stress, injury, and illness, (d) physical and psychological health implications of stressful work, (e) organizational interventions for the reduction of work-related stress, and (f) research methods and practices in public/occupational health and epidemiology (Barnes-Farrell, 2006). These curriculum areas are consistent with seven broad areas identified by Macik-Frey, Quick, and Nelson (2007)

as representing the major research themes addressed in papers published in the *Journal of Occupational Health Psychology* (see below). It might be reasonable to assume that consistency between OHP curricula and published research themes has arisen owing to programme designers having relied on the latter to inform the former.

Published research themes

Themes in the published research literature provide an indication of some important topics that ought to perhaps be included under the OHP umbrella and, specifically, within education and training curricula. Through analysis of themes addressed in papers published in the *Journal of Occupational Health Psychology* over an 11 year period from the journal's inception in 1996, Macik-Frey, Quick, and Nelson (2007) identified seven broad areas that represented the major themes considered by researchers. Work-related stress was identified as the single most researched area, followed by burnout; work-family issues; aggression, violence and harassment; safety; employment issues; and health issues. Within these broad areas four topics were identified as holding promise for future OHP research: positive psychology, virtual work, moods and emotions, and intervention studies.

Inness and Barling (2003) similarly reviewed the themes evident in papers published in the *Journal of Occupational Health Psychology* though not directly for the purpose of investigating those topics that might be considered within the OHP remit but, rather, to examine the extent to which OHP research reflected the objectives of the discipline, i.e., the promotion of workers' health and the improvement of organizational functioning. Nevertheless, the study provides a useful illustration of the spectrum of OHP topic areas. Among the 191 studies that comprised the sample of papers, work-related stress was examined nearly twice as frequently as the next most prevalent topic (24% of all papers). The second most frequently examined topic involved investigations into the consequences of various negative workplace experiences (such as sexual harassment, job insecurity, exhaustion, burnout, role conflict, etc.) (13%). Together, these two broad themes accounted for more than one third of all papers. Other themes, each accounting for no less than 5% of the total, included individual differences (personality traits, sense of well-being, personal control), work-family interface (work-family conflict, elder/childcare, dual earner couples), demographic characteristics (gender, ethnicity, tenure), psychosocial environment (social support, supervisor support, communication) and job characteristics (job type/industry, job design issues, organizational climate, presence of training). A further ten broad themes were identified each accounting for less than 5% of the papers. Inness and Barling concluded that the majority of the published papers had their focus on problem-oriented research questions; relatively few explicitly examined how healthy workplaces might be created. It is to this more positive perspective, one that entails treating the workplace as an arena for the protection and promotion of well-being,

which they suggest future OHP research might orientate for the discipline to fulfil its potential. Positive OHP has attracted a wealth of interest in recent years; interest that is reflected in this textbook by the dedication of an entire chapter to the notion.

Some years after Inness and Barling's study, Kang, Staniford, Dollard, and Kompier (2008) reviewed the topics examined in papers published in the *Journal of Occupational Health Psychology* and extended their consideration to the discipline's other flagship journal, *Work & Stress*. In total, the analysis encompassed some 631 papers published between 1996 and 2006. Results showed that published OHP research had primarily focused on work-factors such as workload, individual influences such as motivation, and a combination of work and individual contextual factors. The authors noted the paucity of research that had accounted for factors external to organizations such as government policy, workplace-related legislation, and the effects of globalization. Adding their voice to that of Inness and Barling as well as that of Macik-Frey and colleagues, Kang et al. expressed regret at the limited number of intervention studies designed for the protection and promotion of health.

Analyses such as these offer an indication of the topics with which researchers have commonly engaged. However, beyond the intrinsic interest or importance of a topic there exists a host of factors that drive research foci and which encourage a concentration on particular topics at different points in time across social and economic contexts. Furthermore, analyses of this sort are only able to consider themes as they appear in published articles – they do not provide information on those topic areas that might have been extensively researched but which fall outside of the scope of interest, and/or the scientific publication criteria, of the discipline's flagship journals. As such, key themes evident in the published research literature provide an indication of some important topics but fall short of providing guidance on the topics that are fundamental to the discipline. Thus, an educational curriculum that reflects the key themes in published OHP research may be inadequate. Moreover, the applied nature of OHP renders it important that curricula do not merely reflect the topics that academics study but encompass issues of interest and concern to practitioners.

Expert surveys

To ensure that education and training programmes address issues with which practitioners are tasked within the organizations that they operate, programme designers in the USA and Europe have sought to identify key topic areas from the practitioner perspective. This line of research was initiated in the USA with a survey of 1,100 human resource managers, public health professionals, and experts in disciplines allied to OHP (Schneider, Camara, Tetrick, & Sternberg, 1999). Though it revealed a need for OHP education and training, the survey stopped short of delineating a curriculum. Schneider and colleagues' study laid the groundwork for the development of OHP curricula in the US in the late 1990s, including