Evaluation of National Work-related Psychosocial Risk Management Policies: An International Review of the Literature

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Abstract

This paper presents a critical appraisal of the international literature in relation to national work health and safety (WHS) policy evaluation for the management of psychosocial hazards and risks and the protection of work-related psychological health. We reviewed policy evaluation publications from the last 20 years (i.e. between 2001 and 2021). In total, 26 publications were identified and analysed based on: the origin of the research, participants involved, data collection strategies and the data analysis techniques. As an additional component of this review we also synthesised the key findings and implications derived from current policy evaluation efforts. Results support the need for more international research beyond Europe and Australia, and data collection from a more diverse pool of participants (e.g. workers, inspectors, regulators). Understanding the current body of knowledge provides a valuable resource for guiding the future development of informed and high-quality evaluation research and practice, as well as sharing knowledge across countries with the goal to improve psychosocial work conditions globally. The value of this paper is that it provides a clear overview of the current research status, in addition to suggestions for progressing future policy evaluation.

1. Introduction

Work health and safety (WHS; also known as occupational health and safety [OHS]) policy (e.g. legislation, standards, guidance etc.) at the national level represents a foundation for organisational WHS practice (Leka & Jain, 2014). For optimal health outcomes, national WHS policy approaches need to be effective in conveying and addressing key principles of risk identification and management concerning worker health and safety. As stated by Leka and Jain (2014, p. 232), in relation to the issue of WHS, "policy development and stakeholder engagement at international, regional, national, and sectorial levels determines whether awareness is raised, common understanding emerges, norms develop, decisions are made, actions are promoted, and sustainability is ensured". Given the significant function of WHS policies, alongside increasing evidence of poor worker health (European Agency of Safety and Health and Health at Work [EU-OSHA], 2017), research efforts should be directed towards evaluating policy effectiveness in implementation.

Systematic evaluation is critical for ensuring the WHS policy context, content, and implementation are strong in addressing important societal issues such as work-related psychological health. Evaluation enables researchers and policymakers alike to determine whether the development and implementation of policy has been effective in reducing harm. Policy evaluation also ensures accountability for the delivery of certain programs and promotes credibility and legitimacy amongst all policy actors (International Social Security Association [ISSA], 2017). Without proper systematic or rigorous national policy evaluation there cannot be effective feedback provided to respective authorities; meaning there is limited ability to best analyse problems, set priority action areas or allocate the sufficient resources (OECD, 2020). Further, conducting large scale policy evaluation is important to ensure that improvements and greater efforts can be channelled towards certain countries or industrial sectors that require additional assistance (ISSA, 2017).

Policy evaluation is a broad field of literature, attracting various methodological approaches (Jain, 2011). A recent landmark report analysed 42 countries on their policy evaluation practices, the level of quality in relation to the evaluations and how they were used (see OECD, 2020). The report showed that policy evaluation was essential and that most countries were committed to undertaking policy evaluation efforts. That said, a range of challenges still exist such as the fact that policy evaluation results are often not used in future policy making and that there is a lack of human related skills, capacity, and capability in the

area. There have been some recent efforts to better understand policy evaluation specific to WHS (or OHS). For example, six OHS institutes (e.g. NIOSH) came together to share their similarities and the evaluation method that they use regarding OHS policy evaluation approaches (ISSA, 2017). The report highlights the critical need for conducting evaluation and outlines specific techniques and steps, how to prove contributions, conditions for success and using data (ISSA, 2017).

Policy evaluation literature specifically on WHS policy for work-related psychosocial hazards and risks and psychological health has not been internationally reviewed. Globally, work-related psychological health is currently a major international and national problem primarily due to the economic and societal costs to organisations and workers, arising from injury, illness, and productivity losses (Cocker, Sanderson, & LaMontagne, 2017). The universal financial burden of work stress spans from US$221.13 million to US$187 billion per country, owing to lost outputs, healthcare costs, and medical expenses (Hassard et al., 2018). As it stands the current academic evaluation of national psychological WHS policy is often overshadowed by a stronger research focus on individual, job design, and/or organisational factors relevant to worker health (Leka & Jain, 2014). That said, some researchers communicate how changes in the broad socio-political climate affect work-related psychological health (Benach et al., 2013). Even though there are limited reviews or consideration of policy evaluation research specifically on national work-related psychosocial approaches, throughout the last fifteen years various high-quality published reports, commentaries/overviews, and studies on policy evaluation in relation to psychosocial issues have been produced. These publications show advanced awareness of the role and impact of WHS national policy on this issue and the importance of conducting evaluation (EU-OSHA, 2012; Leka et al., 2010). Yet, as stated, there have been no reviews undertaken regarding these policy evaluation publications. A review that summarises progress made by previous research efforts will enable greater dissemination of knowledge and consolide a base on which to extend the field of work. Without undertaking proper policy evaluation, with suitable evaluation methodologies and criteria, the basis on which future policies can be developed will not be clear.

The purpose of this paper is to provide an analytical review of the current state of policy evaluation literature for work-related psychosocial hazards, risks, and psychological health. We also present the key issues identified by policy evaluation studies over time. We seek to review the types of approaches used in previous publications, summarise their

findings in relation to policy adequacy or effectiveness, and identify the gaps that still exist in terms of methods and/or approaches. The main intention of this paper is not to philosophise the meaning of policy or to thematically analyse or critique each study in relation to policy content—rather it is to provide an overview of the existing work that has been done to date internationally, and more notably *how* policy evaluation has been conducted, evolved over time and what has been found. As such, this paper aligns most closely with a methodological or descriptive literature review. It is hoped that progressing policy evaluation research in this area will help generate tangible improvements to WHS policy in practice, which will in turn benefit broader society.

2. Method

All available publications from the last 20 years (between 2001 and 2021) evaluating large-scale (i.e., at the national, state, regional level) WHS policy related to psychosocial hazards and/or work-related psychological health were included. Examples included critical commentaries about the policy context, reports from government-funded projects, as well as published academic articles. While significant effort was made to retrieve all relevant publications, it is acknowledged that this review may not be exhaustive, and there could be other publications that contain information on policies. We reviewed papers published in English and therefore acknowledge that papers in other languages could exist.

Three different approaches were taken in completing this literature search. First, we searched academic databases using terms "policy psychosocial risk, psychosocial risk management policy, policy-level intervention psychosocial risk, policy-level intervention psychological health work, and national work health and safety policy psychosocial risk". Second, we used a snowballing method (Johnson et al., 2014) to identify studies referenced within relevant articles and searched online publication lists of known academic experts in this field. Third, we conducted a Google Scholar search using the aforementioned search terms to capture grey literature. The search for publications ceased in October 2021. Two researchers conducted literature searches using these approaches to ensure that all relevant publications were included.

To be included in this review, publications were required to contain an element of evaluation of the WHS policy context in relation to psychosocial hazards, risks, and work-related psychological health. Policy instruments themselves were excluded from the review. Studies that assessed policy at the organisational level were excluded. Further, in the

collation process, publications on the nature of policy and policy-making more broadly, were excluded. Studies focusing on the practical activity of regulating psychosocial risks were also beyond the scope of this review. Full texts were read to determine a papers inclusion in the final sample for review. Two researchers (RP, SJ) reviewed each papers independently and came together to ensure consensus was reached.

3. Results

A total of 26 publications were identified (academic papers n = 23, grey literature n = 3). There were two main types of publications. First, there were analytical review and commentary-style publications, which focus on the author(s) critically analysing the policy context of a certain region and do not recruit participants. Summaries of these publications are presented in Appendix A (50%, n =13). Next, there were survey and/or interview-based publications (50%, n =13). These are presented in Appendix B.

In the following section, we communicate specific facets of the in-scope publications. Results are divided into the publications' regional focus, objectives, participants, data sources and data analysis techniques, followed by the key findings and implications.

3.1. Regional focus of policy evaluation publications

Figure 2.1 shows the regional focus of the 26 publications. The most frequently examined is the European policy context (65%, n = 17). Amongst these, the majority focused on the broader EU (n = 12), as well as the UK (n = 1), Great Britain (n = 1), Italy (n = 2), and Sweden (n = 1). Only a small number of publications have focused on regions outside of Europe. Two publications focused on countries in Asia (8%, n = 2), specifically China (n = 1) and Hong Kong (n = 1). Four were relevant to Oceania (15%, n = 4), all focusing on Australia (n = 4). Only one publication examined a policy context in the Americas (4%, n = 1), namely Canada (n = 1) and no publications have focused on Africa (0%, n = 0). Two publications have investigated the international context (8%, n = 2).

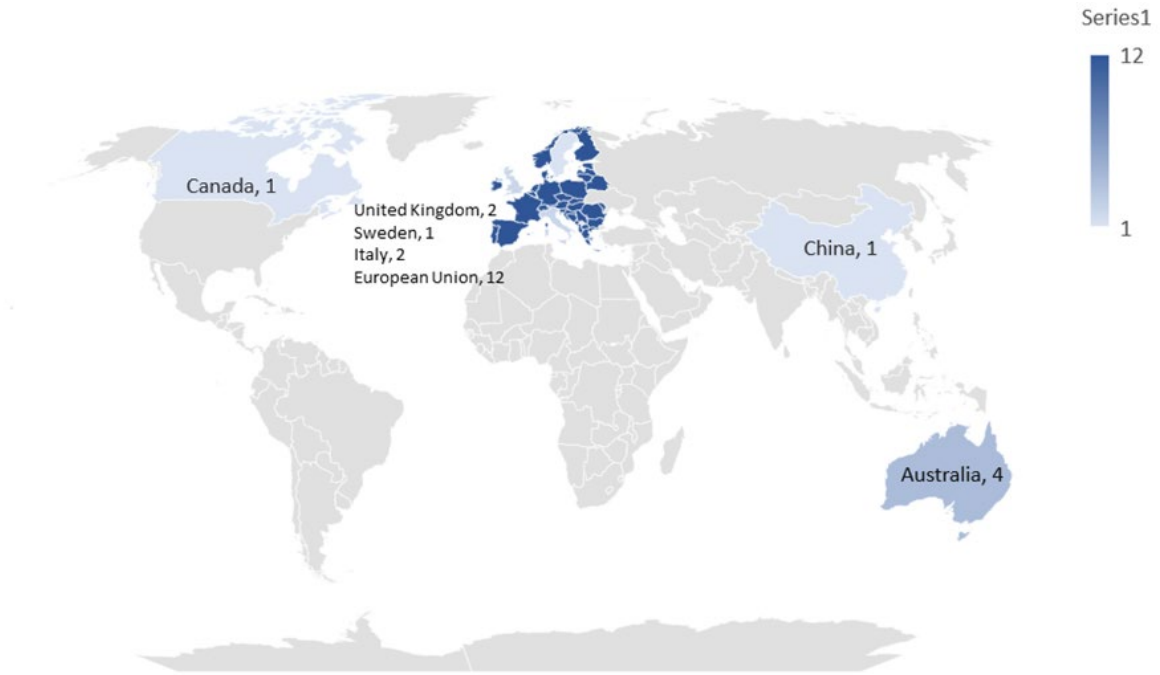

Figure 1 Regional focus of policy evaluation publications on work-related psychosocial risks or psychological health

3.2. General summary of the publications' objectives

The aims and objectives of the retrieved publications were diverse; however, some common objectives were observed in them:

- Described or review a certain policy context within specific regions or countries (e.g. Leka et al., 2010; Leka et al., 2014; Potter & O'Keeffe, 2020; Steinberg, 2017). Specific to this subset, there are four studies that carry out a policy scoring process (see Leka et al., 2014; Leka et al., 2015: Potter et al., 2019b; Yang et al., 2020), across the European Union (EU), Australia and China respectively.
- Acquired perspectives of WHS informants (e.g., worker representatives, unions, employers) to determine the effectiveness of current policy strategies (e.g., Ertel et al., 2010; Leka et al., 2011a; Potter et al., 2019a). Similarly, there was a study that involved interviewing WHS participants to assess their knowledge of the topic of psychosocial risk management (Iavicoli et al., 2011).
- Used large-scale surveillance data (i.e., European Survey of Enterprises on New and Emerging Risks [ESENER]) to determine factors such as the key drivers or barriers for the management of psychosocial risks, thus leading to discussion about the implications of current policy mechanisms. These studies were conducted in Europe

(Di Tecco et al., 2017; EU-OSHA, 2012; EU-OSHA, 2017) and Australia (Potter et al., 2017).

- Provided a review of research processes that occurred during the development or adaption of a particular policy instrument. For instance, Persechino et al. (2013) outlined the processes involved in contextualising a policy instrument from the United Kingdom (i.e., Health and Safety Executive Management Standards) to the Italian regulatory policy context. The publications that reviewed research processes typically involved a retrospective narrative from the researcher(s) or author(s).
- Assessed an implementation of a certain policy instrument (i.e., the Canadian standard) into organisations (Mellor et al., 2011; Mental Health Commission of Canada, 2017).

3.3. Participants

Half of the reviewed publications focused on commentary-style evaluation, and as such, only half of the papers used a participant sample to examine policy evaluation (n = 13). Those publications with participants varied in their forms and had diverse sample groups and stakeholder perspectives. Table 2.1 presents the different categories of study participants and their respective representation amongst these papers. Looking solely at papers with participants (50%, n =13), the highest participant group was *WHS experts and stakeholders* (31%, n = 4). The second highest group of participants are *workers and employers* (23%, n = 3), followed by *consultations with experts regarding processes* (15%, n = 2). All the remaining participant types only featured once (8%, n = 1) and were *workers, inspectors and/or regulators and organisations, organisations* and *diverse parties* relating to a school context.

Table 1

Type and Frequency of Participants in Survey and/or Interview Publications *(n* = 13).

Participants	**Frequency**	
	n	**%**
WHS experts and stakeholders	4	31
Workers and employers	3	23

Consultation with experts regarding processes	2	15
Workers	1	8
Inspectors/regulators (i.e., their reports) and organisations (no other information)	1	8
Organisations (no other information)	1	8
Diverse parties relating to school context	1	8

3.4. Data sources

Table 2.2 presents the various sources used for data collection. Ten publications were excluded as they were descriptive reviews and did not require data collection. The most common data sources were *national surveillance data* (25%, *n* = 4) and *policy collation* (25%, *n* = 4). This was followed by *PRIMA-EF* (*survey and interview;* 12.5%, *n* = 2) (a collaborative project focused on developing a European framework for psychosocial risk management; see Leka & Cox, 2008) and *interview* (12.5%, *n* = 2). The remaining four sources were *survey and interview*, *survey and focus group*, *PRIMA-EF* (*survey and focus group)* and *inspector/regulator records* and accounted for 6% (*n* = 1) each.

Table 2

Data sources used within policy evaluation publications.

Data Source	**Frequency**	
	n	**%**
National surveillance data (ESENER*, AWB**)	4	25
Policy collation	3	11.5
PRIMA-EF (survey and interview)	2	12.5
Interview	2	12.5
Policy collation and interviews	1	6
Survey and interview	1	6
Survey and focus group	1	6
PRIMA-EF (survey and focus group)	1	6
Inspector/regulator records	1	6

* European Survey of Enterprises on New and Emerging Risks
** Australian Workplace Barometer

3.5. Forms of data analysis

Table 2.3 depicts the forms of data analysis employed within the different policy evaluation studies, in addition to their level of frequency. The most common form of analysis was *policy scoring* (19%, *n* = 3), followed by frequency analysis and thematic analysis (12.5%, *n* = 2) and frequency analysis (12.5%, *n* = 2). There was a range of data analytic techniques in addition to these but were each only featured once (*n* = 1). These techniques consisted of gap analysis, policy scoring and case study analysis, confirmatory factor analysis and thematic analysis, framework analysis, comparison with WHO checklist and framework analysis, thematic analysis, multi-level analysis and thematic analysis, correlations and multivariate analysis, analysis of covariance (ANCOVA). One publication did not provide sufficient details regarding the data analysis (*n* = 1).

Table 3

Summary of data analysis techniques used in survey and/or interview publications *(n* = 13).

Data Analysis Technique	**Frequency**	
	n	**%**
Policy scoring	3	19
Frequency analysis and thematic analysis	2	12.5
Frequency analysis	2	12.5
Gap analysis, policy scoring and case study analysis	1	6
Confirmatory factor analysis and thematic analysis	1	6
Framework analysis	1	6
Comparison with WHO Checklist and Framework analysis	1	6
Thematic analysis	1	6
Multi-level analysis and thematic analysis	1	6
Correlations and multivariate analysis	1	6
Analysis of covariance (ANCOVA)	1	6
Data analysis method not provided	1	6

3.5. Findings and Implications

Due to variation in the publications' objectives, there were also diverse findings and implications (see Appendix C). To aid in interpretation, the common findings and implications are grouped under ten main headings below. Determining the common findings and implication involved a degree of inductive analysis by the primary author, rather than more formal qualitative analysis. Still, all the corresponding headings have supporting evidentiary points and quotations from the publications (Appendix D). Consistency checks for the formation of these headings/groups were also undertaken with co-authors. The findings and implications listed below are somewhat inter-related, yet outcomes can be broadly categorised under the following headings:

1. Evidence of poor legislative stringency and/or impact
2. Evidence of positive policy impact
3. Stakeholder perceptions
4. Challenges regarding policy implementation
5. Poor evaluation efforts
6. Soft law approaches
7. The need for dissemination of knowledge (and prioritisation of psychosocial risks) between and within countries
8. Organisational challenges
9. Adaptions or developments of new policy approaches
10. The ethical and business case

A brief overview of the main implications, findings, and recommendations is presented below. Full details are presented in Appendix C.

3.5.1 Poor stringency and/or impact of the legislation.

About half of the policy evaluation publications discussed the poor impact of legislation on psychosocial risk management in organisations (i.e. poor policy translation; Leka et al., 2011a: Iavicoli et al., 2011; Yang et al., 2020). A prominent reason for the poor impact of legislation includes the lack of specificity and clarity in terminology within the current policy approaches (Leka & Jain, 2016; Potter et al., 2019a; Widerszal-Bazyl et al.,

2008). Consequently, many of the authors recommended revising the current legislation to improve the visibility of relevant terms (i.e., psychosocial risk) and to enhance the clarity of legal obligations (Leka et al., 2017). Another publication reported that the complexity of legislation was also a barrier to psychosocial risk regulation and management in organisations (EU-OSHA, 2017). The poor impact of legislation led some researchers and participants to express a preference for soft law policy approaches to increase employer engagement and awareness (Iavicoli et al., 2011; Leka et al., 2014; Leka et al., 2011b). This was because soft law policies go beyond a minimum compliance focus and have been found to include more detailed content on psychosocial risk management (see Leka et al., 2015). However, to move forward, researchers concluded that both hard and soft policy instruments should be addressed to ensure adequate specificity and terminology relevant to psychosocial hazards and risks (Leka et al., 2015).

Additional reasons for insufficient legislative impact include influences beyond the policy content and context. Highlighted among these reasons were low awareness and prioritisation of psychosocial risks, and low consensus among stakeholders in relation to its importance and management (Leka et al., 2011a). Other contributing factors included perceptions by stakeholders that psychosocial risks are too complex to manage and/or there being a lack of relevant practical tools for psychosocial risk management (Iavicoli et al., 2011; Leka et al., 2011a).

3.5.2. Evidence of positive policy impact.

At the same time, there was equal discussion of the *positive* impact arising from policy development and its implementation for psychosocial risk management (e.g. Di Tecco et al., 2017; Potter et al., 2017). On occasion, both positive and negative policy implications were addressed and/or discussed in the same publications (Di Tecco et al., 2017; Steinberg, 2017). For instance, while the lack of understandable terminology did attract criticism, researchers also acknowledged that a good, shared policy context exists across Europe relevant to psychosocial risks, which reflects the increased number of policy-level approaches across the member states (Leka et al., 2015). In addition, legislation was found to be a strong driver for widespread positive change and greater awareness of psychosocial risk management (EU-OSHA, 2012; EU-OSHA, 2017). Authors commended the various benefits that the Framework Directive 89/391 has initiated within EU member states (Leka et al.,

2010). Moreover, while the view was not unanimous, surveyed participants in multiple studies reported that there had been an increased prevalence in softer forms of policies developed through a greater presence of initiatives and activities over the last five years (Iavicoli et al., 2011).

3.5.3. Stakeholder perceptions.

Results from other studies revealed that a lack of consensus in stakeholder perspectives was common regarding policy content for psychosocial hazards and risks (Ertel et al., 2010; Leka et al., 2014). These perceptions were quantified in academic studies that surveyed a variation of WHS stakeholders and experts to gain their opinions on the effectiveness (e.g., regarding management of psychosocial risks) of the current legislation and the broader policy context (Leka et al., 2011a; Potter et al., 2019a). In most studies that employed frequency analysis of survey data, there was almost an equal split in perceptions of whether the policies are adequate. These were not always based on the stakeholder position (e.g., employer representative). Certain authors highlighted the difficulties in gaining a strong consensus in this area, particularly between the newer and older EU member states for Europe (Ertel et al., 2010) and between Australian jurisdictions (Potter et al., 2019a, Potter & O'Keeffe, 2020).

3.5.4. Challenges regarding policy implementation.

Another central outcome involved the numerous challenges regarding implementing policy. Similar to findings about poor legislative impact, authors or researchers noted organisational challenges and broad societal influences that hinder the translation of policy into practice. For instance, at the organisational level, these include a lack of statistical information on occupational accidents, injuries and near misses (that have psychological implications), occupational disease and mental ill health to track progress and the difficulties in attaining a high degree of workplace awareness or engagement (Leka et al., 2011a; Mental Health Commission of Canada, 2017). Looking at the broader level, diversity in industrial relations systems and capacities between EU states was also stated to also hinder progress in policy implementation (Ertel et al., 2010). A further point regarding implementation challenges refers to regulatory practices and how they can differ between states in terms of enforcement, styles, and resources (Iavicoli et al., 2011; Leka & Jain, 2016; Potter et al.,

2019a). These factors ideally should be addressed to increase the consistency and effectiveness of policy implementation.

3.5.5. Poor evaluation efforts.

Another clear recommendation from this review is that future efforts should address the current poor evaluation of policy for psychosocial risks. In fact, many authors declared this point as the rationale for their publications (Leka et al., 2010; Leka et al., 2011a; Leka & Jain, 2016). Furthermore, the introductory text of many publications emphasised the need for research and evaluation on policy in psychosocial risk management and psychological health because it has been overlooked in the academic literature. Recommendations suggested that future research should aim to track or evaluate policy in a more systematic and recurrent way (Di Tecco et al., 2017).

3.5.6. Soft law (i.e. voluntary policy) approaches.

Publications in this review highlight the importance of softer policy approaches to engage employers with psychosocial risk management practices. Whereas legislation communicates a minimum level of compliance, soft policies aim to engage employers in good or better practice and therefore is considered more appropriate and effective (Leka et al., 2011b). The publications supported a preference for these softer policies over an absolute focus on the role of legislation (Iavicoli et al., 2011; Leka et al., 2014). Indeed, a policy analysis of hard and soft policies highlighted those soft policies included were more specific and made direct reference to aspects of good psychosocial risk management principles that hard law initiatives (Leka et al., 2015). Publications comment that soft policies (i.e., non-regulatory aspects of policies, such as guidance material) should be further shared between and within countries and organisations to stimulate awareness and employer responsibility for management of psychosocial risks (Leka et al., 2017).

3.5.7. The need for dissemination of knowledge (and prioritisation of psychosocial risks) between and within countries.

The review revealed a widespread perception that knowledge of psychosocial risk management was poorly disseminated both between and within countries. In turn, these perceived deficiencies were seen to hinder policy impact. To overcome this, publications recommended increasing the sharing of good psychosocial risk management practices between states or regions. There was also a call for greater collaboration and education (these points are also relevant to the challenges in policy implementation) (EU-OSHA, 2012). Overall, authors emphasised the need to address psychosocial risks globally, particularly in developing countries (Leka & Jain, 2016). Greater awareness is needed and there should be transference of current knowledge from countries that are more advanced in this area (e.g., Europe) to other countries with lesser experiences and knowledge particularly in developing economies.

3.5.8. Organisational challenges.

Many authors recognised that organisational challenges associated with psychosocial risk management can block the translation of policy principles into action. These challenges include poor expertise within the organisation regarding psychosocial risk management, poor data collection strategies, lack of resources and lack of awareness (Mental Health Commission of Canada, 2017). Furthermore, other publications acknowledged that future research and policy development/implementation should consider organisational size, industry, and demographic risk factors (EU-OSHA, 2012; Leka et al., 2014). Small to medium enterprises need greater attention and assistance to implement policy and therefore approaches should be contextualised.

3.5.9 Adaptations or developments of new policy approaches.

There were four publications focussed on the adaptions or developments of new policy approaches from one cultural context to another (Iavicoli et al., 2014; Mackay et al., 2004; Mellor et al., 2011; Persechino et al., 2013). These were all academic studies and employed qualitative methodologies to explain the process. Each of these publications offers extensive information on the facilitators and challenges of adapting or developing policy. A central message from these publications is that information on policy and psychosocial risk management approaches can be disseminated and adapted into different cultures. The wide

range of specific recommendations, implications, and findings from these publications are beyond the scope of this review. However, overall, these publications emphasise that, rather than developing policies from the ground up, it is (1) important to consider the cultural context in policy development, and (2) that existing knowledge and systems should be built upon and extended.

3.5.10 Ethical and business case.

Finally, a recommendation was made to consider forming a greater ethical and business case for psychosocial risk management, together with the legislative case. Publication authors advised that employers are more likely to engage with psychosocial risk management if they are more aware that it is a moral course of action and that it will have positive effects on their business (Leka & Jain, 2016).

4. Discussion

This literature review examined 26 publications that evaluated—or contained an evaluative component of—national level WHS policy relevant to psychosocial hazards and risks and the protection of work-related psychological health. Overall, the review established that studies in this area are scarce. However we do accept the possibility that there might be research not identified in this study, particularly be due to text being in different languages. At present, the European region dominates WHS policy evaluation research on this topic. Therefore, it is critical that other countries adopt greater research efforts to evaluate national policy on work-related psychological health since global rates of work stress are only expected to increase over time (OECD, 2020).

4.1 Methodology: Recommendations

A central purpose of this review was to understand the various methodological approaches undertaken to evaluate policy on this topic. Policy evaluation is a vast area of research and there are many methodological approaches (Jain, 2011), depending on the discipline. In this paper we do not claim that one methodological approach is superior, however we do make some commentary on the current approaches' strengths and weaknesses and provide recommendations.

First, half of the reviewed publications are commentary style papers, providing in-depth, and contextual information from an expert perspective (i.e., Leka & Jain, 2016). Therefore, half of the identified papers do not involve any participants at all. For the remaining 13 papers that do include participant input, only a few consider the perspectives of workers, inspectors and/or regulators or employers— who are the people directly impacted by the policy. While commentary and review style papers are helpful to summarise the context or policy development process, we recommend future studies endeavour to seek a variety of perspectives (e.g. employers, WHS experts, union officials, government, and workers) to allow this policy problem (i.e. protecting work-related psychological health) to be seen from various perspectives (Head & Alford, 2015).

A limitation of the current literature is a lack systematic data collection and rigorous statistical analysis. The reviewed literature reflects some use of policy gap analysis, surveys, frequency analysis and correlations, and does provide a sound overview of the current state of the policy context and respondents perspectives in some world regions. Yet, given that national surveillance systems for psychosocial hazards and risks are implemented globally (see Dollard et al., 2007), we recommend capitalising on this data to continually track workers' health and policy effects at a national level using relevant health-based and leading quantitative indicators (ISSA, 2017).

In turn, using already collected national data would overcome challenges in needing to collect more evaluative data, which is often time-consuming and costly (ISSA, 2017). In addition, the ISSA (2017) note that acquiring new data on these issues are often difficult to collect due to individuals experiencing survey fatigue, difficulty accessing certain participant groups and a lack of feedback to participants reducing their motivation to become involved. While national data provides a great solution to these issues, researchers still need to be mindful to employ the best success metrics (e.g. the PSC-12 indicator as a prime early indicator of outcomes, see Potter et al., 2017) rather than lag indicators such as worker injury compensation claims. Many developed countries could use or adapt this method to determine whether policy development corresponds with the best national outcome measures that they have available. There are promising signs of tracking policy change over time in Italy, with an academic study conducted by Di Tecco et al. (2017) using the ESENER data over two time points and similarly in Australia (see Potter et al., 2017). Ideally, collecting data would then lead to researchers or WHS professionals creating a comprehensive report that includes information about prevalent psychosocial hazards, organisational indicators, and health

outcomes. Through frequent data collection, opportunities could also be presented to organisations and workers to discuss emerging risk factors; and through greater shared dialogue on these issues, information from workplaces can be then fed back to policymakers to ensure action is taken and resources are developed. For instance, from a practical perspective there could be a shared database of policy resources available relevant on these matters.

There is great opportunity here for academics, WHS officials and policymakers (and other parties) to work together on evaluation and to close a current divide. For policymakers, collaborating with academics would allow access to national surveillance data and ensure methodological rigour (Birkland, 2005). For academics, working with policymakers will draw their attention to the real-world challenges associated with policy development (i.e., policy content) and implementation. National or jurisdictional governments should make funds available for joint systematic policy evaluation to occur. That said, this could be a challenge given the relatively short political cycles that exist in most democratic countries, whereby governmental parties can change every three to four years. Likewise, there is scope for WHS professional associations to commission research into the effects of WHS policy.

Furthermore when *new* policy is introduced nationally, surveillance data can be used to determine *policy impact evaluation* (J-PAL, n.d.; Savedoff, Levine, & Birdsall, 2006). We suggest it would be best practice to employ an experimental design (e.g. use randomised control group, establishes causation) to infer whether a policy change or development has *caused* an impact. Researchers undertaking an impact evaluation would need to consider other methodological aspects such as obtaining an adequate sample size, the involvement of stakeholders, ensuring sufficient resources and strong coordination efforts are in place.

Notwithstanding this, it would be even better practice to introduce more qualitative measures alongside the national surveillance quantitative data to attain a more comprehensive overview of these issues (Head & Alford, 2015; ISSA, 2017). Qualitative approaches can capture more of the contextual information that helps make sense of the quantitative findings. In fact, progressive research in the field of implementation science asserts the importance of including details about context, facilitators, and barriers in research design (Hasson, 2010). While studies conducted by implementation researchers are largely focused on organisational change and interventions, this knowledge can be extended to the policy-level. For good practice, both researchers and WHS professionals need to consider process factors that

impact why the intervention—or in this case the WHS policy—is effective or lacks the anticipated effects. Using this approach aligns to a process evaluation approach to policy evaluation. Adopting an additional qualitative approach would also allow for researchers to understand the complexities associated with developing and enacting national policy in this area. For instance, there are interactions between national/federal policy and how state-level jurisdictions engage with this policy and exercise their own interpretations and even different approaches (e.g. Australia).

Considering the value of both quantitative and qualitive data, we propose that more countries should be implementing an approach or method that is like the ESENER survey, which is conducted every five years across the European Union (EU-OSHA, 2019). EU-OSHA complements the quantitative data collected through the ESENER survey with qualitative studies, often using follow-up interviews with different actors in a selection of the surveyed enterprises and provides more context around key issues (including the perception of policy) regarding psychosocial issues at work. Gaining an understanding of the barriers and facilitators regarding policy context, content, and implementation, is essential for improving translation of policy to practice.

However, it would be valuable to extend a national surveillance evaluative method to incorporate the greater perspectives and data sources. It is critical to concurrently capture the perspectives of WHS inspectors and/or regulators, unions, and labour law personnel in addition to WHS persons in organisations. Evaluating the perspectives of WHS inspectors and/or regulators is a logical progression as these individuals and groups rely on the WHS policy context and content to assist organisations with their legal responsibilities. That said, the European Senior Labour Inspectors Committee (SLIC; European Commission, 2021) are active in evaluating practices (yet studies not yet published).

Overall, it is good practice to gain multiple perspectives of these issues (Head & Alford, 2015) via both quantitative and qualitative methods. Recurrent evaluation would highlight trends and areas of inconsistency across and between countries, as well as identify content improvement. We highlight the strength of using national surveillance data but there are other approaches that are beneficial to provide insight and an evaluative lens on policy in this space. All studies represent steps that contribute to understanding this issue more deeply. Globally there is a severe shortage of publications that frequently review the national WHS policy context on these issues (see Bluff for exception, 2016). Please see Table 4 for a checklist of recommendations.

Table 4

Checklist of recommendations for future WHS policy evaluation.

- ✓ Promote transference of knowledge between world regions.
- ✓ Draw upon national surveillance data to track workers' health over time.
- ✓ Systematically assess data between 3-5 years.
- ✓ Explore relationships between policy-level developments and organisational level data (see recent paper by Jain et al., 2022).
- ✓ Use best metrics (quantitative) for success to measure impact (e.g. PSC-12) rather than lag indicators.
- ✓ Use qualitative data from various stakeholders to derive more insights into facilitators and barriers of policy implementation.
- ✓ Evaluate the impact of new policies via impact evaluation, using an experimental design.
- ✓ Mobilise funding that brings together academics and policymakers for collaborative policy evaluation efforts.

4.2 Other areas for future research and practice development

Our review revealed several outcomes that are also imperative to consider for future research and practice (see Appendix C). First, it is apparent that legislation is a driver for action (EU-OHSA, 2017) yet there was criticism about the lack of specificity or clarity in the legislation (Leka et al., 2017). Currently, on average, only half of the surveyed and interviewed participants viewed the legislations as adequate (Iavicoli et al., 2011). Despite acknowledgment of poor legislative impact (which could also be due to other factors such as enforcement approaches), overall, there were simultaneously positive effects from policy development and implementation, relating to increased awareness raising, program development and prioritisation (Leka et al., 2010; Di Tecco et al., 2017). It is clear there are complex and mixed effects of policy, namely legislation, that require further research exploration. Future research is needed to unpack the role and content of policy instruments (e.g. legislation) in practice.

Other prominent research outcomes relate to challenges regarding policy implementation. The publications reported that inconsistencies between regions in relation to social dialogue, knowledge, and resources were several reasons for poor policy translation (Iavicoli et al., 2011; Leka et al., 2010). In addition, inconsistent regulatory practices, and a range of organisational challenges (e.g., poor awareness and data systems) need to be addressed to better facilitate the translation from policy to practice (Mental Health Commission of Canada, 2017). Based on the outcomes from this review, future regulator

efforts should concentrate on deciphering specific approaches that may improve regulatory policy implementation efforts.

Finally, while there are many outcomes from the policy evaluation publications, another chief finding relates to stakeholder perceptions. It is evident that stakeholder perceptions on matters of psychosocial risks management and the impact of policy were not consistent throughout the EU (Ertel et al., 2010; Leka et al., 2014). In particular, the reviewed publications revealed differences between the older and newer EU states, however further research is required to understand the key reasons for these perceptual discrepancies. There was also some evidence of differing perceptions in relation to stakeholders' job positions (Leka et al., 2014). These outcomes raise questions regarding why there are differing perceptions regarding the adequacy of the policy and its impact. Or even, can consensus between stakeholders be achieved on complex issues such as psychosocial risk management and regulation? It is recommended that further research be conducted to explore WHS experts' perceptions of policy and with a focus on content and implementation facilitators and challenges.

As a final recommendation, we propose that WHS policy context, content, and implementation should be assessed in tandem with, rather than in isolation or in isolated studies. Policy is dynamic; therefore, policy evaluation requires equal attention both to content and to its interpretation and application in practice. Addressing each component (i.e., context, content, and implementation) together in research will provide a more comprehensive evaluation strategy. As well, the concepts of policy context, content and implementation interconnect and inform one another. For instance, research inquiry about policy implementation can also reveal valuable information about the challenges associated with policy content and context. A more specific approach for future WHS policy evaluation is recommended.

5. Conclusion

Researchers unanimously call for greater evaluation of WHS policy globally, and for a dissemination of knowledge to occur between and within regions. Since the ILO (2016) describe work-related psychological health as a global issue it is imperative that evaluative WHS policy research occurs across all world regions. All workers should be provided with conditions that foster good WHS standards and increasing policy research provides an

informative foundation for this process. At this stage, given the prominence of commentary style publications, there is a need to continue developing and extending policy evaluation methods. Closer dialogue between academics and policy-makers is essential to improve the evidence base for WHS policy evaluation. Academics have expertise in research methods but often lack practical knowledge of policy devlopment and implementation. Likewise, policy-makers and practitioners may learn lessons from academics about how to evaluate their practice (policy development and implementation). The comprehensive and synthesised analysis presented within this paper can be used as guidance for future research to progress amassing the body of evidence.

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Appendix A

Commentary-Style Evaluation Publications (*n* = 13)

Reference	Aim	Country/Region	Design & Analysis	Key Findings
Yang, X., Li, H., Zhang., N., Zhao. H., & Tong, R. (2020)	Examines workplace safety-related psychological health policies in China. Hard (i.e. regulatory) and soft (i.e. non-regulatory) law policies are evaluated via a policy scorecard and compared with countries who have well-developed policy systems, to identify gaps and inform suggestions for improvement.	China	Policy review and scoring, including a gap analysis conducted by three researchers.	21 policies (16 hard law, 5 soft law) All examined policies included some coverage of safety-related psychological health, but scores were low and below other countries with more developed policy systems. Local level policies scored lower than national level policies. Hard policies scored lower than soft policies.

Appendix A

Commentary-Style Evaluation Publications (*n* = 13)

Reference	Aim	Country/Region	Design & Analysis	Key Findings
Potter, R. & O'Keeffe, V. (2020)	Provides overview of a PhD program of research, exploring Australian WHS policy focusing on work-related psychological health and psychosocial risk management. Provides high level overview and analysis of policy issues.	Australia	Commentary style opinion paper based on previous published works.	Presents tangible developments to policy and practice, such as: • Treating psychosocial risk regulation and policy development as a wicked problem. • Acknowledging the power of perceptions, positions, and blind spots in WHS. • Need for a more consistent Australian WHS policy context. • Need to update policy content, increasing the visibility and consistency of psychosocial language. • Improve the practical activity of psychosocial risk regulation. • Outlines new methodological approach to policy evaluation.
Potter, R., O'Keeffe, V., Leka, S., Webber, M., & Dollard, M. (2019b)	Examines Australian WHS policy focusing on work-related psychological health and psychosocial risk management. Conducts gap analysis of each policy layer, compared to a policy scorecard approach.	Australia	Policy review and scoring, including a gap analysis conducted by three researchers.	39 policies (6 regulatory, 33 non-regulatory) Policy coverage was lowest for psychological health problems/disorders at work and related outcomes. Regulatory policies scored more poorly than non-regulatory policies.

Appendix A

Commentary-Style Evaluation Publications (*n* = 13)

Reference	Aim	Country/Region	Design & Analysis	Key Findings
Leka, S., Jain, A., & Lerouge, L. (2017)	Presents an overview of the key definitions relevant to policy in this area and the European policy context.	EU	Commentary style paper	It is expected that the number of initiatives will continue to increase in the EU – yet there is uncertainty around whether certain outcomes will be achieved. Awareness of mental health in the workplace and the necessity for preventative action are generally lacking. Conclusive remarks include suggestions to revise the Framework Directive - to give further clarity and harmonise terminology across key legislation. Employer responsibility should be improved, and awareness increased. To achieve these points, soft law and preventative approaches should be promoted.

Appendix A

Commentary-Style Evaluation Publications (*n* = 13)

Reference	Aim	Country/Region	Design & Analysis	Key Findings
Steinberg, M. (2017)	Describes and evaluates the strengths and weaknesses of the Swedish legal system and the enforcement in the field of workplace psychosocial risks. The focus is on the preventative legislation (Discrimination Act (2008) and the Employment Protection Act (1982) in relation to sexual harassment and work-related violence.	Sweden	Review and commentary style paper. The paper provides an in-depth overview of the Swedish legal system, covering aspects such as the legislation, other relevant provisions, the Work Environment Authority and its enforcement, the court systems and information relevant to compensation and social partners. The paper also addresses the strengths and weaknesses of the Swedish systems.	**The nature of these results is highly descriptive and so the article should be consulted for specific points of information.** Provides overview of the Swedish Work Environment Act and how the content relates to psychosocial risks. The paper also outlines that there are other provisions relating to psychosocial risks – Systematic Work Environment Management and older yet relevant provisions (e.g., solitary work). Next, a detailed overview of the Work Environment (WE) Authority and its enforcement is given, with further explanations of the administrative and general courts. Then, the paper provides information on the compensation and termination of employment because of harassment and violence. An overview of the role of social partners is provided. Finally, there is a summary of the strengths and weakness of the Swedish legal system. An example of a strength is that WE Act has several provisions that relate to psychosocial risks. An example of a weakness is that the WE Act covers 20% of the workface, and mainly where men work.

Appendix A

Commentary-Style Evaluation Publications (*n* = 13)

Reference	Aim	Country/Region	Design & Analysis	Key Findings
Bluff, E. (2016)	Discusses the regulation and governance of psychosocial risks across different countries. First, it makes international comparisons of legal obligations, activities of government authorities and regulators. Second, it discusses the motivators of instigating workplace action for regulating psychosocial risk and third, it presents state-of-the-art approaches to regulate psychosocial risks (e.g., holistic and participatory).	International focus	Commentary style paper that reviews certain contexts from the experience/expertise of the author.	The review provides information on the policy context of each region. The document is highly descriptive, with some evaluative comments (e.g., the European laws go further than the Australian and United States laws). Due to the breadth of the policies and policy contexts covered, specific findings and comments should be referred to in the publication itself.

Appendix A

Commentary-Style Evaluation Publications (*n* = 13)

Reference	Aim	Country/Region	Design & Analysis	Key Findings
Leka, S. and Jain, A. (2016)	Reviews international initiatives for psychosocial risk management. To evaluate whether there is a good balance between policy and practice in this field. The paper discusses relevant frameworks, including international organisations, regional institutions, stakeholder associations, networks and professional bodies. The international regulatory and nonbinding policy approaches are also outlined.	International focus.	Comprehensive review of policy literature.	Provides overview of various approaches in relation to large-scale policy for psychosocial risk management. **Discussion points:** • Legislation acts as a catalyst for the prioritisation of psychosocial risks. • Lack of specificity in the terminology used in existing legislation. • Legislation is not effective without appropriate enforcement. • Mental health should be on the lists of occupational diseases and compensation systems. • Need to also promote ethical and business case. • Need to address the issue in developing countries. • Sharing of good practices, collaboration and education needs to increase. • Critical policy evaluations are missing in the literature.

Appendix A

Commentary-Style Evaluation Publications (*n* = 13)

Reference	Aim	Country/Region	Design & Analysis	Key Findings
Leka, S., Jain, A., Iavicoli, S., & Di Tecco, C. (2015)	Reviews hard and soft law policies on mental health at work and psychosocial risks relevant to EU-level. Also, to conduct a gap analysis of all policies, using a set of criteria outlined in good practice models.	EU	A policy review process of regulatory and voluntary policy followed by gap analysis process. For the gap analysis, a policy scorecard, comprising good practice principles, was used to assist scoring of the policies. Results were visually presented to show gaps in relation to each psychosocial risk management criteria. For the analysis, four raters were used to ensure interrater reliability.	94 policies were reviewed (60 regulatory and 34 voluntary). Regulatory legislation scored lower in psychosocial risk management principles than soft law (i.e. non-regulatory) policies.
Iavicoli, S., Leka, S., Jain, A., Persechino, B., Rondinone, B. M., Ronchetti, M., & Valenti, A. (2014).	Discusses the Management Standards for work-related stress and its recent adaptation to the Italian regulatory context. There is an in-depth discussion of this Italian approach and the authors reveal the central processes involved in the creation of this policy approach and other lessons learned.	Europe	In-depth commentary and retrospective accounts (almost a brief process evaluation/discussion) of a policy adaption process.	The focus of this paper is to discuss the use of the Management Standards in Italy. The paper states it is a beneficial approach and presents favourable past appraisals of the Management Standards approach. It also discusses the policy context in Europe for psychosocial risks and confirms a lack of systematic evaluation and challenges in putting psychosocial risk regulation/management into action. The authors emphasise the Management Standards approach is an example of good practice in action.

Appendix A

Commentary-Style Evaluation Publications (*n* = 13)

Reference	Aim	Country/Region	Design & Analysis	Key Findings
Leka, S., Jain, A., Widerszal-Bazyl, M., Żołnierczyk-Zreda, D., & Zwetsloot, G. (2011b)	To review regulatory and voluntary laws in relation to workplace psychosocial risk management.	EU	Review and commentary style paper.	Ambiguous terminology used in legislation. Limited direction included in voluntary laws in relation to the management of psychosocial risks. Voluntary laws could provide an avenue for promoting stronger psychosocial risk management practices that exceed the minimum standards set out by hard laws.

Appendix A

Commentary-Style Evaluation Publications (*n* = 13)

Reference	Aim	Country/Region	Design & Analysis	Key Findings
Leka, S., Jain, A., Zwetsloot, G., & Cox, T. (2010).	Conveys the policy context surrounding the management of work-related psychosocial risks in the EU. Also, presents the achievements and challenges to policy and practice.	EU	Using PRIMA-EF findings, the authors present an expert review, analysis and discussion on the effects of policy-level initiatives. Discusses the impact and effect of implementation from policies in 15 EU member states (pre-2004). A summary of milestones is also presented, concerning aspects such as awareness raising, sectorial initiatives and the development of new policy.	There is a shared policy context in the EU, yet there is considerable variation in how policies are applied across different EU member states. Poor evaluation exists in this area of policy.
Widerszal-Bazyl, M., Zołnierczyk-Zreda, D., & Jain, A. (2008).	Describes and reviews standards relevant to work-related psychosocial risk.	EU	Comprehensive review of policy literature.	The paper presents the various standards relevant to workplace psychosocial risks. Results show that there are discrepancies in terminology within existing standards around psychosocial risks. There are also different terms in relation to prevention.
Mackay, C. J., Cousins, R., Kelly, P. J., Lee, S., & McCaig, R.H. (2004).	Discusses the rationale behind a standards-based approach for managing psychosocial risks, which rests on a method of controlling hazards. Argues that Management Standards approach is appropriate to control work-related stress.	United Kingdom	Expert discussion and insight into process of developing the Management Standards.	Re-iterates the purpose, constitutes and strengths of Management Standards approach with support from the literature.

Appendix B

Survey and/or Interview-based Publications (*n* = 13)

Reference	Aim	Country/Region	Participants	Design & Analysis	Key Findings
Potter, R., O'Keeffe, V., Leka, S., and Dollard, M. (2019a)	To clarify the challenges and improvements needed in Australian WHS policy and practice for the regulation of psychosocial risks, from the perspective of different stakeholders.	Australia	25 expert informants who have a strong understanding of the effectiveness of Australian WHS policies for psychosocial risk regulation. Participants are active in diverse roles including policy development, program implementation, industry advice, and psychosocial risk inspection.	Interviews and thematic analysis.	Inductive analysis revealed divergent viewpoints that are categorised into three broad themes: (1) scant specificity in the current regulatory WHS policy framework, (2) compliance complexities and (3) the role of regulators in action. There were tension points between these themes and subthemes, including: (a) how psychosocial risks should be addressed in legislation, (b) how to establish compliance, and (c) the role of the regulator in evaluating compliance, and facilitating education and better practice.
Di Tecco, C., Jain, A., Valenti, A., Iavicoli, S. and Leka, S. (2017)	Using 2009 and 2014 ESENER data, to evaluate the impact of the new legislation in Italy. Researchers investigated differences in the reported level of organisational action relevant to	Italy	Used data retrieved from ESENER datasets. Data from Italy included 2984 respondents who were 1501 highest-ranking managers responsible for health and safety at work in 2009. In 2014, 1483 persons who know best about the way safety and	ESENER survey design. Frequency analysis of variables over two-waves.	Since the policy change from 2009 to 2014, results found that organisations have a greater number of procedures in place to deal with stress, bullying and harassment and violence. There was a decreased use of occupational psychologists.

	psychosocial risk management over two time points.		health risks are managed at their workplace.		No reported increase of concern for most psychosocial risk factors over time.
European Agency for Safety and Health at Work. (EU-OSHA, 2017)	This report aims to understand the management of workers health and safety. The report shows the factors that propel organisations to adopt good measures, as well as those factors that prevent action.	EU (36 countries) 28 EU member states, six candidate countries and two EFTA countries.	Computer-assisted telephone interviews (in organisations with 5 or more workers) with 'the person who knows best about health and safety in the establishment' There were responses from almost 50,000 establishments across 36 countries about the way safety and health risks are managed at their workplaces, with a focus on psychosocial risks, such as work-related stress, violence and harassment.	Large-scale ESENER survey administered to wide pool of participants. Multivariate analyses from this data and used within separate commissioned studies. Thematic analysis also used.	**Findings below are most relevant to this review paper. See report for further findings.** **Drivers for OSH and Psychosocial Risk Management** • Fulfilling legal obligation. • Meeting expectations from workers or their representatives. • Avoiding fines from the labour inspectorate. • Maintaining the organisation's reputation. • Maintaining or increasing productivity. **Barriers** • Complexity of legal obligations. • Paperwork. • Lack of time or staff. • Lack of money. • Lack of awareness among staff. • Lack of expertise or specialist support. • Lack of awareness among management.

Mental Health Commission of Canada (2017)	Assess progress of the implementation of the National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard) in Canadian organisations. Summarises best practice and the lessons learnt. Provides examples to demonstrate experiences and success.	Canada	Focus is within organisations, yet no further details are provided.	Uses a unique suite measures that were developed to evaluate the progress and experiences of the organisations. Data was collected at baseline, interim and final. Surveys and interviews.	**Barriers to Implementation** • "Limited access to psychological health data • Inconsistent leadership support • Significant organisational change • Lack of evidence regarding worker knowledge about psychological health and safety • Inconsistent data collection • Uncertainty in defining and reporting "excessive stress" • Uncertainty in defining and reporting 'critical events'" (Mental Health Commission of Canada, 2017, p.7) **Facilitators to Implementation** • "Ongoing leadership support and involvement • Adequate structure and resources • Size of the organization has its own unique facilitators to success • Worker awareness of psychological health and safety in the workplace • Existing processes, policies and programs to support worker psychological health and safety • Previous experience with the implementation of standards in general • Connection with other organisations to share and learn

					from their journey" (Mental Health Commission of Canada, 2017, p. 7) **Presents a range of promising practices (see p. 7 of document).**
Potter, R. E, Dollard, M. F., Owen, M. S., O'Keeffe., V, Bailey., T. & Leka., S. (2017).	To investigate the impact of a policy level intervention across Australian jurisdictions from the perspectives of the workers.	Australia	Workers from across 5 Australian) jurisdictions that experienced the policy intervention and workers from a jurisdiction that did not (i.e. control group). 2 jurisdictions excluded due to no data collected. Total participants =	Used workers' Psychosocial Safety Climate (PSC) scores from a national surveillance dataset, collected through the Australian Workplace Barometer. of Australian worker's perceptions to carry out a quasi-experimental, longitudinal design. Analysis of covariance (ANOVA)	The policy intervention did not improve workers' perceptions of their workplace climate (PSC). However, analysis of the PSC subscales showed that participation and consultation of employee psychological health significantly increased. In the jurisdiction that didn't eperi4nce the policy intervention, PSC levels significantly decreased over time Analysis of PSC subscales showed a significant decline in management commitment and priority, and communication in relation to employee psychological health.
Leka, S., Jain, A., Houtman, I. L. D., McDaid, D., Park, A.,	Provides the European Commission with information on the	EU	Collation of policies as the main method (also included interview analysis)	This paper used a policy collation method.	Results from the interviews revealed that non-binding EU initiatives was generally preferred

Broeck, V. D., & Wynne, R. (2014)	position of mental health at work in the EU and European. free Trade Association (EFTA) countries. Proposes various scenarios that will give information on which the Commission may use to make certain policy decisions. This publication will also help with developing material to help employers and workers fulfil legal obligations.		Analyses included gap analysis, policy scoring and case study analysis.	over legislation (possibly reflecting the feeling that regulation and legislation may be difficult). There were mixed opinions among stakeholders and among countries. Experts and professional preferred non-binding policies, yet worker representatives and policymakers in some countries (particularly labour inspectorate) most strongly prefer developing new EU legislation, whereas employer representatives most often prefer current legislation. Stakeholders do not have very different preferences for the type of non-binding policy (main preference = awareness raising, then national strategy). Little information of costs, yet economic returns will be claims that greater than cost of implementation. Need to support small and medium-sized enterprises and generate a greater evidence base. **Numerous recommendations provided on pages 158-161.**

Persechino, B., Valenti, A., Ronchetti, M., Rondinone, B. M., Tecco, C. D., Vitali, S., & Iavicoli, S. (2013).	Develop a methodological approach for assessing work-related stress that abides to the Italian legislation. The study includes a scientific experimental method and benchmarking analysis of other EU countries' experiences, as well as a high level of involvement with expert professionals, workers and organisations. The paper steps out the process that was undertaken.	Italy	A multidisciplinary working group was established, including occupational physicians, psychologists, statisticians from INAIL, and experts from the Interregional Technical Coordination for Prevention in the Workplace and the National Network for the Prevention of Work-related Psychosocial Disorders, with academics from Italian universities. A pilot study involved 389 Italian workers; a focus group with about 15 national OHS experts, there was collocation with several organisations, universities and the Italian National Health Service.	First, looked at Italian regulations for the assessment of work-related stress. Analysis of legislation and European methods conducted by expert committee. Specific qualitative analysis methods are not stated. Second, benchmarked the European process (and decided on the HSE approach through this process). Third, the authors adapted the HSE Management Standards to the Italian context and then conducted a validation process. Findings from a focus group was used to improve the questionnaire. Data was analysed thematically.	Presents the development of a risk assessment strategy for work-related stress that meets Italian regulatory obligations. The tool is now available online with software, tutorials and other tools to help organisations with their assessments.

				A pilot study survey was used to validate the Italian tool, followed by confirmatory factor analysis. In this process, there was a pilot study from 389 Italian workers; a focus group with about 15 national OHS experts, there was collocation with several organisations, universities and the Italian National Health Service. Authors then created a checklist to assist with risk assessment.	
European Agency for Safety and Health at Work. (EU-OSHA, 2012)	Using the ESENER data, this study aims to investigate the drivers and barriers for psychosocial risk management in organisations.	EU	See above information for EU-OSHA, 2017	Large-scale survey administered to wide pool of participants (see participants). Correlational analysis of results. Multivariate analysis (logistic regression).	Key Drivers for Psychosocial Risk Management • OHS management system • Concern for psychosocial issues • Absenteeism • Requests by employees • Legal obligation • Client requirements or employer image

					• Pressure from labour inspectorate Key Barriers • Lack of technical support and guidance • Lack of resources • Lack of expertise • Lack of awareness • Sensitivity of the issue • Organisational culture
Iavicoli, S., Natali, E., Deitinger, P., Rondinone, B. M., Ertel, M., Jain, A., Leka S. (2011).	Examines the level of knowledge among European stakeholders on legislation and psychosocial hazards/risks.	EU 21 EU countries, 57% from the EU15, and 43% from the new EU27	Data from PRIMA-EF 75 members of employers' associations, trade unions and government institutions from 21 countries in the EU participated in the study.	Frequency analyses were used to analyse results from the online stakeholder survey. Focus group organised during a 2-day stakeholder workshop. Survey findings were shown and form the basis for discussions. Thematic analysis was used to identify central	The European Directive 89/391 for the assessment and management of psychosocial risks and work-related stress was largely reported by the stakeholders as inadequate. This finding was more found in the new EU27 countries than the older EU15 countries. There was a significant difference on the impact of the Directive for the assessment and management of psychosocial risks. Psychosocial risks and work-related stress were stated to be important occupational health and safety concern.

				themes and issues.	
Leka, S., Jain, A., Iavicoli, S., Vartia, M., & Ertel, M. (2011a).	This study presents results from an EU stakeholder survey and interviews with EU policy-level experts to determine their awareness, understanding and evaluation of the impact of policy initiatives for psychosocial risk management.	EU	Uses findings from the PRIMA-EF project. See above (Iavicoli et al., 2011) .	**Surveys:** Board members (and alternates) of the European Agency for Safety and Health at Work, members of the Work Life and EU Enlargement (WLE) Advisory Committee and the Board members of PRIMA-EF project. 75 stakeholders responded to the survey representing employers' associations (19.2%), trade unions (35.5%), and government institutions (42.1%). **Interviews:** Key stakeholders who had been involved in the	**Surveys:** • Half the participants thought that legislation had not been effective for the assessment and management of psychosocial risk and work stress. • 55% stated the Directive had been effective for the management of psychosocial risks and work-related stress. • The % was higher for respondents from the new EU countries. • Most thought in the last 5 years there had been national and sector-oriented developments in their country. • Half believed that initiatives were effective in raising awareness and nearly 40% stated heightened participation and dissemination. • Those who stated no initiatives (national or sectorial) in the last 5 years stated that limitation or lack of

			development, implementation and/or evaluation of policy interventions at the national, European and international level in relation psychosocial risk management were identified on the basis of the previously conducted literature and policy review and the stakeholder survey. 19 interviews were conducted in total with 15 stakeholders at the national level (representing governmental organisations, trade unions and employers; organisations), two at the European level (European	specific regulation as a key reason. • Results showed that EU directives that directly or indirectly targeted psychosocial risks were effective in participating countries. **Interviews:** • Participants raised a multitude of points. The two central themes were (1) challenges related to psychosocial risks at the policy-level in the EU; and (2) issues relating to the evaluation and impact of policy-level interventions.

				Commission) and two at the international/global level (WHO, ILO) to assess the impact of such interventions	
Mellor, N., Mackay, C., Packham, C., Jones, R., Palferman, D., Webster, S., & Kelly, P. (2011).	To ascertain and describe the facilitators and barriers that either helped or hindered progress in the implementation of The Management Standards for preventing and reducing work-related stress nationally, an approach advocated by the Health and Safety Executive in Great Britain.	Great Britain	Data was taken from 100 reports written by over 60 inspectors trained in work stress policy. 10 organisations participated, yet the authors do not provide information on the individual participants or any more details.	Data were collected from more than 100 public sector organisations through inspector visits and interviews. The study used a stratified sample for public sectors organisation spanning eight regions in Great Britain. Retrospective semi-structured interviews also held in 10 workplaces from health service and local government priority sectors.	Three overarching themes from the results: (1) challenges regarding the organisational context; (2) processes related to organisational members' perceptions and actions during implementation phases; (3) considerations on the content and features of the approach itself. Enablers for implementation include senior management and other key stakeholder participations. Findings showed a team assessment strategy is easier to implement than an organisational wide strategy. Barriers to success were organisational changes and lack of organisational ability.

				Used framework analysis or thematic analysis for interview data.	
Tang, J. J., Leka, S., Hunt, N., & MacLennan, S. (2011).	This study reviews legislation relevant to psychosocial health and examines how this legislation is implemented within schools in Hong Kong.	Hong Kong	Diverse parties relating to school context (38 stakeholders)	Policy review and semi-structured interviews. Comparison with WHO checklist and framework analysis.	Some elements of the legislation are ambiguous. Poor implementation of health policy in schools. Possible communication issues between key stakeholders in the context of policy implementation.
Ertel, M., Stilijanow, U., Iavicoli, S., Natali, E., Jain, A., & Leka, S. (2010)	The paper explores the role of European social dialogue as a means of regulation for psychosocial risks, while considering the political and economic environment in the EU.	EU	Uses findings from the PRIMA-EF project. See above (Iavicoli et al., 2011)	Comprehensive literature review on social dialogue Draws on results of the PRIMA-EF project, survey and interviews. Frequency analysis of results from survey and thematic analysis.	Preliminary findings due to small sample size. Findings show difficulties achieving consensus in perspectives for psychosocial risk action. Questioned effectiveness of social dialogue. Challenges are accentuated by the diversity of national industrial relations systems and weak social dialogue structures and capacities, particularly in the new member states. The results revealed insights into differences between the stakeholder groups (employers' associations, trade unions,

	governmental organisations) and between old and new EU member states.

Appendix C
Research Findings from Reviewed Publications

Relevant Implications, Findings & Recommendations	Evidence & Examples of Key Points
1. Evidence of poor legislative stringency and/or impact	Lack of Policy Impact on Practice • A commentary paper by Leka et al. (2010) outlines that legislative developments have not had the expected influence, mainly due to gap between policy and practice. The gap is attributable to poor awareness and linked to lack of expertise, research and appropriate infrastructure (this point relates to the section '*need greater dissemination of knowledge & importance within and between countries*'). • Studies by Leka et al. (2011b) and Iavicoli et al. (2011) revealed that only half of participants perceived the legislation as adequate for the assessment and management of psychosocial risks. Reasons were identified as: - Low prioritisation - Perception that psychosocial risks are too complex or difficult to address - Lack of awareness - Lack of consensus between social partners

Relevant Implications, Findings & Recommendations	Evidence & Examples of Key Points
	- Lack of appropriate tools and methods for assessing and managing stress • Leka et al. (2011b) found that a limited (or lack of) regulation around psychosocial risks was the reason for there being no relevant initiatives in the last five years. • Iavicoli et al. (2011) stated that legislation was opposed by employers and soft law was preferred (relates to section '*soft law approaches'*). Lack of Available Policy OR Lack of Specificity in Current Policy • Widerszal-Bazyl et al. (2008) asserted there are many European and international standards that refer to workers' rights and psychosocial risks. However, most standards do not state the relevant terms (i.e., psychosocial risk) explicitly. The lack of definitions and diversification of terms is a weakness. In this paper, the authors also state that the Framework Directives and such regulations should explicitly refer to psychosocial risks too. • Widerszal-Bazyl et al. (2008) further found that the group of standards that address relevant outcomes (both individual and organisational) is small. It is recommended that a new standard should be established to specifically address psychosocial risks. • Outcomes of violence, harassment and bullying are defined by legislative institutions in certain countries more so than psychosocial risks and work stress (Widerszal-Bazyl et al., 2008). • An exploration into a study in Hong Kong revealed that the legislation contains several ambiguities (Tang et al., 2011). The understanding different based on the body that was implementing the law. • Leka et al (2011b) state that the terms 'stress' and 'psychosocial risks' are not mentioned explicitly in most pieces of legislation • With reference to results from a policy gap analysis, Leka et al. (2015b) advocate for an increased focus on psychosocial risk management principles (e.g., exposure factors, risk assessment) within the legislation (binding policies). They argue it is advisable to revisit the content of the Framework Directive in relation to psychosocial risks and psychological health to further clarify and harmonise terminology across other key pieces of legislation. Similar findings are also echoed in further policy gap analysis studies in Australia (Potter et al., 2019a) and China (Yang et al., 2020). • Lack of specificity or clarity in terminology should be addressed within the legislation (Leka & Jain, 2016). • In their conclusive remarks, Leka et al. (2017) recommend revising the EU Framework Directive to further clarify and harmonise terminology.

Relevant Implications, Findings & Recommendations	Evidence & Examples of Key Points
	• Interviews with a range of WHS experts revealed that terminology in policy around psychosocial issues needed to be strengthened (Potter et al., 2019a; Potter & O'Keeffe, 2020). Complexity of Legislation • The complexity of legal obligations also acts as a barrier for achieving good practice (EU-OSHA, 2017). • Steinberg (2017) stats that the Swedish legislation has weaknesses (and strengths) and in relation to psychosocial risks. For instance, the WEAct mostly covers male-dominated industries and is also mainly aimed at protecting physical accidents/injuries than psychosocial issues. This particularly generates problems in the area of sexual harassment.
2.Evidence of positive policy impact	• Reports by EU-OSHA (2012; 2017) found that legislation was a driver for organisational psychosocial risks management. This was further supported in a paper by Leka and Jain (2016). • Analyses of policy change/interventions revealed some evidence of positive outcomes of policy change on workers (Di Tecco et al., 2017; Potter et al., 2017).
3.Stakeholder perceptions	• Research by Ertel et al. (2010) highlighted difficulties in achieving consensus between participants via results from surveys. Their study revealed insights into differences between the perceptions of stakeholder groups and between old and new EU member states about the EU Directive. • Other evidence of perceptual disagreement arose through the analysis of surveys by Leka et al. (2011b), in which there is a split between participants in their perceptions of policy impact. • Some consensus was found in the study by Iavicoli et al. (2011), whereby most participants largely thought the application of the directive was inadequate and that there had been increased initiatives targeting psychosocial issues. Yet there was difference in opinion between newer EU countries than the older EU15 ones. Regarding compensation for psychological injury, the EU15 states reported a significantly large increase while the new EU27 representatives did not report an increase. EU15 states were more familiar with knowledge of national practical guidelines for management and assessment of work-related stress than the EU27. Just over half of participants indicated knowledge of national studies, yet the older EU15 representatives were more knowledgeable than the new EU27 states. • Tang et al (2011) found that different implementation bodies held varying perceptions and understanding around psychosocial risk legislation.

Relevant Implications, Findings & Recommendations	Evidence & Examples of Key Points
	• Leka et al. (2014) found that there were mixed opinions among stakeholders and countries in relation to the specific initiatives. Experts and professionals preferred non-binding policies, but workers' representatives and policymakers strongly prefer the development of new EU legislation. However, the stakeholders did not have very different preferences for the type of soft law. • Steinberg (2017) states that employers' confederations did not want a specific provision on psychosocial risks as it would limit their freedom in directing the workforce. • Australian research by Potter et al. (2019a) and Potter and O'Keeffe (2020) revealed there were diverse and somewhat opposing views regarding the role of the legislation on psychosocial risk management and regulation.
4.Challenges regarding policy implementation	• Despite pleasing evidence of a high existence of policies and a shared policy context (in Europe), regarding psychosocial factors and worker psychological health, analysis reveals a great deal of variation in how these policies are applied in practice. A commentary paper by Leka et al. (2010) states various difficulties such as: - Increased administrative obligations and formalities, financial burden and the time need to prepare appropriate measures. - Lack of participation by workers in the operational process (also organisational challenge). - Lack of harmonised European statistical information system on occupational accidents and diseases, although this has been addressed to an extent. - Problem in implementing certain provisions in SMEs. • Ertel et al. (2010) investigated the role of standards (soft law) yet raise questions around their level of effectiveness. Ertel et al. (2010) discussed the fact that the challenges of standards are accentuated by the diversity of national industrial relations systems, weak social dialogue structures and capacities in new member states. • Iavicoli et al. (2011) found that the Framework Directive varied in terms of implementation, enforcement style, relevant resources and infrastructure across the member states. • Leka and Jain (2016) emphasise the need to appropriate enforcement to ensure the legislation is being implemented. • Other evidence of poor policy translation comes from findings by Leka et al. (2017), who state that there is a need for greater workplace awareness and assert that the necessary preventative action is lacking. (This point also relates to the category '*organisational challenges*''.

Relevant Implications, Findings & Recommendations	Evidence & Examples of Key Points
	• A report investigating the implementation of the Canadian standard highlighted various barriers preventing policy translation (Mental Health Commission of Canada, 2017). The barriers are more at the organisational level and therefore discussed in the '*organisational challenges*' section. • In Australia, interviews with experts revealed poor policy translation due to complexities of psychosocial risks, difficulties with ensuring compliance, enforcement and prosecutions, poor specificity in law, and challenges surrounding regulator's abilities (such as lack of training, favourability towards physical risks and lack of resources) (Potter et al., 2019).
5.Poor evaluation efforts	• In a commentary paper, Leka et al. (2010) argued that systematic evaluation of policy-level interventions has not been conducted adequately in the EU. • Leka & Jain (2016) re-iterated that critical evaluation efforts are lacking. • Policy evaluation acquiring the perspectives of occupational health experts by Leka et al. (2011b) found serious challenges relating to psychosocial risks at the policy-level, issues of evaluation and the general impact of policy-level interventions. • Di Tecco et al. (2017) highlight the importance of tracking policy-level interventions in the rationale of the study.
6.Soft law (or non-regulatory) approaches	• A commentary paper by Leka et al. (2010) highlighted that increased research led to positive guidance by international organisations (e.g., WHO and ILO). • A commentary paper by Leka et al. (2010) also stated the importance of social dialogue as a driver in developing and implementing policies for psychosocial risk management – yet outcomes vary due to cultures in EU member states, • In their paper, Leka et al 2011b provides a case for needing a voluntary standard developed for psychosocial risk management. • From focus groups, Iavicoli et al. (2011) revealed that participants thought the "legislation was OHS at the EU level was adequate but served as the minimum basis rather than a ceiling". Therefore, more soft forms of policy are necessary to increase organisational psychosocial risks management. • Iavicoli et al. (2011) found that softer forms of policy are thought to be more appropriate for psychosocial risks than legislation • Leka et al. (2014) highlighted a preference for non-binding EU initiatives over hard law (legislation).

Relevant Implications, Findings & Recommendations	Evidence & Examples of Key Points
	• Studies highlight a positive preference for non-binding or softer policies over legislation (Leka et al., 2014). Non-binding policies also scored higher than regulatory policies for psychosocial risk management principles in a review by Leka et al. (2015b). • Leka et al. (2017) argue that soft policy and preventative approaches should be promoted to stimulate employers' responsibility and awareness.
7.Dissemination of knowledge (and importance) within and between countries	• EU-OSHA (2012) stated that policymakers can learn from other countries in the area of policy and psychosocial risk management. • EU-OSHA (2012) stated that psychosocial risks were perceived as a lower priority in relation to other issues such as physical risks. • Should be increased sharing of good practices, collaboration and education (Leka & Jain, 2016). • Leka and Jain (2016) advised that mental health should be on the lists of occupational diseases and compensation systems. • Leka and Jain (2016) acknowledged a need to address psychosocial risk management and policy in developing countries. • Leka et al. (2017) stated that the awareness of psychosocial health at work is lacking and so is preventative action.
8.Organisational challenges	• Other research findings relating to organisational factors suggest a need to consider organisational size (EU-OSHA, 2012; Leka et al., 2014). Small to medium enterprises need more consideration, and as such it was advised policymakers should tailor efforts to assist these organisations. Furthermore, the EU-OSHA (2012) report advised that policymakers need to give attention to industries and consider the role of demographic risk factors. • From the preliminary analysis on the implementation of the Canadian standard results show that issues such as poor expertise or data collection approaches prevented effective translation of the standard into action (Mental Health Commission of Canada, 2017).
9.Adaptions or developments of new policy approaches	• The following studies imply that policy can be adapted for different cultural contexts and highlights the importance of building on from previous knowledge: A. Mackay et al., (2004) discusses benefits and processes of the HSE Management Standards with support from literature.

Relevant Implications, Findings & Recommendations	Evidence & Examples of Key Points
	B. Mellor et al. (2011) presents the development of a risk assessment strategy for work-related stress that meets Italian regulatory operations. C. Iavicoli et al. (2014) and Persechino et al. (2013) discuss process elements for adapting and implementing the HSE management standards into the Italian regulatory context.
10.Ethical and business case	• Leka & Jain (2016) highlight the need to develop and promote an ethical and business case alongside a legislative case for psychosocial risk management.