Participative prevention of psychosocial emergent risks in small and medium enterprises
Overview of a collaborative project

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“Participative Prevention of Psychosocial Emergent Risks in SME’s” (PPSER) was a European Project, funded by the European Commission (agreement number VS/2014/0053), with the participation of four European countries - Portugal, Italy, Spain and Greece- and coordinated by BRU-IUL- Business Research Unit, ISCTE-IUL - Instituto Universitário de Lisboa, Lisbon, Portugal. The project, with the duration of one year, aimed at transferring knowledge on psychosocial risks prevention to a number of stakeholders with a specific emphasis on Small and Medium Enterprises (SMEs).

The present article presents an overview of the project’s objectives, the description of the project’s activities and main results, as an example of a good cooperation between academia and the practitioners with regard to the prevention of psychosocial risks. More information can be found at the project’s website: http://risksinsmes.wix.com/risksinsmes

Background of the project

According to OSHA (2014), psychosocial risks “refers to the likelihood that certain aspects of work design and the organization and management of work, and their social contexts, may lead to negative physical, psychological and social outcomes” (OSHA, 2014, p. 10). Within these aspects, we find that psychosocial risks are related to the job content (e.g. type of task), workload and work pace (e.g. working at very high speed), work schedule (e.g. shifts), job control (e.g. level of autonomy), or interpersonal relationships at work (e.g. lack of social support).

Portugal, Spain, Italy, and Greece are facing the biggest consequences of the economic crisis and represent the appropriate countries to address with regard to psychosocial risks. Not surprisingly, psychosocial risks are exacerbated by the ongoing economic crisis in Europe, and
there is a need to support the SMEs that play an important role in the economy of these countries.

**Overview of the project**

The present project intended to contribute to the promotion of knowledge dissemination and to support the development of preventive actions. Social dialogue with different formal stakeholders was one of the touchstones of the project: workers’ representatives and committees, health and safety personnel, unions, management or other organizational leaders. The project had four main objectives: (1) to summarize the existing scientific knowledge, policies about psychosocial emergent risks prevention, and mapping SMEs knowledge about these risks; (2) to characterize the best practices in emergent psychosocial risks management and to identify the difficulties/obstacles to implement good preventive practices in SMEs; (3) to organize a workshop with stakeholders to disseminate knowledge and define an action plan for helping SMEs in the prevention of psychosocial emergent risks, and (4) to present an informative toolkit with practices that can be implemented by SMEs to help them to prevent the emergent psychosocial risks.

The project included a first qualitative phase, where information was gathered from relevant stakeholders. Next, a survey was presented to health and safety technicians of SMEs, worker representatives and to organizations that provide external health and safety services. With this information, four workshops were organized (one in each country) and the structure and content of the toolkit was developed. In the next sections, we present a summary of these activities, as well as the main conclusions of each.

**Qualitative study**

We conducted individual semi-structured interviews and focus groups in all the countries involving different stakeholders. The interview guides were developed considering PRIMA-EF, ESNER and following Langenha, Leka, and Jain (2013) and Leka and colleagues (Leka, & Cox, 2008; Leka, & Jain, 2010) work. General guidelines were established for focus groups, covering its duration, composition and procedures. Data was analyzed through content analysis. Table 1 presents the number of interviews and focus groups conducted. In Spain, no focus groups were conducted due to the great difficulty of gathering participants.

In Greece, participants reported that there was limited awareness with regard to psychosocial risks. They stressed the importance of written guidelines on prevention and intervention, as well as the necessity of adapting the law to include at least the obligation of psychosocial risks assessment as part of the established health and safety assessment. The Italian participants highlighted the gap between policies and practices, due to a lack of information and regulatory frameworks on the management of psychosocial risks. Education and training were recognized as a key tool to promote awareness of psychosocial risks, namely on the relationship between psychosocial risks and absenteeism. In Portugal, although almost interviewees

<table>
<thead>
<tr>
<th>Country</th>
<th>Interviews</th>
<th>Focus groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greece</td>
<td>16</td>
<td>1 (n = 3)</td>
</tr>
<tr>
<td>Portugal</td>
<td>12</td>
<td>3 (n = 10)</td>
</tr>
<tr>
<td>Italy</td>
<td>9</td>
<td>3 (n = 20)</td>
</tr>
<tr>
<td>Spain</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>33</td>
</tr>
</tbody>
</table>
recognized the relevance of this topic for individuals, companies and society, the assessment, management and prevention of psychosocial risks is still unusual, particularly in SMEs. In general, participants stressed the importance of disseminating concrete examples of good practices. Finally, Spanish participants considered that work intensification, the use of new technologies, the increased flexibility, competitiveness, and job insecurity, all affect worker health and welfare. They frequently mentioned the need for the social and psychological support of their co-workers for the mitigation of the negative effects of psychosocial risks on health.

**Survey**

The main goal of the survey was to determine the SMEs’ perspective about emergent psychosocial risks, difficulties and concerns related to its prevention. It also aimed to assess their knowledge and existing practices regarding psychosocial risks prevention.

The research team decided to develop two different but related surveys, one directed to SME safety and health technicians and workers representatives and another directed at organizations that provide services related to safety and health to SMEs. Both surveys were distributed in all the countries. To increase participation, the surveys were accessible either in an online format or as a paper copy.

The surveys were based on the EU-OSHA’s European survey of enterprises on new and emerging risks (ESENER) and on the European Framework for psychosocial risk management (PRIMA). The use of validated instruments facilitates the comparison of results of this project with those produced in other studies and reports. We also introduced some questions that emerged from the analysis of the interviews and focus groups. Most of the items were measured with 7 points rating-scales (e.g. from not important (1) to extremely important (7), or from never (1) to always (7)).

The number of respondents was modest in all four countries for both surveys (Table 2). It is likely that SMEs are not used to participating in research projects, and probably even less concerning health and safety issues. In this paper, we present the results from survey 1.

Only in Spain the majority of SMEs (57.7%) reported having specific policies, management systems, or action plans on psychosocial risks, with all countries mentioning that health and safety issues are rarely raised in senior management meetings. In Greece, Portugal and Spain one third of the SMEs reported having psychosocial risks assessment; while it is noteworthy that in Italy all the SMEs are already conducting psychosocial risks assessments. The lack of awareness about the importance of psychosocial risks is one of the main reason for the lack of assessment in Portugal (M = 4.33), Greece (M = 4.31) and Spain (M = 4.39). For Italy, the main obstacles to risk assessment are the fact that they are too time consuming or expensive (M = 4.87) and the unavailability of financial resources (M = 4.93). The fulfillment of the legal obligations is the main reason for Portugal (M = 5.58), Italy (M = 5.20) and Spain (M = 5.73) to

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>Greece</th>
<th>Portugal</th>
<th>Italy</th>
<th>Spain</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey 1</td>
<td>56</td>
<td>42</td>
<td>30</td>
<td>26</td>
<td>154</td>
</tr>
<tr>
<td>Survey 2</td>
<td>28</td>
<td>14</td>
<td>28</td>
<td>16</td>
<td>86</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>56</td>
<td>58</td>
<td>32</td>
<td>240</td>
</tr>
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</table>
to tackle psychological risks. For Greece the main reasons are economic or performance related (M = 5.31), requirements from clients or concern about the organization’s reputation (M = 5.15). The number of measures implemented to deal with psychosocial risks is still low in every country. Spain is the country with more formal ways to deal with psychosocial risks with 1/3 of the SME indicating that they have at least one procedure.

In general, participants agree that they need more information to promote risk assessment. With the exception of Italy, contracted health and safety experts were the main source of information, closely followed by the labor inspectorate and in-house health and safety services.

Organizational culture and top management commitment to health and safety risks issues has been recognized as a key factor in the literature (Pidgeon, 1991; Hale, 2000; Silva, 2008; Reader et al., 2015). While health and safety is already an integral part of the management philosophy in most SME’s (% of agreement: Portugal = 60.8; Greece = 72.8; Italy = 76.7; Spain = 60.0), the introduction of preventive actions beyond legal requirements still need improvement.

One of the main goals of the project was to build a toolkit to help SMEs in preventing and managing psychosocial risks. We asked participants to indicate what should be part of the toolkit (Figure 1).

Workshops

Four workshops were organized (Table 3). All of the workshops had a first part consisting of a discussion on psychosocial issues and a second one, for discussing the proposed toolkit.

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Workshop participants per country</th>
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<tbody>
<tr>
<td></td>
<td>Greece</td>
</tr>
<tr>
<td>Participants</td>
<td>30</td>
</tr>
</tbody>
</table>
developed by the project’s team after the two first project phases (qualitative study and survey).

In Greece, the toolkit was evaluated positively. The participants commented on its clear structure and non-academic writing, and the variety and amount of the topics presented. Most participants asked for more good practices to be included in the toolkit. In Italy, the evaluation was also constructive. Participants positively commented on its clear structure and non-specialist language, and the clear division of information for employers, employees and consultants. In Portugal, the overall assessment of the project and toolkit was very good. Participants stressed the need to promote psychosocial risks assessment and to offer training for all hierarchical levels and target groups; the need to give information about good practices and the need to develop several actions that support prevention, ideally offering resources without “costs”. Spanish participants expressed the relevance and timeliness of results and the need for further research on these issues in order to realize further prevention strategies and intervention on psychosocial risks in SMEs. They were thankful for the assessment tools and intervention of psychosocial risks.

**Conclusions**

The project revealed a low level of awareness about psychosocial risks, the almost inexistence of risk assessment practices and a lack of resources for investing in its prevention. To facilitate the change in the prevention practices it is critical to develop resources that organizations could easily use at a low cost.

The project has two main contributions: the project website and toolkits that will be still available in the next years; and the dialogue and partnerships developed, involving the universities and stakeholders, that resulted in a solid network that will give an impetus to develop new actions and projects (both national and European).

**References**


