

Managing Psychosocial Risk in the Workplace:

Additional Resources

Additional information on psychosocial hazards and risk

Psychological hazards are defined as:

"aspects of job content,
work organisation and management
and environmental and organisational
conditions that have the potential for
psychological and physical harm"
(Cox, 1993).

The description of these hazards is based on an extensive research tradition which has identified job demands (workplace factors that can cause stress) and job resources (workplace factors that can protect you from stress) that have been identified in research.

Common psychosocial hazards and some examples are included in the table, arranged related to how work is organised, social factors at work and aspects of the work environment, equipment, and hazardous tasks.

People will at various times refer to psychosocial hazards, or psychosocial risks, depending on the context. Hazards are situations or things that have the potential to harm a person. Risk is the possibility that harm might occur following exposure to a hazard (See SafeWork NSW, 2019).

The exact wording of the hazards/risks will also change across publications, so you might like to check the relevant Code of Practice or guidance material used by your organisation.

Following are some common examples of psychosocial hazards, coupled with specific examples for each hazard. This list is not absolute and similarly with the wording of hazards/risks, it is useful to review literature used in your organisation to ensure the most relevant understanding possible.





Psychosocial hazard	Examples				
	How work is organised				
Role overload (high	Too much to do in a set time				
workloads or job demands)	Unachievable task deadlines, expectations or responsibilities				
	Unpredictable shifts or hours of work, shift structures or rosters that do not allow adequate time for workers to recover				
	Multiple tasks that require rapid switching between each to complete				
	Sustained or frequent exposure to emotionally distressing situations				
	Tasks and decisions that are safety critical				
Role underload (low workloads or job demands)	Too little to do				
	Highly repetitive or monotonous work				
Exposure to traumatic	Providing care to those experiencing a traumatic event				
events	Listening to, viewing, or reading descriptions about traumatic events				
	• Experiencing, witnessing, or investigating a serious near miss, injury or fatality				
Role conflict or lack of	Conflicting priorities in a role				
role clarity	Uncertainty around roles, tenure, tasks, work schedules and standards				
Low job control	Little control in how work is done and when breaks can be taken				
	Lack of control over workload				
	Limited opportunity to participate in decision making				
	Limited opportunity to contribute to WHS and the way work is done				
Remote or isolated	Working in locations that are far from home, family, friends and usual support networks				
work	Working alone (social or physical isolation)				
	Working in private homes				
	 Working in environments without telecommunications reception to connect with professional and social networks 				
Poor organisational	Lack of practical support to assist workers during transition periods				
change consultation	Prolonged or recurring restructuring				
	Poor consultation or communication about workplace changes				
Job security and	Uncertainty about work availability				
precarious work	Possibility of redundancy/redistribution to another role				
	Low-paid or insecure employment				
	Lack of protection from labour law or social protection				
	Social factors at work				
Conflict or poor	Poor two-way communication				
workplace relationships between workers and	Poor relationships between managers, supervisors, co-workers, and clients or others that workers interact with				
their supervisors and managers and co- workers	Harmful workplace behaviours				
Poor support from	Poor communication				
supervisors and managers	Poor information sharing				
	Lack of constructive feedback				
Poor co-worker support	Inadequate information sharing				
	Inadequate advice and help for work tasks				
	Lack of social support				
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Workplace violence	 Incidents involving an explicit or implied challenge to health, safety or well-being at work by co-workers, clients, visitors or others 		
	Physical, verbal, sexual or gender-based threats, abuse or assault		
Bullying	 Repeated unreasonable behaviours which can present a risk to health, safety and well- being at work. Some examples of these behaviours can include: 		
	Social or physical isolation		
	Assigning meaningless or unfavourable tasks		
	Name-calling		
	Insults and intimidation		
	Undermining behaviours		
	Undue public criticism		
	 Withholding information or resources critical to do tasks 		
	Malicious rumours or gossiping		
	Assigning impossible deadlines		
	See the Safe Work Australia's National Guidelines on Workplace Bullying for further		
	information		
Harassment including sexual harassment	 Unwanted, offensive intimidating behaviours by co-workers, clients, visitors or others around a person's race, religion, beliefs, gender, age, sexual orientation or disability 		
Inadequate reward and recognition	Efforts not recognised		
	Lack of opportunity for career development		
	Lack of opportunities for promotion, skill development and career development		
Poor procedural justice (processes for making decisions)	Withholding information		
	Lack of fairness		
	Inconsistent and poor decision-making processes		
Organisational / workgroup culture	Low levels of support for problem-solving and personal development		
workgroup culture	Lack of definition of organisational objectives		
	Inconsistent application of policies and procedures		
	Unfair decision-making		
Civility and respect	Lack of trust, honesty, respect, civility, and fairness		
	Work environment, equipment and hazardous tasks		
Hazardous physical working environments	Lack of space		
	Poor lighting		
	Excessive noise		
	Poor ventilation/air flow		
Lack of resources	• Lack or low supply of tools, equipment or other resources to complete work tasks (e.g. a lack of appropriate PPE)		
	Lack or low supply of suitable tools or equipment		
	Poor equipment or tool maintenance		
Extreme conditions or	Work performed at very high or very low temperatures		
situations	a NA anti-manufacture and at hairship		
Situations	Work performed at heights		
Unstable environments	Conflict zones		

Additional information on risk controls

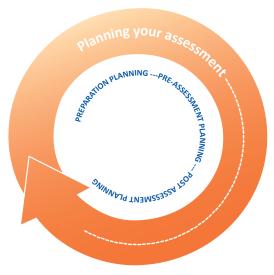
Controls for psychosocial risks should follow the same principles as for other risks at work. Risks should be eliminated, and where that is not possible, minimised. Consistent with WHS practice, the principle is that the hazards should be controlled at their source, using the most effective risk controls, rather than relying on less effective controls that do not address the source of harm. This means for example, prioritising the provision of additional job control, or reducing workload, or increasing supervision and managerial support, rather than only sending workers to resilience training, or employee assistance programs. A range of controls are likely needed to be used together at the same time.

A range of guidance on risk controls is available, including examples of risk controls for various psychosocial risks. These comprise the Codes of Practice and ISO45003.



Psychosocial risk assessment planning tool

Planning is critical for successful risk assessment processes. You may have noticed that planning is discussed at different stages of the risk assessment process and through all four documents. This is because planning is required when doing the initial research to understand your organisational context ('preparation planning'), prior to undertaking your risk assessment (pre-assessment planning), and when you are designing and preparing to implement an action plan based on findings from your risk assessment ('post-assessment planning').



	Ē	What sources of information do you already have about psychosocial risks in your organisation?	e.g., past injuries, risk register			
	Preparation	How is this information limited?	e.g., information is dated, not available across all worksites			
	Pre	How does your work and organisational context affect your psychosocial risk profile? i.e., what are the likely risks for you?	e.g., CALD workforce, young workers in location X, exposure to customer aggression			
Planning for assessment		What type of assessment seems right for your needs, scope, skills and resources?, survey, interview, limited roll-out	e.g., desire to pilot in two smaller locations; most locations have survey fatigue; representative focus groups may be preferred			
		How and when will you communicate with leaders about the assessment?	e.g., senior leadership meeting presentation; updates on progress			
	Pre assessment	How and when will you engage with workers about the assessment?	e.g., before proposed implementation; use of video with senior leader talking about the process plus documentation on how the data will be used, and how workers can be involved in planning actions			
	Pre a	What consultation processes will you implement throughout the assessment process?	e.g., use of WHS consultation mechanisms plus EOIs for participating in steer co			
		What resources will you need to complete the assessment, interpret and report on its findings?	e.g., support from business analytics team and HR personnel; external consultant review/advice			
	nt	How will you communicate with leaders, and workers, about the results of the assessment?	e.g., brief summary of results will be shared internally to all staff; full report to leadership team			
	Post assessment	How will you develop actions based on the assessment?	e.g., steering co comprised of workers from all levels across sites A and B; externally facilitated			
	Post as	How will you evaluate the assessment process, and the implementation of actions, to help you decide what to do next?	e.g., planned assessment of process via brief feed- back surveys from steer co and line managers; reports on trends in injury reporting, EAP usage data, results of subsequent engagement survey			

Consultation planning

Consultation with key stakeholders who will affect and/or be affected by any organisational changes is imperative through the entire risk assessment process (from preparation planning through to post-assessment planning).

It is important to understand that consultation takes many forms throughout this process at different stages of the risk assessment process, and planning your consultation strategy will improve your chance of collecting reliable data and engaging the right people to take action, thus leading to successful and impactful outcomes.

Use the guide questions following in advance of commencing any work on your psychosocial risk assessment to understand when and how you need to consult during the process. We have provided some suggestions of how you could approach each guide question to get you started.



What form does it take?

Consultation does not always have to be formal. It can include informal discussions

What's involved?

Consultation is not the same as seeking feedback on something that is already decided. It involves sharing information with workers, enabling them to express their views, contribute to decision making, and have those views taken into account.

What else do I have to do?

Comprehensive and well-planned consultation may be enough to identify the psychosocial risks in your workplace and develop action plans, without other strategies.

Who do we talk to?

Identifying the right stakeholders will change depending on scope and size of the business. It's important to provide opportunities to be consulted, perhaps through an EOI process. Aiming of a "diagonal slice" can be useful to ensure a range of perspectives but consider issues of comfort in speaking up.

Why should we consult?

Consultation and participation can save time and resources by identifying the most appropriate solutions that are appropriate to your business context. In addition, they help build trust, so that your risk controls have a better chance of engagement and success.

How do we engage?

Consider the methods that work for your people – face to face conversations, written feedback, meetings, focus groups, depending on their needs and preferences.

How much is enough?

Typically, when you start hearing nothing new, you may have reached the point where its ok to stop consulting.

When do I consult?

Consultation can be useful at all stages of planning a psychosocial risk assessment but may take different formats at different stages.

Referenced literature and other useful links

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Other useful links

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