The Psychosocial Safety Climate Framework

What is PSC?
Psychosocial Safety Climate (PSC) refers to an organisational climate for employee psychological health, wellbeing, and safety. It is determined by organisational policies, practices, and procedures for the protection of worker psychological health and safety (Dollard & Bakker, 2010). It reflects senior management commitment, organisational participation, and general consultation in relation to stress prevention and safety at work (Dollard & Bakker, 2010).

PSC theory builds on earlier work that identifies a link between work safety and work stress (for example, Glendon, Clarke, & McKenna, 2006), however it is more specific to the psychological health of workers than other organisational climate constructs (Dollard & Bakker, 2010).

How does PSC work?
Australian and international researchers have shown PSC acts as the ‘cause of the causes’ of work stress. In this regard PSC is viewed as a leading indicator or pre-eminent risk factor as it can predict levels of psychosocial risk in relation to workplace demands and resources as well as worker health and productivity outcomes (see Figure 1, PSC Model).

Figure 1. PSC Model
For instance, previous research evidence has linked the PSC measure to:

- work pressure and emotional demands (Dollard & Bakker, 2010),
- workload (Dollard et al., 2012; Owen, Bailey & Dollard, 2016),
- job strain (Bailey, Dollard, & Richards, 2015; Dollard & Bakker, 2010), and

PSC also predicts a number of work based resources including:

- skill discretion (Dollard & Bakker, 2010),
- work rewards (Law, et al., 2011; Owen, Bailey & Dollard, 2016), and
- job control and supervisor support (Dollard et al., 2012).

As such, PSC has been conceptualised as a primary focal point for prevention of psychosocial risks and hazards.

**How is PSC linked with employee health, safety and productivity?**

Studies have consistently found PSC to be related to a range of employee health outcomes including:

- psychological distress, emotional exhaustion (Idris, Dollard, Coward, & Dormann, 2012),
- depression (Bailey, Dollard, & Richards, 2015; Escartín, Dollard, & Zapf, 2013),
- sickness absence and presenteeism (Becher & Dollard, 2016),
- worker performance and engagement (Idris, Dollard, & Winefield, 2011; Law, et al., 2011), and
- workplace injuries (Bailey, Dollard, McLinton & Richards, 2015).

**How can PSC reduce the impact of psychosocial factors on worker health?**

Another important aspect of PSC is that it moderates the relationship between psychosocial risk factors and wellbeing outcomes. It does this by buffering the impact these factors have on employee health and safety including:

- bullying on post-traumatic stress disorder (Bond, Tuckey & Dollard, 2010),
- job demands on depression (Hall, Dollard & Coward, 2012),
- emotional demands on workgroup distress (Dollard, Tuckey, & Dormann, 2012), and
- bullying and harassment on engagement (Law et al., 2011).

These results show that PSC reduces the impact of adverse conditions in a workplace, and supports employees when managing their psychological health at work.
How is PSC measured?

PSC is measured using the PSC-12 scale (Hall, Dollard, & Coward, 2010), a 12 item questionnaire encompassing four sub-scales:

- management commitment,
- management priority,
- organisational communication, and
- organisational participation.

Each sub-scale consists of three questions with responses scored on a five-point Likert scale, ranging from 1 (“Strongly Disagree”) to 5 (“Strongly Agree”). Total scores for the scale can range from 12 to 60.

Benchmarks were created to assist with interpretation for practitioners as follows:

- PSC scores ≥ 41 are low risk,
- PSC scores > 37 - < 41 are moderate risk, and
- PSC scores ≤ 37 are high risk

It was determined by Bailey, Dollard, and Richards (2015) that scores of 41 or above places workers at low risk for poor health whereas scores 37 or below places workers at high risk for poor wellbeing outcomes such as job strain and symptoms of depression.

What does a high PSC workplace look like?

A workplace with high PSC will have policy and procedures that actively manage psychosocial risk factors and will help to shape jobs where demands are manageable, and resources are adequate. Human resource divisions, health and safety persons, and manager will have clear methods for promotion and protection of worker mental health. Employees will feel encouraged to utilise mechanisms for wellbeing such as flexible working arrangement, and reporting bullying and harassment. Communication about stress prevention will be clear and psychosocial risks will be regularly discussed at safety meetings. Participation of policy, procedure, practices, and communication relating to psychological health and wellbeing will exist at all levels of the organisation (executive, management, and worker).

What can workplaces do to improve PSC?

It is recommended that organisations and/or work groups conduct regular measures of PSC to understand their current risk level and to evaluate the effectiveness of any interventions over time. This can be done by a health and safety practitioner using the PSC-12 however it is recommended that responsible persons receive training in implementation and interpretation prior to measuring PSC. If PSC scores are low an intervention to create change
needs to involve a holistic approach including top-down and bottom-up processes as per the PSC Hierarchy of Control.

**Level 1: Organizational workplace policy and procedure**
Ensure organisational workplace policy and procedure is specific in addressing psychosocial risk factors (demands, resources, support – see Figure 1) including defined roles for responsibilities to enact procedures, examples of how it policy is expected to be implement in practice, and mechanisms for communication.

**Level 2: Implementation of procedures**
Clear and identifiable actions for implementation of procedures by responsible persons such as health and safety divisions, human resource units, and managers to promote worker psychological safety and wellbeing. This includes how psychosocial factors are addressed in organisational systems such as recruitment, remuneration, induction, training, career development, and injury management. Also organisational systems dedicated to provide support such as Employee Assistance Programs, and avenues for communications such as feedback and grievance processes free from negative repercussions.

**Level 3: Manager, supervisor, team leader actions, and support**
Manager, supervisor, team leader activities reflect a culture that values employee health and wellbeing equal to, or above, productivity. Leaders need to provide a clear pathway for feedback from workers to communicate their concerns regarding psychological health that is free from repercussions.
Level 4: Job design: demands, controls, resources, and support

Job design involves the promotion of worker psychological health and employee wellbeing when setting workloads including provision of adequate resources, consideration of work pace, flexible working hours where possible, appropriate skill discretion, ability to be included in decision-making processes whenever practical, as well as opportunities for learning, training and career development. Forms of support can also include team building, opportunities for debriefing, positive and constructive criticism, and supportive social interactions.

Level 5: Individual factors

Individual factors involve addressing the specific characteristics of each individual worker, such as personality factors, adverse emotional reactions to work (depression, anxiety), self-care, resilience, and coping strategies. Workers should also feel encouraged to address concerns regarding psychosocial risks and supported to enact procedures when facing a hazard (eg bullying an harassment).

Want to know more?

Professor Maureen Dollard
Director APC WHS
t: + 61 8 8302 4846
m: 0434 187 253
e: maureen.dollard@unisa.edu.au

Tessa Bailey
Registered Psychologist
t: + 61 8 8302 3820
e: tessa.bailey@unisa.edu.au