

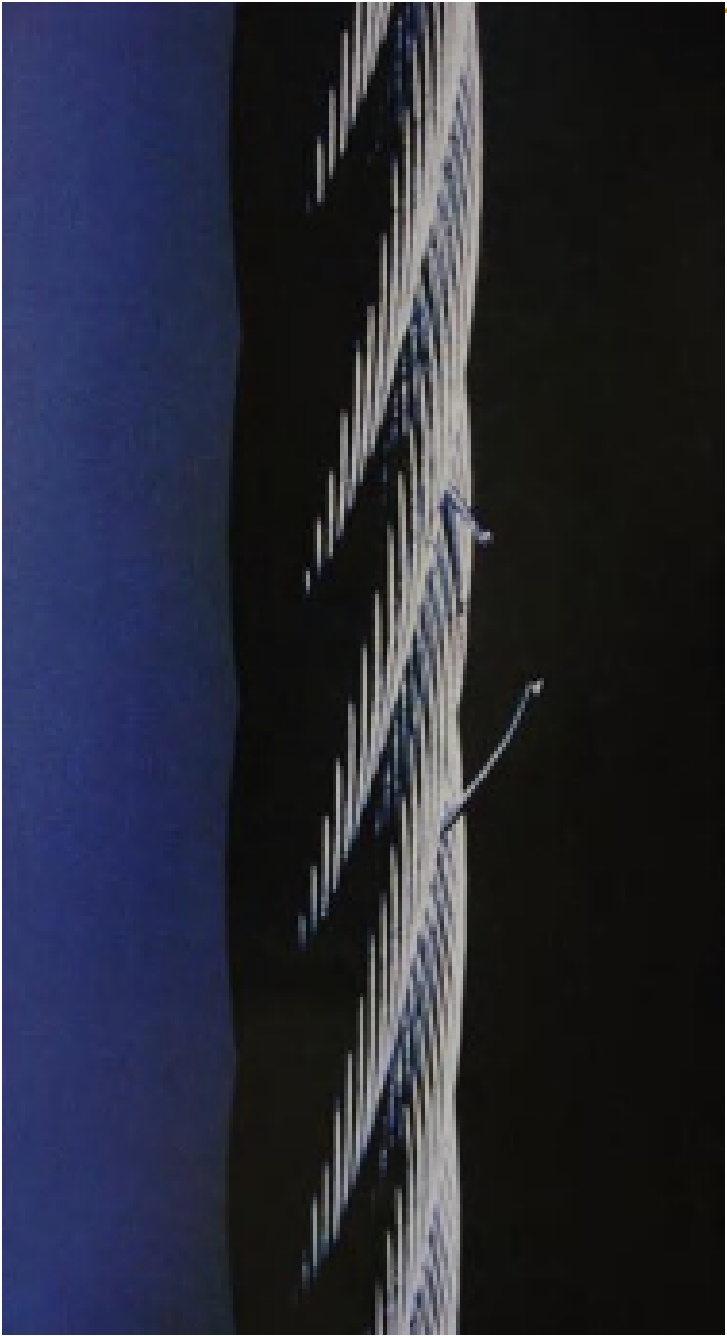
A holistic view of psychosocial hazards at work: A worker health perspective of the 21st century

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Promoting Health through the
Lifecourse

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A holistic view of psychosocial hazards at work: A worker health perspective of the 21st century

全人的観点からみる職場での心理社会的ハザード

－働く人のための21世紀の健康観－

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健康の環境社会的決定要因、公衆衛生部、健康的な環境のための介入、労働衛生班

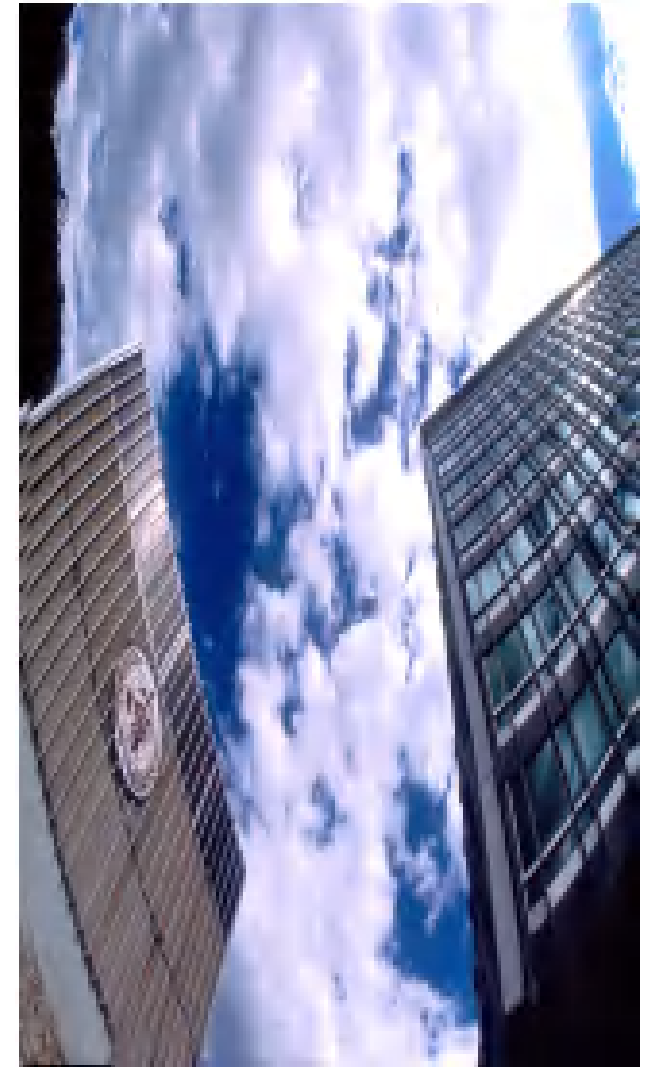
Promoting Health through the Lifecourse

ライフコース全体にわたっての健康増進

kortume@who.int

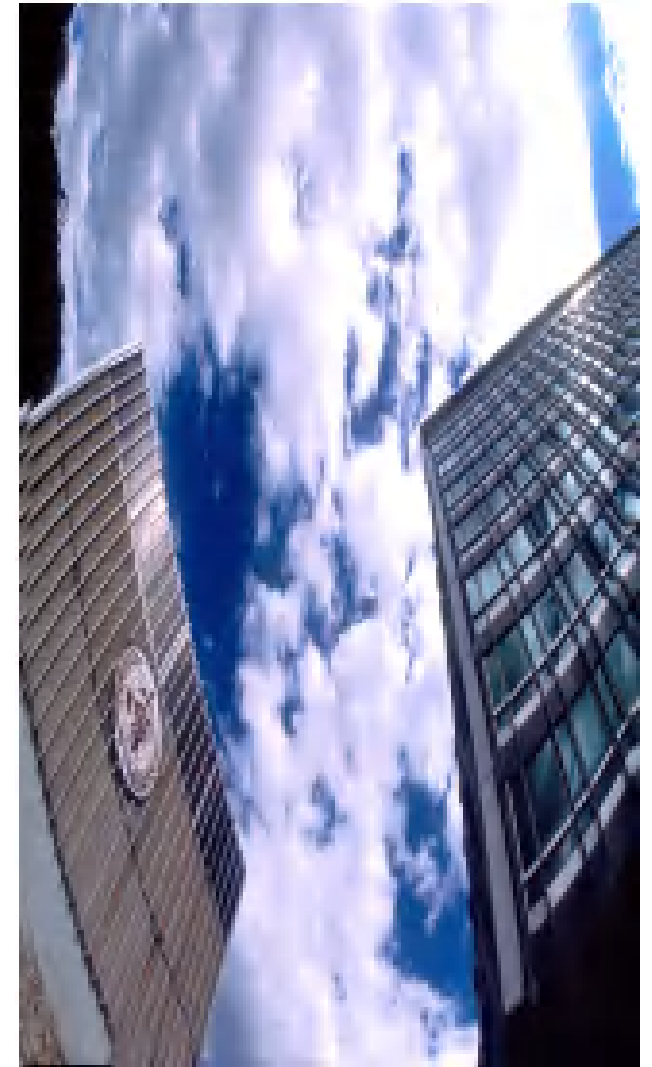
WHO Mandate

- Authority to direct and coordinate health within the UN system
- WHO's mandate:
 - provide leadership on global health matters
 - shape the public health research agenda
- Present in 6 world regions



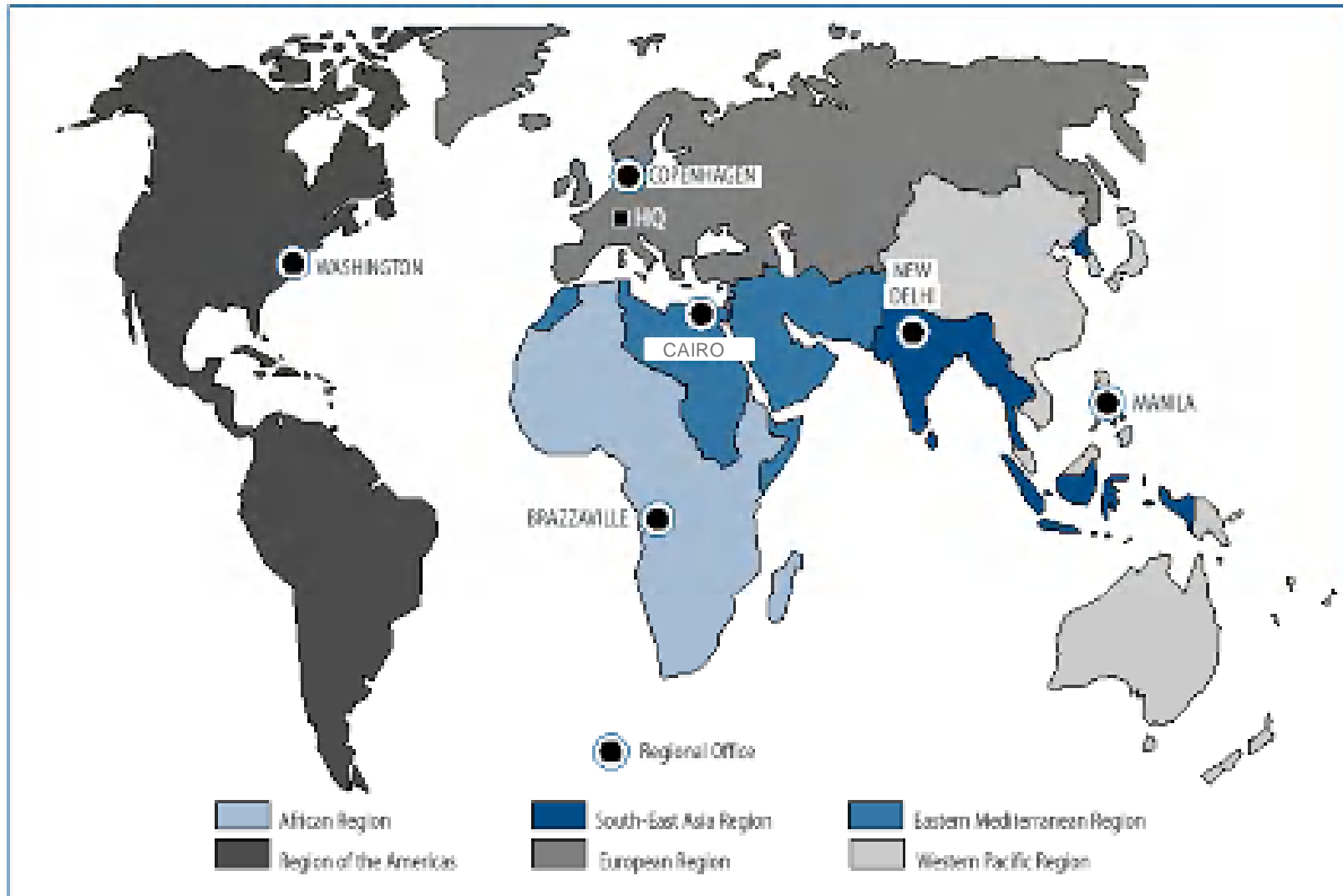
WHO世界保健機構の任務

- 国連制度内において健康に関する指導を行い、しコーディネイトする
 - WHOの任務：
 - 国際保健案件においてリーダーシップをとる
 - 公衆衛生研究のアジェンダを形作る
- 世界各地に6つの地域事務局



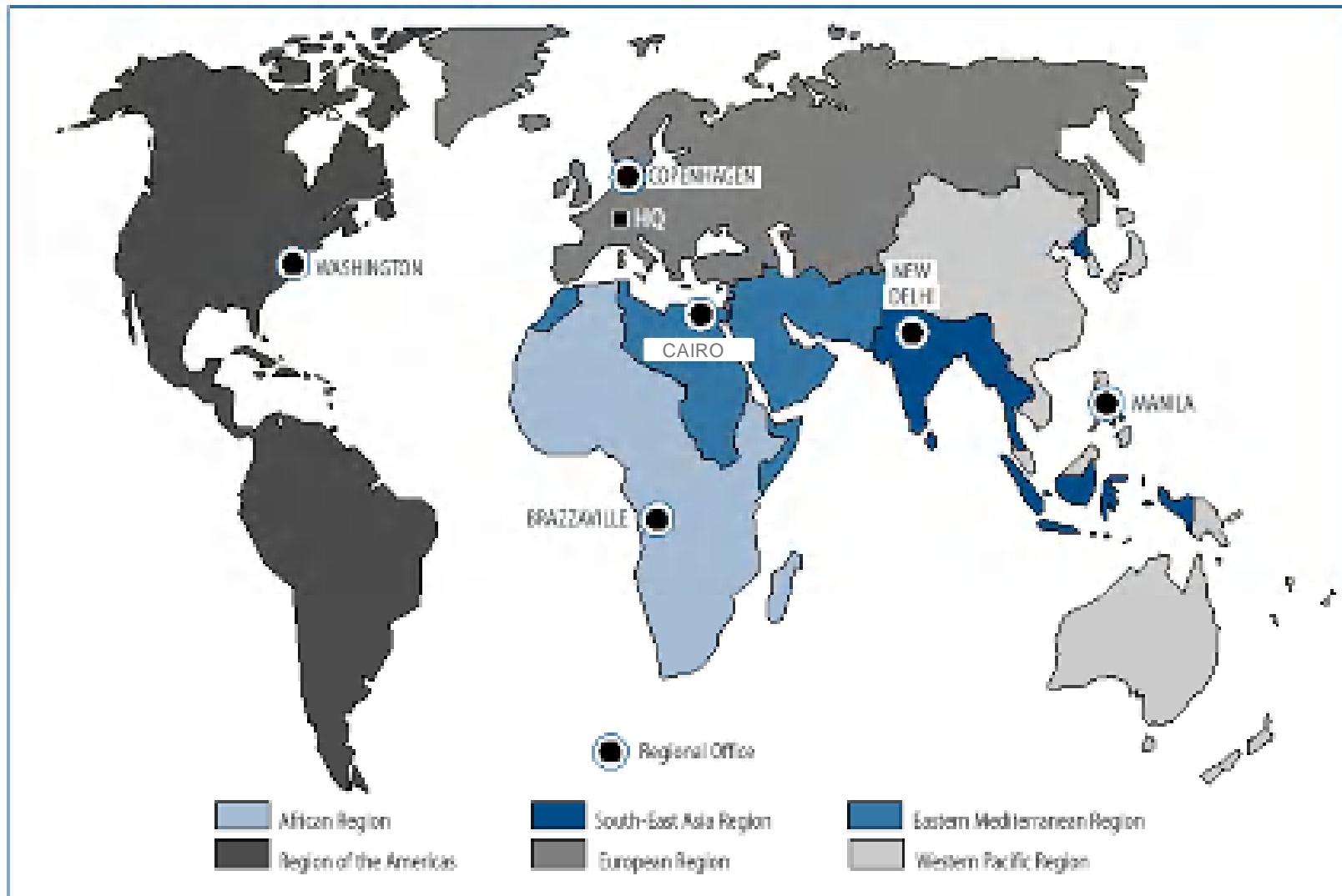
WHO Worldwide

WHO Regional Offices and the areas they serve



WHOの世界各地域事務局

WHO Regional Offices and the areas they serve



Outline of the presentation

- What are psychosocial hazards?
- Changing priorities in developing countries
- Health impact of psychosocial hazards
- Barriers & opportunities
- How to assess & manage psychosocial hazards



本日の概要

- 心理社会的ハザードとは何か？
- 発展途上国における優先順位の変更
- 心理社会的ハザードの健康への影響
- 障壁とチャンス
- 心理社会的ハザードを評価、管理するには



MailOnline

Stress 'is top cause of workplace sickness' and is so widespread it's dubbed the 'Black Death of the 21st century'

By Decca Bannister

Last updated at 6:11 AM on 04th October 2011

Like (26)

Stress has become the most common reason for a worker being signed off long-term sick, a report reveals today.

Experts said the psychological condition had become so widespread that it was the '21st century equivalent of the Black Death'.

Stress has even eclipsed stroke, heart attack, cancer and back problems, according to the report from the Chartered Institute of Personnel and Development.



Pressure: Stress has become the commonest cause of absence from work



Karoshi (過労死?), which can be translated literally from Japanese as "death from overwork", is occupational sudden death. The major medical causes of karoshi deaths are heart attack and stroke due to stress and a starvation diet.

- At least 8000 of 30,000 annual suicides are work-related
- 60 hour + week
- Disruption of work-life balance
- Minimum standards of employer care not met
- Compensation claims

MailOnline

Stress 'is top cause of workplace sickness' and is so widespread it's dubbed the 'Black Death of the 21st century'

By David Deacon

Last updated at 8:11 AM on 08 October 2011

1/1 (24)

Stress has become the most common reason for a worker being signed off long-term sick, a report reveals today.

Experts said the psychological condition had become so widespread that it was the 21st century equivalent of the Black Death.

Stress has even eclipsed strokes, heart attack, cancer and back problems, according to the report from the Chartered Institute of Personnel and Development.



Pressure: Stress has become the commonest cause of absence from work



「KAROSHI = 過労死」は「仕事をし過ぎて死んでしまう」を意味する日本語で、仕事に関連した急死のこと。過労死の医学的な死因はストレスによる心臓発作と卒中、そして餓死である。

- 自殺の年間件数3万件のうち少なくとも8000件は仕事関連
- 週に60時間以上の労働
- ワークライフバランスの崩れ
- 雇用側の設定した最低基準さえ遵守されていない
- 損害賠償請求の発生

Work Related Psychosocial Risks/Stress

What do we mean?

- Lack of job control & demand (Karasek)
- Effort – Reward imbalance (Siegrist)
- Underemployment
- Lack of training
- Long hours
- Poor pay
- Unfair/discriminatory mgt practices
- Heavy workload and inadequate staffing
- Electronic work monitoring
- Role clarity and role overload
- Sexual harassment & workplace violence
- Lack of influence on decision-making
- Tension or conflict with other employees
- Lack of belief in the objectives of the organization
- Lack of career development
- Lack meaning of the work
- Unpleasant or dangerous work environments
- Job insecurity



ABSENTEEISM, PRESENTEISM, TURNOVER

仕事関連の心理社会的リスク・ストレス

具体的には何のこと？

- 仕事上の自由裁量がなく要求が通らない (Karasek)
- 努力と報酬の不均衡 (Siegrist)
- 人手不足
- 研修講習会が行われていない
- 長時間労働
- 低賃金
- 不公正/差別的な管理慣習
- 過大な労働負荷、不適切な人員配置
- 電子的な作業モニター
- 役割分担の明確性と過重な負担
- セクハラ、職場での暴力
- 意思決定に参加できない
- ほかの社員との関係に神経をつかう、人間関係上の葛藤
- 組織の目的に共感できない
- キャリア構築できない
- 仕事に意味意義を見いだせない
- 不快または危険な作業環境
- 雇用の不安定性

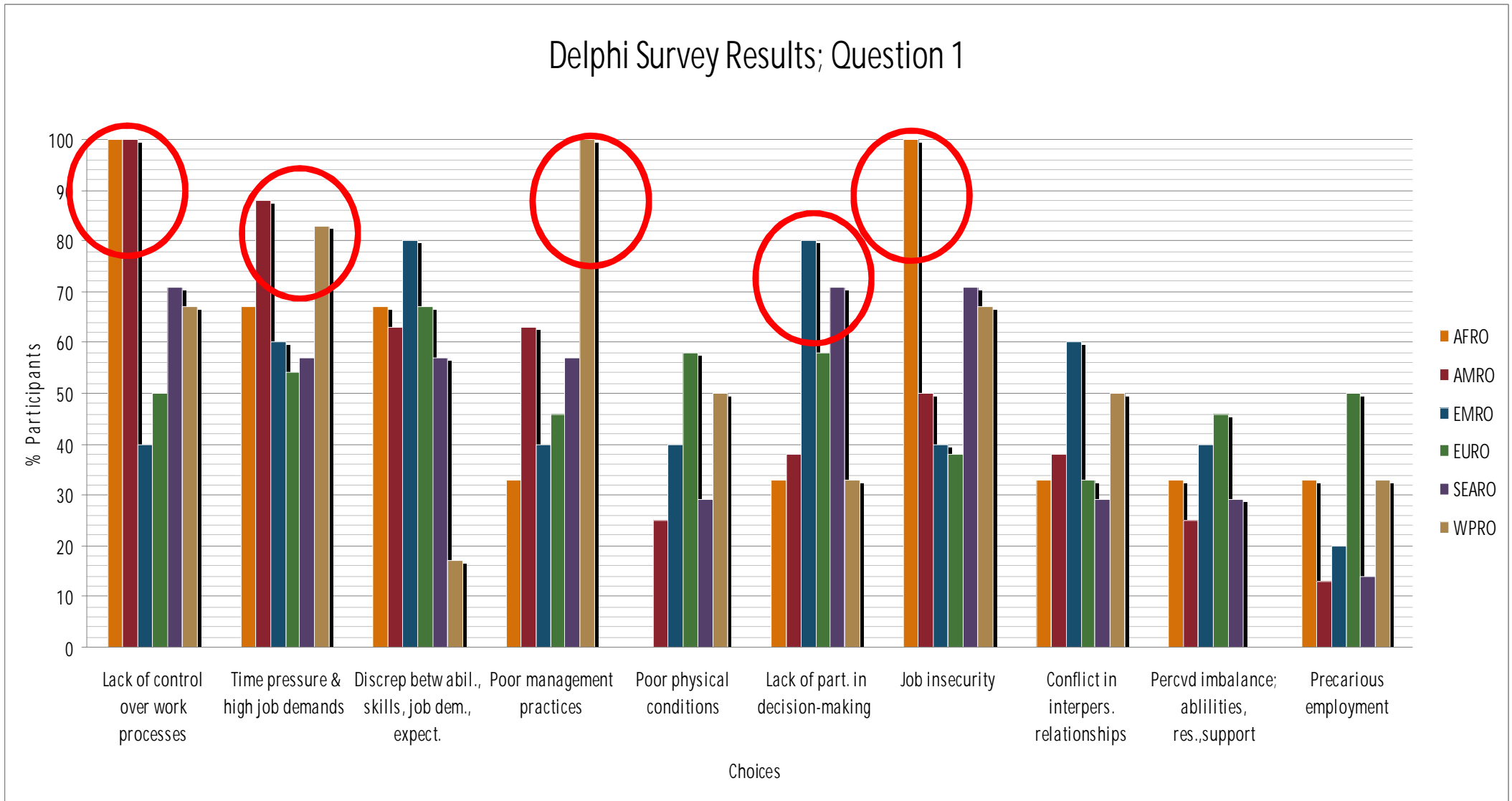


欠勤率、出勤率、離職転職 に影響

By WHO region

Considering the context of developing countries, what you understand by the term psychosocial risks?

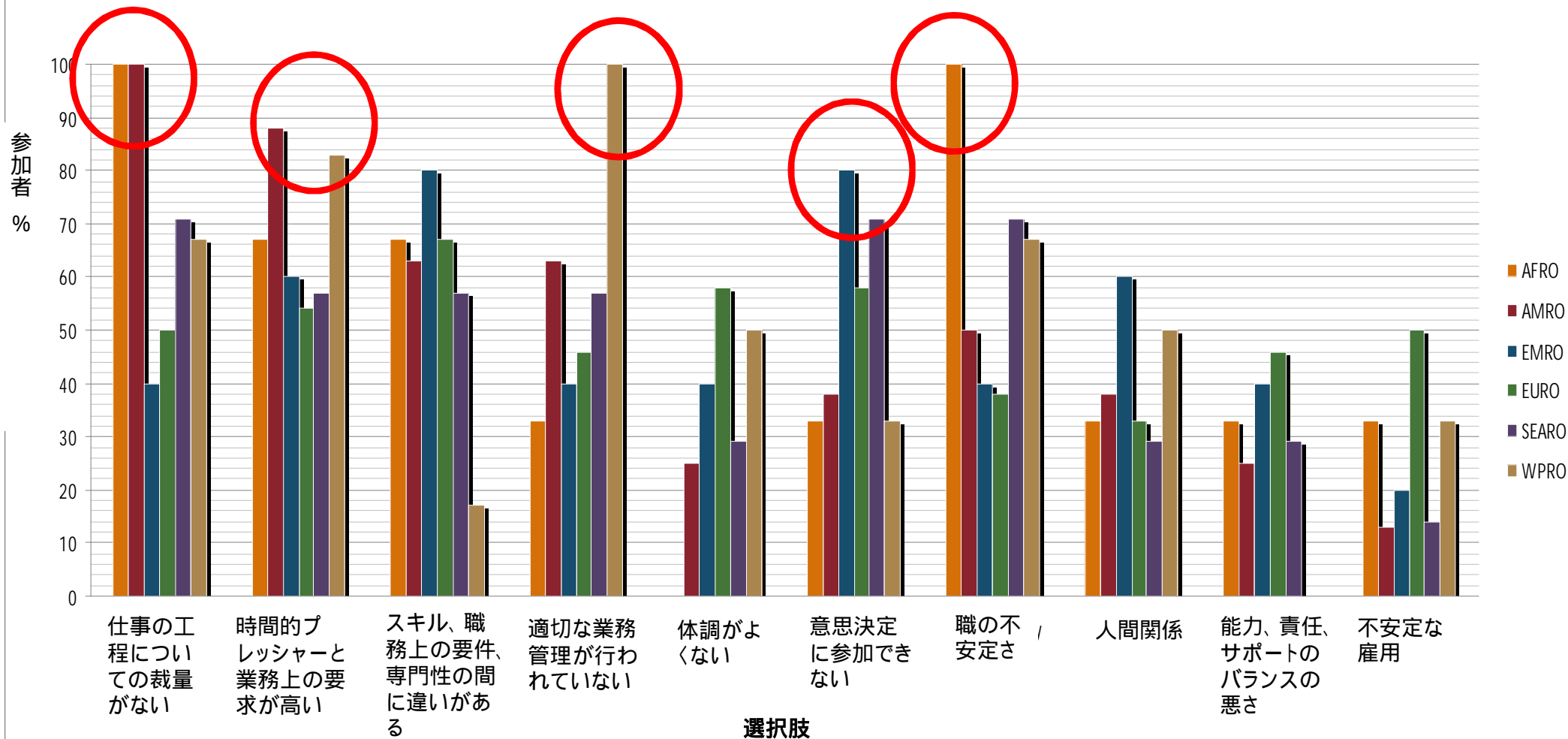
Delphi Survey Results; Question 1



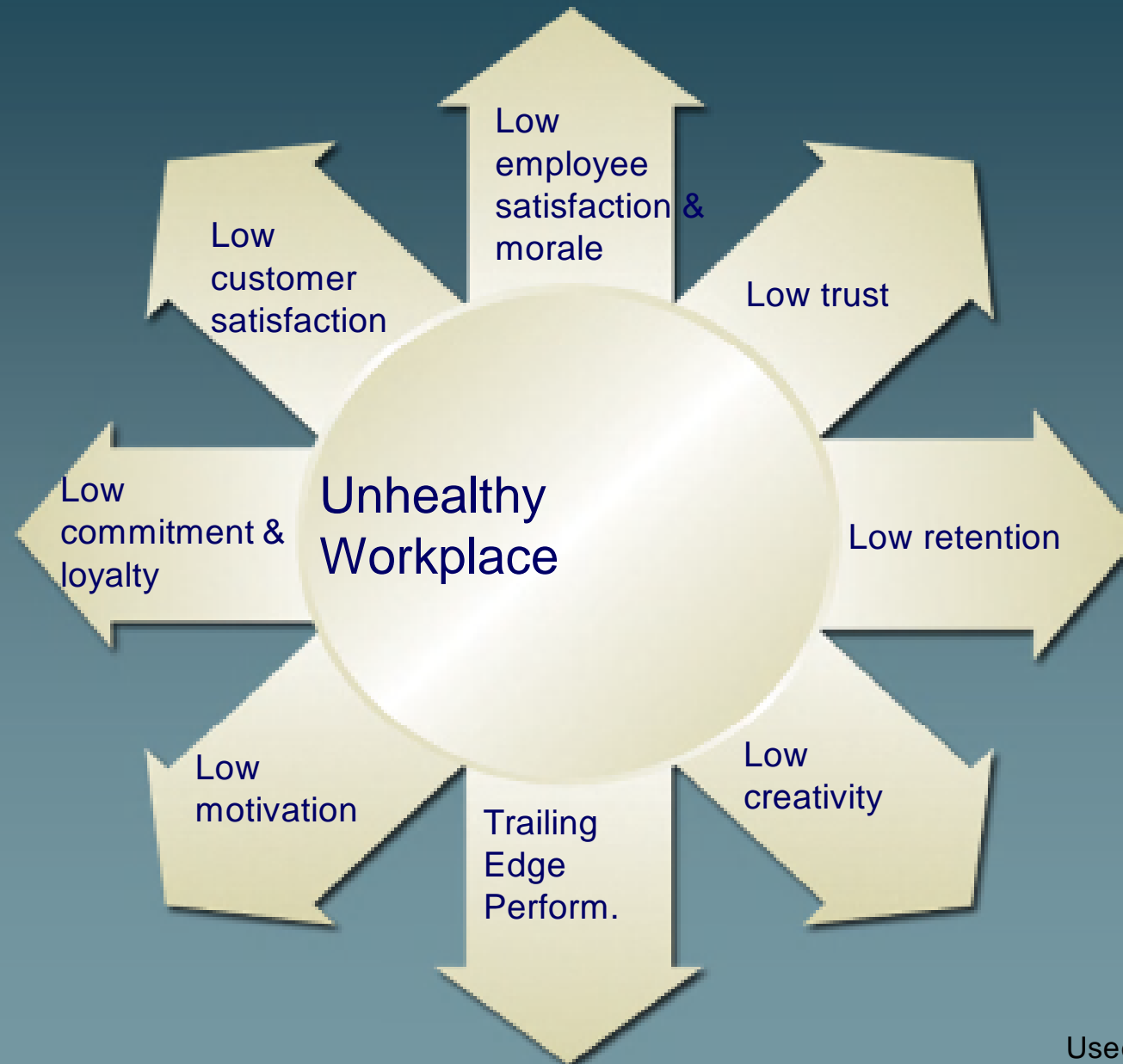
WHO 地域毎

発展途上国の状況を考慮した上で、「心理社会的リスク」という言葉から何を思い浮かべますか？

Delphi Survey Results; Question 1



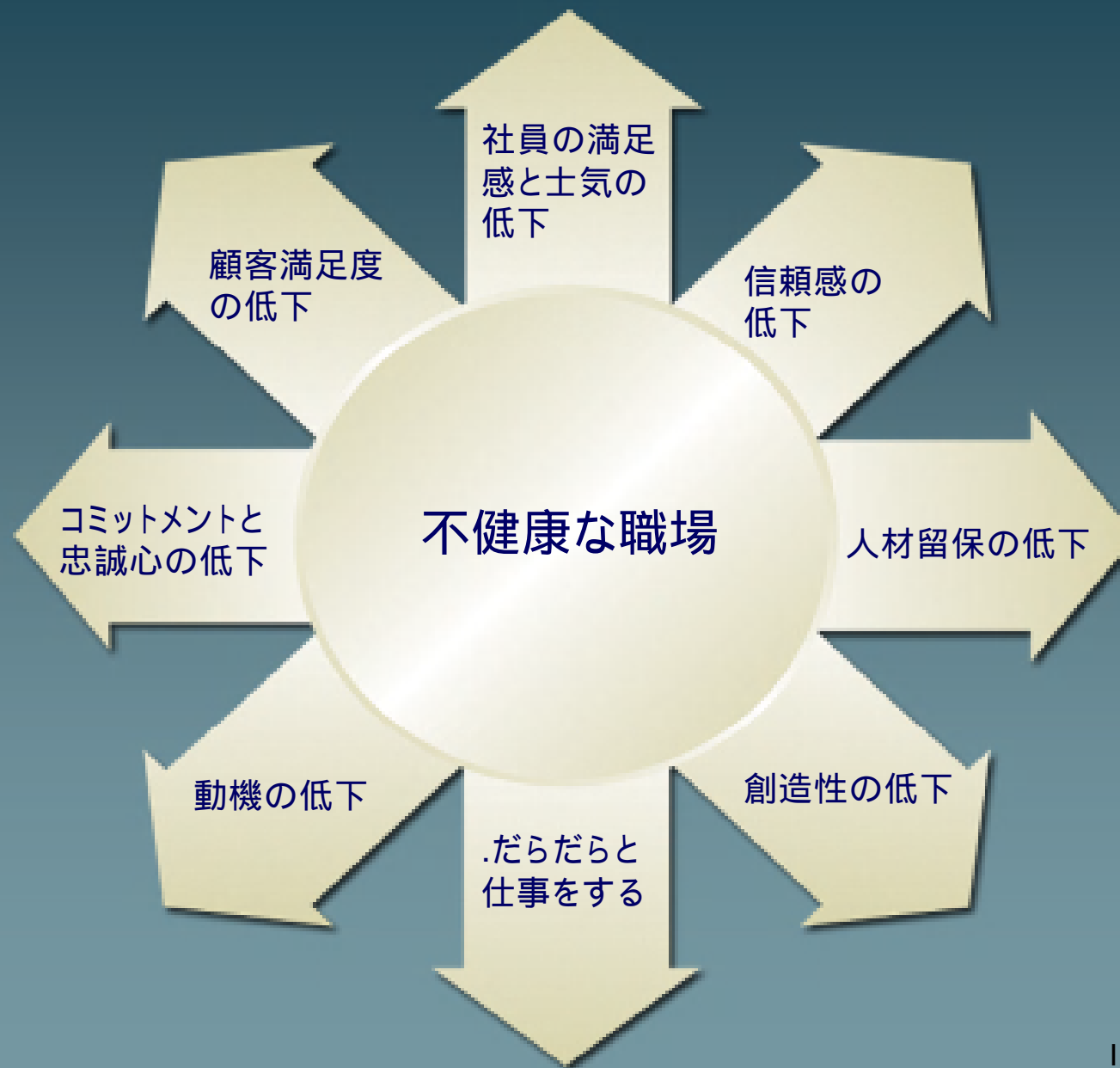
Impact of an Unhealthy Workplace on the *Organization*



© Martin Shain, April 2001

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of IAPA

不健康な職場が組織にもたらす影響



出典: Martin Shain, April 2001

IAPAの許可により使用

The Impact of an
Unhealthy Workplace
on the *Community*



不健康な職場がコミュニティに与える影響



Table 1.¹ Global financial and mental health impact of work-related stress

Type of cost	Country	Estimated cost	Source
Work-related health loss and associated productivity loss	Globally	4–5% of the GDP	Takala 2002
Occupational diseases and accidents	Commonwealth	10 million disability-adjusted life years (DALYs) lost	CDPP 2007
Work-related stress and related mental health problems	EU (15 Member States)	On average between 3% and 4% of the GNP = €265 billion/year	Gabriel and Liimatainen 2000
Stress at work	UK	Estimate 5–10% of the GNP/year costing employers around €571 million	Worrall and Cooper 2006
Sick leave due to stress and mental strain	Sweden	€2.7 billion	Koukoulaki 2004
Stress-related illnesses	France	Between €830 and €1,656 million	EU-OSHA 2009

¹ KORTUM, E. (2013). THE WHO GLOBAL APPROACH TO PROTECTING AND PROMOTING HEALTH AT WORK. GOWER PUBLISHING.

Table 1.1 グローバルでみた職場関連ストレスによる経済的、精神保健的インパクト

コストの種類	国	推定費用	出典
職場関連による健康障害と、関連する生産性の損失	世界各地	GDPの4～5%	Takala 2002
業務上疾病や事故	英連邦	1000万 DALYs*の損失 (*Daily Adjusted Life Years)	CDPP 2007
職場関連ストレスと、関連する精神保健問題	EU (加盟国15か国)	平均して年間GNPの3～4% = €2650兆	Gabriel and Liimatainen 2000
職場でのストレス	英国	予測で年間GNPの5～10% = €5億7100万	Worrall and Cooper 2006
ストレスや精神的な負担による病欠	スウェーデン	€27兆	Koukoulaki 2004
ストレス関連疾患	フランス	€8億3000万から€16億5600万	EU-OSHA 2009

¹ KORTUM, E (2013). THE WHO GLOBAL APPROACH TO PROTECTING AND PROMOTING HEALTH THAT WORK. GOWER PUBLISHING.

Table 7. Occupational health & safety priorities in industrialized & developing countries*. Results from Delphi surveys

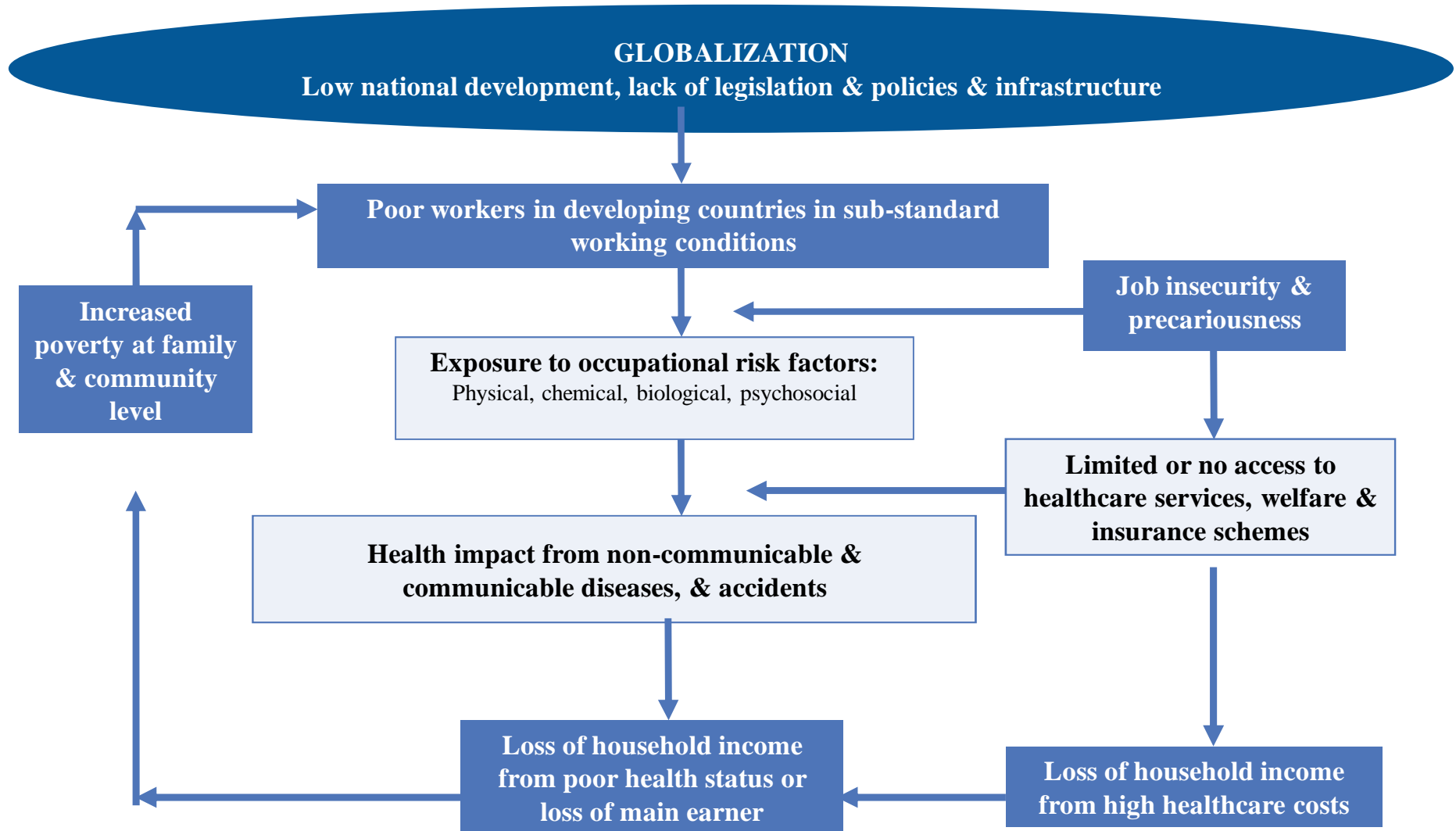
Priorities in industrialized countries	Priorities in developing countries
Stress	Injury/accident prevention
Aging workforce	Monitoring and surveillance of psychosocial risks, work-related stress & violence & harassment at work; substance abuse and risky behaviours
Right to know, informed consent, transparency	Capacity building
Chemicals, particularly high production volume chemicals (HPV), & new chemicals	Infectious diseases
Ergonomics, manual handling	Musculo-skeletal disorders
Allergy	Chemicals, noise, and biological agents
Indoor air	Safety culture & health & safety standards
New technologies	Comprehensive legislative & policy framework to include the informal sector & enforcement of health & safety
Management and safety culture	Occupational health services & improvement of healthcare, incl. primary healthcare
Occupational health services	Registration, surveillance and data collection on workers' health

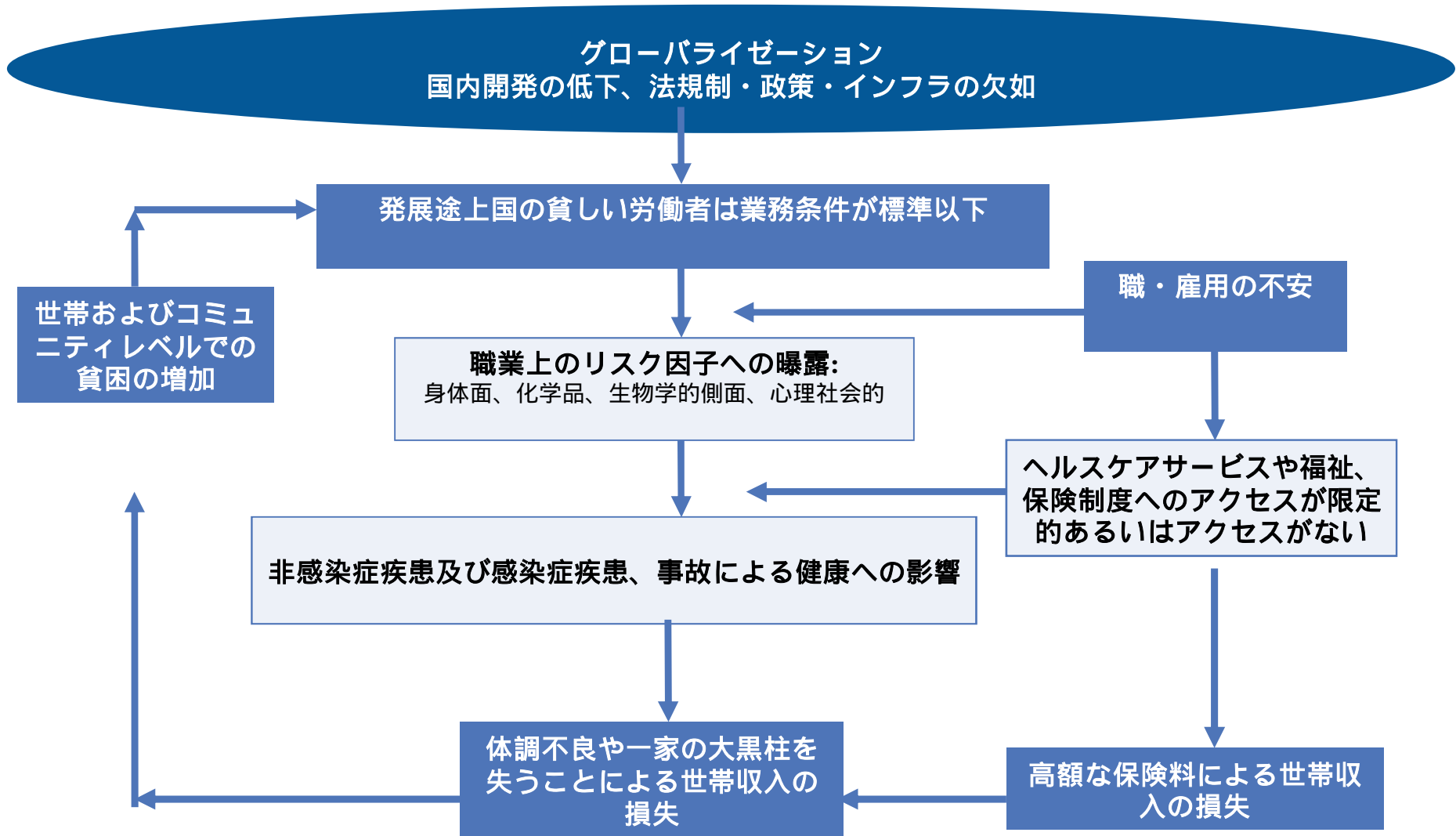
* Adapted from Rantanen J. *Global estimates of fatal occupational accidents*. In: 16th International Conference of Labour Statistics, Geneva, 1998 Oct 6–15; Geneva, Switzerland. Geneva: ILO 2001; and based on 2009 Delphi study.

TABLE 7. 先進国・発展途上国における産業保健と労働安全に関する優先事項*
Delphi研究の結果

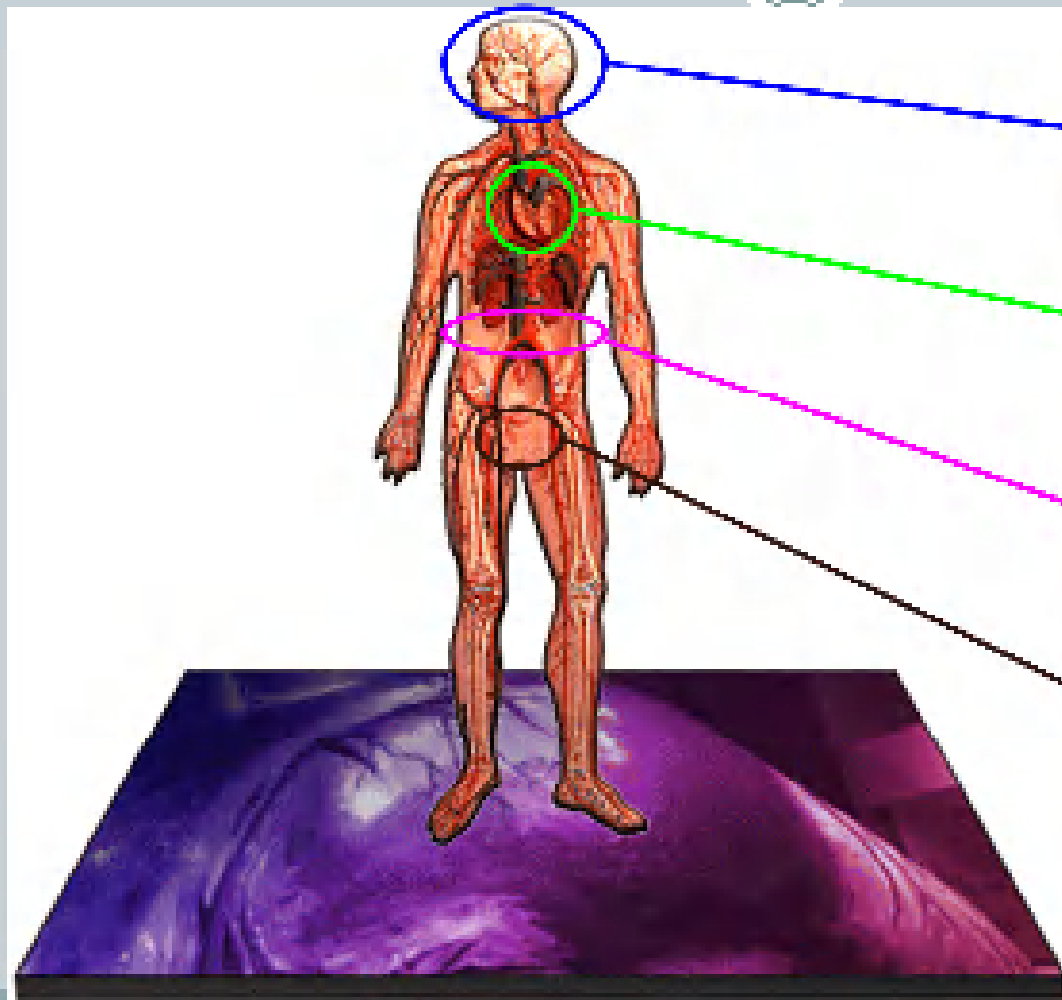
先進国での優先事項	発展途上国での優先事項
ストレス	外傷/事故予防
労働力の高齢化	心理社会的リスク、職場関連ストレス・職場での暴力・職場ハラスメントのモニターとサーベイランス;物質乱用とリスクのある行動
知る権利、インフォームドコンセント、透明性	キャパシティ構築
化学品、特に高生産量化学品および新規化学品	感染症疾患
エルゴノミクス(人間工学的アプローチ)、マニュアルの取り扱い	筋骨格疾患
アレルギー	化学物質、騒音、生物学的物質
屋内の空調	安全性の文化(社風)、健康および安全性のスタンダード
新規技術	非公式セクターおよび健康事項の実行と安全性を盛り込むための包括的な法規制および政策の枠組み
マネジメントと安全性の文化(社風)	産業保健サービスおよびプライマリヘルスケアを含むヘルスケアの改善
産業保健サービス	労働者の健康についての登録、サーベイランスおよびデータ収集

* Rantanenから抜粋 J. Global estimates of fatal occupational accidents. In: 16th International Conference of Labour Statistics, Geneva, 1998 Oct 6 – 15: Geneva, Switzerland, Geneva: ILO 2001; and based on 2009 Delphi study.





Main diseases related to work-related stress



Mental illness

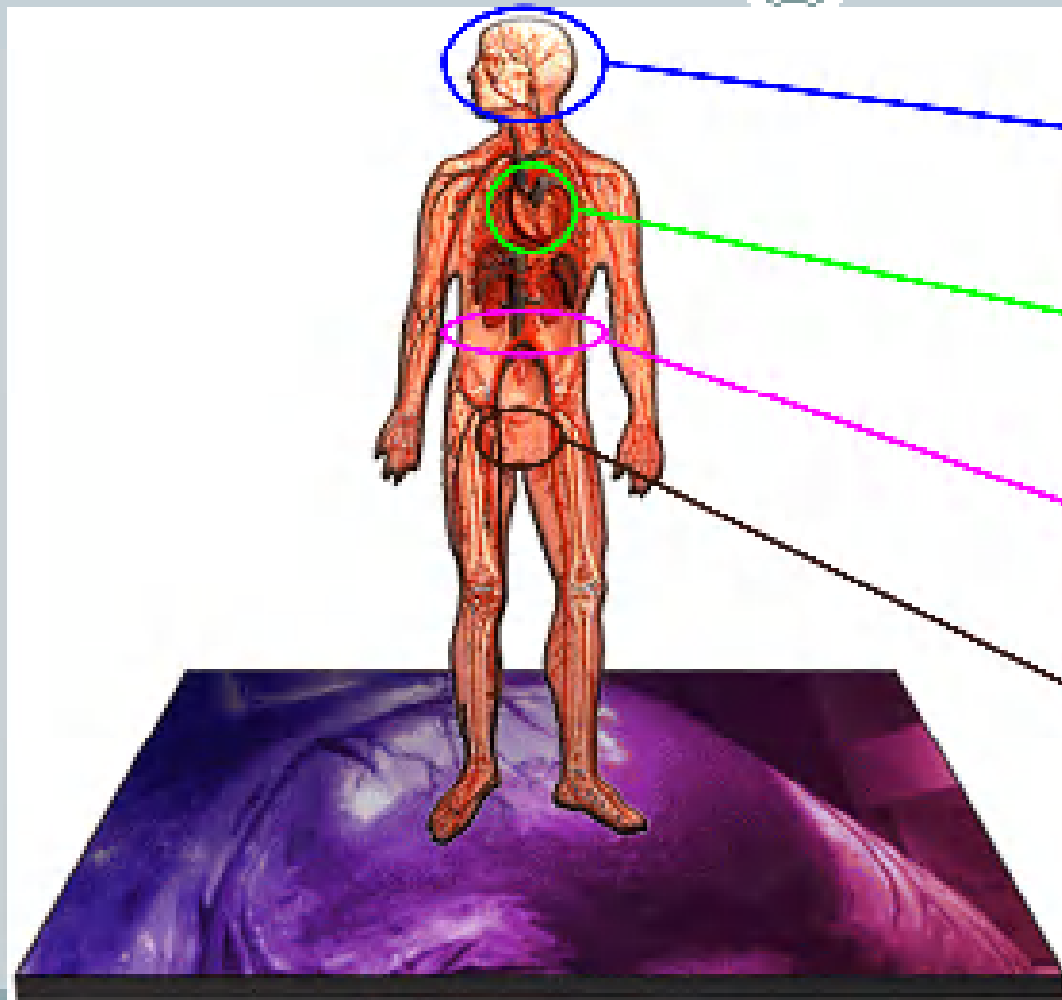
Cardiovascular
diseases

Musculoskeletal
disorders

Reproductive
hazards

(Theorell, 2000)

多くの疾患が職場関連ストレスに関係している



精神疾患

心血管疾患

筋骨格系疾患

生殖器官機能への有害作用

(Theorell, 2000)

Health Impact of Psychosocial Hazards at Work: An Overview

Health Impact of Psychosocial Hazards at Work: An Overview

Health Impact : Excerpts of evidence for CVD

- Multi-centre, multi-regional study (Asia, Europe, Africa, USA, Australia) demonstrated excess risk of acute **myocardial infarction** (a CVD) is assoc with psychosocial stressors (Interheart study (Rosengren et al, Lancet 2004
- Shift work assoc with increased risk of **myocardial infarction** (Boggild & Knutsson, 1999)
- Meta-analysis (Kivimaki et al, 2006): average 50% excess risk for **CHD** among employees with work stress.

健康へのインパクト： 心血管疾患のエビデンスからの抜粋

- 多施設国際研究(アジア、ヨーロッパ、アフリカ、米国、オーストラリア)において急性心筋梗塞(心血管疾患の一つ)のリスクが心理社会的ストレスと関連していることを示した
(Interheart study (Rosengren et al, Lancet 2004))
- シフト労働が心筋梗塞のリスク増と関連
(Boggild & Knutsson, 1999)
- メタ解析: 職場ストレスのある社員の冠動脈性心疾患リスクが平均50%増
(Kivimaki et al, 2006)

Excerpts of evidence for depression

- Growing recognition that **depression** is highly prevalent in workplaces with consequent negative impact on performance, productivity, absenteeism, disability costs (Bender et al 2008)
- 8% of the burden of disease from **depression** can be attributed to occupational risks (WHO, 2006).
- Meta analysis (1994-2005) suggest combinations of high demands & low decision latitudes; high effort/low reward associated with psychological disorders, e.g., **depression and anxiety** (Stansfeld & Candy, 2006)

健康へのインパクト： うつに関するエビデンスから抜粋

- 職場でのうつの増加により、業績や生産性に悪影響をきたし、欠勤、障害分のコストが発生することが益々認識されてきている。(Bender et al 2008)
- うつによる疾患負荷(Burden of Disease)の8%は職場でのリスクに起因 (WHO, 2006).
- 1994-2005年に実施のメタ解析によると職場での過度の要求と意思決定関与の低さ、多大な努力と低い報酬 という組合せがうつや不安症などの精神面の障害に関連していることを示した (Stansfeld & Candy, 2006)

Excerpts of evidence for MSDs

- Impressive array of literature(1985-1995) associates psychosocial factors at work with **upper extremity problems** (Moon and Sauter (1996), Lim and Crayon (1994), Hales et al (1994) - NIOSH study
- Bongers et al. 1993 report work pressure and low decision latitude associated with intensified **musculoskeletal symptoms** in office settings
 - Same report associates above with **back pain** in industrial environments

Other sources: 2008 Final report on employment of the Commission on Social Determinants for Health

健康へのインパクト： 筋骨格系疾患に関するエビデンスから抜粋

- 1985～1995年の間の一連の文献によると職場での心理社会的要因と上肢障害が関連していることが示されている (Moon and Sauter (1996), Lim and Crayon (1994), Hales et al (1994) - NIOSH study)
- 1994年にBongers et al. は、職場でのプレッシャーと意思決定裁量の低さが、オフィス環境での筋骨格系疾患の強化に関連していることを示した。
 - 同研究では腰痛と職場環境の関連も報告している。

そのほかの文献: 2008年健康の社会的決定要因委員会の雇用についての最終報告書

Figure 2. A conceptual model of the relationship between fatigue and safety (from Williamson et al., 2011).

“Fatigue is a biological drive for recuperative rest”

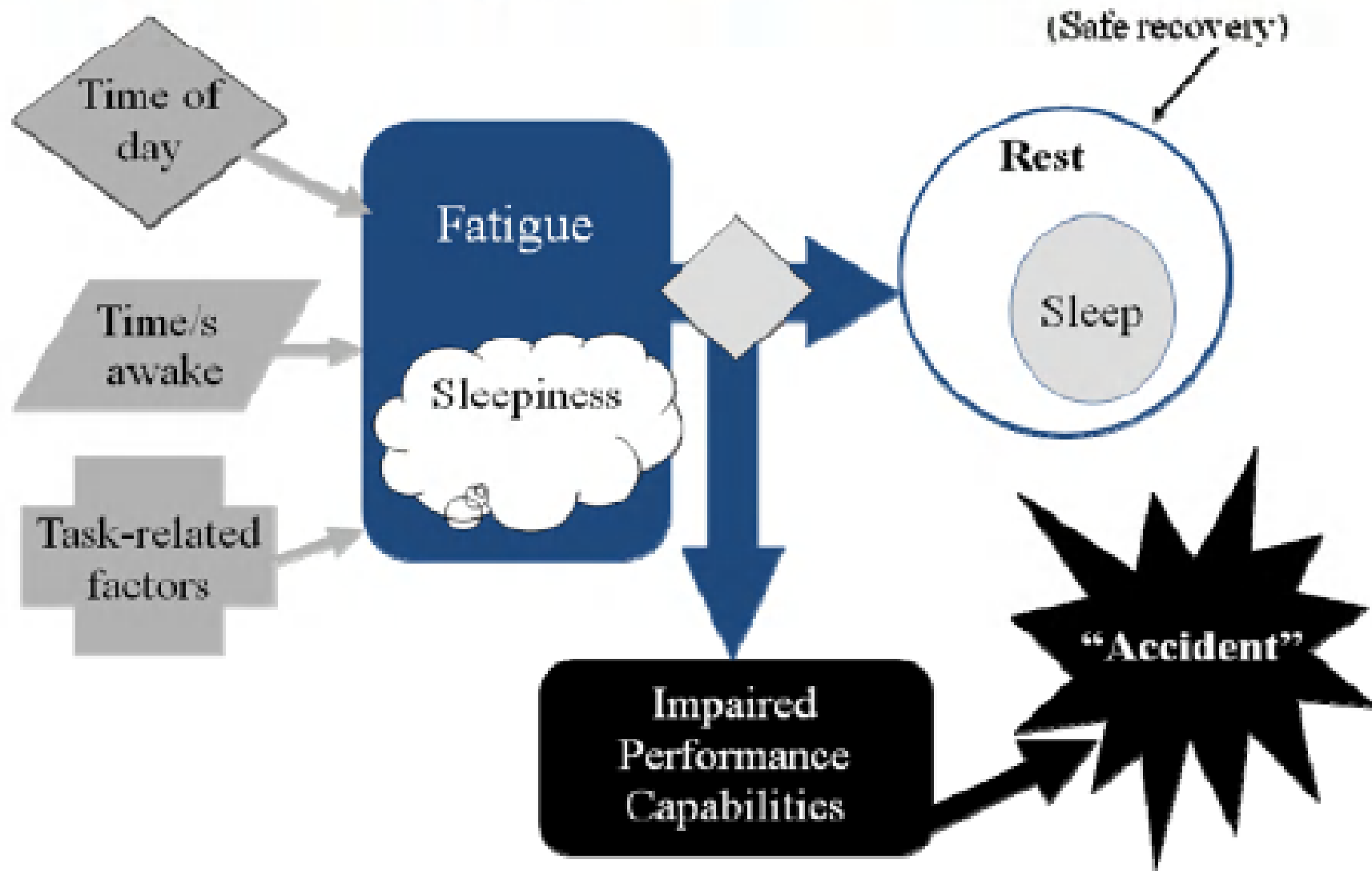


図2. 疲労と安全の関係についての概念図

(Williamson et al., 2011から抜粋)

疲労は、回復のための休憩時間を設ける上での生物学的な駆動作用

(安全のための回復)

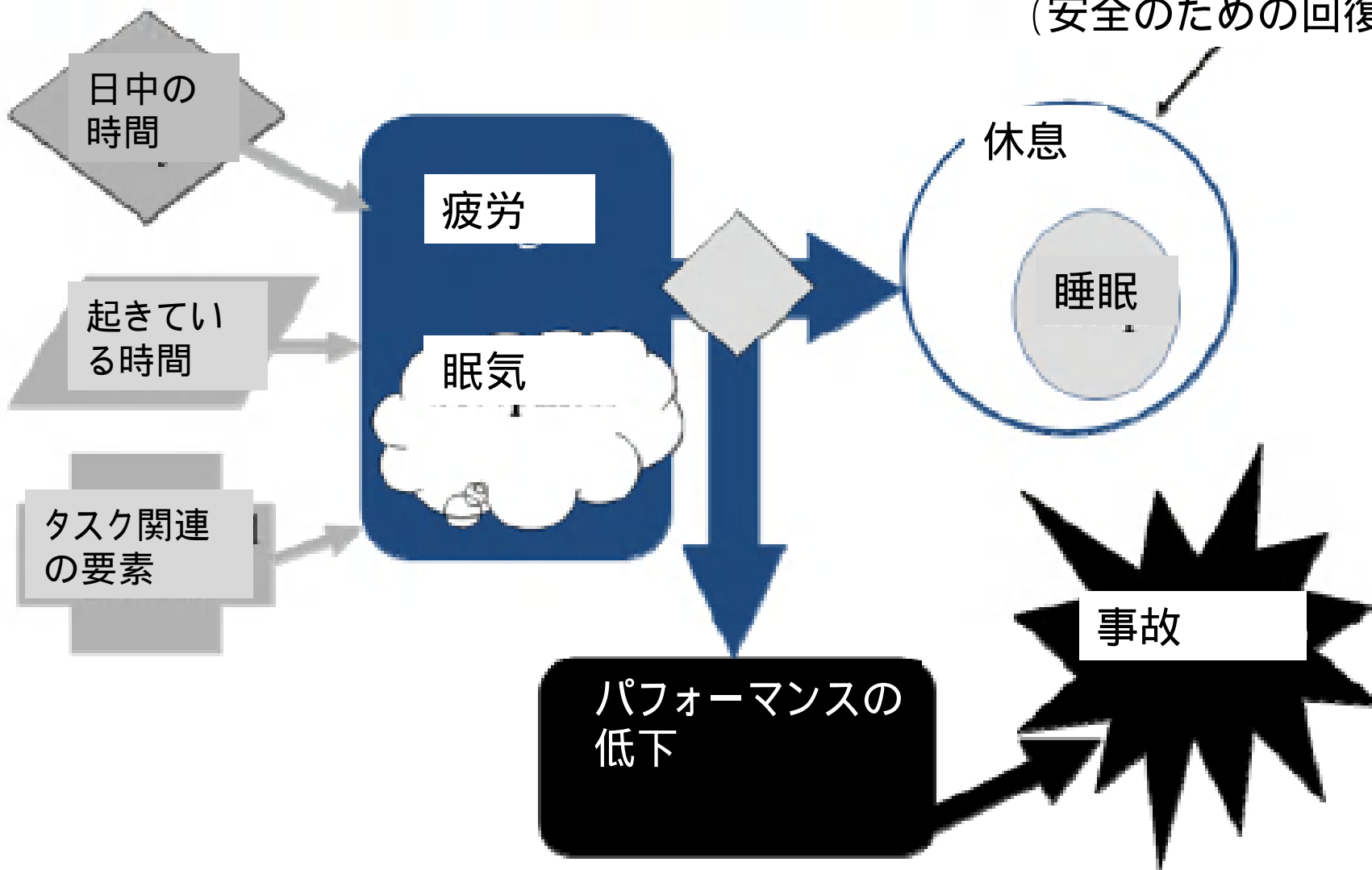


Figure 1. A conceptual model of the manner in which the various problems associated with abnormal work schedules relate both to one another and to the features of the work schedule.

ILO, 2012

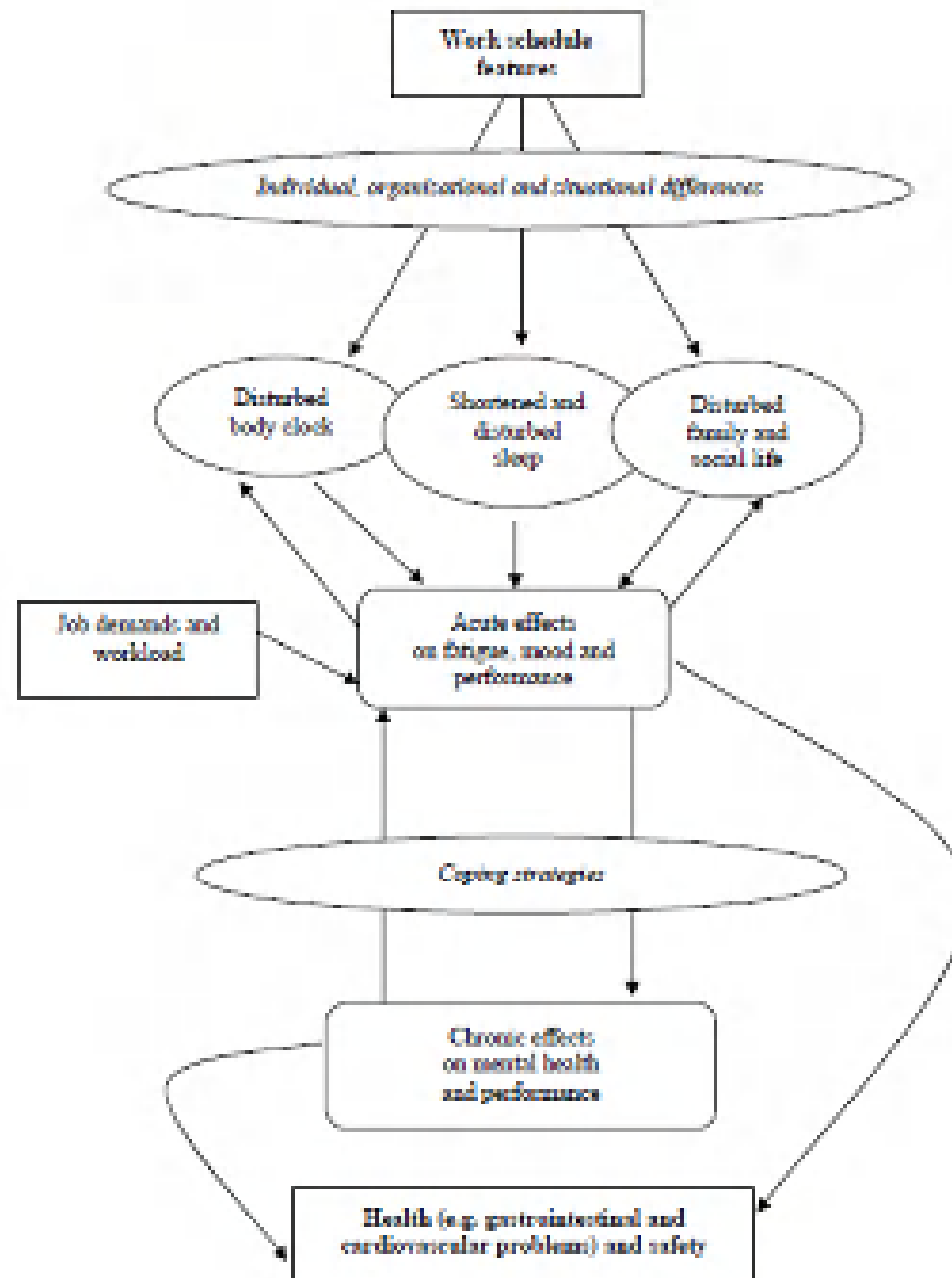
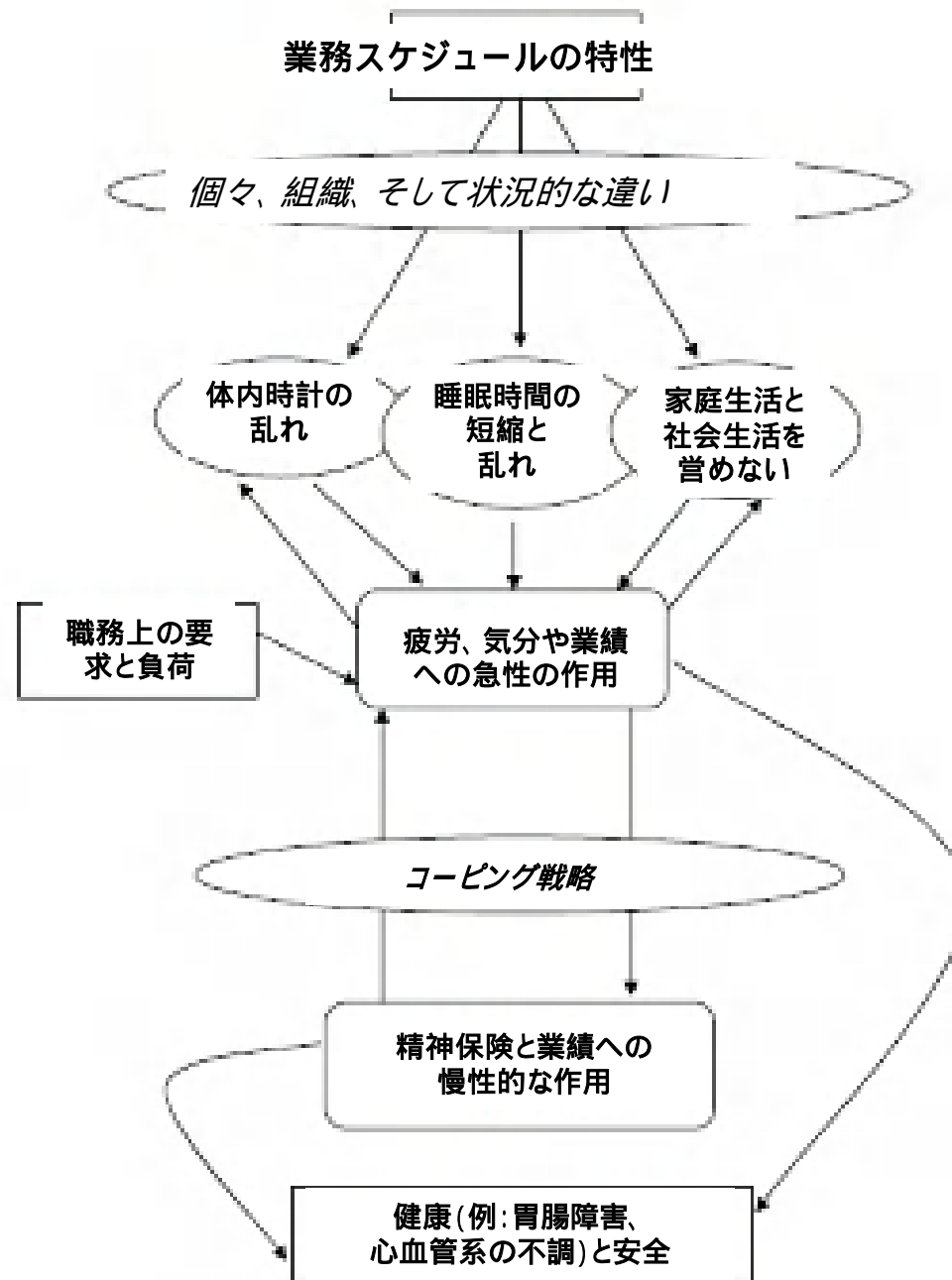


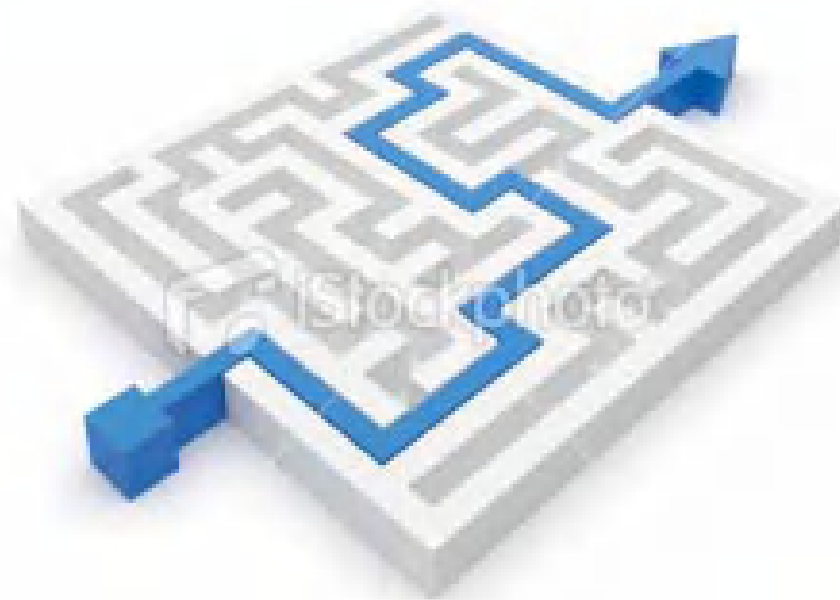
図1. 異常な業務スケジュールと関連した様々な問題がお互いにそして仕事のスケジュールの特徴に対しても関連していることをしめす概念図

ILO, 2012



PAS 1010:2010

Guidance on the management of psychosocial risks in the workplace



CIOP  PIB

 Institute of Occupational Health

 EPA

 DASH

 TIC

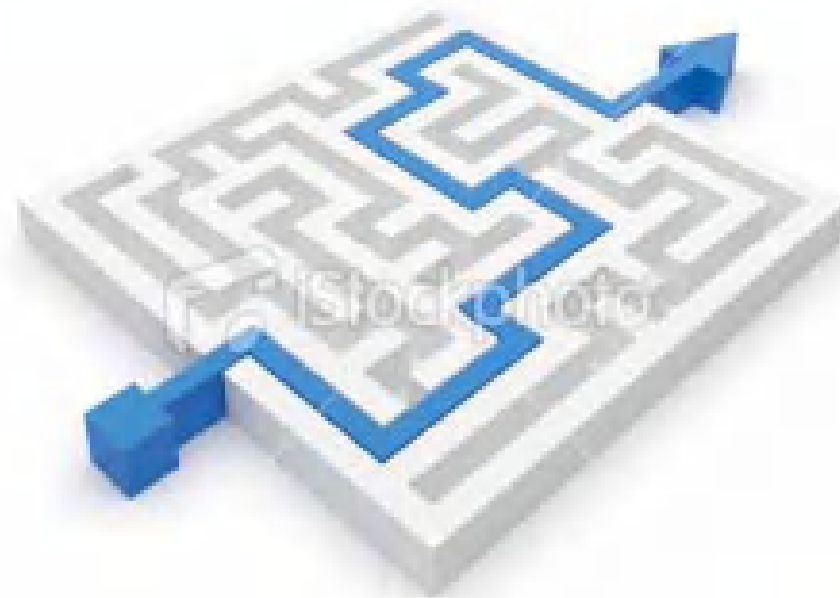
 The University of Nottingham

 BSI

PAS 1010:2010

Guidance on the management of psychosocial risks in the workplace

職場での心理社会的
リスクのマネジメントに
ついてのガイダンス



CIOP  PIB

 Institute of Occupational Health

 EURO-OSHA

 ILO



 The University of Nottingham

 BSI

Figure 2 – Overview of the psychosocial risk management process

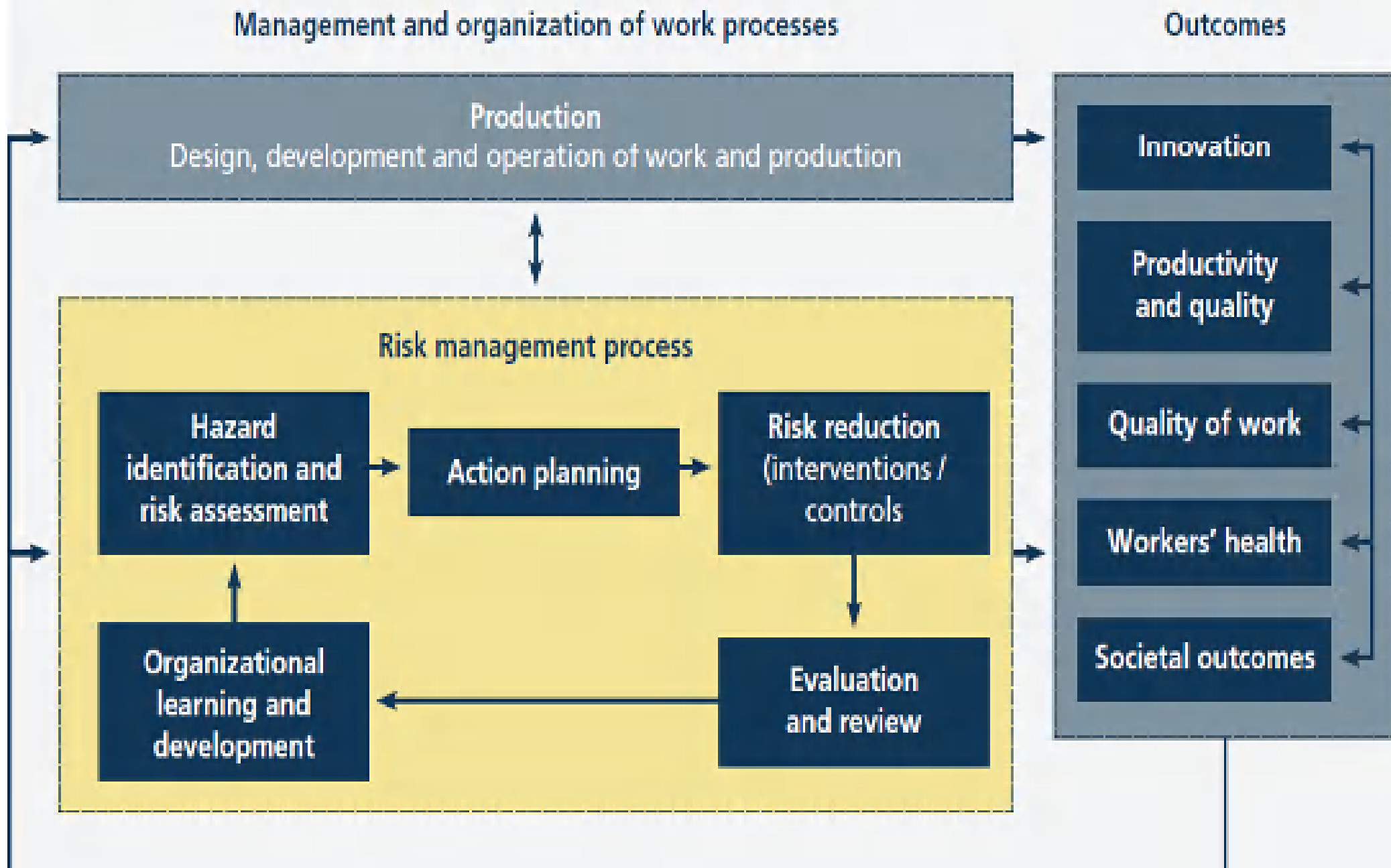


図2. 心理社会的リスク管理の工程 概要

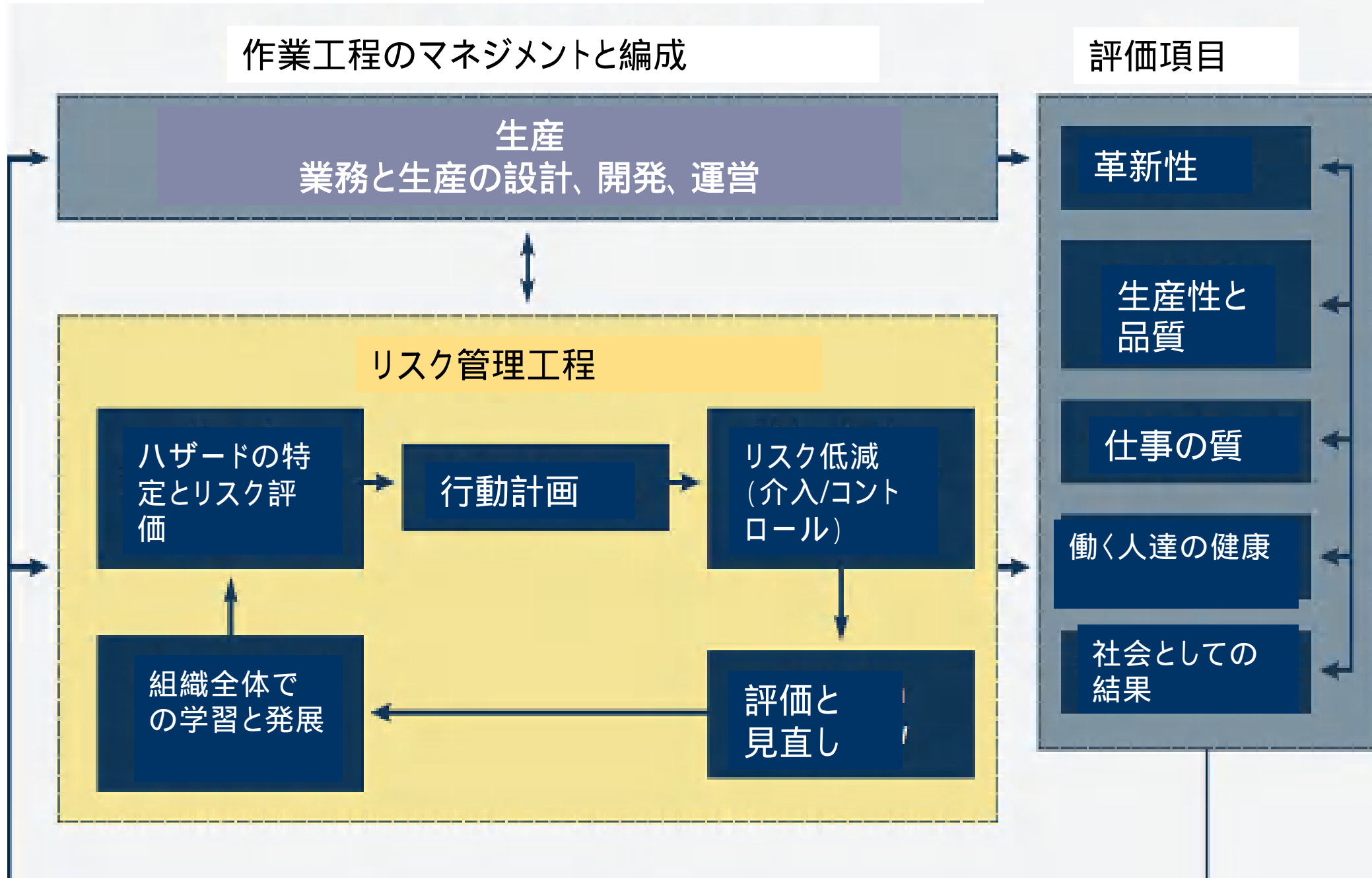


Table 1 – Key principles of psychological risk management

Principle	Key issues
Good psychosocial risk management is good business	Good practice in relation to psychosocial risk management essentially reflects good practice in organizational management, learning and development, social responsibility and promotion of quality of working life and good work.
Worker and management commitment	It is very important that managers and workers feel the "ownership" of the psychosocial risk management process. Top management should demonstrate leadership and commitment for psychosocial risk management to be successful.
Participative approach	The psychosocial risk management process recognizes the validity of the expertise that working people have in relation to their jobs and seeks to involve employees in the prevention of psychosocial risks and not by requiring them to simply change their perceptions and behaviour.
Evidence-informed practice	Psychosocial risk management is a systematic, evidence-informed, practical problem-solving strategy. Risk assessment provides information on the nature and size of possible problems and their effects, and the number of people exposed. This data should be used to inform the development of an action plan that prioritizes measures to tackle problems at source.
Identification of key factors	For psychosocial risk management to be effective it is important to understand the most important underlying causal factors before solutions are selected. As a consequence, there are usually no quick fix solutions at hand; a continuous management process is required.
Context relevance	As workplace contexts differ, there is a need to optimize the design of the risk management activities, to guide the process and maximize the validity and benefit of the outcome. Tailoring improves the focus, reliability and validity of the risk management process as well as the utilization of the results of the risk assessment and the feasibility of the results, and helps to make effective action plans.
Solutions that are fit for purpose	Psychosocial risk management is an action-led process. It is important to make the problems at the workplace the starting point for action, and to develop knowledge and solutions that are "fit for purpose".
Ethics	The management of psychosocial risks is about people, their health status, and business and societal interests. Protecting the health of people is not only a legal obligation but also an ethical responsibility.
Relevance for organizational policy agendas	Psychosocial risk management is central to occupational health and safety policy and practice. Psychosocial risk management can contribute to the creation of positive work environments where commitment, motivation, learning and development play an important role and sustain organizational development.
Consideration of capabilities required	The implementation of the psychosocial risk management process requires capabilities that comprise: adequate knowledge of the key agents (management and workers); relevant and reliable information to support decision-making; availability of effective and user-friendly methods and tools; ownership and participation of managers and employees or their representatives; availability of competent supportive structures (experts, consultants, services). Competence should be developed by appropriate training when lacking.

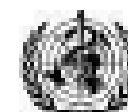


表1. 心理社会的リスク管理についての主な原理原則

Principle	Key issues
Good psychosocial risk management is good business	Good practice in relation to psychosocial risk management essentially reflects good practice in organizational management, learning and development, social responsibility and promotion of quality of working life and good work.
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Participative approach	The psychosocial risk management process recognizes the validity of the expertise that working people have in relation to their jobs and seeks to involve employees in the prevention of psychosocial risks and not by requiring them to simply change their perceptions and behaviour.
Evidence-informed practice	Psychosocial risk management is a systematic, evidence-informed, practical problem-solving strategy. Risk assessment provides information on the nature and size of possible problems and their effects, and the number of people exposed. This data should be used to inform the development of an action plan that prioritises measures to tackle problems at source.
Identification of key factors	For psychosocial risk management to be effective it is important to understand the most important underlying causal factors before solutions are selected. As a consequence, there are usually no quick fix solutions at hand; a continuous management process is required.
Context relevance	As workplace contexts differ, there is a need to optimize the design of the risk management activities, to guide the process and maximize the validity and benefit of the outcome. Tailoring improves the focus, reliability and validity of the risk management process as well as the utilization of the results of the risk assessment and the feasibility of the results, and helps to make effective action plans.
Solutions that are fit for purpose	Psychosocial risk management is an action-led process. It is important to make the problems at the workplace the starting point for action, and to develop knowledge and solutions that are "fit for purpose".
Ethics	The management of psychosocial risks is about people, their health status, and business and societal interests. Protecting the health of people is not only a legal obligation but also an ethical responsibility.
Relevance for organizational policy agendas	Psychosocial risk management is central to occupational health and safety policy and practice. Psychosocial risk management can contribute to the creation of positive work environments where commitment, motivation, learning and development play an important role and sustain organizational development.
Consideration of capabilities required	The implementation of the psychosocial risk management process requires capabilities that comprise: adequate knowledge of the key agents (management and workers); relevant and reliable information to support decision-making; availability of effective and user-friendly methods and tools; ownership and participation of managers and employees or their representatives; availability of competent supportive structures (experts, consultants, services). Competence should be developed by appropriate training when lacking.

Table 5 – Key issues for success in psychosocial risk management interventions

Success factor	Implications
Organizational readiness to change	Organizational readiness and resistance to change will impact on the success and effectiveness of the intervention. Organizational commitment and support should be developed and retained from the beginning of the intervention initiative
Realistic intervention plan	Addressing all the problems and issues identified through psychosocial risk assessment would result in a resource-heavy and complicated intervention initiative that would be unlikely to succeed. The intervention strategy should outline achievable solutions that can be incorporated into daily business practices, thus facilitating easier, and more successful, implementation over the longer term. Simpler measures should be combined with long-term planning to deal with more difficult issues
Comprehensive intervention plan	To successfully prevent and manage psychosocial risks, intervention strategies should comprehensively incorporate elements from all three intervention levels: <ul style="list-style-type: none"> • primary: address the root causes of work-related stress • secondary: provide training to managers and employees on psychosocial risk management • tertiary: for those that have suffered ill health as a result of work-related stress, provide them with support to manage and reduce their respective effects
Supporting continual improvement	Efforts to effectively address psychosocial risks should not be viewed as "one-off activities" but rather should be incorporated into daily business practices. In so doing, a continual improvement cycle promoting a better psychosocial work environment can be supported

表5. 心理社会的リスク管理の介入において成功するための主な課題

Success factor	Implications
Organizational readiness to change	Organizational readiness and resistance to change will impact on the success and effectiveness of the intervention. Organizational commitment and support should be developed and retained from the beginning of the intervention initiative
Realistic intervention plan	Addressing all the problems and issues identified through psychosocial risk assessment would result in a resource-heavy and complicated intervention initiative that would be unlikely to succeed. The intervention strategy should outline achievable solutions that can be incorporated into daily business practices, thus facilitating easier, and more successful, implementation over the longer term. Simpler measures should be combined with long-term planning to deal with more difficult issues
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Supporting continual improvement	Efforts to effectively address psychosocial risks should not be viewed as "one-off activities" but rather should be incorporated into daily business practices. In so doing, a continual improvement cycle promoting a better psychosocial work environment can be supported

Table C.1 – Examples of interventions for the prevention and management of harassment at work

Level	Primary interventions	Secondary interventions	Tertiary interventions
Organizational	<ul style="list-style-type: none"> • anti-harassment policies and procedures • development of organizational culture • management training, e.g. on the work-related risks of the onset of harassment at work and legal obligations of management • organizational level surveys and organizational level development projects 	<ul style="list-style-type: none"> • handling and investigation procedures 	<ul style="list-style-type: none"> • programmes and contracts of rehabilitation and return to work
Workplace/group	<ul style="list-style-type: none"> • work environment surveys and risk assessments with a special emphasis on the risks of harassment at the workplace • work environment redesign, psychosocial factors • awareness training for supervisors and staff 	<ul style="list-style-type: none"> • training of line managers and supervisors on conflict management • training of employees, e.g. on the antecedents and consequences of harassment • conflict resolution • investigation and handling of cases 	<ul style="list-style-type: none"> • provision of group support
Individual	<ul style="list-style-type: none"> • individual level assertiveness training • training and information, how to proceed if one is exposed to inappropriate treatment and harassment 	<ul style="list-style-type: none"> • social support and counselling 	<ul style="list-style-type: none"> • therapy • redress

表C1. 職場でのハラスメントの予防と管理のための介入の例

Level	Primary interventions	Secondary interventions	Tertiary interventions
Organizational	<ul style="list-style-type: none"> • anti-harassment policies and procedures • development of organizational culture • management training, e.g. on the work-related risks of the onset of harassment at work and legal obligations of management • organizational level surveys and organizational level development projects 	<ul style="list-style-type: none"> • handling and investigation procedures 	<ul style="list-style-type: none"> • programmes and contracts of rehabilitation and return to work
Workplace/group	<ul style="list-style-type: none"> • work environment surveys and risk assessments with a special emphasis on the risks of harassment at the workplace • work environment redesign, psychosocial factors • awareness training for supervisors and staff 	<ul style="list-style-type: none"> • training of line managers and supervisors on conflict management • training of employees, e.g. on the antecedents and consequences of harassment • conflict resolution • investigation and handling of cases 	<ul style="list-style-type: none"> • provision of group support
Individual	<ul style="list-style-type: none"> • individual level assertiveness training • training and information, how to proceed if one is exposed to inappropriate treatment and harassment 	<ul style="list-style-type: none"> • social support and counselling 	<ul style="list-style-type: none"> • therapy • redress

Reallocate work to reduce workload

I DON'T GET IT...
AFTER ALL THE
BUDGET CUTS TO
STREAMLINE
THE WORK FORCE,
WHY AREN'T
WE MOVING
FASTER?



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作業負荷を減らすために仕事配分/役割分担を見直す

I DON'T GET IT...
AFTER ALL THE
BUDGET CUTS TO
STREAMLINE
THE WORK FORCE,
WHY AREN'T
WE MOVING
FASTER?



なんか変だな...
人員削減してさんざん
予算カットしたのに、な
んでもっと早く動いてい
なんだ？

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Psychosocial Environment

other practical examples

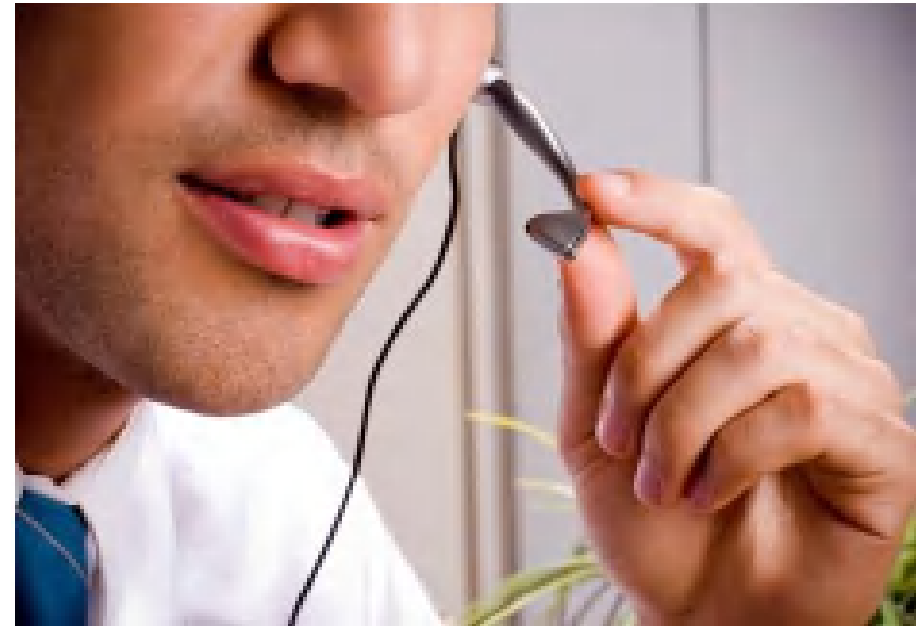
- ❑ Zero tolerance for harassment, bullying, discrimination
- ❑ Respect work-family balance
- ❑ Recognize and reward good performance
- ❑ Meaningful worker input into decisions that affect them
- ❑



心理社会的環境

そのほかの具体的な事例

- ハラスメント・いじめ・差別を絶対に許さない
- ワーク・ライフバランスを尊重する
良いパフォーマンスを認識し報酬・褒美を与える
- 業務に携わる人に影響をあたえることについて本人からの意味あるインプットを促す
-



Barriers to & opportunities for addressing psychosocial hazards: a multi-country study, 2009

<i>Themes</i>	<i>Descriptors</i>	<i>Participants</i>
Lack of understanding	Visibility, statistics, definition (lack of)	<i>Namibia, Zambia, Puerto Rico, Macedonia, Iran, Thailand, Malaysia, Iran, South Africa, Colombia, Pakistan, Trinidad & Tobago, Micronesia, India</i>
	Stigma & recognition	<i>India, Namibia, Zambia</i>
	Higher focus on traditional hazards (as opposed to psychosocial risks)	<i>Thailand, China, Viet Nam, Zambia, Chile, Trinidad & Tobago, Pakistan, India</i>
Lack of research methodology	Methodology and research (lack of)	<i>South Africa, Trinidad & Tobago, Iran, Thailand</i>
Lack of regulation	Issues of regulation and enforcement	<i>India, Micronesia, Chile</i>
Lack of support systems and action	Action & support systems (lack of)	<i>Pakistan, Namibia, Nigeria, Zambia, Chile, Colombia, Trinidad & Tobago, Mexico, China, Viet Nam, Micronesia, South Africa, Iran</i>

心理社会的ハザードに取り組むための障壁と機会 - 多国間研究 2009年

テーマ	記述方法	参加者
理解不足	視覚化、統計、定義(の不足)	ナミビア、ザンビア、プエルトリコ、マケドニア、イラン、タイ、マレーシア、イラン、南アフリカ、コロンビア、パキスタン、トリニダードトバゴ、ミクロネシア、インド
	スティグマと認識	インド、ナミビア、ザンビア
	伝統的なハザードにより焦点を合わせている(心理社会的リスクよりも)	タイ、中国、ベトナム、ザンビア、チリ、トリニダードトバゴ、パキスタン、インド
研究手法の不足	方法論と研究が不足	南アフリカ、トリニダードトバゴ、イラン、タイ
(行政)規制の不足	規制や施行上の課題	インド、ミクロネシア、チリ
サポートシステムや実行面の不足	実践およびサポートシステムが不足	パキスタン、ナミビア、ナイジェリア、ザンビア、チリ、コロンビア、トリニダードトバゴ、メキシコ、中国、ベトナム、南アフリカ、イラン

A particular challenge: Informal workforce

- growing rapidly, not recognized, recorded, protected or regulated by the public authorities
- absence of workers' rights and social protection, no access to health insurance, pension benefits...
- difficult to reach for education, raising awareness, research, control strategies
- gender inequalities, poor environmental management, child labour, etc
 - **India** : informal economy generates about 60% of national income; of 88 mio women workers only 4.5 million work in the organized sector
 - **Benin, Chad and Mali** : 95%; **Ghana** 91%
 - **Zambia**: Population of 10 mio; 400.000 official jobs



特別なチャレンジ: ヤミの労働

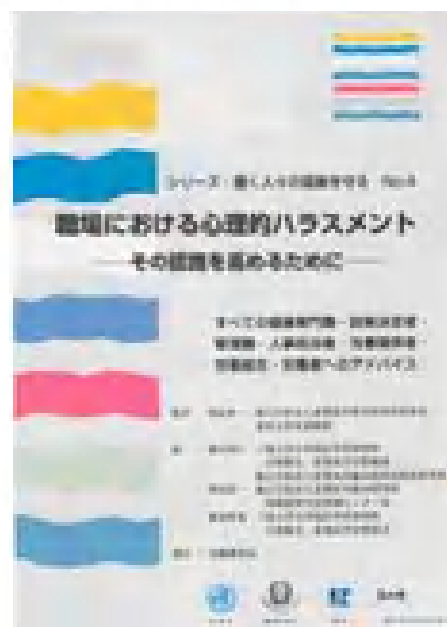
- 急速に増え、公的行政機関によって認識されず、記録も保護も規制もされない
- 働く人の権利に欠け、社会的保護もなく、健康保険や年金へのアクセスもない
- 教育や知名度、研究やコントロール戦略などについてもリーチしづらい
- 男女差別、劣悪な環境管理、児童就労問題など
 - インド: 非公式な経済活動により国家所得の60%が賄われ、8800万人の女性労働者のうち450万人のみが組織セクターで働いている
 - ベニン、チャド、マリ : 95%; ガーナ 91%
 - ザンビア: 人口1000万人のうち、40万人が公式な職に従事



発展途上国における労働ストレスの 認識を向上させる

伝統的労働環境における 現代の危険要因

雇用者と労働者の代表者に対する助言



『職場環境とストレス』

【はじめに】

「職場環境とストレス」と題されたこの冊子は、『働く人の健康を守る』シリーズの第三弾として、WHO より刊行されました。この成果は、1999年6月7日－9日にフィンランドのエスポで開催された WHO 協力センターによる第四回ネットワーク会議で承認された「働く人の健康」に関する世界戦略に沿った努力の賜物です。

この冊子の内容は、仕事・健康・組織に関する研究所、ノッティンガム大学、産業保健に関する WHO 協力センター、仕事のストレスを議論するヨーロッパの機関によって準備されました。なお、本出版の一部は WHO ヨーロッパ地域事務局の支援によるものです。

仕事のストレスは、組織そのものの有効的な活動に影響すると同時に、労働者個人の心と体の健康にかなりの影響を与えるものと考えられます。この冊子は、仕事上でのストレスの取り扱い方について、実用的な助言を提供することを目的としています。雇主、経営者、取引業者らを対象として、仕事のストレス管理に関する学習の手始めの一環として、この冊子が活用されることを念願します。ストレスの防止方法、そのリスク評価、管理方法と同様に、仕事のストレスの性質やその原因と影響についても取り上げられています。併せて企業や組織文化の役割や、仕事のストレス管理のための対応策の確立に向けた議論も展開されています。

この助言は、労働者の様々なグループが直面している特定の問題の見地から、それぞれが

発展途上国における労働ストレスの 認識を向上させる

伝統的労働環境における 現代の危険要因

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『職場環境とストレス』

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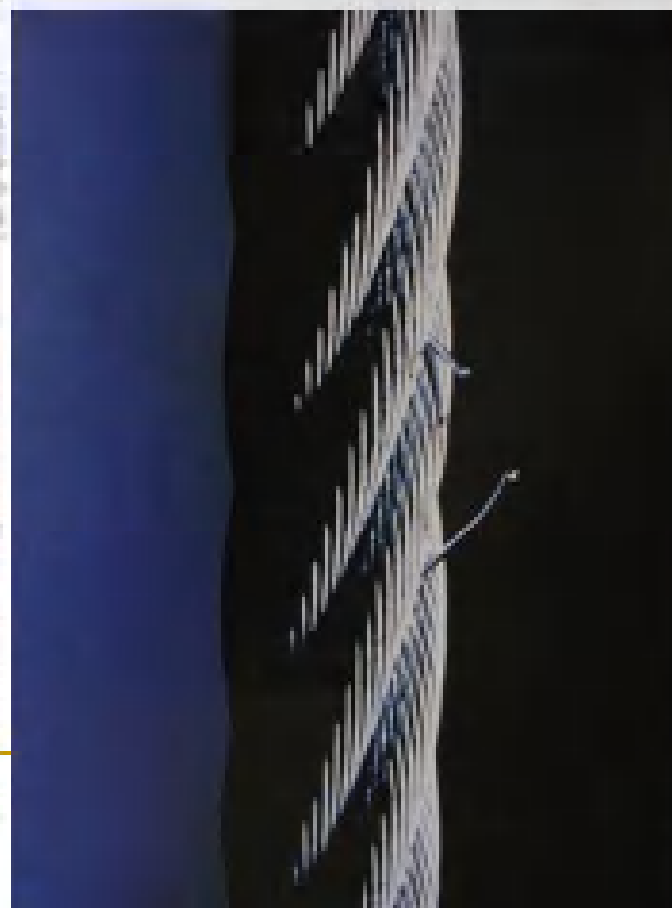
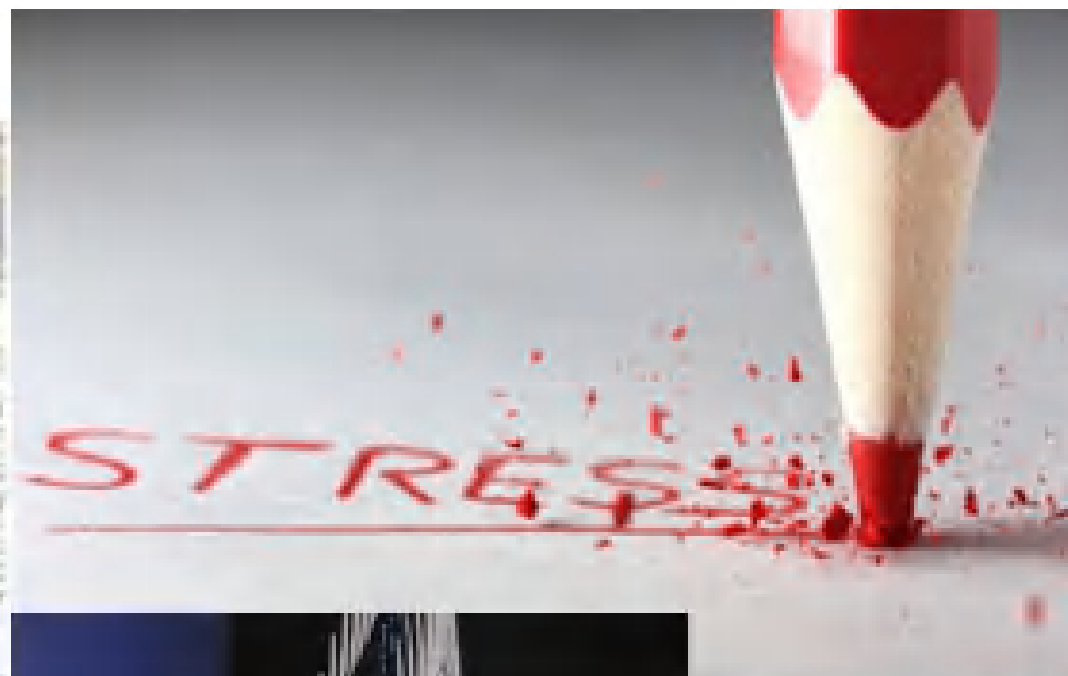
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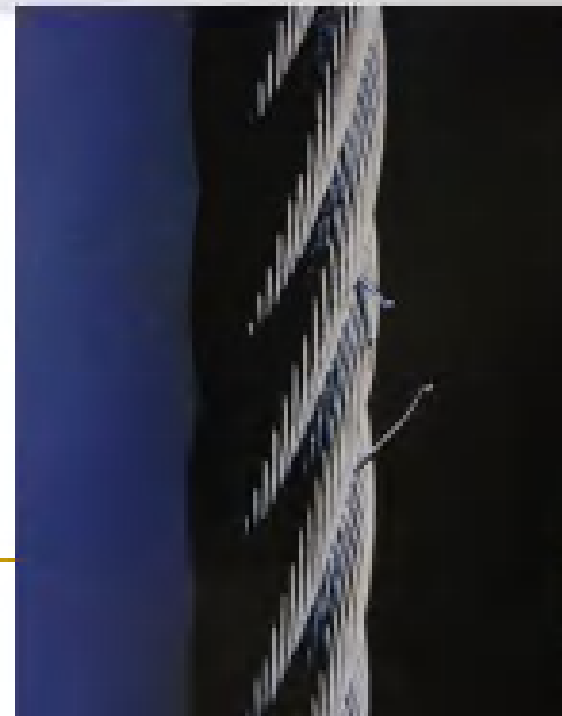
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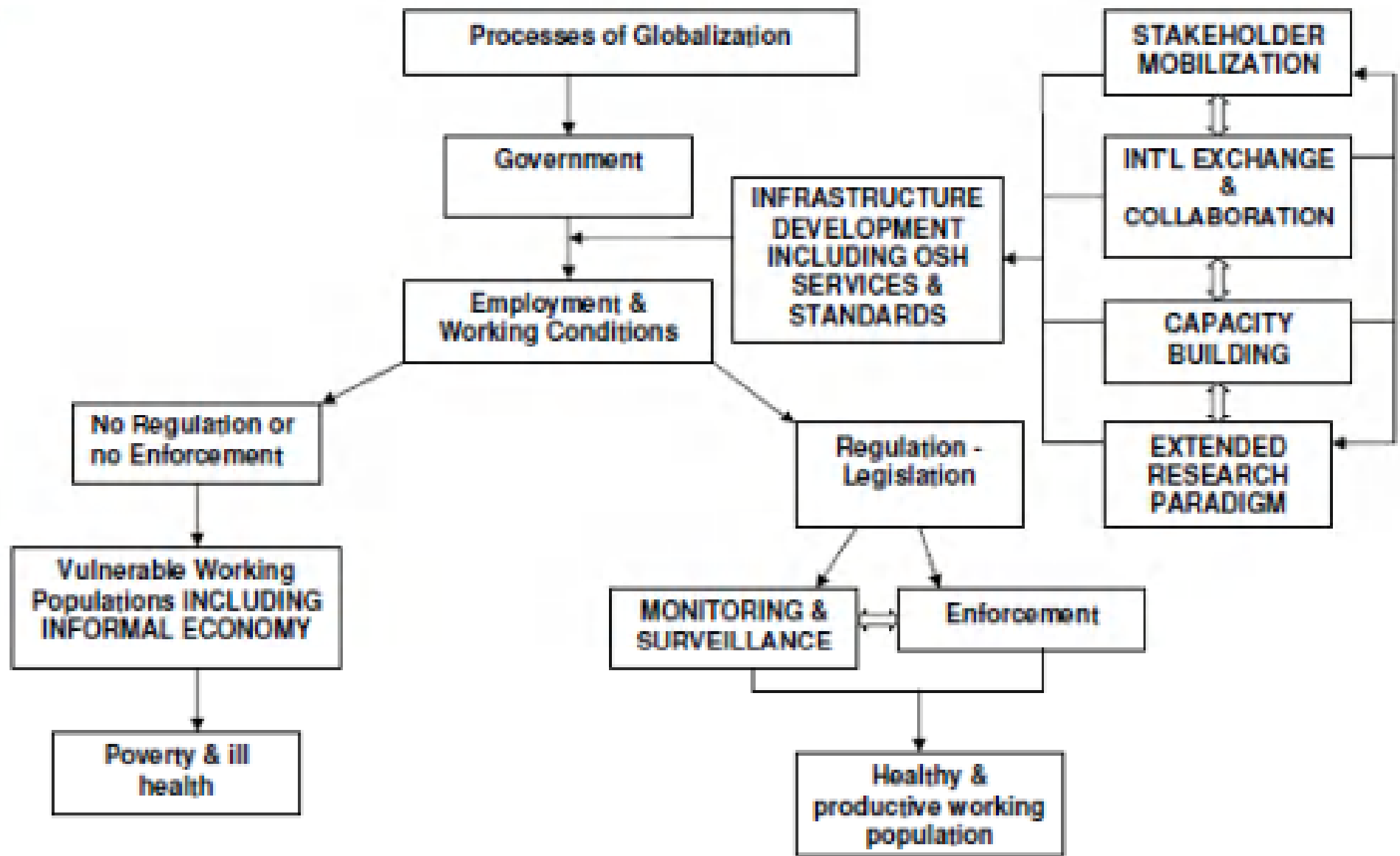
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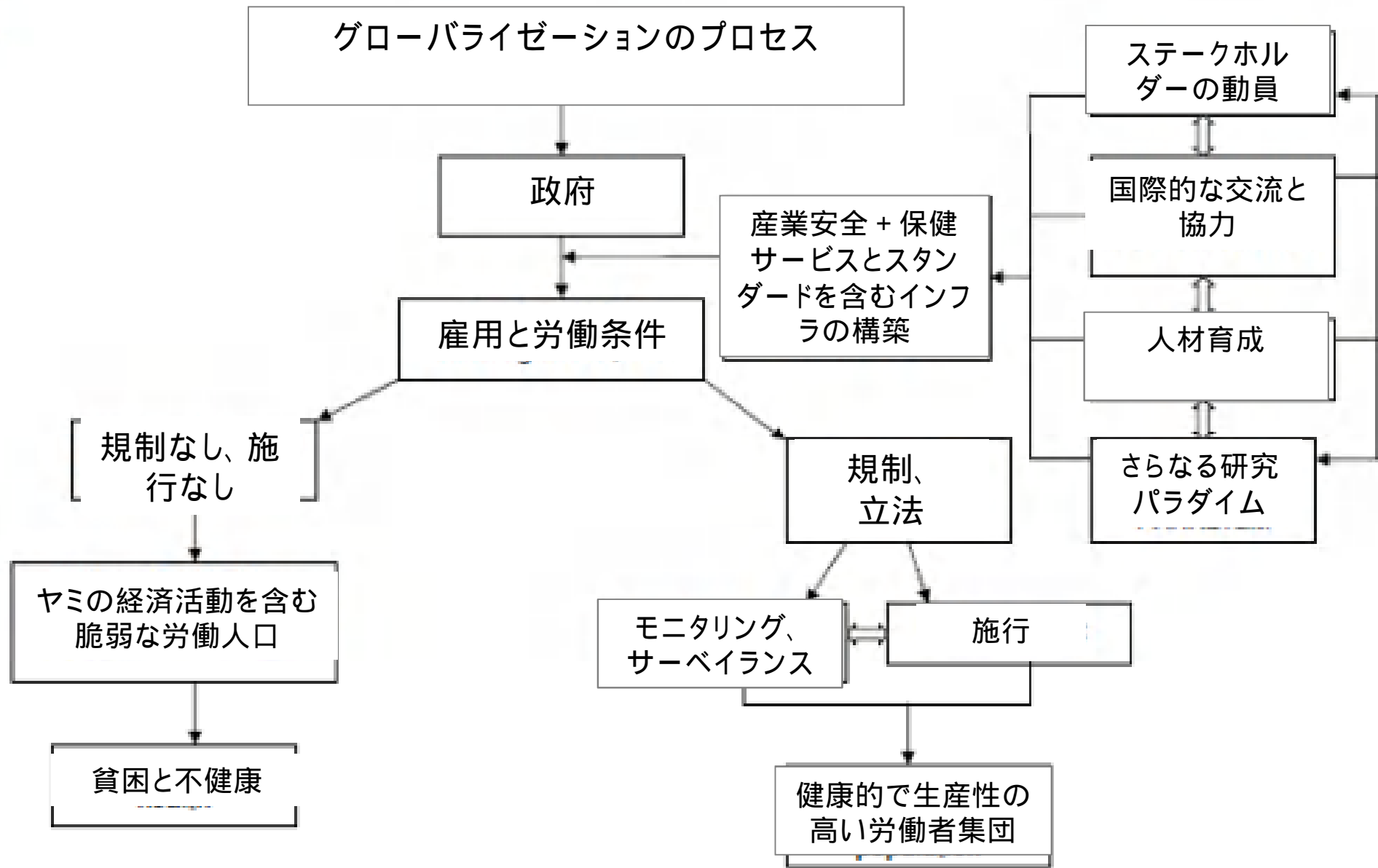
Our choice?!



わたしたちの選択肢は?!







Conclusions

- There is considerable knowledge on health impact from psychosocial hazards
 - We can apply a traditional RA&M cycle as for traditional workplace risks
 - Psychosocial hazards matter everywhere in the world
 - Some sectors & population groups are more affected
 - We need more awareness raising to increase understanding
 - We need to reach policy-makers and employers
 - We need regulation/legislation embedded in the large occupational health and safety spectrum
- ...we need good practices that we can follow

結論

- 心理社会的ハザードに起因する健康への影響について相当の知見がある
 - 伝統的な職場リスクについては伝統的なリスク評価管理法を適用できる
 - 心理社会的ハザードは世界中のどこでも課題である
 - 一部のセクターや集団はより影響を受けやすい
 - 理解を深めるために職場での心理社会的ハザードについての知名度を上げるべき
 - 政策決定者や雇用主にアプローチする必要がある
 - 規制・立法を大規模な産業保健や労働安全の枠に組み込むべき
- ...よい方法を見出し、それに従う必要がある

