





What is Psychosocial Safety Climate (PSC)?

Psychosocial Safety Climate (PSC) refers to the organisational climate for employee psychological health, wellbeing, and safety. It is the shared employee perceptions of an organisation's policies, practices, procedures, and systems that support worker psychological health and safety. PSC reflects senior management priority and commitment, organisational participation, communication and consultation in relation to stress prevention and safety at work (Dollard & Bakker, 2010). Organisations with high PSC put people first – and psychological health and safety is seen and actioned as a priority.

Australian and international researchers have shown PSC is a 'cause of the causes' of work stress. It is a **leading indicator** or pre-eminent risk factor because it precedes known risk factors – such as excessive workplace demands and poor job resources – that can affect engagement, mental and physical health, and productivity (see Figure 1, PSC Model).

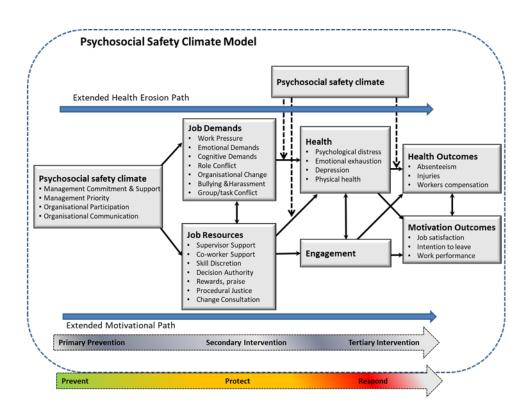


Figure 1. PSC model

What are psychosocial factors?

Psychosocial refers to social factors that affect an individual's thoughts, feelings, and behaviours (i.e., their psychology). Social factors are designed by humans and in work settings refer to things like job tasks (the way work is designed), team dynamics, or co-worker relationships.

Psychosocial safety climate is also by design. Decisions are made, largely by senior personnel, how employee psychological health with be prioritised compared to productivity imperatives, and reflecting this, the kinds of jobs that will be designed. **Psychosocial safety climate** sends a message (through policies, practices and procedures, communication) to employees about their psychological safety, and this has implications for their psychological health and engagement.

How is PSC Measured?

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

- 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"). Scores range from 12 to 60. PSC Scores are aggregated as an average, providing a shared employee perception of PSC.

Benchmarks were created to assist with interpretation for practitioners:

- PSC scores ≥ 41 are low risk,
- PSC scores < 41 and ≥ 37 and are moderate risk, and
- PSC scores < 37 and > 26 are high risk
- PSC scores ≤ 26 are high risk

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 (researchers Bailey, Dollard & Richards, 2015).

PSC SCORE /60	RISK LEVEL	PROGNOSIS
≥ 41	Low Risk	Performing well, improvements in PSC levels might be noted. Increased leader performance in PSC.
< 41 > 37	Medium Risk	Steady state. Need more enacting of PSC principles.
≤ 37 > 26	High Risk	High risk of Job strain. Impact on staff health and productivity.
≤ 26	Very High Risk	Urgent action needed to prevent worsening conditions and staff illness or injury.

What does a high PSC workplace look like?

A workplace with high PSC will have:

- Policies and procedures that actively manage psychosocial risk factors and jobs are shaped so that demands are manageable and resources are adequate.
- Human resource divisions, health and safety persons, and managers with **clear methods for the promotion and protection of worker mental health.**
- Employees who feel encouraged to use mechanisms for wellbeing such as **flexible working** arrangements and feedback systems to bullying and harassment and other psychosocial risks.
- Communication about stress prevention that is clear and **psychosocial risks are regularly discussed at safety meetings.**
- Participation in policy, procedures, practices, and communication relating to psychological health and wellbeing that involves all levels of the organisation.

Good reasons to improve PSC

- **Human rights and regulation changes** (internationally and nationally) are leading the way for inevitable national changes to treating psychosocial risks and psychological health on equal footing with physical hazards and physical health.
- British Medical Journal research shows that **poor PSC increases the risk of developing new depressive symptoms** within one year by 200% (Zadow et al., 2021).
- A 10% increase in PSC should lead to a 4% decrease in job demands, a 4.5% decrease in burnout, an 8% increase in job resources, and a 6% increase in engagement (Dollard et al., 2012).
- Elimination of low range PSC in Australian workplaces could lead to a **14% reduction in job strain, and a 13% reduction in worker depression** (Bailey, Dollard & Richards, 2015).
- Elimination of low and mid-range PSC could lead to a 43% reduction in sickness absence and a 72% reduction in presenteeism (Becher & Dollard, 2016).
- The national annual cost to organisations from presenteeism and absenteeism attributable to low PSC in Australian workplaces is \$6 billion.
- A medium-sized business with 100 employees and poor PSC could expect to save over \$180,000 in lost productivity per year by improving their organisation to meet high PSC benchmarks, based on a difference of \$1,887 per employee between low and high PSC organisations.
- If employees of an organisation with 1000 workers moved from a high/medium PSC risk to low risk, the **PSC savings would be \$1.18 million per annum** due to reduced days off, whilst still allowing for 6.28 days off on average per employee.
- A small firm of 5000 employees who is performing very well with respect to PSC could still save around \$4 million in **staff turnover** that is linked to poor PSC. We note that cost reductions associated with attrition are four times those of sickness absence for the same improvements in PSC (Loh & Dollard, 2000).
- Organisational interventions such as the 4-day working week and participatory organisational interventions can increase PSC within 4 months (Dollard & Bailey, 2021).

Can I see my own results?

You may securely access your own results. When undertaking the surveys, employees will be asked to generate a confidential anonymous code to match responses across surveys. It is important that this unique code is included when completing the surveys. Individual responses and demographics will not be reported, and your organisation will not have access to individual data. We will not release any information which could lead to the identification of any individual, unless as required or authorised by law. Please note, we cannot guarantee the confidentiality or anonymity of material transferred online.

Raw data will be kept securely at the University of South Australia on a password protected server, separate from all data, and will be accessible only by the research team at the University of South Australia. Any publication of the results will only use the de-identified grouped data. All de-identified data will be stored on secure computer servers at UniSA for seven (7) years.

Where can I find more information?

Feel free to head on over to <u>StressCafe</u>, a website dedicated to resources about workplace mental health and wellbeing. There you can find more information about PSC, what researchers have found and other ongoing projects promoting healthier, happier and safer workplaces. The full link: stresscafe.com.au