HRP01: Psychosocial Hazard Management

Section 1 - Purpose and Scope

(1) The purpose of this procedure is to ensure Southern Cross University's management, employees, contractors, students, visitors, and others are aware of the risks associated with psychosocial hazards in the workplace and relevant management strategies for the risk mitigation process.

(2) All employees, students, and others must follow this procedure.

(3) This procedure applies to all SCU Work Units and sites.

Section 2 - Definition

Psychosocial hazard: A psychosocial hazard is a hazard that arises from or relates to the design or management of work, a work environment, a plant at a workplace, or workplace interactions or behaviours and may cause psychological harm, whether or not the hazard may also cause physical harm. (Work Health and Safety (Psychosocial Risks) Amendment Regulation, 2022).

Psychological health: Psychological health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community (World Health Organization, 2022).

Psychological harm: Psychosocial hazards may create stress. Although stress is itself not necessarily harmful, it can cause harm when employees are exposed over long periods, often at high levels, and/or in combination with existing psychological and physical conditions. (Managing Psychosocial Hazards at Work – Code of Practice, 2022).

Psychological injury: Psychological injury is a state of mental impairment or altered functioning and includes such disorders or mental health conditions as depression, anxiety, or post-traumatic stress disorder. (Worksafe Queensland, 2024)

Psychosocial risk: A psychosocial risk is a risk to an employee's or other person's health or safety from a psychological hazard. (Work Health and Safety (Psychosocial Risks) Amendment Regulation, 2022)

Section 3 - General Principles

(4) Work, health, and safety legislation include psychological health within its scope because persons conducting a business or undertaking (PCBUs), typically employers, have an obligation to ensure that the risk of psychosocial hazards is appropriately managed. Further, employees at all organisational levels also have a proactive duty to take reasonable care of their psychological health and not adversely impact other people's psychological health.

(5) The importance of psychological health at work is recognised by the World Health Organization (WHO), which has stated that psychological health is a basic human right and a key catalyst for personal, community, and socio-economic development. Given that workplace activities and interactions can affect psychological health, all employees must understand their duties and obligations under national and local laws and engage in effective psychosocial risk management practices.

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. It is the responsibility of the individual reading this document to always refer to the Southern Cross University Policy Library for the latest version.

(6) Without proper management, psychosocial risks can trigger acute or chronic stress responses, increasing the risk of psychological harm and/or physical harm. The complex interrelationships between the human mind and body mean that psychological harm (in the form of uncontrolled stress) can create physical injuries, and vice versa. Workers compensation data has revealed that psychological injuries take significantly longer to recover from than physical injuries, have high costs to individuals, employers, and the community, and negatively affect productivity. Therefore, prevention of psychosocial risk through elimination (where possible) and effective management of psychosocial hazards at their sources for all other exposure situations is imperative to safeguard the health and livelihood of employees.

(7) Importantly, when psychosocial risk is managed well, these effects can extend beyond the prevention of exposure and into the promotion of a psychologically supportive, inclusive, and wellbeing-oriented culture. Employees with psychological health benefit from improved relationships and productivity, and the organisation is likely to have lower absenteeism and better overall performance.

Characteristics of psychosocial hazards

(8) Psychosocial hazards can arise from:

a. The design or management of work
b. A work environment
c. Plant at a workplace
d. Workplace interactions or behaviours.

(9) It is important to recognise that the nature of psychosocial hazards will be unique to every organisation and may even vary within organisations and between work units (e.g., primarily administrative-based versus customer-facing roles).

(10) Harm caused by exposure to psychosocial hazards can be:

a. Immediate, e.g., psychological injuries, such as post-traumatic stress disorder (PTSD) or self-harming ideation
b. Delayed, e.g., physical health conditions such as high blood pressure, heart disease, and stroke, as well as psychological injuries such as depression and anxiety.

(11) Individual factors play a role in influencing the likelihood and degree of harm.

(12) Different people have different vulnerabilities to psychosocial hazard exposure. Particular groups of people in the workplace that SCU considers as part of their risk management processes include:

a. Young people
b. Older people
c. New employees
d. People on temporary or insecure work arrangements
e. People with diverse language, literacy, numeracy, or cultural backgrounds
f. People with previous or current workplace injuries or illnesses or have experienced exposure to psychosocial hazards in the past (e.g., traumatic experiences).

(13) These employee groups should be represented as part of broader employee consultation and involvement in managing psychosocial risks.

(14) Psychosocial hazards can combine and interact with each other, and physical hazards can increase the risk of harm.

(15) Psychosocial hazards are rarely experienced in isolation. For example, employees may experience high job demands, unreasonable workloads, and poor role clarity. Therefore, SCU's risk management system considers the sum of all psychosocial risk exposures on employees' psychological health rather than treating each separately. Further, psychosocial and physical hazards can combine or interact to increase the risk of harm; for example, an employee working remotely in a socially isolated environment may also experience physical strain from a poor ergonomic office setup. The experience of stress can be functional.

(16) An important consideration for psychosocial risk management is that similarly to activities in the physical domain that carry risk (e.g., manual handling builds physical resilience), some level of stress can be positive when it is experienced in appropriate doses and within the framework of a well-performing organisational risk management framework. An example is a moderate level of job demands, which can be interpreted as a 'challenge' stressor that drives motivation and engagement in work tasks.

Managing psychosocial risks

(17) There are four key steps involved in managing psychosocial risks:

a. Identify hazards
b. Assess risks
c. Control risks
d. Review control measures.

(18) Throughout all four risk management steps, there are two important consistent considerations:

a. Management commitment and support
b. Employee consultation.

Management commitment and support

(19) Managing risks of all types (physical and psychosocial) requires genuine and sufficient commitment and support from senior leaders. Such commitment ensures that risk management systems are allocated the resources needed to be effective, risk-related decisions are appropriately elevated and prioritised by SCU, and there is an ongoing commitment to verifying and monitoring psychosocial risks and their corresponding controls (leading to continuous improvement). Senior leaders must be aware of their duties and obligations personally (e.g., WHS Act 2011 Section 27 – Due diligence) and the general duties that apply to the PCBU (e.g., WHS Act 2011 Section 19 – Primary duty of care).

Employee consultation

(20) Consultation is critical for effective psychosocial risk management as outlined in WHSMP07:Consultation,Communication, and Participation. Consultation is important because most psychosocial hazards are intangible and subjective, so they cannot be reliably assessed and controlled without involving the employees likely to be exposed. Further, individual characteristics may affect employees' risk profiles, such as diversity in cultural and religious beliefs, sexual orientation, language and literacy issues, gender, age, and working/contract arrangements. Only meaningful consultation will reveal whether these characteristics affect employee health and safety and what control measure(s) are most appropriate and effective.

(21) Consultation must be done as early as possible at each step of the psychosocial risk process to be meaningful and inform risk-related decision-making. Situations that may trigger proactive consultation on psychosocial risk include:

a. Structural changes to the organisation
b. New technologies or work processes that substantially impact the way employees perform their duties

c. New or substantially changed organisational policies and procedures
d. Redesign of plant or work environments.

(22) Confidentiality throughout consultation is important due to the nature of psychosocial hazards – for example, bullying and harassment can be demonstrated by a manager within a team; therefore, employees will need to feel comfortable and reassured to share information openly about their experiences (to inform an appropriate risk management response by SCU).

(23) Maintaining feedback loops throughout and after consultation is best practice.

Psychosocial Risk Management

Step 1: Identify psychosocial hazards

Relevant psychosocial hazards are summarised in Table 1.

Hazard	Description
High and/or low job demands	Sustained or intense high levels of physical, mental, or emotional job demands that are excessive, unreasonable, or chronically exceed workers' capacity or sustained very low levels of mental demands from the job (e.g., monotonous work). A job can involve a combination of low or high physical, mental, and emotional demands. Examples: time pressure, role overload, unachievable deadlines, high vigilance, challenging work hours or shift work, unrealistic expectations to be responsive outside work hours.
Low job control	Workers have little or no control over their work environment, how or when their work is done, or the objectives they work towards. Examples: requiring permission before progressing routine tasks; excessive monitoring of work tasks and/or breaks; unpredictable working hours; little or no involvement or input into decisions that affect workers; insecure or precarious work, or work that involves uncertainty over the length of the job, such as casual, labour hire or rolling fixed-term contract work.
Poor support	Tasks or jobs where workers have inadequate emotional and/or practical support from supervisors and/or coworkers; inadequate training or information to support their work performance; or inadequate tools, equipment, or resources to do the job. Examples: poorly maintained or inadequate access to equipment/tools or supervisory support, lack of functional or adequate IT systems, and limited opportunities to engage with coworkers during the work shift.
Low role clarity	Jobs where there is uncertainty about, or frequent changes to, tasks and work standards; where important task information is not available to workers; or where there are conflicting job roles, responsibilities, or expectations. Examples: a worker being told one task is a priority, but another manager disagrees, a worker being given multiple priority tasks from different managers, a worker being given conflicting information about work standards and performance expectations.
Poor organisational change management	Organisational change management that is poorly planned, communicated, supported, or managed. Examples: not consulting workers on changes in the workplace that affect them (e.g., not communicating with workers about the change or genuinely considering their views) and lack of practical support for workers during the implementation of workplace changes.
Low reward and recognition	Jobs where there is an imbalance between workers' effort and recognition or rewards, both formal and informal. Examples: not being recognised for extra effort or commitment, no reasonable opportunities for career development.

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. It is the responsibility of the individual reading this document to always refer to the Southern Cross University Policy Library for the latest version.

Poor organisational justice	A lack of procedural fairness (fair processes to reach decisions), informational fairness (keeping relevant people informed), or interpersonal fairness (treating people with dignity and respect). Example: inconsistent, unfair, discriminatory, or inequitable decisions and application of policies or procedures.
Poor workplace relationships, including interpersonal conflict	Poor relationships or conflict between workers, managers, supervisors, coworkers, or others with whom workers are required to interact. Frequent or excessive disagreements, disparaging or rude comments, either from one person or multiple people. Examples: Unresolved and excessive conflict regarding work tasks, processes, customers, and interpersonal issues.
Remote or isolated work	Work that is isolated from the assistance of other persons because of location, time, or the nature of the work. This may include work at places where access to resources and communications is complex and travel times are lengthy. Isolated work includes work where few other people are around or workers are required to live away from home for extended periods. Examples: a community nurse conducting visits at night; night shift operators; workers who spend a lot of time traveling (e.g., driving); workers working alone from home or socially isolated away from home over protracted periods.
Poor environmental conditions	Exposure to hazardous work environments creates a stress response. Examples: work environments that involve poor air quality, high or nuisance noise levels, extreme temperatures, or uncontrolled biological hazards (e.g., blood or bodily fluids or infectious pathogens).
Traumatic events	Investigating, witnessing, or being exposed to traumatic events. This may include reading, hearing, or seeing accounts of traumatic events. A person is more likely to experience an event as traumatic when it is unexpected, is perceived as uncontrollable, and where there is a threat to life or safety or is the result of intentional cruelty. Examples: witnessing or investigating fatalities, serious injuries, abuse, neglect, or serious incidents; being exposed to extreme effects of natural disasters or seriously injured people.
Violence and aggression	Any incident where a person is abused, threatened, or assaulted at work or while they are carrying out work. This includes abuse, threats, or assaults by workers, clients, patients, visitors, or others. Examples: Biting, spitting, kicking, throwing objects, using or threatening to use a weapon, verbal abuse and threats, aggressive behavior such as yelling, or physical intimidation.

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. It is the responsibility of the individual reading this document to always refer to the Southern Cross University Policy Library for the latest version.

Bullying	Repeated and unreasonable behavior directed towards a worker or group of workers creates a risk to health and safety. This includes bullying by workers, clients, patients, visitors, or others. Repeated behaviour refers to the persistent nature of the behaviour and can involve a range of behaviours over time. No specific number of incidents is required for the behaviour to be repeated, nor does the same specific behaviour have to be repeated; however, the pattern of behaviour must demonstrate a persistent nature. Unreasonable behaviour means behaviour that a reasonable person, having considered the circumstances, would see as unreasonable, including victimising, humiliating, intimidating, or threatening behaviour. Examples: repeated incidents of practical jokes or initiation, spreading misinformation or malicious rumours, belittling or humiliating comments, and being verbally denigrated or threatened. Note: Reasonable management action taken reasonably is not work-related bullying. In relation to work-related bullying, 'reasonable management action' (e.g., performance management or administrative actions) when carried out lawfully and reasonably, while potentially uncomfortable or distressing to some, is a legitimate way for managers and supervisors to: • lead, direct, and control how work is done • give feedback and manage performance, including around inappropriate or harmful workplace behaviours • deal with differences of opinion and disagreements or • recruit, assign, transfer, and or terminate employment.
Harassment, including sexual harassment	Harassment about personal characteristics such as age, disability, race, sex, relationship status, family responsibilities, sexual orientation, gender identity, or intersex status. Sexual harassment - any unwelcome conduct of a sexual nature that is done either to offend, humiliate, or intimidate another person or where it is reasonable to expect the person to feel that way. It includes uninvited physical intimacy, such as touching sexually, uninvited sexual propositions, and remarks with sexual connotations. This includes sexual harassment by workers, clients, patients, visitors, or others. Examples: telling insulting jokes about particular racial groups; making derogatory comments or taunts about someone's disability; asking intrusive questions about a person's body; staring, leering, or unwelcome touching; sexual or suggestive comments, jokes, or innuendo; unnecessary familiarity, such as deliberately brushing up against a person.

Reference: Managing the risk of psychosocial hazards at work Code of Practice 2022

How can psychosocial hazards be identified?

(24) The first step in identifying psychosocial hazards is to review meaningful data and patterns. Examples of the types of data that can be examined to inform the identification of psychosocial hazards include the following:

a. Surveys
b. Observations of work and behaviours
c. Human Resources data such as absenteeism rates
d. Exit interviews (e.g., the reasons for leaving a job and overall experiences in the team)
e. Identified information and trends from the employee assistance provider regarding service usage (e.g., presenting issues, demographic characteristics, and frequency of use over time)
f. WHS incident reports
g. Existing or historical surveys and other employee consultation sources, especially open-ended comments around engagement and retention
h. Regulatory standards, guidelines, and codes of practice

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. It is the responsibility of the individual reading this document to always refer to the Southern Cross University Policy Library for the latest version.

i. Meeting minutes or issue registers from committees
j. Rostering and workforce planning data
k. Position descriptions
l. Existing WHS risk registers.

Consult employees

(25) Throughout the identification process, employees must be consulted. Employees may use different terms to describe exposure to psychosocial hazards; for example, they may say:

a. stressed, burnt out, or emotionally exhausted about their workload
b. anxious or scared about talking to or dealing with an aggressive person
c. humiliated, degraded, or undermined by sexual harassment or discrimination
d. angry about policies being applied unfairly
e. confused about what their role involves, torn between competing priorities or 'feeling like a failure' for not being able to meet unrealistic expectations, or
f. distressed, unable to sleep, or traumatised by exposure to traumatic situations or content.

(26) Good consultation allows for differences in how employees may describe hazards and seek to identify the underlying cause.

Step 2: Assess the risks

(27) To assess the risk of one or more psychosocial hazards, consider the following questions:

a. How serious are the consequences if an employee is exposed, including severity, frequency, and duration of harm exposure?
b. What is the combination of reasonably foreseeable consequences and likelihood, and what risk level (before and after controls are in place) apply?

(28) Consulting employees as part of the risk assessment process is vital for validation and sense-checking.

Step 3: Control the risks

(29) When considering controls, SCU will aim to eliminate the risk. Where this is not possible, controls will be implemented to minimise risk so far as is reasonably practicable. Controls will be implemented from most to least effective, and combinations of controls will be considered wherever possible. Reliable controls that offer the highest level of protection are the most effective. Minimising the risks can be achieved by changing the following:

a. design of work, including job demands and tasks involved
b. systems of work, for example:
    i. allocating tasks to match skills
    ii. ensuring sufficient time to complete tasks
    iii. support from supervisors and other workers
c. work environment and conditions
d. workplace interactions, including ensuring respectful behaviours and relationships, or
e. objects or tools used in the task, for example, ensuring plant, substances, and equipment are safe and fit for purpose.

(30) Physical risks contributing to psychosocial risks will be minimised through relevant substitution, isolation, and

engineering controls.

(31) Administrative controls and personal protective equipment (PPE) are the least reliable controls and provide the lowest health and safety protection level. SCU will consider these last and use them in combination with more effective controls. Further controls, such as supervision, may be needed to make a control more likely to be effective.

Step 4: Proactively implement, maintain, monitor, and review the effectiveness of controls

(32) Once controls have been implemented, it is imperative that adequate resources are provided and responsibilities clearly articulated to supervisors so that controls can be maintained, monitored, and reviewed. Recognising that the properties of psychosocial hazards can change over time, the risk management process will be continually implemented at SCU. Formal reviews of controls will happen regularly, in addition to regular informal reviews, as part of operational activities and supervision. In addition, control measures will be reviewed when workplace conditions change, there is a new hazard or risk scenario, a significant WHS event occurs (e.g., injury or illness) if requested by a health and safety representative, or where a review is otherwise indicated as necessary (e.g., a control is performing ineffectively).

Section 4 - Roles & Responsibilities

Refer to WHSMP13: Responsibility and Accountability Statement

Section 5 - Records of Documentation

(33) All relevant documentation will be recorded and kept per WHS Legislation and other legislative obligations, including:

a. Risk assessments
b. Consultation records
c. Implementation, monitoring, and review of control measures to manage psychosocial risks, including any changes or updates to these measures
d. Training records
e. Incident reports relating to psychosocial hazards
f. Health monitoring for employees exposed to significant psychosocial risks
g. Review and audit records on the psychosocial risk management process, including findings, recommendations, and actions taken.

Section 6 - Revision and approval history

(34) This procedure will be reviewed as per nominated review dates or because of other events, such as:

a. Internal and external audit outcomes
b. Legislative changes
c. Outcomes from management reviews
d. Incidents.

Section 7 - References

Work Health and Safety Act (in the applicable jurisdiction that SCU operates)

Work Health and Safety Regulation (in the applicable jurisdiction that SCU operates)

Australian Standards AS/NZS ISO 45003:2021 - Psychological health and safety at work

Section 8 - Related Documents

WHSMP07: Consultation, Communication and Participation

SCU Psychosocial identification and control framework

WHSMP13: WHS Responsibility and Accountability Statement

Status and Details

Status	Current
Effective Date	9th December 2024
Review Date	9th December 2027
Approval Authority	Vice President (People and Culture)
Approval Date	9th December 2024
Expiry Date	Not Applicable
Responsible Executive	Kim Franks Vice President (People and Culture)
Head of Work Unit	Brendan Pearce Director, Workplace Relations
Enquiries Contact	Kim Franks Vice President (People and Culture)

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. It is the responsibility of the individual reading this document to always refer to the Southern Cross University Policy Library for the latest version.