FACT SHEET

ISO 45003: The rising significance of psychological health and wellbeing in the workplace

Tackling psychological health, safety, and wellbeing at work





What is ISO 45003?

Published in 2021, ISO 45003, is the first international standard addressing psychological health safety, and wellbeing at work.





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Why psychological health, safety, and wellbeing at work is important for organizations

Historically, many organizations have been hesitant to address psychological health and wellbeing, due in part to the taboos and the stigma associated with mental ill-health.

However, the impact of work on people's psychological health was a significant issue long before the COVID-19 pandemic. It was already causing significant harm – and causing significant costs.

As organizations become more effective at managing physical risks in the workplace, psychosocial risks can become more a significant component in overall OH&S risk.

these expectations, to ensure they can attract and retain the talent they need to sustain their activities.



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In the service sector psychosocial risks are often more significant than those from physical hazards. This includes jobs that have particular vulnerability to psychological harm – such as the emergency services.

Today's workers, and especially the younger generation, are more aware of their psychological health and expect their employer to support their psychological health and wellbeing. **Organizations need to address**



Workers subject to psychological risks such as stress, insecurity or trauma are more likely to make mistakes, including errors that lead to accidents causing physical harm either to themselves or to others.









What are psychosocial risks, and how are they addressed?

Psychosocial risks are those which can arise from exposure to work-related hazards of a psychosocial hazard. The risk is the combination of the likelihood of exposure to such a hazard and the severity of the injury or ill-health that it causes. Hazards of a psychosocial nature fall into three categories:



These include: role ambiguity or conflict; limited input to decision-making; shift work/long or unsociable hours; inflexible or unpredictable hours; working far from home; working without social interaction; concerns about job security; exposure to traumatic situations.



Social factors at work

These include: poor communication/information sharing; interpersonal conflict; abuse or misuse of power; lack of trust, honesty or fairness; failing to listen to/act on complaints and suggestions; harassment, bullying, victimization, workplace violence; inconsistent and/or poor decision-making; workers needing to work in their own time; conflicting demands of work and home.

Use the "hierarchy of control" as in the rest of their OH&S management system:

- If possible, eliminate the risk, by removing the hazard
- Where this is not possible, reduce
 - The likelihood of workers' exposure to the hazard, or
 - The severity of harm that results from exposure
- Put in place arrangements to support people if harm does occur, in terms of rehabilitation and return to work support.

Remember that people are individuals and their personal circumstances differ.

Psychosocial risks may affect individual team members quite differently. Conditions that do not cause harm to one individual, may cause harm to another.

For example, people's reaction to a degree of job insecurity may vary hugely depending on personal circumstances.







Issues related to the work environment, equipment or hazardous tasks

These include: equipment that is unsuitable, unreliable, or poorly maintained, lack of necessary tools, equipment or other resources; lack of space, poor lighting, excessive noise; very high or low temperatures; work in dangerous or unstable environments.

The prime focus should be on adjusting the work arrangements and work environment to protect workers, not on making workers resilient to, or tolerant of, their exposure to psychosocial hazards.

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How can we get started and how do we measure progress?

There are strong parallels with the ways we manage physical OH&S risks.

Visible and active support from top management is an important enabler - providing any necessary resources and personally setting an example.

Leaders who authentically share their own experience of psychological health and wellbeing issues can play a key role in encouraging other workers to do so.

Worker consultation and participation is also key to success, whether via health and safety committees or directly with workers.

Organizations should provide opportunities for workers to feedback on psychosocial risks and the effectiveness with which they are being managed.

Systematically review work activities to understand which psychosocial hazards exist in the organization.

Employee surveys can be helpful here, providing anonymized feedback.

Encouraging and gathering feedback from team discussions can also contribute.

Review available data, including for example:

Sickness absence records; complaints or grievance cases; comments made in exit interviews; incident and accident investigations.



Measuring progress usually involves a blend of leading and lagging indicators:

Leading indicators help measure the proactive steps the organization is taking to improve workers' psychological health and wellbeing.

Examples could include: the progress in assessing psychosocial risks across the organization, progress in the actions arising from those risk assessments, takeup of any support we've put in place, such as resilience training, or access to any on-line platforms or remote support.

Lagging indicators

Leading indicators

Lagging indicators looking for the evidence that an actual improvement has taken place.

Examples could include: employee feedback on the effectiveness with which psychological health and wellbeing are managed; sickness absence due to psychological ill-health; staff turnover; data on, and from, incident and accident investigations.





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LRQA 1330 Enclave Parkway, Suite 200 Houston, TX 77077 United States

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