

Editorial

Tackling psychosocial hazards at work

Workplaces are surrounded by a variety of hazards. Psychosocial factors in particular can become a significant hazard. As reported in the current issue¹⁾, long working hours are closely connected with health disorders^{2,3)}. Some types of work schedules, such as shift work, dramatically affect our mental and physical functioning⁴⁾. Being bullied at work also disrupts the quality of working life⁵⁾.

An essential task here is to understand how we should deal with the psychosocial factors at work and, in turn, improve the psychosocial work environment. In principle, prevention is achieved by removal or reduction of exposure to toxic or unsafe sources in the workplace. Another strategy of prevention is possible with effective use of occupational hygiene technology and personal protective equipment. These sets of strategies have commonly been applied to controlling other categories of problems including chemical substances⁶⁾, heat⁷⁾, vibration⁸⁾, and slips, trips, and falls⁹⁾.

The preventive approaches mentioned above can hardly be applied to psychosocial work factors. Of course, continued effort has been made to shorten working hours and to reduce job stress at company and national levels. However, unfavorable outcomes, such as Karoshi (death and suicide due to being overworked) and other burnout related health disorders, are still prevalent in Japan and neighboring countries¹⁰⁾. Information and communication technology (ICT), such as personal computers, e-mail, and wireless networks, were originally introduced into offices to reduce the burden of work that we engage in. Ironically, opposite consequences occur: ICT is likely to intensify our jobs through an increased number of tasks, an increased frequency of necessary/unnecessary communication, and working even after leaving the office or during days off¹¹⁾.

Given the nature of psychosocial hazards, experts emphasize risk reduction at the organizational level^{10, 12, 13)}. Action-oriented attempts in the workplace according to good practices are known as a good start to reaching this goal¹⁴⁾. Furthermore, exploring potential countermeasures and testing their effectiveness need to be promoted in occupational health sciences. We have to overcome a

number of barriers when conducting intervention studies. Although observational studies (either as a cross-sectional or longitudinal design) are useful for risk estimation, high-quality intervention research is needed to provide reliable data for risk reduction. Industrial Health is seeking such better products, and, given this, is looking forward to your active submission of findings to realize psychosocially healthy workplaces.

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