

I

An Introduction to Occupational Health Psychology

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CHAPTER OUTLINE

This chapter introduces occupational health psychology by defining the subject matter and exploring the features that make it distinct from other related areas. The influence of key research groups and studies, characteristics of the changing world of work, and legislative developments that have contributed to the development of the discipline, are considered. The chapter closes by introducing the bodies that represent and support research, training, and professional practice in occupational health psychology on the international stage.

Introduction

There are numerous descriptors for subject specialties that concern the application of psychology in the workplace: industrial and organizational psychology, work and organizational psychology, work and health psychology, vocational psychology, and occupational psychology to name but a few. Each of these specialties has a distinct perspective on the dynamic relationship between work and the worker (although some overlap is inevitable), and exists as a formalized entity supported, to varying degrees, by representative bodies, academic and practitioner journals, international conferences, and professional training pathways. To this collection there is a new entrant that since the early 1990s has attracted interest, but about which little has been written for the student embarking upon study of the specialty: occupational health psychology.

In this chapter we set out the nature and definition of this specialty, and trace its emergence by selectively highlighting a series of influential research groups and studies, characteristics of the changing world of work, and legislative developments that have

materialized during the twentieth century in Europe and North America. We conclude with an examination of the contemporary character of occupational health psychology in which consideration is given to structures that exist to support the research, training, and practitioner activities of an expanding international constituency.

What is Occupational Health Psychology?

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Where did the term 'occupational health psychology' originate?

What is the vision of occupational health psychology?

Why is occupational health psychology important?

Occupational health psychology (OHP) is a youthful discipline with much to offer the aspiring practitioner. This book is designed to facilitate the knowledge development of those who wish to develop a career in OHP: individuals with a curiosity and enthusiasm for the application of psychological theory and evidence to bring about improvements in the health of workers. The term 'occupational health psychology' was coined in 1990 at the University of Hawaii by a team of academics who observed unfulfilled potential for psychologists to support the development of healthy work environments (Raymond, Wood, & Patrick, 1990). OHP has grown at a rapid rate in the two decades that have passed since Raymond and colleagues set in motion a new specialty. This can be seen in, among other things, the ongoing rise in the submission rate of scientific articles to the discipline's dedicated academic journals (*Journal of Occupational Health Psychology* and *Work & Stress*), and the influence of these journals within the broader applied psychology field; the growth in researcher, educator, practitioner, and student attendance at international OHP conferences; the expansion of OHP training provision in Europe and North America; the growth in employment opportunities for OHP practitioners; and the expansion of outlets for practitioners to publish and share best practice.

Alongside these activities, debate on the nature and scope of OHP has crystallized and consensus has developed among academics and practitioners on its aims and objectives. This has allowed for the advancement of a shared vision whereby OHP is understood to have its focus on the creation of 'healthy workplaces in which people may produce, serve, grow, and be valued' (Quick et al., 1997, p. 3). Within this vision, healthy workplaces are understood to be ones 'where people use their talents and gifts to achieve high performance, high satisfaction, and well-being' (ibid.).

The appeal of OHP can be found in the important and unique role it plays in the management of challenges to safety and health in the organizational context. For many decades, prior to the advent of OHP, occupational safety and health professionals had at their disposal a knowledge- and skill-set that was fit for purpose in respect of the control and prevention of exposures to traditional work-related hazards such as physical, biological, or chemical agents (Sauter & Hurrell, 1999). The practitioner's professional toolkit was robust and effective in so far as it was designed to deal with the prevalent work-related hazards of the time. The adequacy of the toolkit was, however, called into question towards the end of the twentieth

century as a consequence of the rise in workplace psychosocial hazards. Defined as ‘those aspects of work design and the organization and management of work, and their social and organizational contexts, which have the potential for causing psychological, social or physical harm’ (Cox, Griffiths, & Rial González, 2000, p. 14), psychosocial hazards, and the health-risks they pose, have in recent years entered the consciousness of employers, policy- and law-makers, and occupational safety and health practitioners due to their association with characteristics of the contemporary world of work such as internationalization and increased global competition, the continual evolution of information and communication technologies, and changes to the configuration of the workforce (Kompier, 2006).

Psychosocial hazard exposures hold the potential to cause serious harm. However, education and training provision for occupational safety and health professionals has traditionally neglected psychosocial issues; thus, it is in the management of these that the OHP practitioner can make a unique contribution to the prevention of occupational illness and injury, and promotion of occupational health and well-being. This is an important role; indeed, there is evidence to suggest that psychosocial hazards are likely to continue to pose a growing threat to worker well-being (see Research Close-Up 1.1). As such, the services of the OHP practitioner are likely to be of increasing value to organizations as the twenty-first century unfolds.

RESEARCH CLOSE-UP

1.1 Emerging Psychosocial Risks

Source: EU-OSHA – European Agency for Safety and Health at Work (2007). *Expert forecast on emerging psychosocial risks related to occupational safety and health (OSH)*, Available at: <http://osha.europa.eu/en/publications/reports/7807118/view>

Introduction

The purpose of this study was to identify emerging psychosocial risks that may pose a threat to employee safety and health. Through the early anticipation of emerging (i.e., new and increasing) risks, the study sought to facilitate the planned targeting of resources, interventions, and strategies to tackle these.

Method

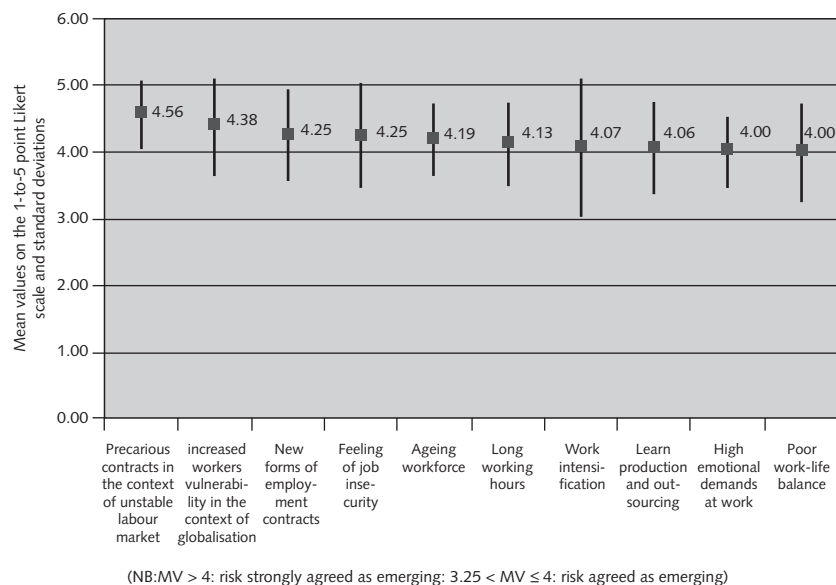
A Delphi consensus-building methodology was applied with an expert-group largely comprised of experienced psychological researchers in occupational safety, health, and psychosocial risks. The first survey round required the experts to propose and prioritize risks that they believed to be emerging (the *creation* stage). Based on the results, a second questionnaire was developed that listed all of the items generated in the previous round. Experts were required to indicate on a five-point Likert scale that ranged from ‘strongly disagree’

Research Close-Up 1.1 (Cont'd)

to 'strongly agree', the extent to which they agreed that each of the topic areas was emerging (the *prioritization* stage). This procedure was repeated for the third round (the *consensus* stage).

Results

The ten most important emerging psychosocial risks identified by the study are shown in the table below.



These ten emerging psychosocial risks can be thematically grouped into five areas:

- new forms of employment contracts and job insecurity;
- the ageing workforce;
- work intensification;
- high emotional demands at work;
- poor work–life balance.

Conclusions

The study's findings highlight that changes in the world of work over the last few decades have resulted in the rise of psychosocial risks associated with the way work is designed, organized, and managed. The results offer a basis for discussion among stakeholders to help them set priorities for future research and policy actions.

Summary

The OHP moniker was coined in 1990, since which time the discipline has flourished in Europe and North America. Agreement can be found on the vision for OHP, and the discipline now plays an important role in the prevention of occupational illness and injury, and promotion of occupational health and well-being.

The Definition of Occupational Health Psychology

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*How is occupational health psychology defined?
What commonalities and differences exist between European and North
American definitions?*

With any youthful discipline it takes time for consensus to develop around a precise definition in respect of its key ingredients or features. OHP is no exception; although there is agreement among the discipline's protagonists on its aims and objectives, evidence of divergence can be found between North American and European perspectives on its definition (Cox, 2000). This is specifically so in relation to the specialties that inform and comprise OHP. At one level it could be argued that divergence is a mere matter of semantics because OHP protagonists the world over adhere to a universal understanding of the discipline. However, because the definitions adhered to by academics will determine, in part, the content of training programmes, divergence may have the unfortunate consequence of conspiring against the creation of programme accreditation procedures and professional training pathways that are required to sustain the discipline in the long term.

For this reason, it is imperative that international consensus is ultimately achieved on the definition of OHP. Fortunately, despite the absence of a shared heritage across the international OHP community, broad agreement on the nature of the discipline can be found in the definitions advanced by the discipline's European and North American representative bodies. In Europe, the generally accepted definition is that advanced by the European Academy of Occupational Health Psychology (EAOHP). This is based on the definition posited by Cox, Baldrsson, and Rial González (2000), whereby OHP is considered 'the contribution of applied psychology to occupational health' (p. 101). This definition locates OHP at the interface between occupational health and psychology. Cox and colleagues suggest that the areas of psychology that might be applied in addressing occupational health issues include health psychology, work and organizational psychology, and social and environmental psychology. This perspective is illustrated in Figure 1.1. The contribution of these areas of psychology implies that OHP practitioners have their focus on the psychological, social, and organizational

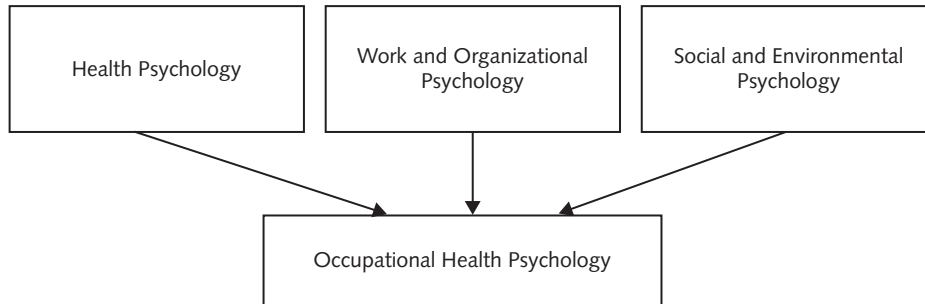


Figure 1.1 Foundations of European occupational health psychology.

aspects of occupational health questions. The European perspective recognizes that occupational health is a multidisciplinary area and that OHP practitioners offer a focused specialization that they may usefully apply within multidisciplinary teams. In this way, it ‘requires that European occupational health psychologists are aware of and recognize the contributions that can be made by others, and can appreciate their intellectual positions, knowledge and practical skills’ (ibid., p. 103).

The North American perspective on OHP is in large part consistent with the European approach. Nevertheless, differences can be identified. Whereas the European tradition draws on procedures, practices, and methodologies from various fields of applied psychology, North American definitions encompass psychological perspectives alongside those from other occupational sciences such as occupational and environmental health, organizational behaviour, human factors, sociology, industrial engineering, ergonomics, and economics (Adkins, 1999; Chen, Huang, & DeArmond, 2005). This perspective gives rise to the definition advanced by the North American representative body for the discipline – the Society for Occupational Health Psychology (SOHP) – whereby OHP is viewed as involving:

The interdisciplinary partnerships of psychological and occupational health science professionals seeking to improve the quality of working life, and enhance the safety, health and well-being of workers in all occupations. Because it exists at the intersection of behavioral science and occupational health disciplines, OHP is inclusive of knowledge and methods from psychology, public/occupational health, organizational studies, human factors, and allied fields (such as occupational sociology, industrial engineering, economics, and others). (Society for Occupational Health Psychology, 2008)

This multidisciplinary perspective, illustrated in Figure 1.2, was established at the outset of the discipline’s existence in North America. In their seminal article, Raymond, Wood, and Patrick (1990) called for training in a discipline that ‘would integrate and synthesize insights, frameworks and knowledge from a diverse number of specialties, principally health psychology and occupational

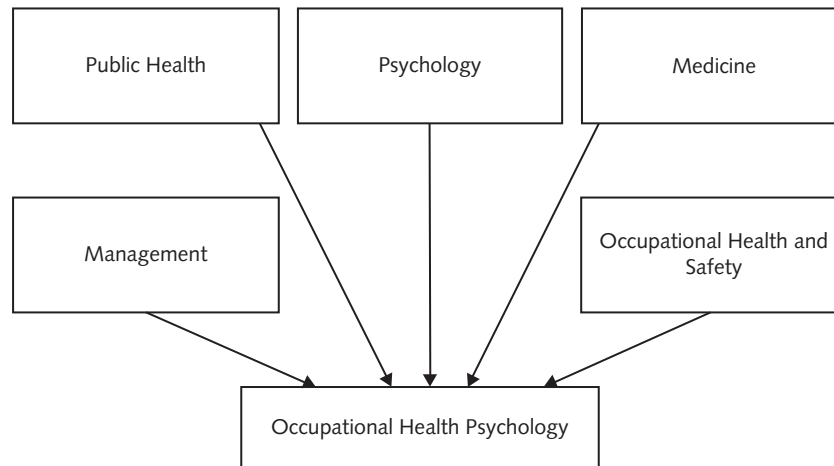


Figure 1.2 Foundations of North American occupational health psychology (adapted from Adkins, 1999).

(public) health but also preventative medicine, occupational medicine, behavioral medicine, nursing, political science, sociology and business' (p. 1159). Interestingly, in recent times, debate in North America has resurfaced on the extent to which OHP should exist primarily as a psychological discipline (Sinclair, 2009), suggesting that opinion on its interdisciplinary status may be divided.

Despite definitional differences, there is little doubt that advocates for OHP the world over unanimously endorse the aforementioned vision for OHP delineated by Quick et al. (1997). Likewise, most would agree with the high-level characteristics posited by Cox et al. (2000) as defining the discipline. These include acknowledgement that OHP is: (a) an applied science, (b) evidence driven, (c) oriented towards problem solving, (d) multidisciplinary, (e) participatory, (f) focused on intervention, with an emphasis on primary prevention (see Definition 1.1), and (g) operational within a legal framework.

Definition 1.1

Primary prevention: Primary interventions for the improvement of occupational health are targeted at the **source** of problems, i.e., the design, management, and organization of work. These contrast with **secondary** interventions that focus on workers' **responses** by bolstering coping resources, and tertiary interventions that centre on **effects/outcomes** through the provision of **remedial** support.

Summary

OHP can be defined simply as ‘the contribution of applied psychology to occupational health’. This ‘interface’ definition, adhered to in Europe, recognizes that occupational health is a multidisciplinary area and that OHP practitioners offer a focused specialization that they may usefully apply within multidisciplinary teams. The North American perspective on OHP is in large part consistent with the European approach, but differs in that it encompasses psychological perspectives alongside those from other occupational sciences.

OHP Topic Areas

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*How have OHP topic areas been identified?
Which topic areas fall under the OHP umbrella?*

Further evidence for the youthfulness of OHP can be found in the absence of an agreed list of topic areas that the discipline might address beyond its traditional focus on work-related stress. Although the field is yet to achieve a level of maturity whereby agreement exists in respect of the domains that ought to be encompassed within the OHP umbrella, what is clear is that irrespective of what these might be, OHP should be inclusive in so far as is reasonable (Chen, DeArmond, & Huang, 2006). Three contrasting approaches have been applied for the purpose of drawing conclusions on the topic areas that comprise the focus of OHP: scrutiny of existing educational curricula, analyses of themes as they have appeared in the discipline’s academic journals, and expert surveys.

Scrutiny of existing curricula

One approach to the identification of OHP topic areas, which has been applied in the US context, has involved the analysis of existing curricula. Scrutiny of topics addressed in 12 US doctoral OHP training programs revealed one topic taught across programs: introduction to the discipline of OHP. Work-related stress was the second most prevalent topic area, taught at seven institutions (Fullagar & Hatfield, 2005). A similar analysis of the content of 11 US doctoral curricula identified the consistent appearance of six topic areas: (a) survey (overview) of occupational safety and health, (b) job stress theory, (c) organizational risk factors for occupational stress, injury, and illness, (d) physical and psychological health implications of stressful work, (e) organizational interventions for the reduction of work-related stress, and (f) research methods and practices in public/occupational health and epidemiology (Barnes-Farrell, 2006). These curriculum areas are consistent with seven broad areas identified by Macik-Frey, Quick, and Nelson (2007)

as representing the major research themes addressed in papers published in the *Journal of Occupational Health Psychology* (see below). It might be reasonable to assume that consistency between OHP curricula and published research themes has arisen owing to programme designers having relied on the latter to inform the former.

Published research themes

Themes in the published research literature provide an indication of some important topics that ought to perhaps be included under the OHP umbrella and, specifically, within education and training curricula. Through analysis of themes addressed in papers published in the *Journal of Occupational Health Psychology* over an 11 year period from the journal's inception in 1996, Macik-Frey, Quick, and Nelson (2007) identified seven broad areas that represented the major themes considered by researchers. Work-related stress was identified as the single most researched area, followed by burnout; work-family issues; aggression, violence and harassment; safety; employment issues; and health issues. Within these broad areas four topics were identified as holding promise for future OHP research: positive psychology, virtual work, moods and emotions, and intervention studies.

Inness and Barling (2003) similarly reviewed the themes evident in papers published in the *Journal of Occupational Health Psychology* though not directly for the purpose of investigating those topics that might be considered within the OHP remit but, rather, to examine the extent to which OHP research reflected the objectives of the discipline, i.e., the promotion of workers' health and the improvement of organizational functioning. Nevertheless, the study provides a useful illustration of the spectrum of OHP topic areas. Among the 191 studies that comprised the sample of papers, work-related stress was examined nearly twice as frequently as the next most prevalent topic (24% of all papers). The second most frequently examined topic involved investigations into the consequences of various negative workplace experiences (such as sexual harassment, job insecurity, exhaustion, burnout, role conflict, etc.) (13%). Together, these two broad themes accounted for more than one third of all papers. Other themes, each accounting for no less than 5% of the total, included individual differences (personality traits, sense of well-being, personal control), work-family interface (work-family conflict, elder/childcare, dual earner couples), demographic characteristics (gender, ethnicity, tenure), psychosocial environment (social support, supervisor support, communication) and job characteristics (job type/industry, job design issues, organizational climate, presence of training). A further ten broad themes were identified each accounting for less than 5% of the papers. Inness and Barling concluded that the majority of the published papers had their focus on problem-oriented research questions; relatively few explicitly examined how healthy workplaces might be created. It is to this more positive perspective, one that entails treating the workplace as an arena for the protection and promotion of well-being,

which they suggest future OHP research might orientate for the discipline to fulfil its potential. Positive OHP has attracted a wealth of interest in recent years; interest that is reflected in this textbook by the dedication of an entire chapter to the notion.

Some years after Inness and Barling's study, Kang, Staniford, Dollard, and Kompier (2008) reviewed the topics examined in papers published in the *Journal of Occupational Health Psychology* and extended their consideration to the discipline's other flagship journal, *Work & Stress*. In total, the analysis encompassed some 631 papers published between 1996 and 2006. Results showed that published OHP research had primarily focused on work-factors such as workload, individual influences such as motivation, and a combination of work and individual contextual factors. The authors noted the paucity of research that had accounted for factors external to organizations such as government policy, workplace-related legislation, and the effects of globalization. Adding their voice to that of Inness and Barling as well as that of Macik-Frey and colleagues, Kang et al. expressed regret at the limited number of intervention studies designed for the protection and promotion of health.

Analyses such as these offer an indication of the topics with which researchers have commonly engaged. However, beyond the intrinsic interest or importance of a topic there exists a host of factors that drive research foci and which encourage a concentration on particular topics at different points in time across social and economic contexts. Furthermore, analyses of this sort are only able to consider themes as they appear in published articles – they do not provide information on those topic areas that might have been extensively researched but which fall outside of the scope of interest, and/or the scientific publication criteria, of the discipline's flagship journals. As such, key themes evident in the published research literature provide an indication of some important topics but fall short of providing guidance on the topics that are fundamental to the discipline. Thus, an educational curriculum that reflects the key themes in published OHP research may be inadequate. Moreover, the applied nature of OHP renders it important that curricula do not merely reflect the topics that academics study but encompass issues of interest and concern to practitioners.

Expert surveys

To ensure that education and training programmes address issues with which practitioners are tasked within the organizations that they operate, programme designers in the USA and Europe have sought to identify key topic areas from the practitioner perspective. This line of research was initiated in the USA with a survey of 1,100 human resource managers, public health professionals, and experts in disciplines allied to OHP (Schneider, Camara, Tetrick, & Sternberg, 1999). Though it revealed a need for OHP education and training, the survey stopped short of delineating a curriculum. Schneider and colleagues' study laid the groundwork for the development of OHP curricula in the US in the late 1990s, including

the doctoral programme at the University of Houston. Keen to ensure that the Houston curriculum met the needs of local employers, 141 human resource managers and 27 trade union representatives were surveyed on their organization's concern about various OHP-related topics (Tetrick & Ellis, 2002). Respondents were required to indicate the degree of organizational concern associated with 31 OHP-related topics derived from the authors' knowledge of the OHP literature and human resource practices in the US. Results showed that the top ten concerns of human resource managers included: accidents, attendance, changing technology, education and training, employee commitment, physical well-being, psychological well-being, safety, teamwork, and workplace injuries. Within the list of concerns generated by trade union representatives, priority was given to issues of immediate and direct relevance to employees such as job security, occupational stress, retirement, and workload.

This line of research was further developed in the US through a survey of 67 safety and health practitioners and nine OHP academics/researchers in a study that sought to assess both the types of organizations that OHP practitioners work within and the nature of health and safety issues they are charged with addressing (Sinclair, Hammer, Oeldorf Hirsch, & Brubaker, 2006). Survey responses revealed the prioritization of 10 OHP-related issues: accidents, safety climate, personal protective equipment, compliance with US Occupational Safety and Health Administration regulations, fire safety, repetitive strain injuries, ergonomics, traumatic injuries, workers' compensation, and noise/hearing protection. Owing to the nature of the sample the results were biased towards the perceptions of practitioners, many of whom worked in safety-related occupations. Thus, the study offered a tentative indication of the topics that might be considered important to OHP from the viewpoint of a particular constituency.

In Britain, Leka, Khan, and Griffiths (2008) similarly sought to elicit the views of practitioners on these questions. The two-wave project involved a Delphi study with 30 national-level occupational safety and health experts, and a questionnaire that was administered to 1,679 occupational safety and health practitioners with a view towards the identification of (a) emerging and future occupational health priorities, and (b) occupational health (and safety) practitioner training needs in the British context. Results of the Delphi study showed that subject matter experts' top five emerging and future workplace health priorities included common mental health problems (anxiety, depression, and stress), sickness absence (monitoring, management, return to work, rehabilitation, and presenteeism), musculoskeletal disorders, engaging and advising small and medium sized enterprises, and the evaluation of workplace health interventions. Survey results revealed that practitioners identified eight priority areas in terms of emerging and future workplace health issues: common mental health problems, the use of government guidance on the management of work-related stress, the identification of emerging risks, planning for major events (e.g., pandemics), work-related driving, work-life balance, immigrant and migrant workers, and non-standard workplaces (e.g., flexiwork, telework). Together, these studies provide useful guidance on topics that

might be addressed within a curriculum that seeks to prepare graduates for professional practice.

A related strand of research has involved the elicitation of subject-matter-expert opinion from OHP academics: an important constituency whose views bring considerable weight to bear in the design and implementation of university curricula. On the basis of a survey administered at two international OHP conferences, Houdmont, Leka, and Bulger (2010) sought to identify the topic areas perceived by OHP academics as central to a curriculum and assess whether European and North American differences in how the discipline is defined might present a barrier to agreement on the importance of these topic areas. The study revealed agreement between European and North American academics on the centrality of a set of topic areas to an OHP curriculum. Eleven topics were identified by both groups as 'important' and a further five as 'core'. This latter set included: interventions to promote health, organizational research methods, design of the psychosocial work environment, stress theory, and stress interventions. Considerable overlap between these five areas can be discerned. Taken as a whole, these topic areas are not inconsistent with the high level characteristics advanced by Cox, Baldursson, & Rial González (2000) as central to defining the discipline.

It might be considered surprising that definitional differences failed to give rise to contrasting perspectives among academics operating in these regions in relation to the question of which topics might be considered central to a curriculum. Given the focus in the European definition on the contribution of applied psychology to tackling occupational health issues it might be expected that European OHP academics would identify topics that have enjoyed a tradition of examination from a psychological standpoint. In contrast, individuals that adhere to the broader North American definition that encapsulates the contribution of a variety of occupational sciences alongside psychology might be expected to identify a wider list of topics. The identification of agreement between North American and European OHP academics on the 'core' topic areas might be an important factor that facilitates the development of program accreditation criteria in these regions as we enter the second decade of the twenty first century.

Summary

A number of approaches have been taken to the systematic identification of OHP topic areas. These have included the analysis of existing educational curricula, review of published research themes, and expert surveys. The results of these studies highlight that in its short lifetime OHP has generated a wealth of scientific knowledge on work-related stress, as well as wider organizational issues as they relate to individual and organizational health, and there now appears to be broad consensus on the topic areas that are central to the discipline.

The Work of Occupational Health Psychologists

What do OHP practitioners do?

What knowledge and skills do OHP job advertisements call for?

In his influential book, *Psychology and Industrial Efficiency* (1913), Hugo Münsterberg, a pioneer of applied psychology, observed the need for organizations:

to appoint professionally trained psychologists who will devote their services to the psychological problems of the special industrial plant . . . It is obvious that the professional consulting psychologist would satisfy these needs most directly, and if such a new group of engineers were to enter into industrial life, very soon a further specialization might be expected. Some of these psychological engineers would devote themselves to . . . problems of fatigue, efficiency, and recreation; [others] the psychological demands for the arrangement of the machines; and every day would give rise to new divisions. ('The future development of economic psychology' section, para. 3)

Münsterberg's ambitions for the employment of psychologists within organizations have been realized to varying degrees across countries and industrial sectors. Almost 100 years after publication of the above tract, an ever-growing number of organizations can be seen to demonstrate awareness of the benefits to be yielded by the employment of an OHP practitioner, not only for employee health but also for the health of the organization. A much was recognized by Münsterberg who noted that the psychologist was likely to 'submit propositions which might refer exclusively to the psychological factors and yet which might be more important for the earning and the profit of the establishment than the mere buying of new machines or the mere increase in the number of laborers' ('The future development of economic psychology' section, para. 3). In fulfilment of Münsterberg's ambition, it is now possible to discern an international cohort of OHP practitioners, supported by the discipline's representative bodies, that seeks to apply psychological principles and practices within the organizational setting.

OHP practitioners work in a wide variety of organizations to promote the understanding, control and prevention of work-related illness and injury, and promotion of health and well-being. Until the dawn of the twenty-first century, job advertisements that made explicit calls for the services of an OHP practitioner were few and far between. In their employment search, OHP graduates had little choice but to attempt to match the knowledge and skills developed during their studies to the job specification given in advertisements for various occupational health, safety, or human resource roles. If called for interview, it would often be incumbent upon the interviewee to explain the discipline of OHP to the employer and convey the unique contribution offered by its practitioners. However, in recent times advertisements have begun to appear that make a direct call for the services of the OHP practitioner. For example, the real-life advertisement given in the box appeared in the British national press in 2007. Consistent with the high-level

characteristics that Cox, Baldursson, & Rial González (2000) suggested appear to define the discipline, the advertisement highlights the role of the OHP practitioner working within multi-disciplinary teams on the design and delivery of interventions based on theory and evidence that are targeted at the promotion of employee well-being and organizational effectiveness.

**Box 1.2 Vacancy: Occupational Health Psychologist
Employer: Hospital: London, England**

This is an exciting opportunity to join an expanding Occupational Health Service for staff in a London teaching hospital and contribute to the psychology arm of the service. The Occupational Health Service is a multi-disciplinary team providing a service to approx 5,000 staff. You will join a Consultant Psychologist who is currently providing psychological interventions at individual, team and organizational level. We are looking for an enthusiastic and creative person with a firm commitment to staff wellbeing and organizational effectiveness. You must have the ability to adapt psychological models to occupational health contexts, with the skills to provide the usual psychological assessments and interventions and an interest in developing new brief therapy packages to meet the psychological needs of a wide variety of staff. You will assist in the development of profession-based psycho-educational programs. A key role will involve audit and evaluation of professional activities of the psychology service. We invite applications from recently qualified psychologists. There will be excellent opportunities for professional development, relevant research, and supervision.

One explanation for the paucity of OHP job opportunities that plagued graduates in the discipline's early years may be found in the ambiguity that initially surrounded the question of what precisely an OHP practitioner might bring to an organization in terms of knowledge and skills. Fortunately, in recent times there has been a concerted effort to clarify this matter. For example, when Fullagar and Hatfield (2005) found themselves unable to conduct an analysis of the training needs for OHP job applicants due to the apparent absence of a single advertisement in the United States that specifically called for an OHP practitioner they, instead, conducted an analysis of the knowledge, skills, and abilities required of various jobs related to OHP and to which OHP practitioners might apply. Combining the results of the analysis with information on topics taught in North American OHP curricula, Fullagar and Hatfield were able to develop a tentative OHP job description, whereby the role of the OHP practitioner is to:

Review, evaluate and analyze work environments and design programs and procedures to promote worker health and reduce occupational stress caused by psychological, organizational and social factors. Apply principles of psychology to

occupational health problems. Activities may include policy planning; employee screening, training and development; and organizational development and analysis. May work with management to reorganize the work setting to improve worker health. May be employed in the public or private sector.

Elements of Fullagar and Hatfield's job description can be found in recent real-world advertisements for OHP practitioners and it is likely that job descriptions such as this will continue to be refined, and their elements increasingly permeate into employment vacancy advertisements.

Summary

Professional practice in OHP has developed as a cohesive activity stream following the establishment of a self-sustaining scientific research base in the discipline. Year-on-year growth in opportunities for professional practice can be identified in both Europe and North America.

The Emergence of a Discipline

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Which research traditions and legislative events gave rise to OHP?

Who are the key figures in the emergence of OHP in Europe and North America?

As has been discussed, prior to the emergence of OHP in the early 1990s, occupational health practitioners were equipped to manage physical, biological, and chemical risks in the workplace. However, growing recognition of the cost to business of stress-related problems, evidence to attest to the role of psychosocial hazards in the development of work-related health problems, and radical changes to the organization of work that may foster occupational health and safety problems, triggered an acknowledgment towards the end of the 1980s that future generations of practitioners would benefit from training in psychological theory, evidence, principles, and practices (Sauter, Hurrell, Fox, Tetrick, & Barling, 1999). In essence, events conspired to highlight the need for research and training on the possible benefits to be afforded by the application of psychology to occupational health questions and, in this way, provided a foundation for the development of OHP.

Several authors have provided historical accounts of the research groups, studies, and events that led to the emergence of OHP (Barling & Griffiths, 2002; Sauter et al., 1999). These provide a useful overview of developments as they have been reported in English-language publications which, naturally enough, have focused on developments in those countries where English is the native language or commonly spoken. It is inevitable that key developments elsewhere remain unfamiliar to the English-speaking OHP community, and it is important that these are acknowledged when the comprehensive international history of the

discipline is eventually written. Such an undertaking will require a book in itself. In this chapter we therefore make no attempt to present a comprehensive overview of the emergence of OHP. Rather, we selectively highlight a series of influential research groups, studies, and legislative developments that materialized during the twentieth century in Europe and North America. The list is by no means exhaustive; instead, it provides an illustration of some landmarks in the discipline's emergence.

European developments

It is possible, if one so wishes, to trace the origins of OHP back to the philosophers of ancient Greece. However, if we skip forward several centuries to the early part of the twentieth century it is possible to discern the discipline's modern roots in Europe in the activities of a handful of psychologists.

In the British context, much of the stimulus for psychological occupational health research was to be found in the events of the First World War. Created during wartime 'to consider and advise on questions of industrial fatigue, hours of labour and other matters affecting the personal health and physical efficiency of workers in munitions factories' (Health of Munition Workers Committee, 1915, p. 864), the Health of Munition Workers Committee oversaw numerous workplace interventions that would today be considered as falling within the OHP remit. Interventions included, among others, the introduction of dining rooms separated from the factory floor that supplied food 'under restful and comfortable conditions in rooms well lighted and ventilated and properly warmed' which were concluded to be responsible for 'a marked improvement in the health and physical condition of the workers, a reduction in sickness, less absence and broken time, less tendency to alcoholism and increased efficiency and output' (ibid). Around the same time, the government also introduced so called welfare supervisors to oversee the implementation of health and welfare interventions for women and younger workers with a view towards the enhancement of productivity. In this way, the welfare supervisor can be seen as a precursor of the contemporary OHP practitioner. However, some of the interventions applied by this cohort would undoubtedly concern today's OHP practitioners: women-only rest-rooms replete with mirrors, plants, and beds (women were assumed to be more susceptible to fatigue than men), and beauty parlours to prevent women from becoming psychologically damaged by doing men's work. Others, however, such as the introduction of flexible working hours and workplace childcare facilities, are as applicable today as they were in the early part of the twentieth century. Post-war, the Committee was developed by the government of the day into the Industrial Fatigue Research Board which changed its name again in 1928 to the Industrial Health Research Board. During the interwar years the Board conducted research on a variety of topics including the impact on productivity of long working hours, sickness absence, lighting and noise, and repetitive work. The Board's research studies on workforce health took on renewed importance during the Second World War in an effort to maintain efficiency and promote productivity under wartime conditions.

Wartime imperatives were not alone among the factors that stimulated concern in Britain surrounding issues of safety and health at work in the early to middle

part of the twentieth century. Trade unions formed numerous alliances in the early part of the twentieth century with groups such as the Industrial Health Education Society, formed in 1922, which fought to improve both worker health and organizational efficiency under the slogan 'health is wealth'; a banner that would not appear out of place today. Trade unions were also responsible for conducting some of the earliest national working conditions surveys of the type that are commonplace today in many countries. One early example, that of the Amalgamated Engineering Union (1944), paints a despairing and in no way unique picture of working conditions in one particular factory at that time: 'The ventilation in the sub-assembly shop is too bad for description. With the smell of rotting, rat-infested wood floors the low roofed, badly overcrowded shop is worse than the Black Hole of Calcutta' (p. 9).

After the Second World War, OHP-oriented research continued in Britain and was influential in bringing about the Health and Safety at Work Act 1974; an important piece of legislation that required employers to ensure the health, safety, and welfare of workers in so far as reasonably practicable. Although the Act has been successful in reducing the prevalence of industrial diseases and injuries, the contemporary world of work has generated a new wave of risks to workers health, namely psychosocial risks, the management of which has presented new challenges that require dedicated OHP research. This has stimulated the development of several centers of excellence in OHP research at universities across the UK including, among others, the Institute of Work, Health & Organisations at the University of Nottingham; the Institute of Work Psychology at the University of Sheffield; and the Centre for Occupational and Health Psychology at the University of Cardiff.

Elsewhere in Europe, particularly in the Northern European Nordic countries, psychosocial research gathered pace during the 1970s. Within this tradition, Swedish psychosocial researchers have played an important role in setting the stage for what was to become OHP. The interest of Swedish researchers in workplace psychosocial issues finds its roots in two factors: legislation that from as early as 1976 has recognized their importance in the determination of workers' health, and a long tradition of political democratization of work-life (Theorell, 1999). Notable landmarks in the Swedish research tradition include the studies of Bertil Gardell (1927–1987) on the importance of employee participation, and the consequences of worker alienation associated with industrialization (e.g., Gardell, 1971, 1982), Marianne Frankenhaeuser's (1925–) work on the physiological and psychological stress of working life (e.g., Frankenhaeuser & Gardell, 1976), Lennart Levi's (1930–) medically-oriented research on biological stress markers (e.g., Levi, 1972) and Töres Theorell's (1942–) studies on the relationship between working conditions and cardiovascular problems (e.g., Theorell & Floderus-Myrhed, 1977). Later, Theorell helped take psychosocial research to a wider audience through publication of the influential book *Healthy Work* in collaboration with Robert Karasek (Karasek & Theorell, 1990). A number of English-language historical accounts of Swedish psychosocial research have been written (Johnson & Johansson, 1991; Theorell, 2007). In parallel to the Swedish psychosocial research tradition, researchers in other Nordic countries conducted a series of influential psychosocial

work-environment studies during the 1960s and 1970s. In Norway, for example, important advances were made in knowledge on the health benefits of autonomous work groups (Emery & Thorsrud, 1969; Thorsrud & Emery, 1970) and the psychobiology of stress (Ursin, Baade & Levine, 1978).

North American developments

In North America, a number of events, individuals, and seminal studies paved the way for the establishment in 2004 of a regional representative body for OHP: the Society for Occupational Health Psychology (SOHP). These developments were also important to gaining the recognition of influential groups such as the American Psychological Association in respect of the discipline's distinct contribution to the management of occupational health.

It is beyond the scope of this chapter to provide a comprehensive account of the development of OHP in North America. Nevertheless, a number of important milestones can be identified. In the early to mid twentieth century a number of researchers, many of whom identified themselves as psychologists, conducted a series of seminal studies that were influential in stimulating research that might today be recognized under the OHP umbrella. Noteworthy among this group is Hugo Münsterberg (1863–1916), one of the fathers of applied psychology, who conducted a series of studies in what he referred to as economic psychology, a field that he considered ought to address 'how to find the best possible man, how to produce the best possible work, and how to secure the best possible effects' (Münsterberg, 1913, 'Means and ends' section, para. 6). Münsterberg went down in history for his far-sighted ideas about the role of psychology in the workplace and also, rather less fortuitously, for his untimely and sudden death on the lecture podium at Harvard University.

Following in the same research tradition, Arthur Kornhauser (1896–1990) is remembered for his tireless efforts to encourage psychological workplace studies that centered on the mental health of workers in preference to those concerned with productivity and organizational effectiveness. The latter he decried for the way in which 'working people are studied primarily as means to the ends of efficiency' (Kornhauser, 1962, p. 43). Through his studies involving Detroit factory workers, Kornhauser helped to locate worker health at the centre of psychological occupational research; it has been said that 'his most enduring quality was his outspoken advocacy for an industrial psychology that addressed workers' issues instead of managements' prerogatives' (Zickar, 2003, p. 363). In this way he laid the foundations for much contemporary OHP research.

Among other figures who played a pivotal role in the emergence of contemporary OHP mention must be made of Robert Kahn (1918–) who produced a number of influential books from the early 1960s onwards, among which *Work and Health* (1964) stands as one of the earliest that addressed the question of how work factors contribute to the health and well-being of employees. The work of these pioneers and their compatriots fuelled a burgeoning interest in the United States during the 1960s and 1970s on work-related psychosocial issues that was made manifest in a number of ways.

In the mid 1960s the National Advisory Environmental Health Committee, which had been established shortly beforehand by the Surgeon General of the Public Health Service, published *Protecting the health of eighty million Americans: A national goal for occupational health US Public Health Service* (US Department of Health, Education, and Welfare, 1966). The report predicted changes in the way work is conducted, many of which turned out to be true, such as a growing service economy, increased use of information and communication technologies and greater reliance on contract-workers. The report expressed anxiety about the implications of such developments for the health of workers and singled out work-related stress as a key concern. Shortly thereafter, The Occupational Safety and Health Act of 1970 came into force. This piece of legislation was groundbreaking for its acknowledgment of psychological considerations in the research that it authorized the National Institute for Occupational Safety and Health (NIOSH) to perform. For example, Section 20 mandated NIOSH to 'conduct research, experiments, and demonstrations relating to occupational safety and health, including studies of psychological factors ... motivational and behavioral factors ... job stresses on the potential for illness, disease, or loss of functional capacity in aging adults'. NIOSH subsequently embarked on an extensive programme of psychological research centred on behavioural impairment caused by chemical and physical exposures, the development of behavioural methods for detecting occupational hazards, individual differences affecting worker safety and health, work-related stress, and psychological strategies for improvements in occupational health (Cohen & Margolis, 1973). The Act was instrumental in providing opportunities for psychologists to study the relationship between work and health (Chen, Huang, & DeArmond, 2005), and triggered a wealth of research over many years.

One manifestation of this new research orientation was the integration of a suite of psychosocial questions into the nationally-representative Quality of Employment Survey series which began in 1969–70 (University of Michigan, 1970) and was followed by further surveys in 1972–3 (Quinn & Shepard, 1974) and 1977 (Quinn & Staines, 1979). Commissioned by NIOSH in collaboration with the Department of Labor and conducted by the University of Michigan, these surveys generated representative data on the organization of work which stimulated the first comprehensive US-based studies on relations between the psychosocial work environment and workers' health and safety.

A further major initiative around this time came in the form of a report produced by a task force under President Nixon: *Work in America* (1973). The report considered the available scientific evidence and concluded that preventable workplace psychosocial hazards may be responsible, along with other factors, for medical costs borne by workers and organizations. The report highlighted primary prevention as a means of decreasing medical costs and improving productivity. Interestingly, 33 years after publication of the report the authors produced a sequel; using the same methods of analysis they concluded that American workers in the twenty-first century tend to have greater job satisfaction than during the early 1970s and are more involved in decision-making at work (O'Toole & Lawler, 2006).

Any discussion on the emergence of OHP in North America must make mention of the major role played by NIOSH. One of its most important actions in this regard was the advancement at the beginning of the 1990s of an influential national strategy to combat occupational health risks and associated impairment to psychological well-being (Sauter, Murphy, & Hurrell, 1990). Within NIOSH, Steve Sauter has been a powerful advocate for OHP. In collaboration with the American Psychological Association, NIOSH was instrumental in the establishment of graduate OHP training programmes in the 1990s and the organization of a series of international conferences on work and well-being that began in 1990 and have continued periodically since that time. In addition, NIOSH was closely involved in the establishment of the *Journal of Occupational Health Psychology* in 1996.

Partly in response to initiatives led by Steve Sauter and colleagues at NIOSH that turned a national spotlight on psychosocial issues at work and highlighted 'a need for closer integration between behavioral science, medicine, and management to address

Pioneer Steven Sauter (1946–)

Steven Sauter has risen to prominence in the USA as a result of his dedicated efforts to integrate the behavioural sciences into the mainstream of research and practice targeted at the control and prevention of work-related illness and injury. He is perhaps best known for being the driving force behind the development of a US research agenda on the organization of work and for promoting the application of research from the social sciences towards the improvement of occupational health. Steven has spent much of his career at the US National Institute for Occupational Safety and Health (NIOSH) where he presently assumes the position of Coordinator of the NIOSH Research Program on Work Organization and Stress-Related Disorders. In collaboration with NIOSH colleagues and the American Psychological Association (APA), he founded the *Journal of Occupational Health Psychology* in 1996, and he was instrumental in the establishment of the Society for Occupational Health Psychology in 2004. The first graduate training programmes in occupational health psychology in the US and the long-running Work, Stress, and Health conference series are also products of his work with the APA. In 2006, the European Academy of Occupational Health Psychology made Steven an Academy Fellow in recognition of his long-standing contribution and commitment to occupational health psychology. In 2007, NIOSH honoured Steven with the James P. Keogh Award for Outstanding Service in Occupational Safety and Health.



distress at work' (Quick, 1999, p. 123), the term 'occupational health psychology' was finally coined in the USA in 1990 (Raymond, Wood, & Patrick, 1990).

Summary

The emergence of OHP as we know it today can be traced back to a series of seminal 'industrial psychology' experiments in the early part of the twentieth century. As that century progressed, a number of groups in Europe (particularly in the Northern European Nordic countries), and the USA, established themselves as world leaders in psychosocial research. The activities of these groups found encouragement in occupational health and safety legislation on both sides of the Atlantic Ocean.

The Occupational Health Psychology Community

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*Which bodies represent OHP?
What activities do these groups engage in?*

In response to the dramatic and sudden arrival of OHP on the world stage in the 1990s, an international band of protagonists was quick to appreciate that the discipline would benefit from the establishment of representative bodies. These would serve to shape and drive forward developments in the discipline, and consolidate its position within occupational health provision. OHP now benefits from two regional representative bodies that enjoy constructive, mutually beneficial, working relationships. These are the European Academy of Occupational Health Psychology (EAOHP), and in North America, the Society for Occupational Health Psychology (SOHP).

European Academy of Occupational Health Psychology



The European Academy of Occupational Health Psychology has its roots in discussions that began in 1997 between a group of academics, led by Tom Cox, at what would later become the Institute of Work, Health & Organisations (IWHO) at the University of Nottingham (UK), and the departments of Occupational Medicine at Skive Sygshus and Herning Sygshus (Denmark). Those

discussions led to the establishment of an organizing committee, empowered by an enabling document signed in 1998, dedicated to bringing about 'an institution [that is] urgently needed in Europe to bring together and support those concerned for research, teaching and practice in relation to psychological, social and organisational issues in occupational health, and to promote excellence in such activities' (European Academy of Occupational Health Psychology, 1998). The Academy was formally constituted in 1999 at the First European Workshop on Occupational Health Psychology in Lund, Sweden, organized by the Universities of Lund and Kristianstad. In the years immediately following its inception the Academy operated out of the Institute of Work, Health & Organisations in the care of a team led by Tom Cox and actively supported by a pan-European group of individuals and institutions.

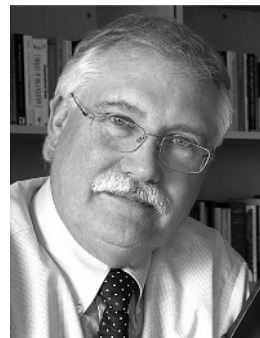
In 2006 the Academy was registered as a charity under English law, a move that served to ensure its continued growth as a formal, transparent and democratic operation that exists for the benefit of its members and the advancement of the discipline. In accordance with the legal requirements of charitable status, the Academy is governed by a panel of trustees that empowers an Executive Committee with responsibility for day-to-day operations. Charitable status requires the Academy to possess a constitution that is enshrined in law, and procedures for the election of members to the Executive Committee. These innovations have provided a launch pad for efforts to decentralize the Academy's operations with a view to involving a broad range of individuals in the management of the Academy's activities. As a result, the Academy is today managed by a team that is truly European in its incorporation of individuals from numerous Member States, and this pan-European character is reflected in the Academy's activities.

The most high profile of the Academy's activities, and that which acts as a metaphorical camp fire for all to gather around, is its conference series. Conferences have been held in Lund, Sweden (1999); Nottingham, England (2000); Barcelona, Spain (2001); Vienna, Austria (2002); Berlin, Germany (2003); Porto, Portugal (2004); Dublin, Ireland (2006); Valencia, Spain (2008); and, Rome, Italy (2010). The success of these has grown year on year; attendance has grown from approximately one hundred delegates at the first conference to many times that number at more recent gatherings. Over the years the demographic makeup of delegates has changed; whereas the early conferences were almost exclusively attended by academics, recent conferences have attracted cohorts of practitioners, students, and local occupational safety and health specialists who wish to receive an introduction to the discipline.

The Academy bestows three categories of honour. These are important for encouraging research, education, and practice in the discipline, and for recognizing excellence. The first of these, Fellowships, are awarded to those who have made an exceptional contribution to OHP through research, professional practice, or educational activities over an extended period. In this way the Academy is able to recognize the outstanding input made by these individuals to advancing the discipline. The Fellowship roll of honour reads as a list of some of the leading OHP

Pioneer Tom Cox CBE (1947–)

Tom Cox CBE is an applied psychologist who has dedicated his career to the advancement of research, education, and practice in occupational health psychology. In a career spanning more than 40 years at the University of Nottingham in the UK, Tom has developed an international reputation for injecting his science with an indefatigable drive to share the fruits of the discipline with as wide an audience as possible. Tom arrived at the University of Nottingham in 1966 to pursue an undergraduate degree in psychology. That was followed by a PhD which secured a lectureship in the Department of Psychology where he soon became internationally renowned on the publication of his seminal book *Stress* in 1978. The book was among the first to consider theory and practice on work-related stress and remained a bestseller for more than two decades. In 1986, Tom established the international quarterly journal *Work & Stress* which soon established itself as one of the leading journals in applied psychology, and was later to become the affiliated journal of the European Academy of Occupational Health Psychology. In the early 1990s, he initiated the programme of work for which he is perhaps best known: the development of a risk management paradigm for the control and prevention of work-related stress. His work in this area informed the design and operationalization of the British government's guidance on work-related stress. In 1997, Tom instigated discussions that led to the creation of the European Academy of Occupational Health Psychology, and he became its founding president. In 1999 he left the Department of Psychology to form a school of applied psychology: the Institute of Work, Health & Organisations (IWHO). A postgraduate research institute committed to 'healthy people, healthy work, and healthy organizations', since its inception IWHO has been at the forefront of OHP activities in Europe, hosting *Work & Stress*, the EAOHP, and providing the world's first Masters Degree in the discipline. Tom has received widespread recognition for his work. Most notably, he was awarded the Commander of the British Empire by Queen Elizabeth II in 2000 for services to occupational health. In 2008 he was awarded a lifetime achievement award by the Society for Occupational Health Psychology.



protagonists. It includes: Tage Kristensen (2000), Jose Maria Peiro (2001), André Büssing (2003) (posthumous), Johannes Siegrist (2003), Lois Tetrick (2003), Michiel Kompier (2004), Kari Lindstrom (2006), Steve Sauter (2006), Julian Barling (2008), Töres Theorell (2008), and Cary Cooper (2010).

Pioneer Tage S. Kristensen (1943–)

Tage is one of the pioneers of psychosocial work environment research in Denmark. He became well known for his work in the field of work and cardiovascular diseases following publication of two comprehensive reviews of the research published in 1989 in the *Scandinavian Journal of Work, Environment, and Health*. Since that time, Tage has produced some 200 publications and given more than 100 conference presentations in this field. In 1991 he was one of the founders of the Committee on Cardiology in Occupational Health under the International Commission on Occupational Health (ICOH), and he served as chairman of this committee for a number of years. In 1995 he arranged the first international conference on the topic of Work Environment and Cardiovascular Diseases. In 1994 he founded the Danish Society of Psychosocial Medicine under the aegis of the International Society of Behavioral Medicine. He was a member of the Governing Council of the International Society of Behavioral Medicine (ISBM) for many years. He is also known for being the driving force behind two psychosocial questionnaires that have been widely used in international research: The Copenhagen Psychosocial Questionnaire (COPSOQ) and the Copenhagen Burnout Inventory (CBI). In 1998 he was one of the organizers of the First International ICOH Conference on Psychosocial Factors at Work and also one of the founding fathers of the Scientific Committee on Psychosocial Factors under the ICOH. During the past 10–15 years he has been working actively on psychosocial intervention research and published numerous works in this field. Internationally he has been keynote speaker, chairman, and organizer at a large number of congresses and workshops, and he has given courses on psychosocial factors at work in many countries. He was the first professor at the National Institute of Occupational Health in Copenhagen, Denmark (2000–2008) and is now working as an independent researcher and consultant. He has received a number of national awards and was appointed fellow of the European Academy of Occupational Health Psychology in 2001.



Through its association with the journal *Work & Stress*, the Academy has awarded an annual Best Paper Prize since 2006. Decision criteria include citations as well as the interest that the paper has attracted (as indicated from download data). In addition, to encourage excellence in the next generation of OHP researchers, and in recognition of early-career distinction, the André Büssing Memorial Prize is awarded annually in the memory of the Academy's first

Vice-President. Awarded on the basis of the design, execution, relevance, and presentation of a study revealed at the Academy's conference, recipients have included:

- Annet de Lange (then at Vrije Universiteit Amsterdam, the Netherlands) (2004), for research on the relationship between work characteristics and health outcomes as a function of age;
- Nele de Cuyper (Katholieke Universiteit Leuven, Belgium) (2006), for studies on employability among insecure and temporary workers;
- Lieke ten Brummelhuis (Utrecht University, the Netherlands) (2008), for an examination of copying co-workers' sickness absence in teams.

New research of relevance to OHP is published in numerous occupational health, business management, and ergonomics journals. Among these research outlets there exist two quarterly international journals that are dedicated to serving the field. The first of these, *Work & Stress*, was established in 1996 by Tom Cox. As previously mentioned, the journal has established a reputation for publishing high quality peer-reviewed papers concerned with the psychological, social, and organizational aspects of occupational and environmental health, and stress and safety management, and is now ranked among the top ten in applied psychology. Since 2000, *Work & Stress* has been published in association with the European Academy whose members receive an individual subscription as part of their membership package.

Society for Occupational Health Psychology



The Society for Occupational Health Psychology (SOHP) was established in 2004 under the inaugural leadership of Leslie Hammer (Portland State University), whom, along with a group of likeminded academics and practitioners, sought to develop a professional group for the discipline on the American continent. The Society fulfils its objectives:

By obtaining, and disseminating to the public factual data regarding occupational health psychology, through the promotion and encouragement of psychological research on significant theoretical and practical questions relating to occupational health, and by promoting and encouraging the application of the findings of such

psychological research to the problems of the workplace. (Society for Occupational Health Psychology, 2008, p. 1)

Discussions on the creation of the Society began in 2001 with a meeting hosted by Paul Spector and Tammy Allen at the University of South Florida that was attended by representatives from the North American universities which, at that time, offered OHP programmes. A series of meetings ensued over the next 3 years that led to the establishment of the SOHP and instalment of its first officers in October 2004. From the outset, SOHP had a cooperative relationship with the American Psychological Association. In 2008, SOHP became a formal co-organizer of the Work, Stress, and Health conference series. This series began with a conference in Washington, DC (1990) that was followed by two further events in Washington (1992, 1995), after which the conference moved around North America, taking in Baltimore, MD (1999); Toronto, Canada (2003); Miami, FL (2006); Washington, DC (2008); and San Juan, Puerto Rico (2009).

In the same way that the EAOHP is affiliated to the journal *Work & Stress*, SOHP has a formal link with the *Journal of Occupational Health Psychology* (JOHP). Launched in 1996 as a result of collaboration between the NIOSH and the American Psychological Association, SOHP members receive a personal subscription to the journal. JOHP publishes research, theory, and public policy articles and has been edited by a number of pre-eminent North American occupational health psychologists.

International Coordinating Group for Occupational Health Psychology

Both the EAOHP and the SOHP hold permanent seats on the International Coordinating Group for Occupational Health Psychology (ICG-OHP). Created in 2000, the ICG-OHP meets annually to encourage collaboration between existing and emerging representative groups in shaping the future of OHP. The Group's website featuring news on the latest international OHP developments can be found at www.icg-ohp.org.

Summary

OHP is represented by two regional bodies: the European Academy of Occupational Health Psychology and, in North America, the Society for Occupational Health Psychology. Both groups operate activities such as conferences and the production of publications for the promotion of research, education, and practice. Each has a permanent seat on the International Coordinating Group for Occupational Health Psychology that exists to encourage fruitful collaboration among vested interest parties.

SUMMARY AND CONCLUSIONS

- OHP is a young discipline that emerged out of the confluence of changing characteristics of work and the workforce, legislative events, and research advances in the twentieth century.
- OHP can be defined as the application of the principles and practices of psychology to occupational health issues.
- Contemporary changes to the content and context of work suggest that the prevalence of psychosocial risks is likely to increase. OHP practitioners have a unique contribution to make to the management of such risks.
- The discipline is represented by European and North American bodies that work collaboratively to support the sustainable development of the field.

This chapter has introduced the reader to the discipline of OHP, the nature of its practice, the emergence of the discipline, and the representative bodies that support research, education, and practice on the international stage. Having read this chapter, it is hoped that you will have developed an appreciation of the unique blend of knowledge and skills that the OHP practitioner brings to the management of occupational safety and health issues associated with the contemporary world of work. We hope that you, as we, are excited about the opportunities laid out for OHP practitioners to promote well-being and the quality of working life, and to achieve the development of healthy workplaces that support healthy communities.

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