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**Bridging the gap between policy and practice:
The Chilean case of adopting and implementing a
psychosocial risk management regulation to protect and
promote mental health at work**

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ABSTRACT

In 2019, 970 million people worldwide experienced some type of mental burden during their lifespan; hence, mental ill-health has become one of the most concerning health problems across societies. To address this issue, international organisations have highlighted the need to adopt integral strategies that include aspects ranging from structural conditions that influence mental health to reducing the consequences of mental disorders. In this respect, employment is an important social determinant of mental health because it provides individuals with opportunities to develop socially and economically, along with determining the type of occupational risks employees are exposed to. Therefore, during the last decades the international community has made many calls for action to develop national programmes and policies to mobilise organisations to enhance working conditions, known as psychosocial factors, in order to protect and promote employees' mental health.

However, currently there is a global scarcity of countries that have introduced national policies and regulations regarding psychosocial risk management. Chile, through the publication of the 'Protocolo de Vigilancia de Riesgos Psicosociales en el Trabajo' (Psychosocial Risks at Work Surveillance Protocol in English) in 2013, is one of the few nations worldwide that has adopted this sort of legislation. Nevertheless, occupational mental diseases still show an upward trend in this country. This situation evidences a gap between policy and practice, in which governmental actions have not led to effective organisational initiatives in protecting and promoting mental health at work. Unfortunately, this issue has also been recorded in countries from the global north with a longer tradition of managing psychosocial risks.

This thesis aim is to systematise and review the Chilean experience of adopting and implementing a psychosocial risk management regulation. Moreover, it addresses the overarching research question: 'How have international values and scripts related to psychosocial risk management been adopted, legitimated and implemented in the context of Chilean society and enterprises?' through a transdisciplinary approach that includes literature from public policy, organisational sociology, psychology, and management. Based on these conceptualisations, a multilevel, integral and bidirectional theoretical framework is proposed to bridge the gap between policy and practice.

The current research is underpinned by a critical realism ontological and epistemological perspective. As such, the Chilean experience of adopting and

implementing a psychosocial risk management regulation is framed as a case study reviewed under a qualitative approach. Data was collected with policy documents and semi-structured interviews, while their analysis involved triangulation and thematic analysis techniques. Furthermore, the Chilean experience was examined using three empirical studies. The first study reviews policy development aspects, including introducing psychosocial risk management to the policy agenda and the subsequent formulation, implementation, and consolidation of the Psychosocial Risks at Work Surveillance Protocol. The second study examines the elements that facilitate and hinder the legitimization of this regulation among social and organisational stakeholders. Lastly, the third study revolves around the experience of enterprises in managing psychosocial risks by complying with local legislation.

Findings evidence several gaps that require attention for national initiatives to protect and promote mental health at work effectively. These include integrating psychosocial risk management with national and organisational needs and concerns, developing capabilities and infrastructure that support organisations in complying with this statutory obligation and evaluating the effects of national programmes and policies on psychosocial factors and employees' mental well-being indicators. To address these gaps, this research suggests fostering vertical and horizontal collaboration between policymakers and other public and private actors. This approach would align stakeholders, roadmaps, infrastructure, resources, and capabilities required to improve the initiatives organisations conduct to enhance their psychosocial work environment.

Overall, this thesis provides insights that are useful both for Chile and on a global scale. On the one hand, it underlines this country's main strengths and areas for improvement regarding its national psychosocial risk management regulation. On the other hand, stakeholders worldwide can contrast findings from this research with their current situation about protecting and promoting mental health at work. Nevertheless, in this last case, they should be carefully read in accordance with local characteristics.

KEYWORDS

Occupational safety and health, Mental health at work, Hard law psychosocial risk management policies, Policymaking, Institutional theory.

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CHAPTER 1: INTRODUCTION

1.1 Background

The World Health Organisation (WHO, 2022a, p:8) defines mental health as 'A state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities. Mental health is an integral component of health and well-being and is more than the absence of mental disorder'. Based on this definition, mental health is considered as a continuum that goes from an optimal state that allows individuals to successfully respond to their daily needs to one that causes suffering and emotional exhaustion (European Commission (EC), 2014). It is, therefore, unsurprising that the WHO (2001, 2022a) has highlighted the importance of adopting integrative strategies to enhance the population's mental health, which should include aspects that range from promoting well-being to reducing the consequences of mental disorders.

Such an approach is even more relevant nowadays, considering that mental ill-health has become one of the most concerning health problems worldwide. According to the WHO (2022a), in 2019, 970 million people experienced some type of mental burden during their lifespan. Anxiety and depressive disorders are two of the major contributors to this issue, affecting 301 million and 280 million individuals across the world, respectively. Initial estimates indicate that during the COVID-19 pandemic years, the former has increased by 25.6% while the latter by 27.9% (WHO, 2022b). Moreover, it has been identified that since 1990, the burden of mental disorders has not decreased, corresponding in 2019 to 15.6% of the global population's Years Lived with Disability (YLDs), with depression the second cause of all YLDs and anxiety being the eighth (GBD 2019 Mental Disorders Collaborators, 2022).

The region of the world with the highest proportion of their population affected by mental ill-health is the Americas, in which 34% of YLDs are related to Mental, Neurological and Substance Use Disorders and Suicide (MNSS) (WHO, 2022a). According to the Pan-American Health Organisation (PAHO) (2018), this region follows a similar pattern as global trends because depression and anxiety disorders are the MNSS with the most elevated proportion of YLDs. The countries from this region with the highest burden of mental disorders, estimated based on the proportion of YLDs related to these issues, are Brazil (36.5%), Chile (36.2%) and Paraguay (35.6%).

Particularly in Chile, the country in which this research takes place, despite the relevant efforts made to improve its health infrastructure and reduce infant mortality and malnutrition, mental ill-health has had a significant toll (Bossert & Leisewitz, 2016). Currently, in Chile mental disorders are the main cause of suffering among its population, corresponding to 33% of the sick leaves in this country (Ministerio de Salud de Chile (Chilean Ministry of Health in English), 2017a; Superintendencia de Seguridad de Social de Chile (Chilean Superintendency of Social Security in English), 2024a) and the number of disability days associated with this issue nearly doubles the rest of medical conditions. This implies that more than a third of Chile's expenditure on disability benefits is dedicated to mental ill-health (Chilean Superintendency of Social Security, 2019, 2024a).

The WHO (2022a) has indicated that the social system in which individuals unwind has relevant implications for promoting mental well-being and decreasing the prevalence of mental disorders in the population. The social and physical circumstances of a group, such as nutrition, education, income and occupation, have been conceptualised as Social Determinants of Health (SDOH) (Sachs-Ericsson et al., 2009; WHO, 2022a). SDOHs positively or negatively affect individuals' health quality because they delimit the opportunities of access that a segment of a population has to health services, as well as their health conditions and habits (Marmot, 2005). In addition, Solar and Irwin (2010) indicate that SDOHs are articulated by the political and socioeconomic context of a nation (e.g., development agenda, economic policies, labour market, education system), and therefore, states must consider them when working towards reducing mental health inequalities.

Specifically, employment is considered a direct and indirect determinant of mental health. On the one hand, work is a source of economic, social and personal development. On the other hand, it determines the working conditions employees are exposed to (Jain & Leka, 2019). Likewise, Hergenrather and colleagues (2015), through a systemic review of studies conducted in ten countries, identified that employed people experienced better mental health than those unemployed. However, it has also been identified that not all types of employment positively impact mental health. For example, employees under precarious employment conditions such as job insecurity, low income, lack of power and labour rights perceive themselves in a vulnerable position and do not evidence significant differences in mental health indicators as those who are unemployed (Amable et al., 2001; Vives-Vergara et al., 2017).

1.2 Work and mental health: Concepts, consequences, and challenges

During the last century, the nature of work and employment have been constantly reshaped due to globalisation, the introduction of information and communication technologies, new patterns of work and employment conditions, new demographic trends and climate change (Jain et al., 2018; Schulte et al., 2022). This global scenario has led to a highly competitive environment, forcing organisations to continuously adapt to survive. Workers are required to learn and use highly developed cognitive, emotional, and social skills to cope with complex work conditions, such as extended working hours, high work pace, multitasking, providing timely responses to client requirements, customer support, social interaction with team members, interacting in multicultural teams, connection to technological devices, job security and economic stress due to downsizing, among others (International Labour Organisation (ILO), 2016; Jimmieson et al., 2016).

The situations previously depicted have been associated with psychosocial hazards. The joint committee of WHO and ILO of 1984 defined them as 'interactions between and among work environment, job content, organizational conditions and workers' capacities, needs, culture, personal extra-job considerations that may, through perceptions and experience, influence health, work performance and job satisfaction' (ILO, 1986, p. 3). Working conditions activate individuals' adaptive mechanism known as stress, unleashing a series of biological, cognitive, and behavioural reactions that prepare individuals to fight or flee (Schulz & Vögele, 2015). Nonetheless, it is important to note that when this term was introduced to the physiology literature, it was defined as 'an environmental demand (that) exceeds the natural regulatory capacity of an organism, in particular situations that include unpredictability and uncontrollability' (Koolhaas et al., 2011, p. 1). Therefore, in this discipline, stress in itself does not have a negative or positive implication. However, in the context of occupational safety and health (OSH) 'work-related stress' is associated with negative outcomes related to employees' physical and mental health caused by a mismatch between the requirements from work and employees' resources, knowledge, and abilities (WHO, 2022a).

Likewise, since there is a plethora of concepts used throughout the literature to depict how work affects employees' mental health and well-being (de Oliveira et al., 2023; Hamouche, 2020; Kelloway et al., 2024; Rugulies, 2019), Leka and

colleagues (2017) defined the key concepts involved in protecting and promoting mental health at work. Psychosocial factors have a neutral connotation by referring to 'aspects of the work organisation, design and management that include, among others, work demands, the availability or organisational support, rewards, and interpersonal relationships in the workplace' (Leka et al., 2017, p:1). Psychosocial hazards are 'aspects of the work organisation, design and management (that) have the potential to cause harm to individual health and safety as well as other adverse organisational outcomes' (Leka et al., 2017, p.1). Similarly, psychosocial risks are associated with 'the likelihood that a psychosocial hazard to cause harm' (Leka et al., 2017, p. 1). These authors indicate that depending on how effective psychosocial risks are managed, firms will have either positive or negative psychosocial work environments. The latter concept was defined by Rugulies (2019) as the organisational conditions and needs of work and how they are interpreted by employees through their personal experience.

Psychosocial risk management can be associated both with the efforts made to reduce the probability of employees experiencing mental ill-health due to their work and to create healthy workplaces that improve their well-being (Leka, 2016). Managing psychosocial risks is a key obligation and necessity for employers. On the one hand, it is part of their statutory obligation to protect employees' safety and health (ILO, 2023a). On the other hand, psychosocial work environments can significantly affect organisations' performance if they are not adequately addressed (Teoh, 2024). The ISO 31000:2018 standard defined risks as the positive or negative effect of uncertainty on an organisation's objectives (International Organization for Standardization (ISO), 2018). Therefore, depending on how firms manage their psychosocial risks, they can have positive or negative psychosocial work environments, subsequently positively or negatively impacting employees' physical, mental and social health, as well as organisations' performance and nations' overall development (Cox & Cox, 1993; Cox et al., 2000; Jain et al., 2018).

The evidence shows that employees working in a positive psychosocial work environment will develop skills to better cope with work demands as well as improve their performance and well-being (Demerouti & Bakker, 2011). On the contrary, chronic exposure to psychosocial hazards can negatively impact employees' health, leading to problems such as mental ill-health (Lorente et al., 2008) and increased risks of musculoskeletal disorders and death by cardiovascular diseases (European Agency for Safety and Health at Work (EU-

OSHA), 2015, 2018). In terms of organisational performance, companies that effectively manage their psychosocial risks enhance their competitiveness, productivity and innovation (Jain et al., 2017). In contrast, poor psychosocial work environments can hinder organisational productivity, with evidence highlighting absenteeism, job rotation, and employees' performance as the most affected indicators for companies (ILO, 2016). Scientific research has also aimed to estimate the impact of work-related stress on nations' economies, identifying that mental disorders have a global cost of USD \$ 1 trillion (Christensen et al., 2020). Furthermore, between 70% and 90% is attributed to the indirect effects of negative psychosocial work environments, such as reduced productivity and lost working days, while 10% to 30% is associated with medical treatment (Hassard et al., 2018).

During the last 50 years, a large amount of research has been conducted to provide employers and practitioners with guidelines to protect and promote mental health at work effectively (ILO, 2023b). Psychosocial risk management follows a sequential process that involves: i) risk assessment and audit, ii) developing action plans, iii) reducing risks through interventions, iv) evaluating the effectiveness of the interventions and v) organisational learning (Leka et al., 2011). Still, firms face several challenges while addressing this issue, such as the stigma associated with mental disorders (Organisation for Economic Co-operation and Development (OECD), 2015a, 2022). Additionally, psychosocial hazards tend to be associated with employees' subjective perception of their working conditions rather than specific and tangible sources (Eurofound and EU-OSHA, 2014). In this respect, interventions are designed by analysing the multiple properties of an organisation instead of implementing objective norms and standards (Leka et al., 2011). This often results in companies not managing their psychosocial risks with the same commitment as other OSH issues (Langenhan et al., 2013; Leka, 2016).

Several policy instruments have been developed worldwide to mobilise organisations to prevent and manage psychosocial risks in their workplaces (Jain et al., 2018; Leka et al., 2011). These policies provide guidelines on how enterprises can create healthy workplaces and establish the necessary capabilities and support systems for firms to protect and promote employees' mental health (Leka et al., 2015). Furthermore, international organisations have also made calls for action for states to develop national instruments to protect and promote mental health at work. For example, the ILO's Convention 190 article nine indicates that 'each Member shall adopt laws and regulations

requiring employers to take appropriate steps commensurate with their degree of control to prevent violence and harassment in the world of work, including gender-based violence and harassment, and in particular, so far as is reasonably practicable', to 'take into account violence and harassment and associated psychosocial risks in the management of occupational safety and health' (ILO, 2019, p.3). While the ILO (2012, 2016, 2023b), WHO (2005, 2022c, 2022d) and OECD (2015a, 2022) have developed guidelines regarding the aspects that governments should include in their national policy instruments related to mental health at work. In this respect, Europe is the region in the world that showcases the highest amount of regional and national-level initiatives that aim to mobilise firms to enhance their psychosocial work environments (Jain et al., 2022; Leka et al., 2011; Leka & Iavicoli, 2019).

Despite these developments, the WHO's Mental Health Atlas (2020) found that only 35% of a sample of 135 countries from around the world have adopted national instruments to protect and promote mental health at work. Nonetheless, in many cases, the extent to which these tools are being effectively implemented is still unclear. Moreover, such policy instruments have been traditionally adopted and reviewed in industrialised countries from the global north (i.e., North America, Europe and the Asia Pacific region (Jain et al., 2022; Leka et al., 2015; Lerouge, 2017; Potter et al., 2022)).

Meanwhile, newly industrialised countries from the global south have started to adopt national initiatives to protect and promote mental health at work over the last couple of decades, although there is a scarcity of studies that depict their experience. For example, Latin American countries have begun implementing national initiatives that mobilise enterprises to manage their psychosocial risks since 2008. Currently, Chile, Colombia, Ecuador, Mexico and Peru have enforced specific regulations, whereas Argentina, Costa Rica, El Salvador and Panama have published non-binding documents (Alianza del Pacífico (Pacific Alliance in English), 2023; Baron, 2018).

Particularly, Chile has implemented several legislative initiatives to mobilise enterprises to create healthy workplaces, including the publication of a specific regulation in 2013 that obliges enterprises to manage their psychosocial risks (Chilean Ministry of Health, 2013). Hence, this country has been considered one of the most developed nations in Latin America in terms of national instruments to protect and promote mental health at work (Muñoz-Harrison et al., 2024; Pacific Alliance, 2023). However, despite this accomplishment, there has been

a lack of research that assesses the effectiveness of the policy instruments introduced in this country.

Therefore, the current thesis examines and systematises the Chilean experience of adopting and implementing a psychosocial risk management regulation. It further aims to identify the challenges and opportunities the country faces while mobilising enterprises to manage their psychosocial risks, the actions companies conduct to comply with such requirement and the implications that introducing this national instrument has had at the international, societal, organisational and individual levels.

1.3 The Chilean context of protecting and promoting mental health at work

During the XXI century, the Chilean government has introduced several legal documents to protect and promote employees' mental health, which have been updated on several occasions and are presented in detail in section 1.3.2. At its core, the Chilean national regulatory framework to protect and promote mental health at work is underpinned by three legislative instruments. On the one hand, the enforceable actions related to assessing and managing psychosocial risks are indicated in Exempt Resolution 1448 from the Chilean Ministry of Health (2022) and the fourth book of the legal compendium of the Chilean social insurance against occupational accidents and diseases (Chilean Superintendency of Social Security, 2024a). On the other hand, the procedure to determine if a mental disorder was caused by work is established in the third book of the legal compendium of the Chilean social insurance against occupational accidents and diseases (Chilean Superintendency of Social Security, 2024c) and is discussed in section 1.3.2.2.

Nonetheless, this section aims to provide a broad understanding of the context in which this thesis is situated. Therefore, next is presented an overview of the main events throughout Chile's history that led its government to introduce such policy instruments, the current regulations regarding mental health at work, and their implications at the national and business levels.

1.3.1 The evolution of OSH in Chile

Chile has a consolidated tradition in terms of OSH policies. This has been accomplished by the Chilean OSH context passing through four main periods, as Figure 1-1 summarises (Humeres-Noguer, 2011; Lastra-Bravo, 2017).

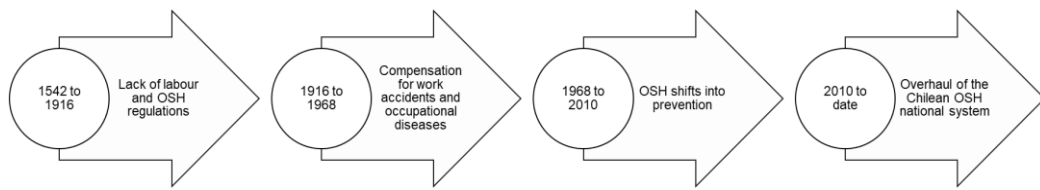


Figure 1-1: Evolution of the Chilean OSH context

Initially, since Chile was colonised in 1542 by Spain and until the beginning of the XX century, labour relationships and OSH did not have specific laws. Instead, they were regulated through civil laws related first to Spanish Colonial Decrees and, after Chile became an independent country in 1818, to the Civil Code of 1853, the Commerce Code of 1865 and the Mining Code of 1888 (Lastra-Bravo, 2017). Work was considered a commercial relation between private persons, and therefore, employees affected by an occupational accident had to prove in court the employer's liability to obtain compensation to cover the expenses related to the event. Meanwhile, employers could avoid this responsibility by alleging that the injury was due to a force majeure or by the employee's negligence (García-Huidobro Becerra, 2010).

However, during the decades of 1900 and 1920, trade union movements constantly demonstrated to demand better social and working conditions (Andrade-Yáñez, 1999). This situation has been depicted as the 'Cuestión Social' (Chilean Social Issue in English) (Grez Toso, 1997) and was addressed by the Chilean government by adopting international conventions related to social security and introducing the first social insurances and legislations to regulate labour and OSH. Specifically, Act 3170 of 1916 and its reform in 1924 through Act 4055 mandated enterprises to pay reparations to employees in the event of an occupational accident or disease and enforced employers to contract a 'seguro para los trabajadores' (employees' insurance in English) dedicated to cover such expenses (Lizama, 2011). In addition, in the Chilean Constitution of 1925, considered access to social security, including OSH services, as a constitutional right (Subsecretaría de Previsión Social de Chile (Chilean Subsecretary of Social Prevision in English), 2024) and in 1931, the Chilean Labour Code was published to compile all labour laws developed until then (Carrasco, 2017; Torres & Jain, 2017).

These initiatives allowed employees to receive compensation for the consequences of working conditions on their safety and health. However, during the following three decades, Chile was still affected by an elevated national

occupational accident rate that severely affected both firms and employees. Between 1930 and 1970, Chile had a rate of occupational accidents that ranged between 30% to 35% per year (Chilean Superintendency of Social Security, 2013) and events such as an explosion that took place in 1945 in the mining site 'El Teniente' used to leave an elevated number of death and injured employees (Sindicato de Minera El Teniente (Union of 'El Teniente' mining site in English), 2024). As a response, and also to tackle the elevated premiums associated with the employees' insurance, between the late 1950s and the start of the 1960s, several employers' associations formed specialised institutions denominated 'mutualidades'. These institutions were created to provide affiliated companies with medical treatment to employees affected by an occupational accident or disease as well as assistance to employers to prevent such events (Asociación Chilena de Mutualidades (Chilean Association of Mutualidades in English), 2020).

Based on this initiative, in 1968, the Chilean government, through Act 16744, separated its healthcare system between 'common health' and 'labour health'. The former is associated with the medical treatment people receive due to the effects and contingencies related to illnesses and pregnancy. The latter focuses on ensuring employers fulfil their duty of protection by providing guidelines to reduce occupational accidents and diseases (Chilean Subsecretary of Social Prevision, 2024). Act 16744 also updated the 'employees' insurance' to a 'seguro social contra accidentes del trabajo y enfermedades ocupacionales' (social insurance against occupational accidents and diseases in English), in which mutualidades were assigned the duty of being 'managing bodies of Act 16744' (Romero Álvarez, 2016). These institutions became responsible for supporting affiliated enterprises to eliminate or mitigate hazardous working conditions and delivering medical, economic and vocational provisions to employees affected by an occupational accident or disease (Ministerio del Trabajo y Previsión Social de Chile (Chilean Labour and Social Prevision Ministry in English), 1968).

The adoption of Act 16744, alongside other regulations later published by the Chilean government that currently articulate this country's OSH national system, had a significant impact by establishing the relevance of preventing occupational accidents and diseases. From 1968 to 2010, Chile experienced a steady decrease in its occupational accident rate, passing from estimates that ranged between 30-35% to 5.4%, and the average lost days from an occupational accident were reduced from 30 in 1969 to 15.6 in 2010 (Chilean Superintendency of Social Security, 2013). As such, the Chilean OSH national

system was recognised as one of the most specialised in Latin America, having even a similar performance than other OECD countries (Brahm et al., 2011).

However, the beginning of the XXI century imposed new challenges on Chile in terms of OSH. Although this country had a sustained decrease in occupational accidents, occupational diseases started to increase in the early 2000s (Chilean Superintendency of Social Security, 2016). Particularly, mental health at work started to become a significant issue. From 2001 to 2011, occupational mental illnesses experienced a growth of 632% (Ansoleaga et al., 2014), leading in 2011 to an increase of 14.6% in occupational diseases and 28163 lost workdays (Chilean Ministry of Health, 2013).

Due to this situation, the Chilean government started implementing several initiatives related to mental health at work. Mental disorders were included in the national list of occupational diseases through an update of Supreme Decree 109 (Chilean Ministry of Labour and Social Prevision, 2006). In addition, the Chilean Superintendency of Social Security (2009a, b) published the brief and extended versions of the 'cuestionario de la Superintendencia de Seguridad Social de Chile / Instituto Sindical del Trabajo, Ambiente y Salud 21' (Chilean Superintendency of Social Security / Trade Union Institute for Work, Environment and Health questionnaire in English and SUSESO/ISTAS-21 questionnaire according to its acronym in Spanish) to have an instrument for enterprises assess their psychosocial hazards. In parallel, the Instituto de Salud Pública de Chile (Chilean Public Health Institute in English) adapted the 'Instrumento de Evaluación de Medidas para la Prevención de Riesgos Psicosociales en el Trabajo' (Instrument to Assess Interventions for the Prevention of Psychosocial Risks in English) to provide employers with a methodology to improve their psychosocial work environments (Chilean Public Health Institute, 2012). Lastly, the Chilean Ministry of Health (2010) incorporated the application of the SUSESO/ISTAS-21 questionnaire as part of the voluntary certification programme 'Lugares de trabajo promotores de salud' (Workplaces promoters of health in English) to mobilise workplaces to assess their psychosocial hazards in the context of improving employees' well-being and quality of life.

During this period, Chile also struggled with other relevant OSH issues. For example, mutualidades did not provide enough support to small- and medium-sized enterprises (SMEs) to improve their work environments. Additionally, labour and health authorities had a reduced capability to verify compliance with labour and OSH regulations (Chilean Government, 2010). These gaps were put in the spotlight in August 2010 through the collapse of the mining site 'Mina San

José', which trapped 33 miners for 69 days. Although the miners involved in this event were successfully rescued through the collaboration between Chilean public and private sectors and international aid, the global coverage of this event tarnished Chile's international and national reputation of having a developed OSH national system (Villalobos-Araya, 2019).

This led to an overhaul of the Chilean OSH national system by ratifying ILO Convention 187 in 2011. Consequently, a national OSH policy was published in 2014, and a national OSH programme was promulgated in 2016. Among the commitments acquired by these initiatives were to develop and promote a preventive culture, improve OSH regulations, guarantee the quality and opportunities of employees to access mutualidades services and decrease the national rate of occupational accidents and diseases (Chilean Ministry of Labour and Social Prevision, 2016).

Regarding its pledge to reduce occupational diseases, the Chilean government implemented four main activities. Firstly, mutualidades were mandated to create medical commissions to establish if these events were caused by work conditions. Secondly, epidemiologic surveillance programmes and protocols were updated. The goal of these instruments is to control relevant occupational diseases among the working population by requiring employers to conduct frequent assessments to monitor the presence of specific occupational hazards. Thirdly, the Chilean health authority committed to intensify inspecting actions to verify employers' compliance with mandatory epidemiologic surveillance programmes and protocols. Lastly, these tools were adopted for work conditions not considered before, including asbestos, occupational noise, ergonomic risks and psychosocial hazards (Chilean Government, 2010; Chilean Superintendency of Social Security, 2013).

1.3.2 The Chilean regulatory framework to protect and promote mental health at work

The developments throughout Chile's history have led this country to articulate its OSH national system based on a preventive approach that mobilises organisations to reduce the incidence of occupational accidents and diseases by improving their working conditions. In addition, OSH regulations include curative elements, such as providing medical treatment to facilitate employees' recovery from a work event and supporting companies with negative work environments.

Following such principles, the first action implemented in Chile to address mental health at work was to include mental disorders in the national list of occupational diseases in 2006 (Chilean Ministry of Labour and Social Prevision, 2006). Later, as part of the update of the OSH national system catapulted by the accident at 'Mina San José' in 2012, the Chilean Superintendency of Social Security released Memorandum 2838 to establish the minimum aspects mutualidades must consider while determining an occupational mental illness (Chilean Superintendency of Social Security, 2012). Then, the Chilean Ministry of Health (2013) approved the Psychosocial Risks at Work Surveillance Protocol (PRWSP). This regulation established the procedure and periodicity for Chilean organisations to assess and manage their psychosocial risks. Specifically, the SUSESO/ISTAS-21 questionnaire was defined as the mandatory tool to assess psychosocial hazards and the Instrument to Assess Interventions for the Prevention of Psychosocial Risks was suggested to employers as a tool to improve their psychosocial work environments.

It is important to note that the PRWSP has been mandatory for all companies located in Chile, regardless of their size or economic activity, since its publication. However, at first, the local health authority prioritised the PRWSP inspection in companies from the financial services, retail, and transportation sectors (Chilean Ministry of Health, 2013). Additionally, in the Chilean national regulatory framework, the terms 'psychosocial risk factors', 'psychosocial labour risks', 'psychosocial risks' and 'psychosocial hazards' are used indistinctively. On the one hand, the Chilean Ministry of Health uses all these concepts to refer to the definition of 'psychosocial hazards' provided by Cox and colleagues (Cox et al., 2000, p. 6) 'aspects of the design and management of work, and its social and organisational context that have the potential for causing physical or psychological harm'. On the other hand, the Chilean Superintendency of Social Security utilises these terms in relation to the conceptualisation made in 1984 by the ILO and WHO Joint Committee outlined in section 1.2.

Based on the accumulated experience in addressing mental health at work, the Chilean government has made several modifications to this national regulatory framework. In 2015, the inspection of the PRWSP was extended to organisations from all economic activities (Chilean Ministry of Health, 2015). In 2016, Chilean authorities elaborated a protocol to standardise the actions mutualidades must conduct to categorise an occupational mental illness (Chilean Superintendency of Social Security, 2016a). Later, a new version of the PRWSP was published (Chilean Ministry of Health, 2017b), the SUSESO/ISTAS-21

questionnaire was adjusted, and a Psychosocial Labour Risks Epidemiological Surveillance Programme was standardised (PLRESP) (Chilean Superintendency of Social Security, 2016b). In 2020, recommendations for interventions related to psychosocial risk management were published (Chilean Superintendency of Social Security, 2020). Lastly, in 2022, the Chilean government introduced the current updates to these regulations, which are presented as follows.

1.3.2.1 Psychosocial risks at work surveillance protocol (PRWSP)

In 2022, the Chilean Ministry of Health made several updates to the PRWSP through its Exempt Resolution 1448 (Chilean Ministry of Health, 2022). In this new version it was adjusted this regulation's main objective from 'identifying the presence and level of exposure to psychosocial risks inside organisations' (Chilean Ministry of Health, 2013, p:15; Chilean Ministry of Health, 2017, p:7) to 'identify, assess, control and monitor psychosocial risk factors to protect employees' health and prevent mental health occupational diseases' (Chilean Ministry of Health, p. 7).

Besides, the mandatory assessment tool for organisations to identify their psychosocial hazards was replaced with the 'Cuestionario de Evaluación del Ambiente Laboral – Salud Mental / SUSESO' (Questionnaire to Assess the Work Environment – Mental Health / Chilean Superintendency of Social Security in English and CEAL-SM/SUSESO questionnaire according to its acronym in Spanish) (Chilean Superintendency of Social Security, 2022c). The CEAL-SM/SUSESO questionnaire is the Chilean adaptation of the Copenhagen Psychosocial Questionnaire (COPSOQ) third version. This instrument is composed of a demographic section (34 items) and 12 psychosocial factors (54 items) related to i) workload, ii) emotional demands, iii) career development, iv) recognition and role clarity, v) role conflict, vi) quality of leadership, vii) rewards, viii) insecurity towards working conditions, xi) work-life balance, x) trust and organisational justice, xi) vulnerability, and xii) violence and harassment (Chilean Superintendency of Social Security, 2022c).

Furthermore, since the updates made in 2017 to the PRWSP and the SUSESO/ISTAS-21 handbook, it is specified that companies must adequately manage their psychosocial risks by implementing a seven-step cycle. In this methodology, psychosocial work environments are improved by a continuous improvement cycle based on social dialogue that promotes the participation of

employees and organisational learning (Chilean Ministry of Health, 2017, 2022; Chilean Superintendency of Social Security, 2017b, 2020, 2022c). The seven steps defined in these regulations are illustrated in Figure 1-2.

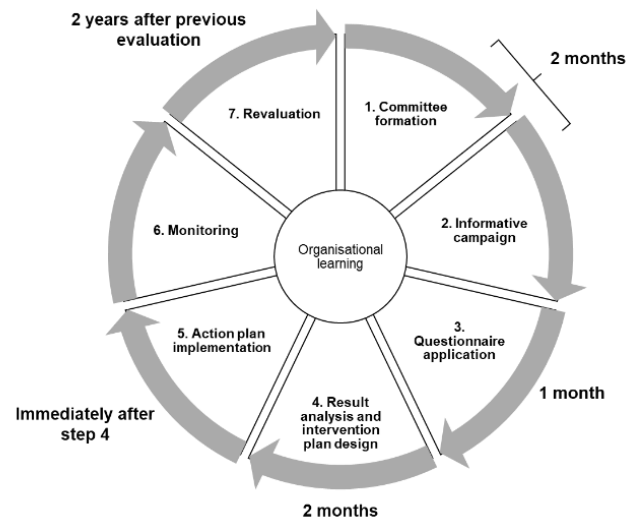


Figure 1-2: The SUSESO CEAL-SM methodology
(Chilean Superintendency of Social Security, 2022c)

The cycle begins with organisations forming a bipartite committee with representatives from both the employer and employees for each of their workplaces. It is noteworthy to mention that the composition of the committee varies depending on the size of the workplace. Sites with less than ten employees are not obliged to conduct the psychosocial hazard assessment. However, if an employee in this organisational setting requires medical treatment due to a possible occupational mental illness, the mutualidad to which the employer is affiliated must prescribe the implementation of the questionnaire. In this case, employers do not need to form this committee. If the employer has several facilities with less than ten employees in a region, the committee and assessment can be agglomerated at this level. Committees from workplaces between ten and 25 employees are formed by a representative of the employer and another from the employees. Worksites with over 25 employees are required to form a bipartite committee with four to six representatives (Chilean Superintendency of Social Security, 2022c). Once the committee is formed, it must implement an informative campaign to raise awareness among organisational stakeholders regarding psychosocial hazards and their impact on employees' health. For completing these two steps, employers have a deadline of two months since the committee is formed.

Then, the committee has one month to implement the CEAL-SM/SUSESO questionnaire in its workplace through a digital platform managed by the Chilean Superintendency of Social Security. The updated version of the PRWSP indicates that if the workplace has more than 1000 employees, the assessment can be conducted in six months and compacted through zones. Regardless of the number of employees in a workplace, local regulations stipulate that at least 60% of employees must complete the CEAL-SM/SUSESO questionnaire for the results to accurately depict a workplace's psychosocial hazards. Results are categorised as 'low risk', 'medium risk', or 'high risk' to determine the type of interventions employers must implement and the support they will receive from the mutualidad they are affiliated with to elaborate such actions (Chilean Ministry of Health, 2022).

After completing the psychosocial hazard assessment, committees have two months to analyse the results obtained in the CEAL-SM/SUSESO questionnaire and design an intervention plan to manage the workplace's psychosocial risks. Once the intervention programme is elaborated, committees oversee its implementation and monitor if modifications are needed due to contingencies. Finally, committees conduct a new assessment two years after the previous implementation of the CEAL-SM/SUSESO questionnaire to identify the effectiveness of the intervention plan (Chilean Superintendency of Social Security, 2022c).

In the 2022 PRWSP updated version, the Chilean Ministry of Health recognises the interaction between psychosocial hazards, employers undermining fundamental rights at work and their impact on employees' mental health (Chilean Ministry of Health, 2022). Therefore, this regulation highlights the obligation of employers to introduce in their 'Reglamentos Internos de Higiene, Orden y Seguridad' (Internal Codes of Practices for Order, Safety and Health in English and RIOHS by its acronym in Spanish) a procedure to raise and enquire about situations that infringe employees' fundamental rights, such as sexual harassment, bullying, discrimination and impairment resulting from teleworking.

Lastly, employers and bipartite committees can request guidance from the mutualidad to which they are affiliated. If a mutualidad identifies gaps regarding the implementation of the PRWSP, it must prescribe corrective actions for employers to address such breaches in 30 days. Meanwhile, labour and health authorities are responsible for inspecting whether firms comply with this regulation and applying sanctions in cases where the PRWSP is not

implemented or does not meet the previously defined standards (Chilean Ministry of Health, 2022).

1.3.2.2 Determining an occupational mental illness

In Chile, if employees feel exposed to working conditions affecting their health, they can attend to the mutualidad with which their employer is affiliated. Such situations are defined as occupational accidents and diseases. However, it must be determined whether the event is work-related and requires the provision of medical treatment, regardless of the type of affliction experienced by the employee.

Regarding occupational accidents, including those related to commuting from work, mutualidades must determine if they are caused or related to work within 15 days after the event. If the injury caused a severe or fatal accident, these organisations must prescribe preventive and corrective interventions within 30 days since they, or the employer, notified labour and health authorities. As for occupational diseases, mutualidades must determine a direct causality between hazards from the work environment and employees' ill health. In this case, they must prescribe interventions within 15 days, which the employer must implement in a maximum period of 90 days, and introduce the workplace to an epidemiological surveillance programme. In both cases, employees, employers or other interested parties can appeal the mutualidad's resolution at the Chilean Superintendency of Social Security within 90 days of the resolution being issued (Chilean Labour and Social Provision Minister, 1968; Chilean Superintendency of Social Security, 2024b).

In terms of work mental health, if an employee's mental integrity is affected by an acute situation, such as an event of work-related violence or witnessing a severe or fatal work injury, the issue is categorised as an occupational accident (Chilean Superintendency of Social Security, 2024b). However, if employees are constantly exposed to psychosocial hazards that compromise their mental health, the affliction is considered an occupational mental illness. The current provisions related to the actions mutualidades must implement and the psychosocial hazards they must consider to determine if there is a direct link between a work environment and a mental disorder were updated in 2022 (Chilean Superintendency of Social Security, 2022c).

Currently, the regulation mandates mutualidades to conduct within 30 days since the employee first attended their medical installations i) a clinical and

psychological evaluation to determine the medical diagnostic of the employee's affliction, ii) a study of the workplace through semi-structured individual interviews with representatives of the employer and the employee to identify if psychosocial hazards, and which, are causing the employee's mental disorder, and iii) a medical committee reviews the information gathered and issues a resolution to determine if the mental disorder was caused by working or common causes.

If the mutualidad's medical committee categorises the mental disorder as 'common', employees are referred to continue their medical treatment with their healthcare provider. However, if the mental disorder is determined as an occupational disease, employees' treatment is covered by the mutualidad. If the amount of disability days related to the occupational mental illness exceeds three months, employees are incorporated into a return-to-work programme (Chilean Superintendency of Social Security, 2022b). Additionally, the mutualidad must indicate to the employer to cease exposing the employee to the psychosocial hazards that caused the mental disorder by prescribing interventions within 15 days after the medical commission issued the resolution. Organisations are required to adjust their psychosocial work environment or relocate the employee to a position where they are not exposed to the psychosocial hazards that caused their occupational mental illness. Lastly, the workplace is incorporated into the mutualidad's Psychosocial Labour Risks Epidemiological Surveillance Programme (PLRESP), underlined in Exempt Resolution 1448 (Chilean Ministry of Health, 2022).

1.3.2.3 Psychosocial labour risks epidemiological surveillance programme (PLRESP)

Mutualidades must incorporate affiliated organisations into their PLRESP if a workplace evidences a psychosocial work environment that could harm employees' mental health. This programme is activated when workplaces obtain a 'high risk' result in the CEAL-SM/SUSESO questionnaire or one of their employees is categorised with an occupational mental illness (Chilean Ministry of Health, 2022). The current provisions in the context of a PLRESP are associated with these institutions providing specialised support to employers in terms of identifying and managing their psychosocial risks (Chilean Ministry of Health, 2022; Chilean Superintendency of Social Security, 2022c).

The PLRESP indicates mutualidades must conduct seven steps. Firstly, they must notify the employer of the actions involved in the PLRESP and identify the most relevant psychosocial hazards in the workplace and the groups most exposed to them. Both actions must be conducted within 15 days after the workplace has been incorporated into the PLRESP. Then, qualitative analysis techniques must be conducted within the first 60 days of the PLRESP to contextualise the results of the CEAL-SM/SUSESO questionnaire and involve employees in developing interventions to improve their psychosocial work environment. Afterwards, these institutions must prescribe corrective interventions within the first 75 days of the PLRESP. Such actions must be implemented by the employer in the short, medium and long term. In addition, if the reason a workplace was incorporated into the PLRESP was due to an employee being categorised with an occupational mental illness, prescriptions must also include the findings from the process of determining the sources of the mental disorder. Subsequently, mutualidades must monitor the implementation of the interventions prescribed to the workplace. Short-term actions are verified within 180 days from the start of the PLRESP, medium-term interventions in 270 days, and long-term initiatives in 360 days. The mutualidad must notify labour and health authorities if the workplace does not implement the prescribed actions. Lastly, mutualidades must maintain a permanent record of all prescriptions provided in the context of the PLRESP and their verification (Chilean Ministry of Health, 2022).

The PLRESP is terminated when workplaces do not obtain a 'high-risk' in the following assessment with the CEAL-SM/SUSESO questionnaire, the prescribed interventions have been verified, and there are no new cases of employees affected by an occupational mental illness.

1.3.3 The current state of protecting and promoting mental health at work in Chile

The efforts made by Chile during the last decade, consolidated through the adoption of a national OSH policy and several OSH legislations, have kept enhancing this country's OSH indicators overall. This can be observed in aspects such as 79% of the Chilean workforce has access to OSH services. National indicators have remained decreasing, reaching an accident rate of 2.8% and a work-related fatality rate of 2.6% in 2023 (Chilean Superintendency of Social Security, 2024c). Furthermore, the Chilean government continues to conduct initiatives to strengthen the OSH national system in the short and medium term.

Some of these actions include the digitalisation of its national OSH system (Chilean Superintendency of Social Security, 2013) and the publication of an updated version of its national OSH policy (Chilean Ministry of Labour and Social Prevision, 2024b).

Nonetheless, the efforts to protect and promote mental health at work have not been as successful. This is evidenced by occupational mental illnesses increasing by 51% between 2015 and 2020 (Asociación Chilena de Seguridad (Chilean Safety Association in English), 2021). In 2023, this issue represented 68% of all Chilean occupational diseases (Chilean Superintendency of Social Security, 2024c) and had an average of 43.2 lost working days (Chilean Superintendency of Social Security, 2024d). Likewise, it has been identified that mental disorders, covered either by the common or the labour healthcare system, are the main cause of absenteeism in Chile (Caceres-Ruiz, 2021). Initial estimates indicate that this issue, through its indirect effect on productivity and direct medical costs, causes yearly losses of approximately USD \$ 900 million (Cámara de Comercio de Santiago (Chamber of Commerce of Santiago in English), 2018) and reduces the participation of individuals in the labour market by 20% (Ruiz-Tagle & Troncoso, 2018).

However, even though the PRWSP has been mandatory for all organisations since 2013, official reports from 2015 to 2022 indicate that, on average, only 5% of enterprises implement the PRWSP annually. This implies that during this period, only 34.3% of workers participated in at least one psychosocial hazards assessment through the SUSESO/ISTAS-21 questionnaire, either in its brief or extended format (Chilean Superintendency of Social Security, 2022c). Meanwhile, 741255 employees answered the CEAL-SM/SUSESO questionnaire in 2023, representing 35339 fewer surveys completed than in 2022 with both versions of the SUSESO/ISTAS-21 questionnaire (Chilean Superintendency of Social Security, 2024f).

Lastly, there is a lack of official reports about the number of enterprises that have managed their psychosocial risks, the types of interventions implemented or their effectiveness (Chilean Ministry of Health, 2022; Chilean Superintendency of Social Security, 2022b; Muñoz-Harrison et al., 2024). However, a recently published journalist report by Tralma (2022) has highlighted that the exponential increase in absenteeism rates in the Chilean education sector after the COVID-19 pandemic is closely linked to employees' mental ill-health. This report also evidenced that employees perceive interventions to address this issue as ineffective because they have focused on training to cope with work-related

stress. Meanwhile, aspects of the psychosocial work environment have remained unaltered.

1.4 Research problem and objectives

The Chilean OSH policy developments have led this country to currently be one of the few nations worldwide, and even one of the few from the global south, that has adopted national instruments related to mental health at work (Potter et al., 2024; WHO, 2020).

However, there is a gap between policy and practice in the current Chilean context. As discussed, although the PRWSP has been mandatory for all Chilean companies since 2013, only approximately one-third of Chilean firms assessed their psychosocial hazards with either version of the SUSESO/ISTAS-21 questionnaire by 2021 (Chilean Superintendency of Social Security, 2022b). Whilst according to the Chilean government, only 27% of the estimated workforce that should have answered the CEAL-SM/SUSESO questionnaire in 2023 was covered (Chilean Superintendency of Social Security, 2024f).

In this respect, official reports from the Chilean government have focused on depicting the results of psychosocial hazard assessments conducted in local workplaces and economic activities. Nonetheless, the initiatives Chilean enterprises have conducted to manage their psychosocial risks have not yet been described or analysed. Still, based on the steady growth of occupational mental illnesses (Chilean Superintendency of Social Security, 2024c) and the findings from Tralma (2022), it can be inferred that the interventions implemented by Chilean employers to manage their psychosocial risks have mostly revolved around targeting the effects of psychosocial hazards rather than improving their psychosocial work environments.

The evidence has also identified similar issues in nations from the global north that have a longer trajectory than Chile in managing psychosocial risks (Iavicoli et al., 2014; Jain et al., 2022; Leka & Jain, 2014; Potter et al., 2017). As such, this thesis addresses a relevant current gap present in the psychosocial risk management literature. This gap is related to the translation of psychosocial risk management policies into enterprises. According to this literature, such an issue is still present because research has focused on analysing the characteristics of policies related to mental health at work (Leka et al., 2015; Leka & Jain, 2010) or the organisational mechanisms that facilitate or hinder creating healthy workplaces (Demerouti & Bakker, 2011; Dollard et al., 2019; Nielsen &

Abildgaard, 2013). However, currently, there is a scarcity of studies that integrate these two aspects.

Therefore, the current thesis aims to bridge the gap between policy and practice of managing psychosocial risks. This research proposes a theoretical framework that links the process of developing policies with their adoption and implementation in organisations. As previously indicated, the Chilean experience of adopting and implementing a psychosocial risk management regulation is utilised with the objective of empirically contrasting the framework developed in this research. In addition, this thesis aims to build evidence regarding the opportunities and challenges of installing, implementing, maintaining, and consolidating national programmes and policies related to mental health at work.

1.5 Theoretical underpinning

Examining a complex phenomenon, such as analysing the policy process that leads to developing national instruments and their subsequent adoption and implementation in enterprises, requires a solid theoretical background. Hence, the current thesis integrates contributions made by public policy, organisational sociology, psychology, and management through a transdisciplinary approach. Under this approach, knowledge from the aforementioned disciplines will be integrated to provide a holistic framework that can be utilised to address a real-life problem, as it is the gap evidenced in Chile between psychosocial risk management policies and their implementation in organisations (Jacobi et al., 2022; Lawrence et al., 2022).

The theoretical framework proposed in this thesis, along with the literature review that supports it, is presented in detail in Chapter 2. Nonetheless, in a nutshell, this research integrates the formal stages of the policy process cycle (Cairney, 2012b, 2016a, 2019, 2021) with the contributions of institutional theory (IT) (Suarez & Bromley, 2015) in the context of psychosocial risk management literature. On the one hand, the former frames the steps involved from the development of a psychosocial risk management regulation to its implementation in organisations and evaluation. On the other hand, the latter facilitates examining the underlying social and organisational variables related to the development and deployment of policies to protect and promote mental health at work.

Furthermore, as illustrated in Figure 1-3, this thesis considers the process of adopting and implementing psychosocial risk management regulations as a

dynamic and multilevel process that includes supranational, national and organisational elements. Firstly, the developments of the IT branch denominated 'world society theory' (Krücken & Drori, 2009; Meyer et al., 1997) allows to examine those aspects of the interaction between international institutions and the local context. Specifically, this facilitates analysing the elements that enable and hinder nations from adopting psychosocial risk management regulations, as well as how such instruments are formulated and modified through time.

Likewise, this thesis approach considers the legitimisation of policies related to mental health at work among societal and organisational stakeholders as a relevant mechanism to mobilise firms in adopting such instruments. In this respect, the contributions of institutional logics (Thornton et al., 2012) provide the conceptual background to review how psychosocial risk management policies interact with core values and belief systems of relevant societal and organisational actors. In addition, this approach allows to examine how such stakeholders address the institutional complexity (Bridwell-Mitchell & Sherer, 2017; Lewis et al., 2019) that arises when these two aspects cause conflicting demands.

Lastly, considering that enterprises do not adopt external pressures passively, this perspective will analyse the organisational mechanisms that facilitate coupling psychosocial risk management with established organisational practices (Meyer & Rowan, 1977). The conceptualisations of institutional work depicted by institutional leadership (Lawrence & Suddaby, 2006) and Scandinavian institutionalism (Czarniawska-Joerges & Sevón, 2005) will allow to analyse the micro-processes through which enterprises incorporate, maintain and evaluate organisational practices to comply with psychosocial risk management policies.

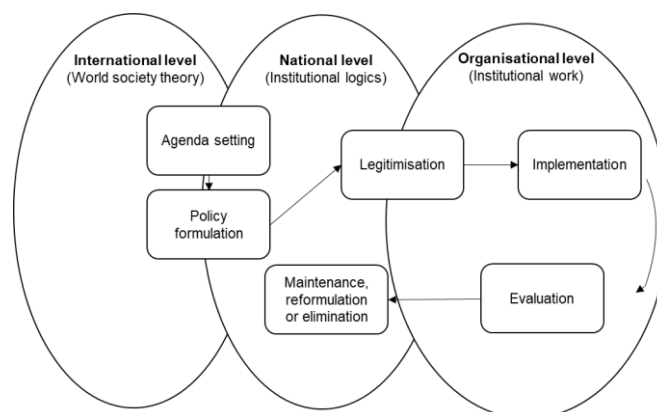


Figure 1-3: Theoretical approach

In summary, the theoretical framework underpinning this doctoral research aims to address the gap between policy and practice currently present in the psychosocial risk management literature through an integrative, multilevel and bidirectional approach. On the one hand, it emphasises the importance of examining how universal values and policies interact with national and organisational actors and provides relevance to societal pressures in shaping organisations' policies, practices and outcomes. On the other hand, it implies that new business practices are adopted and implemented according to the activities that organisational members conduct. Therefore, this perspective implies the need to examine the interaction between organisational actors with other social stakeholders such as government authorities, inspectors, research centres, trade unions and international organisations.

1.5.1 Expected theoretical contributions

The theoretical framework this thesis proposes is based on a holistic, multilevel and bidirectional approach that aims to contribute to literature from psychosocial risk management, policymaking and institutional theory individually and altogether. As indicated in section 1.4, this research will address a relevant current gap in psychosocial risk management literature by bridging the gap between the development of policy instruments that aim to mobilise enterprises to manage their psychosocial risks with their implementation in organisations. Likewise, this research will contribute to this literature by exploring the elements of policies that enable and hinder the installation of organisational practices related to managing psychosocial risks.

Additionally, although the policy cycle allows explaining how policymakers translate their ideas and values into societies through a straightforward process (Birkland, 2007; Cairney, 2019), there are nuances and complexities throughout the policy process (Mueller, 2020). This has implied that most scholarly research has focused on providing in-depth analysis and conceptualisations for each individual stage of the policy cycle rather than integrating them into its analysis (Birkland, 2019; Capano & Howlett, 2020). Therefore, this thesis will contribute to policymaking literature by connecting the different phases of the policy process and examining how stages and the actors involved in them influence each other and their implications in achieving policies' expected goals.

Likewise, IT developments have led to this literature being currently divided into two main perspectives. On the one hand, IT has had a top-down approach

that focuses on examining the mechanisms through which the institutional environment shapes enterprises' practices (Scott, 2005). On the other hand, IT research has been conducted from a bottom-up perspective, which raises the relevance of organisational actors' agency, thus revolving around how such stakeholders relate and work within organisations to fulfil their needs and interests (Abdelnour et al., 2017). This research, therefore, aims to be the middle ground between these two conceptualisations by providing a bidirectional approach. Specifically, this thesis considers that superior levels of analysis influence those below them, although, at the same time, the adoption of policies, practices and outcomes is mobilised by initiatives at the latter level. For example, this is depicted by considering the interaction between international organisations and local actors as a relevant aspect in the adoption and development of psychosocial risk management regulations. Likewise, although this research considers such instruments as an important pressure mechanism to create healthy workplaces, this outcome is also determined by the actions organisations and their members implement.

Similarly, connecting these three conceptualisations also represents a theoretical contribution that aims to provide important academic insights. Analysing policies related to protecting and promoting mental health at work and their implementation in enterprises through literature from policymaking and IT will provide a better understanding that would enhance interventions in this emerging issue. The latter, by considering the underlying policy and social mechanisms involved. Besides, introducing psychosocial risk management and IT research to policymaking would provide a dynamic and multilevel understanding of this phenomenon; thus, considering relevant variables, such as the interaction of stakeholders throughout the policy cycle, would facilitate the effective development of policies and their implementation in organisations. Lastly, contextualising the different IT developments in psychosocial risk management and policymaking developments would facilitate a broader and holistic comprehension of social and organisational phenomena that revolve around the interaction between social structures and environments with enterprises and individuals.

1.5.2 Expected implications for policy and practice

This doctoral research also aims to contribute in terms of policy and practice. This research is highly contextualised in the Chilean experience of adopting and

implementing a national regulatory framework to protect and promote mental health at work. As such, it aims to provide insights to local policymakers about the main accomplishments of its psychosocial risk management regulation and the elements that are facilitating and hindering the achievement of this legislation's objective. Likewise, it aims to shed light on practitioners regarding the best, good and bad practices implemented to comply with current regulations as well as those related to creating healthy workplaces.

In addition, the systematisation and review of the Chilean case of adopting and implementing a psychosocial risk management regulation will provide important lessons globally. On the one hand, this thesis will provide insights to countries that have not adopted these national instruments by underlining the aspects that facilitate and hinder their formulation and implementation. On the other hand, examining the technical and social elements related to these policies would allow policymakers from countries with national policies to enhance their current guidelines.

Additionally, the holistic, multilevel and bidirectional approach this research proposes aims to provide an understanding of protecting and promoting mental health at work as a dynamic process. As such, policies are an important enabler to install organisational practices for managing psychosocial risks that assure employees' overall health and well-being. This approach will facilitate identifying the main challenges and opportunities related to translating policies to address this issue in the organisational context.

Furthermore, this research will provide novel and significant strategies to raise firms' awareness about mental health at work through partnerships between employers and other social actors such as government authorities, inspectors, research centres, trade unions and employers' associations. The latter is aligned with recent findings that indicate prioritising mental health issues is a fundamental driver for organisations to manage their psychosocial risks (Dollard et al., 2019; Nielsen & Randall, 2013). Additionally, this approach will provide enterprises with evidence on how to adopt new organisational practices to enhance psychosocial work environments and integrate such initiatives with current activities to better address their daily challenges.

Lastly, this research aims to develop empirical tools for organisations to effectively manage their psychosocial risks by conceiving this phenomenon as a variable that adds value to enterprises' functioning and stakeholders. This will provide arguments that allow shifting employers' and practitioners' perceptions of protecting and promoting mental health at work as a checklist of elements to

comply with to establish psychosocial risk management as a strategic variable that contributes to businesses' competitiveness and sustainability.

1.6 Thesis structure

As illustrated in Figure 1-4, this thesis has seven chapters. The following two chapters detail the literature and methodological aspects. Chapters 4 to 6 underpin the empirical studies conducted for this research, and the last chapter presents the discussion and conclusions of this thesis. As follows, each of the subsequent chapters is briefly presented.

- Chapter 2 builds on the theoretical framework that will be used to examine the Chilean experience of adopting and implementing a psychosocial risk management regulation. This framework is developed by reviewing and integrating conceptualisations from psychosocial risk management, policymaking, and IT.
- Chapter 3 elaborates on the methodological, ethical and reflexive aspects that structure the empirical components of the current thesis.
- Chapter 4 details the first study of this thesis, which examines the Chilean experience of adopting, formulating, implementing and consolidating a psychosocial risk management regulation. The elements that have facilitated and hampered the introduction of universal scripts related to mental health at work in the Chilean context are reviewed through the analysis of documents and semi-structured interviews.
- Chapter 5 presents the findings from the second study. It explores through semi-structured interviews the elements that influence the legitimization of the Chilean psychosocial risk management regulation among local stakeholders, thus enabling/hindering its implementation in enterprises.
- Chapter 6 depicts the findings of the third and last study of this thesis. It examines, through semi-structured interviews, the experience of Chilean

enterprises in adopting and integrating a psychosocial risk management regulation into their business operations.

- Chapter 7 integrates the findings from the different studies conducted with the theoretical framework proposed in the current thesis to provide general conclusions and implications at the research, policy and practice levels. This chapter also reflects on the strengths and limitations of the current thesis and provides avenues for future research.

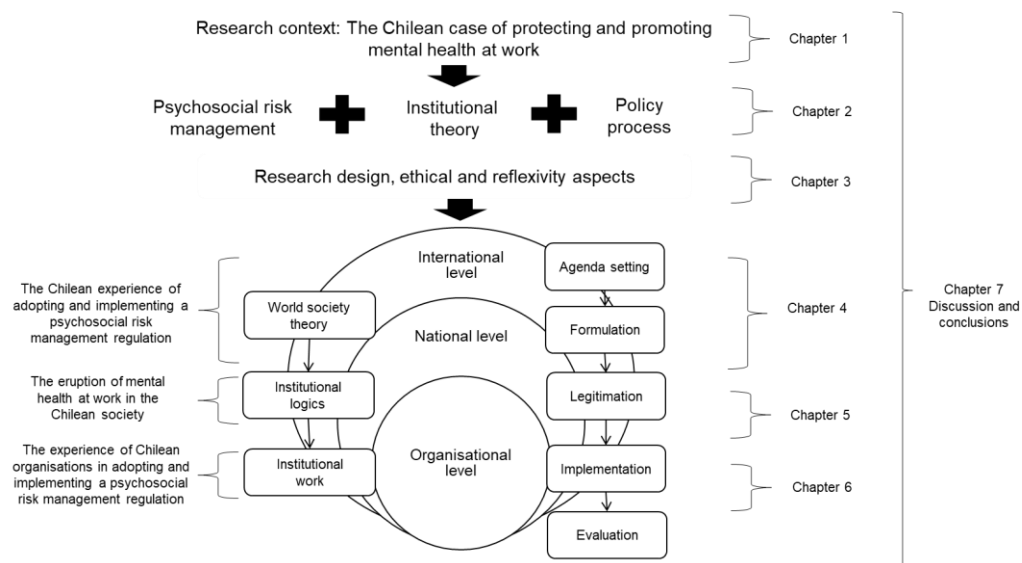


Figure 1-4: Thesis structure

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Psychosocial factors are intertwined with several work conditions and structures. These include wage and salary structures, work arrangements, the presence or absence of violence, harassment, and discrimination at work, parental leave, and restructuring (ILO, 2023b; WHO, 2022d). Therefore, many policies that influence business functioning can affect psychosocial work environments.

Policies from several fields can lead organisations to alter their structure, work environment, and operations. They can affect employees' mental health through actions that, unintendedly, indirectly or as part of broader initiatives, intervene in psychosocial work environments. For instance, economic policies aim to enhance businesses' competitiveness (Davies, 2009). On the one hand, regulatory approaches pressure firms to enhance their work conditions. On the other hand, deregulatory policies reduce labour and employment standards. Human rights treaties commit states to establish mechanisms in their territories to improve work environments, including their psychosocial components (United Nations (UN), 1948, 1966). Labour law indicates that employers have a duty of protection, which implies they are responsible for adopting all measures to protect the life and health of their employees, including their mental well-being (Blagoycheva et al., 2019). Employers face criminal sanctions when they fail to comply with elements that impact psychosocial work environments. For example, in Chile, employers are liable when not complying with Occupational Safety and Health (OSH) standards, national minimum wage and social security insurance premium payments (Ministerio de Justicia y Derechos Humanos de Chile (Chilean Ministry of Justice and Human Rights), 2023).

Although the aforementioned policies are important levers for catapulting organisations to create healthy workplaces, the psychosocial risk management literature has indicated that this issue has specific characteristics that must be considered. At the policy level, it has been examined the elements policy instruments should include for companies to enhance their psychosocial work environments (Iavicoli et al., 2014; Jain et al., 2018; Potter et al., 2022). At the organisational level, studies have depicted the main psychosocial hazards present in firms (Demerouti & Bakker, 2011; Karasek, 1979; Siegrist & Li, 2016) and developed methods to manage psychosocial risks effectively (Cox et al.,

2000; Leka & Cox, 2010; Nielsen & Randall, 2013) At the individual level, it has been analysed the impact of work-related stress on employees' mental health and well-being (Dollard et al., 2019; Gil-Monte, 2010; Maslach et al., 1996).

Recent attempts have been made to integrate these three levels of analysis. Jain and colleagues (2022) examined the implications of psychosocial risk management national regulations developed in countries from Europe in terms of companies adopting plans to improve psychosocial work environments and reduce the levels of employees' work-related stress. Despite these developments, the aspects and mechanisms that facilitate or hinder translating psychosocial risk management policies into organisational practices are still unclear in this literature. Specifically, it has not been developed yet an approach that considers the societal and organisational variables that influence the adoption, development and implementation of policies to protect and promote mental health at work, as well as the processes involved in firms aligning their organisational functioning with these policies.

Therefore, the current chapter articulates a theoretical framework that integrates the analysis of psychosocial risk management policies with policymaking and societal aspects. It begins with a literature review that frames the main concepts and theories developed in the psychosocial risk management literature, as well as the characteristics and approaches of policy instruments designed to enhance psychosocial work environments. Afterwards, conceptualisations from policy cycle and institutional theory (IT) are linked to depict the formal process involved in developing, implementing and evaluating psychosocial risk management policies and the underlying social and organisational variables that can affect them. From such insights, a holistic, bidirectional, and multilevel framework is proposed to depict the elements that facilitate and hinder the translation of psychosocial risk management policies into businesses. Lastly, the theoretical and practical implications of the proposed framework are analysed in terms of its contributions to this research.

2.2 Psychosocial risk management: Theories and models

Psychosocial factors are present in all types of organisations, independently of their economic activity, number of employees, or longevity (Leka & Jain, 2010). Research in this field has focused on identifying the elements of the work environment that act as antecedents to work-related stress and burnout. The latter is a concept coined by Freudenberg (1974), in which working conditions

lead to a state of ‘emotional exhaustion, depersonalisation, and reduced feelings of work-related personal accomplishment’ (Maslach et al., 1996, p.2). Theorisations in the psychosocial risk management literature can be framed in four categories. Firstly, conceptualisations depict the elements of the work environment that affect employees’ mental health and well-being. Secondly, those that link between such conditions and organisational and health outcomes. Thirdly, research related to the variables that facilitate their management. Lastly, studies that focus on examining the development and implementation of psychosocial risk management policies.

2.2.1 Main psychosocial factors

The definition provided by the International Labour Organisation (ILO) and World Health Organisation (WHO) presented in section 1.2 is considered the main conceptualisation of psychosocial hazards. It has been used broadly throughout the academic literature (Jain et al., 2018), international guidelines (ILO, 2016; Leka & Jain, 2010; WHO, 2022a, b), and legal documents (Chilean Superintendency of Social Security, 2022c). However, the elements from this definition that revolve around individuals’ characteristics and their social context have been undermined to highlight those related to the work environment. This is because the latter is related to the scope of employers’ duty to protect all aspects of employees’ lives and health, and, therefore, should be enterprises’ main priority (ILO, 2023b; Rugulies, 2019).

Cox (1993) has provided one of the most in-depth understandings of psychosocial factors. The ‘work conditions and work context’ framework established ten working conditions that cause work-related stress, thus explaining ‘what’ aspects of the workplace can affect employees’ mental health and well-being. This conceptualisation, as illustrated in Table 2-1, has been updated by Leka and colleagues (2017) to make explicit the positive and negative implications of each psychosocial factor in psychosocial work environments, depending on how organisations manage them.

Table 2-1: Psychosocial factors in the workplace

Dimensions	Negative psychosocial work environment	Positive psychosocial work environment

Organisational culture & function	Poor psychosocial safety climate, Poor communication, low levels of support for problem-solving and personal development, lack of definition of, or agreement on, organisational objectives	Good psychosocial safety climate, clear organisational objectives, appropriate support for problem-solving and personal development, good communication processes
Job content	Lack of variety or short work cycles, fragmented or meaningless work, underuse of skills, high uncertainty, continuous exposure to people through work	Meaningful work, appropriate use of skills, work retaining employee interest and engagement, appropriate support
Workload & work pace	Work overload or underload, machine pacing, high levels of time pressure, continually subject to deadlines	Appropriate level of workload, appropriate work pace, sensible and achievable deadlines
Work schedule	Shift working (especially irregular), night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours	Sensible shifts and reasonable working hours to maintain work-life balance, flexible working practices
Control	Low participation in decision making, lack of control over workload, pacing, shift working	Participation in decision-making, control at work
Environment & Equipment	Inadequate equipment availability, suitability or maintenance; poor environmental conditions such as lack of space, poor lighting, excessive noise	Good physical working conditions according to good practice guidance Interpersonal relationships at work
Interpersonal relationships at work	Social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support, harassment, violence	Good relationships at work, teamwork, social support, appropriate policies and procedures to deal with conflicts
Role in organisation	Role ambiguity, role conflict, responsibility for people	Clear roles and responsibilities, appropriate support to meet objectives
Career development	Career stagnation and uncertainty, under-promotion or over promotion, poor pay, job insecurity, low social value to work	Appropriate career prospects & development matching skills & performance, effort-reward balance, valuable/meaningful work, job security
Home-work interface	Conflicting demands of work and home, low support at home, dual career problems	Work-life balance, supportive organisational policies and practices to achieve 'life balance'

Source: Leka, Jain & Lerouge, 2017

This framework has provided a solid foundation for the psychosocial risk management literature, as it sets standards to which organisations can comply to protect and promote employees' mental health and well-being (Cousins et al., 2004; Leka et al., 2011). Furthermore, it depicts the organisational root causes

of work-related stress, highlighting the key working conditions employers should focus on (Leka & Cox, 2010).

2.2.2 Psychosocial work environment models

Several theories and models have been developed in the psychosocial risk management literature to link psychosocial factors, work-related stress and organisational and individual outcomes. Cox and Griffiths (2010) classified these conceptualisations under four categories.

On the one hand, developments made until 1970 are categorised between the stimuli and response-based approaches. The stimuli-based approach is associated with the contributions made by Selye (1946, 1975), in which physiological and behavioural responses to a stressor are examined as a dependent variable of hazardous situations. The response-based approach indicates that individuals can respond defensively or aggressively to harmful experiences, being this denominated as the flight-or-fight mechanism (Davies, 2016).

On the other hand, contemporary theorisations are distinguished between interactional and transactional approaches, depending on whether they focus on job design elements that unfold on work-related stress or on individuals' mechanisms to cope with this situation. Based on the aforementioned classification, in addition to psychosocial risk management literature emphasising the relevance of work conditions over individual elements, the following sections present the main psychosocial work environment theories and models framed under the interactional approach.

2.2.2.1 The Job Demand-Control (JD-C) Model

Karasek (1979) formulated the Job Demand-Control (JD-C) theory based on previous developments in epidemiology, sociology and organisational psychology regarding the effects of the psychosocial work environment. The JD-C model has a bidimensional approach that examines the interaction between quantitative (e.g., work pace and time to complete tasks), cognitive (e.g., degree of a complex cognitive process required by a given task), emotional (e.g., emotional reactions caused by hostile work environments) and psychical (e.g., long periods of concentration) demands with the degree that employees have in

their work regarding control, autonomy and influencing decisions and the possibility to use their skills.

As such, Karasek and Theorell (1990) evidenced that jobs with high demands and low control implicate a higher risk to employees' health. Meanwhile, 'low-strain jobs' have low demands and high control. Additionally, 'active jobs' involve high demands and high control. Lastly, 'passive jobs' are related to low demands and low control.

Johnson and Hall (2011) expanded the JD-C model by including the social support variable. The literature also depicts this version as the Demand-Control-Support (DCS) or Iso-strain model. In this updated model, social support is considered a moderator variable, where high levels of support provided by managers and colleagues enable employees to better cope with work-related stress. Therefore, the DCS model suggests that work conditions that pose a higher health risk are characterised by high demands, low control, and low social support (Cox & Griffiths, 2010).

2.2.2.2 The Effort-Reward Imbalance (ERI) Model

Siegrist (1996) proposed the Effort-Reward Imbalance (ERI) model based on developments in social psychology, particularly in equity theory. The ERI model suggests that health issues can be linked to situations in which employees perceive their efforts as not being reciprocally recognised or rewarded.

Such an imbalance leads to high levels of strain and is often occasioned by three primary work situations (Dollard et al., 2019). Firstly, poor work arrangements that offer little job security. Secondly, when employees do not receive rewards in terms of salary and promotion opportunities according to their efforts. Finally, employees choose to interact with imbalanced situations based on the expectation of improving their work situation in the future. Evidence suggests that employees remain in these situations due to extrinsic factors, such as a lack of alternatives in the labour market and limited opportunities for career development. The ERI model also depicts intrinsic elements that motivate employees to enter this situation. Employees' characteristics, such as those involved in coping with job demands, can lead to them being over-committed to their roles.

2.2.2.3 The Job Demands-Resources (JD-R) Model

The theorisations from the JDC, DCS, and ERI models focus primarily on the negative consequences of psychosocial work environments. Therefore, Bakker and Demerouti (2017), through the Job Demands-Resources (JD-R) model, expanded the understanding of psychosocial factors by depicting their negative and positive effects on health and well-being (Quiñones et al., 2012).

Job demands are defined as 'those physical, psychological, social, or organisational aspects of the job that require sustained physical and/or psychological (cognitive and emotional) effort or skills and are therefore associated with certain physiological and/or psychological costs' (Demerouti & Bakker, 2011, p.2). Furthermore, they are related to organisational elements that are not adequately managed and can lead to strain. Some psychosocial factors considered as job demands are organisational culture, roles and vertical and horizontal aspects of their structure (Jimmieson et al., 2016).

Job resources are conceptualised in the JD-R model as 'physical, psychological, social, or organizational aspects of the job that are functional in achieving work goals, reduce job demands and the associated physiological and psychological costs and/or stimulate personal growth, learning, and development' (Bakker & Demerouti, 2007, p.4). They can be categorised into structural and personal resources. The former refers to aspects of the psychosocial work environment, such as social support, that increase employees' motivation and improve interpersonal relationships (Hackman, 1980). The latter is related to employees' characteristics, which predispose them to expand their repertoire of actions (Tims et al., 2012).

One of the main contributions of the JD-R model is providing an integral approach to employees' well-being through two processes. The first is the health erosion process (Bakker et al., 2005). Inadequate job resources do not allow employees to cope with job demands, leading to negative health outcomes such as anxiety, depression, and burnout. The second process considers that adequate resources enhance employees' motivation, job satisfaction, and engagement (Schaufeli & Bakker, 2004).

2.2.2.4 Psychosocial Safety Climate (PSC) theory

2.2.3 Psychosocial risk management principles

Contributions have also been made in the psychosocial risk management literature regarding developing healthy workplaces. Based on developments from the OSH field, this literature has established a set of principles, strategies, and actions to manage psychosocial risks on the basis of assessing risks and developing preventive measures (Leka et al., 2015). On the one hand, employers conduct psychosocial hazard assessments through qualitative, quantitative or mixed-method methodologies to examine their psychosocial work environment (Metzler et al., 2019). On the other hand, it involves adopting a problem-solving rationale that facilitates eliminating or mitigating the hazards to which employees are exposed (ILO, 2008).

The initiatives firms implement to enhance their psychosocial work environment are categorised within the primary, secondary and tertiary levels of intervention (Hesselink & Jain, 2012). Primary-level interventions aim to eliminate or reduce exposure to psychosocial hazards and improve psychosocial factors by adjusting aspects related to job design and work procedures and protocols (Organisation for Economic Co-operation and Development (OECD), 2015a, 2022; WHO, 2005). Secondary-level interventions focus on developing resources to cope with psychosocial hazards. Actions at this level involve leadership training programmes, training on strategies to cope with work-related stress, and campaigns to promote healthy habits (ILO, 2016; WHO, 2022c, d). Tertiary-level interventions are related to repairing employees' health caused by negative psychosocial work environments. Therefore, they involve initiatives such as treating occupational mental accidents and diseases and facilitating employees' return to work (International Organization for Standardization (ISO), 2021; Leka & Cox, 2010).

Another relevant aspect of psychosocial risk management is promoting the participation of relevant stakeholders (ISO, 2018). The commitment of managers and directors is essential because they allocate the necessary resources, highlight the relevance of mental health at work throughout the company and establish an organisational structure that supports the actions related to managing psychosocial risks (ISO, 2021; Loh et al., 2021). Meanwhile, employees have an active role in eliminating, controlling, and monitoring psychosocial hazards. Specifically, they provide insights regarding the most

relevant aspects of their psychosocial work environment and suggest possible actions for its improvement (ISO, 2021; WHO, 2022c).

Psychosocial risk management literature also indicates the relevance of firms systematising and formalising their actions to protect and promote employees' mental health. In the OSH discipline, this is implemented through the development and implementation of an Occupational Safety and Health Management System (OSHMS). This tool provides an integral overview of all the hazards to which employees are exposed (ILO, 2001). Based on the minimum aspects that OSHMS should contain (ILO, 2008, 2011; ISO, 2021; WHO, 2022b), organisations can integrate psychosocial risk management with OSHMS through four initiatives. Firstly, employers depict the actions they periodically conduct to protect and promote employees' mental well-being. Secondly, informational systems that record occupational mental accidents, diseases and their root causes. Thirdly, educational activities that raise stakeholders' awareness about the main psychosocial hazards in the workplace and their effects on employees' mental health. Finally, surveillance mechanisms monitor the groups most exposed to psychosocial hazards and their effects on employees' health.

Lastly, psychosocial risk management is associated with the continuous improvement principle, which allows the identification of the elements that facilitated and hindered enhancing psychosocial work environments (ILO, 2008). This implies that firms should conduct new psychosocial hazard assessments to identify the effectiveness of their intervention plans. This principle is also related to employers verifying how their psychosocial risk management initiatives enable them to comply with legal requirements and identify opportunities to further enhance their psychosocial work environment (ISO, 2021; WHO, 2022c).

2.2.3.1 Psychosocial risk management frameworks

Several frameworks have been developed in recent decades to provide employers with roadmaps to effectively manage their psychosocial risks. For example, Cox, Griffith and Randall (2002) established the main stages of psychosocial risk management through the 'risk management model for psychosocial hazard'. This model involves organisations identifying the main psychosocial hazards in their workplaces through a risk assessment. Such results are later contextualised based on stakeholders' understanding. Then, an intervention plan is developed and implemented with the aim of reducing the

main psychosocial hazards to which employees are exposed. Lastly, its effectiveness is evaluated through a new risk assessment.

In addition, the CEAL-SM/SUSESO methodology underlined in the Chilean psychosocial risk management regulation is framed under the methodology developed by the Spanish 'Instituto Sindical del Trabajo, Ambiente y Seguridad' (Trade Union's Institute of Work, Environment and Health in English or ISTAS by its acronym in Spanish) (Chilean Superintendency of Social Security, 2022b). This model also indicates that psychosocial risk management follows a progressive rationale. Nonetheless, it remarks on the need to develop and implement intervention plans based on the agreement between employers and employees through firms adopting a working group that leads psychosocial risk management (Moncada et al., 2005).

Similarly, Nielsen and Randall (2013) introduced the 'Context-Mechanisms-Outcomes' (CMO) model. In this model, psychosocial risk management interacts, and even competes, with other organisational initiatives. Therefore, this approach highlights the organisational context as either an enabler or a barrier to interventions, and the importance of continually monitoring stakeholders' adherence to the intervention programme (Nielsen & Abildgaard, 2013).

Meanwhile, the UK's Health and Safety Executive (HSE, 2017) developed the 'Management Standards Approach' model. This organisation provides a practical guide for firms to address work-related stress. The latter outlines six primary psychosocial hazards, along with a checklist of activities that employers can implement to enhance each aspect of the psychosocial work environment.

Nonetheless, the Psychosocial Risk Management – European Framework (PRIMA-EF) (Leka & Cox, 2010; Leka et al., 2011) is one of the most utilised frameworks in the psychosocial risk management literature. PRIMA-EF links psychosocial risk management with relevant business outcomes, including innovation, productivity, quality, the quality of work, workers' health and societal results (Leka & Cox, 2008). This framework suggests that fundamental management aspects related to work design, development, and operation influence and impact psychosocial risk management processes. Therefore, psychosocial risk management initiatives should include analysing firms' strengths and weaknesses, the costs and benefits of modifying organisational practices and whether the action plan fits the company's context.

According to this framework, effective psychosocial risk management is achieved through several principles (Leka & Cox, 2010). Firstly, it should be

conducted based on best practices depicted in the evidence. Secondly, the three levels of interventions outlined in the previous section should be considered. Integral interventions enable addressing both the organisational sources related to psychosocial risks and circumstances related to the individual level. Thirdly, interventions should be developed to fit their intended purpose by considering the multiple causes of psychosocial factors. This is accomplished by organisations designing actions that are adequate to their context and involving stakeholders through social dialogue.

PRIMA-EF frames psychosocial risk management activities under Deming's continuous improvement cycle (Leka et al., 2011). Initially, companies conduct a psychosocial hazard assessment to identify the main issues affecting groups, tasks, roles or units and implement audits to understand their root causes. Then, action plans to eliminate or mitigate psychosocial hazards are designed, and interventions that tackle their organisational sources should be prioritised. Later, psychosocial risks are reduced by implementing and monitoring the intervention plan. Lastly, its effectiveness is evaluated, introducing organisations into a continuous improvement cycle that provides learning points regarding the current and future interventions.

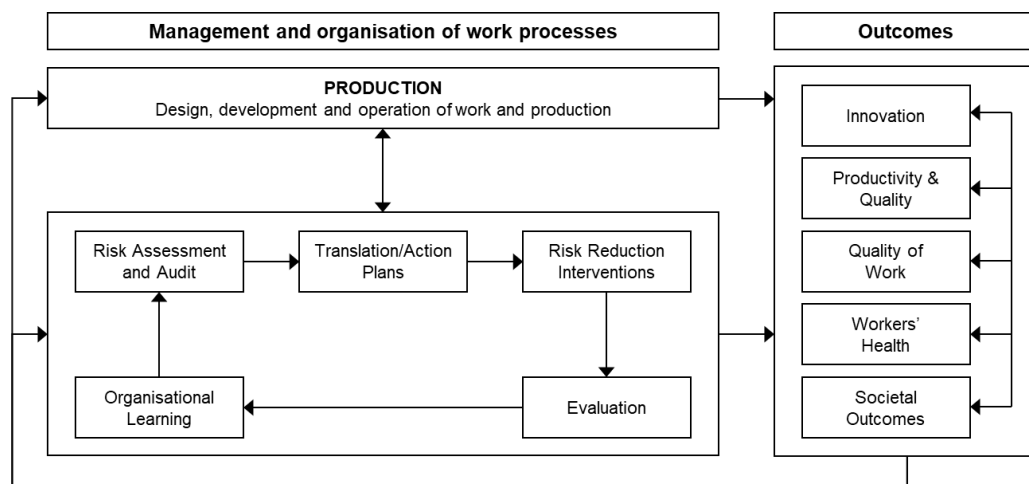


Figure 2-2: PRIMA-EF model at the organisational level
(Leka & Cox, 2008)

Figure 2-2 summarises PRIMA-EF depicted at the organisational level. However, this framework can also be applied to psychosocial risk management policies at the macro level (Leka & Cox, 2008).

2.2.4 Psychosocial risk management policies (PRMPs)

Psychosocial risk management policies (PRMPs) are an important tool to mobilise firms to implement actions that enhance their psychosocial work environment (Hettiarachchi & Kshourad, 2019; Leka et al., 2011). Policymakers use the conceptualisations reviewed in the previous section to develop PRMPs. For example, the Chilean national regulatory framework to protect and promote mental health at work, depicted in section 1.3.2, mandates that all organisations in its territory conduct regular psychosocial hazard assessments through the CEAL-SM/SUSESO questionnaire (Chilean Ministry of Health, 2022). This instrument is based on conceptualisations from the DCS and ERI models and recent developments in psychosocial risk management related to workplace harassment and violence, as well as organisational justice (Chilean Superintendency of Social Security, 2022). Besides, the seven steps established in this regulation require organisations to manage their psychosocial risks according to the ISTAS psychosocial risk management methodology previously mentioned (Chilean Superintendency of Social Security, 2017, 2022c).

However, PRMPs, and policies in general, are not a mere compilation of theories and concepts. On the contrary, the Cambridge English Dictionary (2024) defines policies as ‘a set of ideas or a plan of what to do in particular situations that has been agreed to officially by a group of people, a business organisation, a government, or a political party’. The implications of this definition are twofold. On the one hand, policies relate to setting in motion a rationale to achieve outcomes currently not obtained by a particular group (Cairney, 2019). On the other hand, this definition implies that policies are a decision-making process in which stakeholders aim to regulate their course of action in relation to a phenomenon (Knill & Tosun, 2020).

Policies have been historically considered a mechanism to set an equal level field among competitors. They establish rules that facilitate policymakers to achieve the desired goals and shape enterprises' actions (Baccini & Koenig-Archibugi, 2012; Stewart, 2009). In this respect, policies are an important motivator. They can drive individuals, groups, or organisations' course of action towards a topic by establishing benefits to actors who comply with a policy or sanctions for those who do not (Grabowski, 2013). Similarly, stakeholders are interested in adopting policies because they represent the values that articulate a society, and therefore, actors expect to be socially legitimised by complying with them (Prakash, 2001).

Although sometimes the concepts ‘legislation’ and ‘policy’ are used interchangeably, the scholarly literature has established that there are nuances

between them (Birkland, 2019; Cairney, 2012a). Legislations aim to regulate a society's behaviour by enforcing procedures and standards stated in laws developed by governments. Meanwhile, policies focus on establishing principles and methods that guide the actions of stakeholders to achieve their intentions and can be developed at the international, national, sectoral, organisational or group level (Capano & Howlett, 2020; Jain et al., 2018). In addition, Birkland (2007) differentiates regulations and policies insofar as the latter evolve based on policymakers' decisions regarding the expected benefits and the actions required to achieve them. Therefore, policies are more prone to change than legislation because they can be adjusted based on their implementation and review. On the contrary, regulations typically remain unchanged for extended periods due to the complex legal formalities involved in their development and modification (Birkland, 2007).

Policies are frequently formalised in written documents to facilitate their dissemination among their target audience (Torjman, 2005). Although there is a plethora of policies related to various topics such as labour, economic growth, sustainability, health, education and so on, Craft and Howlett (Craft & Howlett, 2012) identified that, in general, they tend to have a similar structure. Firstly, policies provide a contextualisation to justify the need for their creation and frame their scope, objectives and goals. Secondly, policies define their target audience and establish key concepts to prevent misinterpretation, which could lead to unintended consequences. Thirdly, these instruments outline the actors involved, their respective duties and roles, as well as the actions and procedures required to achieve the policy's objectives. Lastly, they depict the date from which they will become applicable.

Policies that regulate areas of interest affecting the entire population or a significant portion of individuals have been defined as public policies (Vaison, 1973). The literature has indicated that one of public policy's main characteristics relates to governments developing and providing solutions to issues that affect society (Parsons, 2002). However, it has been recognised that non-state organisations, such as businesses, mass media, non-profit organisations and trade unions, shape public policies. This is done by providing public services such as health, education, and communications, lobbying governments to include their interests in the policy agenda, or developing agreements to self-regulate them (Thompson, 1974; Zehavi, 2012).

Specifically, PRMPs have been developed at the macro (international, regional and national), meso (sectoral or industry) and micro (organisational)

levels (Leka & Jain, 2021). At the first two levels, they mandate, support, and provide guidelines to employers, unions, workers, and related stakeholders to ensure employees' mental health and well-being. At the micro level, organisations develop internal guidelines and standards based on contributions from the aforementioned levels (ILO, 2024; Jain et al., 2018). Additionally, as Figure 2-3 illustrates, PRMPs can be framed under various approaches, ranging from regulatory or binding instruments (hard law) to voluntary or non-binding standards and guidelines (soft law), or a combination of both of them (Capano & Howlett, 2020; Jain et al., 2018). These instruments can be supported with initiatives that raise awareness among stakeholders regarding the relevance of managing psychosocial risks.

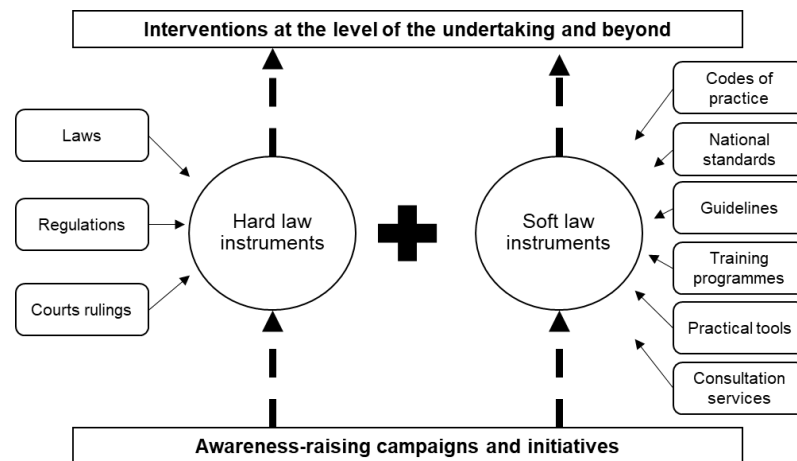


Figure 2-3: Psychosocial risk management policy instruments
(ILO, 2024; Leka & Jain, 2021)

2.2.4.1 Hard law instruments

Hard law or regulatory instruments reflect the traditional approach in which public policies are understood (Howlett et al., 1995). They are associated with legal commitments developed nationally by governmental authorities and internationally by inter-state agencies. Regulations mandate precise objectives and courses of action (or can be made precise through adjudication or more detailed regulation) for public and private actors and delegate authority for their interpretation and implementation (Abbott & Snidal, 2000). On the one hand, hard law instruments are related to regulations, laws and mandates based on a command-and-control approach. They shape enterprises' behaviour through coercive mechanisms, in which firms face sanctions if they do not comply (Iavicoli & Di Tecco, 2020). On the other hand, they are associated with

mandatory economic instruments, such as taxes and charges (Carter, 2007; Knill & Tosun, 2020; Steurer, 2013).

Shaffer and Pollock (2009) indicate that one of the benefits of hard law instruments is related to the social and institutional validation they provide to the issue to be addressed. Another advantage these authors mentioned is that hard law instruments have associated legal tools and institutions that monitor their enforcement. Likewise, it has been evidenced that adopting these types of instruments facilitates the standardisation of both the methodologies and the goals to be achieved (Bali et al., 2021). However, the literature indicates that the main drawbacks of hard law instruments are their elevated costs in terms of enforcement and their limited flexibility in addressing diverse contexts and constant changes (Zajc, 2016). In addition, Bengtsson and colleagues (2010) highlight that enterprises can be reluctant to adopt regulatory instruments because they could be in contradiction with their business operations. These authors also noted that regulations tend to mobilise enterprises to focus on complying rather than developing innovative solutions to the problem at hand.

Regarding PRMPs, hard law instruments enforce firms to enhance their psychosocial risk environment (Leka et al., 2011). At the international level, the introduction by ILO (2023b) of the right to a safe and healthy work environment as a fifth fundamental principle and right has set the relevance of adopting initiatives that prevent work-related accidents and injuries. ILO Conventions 155 and 187 have been established as the fundamental conventions to facilitate state members complying with this commitment (ILO, 2023a, b). These documents highlight that national policy instruments are a relevant tool that guides states in installing a national preventive OSH culture and enforcing regulations that oblige firms to control the most significant hazards to which employees are exposed, including psychosocial hazards (ILO, 2023a). In addition, as mentioned in section 1.2, ILO Convention 190 stipulates that states ratifying this convention shall adopt laws and regulations obliging employers to address psychosocial risks related to violence and harassment in their initiatives to manage OSH (ILO, 2019).

At the national level, Potter and colleagues (2024) identified the enforcement of psychosocial risk management regulations as a key driver for enterprises to improve their psychosocial work environment. Through them, countries set the minimum standards and required resources to protect and promote employees' mental health across their territories. PRMPs can also be linked to mandatory economic incentives through social security insurance (Ahonen, 2012). For

example, Chilean firms face an increase in their OSH insurance premiums if their occupational accident and severity rates, including occupational mental accidents and diseases, rise over a two-year period (Chilean Ministry of Labour and Social Prevision, 2000, 2023a).

2.2.4.2 Soft law instruments

Soft law instruments consist of agreements, principles and declarations that are not legally binding but are adopted due to their societal and industrial relevance (Leka et al., 2016). This approach mobilises social actors through persuasion, and therefore, enterprises are nudged to incorporate new structures, procedures and actions or modify their functioning. This is accomplished by providing stakeholders with information regarding best practices for managing a specific topic. Examples of these instruments include endorsing statements, reports, guidelines and voluntary agreements, such as international and national standards (Bengtsson et al., 2010; OECD, 2024). Soft law has also been associated with soft economic incentives, including governmental subsidies, preferential credit rates and tax reductions. Contrary to mandatory economic instruments, they are optional mechanisms that offer privileged access to resources and services or reduced costs for materials and products (Steurer, 2013).

Although soft law instruments lack the hierarchical approach of hard law instruments, they offer more flexibility over time, are less expensive to adopt, and do not significantly impact states' sovereignty (Shaffer & Pollack, 2010). In addition, they facilitate a deeper collaboration between public authorities and private actors by eliminating the enforcement component (Schäfer, 2006; Steurer, 2010). However, these instruments require the target audience to be aware of the issue's relevance to incorporate such advice into their business operations (Jordan et al., 2005).

Examples of soft law PRMPs at the international level include the guidelines published by the ILO and WHO (2022c) and the Organisation for Economic Co-operation and Development (OECD, 2015a, 2022). Both initiatives aim to inform policymakers and employers regarding the aspects they should consider while developing or adjusting national policy instruments to protect and promote mental health at work. Similarly, ISO 45003:2021, the first global standard related to psychological health and safety at work, was developed to provide guidelines for companies that have implemented ISO 45001:2018 but are

struggling to address their psychosocial hazards (ISO, 2021). Through this instrument, companies voluntarily agree to adopt an OSHMS if they have not implemented it yet, or enhance the one they have in place, by including psychosocial risks.

At the national level, a plethora of specialised organisations and governmental bodies have developed documents to provide guidelines regarding psychosocial risk management at the local level. In Chile, its Public Health Institute (2012, 2017, 2018, 2020a, 2020b, 2021) has published several guidelines to complement the national psychosocial risk management regulation. Regarding soft economic PRMPs, Panama has implemented a fiscal tax deduction for those firms that evidence a plan to promote employees' mental health (Asamblea General de Panama (General Assembly of Panama in English), 2022).

2.2.4.3 Policy style

The previous sections can lead to considering hard and soft law instruments as dichotomic. However, it has been evidenced that different policy instruments can be combined to ensure that the goals desired by policymakers are achieved (Jordan et al., 2005). Nonetheless, the design and implementation of multiple instruments to tackle an issue must be coherent to achieve the desired aims instead of causing unintended consequences (Fankhauser et al., 2011).

In the case of PRMPs, regulations can be used to oblige employers to assess and intervene in their psychosocial work environments. Economic incentives can be considered by decreasing social security insurance premiums to enterprises that have reduced occupational mental accident and disease rates. Tax reductions can be offered to organisations implementing psychosocial risk management intervention plans. In addition, specialised institutions can disseminate best practices for managing psychosocial risks through informative instruments, and employers can adopt voluntary agreement tools, such as ISO 45003:2021.

However, policymakers tend to prefer and omit certain policy instruments. Public policy literature defines this as 'policy style' (Howlett & Tosun, 2018). This literature indicates that a policy style is determined by a nation's administrative tradition (Peters, 2021; Pollitt & Bouckaert, 2017) or by the characteristics of the problem to be addressed (Howlett, 2021; Knill & Tosun, 2020).

Nations have a rich history of shaping society's behaviour through policies. Administrative traditions are the patterns that implicitly and explicitly provide insights regarding how different governments frame policies and the type of policy instruments they prefer to utilise (Peters, 2021). Therefore, states can implement similar or different policy instruments against the same issue, depending on their traditions (Knill, 1999; Nyhagen et al., 2017). Public policy literature, through the analysis of Western democracies, has categorised nations' policy styles into the Napoleonic, Germanic, Scandinavian, and Anglo-American traditions (Peters, 2021; Pollitt & Bouckaert, 2017).

The Napoleonic tradition (e.g., Mediterranean countries such as Italy, France, Spain and Portugal and, by extension, Latin American countries influenced through colonialism) conceives policies mainly as regulations, thus, they are used to standardise society's behaviour (Bleiklie & Michelsen, 2013). The Germanic tradition (e.g., countries from Central Europe such as Germany, Switzerland and Austria) also provides significant relevance to law, but in this case, policies encourage interaction between the government and social actors through networks, such as a federal state (Nhyagen et al., 2017; Pollitt & Bouckaert, 2017). In contrast, in the Scandinavian tradition (e.g., Sweden, Norway, Denmark and Finland), stakeholders participate in the decision-making process, in which local actors can articulate policies according to their needs and priorities (Hysing & Lundberg, 2016). Lastly, in the Anglo-American tradition (i.e., the United Kingdom and colonies that were part of the British Empire), policies are mainly managerial because they are conceived as guiding principles to design and implement programmes (Peters, 2021).

Turning towards a sectoral approach, the adoption of policy instruments varies according to the properties of the issue to be addressed (Howlett & Tosun, 2018). From this perspective, the policy style depends on the interaction between the actors' perceptions of the problem and the solutions that policymakers see as necessary (Myles & Pierson, 2001). For example, Tews and colleagues (2003) identified that environmental issues have primarily been addressed by implementing laws that regulate aspects such as waste and air, soil and water protection. Similarly, OSH policies have traditionally been developed through a regulatory approach to protect employees' rights (ILO, 2008; Maceachen et al., 2016). On the contrary, Choudhury (2016) identified that human rights are mainly promoted in businesses through voluntary agreements, such as the United Nations (UN) Global Compact initiative (2021).

Knill and Tosun (2020) have proposed a dynamic approach that suggests policy styles are determined by the interaction between a country's characteristics and the sector being implemented. At the same time, both aspects are affected by constant and volatile factors. On the one hand, the patterns of the policy style are shaped by the mechanisms and availability of distributing resources, the country's current economic situation, and the institutional arrangements that define the relationship between society and the state. On the other hand, the sector's properties influence policy styles through the nature of the problem to be addressed and the path that has usually been adopted to tackle similar issues. As such, this conceptualisation highlights that policy styles can change through time based on structural and contextual factors.

This approach facilitates an understanding of the different policy styles that have been adopted throughout the world regarding PRMPs. Leka and colleagues (2015) identified that in Europe, mental health at work and psychosocial risk management had been promoted primarily through non-binding instruments, while regulations on this topic evidence significant gaps. Meanwhile, Muñoz-Harrison and colleagues (2024) observed that PRMPs have been developed mainly through regulatory instruments in Latin American countries.

Such a difference could be explained because the former has had economic stability throughout the last century (Collignon & Esposito, 2014), its multi-level system of policymaking requires the coordination between the regional and the state levels to introduce new regulations (Scharpf, 2007) and has prioritised the development of OSH standards rather than introducing new legislation (Cefaliello, 2020). In countries from the latter region, their colonial roots have influenced them to adopt a Napoleonic administrative tradition (Perlingeiro & Perlingeiro, 2022). Therefore, regulations are used to respond to international pressures and local requirements, including social security, labour, OSH, and mental health at work, as well as a strategy for integrating with the global economy (Betancourt Morales & Zartha Sossa, 2020).

2.2.4.4 Opportunities and challenges related to PRMPs

Despite the development of several PRMPs worldwide, scholarly research has highlighted the scarcity of studies that examine the link between them, organisations' psychosocial factors indicators, and employees' mental health (Potter et al., 2024). The study by Jain and colleagues (2022) presented in the

introduction of this chapter is one of them. Similarly, Leka and colleagues (2023) tested the aforementioned findings by identifying whether adopting key OSH principles in the Italian context has increased companies' awareness towards psychosocial risk management.

However, both studies identified that organisations' action plans have not led to reducing employees' work-related stress levels. Such initiatives have primarily focused on secondary-level interventions aimed at developing job resources to help employees cope with their psychosocial work environment. On the contrary, these studies highlight the lack of primary-level interventions that tackle underlying psychosocial hazards. Hence, they depict a situation similar to the current state of the Chilean psychosocial risk management regulation, as presented in section 1.3.3. From these three cases and through Potter and colleagues' (2024) findings, it can be inferred that hard law PRMPs are an important milestone in mobilising employers to manage their psychosocial risks. Nonetheless, their main challenge resides in not being able to mobilise firms to implement interventions that address the root causes that affect employees' mental health.

Research that has examined broader OSH policies has identified that hard law instruments tend to have a taxonomic and rigid approach that focuses on prescribing a list of actions that enterprises must comply with (Legg et al., 2009). Similarly, the European Agency for Safety and Health at Work (EU-OSHA) (2015) indicates that a regulatory approach in OSH causes senior managers to lack awareness towards protecting and promoting employees' health and safety. On the contrary, they lead to a focus on the costs associated with improving working conditions instead of its benefits.

The aforementioned indicates that one of the main challenges of hard law PRMPs is related to being perceived as a contribution to the development of businesses (EU-OSHA, 2019; Leka, 2016). Further, it can be inferred that if PRMPs are seen as an opportunity to improve organisations' competitiveness and sustainability, employers would be more prone to implement primary-level interventions (Hollnagel et al., 2016). Therefore, it is necessary to analyse relevant societal and organisational variables involved in hard law PRMPs development, implementation, and evaluation to increase stakeholders' awareness regarding protecting and promoting mental health at work.

2.3 A holistic approach to policymaking: Integrating the policy cycle with institutional theory (IT)

Policymaking has usually been conceived as policymakers translating their ideas and values through a straightforward process (Birkland, 2019; Cairney, 2012b; EC, 2021a; Fullan, 2009). This perspective has been conceptualised as the policy cycle, which considers policymaking to have clear sequential stages. Although the policy cycle has been depicted with many phases and concepts, there is a consensus that it involves at least the five stages depicted in Figure 2-4 (Birkland, 2019; Cairney, 2018; EC, 2021a; Howlett & Ramesh, 2003).

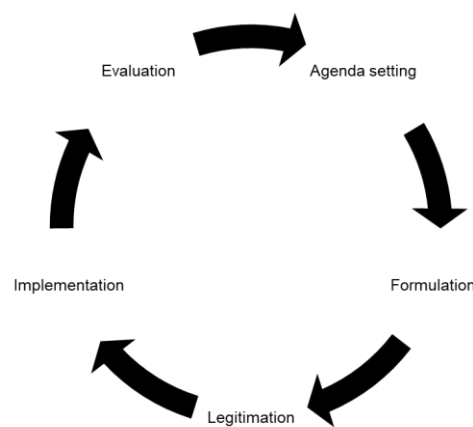


Figure 2-4: Policy cycle model
(Cairney, 2016a)

The policy cycle facilitates sequencing the policy process in a simpler manner. In addition, it provides an integral approach that includes aspects that set the need for developing a policy and its design, as well as its subsequent implementation and evaluation. Furthermore, this framework allows mapping the main tasks that policymakers engage in regarding policymaking. Therefore, it facilitates to examine in detail PRMPs' adoption and implementation.

However, Cairney and Kwiatkowski (2017) have indicated that simplifying the policy process into linear stages eliminates the nuances and complexities involved in policymaking. An example of this issue is that sometimes, the problems tackled by a policy require a swift response. Thus, the different stages of the policy cycle are not completed independently but can happen simultaneously (Howlett & Ramesh, 2003).

Likewise, due to the complex nature of the issues that policies aim to resolve, it is difficult to assess in advance the effectiveness of the solutions proposed by

policymakers. Instead, a trial-and-error rationale usually guides policies' design and implementation (EC, 2021a). Moreover, a linear and static model does not account for the dynamics of the context in which a policy is implemented. Some of these complexities are that the required information to make an informed decision is not always available, there could be conflicting motivations between stakeholders, or the responsibility to achieve the desired goals can be diluted among different actors (Mueller, 2020).

The depicted weaknesses regarding the policy cycle in the context of hard law PRMPs development will be addressed in this research by introducing contributions of Institutional Theory (IT) in the different stages of the policy process. On the one hand, this will provide an understanding of policymaking as a holistic, bidirectional, and multilevel process that considers the interaction of many stakeholders throughout the different stages of the policy cycle. On the other hand, such contributions will highlight the social and organisational variables that facilitate the development and implementation of psychosocial risk management policies effectively.

IT has become a recognised approach in organisational studies. This theoretical perspective has its roots in sociological literature and examines the underlying social structures, such as rules, values and routines, that shape enterprises' behaviour (Steinmo, 2001). IT considers that organisations are not closed systems that only interact with their environment to exchange inputs and outputs. Instead, this theory suggests that companies are constantly influenced by the social and cultural context surrounding them, also defined as the institutional environment (Scott, 2005). Furthermore, this theoretical perspective considers that an enterprise's survival depends on its capacity to gain, maintain, and increase its legitimacy among the public. Therefore, organisational practices are maintained or modified to ensure such legitimacy instead of being more efficient (Meyer & Rowan, 2006).

IT has amassed significant research that has contributed to developing robust explanations about organisational behaviour (Carvalho et al., 2017). However, it is important to note that IT literature has undergone three stages. The early developments of this theoretical approach, which range between 1970 and 1990, are linked to the seminal papers of Meyer and Rowan (1977) and DiMaggio and Powell (1983). In this stage, IT research was based on the maxim that organisations tend to become similar rather than different (Scott, 2005). Studies revolved around examining the mechanisms used by the institutional environment to shape enterprises' practices. As such, IT literature framed under

this stage has a top-down approach, in which 'organisations' structures are a reflection of their institutional environment' (Meyer & Rowan, 1977, p.1).

Nonetheless, initial IT literature could not explain the differences between companies in responding to the pressures from their context and why some organisations were keener to adopt the requirements from their institutional environment than others (Lawrence et al., 2010). As a response, between 1990 and 2010, the IT literature shifted its focus towards actors' agency (Abdelnour et al., 2017). Studies under this approach have had a bidirectional or bottom-up approach, where actors work within their institutional environment to fulfil their needs and interests.

This new perspective has gained significant adherence across many disciplines (Ocasio et al., 2017). However, Lounsbury and colleagues (2021) identified that it has been used mainly as an instrumental tool that centres on explaining why particular enterprises behave in a specific manner and obtain a set of results. Furthermore, these authors highlighted that it is still necessary to examine the governing process involved in emerging and maintaining coherence between different institutional orders that frame organisations' behaviour. Therefore, the IT literature has begun to integrate conceptualisations that address different levels of analysis to provide a holistic and dynamic understanding of social life (Lounsbury & Wang, 2020; Suárez & Bromley, 2012).

Based on the recent developments, the contributions of the IT literature will be discussed to consider the social and organisational factors that influence the policy process in the Chilean context of adopting and implementing hard law PRMPs. The conceptualisations of world society theory will underpin how the interaction between international institutions and the local context steers the agenda-setting and policy formulation stages (Krücken & Drori, 2009; Meyer et al., 1997). Institutional logics will facilitate examining the policy legitimization stage by linking psychosocial risk management with stakeholders' core values and belief systems (Friedland & Alford, 1991; Thornton et al., 2012). Institutional work will be used to examine the actions that organisational stakeholders implement to adopt PRMPs (Aksom & Tymchenko, 2020; Lawrence & Suddaby, 2006) and integrate them with business operations through 'creating new institutions or transforming existing ones' (Maguire et al., 2017, p:657).

2.3.1 Agenda-setting

The policy-cycle model considers allocating an issue to the policy agenda as the first stage of the policymaking process (Sutcliffe & Court, 2006). Societies face numerous needs and requirements. However, not all these situations lead to the development of a policy (Ribeiro, 2020). Policymakers are put into action when there is a lack of responses to a problem, or the current rationale has not been satisfactory in achieving the desired outcomes (Sutcliffe & Court, 2006).

2.3.1.1 Main theories related to the agenda-setting stage

Public policy literature has analysed the agenda-setting stage by developing different conceptualisations to explain which elements mobilise policymakers to develop a policy. The most recognised theories are the path-dependency approach, multiple streams approach (MSA), advocacy coalition framework (ACF), and punctuated-equilibrium perspective (Birkland, 2019; Capano et al., 2019; Organisation for Economic Co-operation and Development (OECD), 2017, 2024).

The path dependency approach posits that social change is challenging to achieve because policies often encourage the continuity of formal and informal institutions (Knill & Tosun, 2020). In this approach, policies and policymakers are conceived as protectors of existing models, and significant changes only occur through critical events (Capoccia & Kelemen, 2007). Therefore, policies are instruments of continuity because actors become institutionalised by the path initially chosen. As such, a large amount of effort and resources is required to develop a new path (Capano et al., 2019).

The MSA considers that policy change occurs through the convergence of the problem, political and policy streams (Kingdon, 2011). The problem stream refers to the properties of an issue. The policy stream is linked to the alternatives a policy system can develop. The political stream is guided by the political context and public opinion (Birkland, 2019). According to this theory, windows of opportunity to develop new policies are created when these three streams align. However, such a window does not necessarily imply that a policy will be adopted (OECD, 2017).

On the contrary, the ACF considers policy changes incremental rather than disruptive. This framework indicates that policies are influenced by 'stable parameters', 'long-term coalitions', and 'external events' (Jenkins-Smith & Sabatier, 1994). The ACF defines stable parameters as the properties of a problem, cultural values and legal structure. Long-term coalitions represent the

consensus of public opinion, as articulated in the perceptions of different groups regarding the problem. External events refer to changes in social spheres, such as socioeconomic conditions and governing coalitions (Capano et al., 2019). The interaction of these social aspects implies that policies are introduced through the interaction, bargaining, and cleavages between different coalitions (Birkland, 2019).

The punctuated-equilibrium approach developed by Baumgartner and Jones (2010) can be considered a middle ground between the previous approaches. It considers that policies are relatively stable over long periods. Furthermore, this perspective indicates that policy agendas are monopolised by groups or coalitions that hold political power. Therefore, policy changes occur when new political actors disrupt the established order, causing the policy monopoly to shift in favour of new groups (Birkland, 2019).

These theories offer different perspectives on explaining the elements that catapult the development of new policies. Nonetheless, all these approaches have in common that policies are developed as a response to a problem that stakeholders consider relevant. At the same time, their adoption evidences the implicit and explicit social, economic, and political interests of the actors involved.

Howlett, McConnell and Perl (2017) integrated the aforementioned frameworks to examine the different elements involved in introducing an issue into the policy agenda. Firstly, through path dependency and MSA theories, critical events are considered inflexion points that leverage the adoption of policies. Secondly, based on the ACF conceptualisation, the interactions between policy coalitions prepare the road to adopt a policy when a window of opportunity opens. Thirdly, path dependency and punctuated-equilibrium approaches contribute to including in the analysis the interests of those who withhold control of the policy agenda.

2.3.1.2 World society theory: The role of international institutions and the local context in influencing the policy agenda

The analysis of the agenda-setting stage can be complemented by the IT-strain-denominated world society theory. This theorisation facilitates the introduction of social variables related to globalisation. It was initially conceptualised by Meyer and colleagues (1997), who state that the hegemony of the institutional context, which articulates organisations' behaviour, shifted to

decentralised and diluted international institutions after World War II (Downey et al., 2020).

World society theory is based on an open system perspective, in which organisations are influenced by their environment (Meyer, 2010). However, this theory differs from Weber's contributions by indicating that organisations do not develop their structures to be more efficient. Instead, they are implemented to adapt to the environment's requirements (Krücken & Drori, 2009). The main concepts depicted in world society theory are related to universal values, norms, and culture, their diffusion through international networks and the decoupling between global blueprints and local contexts (Meyer et al., 1997; Suarez & Bromley, 2015). This research discusses the development of global values and norms in the context of adopting hard law PRMPs. At the same time, diffusion is linked to the first two stages of the policy cycle and decoupling to policy formulation.

World society theory considers that nowadays, the entire world is part of the same institutional context embedded with universal values related to modernisation. This is reflected in formal structures, such as international trading policies (Chabot, 2000). Likewise, the development of a global culture is manifested in themes such as human rights, egalitarianism, justice and democracy (Suarez & Bromley, 2012). This strain of IT considers that universal values are based primarily on Western notions of rationality (Albert, 2008). Specifically, they are manifested in an economy centred on capitalism and liberalism, democracy as the heart of politics and a religion based on mercy (Chongfu, 2011).

In addition, world society theory indicates different mechanisms through which these universal values are diffused worldwide. The complexities of the problems that nations and organisations face nowadays, such as climate change, health and migration, have implicated the need for them to engage in a global interactional network (Albert, 2008). Such a network enables local actors to address their internal issues. However, at the same time, it legitimises a globalised institutional context (Albert, 2016; Meyer, 2010). Therefore, nation-states enter an isomorphic process of internalising global scripts and values. For example, nations across the globe have adopted similar strategies and policies that structure their governmental departments and agencies (Krücken & Drori, 2009).

World society theory posits that countries adopt universal values to gain legitimation from other countries and international institutions (Meyer, 2010).

Suarez and Bromley (2012) highlight that states reform their internal policies and structures to align with scripts related to modernisation values through signing treaties, conventions or agreements with international institutions. These documents provide recognition or secure support from international governmental organisations (IGOs), international non-governmental organisations (INGOs) and multinational corporations (MNCs).

Similarly, this theory emphasises the role of science and professions as relevant international institutions that diffuse global ideas. Meyer and colleagues (1997) stated that these institutions diffuse universal values by developing blueprints that contain the ideals of modernity. Then, epistemic communities use such ideas to reshape local policies, structures and behaviours (Drori, 2012; Drori et al., 2003; Meyer, 2010).

It is important to note that world society theory has also pinpointed the relevance of the local context in introducing an issue into a policy agenda (Roudometof, 2016). Specifically, the concept of epistemic governance emerges as both an important enabler and a barrier. It indicates that the adoption of universal values depends on whether policymakers and other relevant local actors perceive international values as a threat to national sovereignty or as a tool to satisfy personal and local interests, motivations and values (Diehl, 2019).

Figure 2-5 illustrates how the conceptualisations from public policy and world society theory will be used in this research to examine how values related to mental health at work and psychosocial risk management were introduced to the Chilean regulatory agenda. On the one hand, introducing and diffusing these ideas as universal values of modernisation will be considered an important catalyst. This is related to the study conducted by Frank and colleagues (2000), which identified that the institutionalisation of environmental protection in the global agenda has generated a proliferation of governments developing policies on this topic. In the context of this research, the latter implicates examining the role of inter-state agencies, such as the ILO and the Pan American Health Organisation (PAHO), and research centres in promoting the relevance of psychosocial risk management in Chilean society.

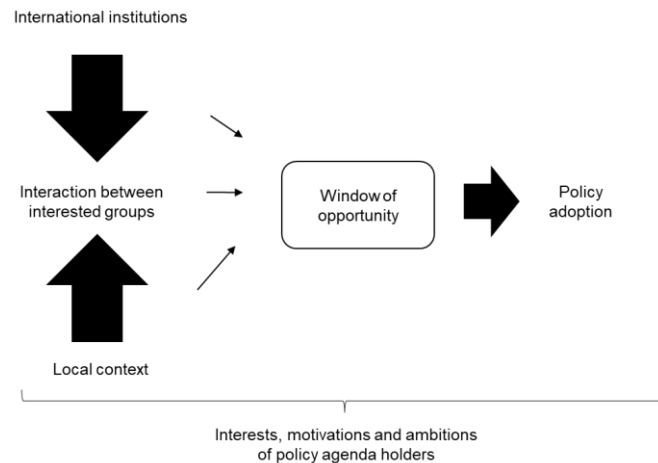


Figure 2-5: Introducing psychosocial risk management in the policy agenda
(Elaborated from Diehl, 2019; Drori, 2012; Howlett et al., 2017).

On the other hand, local properties and concerns will be considered important drivers in adopting hard law PRMPs (Alasuutari & Qadir, 2019; Bromley & Powell, 2012; Diehl, 2019; Howlett et al., 2017). For example, differences between Chile and other Latin American countries will be analysed to understand why this country was a pioneer in this region in terms of adopting a national PRMP. Likewise, as presented in section 1.3.1, this implies examining how windows of opportunity, such as the one presented by the accident of the 33 miners at ‘Mina San Jose’ in 2010, led to the inclusion of psychosocial risk management as part of the overhaul conducted by the Chilean government to its national OSH system.

2.3.2 Policy formulation

After a problem is incorporated into the policy agenda, the next phase in the policy cycle involves formulating a policy to address the issue. In this stage, policymakers design the several aspects that articulate a policy (Birkland, 2019; Craft & Howlett, 2012; Sutcliffe & Court, 2006). This includes setting objectives to be achieved in the short, medium, and long term, as well as possible roadmaps to achieve the desired outcomes. This is achieved by assessing aspects such as the cost and benefits of the policy, the tools and policy instruments to be employed, and their implications for resources and capabilities. Likewise, the roles and responsibilities of stakeholders are defined. Such aspects can be developed through three approaches (OECD, 2017).

2.3.2.1 Policy formulation: top-down, bottom-up and integrated approaches

Policy formulation, conceived from a top-down approach, considers that central actors control the design of a policy. On the contrary, the rest of the public and private stakeholders are obliged to its implementation (OECD, 2013). In this approach, the development of clear goals and the creation of a proper structure that monitors compliance are prioritised (Birkland, 2019). This perspective assumes that lower levels are committed to a policy's goals and tools, and therefore, its implementation will be carried out without hesitation (Hill & Hupe, 2022). Moreover, the subsequent policy implementation stage is considered an administrative process rather than a political one. Hence, this approach has been criticised because it does not consider stakeholders' values and beliefs or that different authorities can interact to address an issue (Cairney, 2016a; Xheneti, 2017).

A bottom-up approach suggests that policies should be developed by consulting local actors on their goals, strategies, and concerns (Capano et al., 2019). It indicates that not only are the goals to be achieved unclear, but also that different actors can have different motivations and aspirations. Therefore, this perspective pinpoints that policies should be formulated through the bargaining of the social actors involved. However, a bottom-up perspective has drawbacks to be considered. It assumes that actors are interested in the topic to be addressed and that they will be active during a policy's formulation and subsequent implementation (Hill & Hupe, 2022). Besides, this approach overlooks the asymmetries of power and influence from different stakeholders (Birkland, 2019). For example, it does not account for the varying lobbying capabilities between multinational corporations and local associations.

Policy formulation research has recently integrated the contributions of the top-down and the bottom-up approaches (Capano et al., 2019). On the one hand, research has suggested that the adoption of a top-down or bottom-up approach depends on the properties of the sector in which the policy will be implemented. Activities that have clear goals but are associated with high levels of conflict between actors, for instance, are better tackled through a top-down approach. Meanwhile, those with low conflicts between stakeholders but high uncertainty about the goals to be achieved benefit more from a bottom-up approach (Hill & Hupe, 2022; OECD, 2017). On the other hand, the literature has combined these approaches to reduce each of their weaknesses (Birkland, 2019). Such integration refers to promoting interaction between central policymakers and

local actors to develop policy instruments that address the needs and motivations of those who will later implement them.

2.3.2.2 Introducing global blueprints to the local context

World society theory conceptualisations facilitate to further integrate the contributions from the top-down and bottom-down approaches involved in policy formulation. This theorisation suggests that nations have delegated their role in formulating effective solutions to highly specialised international organisations due to incompetence or a lack of experience in dealing with an issue (Meyer et al., 1997). For example, Xheneti (2017) identified the role of international institutions in influencing policymaking by analysing how the EU and the World Bank steered Albanian enterprise policies to shift from a Soviet to a market-based approach.

Therefore, international institutions, including international and regional intergovernmental agencies and academia, have an important role in influencing the formulation of local psychosocial risk management policies. Based on what was depicted in section 1.3.2, such an influence can be observed in Chile through collaboration and support activities related to the adaptation of instruments to assess and manage psychosocial risks (Alvarado et al., 2012; Chilean Public Health Institute, 2012). These instruments were introduced to the Chilean context through partnerships with different international research centres and were an essential aspect of the first version of the Psychosocial Risks at Work Surveillance Protocol (PRWSP) (Ansoleaga et al., 2024; Chilean Ministry of Health, 2013).

Nonetheless, world society theory states that nations and organisations can decouple from global values and norms (Drori, 2012; Meyer, 2010; Suarez & Bromley, 2015). Decoupling is defined as universal blueprints being symbolically adopted to gain international legitimacy. However, associated structures and practices are not implemented (Downey et al., 2020; Suarez & Bromley, 2015). Bromley and Powell (2012) indicated that countries decouple from universal values when they oppose or are inconsistent with the local context, scripts are too idealised and abstract to be deployed, or local resources and infrastructure are unavailable.

Initial developments in world society theory suggest that decoupling is reduced through nations' constant implementation of universal scripts (Meyer et al., 1997; Suarez & Bromley, 2012). However, Downey and colleagues (2020)

noted that sociological literature provides more comprehensive explanations regarding this issue. Therefore, this IT strain has shifted from a maxim of global isomorphism to examining how transnational models are domesticated in heterogeneous contexts (Bromley et al., 2018). Nowadays, global scripts are not conceived as completely formed models that lead to global homogenisation. Instead, they are adapted according to the properties of the local context (Alasuutari, 2009). This has been depicted as the domestication process (Alasuutari & Kangas, 2020), in which local actors reshape universal values to satisfy local needs (Özdemir Sarıgil, 2018; Winanti & Hanif, 2020).

In the context of this thesis, the domestication process involves examining the aspects that mobilised policymakers to implement the different updates that Chilean hard law PRMPs have experienced since their adoption. Additionally, it will involve analysing the process through which local actors shift from the challenge of adopting a psychosocial risk management regulation to using it to address new adversities (Özdemir Sarıgil, 2018).

2.3.3 Policy legitimization

The third stage of the policy cycle involves legitimising a policy (Cairney, 2012a). Specifically, this process consists of the formal process a policy goes through to become enacted (Rinfret et al., 2019) and develops social adherence (Cairney, 2016b).

2.3.3.1 Formal and social policy legitimization

Formal policy legitimization consists of embedding a policy with institutional support to facilitate its later adoption by social actors. Hard law instruments are legitimised at the international level when states adopt binding instruments, including treaties and mandates (Lowe, 2015) and accept rulings from international courts and tribunals (Pronto, 2015). At the national level, a country's constitution depicts the process through which hard law instruments are formally legitimised (Hallsworth et al., 2011). Therefore, it is associated with mechanisms such as executive resolutions, parliament voting or referendums through which laws, regulations and mandates are developed (Dye, 2001).

In the Chilean context, a legislative project can be introduced by the President of the Republic or the Chilean Congress and must be approved by the 'Cámara de Diputados' (Representative Chamber in English) and the 'Cámara del

Senado' (Senatorial Chamber in English) to be enacted as a law (Ministerio del Interior y Seguridad Pública (Chilean Ministry of Interior and Public Safety in English), 2024). In addition, the Chilean executive authority issues administrative norms, such as Supreme Decrees, Exempt Resolutions, and Ordinary Memoranda, to detail existing legislation or regulate the functioning of the public sector (Cordero-Quinzacara, 2010). Notably, the Chilean regulatory framework for protecting and promoting mental health at work has been enacted through Exempt Resolutions and Ordinary Memoranda issued by officers of the Chilean Ministry of Health and the Superintendency of Social Security.

Public policy literature has also linked the policy legitimization stage to activities aimed at increasing social adherence to a policy. It can be developed by introducing incentives, including sanctions and rewards (Cairney, 2016a; Kraft & Furlong, 2013). Evidence also indicates that the legitimization of a policy is linked to its coherence with stakeholders' values and motivations (Luetjens et al., 2019). Matti (2009) identified that policy legitimization can be built by persuading stakeholders prior to its implementation (ex-ante legitimacy), through its performance during and after its implementation (ex-post legitimacy), and by the population's support towards policymakers and other actors involved in the policy (democratic legitimacy).

2.3.3.2 The role of institutional logics in enhancing policy legitimization

The current research examines the social and organisational variables that influence stakeholders' legitimization towards national instruments to protect and promote mental health at work. From an IT perspective, although world society theory has started to highlight the relevance of local actors, it has not yet developed explanations regarding the elements involved in local social situations, including policy legitimization (Alasuutari & Qadir, 2019). Therefore, this stage of the policy cycle will be integrated with the institutional logics literature.

Friedland and Alford (1991, pp. 248–249) defined institutional logics as the 'cultural elements (values, beliefs, and normative expectations) by which people, groups, and organisations make sense of and evaluate their everyday activities'. Later, Thornton and colleagues (2012) further developed this conceptualisation by establishing institutional logics as a theoretical framework.

According to Haveman and Gualtieri (2017), institutional logics theorisation and research are conducted primarily through four main principles. Firstly, institutional logics establish the interaction between structure and agency

through the concept of 'embedded agency' (Cardinale, 2018). This principle suggests that institutional logics constrain the behaviour of social actors, yet at the same time, actors articulate and embed them according to their needs and motivations (Haveman & Gualtieri, 2017). Secondly, institutions and their logics are articulated by symbolic and material components. The former refers to values and meanings, and the latter to structural and practical aspects (Lewis et al., 2018). Thirdly, logics are historically contingent. They are subject to change due to larger social pressures, such as the incorporation of technology and policy shifts, as well as changes in political power (Thornton et al., 2012). Lastly, this literature considers a hierarchy between levels, in which individuals' actions are nested in organisational fields. Similarly, enterprises and industries are articulated by multiple institutional orders with a central logic (Greenwood et al., 2009).

Friedland and Alford (1991, p. 260) define institutional orders as 'categories of knowledge that contribute to, and yet depend upon, the power of institutions which make them possible'. Seven central institutional orders have been identified through the work of Friedland and Alford (1991), Thornton (2004) and Thornton and colleagues (2012). They are the family, religion, state, market, profession, corporation and community orders. It is important to note that the conceptualisation of institutional orders is neither whimsical nor anecdotal. On the contrary, such development aims to detail the different substances that compose social and organisational life (Lounsbury & Boxenbaum, 2013; Vaskelainen & Munzel, 2018). According to Thornton and colleagues (2012, p. 55), 'each institutional order is composed of elemental categories or building blocks, which represent the cultural symbols and material practices particular to that order'. As such, behaviours are influenced by the interaction between different institutional orders and their logics (Haveman & Gualtieri, 2017; Scott et al., 2000; Thornton et al., 2012).

The most relevant properties of each institutional order have been depicted through the interinstitutional system (Thornton & Ocasio, 2008). As Table 2-1 illustrates, the interinstitutional system is composed of an x-axis and a y-axis. The y-axis refers to nine symbolic and material elements that articulate the sphere of influence of each institutional order. Such categories consist of a root metaphor, sources of legitimacy, authority and identity, bases of norms, attention, and strategy, as well as informal control mechanisms and the economic system. On the x-axis are indicated each of the seven institutional orders (Thornton et al., 2012).

Table 2-2: Ideal types of the interinstitutional system

Y-Axis	X-Axis								
Categories	Family	Community	Religion	State	Market	Profession	Corporation		
Root metaphor	Family as firm	Common boundary	Temple as bank	Redistribution mechanism	Transaction	Profession as relational network	Corporation as hierarchy		
Sources of legitimacy	Unconditional loyalty	Unity of will Belief in trust and reciprocity	Importance of faith & sacredness in economy & society	Democratic participation	Share price	Personal expertise	Market position of firm		
Sources of authority	Patriarchal domination	Commitment to community values	Priesthood charisma	Bureaucratic domination	Shareholder activism	Professional association	Board of directors		
Sources of identity	Family reputation	Emotional connection	Association with deities	Social and economic class	Faceless	Personal reputation	Bureaucratic role		
Basis of norms	Membership in household	Group membership	Membership in congregation	Citizenship in nation	Self-interest	Membership in an association	Employment in firm		
Basis of attention	Status in household	Personal investment in a group	Relation to supernatural	Status of interest group	Status in market	Status in profession	Status in hierarchy		
Basis of strategy	Increase family honour	Increase status and honour of members and practices	Increase religious symbolism of natural events	Increase community good	Increase efficiency profit	Increase personal reputation	Increase size and diversification of firm		
Informal control mechanisms	Family politics	Visibility of actions	Worship of actions	Backroom politics	Industry analysis	Celebrity professional	Organisation culture		
Economic system	Family capitalism	Cooperative capitalism	Occidental capitalism	Welfare capitalism	Market capitalism	Personal capitalism	Managerial capitalism		

Source: Adapted from Thornton et al. (2012, p:57)

Each institutional order in the interinstitutional system is underlined through its ideal type (Weber, 1978). Institutional logics literature states that there is no objective rationality that shapes social actors' behaviours. Instead, they are articulated by the logics of prevailing orders from the interinstitutional system (Thornton & Ocasio, 2008). Nonetheless, although the interinstitutional system conceptualises institutional orders with clearly distinguishable logics, evidence suggests they are in constant interaction.

Institutional logics literature defines 'institutional complexity' when logics from different institutional orders complement or are in conflict (Greenwood et al., 2009, 2011). Two or more logics can co-exist to enhance each other, either by supplementation (i.e., one order provides solutions to issues present in another order) or synergy (i.e., the logics from an order are coherent with the logics from another) (Deeg, 2007). Furthermore, the institutional logics literature suggests that examining the interdependence between logics can provide a broader understanding of the symbolic and material elements that articulate the values, beliefs, strategies, objectives, and practices of a particular field. In addition, such interaction can explain the underlying reasons that create resistance to change (Myles & Pierson, 2001) and why their implementation can cause unintended consequences (Gagliardi et al., 2014).

Nonetheless, this literature has identified that different logics are more often in contradiction, and therefore, organisations and individuals are constantly exposed to conflicting demands from different logics (Bhappu, 2000; Greenwood et al., 2011; Lounsbury, 2017; Schneiberg & Clemens, 2006). Similarly, institutional complexity research has focused on examining the replacement of the prevailing logics from one institutional order to another. For example, Thornton and Ocasio (1999) identified that a shift in higher education centres from the US from professional to market-related logics led to an increased relevance of academics having to publish in journals.

Despite the proliferation of theorisations developed under institutional logics, this literature indicates there are still some gaps to be considered. For example, Berg-Johansen and Waldorff (2017) identified that institutional logics research has been conducted primarily to examine the implementation of change initiatives in organisations and to explain managerial decision-making. However, these authors note that there has been a lack of research examining societal transformations and their impact on institutional orders and logics. In addition, Mountford and Cai (2023) have indicated that it is still unclear how current

prevailing logics affect and are affected by the introduction of new practices among fields and organisations.

Institutional logics will be integrated into this research at the policy legitimization stage to explain the degree of legitimization that stakeholders provide to Chilean hard law PRMPs, affecting their subsequent implementation. On the one hand, it will involve analysing the implications of introducing values and practices related to psychosocial risk management in Chilean society. This implies the challenges and opportunities that arise from the interaction between this regulation and local institutions. For example, mental health at work is a multivariable issue that can be simultaneously affected by the different aspects of individuals' lives (Almonte et al., 2016). As such, it becomes important to review the effects of the PRWSP on the dichotomised Chilean healthcare system introduced in section 1.3.1. Likewise, it involves analysing how these institutions' characteristics and practices affect the legitimacy of this legislation among stakeholders.

On the other hand, it becomes relevant to analyse the institutional complexity that arises from introducing psychosocial risk management values and practices to relevant logics from the Chilean OSH context. Alexander and colleagues (2018) identified that when policies are in contradiction with implementors' prevailing logics, their adoption rate will be low, and firms will only associate them with non-core activities. Likewise, Michel and colleagues (2022) found that policy implementation is hindered only when policies are in opposition to stakeholders' logics. These studies highlight the need to examine the aspects of Chilean hard law PRMPs that are coherent and contradictory with relevant symbolic and material aspects from stakeholders' logics, which are framed under different institutional orders. These include the protection of social security, OSH, and labour (state order), standardised OSH practices (professional order), firms' development and sustainability (corporation and market orders), and employees' needs and concerns (community order).

2.3.4 Policy implementation

After a policy is formulated and legally and socially legitimated, firms implement the actions and rationale defined by policymakers (Cairney, 2012a). Public policy literature has depicted the elements that guarantee a policy to be properly implemented and that the outcomes achieved can be sustained through time (Fullan, 2009).

2.3.4.1 Key aspects related to policy implementation

At times, policymakers have considered this phase to be a linear and hierarchical transfer of ideas depicted in policies into concrete actions (Hill & Hupe, 2022). However, a growing body of evidence critiques this perspective by highlighting an 'implementation gap' that explains why policies fail (Cairney, 2012b; Clarke et al., 2017; Darcis & Thunus, 2020). Hogwood and Gunn (1984) suggested that policies can be considered unsuccessful when actions are not implemented as initially formulated, outcomes are not obtained, and external factors escape the control of policymakers. In addition, the OECD (2015b) has noted that policy implementation can be hindered because policymakers and related stakeholders have overly optimistic expectations and do not consider whether resources and capabilities are available for its adequate execution. Likewise, it has been pinpointed that policies have detrimental results when policymakers act in silos and have weak collaborative interactions with other stakeholders (Hudson et al., 2019).

Therefore, public policy literature suggests that it is essential to examine the characteristics of policies and variables that facilitate their implementation (Clarke et al., 2015; Darcis & Thunus, 2020). On the one hand, the aspects that facilitate the execution of policies are related to having clear objectives, which do not leave room for stakeholders' interpretation (Hogwood & Gunn, 1984). In addition, policies should facilitate their implementation by providing a sequential path that allows implementers to reach the desired outcomes (Birkland, 2019; Cairney, 2012a).

On the other hand, support mechanisms involve allocating the required resources to implement each aspect of a policy and maintaining constant communication with relevant stakeholders to sustain their support (Cairney, 2012b, 2016a). Likewise, capacity building has been depicted as a relevant mechanism. This is related to agencies that monitor organisations complying with the policy and institutions that provide support and guidance (Hudson et al., 2019). Lastly, it has been noted that during this phase, policymakers should track the policy's performance in terms of achieving the desired outcomes. Such action allows for the timely identification and management of obstacles that could hinder the execution of policies (Gold, 2017).

2.3.4.2 Institutional work: Integrating policies with organisational practices

IT conceptualisations can be used to examine how policies are adopted and implemented at the organisational level. However, institutional logics research has revolved primarily around explaining the causes of outcomes, while the actions that led to such results are usually not addressed (Zilber, 2013). Meanwhile, this issue is discussed under institutional work literature and, therefore, will be included to examine how firms embed hard law PRMPs into their business operations.

Institutional work is defined as the 'relatively invisible micro-processes of intentional actions that individuals engage in to further their own interests' (Lawrence & Suddaby, 2006, p. 209). Research in this literature examines the institutional dynamics associated with creating, maintaining, changing, and disrupting institutions (Zilber, 2013). Therefore, this conceptualisation has a bottom-up perspective because it considers organisations incorporate external pressures into their local practices if they facilitate their survival (Suarez & Bromley, 2012).

Institutional work theorisations and research are conducted through three core principles (Lawrence et al., 2010). Firstly, a high relevance is given to actors' agency, as manifested in their awareness, skills, and reflexivity. Secondly, it considers that institutions are created, maintained, and disrupted according to the actions of the actors involved. Thirdly, the institutional work that actors conduct is not based on heroic freedom. On the contrary, it is delimited by the rules that emanate from set institutional orders (Lawrence & Suddaby, 2006). As such, institutional logics and institutional work conceptualisations are similar in terms of considering the interaction between structure and agency. However, the latter focuses on actions and their unintended consequences (Zilber, 2013). Specifically, institutional work research indicates that leaders are one of the main actors influencing their institutions (Kraatz, 2009). Additionally, the actions through which institutional work is conducted have been depicted under Scandinavian developments of institutional work (Czarniawska-Joerges & Sevón, 2005).

Based on Selznick's (1957) seminal work, leadership plays a significant role in institutional work research. Leaders, or institutional leaders from an IT perspective, develop strategies that maintain organisational integrity despite the constant demands that firms receive from their institutional environment and the myriad of logics portrayed by each member (Kraatz & Block, 2008). Moreover,

da Silva (2020) challenges the notion that organisations have clearly defined goals. Instead, this author suggests that institutional leaders continually conduct institutional work to mitigate ambiguity in the institutional environment. Similarly, Struminska-Kutra and Askeland (2020) developed a typology that depicts four approaches through which leaders conduct institutional work to integrate new values and ideas within organisations. Such approaches range in the degree of integrity maintained during organisational change processes.

Scandinavian institutionalism is based on the principle that organisations resist external pressures if they contradict organisations' history and practices (Campbell, 2010; Vossen & van Gestel, 2019). This conceptualisation indicates that external ideas cannot be imposed on organisations. Therefore, research revolves around the mechanisms through which organisational actors are convinced about the contributions of these ideas to their daily routines (Czarniawska & Joerges, 1996; Czarniawska & Sevón, 1996; Scheuer, 2006). This approach to institutional work proposes the translation, sensemaking and loose coupling mechanisms as the main elements involved in incorporating new requirements into the organisational context (Lounsbury & Boxenbaum, 2013).

Translation refers to transferring an idea from the societal level into the organisational context to fit with enterprises' practices and outcomes (Cassell & Lee, 2016). Specifically, this is conducted by transforming abstract ideas into concrete objects and practices (Czarniawska & Joerges, 1996) through an iterative process (Becker-Ritterspach, 2009; Scheuer, 2006). Scandinavian institutionalism indicates that translation occurs through organisational stakeholders engaging in a sensemaking process (Boxenbaum & Strandgaard-Pedersen, 2009; Bromley & Suarez, 2012). In this literature, sensemaking is defined as ideas gaining or losing adherence in enterprises, depending on the degree of meaning stakeholders give them (Røvik, 2016). Therefore, new practices are copied, altered, or omitted depending on whether key actors perceive them as a contribution to achieving their purposes (Jensen et al., 2009).

Enterprises adopting external ideas is an essential milestone. However, it does not imply that they will be integrated with other organisational practices. Scandinavian institutionalism states that organisational change occurs gradually through loose coupling. Such a mechanism is defined as a 'weak link among different organisational components such as decisions, strategies, practices, structures and events' (Boxenbaum & Strandgaard-Pedersen, 2009, p. 188). Through loose coupling, intra-organisational elements couple and decouple one another in everyday organisational practice depending on particular situations

(Weick, 2001). Therefore, actors pragmatically merge norms, values, and actions to cope with new struggles, thus creating a hybrid between traditions and innovation (Hallett & Ventresca, 2006). It is important to highlight that loose coupling differs from the traditional IT conceptualisation of decoupling. The former relates to the degree of looseness or tightness between different elements of organisational structures (Olsen, 2007). The latter refers to a disconnection between formal structures adopting environmental pressures while daily routines remain unaltered (DiMaggio & Powell, 1983).

Figure 2-6 summarises the main elements to be considered while analysing Chilean firms implementing hard law PRMPs. Policy characteristics refer to how policymakers and relevant stakeholders perceive the objectives of this policy and its required actions. Support components refer to considering the resources that companies need to enhance their psychosocial work environment. In addition, it involves labour and health inspectors verifying compliance, as well as OSH services supporting its adoption. Policy monitoring is related to initiatives that secure PRMPs' performance. In the Chilean context, they are linked to activities conducted by local policymakers to review the factors that facilitate and hinder enterprises from implementing the PRWSP.

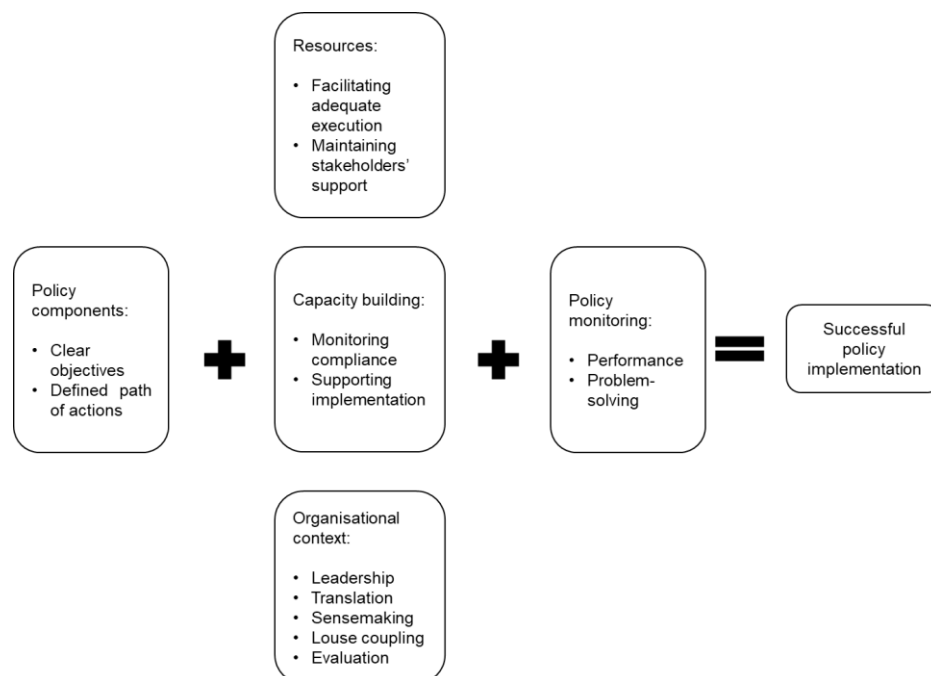


Figure 2-6: Key aspects for implementing PRMPs

(Elaborated from Boxenbaum & Strandgaard-Pedersen, 2009; Cairney, 2016; Darcis & Thunnus, 2020; Kraatz, 2009).

Regarding the organisational variables involved in policy implementation, the first aspect to consider is the actions of institutional leadership conduct to introduce hard law PRMPs to the particularities of the organisational context. In this research, it will be important to examine the benefits and contributions perceived by Chilean leaders, including OSH and Human Resources (HR) managers, about the PRWSP in terms of solving current organisational problems (Voronov et al., 2013) and how they assess if such a policy is worth being adopted (Hallet & Ventresca, 2006).

Another aspect to be included is the role of institutional leaders in creating a sense of the need to adopt the PRWSP among organisational stakeholders to secure their cooperation (Lawrence et al., 2009). On the one hand, it involves examining how these actors articulate a narrative that demonstrates how the PRWSP will bridge the current and desired states. On the other hand, it will involve examining whether stakeholders' opinions towards mental health at work are considered while implementing this regulation (Wagensveld & Vosselman, 2014).

Lastly, loose coupling will be examined through the process of transforming the PRWSP into material components, such as objects (e.g., policies, structures, and procedures), actions (e.g., practices), and control mechanisms (Voronov et al., 2013; Wagensveld & Vosselman, 2014). Likewise, the activities that organisational stakeholders conduct to renegotiate the enactment of materialised devices related to enhancing the psychosocial work environment will be analysed (Boxenbaum & Strandgaard-Pedersen, 2009; Hallet & Ventresca, 2006).

2.3.5 Policy evaluation

The accumulation of experiences from the policy implementation phase provides feedback to decision-makers (Knill & Tosun, 2020). This information can guide policymakers in assessing whether a policy needs to be reformulated or even terminated. Some aspects that influence such decisions are related to identifying if the issues and needs that mobilised the adoption of a policy were solved, or if it caused iatrogenic results (Sanderson, 2002).

Likewise, examining policy implementation experiences provides policymakers with insights into the different aspects that acted as drivers or barriers (Hallsworth et al., 2011). This feedback facilitates policymakers to enhance policies and improve the overall policy cycle (Howlett & Giest, 2015).

Hence, it is important to evaluate the policy process in an integrated manner, examining the implementation of each stage within the policy cycle (Cairney, 2018; Capano et al., 2019).

However, the political implications associated with a policy's success or failure tend to deter policymakers from engaging with this stage (Howlett & Giest, 2015; Knill & Tosun, 2020). To overcome this issue, Luetjens and colleagues (2019) examined successful cases of policy implementation in Australia and New Zealand and identified that policy evaluation should not only report outcomes but also incorporate an assessment of four key aspects. Such elements consist of programmatic elements (e.g., cost-benefit analysis and identifying if the intended goals were achieved), process aspects (e.g., assessing the implementation process and the commitment of stakeholders in the policy), political variables (e.g., the political capital that a policy provides or takes away from policymakers), and temporal aspects (e.g., performance of the policy in a span of time).

From an institutional work perspective, the outcomes achieved by new practices are not considered relevant on their own. On the contrary, this literature examines their institutional consequences (Lawrence et al., 2009). In the context of this research, it becomes more important to analyse whether the adoption of psychosocial risk management policies facilitated companies to develop new behavioural patterns rather than to evaluate whether the outcomes related to improving psychosocial hazards and employees' mental health indicators were achieved (Czarniawska, 2008; Voronov et al., 2013).

Hence, this approach prioritises providing insights regarding the institutional work done after implementing the PRWSP. For example, it would shed light on the elements that can facilitate or hinder subsequent implementation cycles (Czarniawska & Sevón, 1996). Similarly, this approach would be related to how the accumulation of experiences provides feedback to policymakers, enabling them to subsequently assess whether hard law PRMPs should be maintained, reformulated, or even terminated (Sanderson, 2002).

2.4 A theoretical framework to bridge the gap between policy and practice

The previous sections examined various variables associated with developing and implementing PRMPs, with a focus on hard law instruments. First, psychosocial risk management concepts, theories, and policy approaches were discussed. Later, the technical elements of policymaking were integrated with IT developments. This facilitated outlining the process through which policy

instruments are adopted, developed, and implemented, as well as considering their underlying social and organisational mechanisms.

From such conceptualisations, and as Figure 2-7 illustrates, the current section proposes a theoretical framework to bridge the gap between psychosocial risk management policies and practice. This theoretical framework provides a holistic, bidirectional, and multilevel understanding of the development of hard law PRMPs. Such complexity is related to the interaction between the international, societal, organisational, and individual levels of analysis.

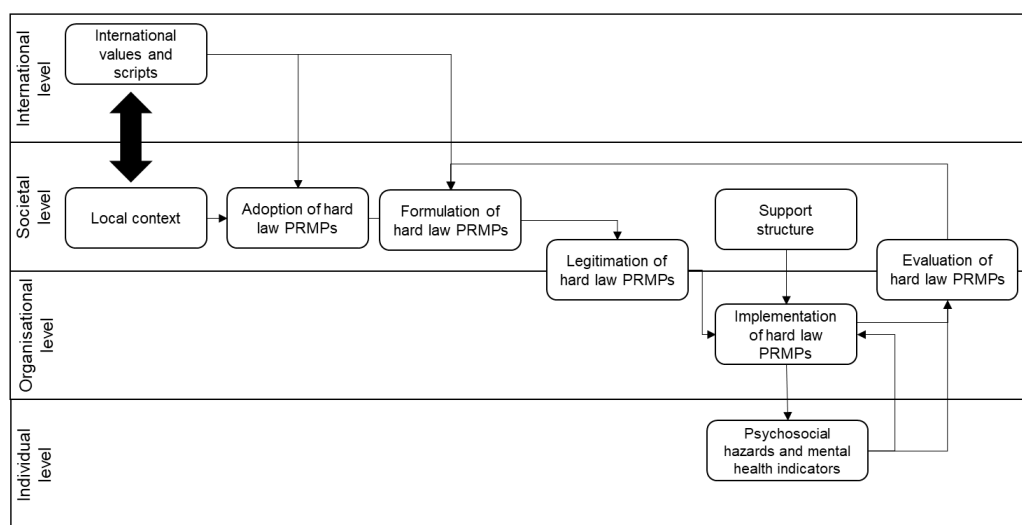


Figure 2-7: Proposed theoretical framework

The current theoretical framework considers international institutions, including academic and professional centres, as well as international and regional organisations, to have an important role in nations adopting and developing hard law PRMPs. Regarding policy adoption, the former would be linked to building evidence that pinpoints the relevance of addressing mental health at work, and the latter would use such evidence to place this issue on the global agenda. In the policy formulation stage, the former would develop international blueprints to be adapted to the local context, and the latter would support local actors in formulating binding PRMPs (Meyer et al., 1997; Suárez & Bromley, 2012).

At the societal level, the proposed framework highlights the role of policymakers throughout the entire psychosocial risk management policy process. Firstly, they mediate between pressures made by international institutions and local requirements to introduce psychosocial risk management

into the local policy agenda and subsequently formulate policy instruments that address this issue (Alasuutari & Kangas, 2020; Heimo, 2019). Furthermore, this topic would be introduced in the policy agenda when relevant local actors, including policymakers, perceive it as an element that contributes to local aspirations, provides international legitimacy and does not compromise national sovereignty (Diehl, 2019).

Similarly, social adherence is built by aligning regulatory PRMPs with different logics from the interinstitutional system, present in relevant stakeholders from the OSH institutional field (Greenwood et al., 2011). These include governmental actors, employers and employers' federations, unions and trade unions, specialised local institutions and organisations. Lastly, policymakers establish and monitor support systems that facilitate organisations in adequately implementing PRMPs (Darcis & Thunus, 2020) and evaluate whether these policy instruments need to be maintained, updated or terminated. Such activities would be conducted according to companies' outcomes in terms of psychosocial factors and employees' mental health indicators, along with the accumulated experience of implementing national PRMPs (Lounsbury & Boxenbaum, 2013; Sanderson, 2002).

The organisational level is associated with companies implementing hard law PRMPs. In this theoretical framework, institutional leaders materialise these policies into organisational practices that enhance psychosocial work environments and sustain their implementation over time (Lawrence & Suddaby, 2006; Lawrence et al., 2009). In addition, the interaction between the societal and organisational levels is illustrated by the support provided by external agencies to facilitate companies in implementing hard law PRMPs (Cairney, 2016a; Darcis & Thunus, 2020).

Lastly, the individual level is related to employees' perceptions of their psychosocial work environment and mental health. These aspects would be influenced by the policy initiatives adopted at the societal level and the psychosocial risk management initiatives that organisations implement (Jain et al., 2022; Leka et al., 2023).

2.4.1 Implications of the proposed theoretical framework

The proposed theoretical framework has several implications for the current research. Firstly, this model establishes that the gap between hard law PRMPs and practice should be addressed through conceptual, policy and social

elements. As such, the current model considers necessary to analyse the conceptual accuracy of hard law PRMPs. However, such a review should also include the policy process through which these instruments are developed and implemented and how underlying social and organisational variables are managed.

It is important to note that the current theoretical framework focuses on analysing hard law PRMP design and implementation. Nonetheless, it could also be used to examine the development of soft law PRMPs. In this respect, this framework is susceptible to the policy, social and historical context under which PRMPs are introduced. This model suggests that there is no best policy instrument, or a combination of them, to mobilise organisations to protect and promote their employees' mental health per se. Instead, the policy style to be used in developing PRMPs should be based on the interaction between policymakers and local actors, along with the availability of resources and capabilities. Similarly, although this framework has been developed within the psychosocial risk management literature, its principles and elements can be applied to address other public policies that influence business behaviour.

The different levels of analysis presented in this framework provide important insights to different actors. At the international level, this model enhances the awareness of international institutions regarding the specificities of the local context. This relates to the applicability of psychosocial risk management values and blueprints in various nations and organisations worldwide. However, such scripts can be altered based on local experiences. At the same time, this approach promotes the collaboration and social cohesion of different social stakeholders towards protecting and promoting mental health at work. Lastly, this framework provides managers and other organisational actors with a perspective that healthy workplaces are built through tangible actions designed through the involvement and negotiation of different stakeholders.

Nonetheless, although examining each level of analysis individually provides important lessons in its own right, this model highlights the relevance of specific situations that facilitate or hinder the policymaking process of hard law PRMPs. Specifically, the inflexion points addressed in this thesis relate to the interactions between different levels of analysis that occur during the agenda-setting and policy formulation phase, as well as those related to building the legitimisation of PRMPs and those in the policy implementation phase.

2.4.2 Research question

The opportunities and challenges that arise from the proposed theoretical framework are useful to achieve this thesis's objective of systematising and reviewing the Chilean experience of adopting and implementing a psychosocial risk management regulation. Based on the insights provided by the proposed theoretical framework, this thesis will address the overarching research question: 'How have international values and scripts related to psychosocial risk management been adopted, legitimated and implemented in the context of Chilean society and enterprises?' This research question can be decomposed into the following subset of questions:

- What led the Chilean government to introduce international values and scripts related to psychosocial risk management into its national regulatory framework?
- What actions has the Chilean government implemented to domesticate these global blueprints in its national policy context?
- What societal aspects influence local stakeholders' perceptions towards a psychosocial risk management regulation?
- To what extent have such interpretations affected the legitimation of this regulation?
- How has the Chilean psychosocial risk management regulation been translated into organisational practices?

The following chapter elaborates on the research strategy used to frame the studies conducted to answer the subset of research questions. Meanwhile, findings are integrated into the final chapter of this thesis to answer its overarching research question.

CHAPTER 3: METHODOLOGY

3.1 Introduction

The research question arising from the proposed theoretical framework presented in the previous chapter is addressed in the three studies outlined in Table 3-1. The first study analyses the implications of the interaction between international institutions and local actors in introducing psychosocial risk management in the policy agenda and subsequently formulating a national regulation to address this issue (Chapter 4). The second study explores the elements that influence the legitimization of the Psychosocial Risks at Work Surveillance Protocol (PRWSP) among local stakeholders (Chapter 5). The third study focuses on the actions local organisations conduct to adopt and integrate this regulation into their practices (Chapter 6).

Table 3-1: Studies structure

Overarching research question: How have international values and scripts related to psychosocial risk management been adopted, legitimated and implemented in the context of Chilean society and enterprises?			
ID	Study title	Level of analysis	Research question
1	The Chilean experience of adopting and developing a psychosocial risk management regulation	International and national	• What led the Chilean government to adopt international values and scripts related to psychosocial risk management into a national regulatory framework? • What actions has the Chilean government implemented to domesticate these global blueprints in its national policy context?
2	The eruption of mental health at work in Chilean society	Societal	• What societal aspects influence local stakeholders' perceptions towards a psychosocial risk management regulation? • To what extent have such interpretations affected the legitimization of this regulation?
3	From policy to practice: Adopting and implementing a psychosocial risk management national policy in Chilean enterprises	Organisational	• How has the Chilean psychosocial risk management regulation been translated into organisational practices?

Each study is related to relevant interactions that take place during the process of developing and implementing hard law Psychosocial Risk Management Policies (PRMPs). The results of each study are integrated in Chapter 7 to provide a holistic insight regarding the gap between hard law PRMPs and practice. Nonetheless, it is important to note that although the elements from the framework presented in section 2.4 are theoretically

distinguishable, in practice, stakeholders are involved in many of the elements depicted in this model. Therefore, data collection for the three studies of this research was completed simultaneously.

The following sections of this chapter elaborate on the research strategy used in this thesis, which is articulated under six relevant aspects. First, the philosophical assumptions from critical realism (Bhaskar, 1975) are discussed. Then, the methodological rationale used to address this thesis research question is built through a review of the retroductive research approach (Danermark & Ekström, 2019) and qualitative design (Eriksson & Kovalainen, 2008). Afterwards, the data collection and analysis techniques used to examine and systematise the Chilean experience of adopting and implementing a hard law PRMP are framed. Lastly, the ethical and reflexive components of this research are discussed to ensure the quality and rigour of its findings and the procedures used to obtain them.

3.2 Philosophical assumptions

The philosophy of science discipline has established that conducting research in any scientific discipline, including social sciences, requires researchers to reflect on their ontological and epistemological assumptions (Locke, 2007). According to Blaikie (2007), ontology refers to the underpinning of researchers' understanding of reality and, therefore, how they delimit the aspects that constitute a research topic. Meanwhile, epistemology focuses on the mechanisms through which knowledge is developed and the sources of knowledge that are considered valid (Grix, 2002). Ontology and epistemology have traditionally been polarised between an objectivist and a socio-constructivist approach. The former considers that scientific explanations can be generalised because they are a direct observation of nature. The latter proposes that there are as many realities as human beings. Thus, it is impossible to determine universal laws (Saunders et al., 2019).

Nonetheless, during the 1970s and 1980s, Roy Bhaskar developed critical realism as an alternative to relativistic postmodern theories (Bhaskar, 1975). Since then, it has been considered a middle ground between 'objectivism' and 'constructivism' (Zhang, 2023). Critical realism indicates that science has indirect access to nature, which is related to researchers describing their experience while engaging with a phenomenon. However, at the same time, this

philosophical approach states that there is still an objective world to which those descriptions are related (Frauley & Pearce, 2007).

Critical realism addresses ontology and epistemology by setting five principles that frame the understanding of reality and the aspects that should be considered relevant knowledge (Gorski, 2013). The first principle of critical realism distinguishes between the intransitive and transitive domains of knowledge (Bhaskar, 1975). On the one hand, the intransitive domain is related to all phenomena that occur despite the presence and explanation of science and are independent of scientific observation (i.e., the real world). On the other hand, the transitive domain alludes to the scientific production of knowledge that aims to explain a particular phenomenon (Sayer, 2000). The second principle establishes the levels of the real, the actual, and the empirical as different categories of knowledge (Bhaskar, 1975). The 'real' are the underlying structures and causal properties from the intransitive domain. The 'actual' refers to the effects generated when the causal mechanisms of the 'real' are activated. The 'empirical' is linked to individuals' experiences and observations regarding such events (Sawyer, 2002).

The last three principles of critical realism refer to the concepts of 'emergence', 'double hermeneutics' and 'open system' (Frauley & Pearce, 2007). Emergence is associated with new objects of study that arise by examining a phenomenon through different levels of analysis (Sayer, 2000). Double hermeneutics refers to social researchers engage in a double process of interpretation that originates from a dyadic relationship with the object of study in itself and the groups and individuals that take part in research (Gorski, 2013). The open-system principle indicates that objects are open to being influenced by the context in which they are inserted and the properties of other elements interacting with them (Frauley & Pearce, 2007).

Such principles have ontological implications for the current research. Firstly, it implies that the empirical data used in each study and the conclusions provided to bridge the gap between policy and practice should not be considered neutral or objective. Instead, they are embedded in the theoretical conceptualisations of psychosocial risk management, policymaking, and Institutional Theory (IT). Secondly, the outcomes that PRMPs cause in terms of enterprises' psychosocial work environment and employees' mental well-being (the actual) are articulated by the interaction between stakeholders' values and beliefs-systems from different levels of analysis (the real). Furthermore, these attributes are accessed through the experiences of social and organisational actors (the empirical).

Thirdly, such assumptions imply that an integral understanding of the psychosocial risk management policy process is developed through a transdisciplinary approach that integrates conceptualisations from the psychology, sociology, management, and public policy disciplines. Lastly, and also in concordance with the utilisation of a transdisciplinary approach (Lawrence et al., 2022), they implicate the need to shift apart from considering policies as external interventions. Therefore, this research addresses both the phenomenon of developing and implementing hard law PRMPs and the different contexts and meanings of participants from different backgrounds (i.e., policymakers, practitioners and researchers) who interacted in this research.

The depicted principles have consequences at the epistemological level. Research framed under critical realism aims to develop causal explanations. However, its focus differs from traditional realism because it emphasises understanding the aspects and circumstances involved in a phenomenon rather than establishing associations between variables (Vincent & O'Mahoney, 2018). This has been defined as generative causality, which highlights that mechanisms produce an event, but they cannot be isolated from the context in which they occur (Gorski, 2013). Therefore, Pawson and Tilley (1994, 1997) indicate that an outcome is an empirical manifestation triggered by causal mechanisms in a given context.

In the context of this research, the epistemological assumptions of critical realism implicate the relevance of analysing the different levels in which hard law PRMPs are developed and implemented, as well as the context in which they take place (Pawson & Tilley, 1994; Sanderson, 2002). This can be observed in that the current research aims to answer the question 'What works in developing and translating hard law PRMPs to organisations?', but also 'Which circumstances are involved in their adoption, formulation and legitimation?' 'Which organisations have adapted and implemented such policies effectively?' and 'Why?'.

3.3 Research design

The underlying philosophical assumptions of a research also delineate its rationale and decisions (Clough & Nutbrown, 2012; Grix, 2002; Saunders et al., 2019). Therefore, this thesis's methodology is discussed in the following sections, based on the implications of critical realism for the current research approach and design.

3.3.1 Retroductive research approach

Methodological approaches in scientific research have traditionally ranged from inductive, deductive and abductive perspectives. An inductive approach involves discovering patterns by logically examining individual observations. In a deductive approach, data is analysed based on predefined generalisations or laws. An abductive approach provides novel suppositions about the object of study by redefining or recontextualising the observations made by researchers (Danermark & Ekström, 2019).

However, the conceptualisations of critical realism have triggered research to focus on 'what kinds of things exist, what their make-up, powers and liabilities, and hence explaining what happens rather than predicting what will happen' (Sayer, 1992, p. 158). Based on these assumptions, the methodological perspective denominated 'retroductive approach' has been developed (Danermark et al., 2001). This novel approach integrates the previously depicted methodological approaches by: i) identifying patterns involved in a phenomenon (inductive approach), ii) categorising such patterns into predefined dimensions (deductive approach), and iii) framing those variables to unravel the underlying structures and circumstances that are necessary for an event to occur (abductive approach) (Mukumbang et al., 2021).

A retroductive approach implies that researchers focus on the generative mechanisms involved in complex and dynamic problems present in day-to-day real-world situations (MacKay, 2013). It is linked with non-experimental designs, such as counterfactual thinking, social experiments and case studies, to build knowledge regarding the social structures and mechanisms involved in a phenomenon (Danermark & Ekström, 2019). In this approach, quantitative data can be useful to determine statistical differences before and after implementing a social intervention. However, it is not enough to account for the complex phenomena involved in social sciences (Gorski, 2013). Therefore, in this perspective, qualitative methods, or their integration with quantitative techniques, are privileged to depict the interaction between the object of study and its related context and mechanisms (Grix, 2002; Vincent & O'Mahoney, 2018).

In this research, a retroductive approach implies differentiating between the necessary and contingent social structures and mechanisms (Wuisman, 2005) involved in developing hard law PRMPs and their implementation in organisations. The social structures are framed under the conceptualisations

from world society and institutional logics. The mechanisms involved in formulating a hard law PRMP and its subsequent translation to organisations are related to the interactions between the international, societal and organisational levels during the different stages of the policy cycle (Cairney, 2012b, 2016a). Additionally, in order to examine a real-world problem, such as the Chilean experience of adopting and implementing a psychosocial risk management regulation, the current research shifts apart from a closed-system approach. This is achieved by framing the current research under a qualitative research design.

3.3.2 Qualitative research

The current thesis aims to systematise and examine the Chilean experience of adopting and implementing a psychosocial risk management regulation, a contemporary issue in the real world. As such, the variables related to the object of study cannot be manipulated or controlled (Hammarberg et al., 2016). This research has a non-experimental design (Bonds-Raacke & Raacke, 2014), implying that its findings are not generalisable. Furthermore, it revolves around having an in-depth understanding of the experiences, meanings and motives related to developing and implementing a hard law PRMP rather than testing hypotheses. Therefore, in this thesis, non-numerical data sources and analyses utilised in qualitative research have been privileged over standardised measurements.

Qualitative research has gained relevance across social sciences, including business and management. However, they still do not have the same degree of acceptance as quantitative research (Bluhm et al., 2011). Some concerns related to qualitative research are a lack of representation and generalisation due to the usage of small samples (Hammarberg et al., 2016). Likewise, they are considered less objective because they can be biased by researchers' interpretations (Lanka et al., 2021). These aspects have led stakeholders, including policymakers, to provide low credibility to qualitative research (Rahman, 2017).

Nevertheless, such critiques are based on assessing it using a positivist approach and do not consider the features of qualitative research design (Yilmaz, 2013). On the contrary, qualitative research facilitates examining the complexities and nuances of social phenomena by 'study(ing) things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them' (Denzin & Lincoln, 2011, p.3).

Furthermore, they have fewer restrictions than quantitative methods, thus providing researchers with flexibility in terms of strategies and the research process (Harwell, 2014). These aspects provide a myriad of possibilities for examining how hard law PRMPs are adopted and later implemented by organisations.

Creswell (2003) classified qualitative designs into six categories. Phenomenological studies depict individuals' lived experiences towards a situation (Donalek, 2004). Ethnographic studies revolve around analysing lifestyles or patterns in a group (Leininger, 1985). In grounded theory studies, data is collected to develop a theory that explains an issue (Páramo Morales, 2015). Historical studies examine the past to shed light on current and future events (Leininger, 1985). Case studies are in-depth analyses of a person, group or event (Bromley, 1986). Action research aims to inform and improve practices (Streubert & Carpenter, 2002). Based on this classification, the current thesis is framed as a case study.

3.3.2.1 The case study design

Yin (2009, p.18) defines a case study design as 'an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident and the investigator has little control over events'. It is important to note that case studies are considered a research strategy rather than a particular method (Dawes-Farquhar, 2012). They are flexible to the sources used to analyse the object of study and, therefore, can involve a myriad of techniques, including interviews, documents and observations (Merriam, 1998). Their main feature is that they are beneficial to exploring the 'hows' and 'whys' of a contemporary issue by situating the object of study in relation to the context in which it takes place (Yin, 2013). The latter is of significant importance to this research because it highlights the relevance of analysing the process through which hard law PRMPs are adopted and implemented, but also considering the social and organisational complexity surrounding such a process.

Case studies have been depicted under different categories. The most recognised nomenclature is the three variations proposed by Yin (2009). According to this author, descriptive case studies aim to describe the main characteristics of an issue. They are used to provide a detailed illustration of the object of study and how it is situated in a real-world context (Priya, 2020).

Exploratory case studies aim to map either an under-researched topic, an under-researched context or both. Their purpose is to provide insights when little is known about a phenomenon. They facilitate finding key aspects to be considered in future studies or establishing the methods to address an issue adequately (Yin, 2013). Explanatory case studies are conducted to identify the causal factors in a particular situation. Their focus is on explaining 'why' and 'how' an event occurred or did not (Priya, 2020). This thesis is framed as an explanatory case study because it aims to examine 'why' hard law PRMPs were introduced in Chile and 'how' they have been adopted among relevant Occupational Safety and Health (OSH) stakeholders and organisations. Likewise, it is important to note that causality is understood in this research from a critical realism approach. Therefore, it revolves around understanding the role of underlying mechanisms involved in adopting and implementing a hard law PRMP, as well as the influence of international, local, and organisational contexts.

Additionally, Yin (2009) has noted that case studies can be categorised depending on the sample of cases involved. Single-case studies are those in which a single case is examined to capture its complexity (Schoch, 2020). However, it has been highlighted that they can present a 'generalisation problem,' and their selection must be justified by being either unique, a prototypical example of the researched issue, or by testing hypotheses (Priya, 2020; Scholz & Tietje, 2011).

Embedded case studies also involve a single unit of analysis, although, in this case, their analysis is conducted through differentiating between subunits. This approach facilitates conducting an in-depth analysis of a single case, but at the same time, it enriches the study by providing nuances regarding the differences and similarities between and among subunits (Saliya, 2016; Yin, 2009). In multiple case studies, two or more units are reviewed to explore a phenomenon across several cases (Farquhar, 2012). Figure 3-1 illustrates that the current research is structured as an embedded case study.

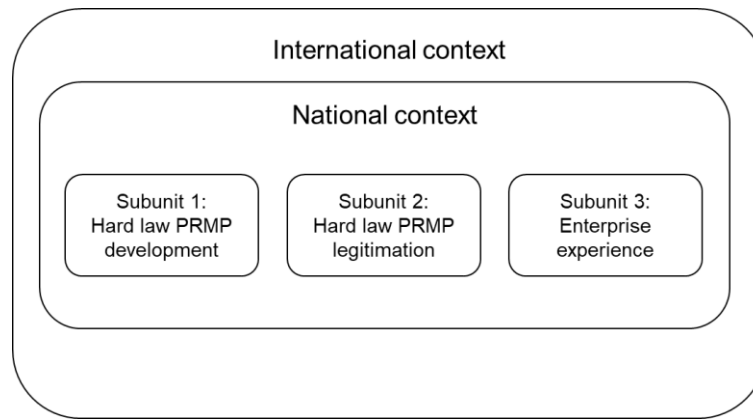


Figure 3-1: Research design
(Elaborated from Farquhar, 2012)

The unit of analysis refers to the policymaking process involved in the Chilean case of adopting and implementing a psychosocial risk management regulation. The context refers to international and societal elements that influence this case. The first subunit of this research addresses policy development aspects, including the introduction of psychosocial risk management to the policy agenda and the subsequent formulation, implementation, and consolidation of the PRWSP. The second subunit involves the legitimization of this regulation. The third and final subunit is related to the experience of local organisations in managing psychosocial risks in accordance with the criteria established in local legislation.

Lastly, Bryman (2008) indicates that case studies tend to have a longitudinal component. This aspect refers to examining how the object of study has evolved over time. Specifically, the longitudinal aspect can be analysed in case studies through three approaches. Firstly, the researcher can contact and interact with participants at different times to identify the variations in the phenomenon at each specific moment (Priya, 2020). Secondly, archival records can depict longitudinal aspects by evidencing how official documents, including policies and regulations, evolve through time (Bryman & Bell, 2007). Finally, participants can be contacted again to identify trends and changes in the future (Bryman, 2008).

In this thesis, the longitudinal aspect of the Chilean case is of significant importance because it facilitates an understanding of key aspects regarding the introduction of psychosocial risk management to the policy agenda, along with the subsequent adoption, formulation, implementation, and updates of hard law PRMPs. Therefore, this element was included by reviewing the changes that local policy documents have experienced over time. Likewise, interviewees were requested to provide insights regarding their interaction with the topic of mental

health at work and psychosocial risk management prior to the PRWSP being adopted in 2013, to the current times.

3.3.2.2 Rigour in qualitative research

As indicated in section 3.3.2, qualitative research could be perceived as less credible than quantitative studies. In case studies, this issue has been addressed by establishing that they have to be designed through high levels of quality and rigour (Saliya, 2016). Furthermore, Yin (2013) indicated that researchers conducting case studies have to consider ten elements to ensure their effectiveness. These include i) establishing the purpose of the study, ii) depicting the type of case study to be implemented, iii) formulating clear and sharp research questions, iv) justifying the number of cases based on the purpose of the research, v) underpinning the ontological and epistemological approach of the research, vi) framing the research through a literature review, vii) sampling, viii) data collection methods, ix) data analysis techniques, and x) presenting data analysis in a coherent manner.

The first six elements have been discussed in the context of this research in the first two chapters and previous sections of this chapter, while aspects seven to nine are presented in the remaining sections. As for aspect ten, the following chapters present this thesis's findings according to the subunits depicted in section 3.3.2.2. The final chapter integrates them to provide a holistic understanding of the main aspects involved in the current Chilean gap of translating a hard law PRMP into organisational practice.

Developments in qualitative methods have also been made to evidence that they have been conducted under high standards of rigour. In qualitative methods, researchers are considered the main instrument because they guide the direction of a study due to a lack of control over the variables being researched (Cypress, 2017). Therefore, the concepts of 'reliability' and 'validity' have been introduced to this methodology in an effort to establish a parallel between quantitative and qualitative methods (Brinkmann & Kvale, 2018; Lincoln & Guba, 1985). The former refers to whether another researcher could replicate the results obtained in a study by following the same steps (Morse, 2015). The latter is related to the degree of accuracy with which the object of study is being measured (Denzin & Lincoln, 2002; Kirk & Miller, 1986).

This thesis assured reliability by developing a case study protocol (Priya, 2020; Yin, 2013). Chapter 1 provides an overview of the Chilean case of

protecting and promoting mental health at work. Chapter 2 presents the research questions this thesis aims to address. Lastly, this chapter presents the procedure and techniques used to collect data and the guidelines followed for their analysis.

Meanwhile, validity was secured by considering its internal and external components in the context of a case study design (Morse et al., 2002; Yin, 2009). Possible external factors that could affect the internal validity of the research were considered (Yin, 2009). Although this research did not manipulate variables and gave high relevance to the context, precautionary actions were adopted before, during and after data was collected and analysed. This involved selecting documents and participants based on their link with the Chilean experience of adopting and implementing a psychosocial risk management regulation. Also, interview guides were framed to capture relevant aspects of the Chilean experience based on the theoretical framework developed in section 2.4. Lastly, they were transcribed promptly after being conducted to secure familiarity with the data and ensure consistency while analysing all the materials.

Additionally, considering that the research was conducted in the Chilean context, it involved collecting data in Spanish. In this regard, Taber (2018) suggests four aspects to be considered when research utilises data that was originally in another language different to English in order to assure its internal reliability. These are i) a statement must be provided indicating that the material, and which, was translated, ii) the text that was translated should be presented both in its original form and its translation for readers to be able to assess the quality of the translation, iii) authors should report who conducted the translation and their qualifications in both languages and iv) the procedure to check the quality of the translation should be underpinned. Following these guidelines, all the data collected and analysed for this research, both in the form of documents and semi-structured interviews, was in Spanish to avoid missing nuances and misinterpreting information from the local context. Nevertheless, key elements that inform each of the empirical studies are presented in English while their original form in Spanish are annexed in Appendix F. The translation was conducted by the researcher, who is a native speaker in Spanish and fluent in English. Meanwhile, the consistency checks made to secure the translation's consistency and reliability is presented in section 3.4.2.1.

Priya (2020) has noted that case studies, especially single case studies, face the difficulty of ensuring external validity because they lack the capacity for statistical generalisation. However, Yin (2009, 2013) indicates that framing a case study under theories provides analytical generalisation. As such, the

systematisation of the Chilean case in itself does not provide insights to international stakeholders and other countries regarding how to adopt, implement and enhance hard law PRMPs. Nonetheless, its analysis through literature from psychosocial management, policymaking and institutional theory (IT) facilitates replicating and comparing such findings throughout other contexts.

Likewise, according to Rheinhardt and colleagues (2018), rigour in qualitative methods is related to the actions researchers take to ensure the quality of their studies and, subsequently, their 'trustworthiness' to the audience. Furthermore, this involves assessing whether the procedures conducted to collect and analyse data and whether the findings are plausible to the original experience (Johnson et al., 2020; Lincoln & Guba, 1985). The trustworthiness of a research is examined under four dimensions. The credibility aspect is associated with assuring that the data collection techniques are adequate to the object of study and can be homologated to the internal validity element (Priya, 2020). Transferability is, at times, considered similar to external validity, although its emphasis refers to the applicability of the findings in other settings (Connelly, 2016). Dependability is analogous to reliability (Polit & Beck, 2012). Confirmability is equivalent to objectivity because it is related to the actions researchers adopt to ensure neutrality (Lincoln & Guba, 1985). As such, notes and memos were taken during the data collection and analysis phases to facilitate auditing the decisions made throughout this research. In addition, conclusions from each study were validated by two independent researchers before being released to the public. Lastly, since key elements of the data analysed was translated from Spanish to English, such translation was revised by an external person to this research.

3.4 Methods

After framing the rationale that guides this research, let us now focus on the techniques used to gather and analyse data in each of its studies.

3.4.1 Data sources

The following section examines the qualitative data collection techniques utilised in this research. In addition, their benefits and disadvantages in the context of the current research are discussed.

3.4.1.1 Documentary data

Qualitative data developed by institutions and authors that are different from the researcher is known as documentary data (Allen, 2017). These sources involve text and audiovisual materials, including documents, reports, official memorandums, news media items and historical recordings (Bowen, 2009; Chatfield, 2020). Documentary data are considered secondary data sources because they were priorly elaborated and collected with aims different from those for their reutilisation (Cheong et al., 2023). Likewise, documentary data differs from literature reviews. In the former, materials are used to address research questions. In the latter, they provide an understanding of a topic (Largan & Morris, 2019).

Since the 1990s, the use of documentary data has steadily increased across the social sciences (Cheong et al., 2023; Heaton, 2008). According to Heaton (2004), such development is related to documentary data can be utilised to fulfil several purposes. For example, they are useful for addressing new research venues, verifying, refuting, or calibrating primary data collection techniques, and integrating findings from different sources.

This data source provides several benefits. These include having access to a large quantity of materials (Boslaugh, 2007; Bowen, 2009), reducing time consumption in terms of sampling, data collection and processing (Chatfield, 2020; Young & Casey, 2018) and contributions from participants involved in other data collection techniques are enhanced (Chew-Graham et al., 2012). Furthermore, at times, documentary data are considered less biased than primary sources because the elaboration of each document is not contaminated by assumptions from the researcher and the researched (Hox & Boeije, 2005).

Documentary data was significantly beneficial in the first study of this thesis. This study examined how psychosocial risk management values and scripts have been introduced and adapted to the Chilean context. On the one hand, examining how national policy documents have been modified through time allowed to depict the domestication process through which universal norms and values related to mental health at work have been internalised into the local policy context (Diehl, 2019; Downey et al., 2020; Drori, 2012; Krücken & Drori, 2009). On the other hand, these materials provided the researcher with an initial understanding of mental health at work and psychosocial risk management, as well as their adoption in the Chilean context; therefore, they were an important

source for calibrating the subsequent semi-structured interviews conducted throughout this research.

Nonetheless, documentary data imposes challenges in terms of data sampling. Some of them are related to a disproportionate representation of sources (Thorne et al., 2004), saturation cannot be reached due to a lack of materials (Cheong et al., 2023), and datasets can present inconsistencies because they represent different needs (Bowen, 2009). In this thesis, these difficulties were overcome by collecting materials open to the public and utilising policy documents developed by the Chilean government regarding labour, OSH and mental health at work. As such, the procedure for considering whether a document was included or excluded in this research involved identifying whether the issue the policy document addressed was also related to mental health at work. Additionally, the collected documents were compared with the legislation section on the websites of Chilean governmental agencies, which categorises policy documents by topic and indicates previous versions of the document, as well as the regulation to which it is related. This approach facilitated the collection of a sample of 90 documents developed by standardised and official local sources and available in Spanish. Sections 3.4.2.1 and 3.4.2.2 discuss the procedure to analyse the collected documents.

Besides, the literature indicates that documentary data has other drawbacks to be considered. The quality of the data can vary depending on the different sources utilised because each organisation and actor involved has different standards, motives and intentions (Walsh & Downe, 2005). In addition, the data collected could not fit the research inquiry (Heaton, 2008, 2004). Similarly, the secondary nature of documentary data hinders verifying its fidelity (Cheong et al., 2023). These limitations were addressed by following the guidelines developed by Cheong and colleagues (2023) regarding conducting research with documentary data. Firstly, these authors suggest that documentary data collection should be framed in terms of research questions. Secondly, written materials must maintain their original format, audiovisual sources should be transcribed when possible, and documents should be filtered based on the 'trustworthiness' criterion outlined in section 3.3.2.2. Thirdly, researchers have to provide a statement regarding their position. Lastly, the analysis of materials should be framed using standardised techniques.

The aforementioned aspects underlined by Cheong and colleagues (2023) are discussed in detail throughout this thesis. The first criterion is addressed in this and the previous chapter. The procedure for complying with the second

element is presented in this section. The last two are discussed in sections 3.6 and 3.4.3.1 and 3.4.3.2, respectively. They elaborate on the researcher's role in this thesis and the procedure to analyse the collected qualitative data.

3.4.1.2 Semi-structured interviews

Interviews consist of a conversation through which researchers collect data by asking questions to participants (Adeoye-Olatunde & Olenik, 2021). They can be conducted in person, by phone or online (Christman, 2009). The literature categorises different types of interviews in a continuum related to their degree of structure. In structured interviews, all participants are asked the same questions and in the same order. At the other end, researchers establish a causal conversation to provide freedom to participants regarding how topics are discussed (Karatsareas, 2022). Semi-structured interviews lie between these two ends because interviewers have a predefined set of questions. However, they are used according to the flow through which interviewees share their opinions, feelings and experiences (Adams, 2015).

Semi-structured interviews have several benefits. They provide an integral understanding of an issue, built through different participants' opinions and perspectives (Bakker et al., 2019). Also, unknown and complex issues can be discussed by allowing participants to raise their concerns regarding the topic (Wilson, 2014). Likewise, this technique can provide important insights to researchers by bringing new information and clarifying or challenging previously formed ideas (Karatsareas, 2022). Lastly, it enables building rapport between the interviewer and interviewees, which can lead to further collaborations (Magaldi & Berler, 2020).

Semi-structured interviews played a crucial role throughout this research. In its first study, they complemented findings from documentary data. This was done by discussing with participants the technical and social nuances related to adopting, formulating, implementing and adjusting the Chilean psychosocial risk management regulation (Adams, 2015; Krueger & Casey, 2015). In the second study, this technique facilitated examining the attitudes and beliefs of different stakeholders related to the Chilean OSH context in order to identify the elements that influence the legitimization of such legislation (Kvale, 2007). In the third study, semi-structured interviews were useful for identifying and comparing the initiatives different Chilean organisations have conducted to integrate the PRWSP into their practices (Morgan & Spanish, 1984).

Nonetheless, semi-structured interviews have some drawbacks that should be considered. Firstly, they involve a high amount of time in terms of preparation, implementation and analysis (Adams, 2015). Secondly, the information provided by interviewees could be biased due to social desirability (Wilson, 2014). Lastly, their adequate implementation requires interviewers to have prior training to avoid misleading, confusing or hinting at desired answers to interviewees (DeJonckheere & Vaughn, 2019).

These limitations were addressed in this thesis through several considerations. Interviews were conducted, recorded and initially transcribed through the application “MS Teams”. This facilitated backing up each interview, eliminating location barriers, building rapport with participants by removing the need to take notes, and reducing transcription time. In addition, each interview was conducted in accordance with Bailey’s (1994) and Bryman’s (2004) guidelines. Such recommendations assured interviews’ quality and rigour by i) verifying if interviewees correctly understood the topic and questions, ii) being aware of interviewees’ social desirability, iii) avoiding changes in the meaning of questions, and iv) making notes regarding the interview immediately after it was completed.

The bias associated with semi-structured interviews was also addressed in this research through the sampling that structured the subsequent recruitment of participants. Qualitative research is usually conducted through non-probabilistic sampling because it aims to understand a phenomenon rather than examine statistical inferences (Adeoye-Olatunde & Olenik, 2021). The literature indicates that there are four different types of non-probabilistic sampling. Participants can be selected based on their availability (convenience sampling), relevance to the topic (purposive sampling), network with other participants (snowball sampling) or sequentially to the data analysis (theoretical sampling) (Lopez & Whitehead, 2013).

The three studies of this thesis were conducted integrating the purposive and theoretical sampling approach. On the one hand, participants were recruited based on their involvement with the Chilean experience of adopting and implementing a psychosocial risk management regulation. In this regard, a list of potential participants to be contacted was developed by considering three aspects. Firstly, if the person or the institution they represent has been mentioned in the policy documents previously reviewed. Secondly, an internet-based search was conducted to identify experts and individuals who promote labour rights, OSH or mental health at work in the Chilean context. Lastly, a

search was conducted on the social network LinkedIn to recruit interviewees who have been involved in implementing the PRWSP. In this last case, it was also considered that individuals should have indicated in their profile a professional experience of at least two years in this area.

On the other hand, the selection of different stakeholders was informed by the theoretical framework outlined in section 2.4. Nevertheless, as indicated in section 3.1, it is important to note that participants can be involved in many, if not all, of the aspects analysed in this research. As such, all interviews centred on participants' attitudes, values, and overall opinions (Kvale, 2007) regarding the Chilean experience. However, interview guides were developed according to the specific interaction participants and the institution they represent has had with these legislations. Specifically, interviews with representatives from international organisations centred on the diffusion of mental health at work and psychosocial risk management global values into the local policy context (Appendix A). Local policymakers, academics, mutualidades, OSH consultancy firms, employers' federations, unions and trade unions were primarily asked about their insights regarding this regulation (Appendix B and C). Conversations with OSH managers and professionals centred on their experiences with adopting and implementing the PRWSP (Appendix D).

Another aspect considered for reducing the bias in semi-structured interviews was having an adequate sample size. The literature has widely agreed that the number of interviews to be conducted in a study is related to obtaining a rich understanding of a phenomenon (Hennink et al., 2019; Young & Casey, 2018). The gold standard in qualitative research is the saturation principle, in which data collection is discontinued once no new information arises from observations (Bowen, 2009). Initially, this principle was associated with grounded theory research approaches (Páramo-Morales, 2015). However, it is currently used throughout most qualitative research designs (Gill, 2020; Morse, 2015). Saunders and colleagues (2018) indicate that saturation can be reached based on the development of theoretical categories (theoretical saturation), the emergence of new themes (inductive thematic saturation), at the low level of codes (a priori thematic saturation) or redundancy of data (data saturation).

This research employed a theoretical saturation approach, in which interviews were conducted until no new information was obtained that contributed to the development of relevant explanations and themes. According to the literature, theoretical saturation is usually reached with 15 to 30 participants (Breckenridge & Jones, 2009; Saunders et al., 2019). By integrating the 'theoretical sampling'

and ‘theoretical saturation’ approaches, a minimum sample size of 36 participants was estimated, as illustrated in Table 3-2. This threshold facilitated the identification of the role of international elements and the local context throughout the policy development of the PRWSP in the first study of this research. In the second study, this minimum sample size was required to underline the different institutional logics involved in the legitimization of this regulation. Lastly, this requirement provided a nuanced understanding of the implementation of the PRWSP across different local organisations in the third study. Furthermore, in this last case, a higher number of participants involved in adopting and implementing the Chilean hard law PRMP was needed to capture differences across different types of organisations in terms of sector, size, organisational structure and culture.

Table 3-2: Minimum sample size and distribution

Type of participant	Role in the research	Minimum sample size
• International organisation	International variables (Study 1) Chilean societal context (Study 2)	4
• Academia	International variables and local context (Study 1) Profession logic (Study 2) External perspective of PRWSP implementation (Study 3)	4
• Policymaker • Labour Directive • Inspector	Local context (Study 1) State logic (Study 2) External perspective of PRWSP implementation (Study 3)	4
• Trade union • Union	Local context (Study 1) Community logic (Study 2) External perspective of PRWSP implementation (Study 3)	4
• Occupational health and safety • Human resources	Local context (Study 1) Profession logic (Study 2) External perspective of PRWSP implementation (Study 3)	4
• Employers' federation • Board director • CEO • Senior manager	Local context (Study 1) Corporate and market logics (Study 2) External perspective of PRWSP implementation (Study 3)	4
• OSH manager • OSH professional	Local context (Study 1) Myriad of institutional logics (Study 2) Internal perspective of PRWSP implementation (Study 3)	12

Other considerations were contemplated to ensure the quality of the semi-structured interviews conducted in this research. The first aspect was related to interview guides were developed based on conceptualisations in the literature from psychosocial risk management, policymaking and IT (Adams, 2015;

Adeoye-Olatunde & Olenik, 2021). Likewise, they were structured with the aim of conducting each interview through three stages. Firstly, to build rapport with interviewees by providing relevant information about the research and researcher, asking the language in which they preferred to conduct the interview (i.e., English or Spanish) and requesting participants to briefly introduce themselves. Then, questions aimed to shift the conversation to discussing interviewees' opinions and experiences regarding the Chilean experience of adopting and implementing a psychosocial risk management regulation. Lastly, interviews were finalised by sharing a summary of the main issues discussed and leaving time to answer questions. Additionally, guiding questions were formulated based on insights from the literature review and documentary data and later calibrated through comments provided by two independent researchers, two representatives from the Chilean context and one pilot experience (Gerson & Damaske, 2020).

Lastly, since interviews were conducted online, a second element considered was checking the quality of the internet connection at the start of each interview. Participants were offered the option to turn off their cameras in those interviews affected by an unstable connection. This was done considering that the topics discussed were of a technical nature, and therefore, body cues were not an aspect that provided relevant information to this research (Karatsareas, 2022).

Based on the aforementioned aspects, 82 individuals were contacted via their email addresses to participate in this research. 47 stakeholders agreed to engage in the semi-structured interviews. Nonetheless, it is important to note that data from 41 interviews were included in the three studies of this research. Meanwhile, the information shared by the six representatives from international organisations was not considered for the final study due to their limited knowledge regarding the experience of local organisations in implementing the Chilean hard law PRMP. Likewise, interviews were conducted in Spanish between November 2022 and March 2023. The techniques used to analyse the semi-structured interviews and their findings are discussed in the next section and Chapters 4 to 6, respectively.

3.4.2 Data analysis

As follows, the analysis of data sources in this research is presented, which involves triangulation and thematic analysis. Additionally, the findings from the three studies are integrated to identify the most relevant aspects related to the

Chilean experience of adopting and implementing a psychosocial risk management regulation in Chapter 7. The latter, in order to bridge the gap between countries introducing hard law PRMPs and their implementation in organisations.

3.4.2.1 Triangulation

Triangulation is usually associated with mixed-methods research, in which different qualitative and quantitative sources and analyses are converged to provide a broad and in-depth depiction of a phenomenon (Creswell & Clark, 2017). However, initially, it was conceived as a validation strategy for qualitative designs (Denzin, 2017). At first, its purpose was to validate the interpretations made through qualitative designs that utilised different sources. Nonetheless, nowadays, it is considered a strategy to provide a deeper understanding of a phenomenon (Flick, 2007). Furthermore, Carter and colleagues (2014) indicate that there are four types of triangulation: i) method triangulation involves utilising different data collection techniques to examine a phenomenon, ii) investigator triangulation is related to several researchers being involved in a study to provide multiple analysis and conclusions, iii) theory triangulation is utilised when theories guide the analysis and iv) data source triangulation involves analysing that comes different groups.

According to the aforementioned classification, the current research utilised the four types of triangulation to provide a nuanced understanding of the Chilean experience of adopting and implementing a psychosocial risk management regulation, as well as to enhance the reliability of its findings. As Figure 3-2 illustrates, the four categories of triangulation were conducted in a stepwise manner, with method, theory, and data source triangulations conducted in Spanish and investigator triangulation in English.

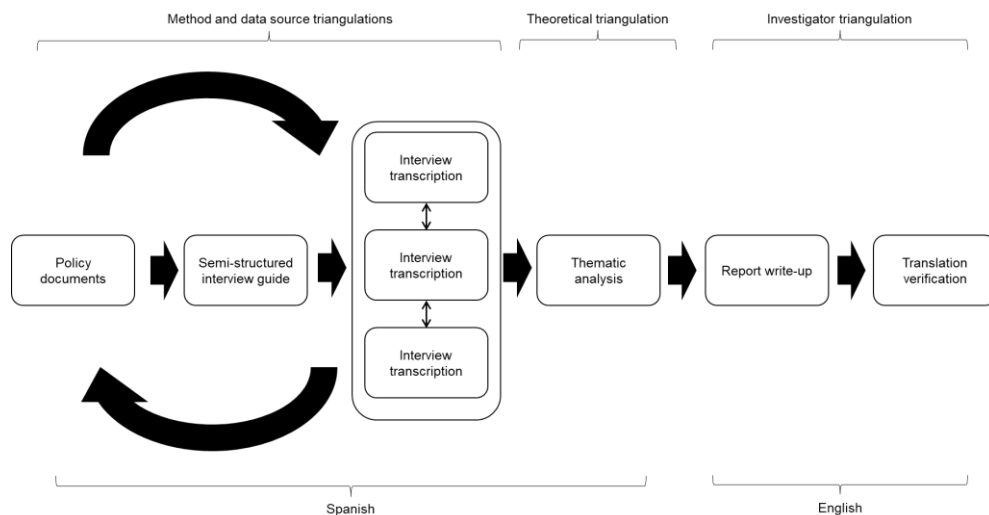


Figure 3-2: Triangulation in the context of this research

Firstly, method triangulation was conducted by integrating documents and semi-structured interviews to systematise and analyse the Chilean experience. Moreover, the utilisation of policy documents played a significant role in underpinning the policy process through which the PRWSP has been adopted and implemented, as well as in calibrating the interview guide, as indicated in section 3.4.1.1. Secondly, a data source triangulation was conducted after semi-structured interviews were concluded and transcribed. This was done to compare perspectives on psychosocial risk management and mental health at work across the different groups that participated in this research, including those between policymakers and practitioners, as well as between employers and employee representatives. Likewise, this type of triangulation was conducted to test the validity of the information from the sources utilised by contrasting them with each other.

Thirdly, theoretical triangulation was conducted by examining the collected data through a transdisciplinary approach. As such, knowledge from psychosocial risk management, policymaking, and IT was utilised to provide a nuanced understanding of the Chilean gap between adopting a hard law PRMP and its implementation in organisations, and to propose solutions to address this issue (Lawrence et al., 2022). The procedure through which this type of triangulation was implemented is framed under the thematic analysis technique, and therefore, will be further detailed in the following section.

Lastly, investigator triangulation was conducted both once the thematic analysis was finalised and after the report for each study was concluded. In the first case, it was conducted by two independent researchers to provide feedback on the themes identified and their relevance to addressing the research

questions underpinned in this thesis. In the second case, it involved a review by an external individual who is a native Spanish speaker and fluent in English to verify the translation of the quotes used in the report from each empirical study.

3.4.3.2 Thematic analysis

The qualitative data gathered throughout the three studies were reviewed through the thematic analysis (TA) technique (Braun & Clarke, 2006) and assisted by the computer software NVivo 14. Braun and Clarke (2015, p.1) defined TA as a 'method for identifying, analysing, and interpreting patterns of meaning ('themes') within qualitative data'. TA's main feature as a qualitative data analysis method is its flexibility in terms of underlying paradigms, types of research questions and themes generation (Fereday & Muir-Cochrane, 2006; Maguire & Delahunt, 2017). Furthermore, TA is not only a summary of the data collected, but through its analysis, both semantic and latent themes emerge (Clarke & Braun, 2014). On the one hand, semantic themes refer to the surface meanings that arise from 'what has been said or written' (Braun & Clarke, 2006, p.84). On the other hand, the latent level is associated with analysing the underlying assumptions and belief systems that shape and give value to themes from the semantic level (Maguire & Delahunt, 2017).

However, it is important to note that other procedures have been developed in the context of analysing qualitative data. Firstly, grounded theory was developed by Glaser and Strauss (1967) to develop theories that are 'grounded' in the data and to explore under-theorised issues. Secondly, discourse analysis involves examining how individuals and groups use language to construct meaning regarding various issues in their social lives (Burck, 2005). Thirdly, content analysis facilitates the identification of main aspects from non-numerical data by categorising different pieces of information and subsequently analysing their frequency and interactions (Mayring, 2021). Fourthly, narrative analysis emphasises how individuals interpret and construct their experiences (Riessman, 2001).

In the context of this research, thematic analysis offers several benefits that outweigh those of the aforementioned methods. In contrast to content analysis, it facilitates the identification of both the semantic and latent levels of meaning (Braun & Clarke, 2006). Therefore, through thematic analysis it was possible not only to summarise key aspects from the Chilean experience of adopting and implementing a hard law PRMP but also to understand the underlying aspects

involved in this phenomenon. These include the role of international variables and the local context in the first study, the institutional logics involved in the legitimization of the PRWSP in the second study and the rationales that guide the implementation of this regulation across organisations in the third study. Likewise, the flexibility that characterises thematic analysis (Clarke & Braun, 2016) facilitated the development of themes that provide a nuanced illustration of the Chilean experience and offer solutions to the identified issues. This differs from focusing on the development of theories or the experiences of stakeholders in interacting with the PRWSP by utilising grounded theory or discourse analysis and narrative analysis, respectively.

Braun and Clarke (2006) indicated that a rigorous TA is conducted by implementing six steps. These involve i) familiarisation and writing associated notes, ii) systematic code generation, iii) themes searching from codes, iv) themes review, v) defining and labelling themes and vi) write-up of the findings. In the current research, TA quality was ensured by following the guidelines of Braun and Clarke (2021) and Javadi and Zarea (2016). On the one hand, annotations were made throughout the six TA stages to ensure rigour in each one of them. The initial familiarisation was recorded by making notes after reading each data source. Meanwhile, the iterative process through which the TA was conducted involved creating different folders in NVivo. This also facilitated the illustration and verification that themes were outcomes of previously generated codes. On the other hand, value judgments such as 'good' or 'bad' were not introduced during the data collection and analysis phases to avoid tainting the research with bias. Furthermore, the reliability of the themes was ensured by both developing them from the collected data and informing them by theory. Lastly, the validity of the findings was assured by requesting two independent researchers to review the themes generated and the process used to develop them.

Thematic analysis can be conducted under different approaches. Clarke and Braun (2016) distinguish between inductive and deductive approaches. The former is considered a data-driven approach because themes are built from the integration of several codes, which summarise key aspects of information and are consolidated in a codebook. The latter is also known as theory-driven, as themes are generated a priori according to the theoretical approach utilised by the researcher. Additionally, Fereday and Muir-Cochrane (2006) proposed a hybrid approach to thematic analysis, combining data-driven and theory-driven aspects. Recently, Boyd (2024) has further expanded hybrid thematic analysis

by associating it with the abductive and retroductive approaches. As indicated in section 3.3.1, the retroductive research approach in the context of critical realism involves integrating inductive, deductive and abductive perspectives to analyse the underlying elements, in the form of social structures and mechanisms, of a phenomenon (Danermark et al., 2001). As such, a retroductive thematic analysis would involve developing codes that depict generative mechanisms, then integrating such codes into themes informed by theory, and finally categorising those themes to evidence the underlying structures and circumstances (Boyd, 2024).

In the context of this research, the implementation of the retroductive thematic analysis involved four steps. Firstly, the materials collected were reviewed to identify pieces of information associated with each of the five research questions outlined in section 2.4.2. Due to the large number of records collected in this research, this step facilitated reducing the information to be analysed for each empirical study and to avoid missing key information. Secondly, the first step of thematic analysis of developing codes involved identifying the main aspects of the Chilean case of adopting and implementing a hard law PRMP. Codes were related to events and situations that influenced the policy development of the PRWSP for the first study, aspects involved in the legitimisation of this regulation in the second study, and elements involved in its adoption and implementation in local organisations for the third study. Thirdly, codes were aggregated into themes that were developed based on the theoretical framework presented in section 2.4 and its components revised throughout Chapter 2. Lastly, themes were revised and categorised to depict essential circumstances and mechanisms throughout the last three steps of thematic analysis indicated by Braun and Clarke (2006, 2021).

As such, themes from the first chapter evidence the interaction of international and national aspects that facilitated the introduction of psychosocial risk management in the Chilean policy agenda and the subsequent development and implementation of a regulation on this issue. Themes from the second study underpin the structural elements and mechanisms in the Chilean society that influence the legitimisation of this regulation. Meanwhile, the themes from the third study revolve around the different organisational contexts and rationales from implementors through which the PRWSP is implemented. Lastly, the themes from each study are integrated in Chapter 7 to provide a holistic understanding of the current gap between the development of PRMPs and their implementation,

highlighting the underlying structures and mechanisms involved throughout this policy process.

3.5 Ethical considerations

Ethical aspects were also considered in the current thesis. This was done with the aim of assuring that neither physical nor psychological harm was caused to the participants nor that other negative impacts were provoked on the organisations involved in this research. The ethical considerations adopted in this research were reviewed by the Nottingham University Business School Research Ethics Committee, which approved the implementation of the three empirical studies in this thesis through Ethics Review Application 202223015.

Additionally, this research is framed within the guidelines and standards established in the Declaration of Helsinki (World Medical Association (WMA), 1964), the Research Ethics Support and Review in Research Organisations (UK Research Integrity Office (UKRIO) & Association of Research Managers and Administrators (ARMA), 2020), the Research Ethics Guidance (UK Research and Innovation (UKRI), 2024), the British Psychology Society (BPS) Code of Human Research Ethics (BPS, 2021) and the Data Protection Act (UK Government, 1998).

These guidelines and standards indicate that research is conducted ethically by identifying possible risks that could cause harm to a third party and establishing and implementing actions to eliminate or mitigate such risks (UKRI, 2024). Since this thesis examines the policy process related to adopting a hard law PRMP and its subsequent implementation in enterprises, possible ethical risks related to 'hav(ing) an adverse impact on employment or social standing' and 'open access to potentially sensitive data from third parties' (BPS, 2021, p.10). On the one hand, the secondary data accessed in the first study could lead to sensitive information, such as internal reports, being leaked to the public. On the other hand, participants from the first three studies provided answers and opinions that could contradict their organisation's official statements. If such information becomes available to their superiors or other third parties, it could result in negative consequences for them, such as loss of trust, reduced career development opportunities, and dismissal.

These situations were avoided by complying with the four ethical principles: 'respect', 'integrity', 'responsibility', and 'beneficence' (Acevedo Pérez, 2002; BPS, 2021; WMA, 1964). The 'respect' principle refers to participants' capability

to freely choose to be involved in research and protect their dignity and privacy throughout a study (BPS, 2021). In this thesis, this principle was assured by asking participants to sign an informed consent agreement before each interview, which also provided relevant information regarding the nature and goals of the research. In addition, individual answers were managed with strict confidentiality and anonymity, and their first and last name, as well as their organisation's name, was not mentioned in any report.

Meanwhile, the principles of 'integrity' and 'responsibility' refer to conducting research with high standards of quality and contributing to the good of society, respectively (UKRIO & ARMA, 2020; WMA, 1964). These principles were achieved by complying with the rigour and quality criteria outlined in section 3.3.2.2 to develop novel knowledge regarding the gap between psychosocial risk management policies and practice. In addition, the 'beneficial' principle, which maximises research benefits while reducing the risks of harming others (Acevedo Pérez, 2002), was addressed by not binding the findings to the Chilean context. Instead, they will be disseminated among the scientific community and mainstreamed globally to policymakers, employers, and trade unions from different countries, enhancing their local experience in managing psychosocial risks and promoting employees' mental well-being.

Lastly, since the current research involved interacting with participants who are not from the UK, special circumstances from the local context had to be considered (UKRI, 2024). Nonetheless, the researcher's Chilean background allowed him to flatten any possible power asymmetry between him and the participants. This antecedent also provided the researcher with a deep understanding of the local political, social, and organisational context, as well as the subtleties of interpersonal interaction in Chile. Therefore, this reduced the likelihood of misunderstandings or harm to participants due to cultural differences.

3.6 Reflexivity and the current research

After examining this research's philosophical, methodological, and ethical components, it is also relevant to analyse the researcher's relation to the object of study. This facilitates maintaining the focus on the service of this research (Haynes, 2012). Since this thesis is framed under the critical realism perspective, its findings should be considered an interpretation of the 'real' and the 'actual'. Furthermore, according to the double hermeneutic principle of critical realism

(Bhaskar, 1975), this research design and conclusions could be biased due to the underlying theoretical conceptualisations of psychosocial risk management, the policy process and IT. In addition, bias could be embedded in this thesis through the researcher's sensemaking process of the findings, which is formed based on his experience with the phenomenon.

The practice of reflexivity facilitates researchers to reduce bias by being aware of the implications of their personal experiences and theoretical background in conducting research (Corlett & Mavin, 2018). According to Day (2012), reflexivity consists of constantly questioning three relevant aspects during the research practice. These are i) the understanding of nature and knowledge and examining how other paradigms would frame the object of study (thinking), ii) the relationship between the researcher and the researcher context (doing), and iii) the validity and value of the research (evaluating). Therefore, the reflexivity practice can be applied in all stages of research as a tool to improve its quality and rigour (Denzin & Lincoln, 2011). The following sections further discuss each of the three reflexivity elements underpinned by Day (2012) in the context of this research.

3.6.1 Reflexive thinking

The activity of reflexing regarding how ontological and epistemological decisions had implications for this thesis in terms of how it was framed and conducted. As stated in section 3.2, situating the current research in a critical realism ontology and epistemology implies being aware that results related to adopting and implementing a PRMP are explained by underlying policy and social elements (Pawson & Tilley, 1994). In contrast, if the current research had been articulated through objectivism, it would have focused on establishing causation between hard law PRMPs and psychosocial hazards and employees' mental health indicators. Nonetheless, the social and organisational variables involved in this process would not have been considered (Saunders et al., 2019). Whereas an interpretivist approach would highlight the relevance of understanding the context and interactions involved in this research, it would not be possible to depict universal mechanisms that influence the adoption and implementation of hard law PRMPs (Grix, 2002; Vincent & O'Mahoney, 2018). At the same time, pragmatism and critical realism are also utilised in qualitative research. However, in the former, research is usually disentangled from philosophical assumptions (Saunders et al., 2019). Meanwhile, the latter has

contributed to this research to guide the analysis in unravelling the underlying social structures and mechanisms in the policy development of hard law PRMPs (Clough & Nutbrown, 2012).

The practice of reflexive thinking regarding the ontological and epistemological position of this research also had implications regarding the decisions on how it was written. Nowadays, most qualitative research uses the first-person to evidence that a socio-constructionist approach underpins it. Moreover, this approach is utilised to position the researchers' voice and perspective regarding the object of their study (Mitchell et al., 2018). On the contrary, according to this approach, research presented in a third-person style is considered an attempt to provide a false sense of objectivity (Choifer, 2018). However, the current thesis still utilises the third person for two reasons. Firstly, critical realism principles are based on the notion that there is an empirical or objective reality that exists independently of the researcher (Bhaskar, 1975), which in this research is the Chilean experience of adopting and implementing a hard law PRMP. Secondly, although critical realism indicates that such reality is accessed through the researchers' perspective, the double hermeneutics principle underpinned in this philosophical perspective also highlights the relevance of considering how the research interacts with the social context in which it is conducted (Gorski, 2013). Since this research is highly situated in Chile and its primary aim is to shed insight for local stakeholders, the use of the first person in this context would be associated with informality and a lack of rigour. Meanwhile, the third person is utilised to evidence the theoretical and empirical robustness of the research (Falabella et al., 2023).

3.6.2 Reflexive doing

Another aspect of reflexivity, as described by Day (2012), involves examining the relationship between the research and the researcher. Despite being written in the third person, this research acknowledges its subjective component by being framed within a qualitative research design, in general, and by being positioned under the ontological and epistemological assumptions of critical realism, in particular. It is essential to note that reflexive practices involving the researcher's position were initially employed across qualitative scientific inquiries as an attempt to neutralise bias by distancing researchers from the object of study (Neubauer et al., 2019). However, contemporary qualitative researchers aim to capitalise on subjectivity by considering it as a key component in terms of

adding originality to the research and being the mechanism that guides data generation and analysis (Olmos-Vega et al., 2022).

Therefore, it is noteworthy to highlight the researcher's background as a former professional from a Chilean mutualidad for eight years. Consequently, the researcher can be considered as an insider of the object of study (Corlett & Mavin, 2018). In this position, familiarity with the Chilean experience of adopting and implementing a hard law PRMP was obtained through several sources and experiences. These included building and enhancing internal capacities for the mutualidad to which the researcher was employed in accordance with governmental requirements, providing support to affiliated organisations in complying with local regulations related to psychosocial risk management, and interacting with key stakeholders, including policymakers, employers, and trade unions. However, the researcher had a negative evaluation of the policy developments implemented in Chile regarding mental health at work, which was informed by the antecedents outlined in section 1.3.2, as well as through his personal experiences and interactions. Furthermore, the main motivation that guided the researcher in conducting this research and underpinned his voice (Berger, 2013) throughout this thesis was understanding 'Why occupational mental illnesses have steadily risen in Chile despite psychosocial risk management regulation being in place since 2013?'

In this regard, the contribution to researcher's background to this thesis can be discussed according to the four dimensions proposed by Walsch (2003): i) implications of the researchers background and expectations and how they evolve throughout the research (i.e., personal reflexivity), ii) the dynamics, primarily in terms of power, between the researcher and participants (i.e., interpersonal reflexivity), iii) the methodological decisions (i.e., methodological reflexivity), and iv) the interaction and expected impact of the research to the context in which is situated (i.e., contextual reflexivity). Firstly, the researcher's personal insights regarding the Chilean experience were fundamental in shaping the scope of the current research. They emphasised the relevance of adopting a transdisciplinary approach that integrates literature from psychosocial risk management, policy-making, and IT, with the focus on providing solutions to the current gap between policy and practice identified in this country. Likewise, this facilitated making sense (Cunliffe, 2011) of the literature reviewed by framing theoretical and conceptual elements under the Chilean case, as illustrated in Chapter 2.

Secondly, the researcher's background played a pivotal role throughout the data collection and analysis process. It provided initial insights regarding the policy documents to be collected in the first study, as well as an understanding of key stakeholders involved in psychosocial risk management and mental health at work in Chile. On the one hand, the researcher mapped and compiled the primary Chilean regulations regarding OSH and psychosocial risk management as part of his tasks during his previous employment experience. On the other hand, the researcher had previously interacted with several of the participants and, therefore, had a list of potential participants to be contacted. Nevertheless, it is important to note that the researcher aimed to reduce possible power asymmetries from himself towards the participants by remarking on the relevance of the interviewee's contribution and centring the conversation on their experience and beliefs (Rose, 1997).

Finally, the reflexive practice of doing was used to examine how the current research was historically and culturally situated (Holmes & Gary, 2020; Walsch, 2003). Aspects regarding the relevance of the Chilean context in this research have already been underpinned by presenting, in Chapter 1, the historical and societal developments in this country that led to the adoption of a hard law PRMP and by remarking on important cultural aspects, including conventions of academic writing in this country. Additionally, the context in which this research was conducted also had implications for the assumptions the researcher made regarding the object of study. By conducting an in-depth analysis of policy documents, interacting with key stakeholders and revising the current global state of the art regarding the adoption of national policies and programmes to protect and promote mental health at work, the researcher moved towards a more positive evaluation of the Chilean case.

3.6.3 Reflexive evaluation

Lastly, the reflexive practice of continuously evaluating the link between this research and its theoretical and methodological components enhanced the quality of this thesis (Corlett & Mavin, 2018). On the one hand, the ongoing review of the literature and contextual information facilitated the assessment of whether the techniques implemented were valid for developing insights based on literature from psychosocial risk management, the policy process, and the various strands of IT. (Haynes, 2012).

On the other hand, registering all the steps involved in collecting and analysing qualitative data and recording the researcher's thought process provided a description of how the research was conducted (Creswell, 2013). This reflexive practice facilitates the replication of this research and provides clarity regarding the methodological decisions made in each study (Corlett & Mavin, 2018). Nonetheless, as indicated in section 3.3.2.2, it is important to highlight that the conclusions from systematising the Chilean experience of adopting and implementing a psychosocial risk management regulation should not be isomorphically generalisable to other contexts (Yin, 2013). On the contrary, this research value relies on shedding light on the technical and social aspects that influence the policy process of adopting and implementing hard law PRMPs.

The following three chapters present the findings of each study, while the final chapter integrates them.

CHAPTER 4: THE CHILEAN EXPERIENCE OF ADOPTING AND IMPLEMENTING A PSYCHOSOCIAL RISK MANAGEMENT REGULATION

4.1 Introduction

This chapter presents the findings of the first empirical study conducted in this research to systematise and review the Chilean experience of adopting and implementing a psychosocial risk management regulation. As indicated in Chapter 2, the development of hard law psychosocial risk management policy (PRMP) is considered a complex process that is bidirectionally influenced by the interaction between international and local pressure mechanisms.

International mechanisms will be understood in this study as the process through which psychosocial risk management has been established as a global value (Meyer, 2010) and diffused worldwide (Drori, 2012). The initial definition of health developed by the World Health Organisation (WHO, 1946) implicates that mental health promotion among the general population has been underlined as a universal value since the proliferation of international institutions after World War II. However, only in the International Labour Organisation (ILO) and WHO joint committee of 1984 were the effects of the work environment on employees' mental well-being explicitly considered as a global concern (ILO, 1986).

According to the ILO (ILO, 2017), such development is linked to the findings made by the scientific community during the 1960s. Since then, and as presented in section 2.2, a growing body of research has been conducted on psychosocial risk management. This has led to a steady increase in international institutions diffusing psychosocial risk management through several initiatives, such as developing guidelines to address work-related stress (WHO, 2022c, 2022d).

A relevant milestone in establishing and diffusing mental health at work as a global value is related to its inclusion in the United Nations (UN) 2030 Agenda for Sustainable Development (SDGs) (UN, 2015a). Through the 169 targets established in this agenda, the UN has set global priorities to achieve universal values related to sustainability and the eradication of poverty, discrimination, and injustice (Singh, 2024). Regarding mental health at work, goal 3.4 of the SDGs states the relevance of promoting and treating mental health and well-being to reduce the general population's non-communicable diseases (WHO, 2015). Meanwhile, goals 8.5 and 8.8 implicitly indicate that psychosocial risk management is a key aspect to achieving decent work and establishing safer working environments (ILO, 2015). Likewise, the development of international

hard and soft law instruments depicted in section 2.2.4 are relevant mechanisms to mobilise states in materialising their efforts to protect and promote employees' mental health into national policy instruments. Based on these elements, this study examines how diffusion initiatives conducted by the scientific community and international institutions have facilitated the introduction of psychosocial risk management blueprints into the Chilean regulatory context.

Nevertheless, the configurations of local contexts are also a relevant aspect to consider in nations adopting global values and norms (Downey et al., 2020; Drori, 2012; Krücken & Drori, 2009). They help to understand why a few countries have introduced national initiatives to mobilise firms in enhancing their psychosocial work environment (Potter et al., 2024; WHO, 2020) despite the aforementioned international efforts. In this respect, this study will consider three local aspects involved in states adopting and implementing national hard law PRMPs. Firstly, the characteristics of the Chilean context involved in introducing psychosocial risk management into the policy agenda. Secondly, the activities that local stakeholders have conducted to translate psychosocial risk management blueprints into regulations and integrate them with the local policy context. Lastly, how they have been utilised to address emerging issues.

This study addresses the first two research questions outlined in Chapters 2 and 3: 'What led the Chilean government to adopt international values and scripts related to psychosocial risk management into a national regulatory framework?' and 'What actions has the Chilean government implemented to domesticate these global blueprints in its national policy context?'. This was achieved by examining how international and national mechanisms have interacted throughout the Chilean experience of adopting and implementing a psychosocial risk management regulation. To this end, local policy documents and semi-structured interviews were collected and analysed.

The chapter is structured in the following order: The next section indicates the procedure implemented to collect and analyse qualitative data. Then, findings regarding the main aspects of the Chilean case are presented. Finally, the findings are discussed from the perspectives of psychosocial risk management, policymaking, and institutional theory (IT).

4.2 Method

As depicted in Chapter 3, this study used a qualitative multi-method design by 'employing two or more different methods or styles of research within the

same study or research programme rather than confining the research to the use of a single method' (Hunter & Brewer, 2015, p.187). This was done with the aim of providing an in-depth analysis of how psychosocial risk management blueprints were introduced, maintained, and consolidated in the Chilean national regulatory context. Details of how the data was collected and analysed are detailed below.

4.2.1 Data collection

Documents were collected (Allen, 2017; Bowen, 2009), and semi-structured interviews (Magaldi & Berler, 2020) were conducted for this study.

4.2.1.1 Documentary data

Policy documents were gathered in order to frame the main developments of the Chilean psychosocial risk management regulation, ranging from its adoption to the present day. As depicted in Chapter 2, policy instruments are understood as legislations, resolutions, memorandums, guidelines and reports developed by local governmental agencies related to psychosocial risk management. These documents were collected between October 2022 and March 2023 through the official websites of the Library of the Chilean National Congress, the Chilean Ministry of Health, the Chilean Ministry of Labour and Social Prevision, the Chilean Ministry for Women and Gender Equality, the 'Contraloría General de la República de Chile' (The National Audit Office of the Chilean Republic in English), the Chilean Superintendency of Social Security, the Chilean Institute of Public Health, the 'Dirección General del Trabajo' (General Director of Labour in English) and the 'Servicio Civil' (Civil Service in English).

The search strategy consisted of four stages. First, it was identified the archives, documents, legal, library, publications or reports section of each website. if a site had more than one of these sections, the broader website search engine was utilised. Then, the search for local policy documents related to psychosocial risk management was conducted utilising the Spanish keywords 'factores psicosociales laborales' OR 'factores psicosociales en el trabajo' OR 'factores de riesgo psicosocial' OR 'riesgos psicosociales laborales' OR 'salud mental laboral' OR 'accidente de trabajo de salud mental' OR 'enfermedad profesional de salud mental' OR 'protocolo de vigilancia de riesgos psicosociales en el trabajo' OR 'programa de vigilancia de riesgos psicosociales laborales' OR

'SUSESO/ISTAS 21' OR 'CEAL-SM/SUSESO' OR 'Evaluación y vigilancia ambiental y de la salud de los trabajadores (EVAST)'. These keywords were developed according to the aspects indicated in section 3.4.1.1. Afterwards, records published from 2006 to March 2023 were downloaded. Lastly, such documents were categorised on separated folders according to their subject.

A total of 132 documents were initially retrieved from seven of the eight governmental agencies browsed. Following Scott's (2014) quality control standards, 47 records were removed, and 90 were included in the analysis. On the one hand, the inclusion criteria involved records that depict Chilean regulations related to psychosocial risk management and their evolution over time. Hence, different versions of a particular document were kept, but eight records were removed due to their lack of association with the object of study. The latter was established by documents that did not refer to either psychosocial risk management or mental health at work. On the other hand, the exclusion criteria consisted of only including official documents published by a Chilean governmental agency for this analysis. As such, 39 documents were removed because they were either presentations from members of a Chilean governmental agency or media publications. Table 4-1 indicates the final number of documents reviewed for this study, while Appendix E provides a detailed list.

Table 4-1: Distribution of collected documents for study 1

Type of documents	N
Annual plans for preventive activities	15
Auditing	5
Force majeure	7
Guidelines	8
Information systems related to monitoring Occupational Safety and Health (OSH)	5
Occupational mental accidents and illnesses	9
Other regulations	5
Psychosocial risk management ¹	28
Reports	8

4.2.1.2 Semi-structured interviews

¹ Memorandums 3442 of 2019 and 3709 of 2021, both published by the Chilean Superintendency of Social Security, are related to the topics 'psychosocial risk management' and 'occupational mental illnesses'.

In order to complement the findings from the document analysis, representatives from international organisations, Chilean governmental agencies and local stakeholders were invited to participate in an online semi-structured interview. Participants were initially selected based on their experience and the institution they represent in protecting and promoting mental health at work in the Chilean context, as outlined in section 3.4.1.2. Potential interviewees were contacted between November 2022 and February 2023 via their institutional email addresses. The 47 interviews depicted in Table 4-2 were conducted between December 2022 and March 2023, with durations ranging from 43 to 78 minutes. Participants corresponded to those individuals who expressed interest and availability to participate in this study.

Table 4-2: Distribution of interviewees of study 1

Participants	N	%
<i>Gender</i>		
Female	25	53.2
Male	22	46.8
<i>Institution represented</i>		
International organisation	6	12.8
Chilean government	6	12.8
Academia	4	8.5
OSH company	6	12.8
Employer association	5	10.6
Trade union / Union	4	8.5
Chilean firm	16	34.0
<i>Role</i>		
National representative/Officer/Director	7	14.9
Specialist/Advisor/Inspector	4	8.5
Manager	11	23.4
Professional	17	36.2
Academic	4	8.5
Union representative	4	8.5

The procedure and rationale utilised to develop the interview guide to collect data for this study were presented in section 3.4.1.2. Still, as follows are presented the questions used with all interviewees to orient the conversation to underline the main elements involved in the Chilean experience of adopting and implementing psychosocial risk management regulations:

- 1) What has been your involvement in the Chilean national framework to protect and promote mental health at work?
- 2) From your point of view, what led Chile to adopt a psychosocial risk management regulation?
- 3) From your point of view, what organisations (international and local) have been involved in the development of the Chilean national framework to protect and promote mental health at work? What has been their contribution?
- 4) What have been the main opportunities and challenges Chile has faced while adopting and implementing this regulation?
- 5) What have been the main accomplishments of this regulation?
- 6) What are the gaps this regulation still needs to address?

4.2.2 Data analysis

Policy documents and semi-structured interviews were examined through thematic analysis (Braun & Clarke, 2015) and assisted with the computer software NVivo 14. This technique was chosen because it is flexible in terms of underlying paradigms, types of research questions, and theme generation (Fereday & Muir-Cochrane, 2006). It also provides a structured procedure for managing qualitative data (Spencer et al., 2003). In this study, thematic analysis was conducted through the five sequential steps established by Braun and Clarke (2006).

The first step involved reading the 90 documents collected to determine if they were included in this study, and reviewing the transcript made by MS Teams of the 47 semi-structured interviews. Initial insights of each record were registered in NVivo as memos. In this phase, information was triangulated by associating the date and content of policy documents with comments provided by interviewees. Then, documents and transcriptions were read in-depth for a second time to identify the main elements related to the Chilean experience of adopting and implementing a psychosocial risk management regulation. Each aspect was assigned to a specific code in a new case in NVivo. Afterwards, the identified codes were assigned to thematic categories. Themes were articulated based on the theoretical framework presented in section 2.4. On the one hand, they illustrated the development of Chilean psychosocial risk management regulations throughout the policy cycle stages (Hill & Hupe, 2022). On the other hand, they presented the interaction between international and local aspects in

the context of the Chilean experience. A final case was created, in which the two categories of themes were reviewed and grouped to provide an integrated overview of the development of these regulations.

The main themes and subthemes inform the following section, in which the findings are elaborated based on the information highlighted in the reviewed policy documents and participants' quotes. All materials used in this study were collected and analysed in Spanish. Nonetheless, key contents are presented both in English to facilitate their readability, while their original form in Spanish is available in Appendix F.1.

4.3 Findings

Table 4-3 presents the key developments in the Chilean experience of adopting and implementing a psychosocial risk management regulation. It has been dissected under four themes that underline the main stages involved in this case, along with the main sub-themes or aspects related to each period. Findings are presented according to each theme and subtheme, with underlying codes guiding the narrative of this chapter. It is important to note that the main national OSH policy developments, as well as provisions in the Chilean hard law PRMP have already been depicted in Chapter 1. However, in this study they are expanded based on insights from the documents reviewed and the interviewees' comments.

Table 4-3: Thematic table of study 1

Theme / Stage	Period	Sub-theme / Aspect	Definition
Building momentum	1968 to 2011	The OSH Chilean context	Contextual developments that facilitated the introduction of psychosocial risk management in Chile.
		The irruption of mental health	Implications of the increase of mental health consultations in the local population.
		Towards a hard law PRMP	Events that led to the introduction of a psychosocial risk management regulation.
Formulation and implementation	2011 to 2019	The formulation process	Context and mechanisms through which the Chilean hard law PRMP was developed.
		Implementation and calibration	Elements involved in implementing and adjusting local regulations.
		Support and compliance mechanisms	Actions from external organisations to support and monitor the implementation of the regulation.

Civil unrest and COVID-19	2019 to date	Implications for mental health at work	Effects of the social context on work settings and compliance.
		Recent updates to the Chilean hard law PRMP	Recent changes made to the Chilean hard law PRMP.
Outcomes and evaluation	Present time	Achievements	National and international accomplishments of the Chilean experience of adopting and implementing a psychosocial risk management regulation.
		Areas of improvement	Aspects to be addressed to enhance the implementation of the Chilean hard law PRMP.

4.3.1 Building momentum

The first stage, identified as ranging from 1968 to 2011, considers the elements that facilitated the introduction of psychosocial risk management into the Chilean policy agenda and initial initiatives.

4.3.1.1 The Chilean OSH context

The first aspect to be considered is related to the sustained efforts Chile has made in terms of OSH since 1968. This idea was shared across several international and local stakeholders and is best represented with the following statement made by interviewee 'Chilean governmental agency - A':

"We have seen a sustained reduction in the country's rate of occupational accidents since the publication of Act 16744 in 1968. This has been recently fostered by extending the insurance coverage to self-employed workers".

Likewise, interviewees agreed that OSH is a shared concern across local stakeholders. The following comment from participant 'Employers' Association - E' remarks on it:

"In contrast to other labour issues, in Chile, it is easy to reach agreements (regarding OSH) because employers and employees are on the same track. Although, obviously, for different reasons"

However, Chile's achievements in OSH could be considered an exception in the Latin American region. This was suggested in the interview with 'International Organisation - C':

“As paradoxical as it sounds, workers are not a priority to (Latin American) states... Politicians have not realised that if their workers are not healthy, countries will not be productive and will not progress. For example, you find serious problems in the Caribbean countries. Some of them have not even updated their OSH regulation since the start of the last century”

Another aspect that has facilitated the installation of OSH's relevance in Chile is related to the economic policy changes it has experienced since the mid-1970s. These have led Chile to become one of the countries most integrated into the global economy worldwide, having signed 30 trade agreements and access to 88% of the global gross domestic product (GDP) (Ministerio de Relaciones Exteriores de Chile (Chilean Ministry of Foreign Affairs in English), 2024). Regarding this situation, interviewee 'International Organisation – A' indicated the link between international trade agreements and OSH:

“If you read all the trade agreements Chile has signed during the last 30 years, you will find that each one of them establishes a labour standard according to either the fulfilment of the fundamental rights and principles at work or to ILO fundamental conventions”

4.3.1.2 The irruption of mental health in Chilean society

Chile's integration with the global economy has led to several changes in its labour market. Some of these include the shift of the labour force from extractive to service industries, increased work formalisation, and demographic changes. As participant 'International Organisation – D' indicates, these developments have led to mental health becoming a national OSH issue:

“When a country reaches a high level of coverage, and new actors start participating in the labour market, only OSH hardcore issues remain. In this situation, mental health becomes a relevant aspect that requires a lot of dedication”

Several initiatives were conducted by local academics and international organisations at the beginning of the 2000s to raise awareness about mental health at work. As indicated by 'Academic – D', they aimed to install the relevance of psychosocial risk management in the Chilean context and develop capacities:

“20 years ago, mental health at work was understudied in Chile. On the contrary, at the international level, there were all the developments regarding social determinants of health, in which work is a relevant issue. However, nothing was being done here. So, we started to do workshops based on the developments of Karasek and Siegrist with an academic/scientific and political mindset”

Additionally, mental health consultations started to increase across the population during the 2000s. As illustrated in section 4 of the PRWSP' 2013 version (Chilean Ministry of Health, 2013), the epidemiological background of psychosocial hazards in the Chilean context was also identified during this period. This information was supplemented by 'Chilean governmental agency – F', who pinpointed the implications of this issue to local policymaking:

“As with all OSH topics in Chile, the first approach to mental health is reactive and related to compensation. In other words, who pays for them?”

As a result, the Chilean government in 2006 updated Supreme Decree 109 (Chilean Ministry of Labour and Social Prevision, 2006) to include mental disorders as part of the national list of occupational illnesses. Since then, mutualidades have been mandated to treat and compensate employees' sick leaves caused by labour neurosis. However, as 'Academic – C' suggests, the main challenge in determining an occupational mental illness is its multicausality:

“Nowadays, people think that the adoption of the Psychosocial Risks at Work Surveillance Protocol (PRWSP) was the first milestone in Chile regarding mental health at work, but everything started with the update to Supreme Decree 109. Nonetheless, I have to say that back then, the discussion was very intense. To determine an occupational disease, you need to establish a direct causality that is very narrow and strict, while mental health problems are caused by the interaction of a plethora of situations”

In addition, the Chilean government became interested in developing tools that focused on preventive aspects regarding mental health at work. This was suggested by 'Chilean government agency – A':

“At that time, staff from the Superintendency (of Social Security) had an academic interest in developing an instrument to assess psychosocial hazards according to the Chilean context and to measure everyone with the same ruler”

This led to several collaboration activities between government agencies, local academia, and international organisations to develop tools related to psychosocial risk management. One of them was the adaptation and validation of the brief and extended versions of the SUSESO/ISTAS-21 questionnaire in 2009 for the Chilean context, as outlined in Appendix E under the 'Psychosocial risk management' category. Statements from several participants supplement this:

“When the Chilean Superintendency of Social Security identified the need for a local instrument to assess psychosocial hazards, ILO contacted the “Instituto Sindical del Trabajo, Ambiente y Salud” (Trade Union Institute for Work, Environment and Health in English and ISTAS based on its acronym in Spanish) to adapt their survey to the Chilean context” (International Organisation - E)

“The collaboration with local universities led to professionals from the Chilean Superintendency of Social Security to be co-authors of the publication in 2009 regarding the validation of the SUSESO/ISTAS-21 questionnaire”
(Academic - D)

Similarly, a research project was conducted between the Diego Portales University and the University of Ottawa, Canada. The PRWSP 2013 version indicates that this project's contributions led to two national initiatives related to mental health in the workplace. Specifically, it involved adapting the Instrument to Assess Interventions for the Prevention of Psychosocial Risks and setting a baseline to implement the first National Employment Conditions Survey between 2009 and 2010. Further details of this initiative were given by 'Academic B':

“The academia has made important contributions. One of them has been the ‘Proyecto Araucaria’ (Project Araucaria in English), which was a huge grant that included the comparison with other countries and provided the Chilean government with a tool that focused more on managing psychosocial risks”

Despite the efforts to provide Chilean organisations with tools to assess and manage their psychosocial risks, participants recognised a lack of initiatives on this topic at the organisational level. This is remarked by a statement from interviewee ‘Chilean government agency – A’, who also indicated the need for OSH regulations to address this issue:

“After the questionnaire was validated, it was only being used in particular cases, such as scholarly studies... I think it was because Chile is a very normative country and it is very hard for firms to implement anything that is not a regulation”

Meanwhile, mutualidades began staffing occupational health psychologists during the mid-2000s as a strategy to enhance the value of their services. Initially, their role consisted of supporting activities related to preventing occupational accidents. In this respect, participant ‘OSH company – B’ indicated:

“Occupational health psychologists supported cases where occupational accidents occurred despite firms having adopted all control measures. Therefore, their role was to address issues that safety engineers were not reaching”

The same interviewee indicated that psychosocial risk management was starting to be used as a commercial strategy to support firms from the service industry. This decision was made because occupational accidents and their underlying risks were not an issue in these enterprises. However, they began to experience an increase in employees affected by mental illnesses categorised as work-caused. Therefore, such organisations started to request activities related to psychosocial risk management.

“We started to focus on psychosocial risk management when labour neurosis was included in Supreme Decree 109. At that time, the company

started to hire psychologists to support large companies whose needs started to be related to occupational mental illnesses”

4.3.1.3 Towards a hard law PRMP

The Chilean Ministry of Health published the national sanitary objectives for the 2011-2020 period in 2010. Additionally, this agency created an occupational health department with the goal of reducing national mortality rates of occupational accidents and diseases. Representative ‘Chilean governmental agency – B’ provides a summary of the objectives of this department regarding occupational diseases:

“The strategy on occupational diseases focused on treatment and return to work programmes, reducing under-notification and crossed subsidies² and developing epidemiological surveillance programmes for relevant occupational hazards”

Then, the same participant added that psychosocial risks were included as part of a list of hazards on which surveillance protocols would be developed because an expert committee suggested them. This committee was formed by academics, representatives from international organisations, mutualidades, employers’ associations and trade unions:

“The list of occupational hazards considered for a surveillance protocol in the sanitary goals was developed both by the comments from the expert panel and the occupational diseases with the highest incidence in the country. Although occupational mental illnesses were not as relevant as they are today, the panel suggested a psychosocial risks surveillance protocol based on the experience of the Nordic countries”

During the same year, the accident at Mina San Jose occurred, involving the rescue of 33 miners through collaboration between public, private, and international organisations. This event was covered by local and international media, causing a level of exposure that significantly tarnished Chile’s reputation. This is evidenced by participant ‘International organisation – C’:

² Crossed subsidies refer to cases in which occupational accidents and diseases are treated and compensated by the common healthcare system instead of the labour healthcare system.

“The accident of the 33 miners highlights that the Chilean accomplishments in OSH were false. This would have never occurred if that firm complied with all the OSH regulations the Chileans were so proud of”

As a consequence, OSH was reintroduced to the public agenda after the adoption of Act 16744 in 1968. A presidential investigating committee was created to identify the causes of the Mina San Jose accident and provide solutions. As such, and as indicated in the Chilean National OSH Policy of 2016 (Chilean Ministry of Labour and Social Prevision, 2016), the local government established the ratification of ILO Convention 187 as the core of its strategy to avoid a similar event happening again in the future. Interviewee ‘International Organisation – E’ provided more antecedents about this:

“ILO Conventions 155 and 187 aim to promote healthy and safe work environments in which the concept of decent work is fundamental. However, it is important to note that the ILO Convention 187 goes beyond ILO Convention 155 because it mandates countries to adopt an OSH programme or strategy. Since Chile adopted ILO Convention 187, it was mandated to implement an OSH national policy and programme”

A Ministerial Committee and a Consultative Council were established in 2011 as part of the ratification process for ILO Convention 187. As indicated in the documents outlined in Appendix E under the ‘Other regulations’ dimensions, these institutions’ objectives are to promote coordination between ministries and tripartite dialogue between representatives from the Chilean government, employers’ associations, and trade unions. Interviewee ‘International organisation – D’ also provided information about them.

“The ministerial committee meets every six months to know the developments of the Consultative Council in terms of OSH. The latter is a tripartite institution led by the Ministry of Labour and Social Prevision who monitors this issue”

The Ministerial Committee established the need to overhaul the OSH national system. As such, the development of surveillance protocols planned by the

Chilean Ministry of Health in its 2011-2020 sanitary goals was introduced as part of these initiatives. This was highlighted by ‘Academic – B’:

“If you ask me what is the recipe that led to adopting a psychosocial risk management regulation in a country so small and far away as Chile. Well, it was a combination of the amount of money mutualidades were paying for occupational mental illnesses, with the developments of the academic world and the Superintendency (of Social Security) adapting the SUSESO/ISTAS-21 survey. To all of this, you have to add the catalyser that was the accident of the 33 miners and the adoption of the national OSH policy”

Lastly, although the ratification of ILO Convention 187 led to an overhaul of the Chilean OSH national system, it is important to note that the development of a national OSH policy was delayed until 2015, and it was just published in 2016 (Chilean Ministry of Labour and Social Prevision, 2016). Nonetheless, such experience has been considered an exemplary case because the social dialogue involved in the development of this policy not only considered tripartite dialogue between representatives from the government, employers and employees, but also due to its decentralised approach (Bueno, 2019).

4.3.2 Formulation and implementation

The following section presents the process through which the Chilean psychosocial risk management regulation was developed and initially implemented. It is important to note that this section focuses on the policy developments of the PRWSP and Psychosocial Labour Risks Epidemiological Surveillance Programme (PLRESP) outlined in Chapter 1. Meanwhile, Chapter 6 presents the organisational perspective of complying with this regulation.

4.3.2.1 The formulation process

As described in the PRWSP 2013 version, the Chilean Ministry of Health (2013) conducted several roundtables to develop this regulation. A shared idea among participants was related to the lack of local capabilities in psychosocial risk management at that moment. This is exemplified by the comments from ‘Chilean government agency – B’:

“Despite this topic (psychosocial risk management) being explored in Chile, there were not that many antecedents or evidence available... so this protocol aimed to install its relevance”

The same interviewee added that this issue was addressed through collaboration between governmental agencies. Specifically, the Chilean Superintendency of Social Security provided the SUSESO/ISTAS-21 questionnaire, and the Chilean Institute of Public Health facilitated the Instrument to Assess Interventions for the Prevention of Psychosocial Risks:

“One of the main achievements in Chile has been the collaboration between public institutions. For example, the Superintendency (of Social Security) provides the instrument and methodology, and the Ministry (of Health) develops the regulation”

During the formulation of the PRWSP, an aspect central to the discussion of the roundtables was the need for an instrument to assess psychosocial hazards that was suitable for the local context in terms of content and applicability. This is summarised by ‘Academic C’:

“It was a good idea to start requesting firms to use the (SUSESO/ISTAS-21 questionnaire) brief version. Not many firms have assessed their psychosocial hazards at that moment. Therefore, having a survey that takes less than 5 minutes was a good approximation for them”

However, the same participant raised concerns regarding this instrument not including psychosocial hazards evidenced in the Chilean context, such as work-related violence:

“The main drawback was that this survey was not aligned with the conceptual model developed in the roundtables. If you read the first version of the protocol, it depicts six psychosocial hazards, but only five were being assessed (by the SUSESO / ISTAS 21 questionnaire)”

In addition, participants from the semi-structured interviews perceived that the roundtables for developing the PRWSP lacked enough technical information and structure. This was suggested by representative 'OSH organisation – C':

"The process felt very intuitive. Everyone knew something different at that moment. It was like the story of the elephant; somebody was touching the tusk, another the tail and another the ear. There was nobody capable of properly leading at the moment"

Furthermore, participants indicated that political interests rather than technical criteria dominated the PRWSP formulation process. This could be observed in the following comments from interviewee 'OSH company – B':

"When the PRWSP was published in 2013, it had things the panel never agreed on. For example, the SUSESO/ISTAS-21 questionnaire became mandatory. In the roundtables, it was discussed to allow firms to choose the methodology to assess and manage these risks... At that time, there were already other instruments that were better. On the contrary, the SUSESO/ISTAS-21 had problems with plenty of items. The worst were those in the double presence (local variable associated with work-life balance) variable. How will an employer intervene in employees' personal situations?" (OSH company representative)

"You do not know how much time we spent telling them (representatives from Chilean governmental agencies) that the SUSESO/ISTAS-21 was really bad. Nobody was happy, unions, employers, mutualidades and academics were always complaining" (Academic - C)

Lastly, participants noted that psychosocial risk management regulations stipulate that employers must take actions that are not mandated by other legal requirements. The most important is the lack of internal pressure mechanisms that mobilise firms to enhance psychosocial work environments. This is elaborated by 'Chilean governmental agency – F':

"This regulation asks employees to do an act of heroism. For example, the committee does the assessment and develops interventions. However, where are the counterweights when the employers do not want to implement the proposed action plan? Also, what is this committee's legal support? Why create

a new entity when you already have the OSH bipartite committees with their own legal body?”

4.3.2.2 Implementation and calibration

With all these concerns in mind, the Chilean Ministry of Health enforced the PRWSP on all firms in 2013 through Exempt Resolution 336. Nonetheless, as indicated in section 1.3.2.1, its inspection was initially prioritised in firms from the transportation, finance services, and retail sectors. Then, this governmental agency extended its inspection to all economic activities through Memorandum B33/1645 of 2015, outlined in Appendix E.

On the one hand, the PRWSP has been considered a contribution to enhancing organisations' work environments. This was remarked by 'Chilean Firm – K':

“The protocol means mobilising towards a better work environment. It has allowed us to see which specific factors we have to intervene on”

Stakeholders recognised that the first aspect they had to prioritise when implementing the PRWSP was informing organisational actors about the meaning and implications of psychosocial hazards. Nevertheless, as a participant from 'OSH company – E' indicated, if this step is conducted correctly, the following stages would become easier to implement:

“Companies have learned the relevance of the protocol through repetition. Now, you see that the committees can say without hesitating in which stage they are, their risk level or when their revaluation would be”

Moreover, the adoption of a psychosocial risk management regulation has increased employees' awareness regarding the effects of their workplaces on their mental well-being. This idea is shared across participants and is summarised through the comments from 'Chilean government agency – B':

“The PRWSP and related regulations have empowered employees to demand and install the issue of mental health at work. It is not strange that there was an increase in occupational mental illnesses after these norms were

published. Nevertheless, the number of cases should drop in the future as long as companies are serious in their interventions”

The ‘Panorama Mensual Seguridad y Salud en el Trabajo: Riesgo psicosocial en Chile: Resultados de la aplicación del Cuestionario SUSESO/ISTAS21 (2015)’ from the Chilean Superintendency of Social Security, outlined in Appendix E, evidenced that a low number of workplaces assessed their psychosocial hazards through the SUSESO/ISTAS-21 questionnaire during the first two years after the PRWSP was enacted. Participants indicated that the main reasons for this situation were related to confusion regarding the obligation of this regulation when it was initially published, along with companies' resistance to addressing mental health as a work issue:

“When the PRWSP was published in 2013, we did not have to implement it. Inspectors were only auditing three sectors” (Chilean Firm - F)

“At first, several firms asked why they had to worry about employees’ mental health. Often, their legal departments attended the meetings to argue that it was not their duty” (OSH Company - A)

The implementation of the PRWSP also had other issues. Through the revision of the documents indicated in Appendix E under the ‘Psychosocial risk management’ and ‘Occupational mental illnesses’ categories, these involved: i) the different deadlines for workplaces to implement interventions and conduct a new assessment of their psychosocial hazards, ii) a lack of clarity regarding the role of the ‘double presence’ dimension in calculating the facilities’ category of psychosocial risk, iii) if employees under particular employment conditions (e.g., outsourcing, temporary staffing) should be included in this process. Furthermore, the SUSESO/ISTAS 21 questionnaire handbooks, for both the brief and extended versions, did not provide a nuanced outline of the committee’s role until their update in 2016.

Additionally, participants indicated several other issues they faced while implementing this regulation. Firstly, they mentioned that the number of steps involved in its implementation, monitoring its compliance in organisations with a high number of facilities and/or employees, and items and scoring of the SUSESO/ISTAS-21:

“You can have an instrument made by a lunar technician, but if it does not integrate into a business context, it becomes a death letter. That is the problem with this regulation; it imposes too many conditions, so it is impossible to comply unless you have a dedicated infrastructure” (Employer’s Association - E)

“Despite transportation being a prioritised sector, the SUSESO/ISTAS-21 was not a good instrument for our reality. For example, in the question: ‘Do you have to bring your work back home?’ what were our employees supposed to think? That they had to take the lorry to their home after work? It always scored well” (Chilean Firm - J)

“It was embarrassing to see companies that were pioneers in work-family policies obtaining high risk in the double presence variable” (Chilean Firm - D)

Secondly, organisations and workplaces with less than ten employees experience issues assessing their psychosocial hazards due to being unable to secure the confidentiality of employees’ answers. The latter is even more concerning because of the lack of other methodologies recognised by the Chilean government besides the SUSESO/ISTAS-21 questionnaire. This is exemplified by interviewee ‘OSH Company – B’:

“We have asked on several occasions how to conduct the assessment with housekeepers. In this case, it is usually a one-on-one labour relationship, so if the employee indicates there are high risks in the workplace, it is most likely she or he will become redundant”

Thirdly, despite this regulation providing guidelines for organisations to assess and manage their psychosocial risks, companies prioritise complying with the psychosocial hazards assessment according to the criteria established in section 1.3.2.1 rather than developing interventions to enhance their psychosocial work environment. ‘Academic – B’ illustrates this:

“In Chile, we suffer from ‘surveyitis’. Companies believe they have complied because they achieved 60% of participation in the SUSESO/ISTAS-21 questionnaire, and that is utterly wrong”

The aforementioned issue is because the PRWSP and PLRESP are unclear regarding the type of interventions firms should implement according to the

results they obtained in the psychosocial hazard assessment. This is illustrated by the comments from ‘Employer’s Association – A’:

“Our affiliates always ask us what the purpose of the PRWSP is. They mean aspects such as what implications psychosocial hazards have for them and what actions can they implement to manage them”

Lastly, psychosocial risk management in the Chilean context implies that organisations are mandated to conduct several initiatives without being provided with the resources to implement them. This is elaborated by the following interviewees:

“Our biggest fear was to obtain a ‘high risk’. The extended version you have to implement in the PLRESP is terrifying. You can take a survey with 20 questions to 1000 employees in a day, it is doable. However, imagine how long it will take to do the same with an instrument with 140 items” (Chilean Firm - F)

“All the activities related to this protocol are voluntary, whether being part of the committee or attending a workshop in the context of an intervention. Most of our colleagues choose not to participate because of the workload it involves. Plus, they still have to do the job for which they were hired” (Union - C)

Therefore, the Chilean Ministry of Health and the Superintendency of Social Security released between 2015 and 2022 several documents to address the challenges faced by different stakeholders, which are listed in Appendix E under the category of ‘Psychosocial risk management’. The most relevant changes to this regulation are those conducted between 2016 and 2017, 2020 and 2022. This section illustrates the first two modifications, while the third one is presented in section 4.3.3.

The revision of documents revealed that five main changes were implemented through updates to the SUSESO/ISTAS questionnaire handbook in 2016 and to the PRWSP in 2017. Firstly, provisions regarding the implementation of this regulation were differentiated according to the size of the facility and employment conditions. Secondly, more detailed guidelines for workplaces and committees to assess and manage psychosocial risks were developed by introducing the seven stages depicted in section 1.3.2.1. Thirdly, the number of psychosocial risks categories were reduced from five to three. Fourthly, the period for facilities to conduct a new assessment was expanded to four years for evaluations that

obtained 'low risk' and two years for those in 'high risk and 'medium risk'. Lastly, the role of mutualidades regarding the PLRESP was underlined. According to 'Chilean governmental agency - B,' these updates aimed to address the resistance that several organisations had in implementing the PRWSP and the SUSESO/ISTAS 21 questionnaire:

"The changes of 2017 were made with the mindset of providing more clarity to the regulation, along with giving more time to companies to develop their interventions"

Meanwhile, the updates made to the handbook of the SUSESO/ISTAS 21 questionnaire focused on providing further guidelines in terms of actions to eliminate or mitigate psychosocial hazards, as highlighted by interviewee 'Chilean government agency – A':

"A main challenge has always been providing guidelines regarding which interventions to implement according to their results. The 2020 update aimed to give certainties based on the most frequent interventions that were being reported by mutualidades"

Overall, the updates to the PRWSP have been well-received among stakeholders. This is exemplified by the comments of the interviewee 'Chilean Firm – A':

"Most of the time, the changes have been for the better. Since the changes from 2017, we have had time to breathe between assessments"

However, as indicated by participant 'OSH company – D', one of the drawbacks of these updates was related to overextending the revaluation period:

"I have to say, the workplaces that scored a 'low risk' tended to forget about this protocol because they evaluate after four years from their previous assessment"

4.3.2.3 Support and compliance monitoring mechanisms

Along with the updates conducted to this regulation, several initiatives have been conducted to promote its compliance among organisations. At the regional level, a network was formed between Latin American countries that are members of the Pacific Alliance in 2017. The latter with the aim of promoting international collaboration regarding psychosocial risk management and work-related stress. According to interviewee 'International Organisation – A', this initiative was promoted based on suggestions from the Chilean government:

“This initiative started in 2015 when Chile renewed its bilateral agreement with Colombia. The Chilean intendant (of OSH) of that time suggested including the collaboration between these countries regarding psychosocial risk management in the labour chapter ... This later materialised into seminars and workshops in which all countries from the Pacific Alliance, plus two observer states, have engaged”

Additionally, several local policies and regulations, directly or indirectly, related to psychosocial risk management were published in the local context during this period. According to the documents revised and outlined in Appendix E under the 'Guidelines' category, such policy developments include the development of soft-law instruments developed by the Chilean Public Health Institute and the Chilean National Service of Women regarding issues related to psychosocial risk management, such as work-life balance, return-to-work and organisational justice. Additionally, the 2015 Presidential Mandate, categorised as 'Other regulations' in Appendix E, included psychosocial risk management as part of the mandatory efforts that public institutions should conduct to develop healthy workplaces. The following statements highlight the role of these documents:

“This protocol has slowly permeated across firms. Nonetheless, it has also been pushed by regulations such as those on labour inclusion, non-discrimination, and labour, sexual and street harassment. They all have sent a message that in Chile, people have to adjust how they behave in work settings. For example, it is no longer acceptable this idea of a construction worker whistling and making flirtatious remarks to women who are passing by”

(Academic - A)

“The 2015 Presidential Mandate aligned quite well with the efforts from the Ministry of Health. In this document, public institutions were mandated to

assess and manage their working environment. It suggested that public institutions implement the SUSESO/ISTAS 21 questionnaire” (Employer’s Association - C)

“The Public Health Institute’s role is to develop technical documents that are not legally binding as the protocol. As such, this Institute has developed several guidelines related to OSH policies, including psychosocial risk management” (Chilean government agency - D)

Similarly, participant ‘Academic – D’ highlighted the availability of annual public funds to conduct research on different topics of OSH, including psychosocial risk management:

“It is great that the Superintendency (of Social Security) has introduced grants to conduct studies that contribute to building knowledge related to OSH from the local context rather than from what you read that is being done elsewhere”

Mutualidades are obliged to assist their affiliated companies in implementing the PRWSP. In this regard, the Chilean Superintendency of Social Security has mandated these institutions since 2013 to include activities related to psychosocial risk management in their annual plans. In this regard, policy documents underpinned in Appendix E under the ‘Annual plans for preventive activities’ category indicate that mutualidades must conduct activities to inform and develop capabilities in their affiliated organisations regarding implementing the PRWSP. Likewise, other policy documents outlined in the categories ‘Psychosocial risk management’ and ‘Occupational mental diseases’ of Appendix E have mandated mutualidades to introduce several tools related to this topic. Memorandum 3243 established the minimum requirements of the electronic platforms developed by these institutions regarding the implementation of the brief version of the SUSESO/ISTAS-21 questionnaire. Meanwhile, Memorandum 3709 indicates that they must introduce an electronic document through which their affiliated organisations can activate an evaluation process of the CEAL-SM questionnaire in the Chilean Superintendency of Social Security electronic platform. This regulation, along with the PRWSP, also outlines the contents of the materials used by mutualidades to inform and guide the mandatory aspects related to psychosocial risk management. Lastly, as indicated in section 1.3.2.3, they are mandated to conduct focus groups and

prescribe interventions in affiliated workplaces that are introduced to their PLRESP. These activities are recognised among participants and are summarised by a 'Chilean government agency – D':

"I have witnessed the assistance mutualidades provide. All the companies that I have audited have the logo of their mutualidad in their PRWSP documentation"

As such, participants agreed that mutualidades had expanded their capabilities to comply with the requirements established in the regulation. This is exemplified by the comments from 'Academic – B':

"It is incredible the number of psychologists that mutualidades have hired during these years. Prior to the regulation, each one of them only had five at the most, but now they have national departments to comply with this regulation. It is like an army of psychologists"

However, the main issue of mutualidades' assistance is related to the quality of the support they provide to their affiliated companies. Interviewees indicated the following:

"We had to change to another provider because the psychologist from the previous one had to consult everything with their central level" (Chilean Firm - M)

"The only thing that they do is to send their psychologist to do some focus groups, but I have never seen them helping us to solve our problems. The worst part is that nobody knows why they are conducting them" (Union - B)

Similarly, it was noted that there is a lack of capability to monitor stakeholders' compliance with the duties established in the Chilean hard law PRMP. The latter was identified in terms of governmental authorities auditing the quality of the assistance provided by mutualidades. Additionally, several participants noted the scarcity of inspection activities to verify whether firms comply with this regulation and whether its implementation has been conducted in accordance with the quality depicted in such documents. This is summarised by representative 'Chilean Firm – E':

“It is easy to not comply with this regulation; nobody is inspecting... ..the last time we were audited was in 2014 or 2015. The inspector was so whimsical; we were sanctioned because the minutes of the committee’s meetings were written by hand rather than in an electronic format”

Therefore, Chilean authorities have made efforts to reduce these gaps. Firstly, a module for the PLRESP in the Chilean Superintendency of Social Security’s national electronic system was developed to monitor the implementation of epidemiological and environmental surveillance. The characteristics of this system are underpinned in the Ninth Book of the Legal Compendium of the Social Insurance Against Occupational Accidents and Diseases and related regulations outlined in Appendix E under the ‘Information systems related to monitoring OSH’ category. Secondly, the Chilean Ministry of Health standardised and digitalised auditing forms under the document ‘Ficha de Fiscalización: Factores De Riesgo Psicosociales en los Lugares de Trabajo’ (Auditing Form: Psychosocial Risk Factors in Workplaces in English). Thirdly, the Labour Directive introduced sanctions in 2015 for workplaces that do not comply with the PRWSP through the ‘Tipificador de multas’ (Sanctions typifier in English). Additionally, this institution developed a specific participant inspection methodology for the PRWSP. This initiative was highlighted by ‘International Organisation – D’:

“In 2016, the ILO and Organización Iberoamericana de Seguridad Social (Iberoamerican Organisation for Social Security in English and OISS according to its acronym in Spanish) awarded the Chilean Labour Directive for their efforts in developing an instrument that was useful to companies. They even tested it through a pilot experience with nearly 150 companies”

4.3.3 Civil unrest and COVID-19

Between 2019 and 2022, Chilean organisations’ operations were disrupted by two significant events. First, from October 2019 to March 2020, Chilean society experienced a series of massive demonstrations and riots occasioned by high levels of inequality and the cost of living. Then, the COVID-19 pandemic led Chile to adopt a sanitary emergency state and implement lockdowns to reduce the dissemination of this virus.

This section presents the implications of these events, and the policy developments related to OSH and psychosocial risk management during this period. Chapter 5 analyses the implications of these events for the PRWSP's legitimisation.

4.3.3.1 Implications for mental health at work

The 'Subsecretaria de Salud Pública de Chile' (Chilean Subsecretary of Public Health in English) considered the aforementioned events as force majeure through Memorandum 3288 outlined in Appendix E. Therefore, organisations were exempt from their liability to conduct mandatory OSH assessments until November 2021, as indicated in subsequent Memoranda issued by the Chilean Superintendency of Social Security between 2020 and 2021 and outlined in Appendix E under the 'Force majeure' category. This also implied that companies could pause the implementation of the PRWSP and PLEPSP. The latter was supplemented by the comments of representative 'Employer's Association – B':

“During the unrest and the start of the pandemic, employers' main concern was assuring their firms' survival and keeping their operations running. Their most frequent questions were related to employment law, whereas this protocol was the last of their worries”

As in other countries during the COVID-19 pandemic, new work settings and occupational hazards arose in Chile during this period, as evidenced in the documents outlined in Appendix E under the 'Other regulations' category. On the one hand, companies were forced to transition to remote or hybrid work settings. This led the Chilean Ministry of Labour and Social Prevision to enact Act 21220 in 2020 in order to regulate teleworking. Moreover, this governmental agency released the same year Decree 18 with the aim of establishing OSH considerations for remote workers, in which psychosocial hazards are one of the three occupational risks that employers must assess and intervene on a yearly basis.

On the other hand, employees were exposed to a crisis of social insecurity, increased workload, emotional demands, and isolation. These situations led to a substantial surge in mental health problems in the population. The following statements summarise these implications:

“Our clients with stores at malls tell us that robberies have become more frequent and violent since the popular revolt. Their employees are terrified because now they are experiencing at least one robbery per week. In each case, robbers are using firearms” (OSH Company - G)

“During the peak of the pandemic, complete families were isolated. The overcrowding across households was incredible. Still, breadwinners had to be connected all of the time” (Union - D)

“During the pandemic, I witnessed several practices that were in direct opposition to workers’ well-being. People really struggled during that time. Nowadays, you can see so many cases of people committing suicide because of what they had to cope” (Academic - C)

Despite OSH assessments not being mandatory during this period, the aforementioned situations raised stakeholders’ awareness towards mental health at work. In this respect, governmental agencies centred their efforts on installing a preventive approach:

“We tried to use the pandemic as an example to increase awareness regarding psychosocial risk management and the importance of prevention. With COVID-19, you had to wear a mask and frequently wash your hands to avoid contagion, we were telling firms that it was the same with mental health at work” (Chilean government agency - A)

Furthermore, trade unions and unions began to request more support and resources to enhance their psychosocial work environments as part of their collective bargaining activities. This is exemplified by the experience of collective bargaining that took place in the public sector in 2022, which was described by ‘Employer’s association - D’:

“Psychosocial factors moved from being a second-order necessity to a priority... In the recent bargaining between the government and all unions and trade unions from the public sector, mental health at work was the top priority. It was even higher than raising salaries. This led to specialised government agencies committing to conduct activities related to preventing and treating mental health at work”

4.3.3.2 Recent updates to the Chilean hard law PRMP

Prior to these events, the Chilean government was conducting two activities with international organisations to continue improving local regulations related to psychosocial risk management. On the one hand, the recently published third version of the Copenhagen Psychosocial Questionnaire (COPSOQ) was adapted to the Chilean context. On the other hand, the 'Fundación Primero de Mayo' (May 1st Foundation in English) published a report regarding the strengths and limitations of Chilean psychosocial risk management regulations through a project financed by the Pacific Alliance. Details of both initiatives were shared by representatives from governmental agencies:

“Since the validation of the SUSESO/ISTAS-21, professionals from the Chilean Superintendency of Social Security were members of the COPSOQ-ISTAS group. This led to Santiago being the host of the sixth COPSOQ conference in 2017. In this event, a collaboration agreement was signed to validate the COPSOQ 3 questionnaire in Chile. Then, its validation was commissioned to the ‘Facultad Latinoamericana de Ciencias Sociales’ (Latin American Faculty of Social Sciences in English and FLACSO as its acronym in Spanish) in 2018. It obviously got delayed due to the social context, but it was finally completed” (Chilean government agency - A)

“The feedback from the May 1st Foundation was that Chilean regulations were too administrative. They suggested shifting towards a management approach” (Chilean government agency - B)

The publication of ILO Convention 190 in 2019 and the declaration of the right to access a healthy and safe work environment as a fifth work principle and right by the ILO in 2022 were international developments closely followed by the Chilean government. The former involved maintaining items related to work-related violence in the local adaptation of the COPSOQ-3 questionnaire and explicitly linking psychosocial hazards with harassment. The latter led to updating the OSH national policy and programme, in which mental health at work arose as a relevant concern throughout tripartite workshops conducted for the development of these policy instruments:

“Although ILO Convention 190 was not ratified yet, the changes to the protocol had to include violence. It was one of the main hazards identified while

determining an occupational mental illness. Besides, Chile soon was going to ratify this convention” (Chilean government agency - B)

“The Chilean government decided to restart the update of its national OSH policy after the 2022 ILO Conference. In this experience, we have seen that mental health at work is an important worry among stakeholders, and we expect that it will have its own section in the new OSH policy” (International organisation - F)

In 2022, a new version of the PRWSP and the Chilean adaptation of the COPSOQ-3 - now entitled CEAL-SM/SUSESO - were published (Chilean Ministry of Health, 2022; Chilean Superintendency of Social Security, 2022). Overall, participants have perceived these updates as an opportunity to reinstall psychosocial risk management across organisations. Likewise, interviewees agreed that regulations are now more aligned with the local context and will better facilitate mobilising companies to enhance their psychosocial work environment:

“The new questionnaire (CEAL-SM/SUSESO) is a result of the social dialogue between the government, academia, employers’ associations and trade unions that took place during its validation. Now, we are doing workshops almost every week to inform about these changes” (Chilean government agency - A)

“The variables are more representative of the Chilean context. There are some things to continue improving, but overall, they will help companies to focus on what matters” (OSH Company - C)

“We expect to have more specific interventions with the new protocol. With these changes, it has become a priority to our organisation” (Union - A)

“Having only one questionnaire and establishing the same revaluation period for all firms will reduce the bureaucracy. Now, firms will have to focus on constantly managing their risks” (Chilean Firm - D)

Nonetheless, participants also manifested concerns regarding the recent updates. Primarily, they are related to implementing the new criteria according to their organisational context:

“With the previous questionnaire, you completed the assessment in one day. The new survey has 80 items, so we expect it will take us now two to three days. The resources I will have to allocate rise significantly” (Chilean Firm - G)

“The protocol is still not sensitive to companies’ reality. Having short, mid, and long-term interventions during the PLRESP looks great on paper, but how do they expect us to comply when it takes one month to schedule a meeting with a director?” (Chilean Firm - I)

“It is going to be the same as usual; firms will have the same questions as in 2015 and 2017: “How do I implement it in my company? I have this situation that is not depicted in the protocol, what can I do?” Those sorts of questions keep resistance if they are not addressed. I have spoken with friends who work in mutualidades, and they tell me that it is the same and even worse” (Chilean Firm - K)

4.3.4 Outcomes and evaluation

As illustrated throughout the previous sections, Chile has experienced significant policy developments in terms of psychosocial risk management over the last two decades. The main accomplishments and pending challenges of these regulations are presented below.

4.3.4.1 Achievements

One of the main accomplishments of adopting and implementing a hard law PRMP in Chile has been the institutionalisation of psychosocial risk management in the local context. This is pointed out by participant ‘Chilean governmental agency – D’:

“Despite everyone’s critique of the protocol and the survey, I strongly believe it has been an important milestone. If this protocol did not exist, only a few companies would be doing something about their psychosocial factors”

Participants agreed that this regulation has facilitated the installation and development of several capabilities. First, a standardised methodology is nationally known. Secondly, organisational psychologists and safety engineers have included the protection and promotion of mental health at work in their roles.

Finally, the amount of research and grants dedicated to this issue has steadily increased. This is highlighted through the following comments:

“The protocol has allowed organisations and enterprises to develop learnings about assessing their psychosocial risks and, to a lesser extent, how to manage them” (OSH Company - A)

“I know I have been very harsh with the regulation, but I have to acknowledge it has its achievements. You have been able to conduct this research from the UK and with public funds is proof of that; it evidences more people are being involved in this topic” (Chilean government agency - F)

Likewise, the Chilean experience has been recognised as a success across the Latin American region. This is due to the lack of dedicated regulations in psychosocial risk management in other countries of the region, in contrast to the developments in Chile. Interviewees from government agencies and international organisations develop these ideas:

“I think the efforts Chile has made have paid off. We were one of the first countries in the region with regulations in this field” (Chilean government agency - B)

“I would not say there is that much collaboration with countries of the region on this topic, but it is because they have not done as much as us. The international events I have attended are more about telling what Chile has done rather than sharing experiences” (Chilean government agency - D)

“Now it is not necessary to invite ISTAS as keynotes for the regional events dedicated to psychosocial risk management. The Chilean experience is well consolidated and is important to share it across the region” (International Organisation - F)

Finally, participants pondered the technical and policy developments between the Chilean experience of adopting and implementing a psychosocial risk management regulation and those from countries of the global north:

“In a global scenario, the Chilean case has its merits. Many developed countries have very interesting policies to prevent work-related stress. However, I am not sure if their implementation is as good as here. I have not seen data in any of those countries on how many organisations have assessed

their psychosocial hazards as we do. Sometimes, developed countries think they have everything solved, but they struggle in terms of implementation.”

(Academic - A)

4.3.4.2 Areas of improvement

Despite the aforementioned developments, it is important to note that participants indicated several aspects remain to be addressed to reduce the incidence of occupational mental illnesses and promote healthy work environments. A critical element to consider is the low number of firms that have complied with the mandatory psychosocial hazard assessment, an aspect that is highlighted in all the documents under the ‘Reports’ category in Appendix E. Underlying causes of this situation include a lack of awareness regarding its contribution to firms and the relationship between mutualidades and employers. Such aspects are depicted by several interviewees:

“We have to demonstrate why companies should adopt this regulation. Otherwise, it will become another piece of paperwork that firms must comply with. With all the bureaucracies that safety engineers already have to do and this one, obviously, the other ones make more sense to them” (Employer’s

association - A)

“As with all ministerial surveillance protocols, this one assigns the responsibility of interventions to mutualidades. This is wrong because it is the employer’s duty to protect their employees. Of course, mutualidades do not want to cause any problems to their affiliates; they are their clients after all” (Chilean

government agency - F)

The latter is also related to the formulation of hard law PRMPs, which, according to the participants, should be sensitive to the context in which they are implemented. Some aspects depicted by interviewees are related to considering the needs of organisations and adjusting the regulation approach to facilitate their implementation:

“Our perception is that the government is too orthodox with the methodology. We believe that the focus should be on providing tools to workplaces that help them to promote health and wellbeing, no matter through which instrument”

(Employers’ Association - C)

“There have been different experts involved in this regulation, but it seems that none of them knows how a facility with 2000 employees works” (Chilean Firm - H)

“Is the ‘Chilean way’ all over the place. The new protocol was published in October, and mutualidades must update all their products by January 2023. I do not know how they are going to do it. It is so common that the government releases a regulation at the last minute” (Chilean Firm - J)

A final aspect refers to the development of interventions that are coherent with the local context. Participants indicated three elements that should be considered. First, establishing a national model of intervention. Second, regulators should consider that psychosocial hazards vary across sectors. Third, guidelines should be developed to facilitate intervention in root causes. The following statements exemplify them:

“Chile has to define interventions that are specific for each industry and sector. What happens in a mining site utterly differs from a call centre in terms of psychosocial hazards. Therefore, you cannot tell them both to do the same”
(International Organisation - B)

“After ten years, now is the moment to prioritise the development of an intervention model that is representative of our context. A model that is agreed upon through social dialogue and in which regulators can explain the reasons for their decisions” (Chilean government agency - F)

“The problem is that the regulation mimics the approach of other OSH surveillance protocols. In those cases, it is fine to focus on the workplace. However, you have to go to the central level to manage psychosocial risks effectively” (OSH company - A)

4.4. Discussion

This chapter has reviewed the Chilean experience of adopting and implementing a hard law PRMP. This was achieved by underpinning the elements that facilitated the introduction of psychosocial risk management scripts into the Chilean OSH policy agenda. Additionally, this study examined how this regulation has been integrated into the local context.

Regarding the aspects that influenced the adoption of a hard law PRMP in the Chilean context, this can be supported by the interaction between international

institutions and local variables. The involvement of international institutions was related to providing support and guidance to local policymakers and promoting collaboration between local actors and international research centres. Additionally, it was identified that including OSH values and norms in international trade agreements is a relevant mechanism for states to adopt OSH minimum standards, including psychosocial risk management. Similarly, local academic institutions facilitated the importation of psychosocial risk management values and blueprints by introducing global developments in this topic.

Key aspects of the local context that influenced the adoption of the PRWSP were also identified. The transition to a service-based economy, improvements in areas such as work formality and OSH, and the policy and economic implications of the increase in mental ill-health in the local population catapulted mental disorders to being recognised as occupational diseases. Then, the accident at Mina San Jose in 2011 served as a catalyst that led local policymakers to overhaul the overarching Chilean OSH national system, in which psychosocial risk management was included.

Additionally, findings highlight that the process of integrating the Chilean hard law PRMP in the local context has gone through three main periods. The first stage, spanning from 2011 to 2015, included the formulation and initial implementation of the PRWSP. A central issue during this time was the lack of capabilities related to psychosocial risk management. This was observed, for instance, in that the instruments included in this regulation were those previously adapted to the Chilean context through the collaboration between international and local actors, despite concerns among stakeholders. Similarly, the lack of awareness among social and organisational actors towards mental health at work and psychosocial risk management, along with issues regarding the PRWSP structure, were among the leading causes of resistance and non-compliance.

Afterwards, a calibration phase occurred between 2015 and 2019. In this period, the Chilean hard law PRMP experienced several modifications to address the main issues hindering its implementation among local organisations. Additionally, local capabilities were continually developed. On the one hand, mutualidades enhanced their infrastructure to support their affiliated companies. On the other hand, inspecting authorities developed and improved auditing instruments. Furthermore, other policy and regulatory instruments addressing issues related to psychosocial risk management were introduced, thereby facilitating the adoption of the PRWSP.

Lastly, the Chilean experience of managing psychosocial risks has entered a consolidation phase since 2019. Although the social and epidemiological contingencies that affected this country initially caused a sharp decrease in organisations implementing the PRWSP, the toll of these events on the population's well-being increased awareness among stakeholders regarding the relevance of mental health at work. The latter was even further sustained by local policymakers, who included psychosocial risk management as part of mandatory OSH programmes for teleworkers and released recent updates to the PRWSP. Likewise, the Chilean government has utilised its experience to position itself as a role model across the Latin American region in terms of psychosocial risk management.

4.4.1 Contrasting the Chilean case with other international experiences

Despite the relevance of national PRMPs, there is a scarcity of these instruments being developed globally (WHO, 2020). As such, this study had a similar aim to the one conducted by Cheng (2023), which is one of the few studies that has also examined the elements that influenced the introduction of psychosocial risk management into the policy agenda. In this respect, this study and Cheng's (2023) paper remarked that initiatives in Chile and Taiwan first addressed the effects of psychosocial hazards on employees' health, to later focus on enacting statutory obligations for firms to conduct preventive actions related to assessing and managing psychosocial risks. Additionally, it was identified that there was resistance among local stakeholders to include mental disorders as occupational diseases in both studies. Hence, the surge in mental ill-health consultations and external events was a relevant driver to mobilise policymakers from these two countries. However, it is noteworthy that in contrast to the research of Cheng (2023), the introduction of world society theory in this study facilitated the identification of the relevance of international institutions in terms of their role in promoting the adoption of hard law PRMPs, along with providing international blueprints for formulating these policy instruments.

This study also highlights similarities related to the process of formulating PRMPs, as illustrated in other research from the psychosocial risk management literature. For example, the development of the PRWSP in Chile, the Publicly Available Specification (PAS) 1010 in the UK (Leka et al., 2011), and the adaptation of the UK's Health and Safety Executive (HSE) Management Standards to the Italian context (Iavicoli et al., 2010) involved establishing a

conceptual framework that would guide organisations' actions regarding psychosocial risk management (Leka et al., 2011) and a group of stakeholders was established to formulate related guidelines (Iavicoli et al., 2010). Moreover, the comparison between this study and those of Leka et al. (2011) and Iavicoli et al. (2010) highlights the relevance of examining the indirect and direct links between hard law PRMPs and other regulatory and voluntary instruments. This would avoid issues such as the overlap of roles identified in the Chilean context between the committee stated in the PRWSP and the mandatory bipartite OSH committee.

As it has been widely pinpointed throughout the psychosocial risk management literature (Jain et al., 2022; Leka et al., 2023; Potter et al., 2022), this study highlights the relevance of national policies as a mechanism to mobilise organisations to enhance their psychosocial work environment. Likewise, the findings depicted in this chapter align with the contributions made by Potter and colleagues (2024), who note that regulations also serve as a facilitator in developing and enhancing national capabilities to support firms' actions. The latter was identified in the Chilean case, for instance, through the initiatives mutualidades and inspecting institutions have conducted to assist and monitor enterprises complying with the PRWSP.

Lastly, the psychosocial risk management literature has indicated that the leading root causes and barriers for organisations not complying with psychosocial risk management regulations are the lack of clear terminology (Leka & Jain, 2016), the complexity of regulations (European Agency for Safety and Health at Work (EU-OSHA), 2018) and an emphasis on soft law over hard law PRMPs (Leka et al., 2015). From an OSH broader approach, aspects that hinder policy implementation are related to loopholes and gaps, a lack of financial incentives in regulations, and a lack of resources, knowledge and guidance among firms (EU-OSHA, 2019). Several of these situations were evidenced in this chapter, including inconsistencies in this regulation regarding organisations with less than ten employees and a lack of expertise in companies. Nonetheless, this study expands psychosocial risk management literature by identifying elements that hinder the implementation of a hard law PRMP in the Chilean context, which includes the structure of the questionnaire to assess psychosocial hazards, over-emphasis on evaluations, mandatory times between assessments, and lack of support and inspecting capabilities.

4.4.2 The role of international institutions and the local context

The integration of recent developments in world society theory (Alasuutari & Qadir, 2019; Diehl, 2019; Heimo, 2019) into the analysis of the policy cycle (Cairney, 2012b, 2016b) presented in this chapter expands knowledge of policymaking. In this literature, the role of international institutions has traditionally focused on the implications of national sovereignty by influencing local policy choices (Cortell & Davis, 1996; Knill & Tosun, 2020; Keohane & Martin, 1995). In this respect, the Chilean case of adopting and implementing a hard law PRMP further builds evidence in support of world society theory. It highlights that international institutions, manifested in organisations such as the ILO and international research centres, have had a relevant role by diffusing psychosocial risk management values and scripts into the local context (Drori, 2012; Krücken & Drori, 2009; Meyer, 2010). Likewise, this study highlights that psychosocial risk management was introduced to the policy agenda in order to reduce the gap in OSH development between this country and those from the Nordic region.

Nevertheless, this study also emphasises the relevance of local policymakers in sustaining national efforts towards psychosocial risk management. Hence, the findings are aligned with Alasuutari and Qadir (2014, 2016) in terms of psychosocial risk management was not imposed through coercion. Furthermore, although international soft power initiatives have facilitated the introduction of such ideas into the local context, they are insufficient to explain the reasons for their adoption. Instead, local policymakers chose to adopt them as an act of epistemic governance (Alasuutari & Qadir, 2019). In other words, mental health at work regulations have been introduced in the Chilean context in response to local needs. For instance, the hard law PRMP was adopted as part of the initiatives to address the negative implications of the Mina San Jose accident.

The aforementioned contrasts traditional world society theory conceptualisations, which state that decoupling between global values and local practices is reduced by mere repetition (Meyer et al., 1997). This study provides evidence that the underlying policy style is a relevant antecedent that frames how countries conduct policymaking (Howlett & Tosun, 2018). Specifically, the Chilean case highlights that in a Napoleonic administrative tradition, policymakers' decision-making is driven predominantly by a reactive, top-down, and uniformist approach (Peters, 2021). As such, this study shares similarities with the findings of Bolukbasi and Ertugal (2018), in which the efforts of Chile

and Turkey to further integrate with the international community have led to the involvement of different stakeholders in the policy process. However, the underlying rationale from the Napoleonic tradition suggests that this has been done primarily for consultative purposes. Nonetheless, this study provides further nuances regarding changes in the policy style. For example, differences were identified regarding the involvement of stakeholders in developing the overarching Chilean OSH national policy and the formulation of the PRWSP. The former has been recognised for its participatory approach (Bueno, 2019). In the latter, several interviewees from this study indicated that their opinions were not taken into consideration when this regulation was published in 2013.

The Chilean case further sheds light on the fact that global values and scripts are internalised through a domestication process (Alasuutari & Qadir, 2019; Diehl, 2019). It reinforces the understanding of the domestication of universal blueprints in two phases (Heimo, 2019). Initially, local stakeholders concentrate on introducing psychosocial risk management ideas into the local context. Then, this regulation was utilised to address emerging needs, such as the implications of the local social and epidemiological context in terms of the irruption of teleworking and employees' mental health. Likewise, this study enriches the domestication process by highlighting that international institutions play a prominent role in establishing and implementing psychosocial risk management scripts in the Chilean context. However, once such blueprints are locally adopted, the protagonism shifts to local policymakers.

Furthermore, this study highlights the relevance of support structures while implementing hard law PRMPs. Previous research has already underlined the relevance of inspectors (Potter et al., 2017; Toukas et al., 2015; Weissbrodt & Giauque, 2017) and OSH services (Jain et al., 2021) in psychosocial risk management. However, this study provided a nuanced and integral approach. Specifically, findings from this study suggest that standardising the role and activities of both institutions, along with the introduction of other policy instruments that interact with psychosocial risk management, and conducting contextualised research, facilitate enhancing local capabilities in this area.

All in all, world society theory follows a top-down approach, in which research conducted under its conceptualisations examines the implications of global scripts and values in the local context (Alasuutari & Qadir, 2019; Drori, 2012; Krücken & Drori, 2009; Meyer et al., 1997). Therefore, this study extends notions from this IT branch by underlining a bottom-up mechanism in which countries become diffusers of global values and norms after adopting psychosocial risk

management scripts. This was identified through the initiatives the Chilean government has conducted to integrate psychosocial risk management into the Latin American policy agenda and by being considered a role model for other nations in the region when developing hard law PRMPs.

4.5 Strengths and limitations

Promoting mental health at work through the development of healthy psychosocial work environments has become a growing concern. Hence, several countries worldwide have begun to introduce national policies and programmes to address this issue. However, there is a scarcity of research that illustrates the experiences of countries from the global south in developing PRMPs. Therefore, the findings from this study represent a significant global contribution, providing a nuanced analysis of the Chilean experience in adopting and implementing the PRWSP. In this regard, an important strength of this study was the diverse and multilevel sample of documents and interviewees, which provided a nuanced understanding of each stage of the policy cycle in the context of adopting and implementing hard law PRMPs, along with the international and national elements that have influenced them. Another important strength of this study is the reliability of its findings, which was enhanced through the triangulation process of contrasting and comparing data collected from documents and semi-structured interviews.

This study also has important limitations that must be acknowledged. By focusing on the policy development of the Chilean hard law PRMPs, this study emphasised the preventive aspects of protecting and promoting mental health at work. On the contrary, it did not include policy developments involving curative and compensation aspects, such as policy changes and their implications regarding the procedure to determine occupational mental illnesses. Therefore, future research could incorporate these aspects to provide a more comprehensive understanding of the challenges that countries face in terms of mental health at work. Additionally, although the current study briefly indicated the relevance of introducing other regulations and policies in raising awareness among stakeholders regarding psychosocial risk management, the specific interaction between these initiatives and the Chilean hard law PRMP was not examined. As such, future research could analyse the synergies and contradictions of the provisions from these policy instruments. Lastly, since this study focuses on the Chilean experience, its transferability to other national

contexts may be hindered, considering that each country has its own unique national regulatory and policy framework and faces distinct economic and societal challenges.

4.6 Conclusion

This chapter introduced conceptualisations from world society theory to systematise and examine the policy process of introducing and executing hard law PRMPs. By analysing the Chilean experience of adopting and implementing the PRWSP, this study provided an understanding that psychosocial risk management regulations are developed and deployed in a progressive manner. In stages involving the adoption and formulation of these policy instruments, the focus revolves around introducing global values into the local context. In the following calibration and consolidation stages, local stakeholders emphasise integrating such instruments with local characteristics and later utilising them to address emerging issues. Likewise, despite a strong interaction between international institutions and local stakeholders, the adoption of hard law PRMPs will ultimately depend on local needs and concerns. Therefore, the main contribution of this study is that it sheds light on the fact that international guidelines regarding psychosocial risk management should be developed by considering the implications of this phenomenon regarding national functioning.

Going back to the broader scope of this doctoral research, this chapter situated the different stages involved in the development and implementation of hard law PRMPs. In this respect, this study empirically contextualised the theoretical framework proposed in Chapter 2. However, as indicated by one of the participants, if regulations are not understood by stakeholders or are in opposition to their needs and values, they are likely to become a death letter. Therefore, the following chapter complements the findings from this study by examining the elements of the Chilean context that influence the legitimisation of a hard law PRMP.

CHAPTER 5: THE ERUPTION OF MENTAL HEALTH AT WORK IN THE CHILEAN SOCIETY

5.1 Introduction

As discussed in previous chapters, the adoption of a hard law psychosocial risk management policy (PRMP) in the Chilean context has been a significant milestone, influenced by both international and local mechanisms. However, the capacity of this regulation to mobilise organisations to enhance their psychosocial work environment will be determined by its legitimisation across stakeholders (Cairney, 2016b; Rinfret et al., 2019). Considering the low rates of organisations that have implemented local regulations related to psychosocial risk management (Chilean Superintendency of Social Security, 2022b, 2024f), it becomes significantly important to examine the underlying aspects that guide stakeholders' decision-making in implementing the Psychosocial Risks at Work Surveillance Protocol (PRWSP). Hence, this chapter addresses the research questions 'What societal aspects influence local stakeholders' perceptions towards a psychosocial risk management regulation?' and 'To what extent have such interpretations affected the legitimisation of this policy?'.

This study considers that the PRWSP legitimisation is built based on the interaction between this regulation and the prevailing institutional logics that govern local stakeholders' activities (Haveman et al., 2023). As defined in Chapter 2, institutional logics are the beliefs and values shared by organisations and individuals that guide their behaviours (Thornton et al., 2012). According to this perspective, new practices are adopted through the interaction of institutional logics at different levels (Uhrenholdt Madsen et al., 2022). In this respect, this study examines the elements that influence stakeholders' adherence towards the PRWSP at three levels of analysis.

The first level relates to the implications of introducing the PRWSP in the institutional environment, represented in macro beliefs and structures in Chilean society (Mountford & Cai, 2023). The latter implies that this study examines the symbolic and material components from the local context that govern institutional logics. Additionally, the effects of this regulation on current values, structures, and practices are examined.

The second level is related to how the PRWSP relates to prevailing institutional logics (Thornton et al., 2012). This implies reviewing the coherent and contradictory elements between this regulation and the core values and

beliefs of each institutional order manifested in the Chilean Occupational Safety and Health (OSH) field (Michel et al., 2022). In this study, the different rationales that guide stakeholders' and organisations' actions in terms of psychosocial risk management are categorised into state, professional, corporation, market and community orders (Thornton et al., 2012).

Firstly, the state order will be considered as the basic orientation of governmental authorities in securing social and political order regarding OSH and psychosocial risk management (Greenwood et al., 2011). Secondly, the community order will be linked to values and practices that aim to assure and improve employees' mental well-being. Thirdly, the profession order will be related to elements of expertise that aim to increase personal and professional reputation. Lastly, the corporation and market orders are integrated in this study to depict the practices and values that strengthen and raise firms' corporate profile and economic value (Thornton et al., 2012).

The third and final level of analysis is the interconnection between different institutional logics. Specifically, it refers to those aspects that coexist and those that oppose each other among the constellations of logics from different orders in the PRWSP context (Goodrick & Reay, 2011; Greenwood et al., 2011; Uhrenholdt Madsen & Boch Waldorff, 2019). This will provide an in-depth understanding of the underlying reasons for resistance and openness to implementing this regulation (Myles & Pierson, 2001).

This chapter is structured in three parts. The following section presents the methodological considerations for collecting and analysing qualitative data. Then, the findings are presented in accordance with the main themes identified in the analysis. Finally, a discussion situating this study within the broader scholarly literature is presented.

5.2 Method

This study is based on interviews with individuals involved in the Chilean OSH institutional field. This section details how participants were selected, contacted and interviewed, along with the procedure followed to analyse the obtained data.

5.2.1 Data collection

The 47 interviewees who participated in the first empirical study of this thesis were also asked to share their perceptions regarding the elements that influence

the PRWSP's legitimization. As indicated in Chapters 3 and 4, the semi-structured interviews were conducted online through the MS Teams application between December 2022 and March 2023 and lasted between 43 and 78 minutes. Table 5-1 summarises the distribution of participants according to their gender and the type of institution they represent. In all cases, interviews were conducted in Spanish. Further details regarding the recruitment of participants and sampling are outlined in section 3.4.1.2.

Table 5-1: Distribution of interviewees of study 2

Participants	N	%
<i>Gender</i>		
Female	25	53.2
Male	22	46.8
<i>Organisation represented</i>		
International organisation	6	12.8
State	6	12.8
Academia	4	8.5
Professional	6	12.8
Market/corporate	5	10.6
Community	4	8.5
Chilean firm	16	34.0
<i>Type of organisation</i>		
Extraterritorial	6	12.7
Public	18	38.3
Private	23	49

Interviews were conducted using a semi-structured approach, implying that the questions designed to examine the research questions of this study were flexible according to the participant's experience and the flow of the conversation (Magaldi & Berler, 2020). The core questions from the interview guide used in this study were:

- 1) Can you please tell me about your role? What are its main objectives?
- 2) Is mental health at work a relevant topic to you and your organisation? Why?
- 3) From your point of view, what are the main drivers/reasons for adopting psychosocial risk management protocol in organisations?
- 4) From your point of view, what are the main barriers/reasons that have hindered the adoption of this policy across companies?

- 5) From your point of view, what opportunities and benefits have this policy brought to organisations?
- 6) From your point of view, what difficulties have organisations faced while implementing this policy?
- 7) From your point of view, what are the gaps this policy still needs to address?

5.2.2 Data analysis

The semi-structured interviews were examined through thematic analysis (Braun & Clarke, 2021) and with the computer software NVivo 14. In this study, thematic analysis was conducted through the five sequential steps established by Braun and Clarke (2006).

1. Familiarisation: Handmade notes were made after finalising each interview. Then, initial automated transcriptions generated by MS Teams were reviewed and adjusted by listening to each recording. Lastly, these documents were repeatedly read, and annotations were made as memos in NVivo.
2. Initial code generation: Annotations were compared across transcripts. Codes were elaborated in a dedicated case in NVivo to depict key aspects related to the elements that influence the PRWPS's legitimization.
3. Theme searching: In a second NVivo case, coded data was categorised according to initial themes that represented areas of similarity. This process was also informed by the levels of analysis depicted in the introduction of this chapter.
4. Theme reviewing: Themes were checked in a third NVivo case. In addition, two independent researchers provided feedback regarding the themes developed.
5. Theme defining and labelling: Lastly, themes were labelled to illustrate the different aspects that influence stakeholders' perceptions towards the PRWSP.

The main themes and sub-themes inform the following section, in which findings are elaborated based on participants' quotes. It is important to note that all materials used in this study were in Spanish. In this regard, this chapter

presents key contents in English, which can be found in Spanish in Appendix F.2.

5.3 Findings

The findings highlight the underlying societal aspects that affect the legitimation of the Chilean psychosocial risk management regulations identified through the thematic analysis. Table 5-2 illustrates the main themes, which refer to key aspects depicted in institutional logics literature (Mountford & Cai, 2023). The first theme refers to societal elements from the Chilean context in which the Chilean hard law PRMP is embedded. The last four themes involve the relationship between this regulation and previously underpinned institutional orders (Thornton et al., 2012). Meanwhile, the institutional complexity that arises from the co-existence between institutional logics from different institutional orders and its implications for this regulation's legitimation (Goodrick & Reay, 2011) will be reviewed in the discussion section of this chapter. As follows, each theme is discussed according to the subthemes that frame it.

Table 5-2: Thematic table of study 2

Theme	Sub-theme	Definition
The societal context	Labour and work	Symbolic and material aspects that articulate individuals' behaviours in the Chilean work context.
	Mental health	Elements that influence individuals' attitudes and actions towards mental health.
	Cultural changes	Implications of current cultural and societal developments in Chilean society regarding mental health at work.
State order	Protection logic	Activities conducted by the state that are guided by the value of guaranteeing individual opportunities.
	Bureaucracy logic	Implications in the PRWSP legitimation by framing it under administrative rules.
	Politics logic	Interconnection between mental health at work and governing coalition aims and mechanisms to enact its political power.
Profession order	Standard logic	Technical capabilities of the PRWSP to address issues related to mental health at work.
	Status logic	Reputational effects related to the PRWSP, and the professions involved in its implementation.
Corporate and market orders	Managerial logic	Effects of the psychosocial risk management regulation on firms' organisational structure.

Community order	Efficiency logic	The perceived value of mental health at work to secure and maximise firms' position in the market.
	Membership logic	Implications of the PRWSP in promoting social and emotional connections between individuals.
	Welfare logic	Link between psychosocial risk management regulations and promoting the common good across organisational members.

5.3.1 The societal context

The previous chapter discussed the implications of the local context from a policy development perspective. In contrast, this section examines how underlying values and practices embedded in Chilean society influence the institutional orders that govern the PRWSP's legitimation. According to the contributions made by the interviews, these elements can be analysed in terms of the contexts of labour, work, and mental health. Likewise, this part analyses the implications of current cultural and societal developments regarding protecting and promoting mental health at work.

5.3.1.1 The labour and work context

The introduction of a neo-liberal economic model during the 1970s significantly reshaped Chilean society's structure. As depicted in the previous chapter, the adoption of this model led the country to open itself to the global economy. However, it also implicated the deregulation of its labour market (Escobar & Le Bert, 2003). In the context of protecting and promoting mental health at work, interviewees indicated that this model has brought an important change in the beliefs and behaviours that individuals have towards labour and work. This is summarised by a representative of a professional organisation:

“There is this vision of work as a punishment, not as a possibility for development and fulfilment. So, there are two extremes of employees in Chile. On the one hand, some people assume that the less they work, the better. On the other hand, those who are overcommitted and associate work with having to be destroyed at the end of their shift”

Furthermore, the introduction of a neoliberal economic model has, in some cases, led to work being perceived as a commodity. This was highlighted by an interviewee of another professional organisation:

"I have had to deal with some directors who almost see employees as work animals. I have been in meetings where they have told me: "Why should I worry about them if I can replace them so easily?". For them, it is like people are not worthy of being taken care of unless they are in the same position as them... In Chile, labour is heavily associated with classism"

The aforementioned situation has also implicated a lack of social dialogue inside firms. It is noteworthy to mention that less than 15% of employees were unionised when the PRWSP was published in 2013 (Durán-Sanhueza & Kremerman-Strajilevich, 2015). In this respect, several interviewees remarked that employers control labour relations in Chile, thus limiting the contributions that OSH bipartite committees can make to improve their work environment:

"Those bipartite committees that pushed many OSH issues probably were made redundant at the end of their period. Meanwhile, those committees that were very functional to the company policy, if not pro-company, they remained forever but without doing any significant changes" (International organisation –

F)

"Collective bargaining is extremely weak in Chile, given that employers concentrate the power of administration. Here it is impossible to do any interventions at the sectoral level" (State institution - E)

Finally, the latter is enhanced by the negative opinions that the Chilean population has towards trade unions. These perceptions include unions and their members being conflictive, not contributing to businesses, and seeking only to fulfil their interests and motivations. In this respect, an interviewee from a community institution indicated:

"There are so many non-unionised employees due to fear. For example, my aunts are always worried about me because I am involved in the union. They immediately associate unions with dismissals and conflicts. I think this is one of the main reasons employers are free to abuse their employees"

5.3.1.2 The mental health context

Despite a steady increase during the current century of both occupational and common mental disorders (Chilean Ministry of Health, 2017a; Chilean Superintendency of Social Security, 2024c, 2024d), this issue is still heavily associated with prejudices. According to stigma theory, this phenomenon is caused by the negative opinions the general population has towards people affected by a mental illness, the disabling self-opinions of individuals affected by this condition and public institutions intentionally or unintentionally restraining opportunities (Ahmedani, 2011). These three elements were identified in the current study. Firstly, all participants agreed that being affected by a mental disorder is usually associated with a condition that constrains individuals, as highlighted by an interviewee from a profession institution:

“When someone goes on a medical leave because of their mental condition, everyone immediately thinks “Oh, that person is crazy.” People associate a psychiatric disorder with an individual’s personality structure, so they do not understand that it could also be due to an acute situation they are experiencing”

It was also identified that the social stigma towards mental health in the context of work is reinforced because Chilean society still focuses on the consequences of this issue rather than its antecedents. Furthermore, in contrast to other occupational risks, psychosocial hazards are perceived by stakeholders as an individual phenomenon. This was illustrated by a representative from a state institution:

“There is this cultural belief regarding occupational mental illnesses that the person who got sick is stupid or is weak because he or she did not establish boundaries. However, I have never heard such comments regarding other OSH issues like occupational hearing loss. In those cases, we understand that the problem was the work environment”

Secondly, men are more affected by self-stigma towards mental health in Chilean society due to aspects related to toxic masculinity (Parent et al., 2019). Several interviewees added that the lack of emotional and social skills among men tends to lead them to avoidant behaviours such as substance abuse and

violence. Furthermore, the stigma towards mental health is reinforced in masculinised sectors. Such aspects are exemplified by the comments made by an interviewee from a Chilean firm:

“The stigma towards mental health is very strong among men because of our Latin American background. It is still common to hear that men should be strong, that they cannot cry, and that they cannot connect with their emotions. In industries such as mining or construction, it is even worse. If you say that you are feeling unwell, you will likely be considered unfit for your role”

Thirdly, the validation of mental health is affected in the context of this study because of institutional barriers that hinder individuals’ access to treating their mental condition. According to participants’ contributions, such a situation is evidenced in two main issues. On the one hand, the following comments remark on the Chilean government's low public spending on mental health and the hardships individuals affected by mental illness face.

“Chile is one of the countries with the worst indicators of mental health globally. However, this issue is not being addressed in national public policies; we dedicate less than 5% of the annual budget to this issue” (State – D)

“Despite the improvements Chile has made, there are key aspects that still need to be addressed. The number of beds dedicated to mental health is extremely low in comparison with Argentina” (Corporate and market institution - B)

“Currently, mental health services are super expensive, and many times are not covered by healthcare insurance providers. People usually have to choose whether to abandon the treatment or cover the costs of the therapy on their own” (Community institution – C)

On the other hand, and as indicated in Chapter 1, in Chile, healthcare providers are dichotomised between ‘common’ and ‘labour’ health. This situation affects individuals’ access to healthcare in terms of determining whether the provider will cover costs related to medical treatment and economic provisions, as well as their financial involvement.

Mutualidades’ provisions are thoroughly costed through employers’ fees from the social insurance against occupational accidents and diseases (Chilean Ministry of Labour and Social Prevision, 1968, 2000, 2023a). In contrast, the

common healthcare system is a mixed system composed of private and public providers, financed through 7% of the monthly gross income of their affiliates. In this case, medical services are covered through the latter, plus a deductible to be paid each time the individual requires a medical provision (Chilean Superintendency of Health, 2024). According to the comments from an interviewee of an international organisation, this structure was elaborated when Chile had an elevated rate of occupational accidents:

“I believe Act 16744 is becoming obsolete. When you are focusing on aspects related to occupational health, including mental health at work, you need to develop integral healthcare systems”

Lastly, the structure and functioning of the Chilean healthcare system have led to a misuse of mental disorder diagnoses among its population. This situation has caused the perpetuation of the stigma towards mental health, which was illustrated by an interviewee from a state institution.

“I do not know if you saw the news, but several doctors were recently arrested for selling more than 70000 fake medical leaves. If someone wanted a sick leave, they usually purchased a mental disorder diagnosis because they are easier to give. With cases like this, it is hard not to perceive mental health as something corrupt”.

5.3.1.3 Cultural and societal developments

It is noteworthy that during the current century, several international developments have increased awareness regarding promoting human dignity, to which mental health at work is closely related. For example, an interviewee from a profession institution indicated that:

“When a case like the one involving Harvey Weinstein and the #MeToo movement happens in the US, it has its repercussions in Chile in terms of women now are aware that sexual harassment is a problem and are more encouraged to report”

Likewise, the neoliberal economic model has led Chile to struggle with high levels of inequality. For example, households in the 20% highest income bracket

earn 8.2 times higher wages than those in the 20% lowest income bracket. In addition, access to 'employment and social security' and 'healthcare services' are the first and fourth causes of multidimensional poverty (Ministerio de Desarrollo Social y Familiar de Chile (Chilean Ministry of Social and Family Development), 2023).

Social inequalities have also intensified due to the demographic changes that Chilean society is experiencing. This issue was further elaborated by an academic, who highlighted the implications of ageing and migration:

“Social inequalities, along with the population becoming older, have forced many people to continue working after they retire. It was so heartbreaking this news about an old couple that committed suicide because they wanted to stop being an economic burden to their families” ...

“The huge waves of migrants that Chile has received in the last years have evidenced how racist we are. For example, some companies avoid recruiting foreigners because they assume that they are drug traffickers”

One effect of the elements depicted in this section was the social unrest that occurred in Chile at the end of 2019, as described in the previous chapter. Furthermore, participants agreed that this event reflected a cultural shift that the country has been undergoing, suggesting that the aforementioned social and working situations are unacceptable to the local population. This is illustrated through the following comments:

“The Chilean society, and particularly younger generations, are tired of living under bad social and working conditions. People have lost their patience and do not accept any more inadequate conditions. I see it everywhere: in the unrest, our president, the Constitutional Assembly... I even see it in my family; my two daughters are feminists, and they tell me that somebody could be cancelled if he/she makes jokes that were considered unharmed 20 years ago”

(Firm – H)

“Young people are always looking for new work experiences; it is not like before when you expected employees to make their whole careers in one company. This brings new challenges, such as losing this sense of belonging to their workplace and committing to its improvement. We have seen an increase of employees that are resigning if they are not happy with their conditions”

(Market and corporation institution – E)

In this respect, participants reflected on the bidirectional link between cultural and societal changes and policy development. The latter refers to how the adoption of regulations aims to install and steer societal changes, but at the same time, they are a materialisation of underlying social issues. This was elaborated in terms of mental health at work and the PRWSP by a representative from a profession institution:

“The existence of psychosocial risk management regulations is important because they determine a legal imperative to organisations that install the relevance of mental health at work. Nonetheless, nowadays, we have more space with the PRWSP because companies and employees are aware of this issue thanks to the social context. Still, let us not forget that there are still structural issues for which this regulation is only a patch”

5.3.2 The state order

After depicting the broad Chilean societal context in which psychosocial risk management regulations are embedded, let us now focus on specific elements from this country’s OSH institutional field that affect the legitimization of these regulations. This section describes the main institutional logic from the state order identified throughout the analysis that interacts with the PRWSP. Such a review involved the mechanisms through which the state exercises its authority (Thornton et al., 2012).

5.3.2.1 The protection logic

One of the most important logics that has been involved in the adoption and implementation of psychosocial risk management regulations in the Chilean context is related to the constitutional duty of the state to protect and guarantee that all individuals have the opportunity to engage in national life (Ministerio del Interior y Seguridad Pública de Chile (Chilean Ministry of Interior and Public Safety in English), 2024). This has implicated local policymakers' active role in developing labour, social security, OSH and mental health at work policy instruments. Furthermore, representatives from international organisations made a comparison between the Chilean and European experiences of adopting PRMPs:

“In Chile, the appropriation of psychosocial risk management came from governmental initiatives based on their inspection role. However, if you go to Spain and other European countries, it has been advocated through social demands made by unions”

The latter is complemented by the notion that the Chilean government has an important role in promoting social justice and a welfare state across their territories (Buettner-Schmidt & Lobo, 2012). This was illustrated by an interviewee from a state institution:

“If you ask me why the government has recently published so many policies related to ‘non-traditional issues’ such as inclusion, gender and mental health at work, it is because the focus is on assuring that everyone has the opportunities to reach their potential”

Particularly in the context of OSH and mental health at work, underlying beliefs are related to establishing a threshold of working conditions that do not have a negative impact on individuals' overall well-being. This was further elaborated by a representative from a profession institution:

“I have always wondered why we need regulations and policies like the ISO 45001 in OSH. Should it not be something ethical that drives companies to improve continuously? However, throughout my experience, I realised that you need to have some basics related to both repairing the harm work did to a person and addressing the work environment that led to that situation”

However, such beliefs suggest that the PRWSP and overarching labour and OSH regulations have been primarily disseminated by establishing punitive measures in cases of non-compliance. For example, an academic indicated:

“The protocol has been promoted through sanctions. This does not invite companies to enhance their practices at all, and that is why we end up with sayings such as while the law is being made, the mischief is already there”.

This is exacerbated due to the reduced capabilities of mutualidades and inspectors to support and monitor compliance. Such a situation was depicted in

the previous chapter, and here it is elaborated by an interviewee from a state institution:

“It is hard for the labour inspection to make proactive audits. Most of the time, they are conducted because an employee made a complaint about his/her employer”

Consequently, many companies implement OSH regulations, including the PRWSP, primarily out of fear and to avoid sanctions. Furthermore, a representative from a corporate and market institution indicated that the lack of incentives led to firms avoiding interacting with inspectors:

“SMEs (small- and medium-sized enterprises) are particularly scared of the labour inspection. They feel that audits are only a stick, and they feel exposed when they have a question regarding how to implement regulations, including this one”

5.3.2.2 The bureaucracy logic

The structure of the Chilean regulatory framework to protect and promote mental health at work evidence that the activities to mobilise firms to enhance their psychosocial work environment have been formulated and implemented through a bureaucratic approach. In other words, the PRWSP has been developed with the aim of establishing a set of administrative rules that frame actions through which employers protect their employees' mental health (Dollard & Karasek, 2010). One of the benefits of this logic is that it standardises the procedure and times through which companies manage their psychosocial risks. This is summarised by an academic:

“The regulation is quite straightforward. The actions and deadlines to implement are all there; therefore, anyone can go to a workplace to check if firms comply with this norm. All that is needed is to request the committee's folder and verify if the seven stages of the protocol were implemented and when”

However, many interviewees indicated that this approach has several drawbacks in terms of implementing the PRWSP. A community representative

indicated that the structure of this regulation leads firms to prioritise compliance over fulfilling its intended purpose:

“This regulation establishes too many rules to follow, you have to do this and that and under these specific terms. When you have to conduct activities that really matter, such as the focus group during the PLRESP, the psychologist from the mutualidad just comes and does them. However, nobody takes the time to sit with employees and explain the reason for this activity and why it is important”

Similarly, it was identified that this underlying logic leads to a gap in implementing this regulation. Such an issue originates from the discrepancy between policymakers' beliefs, interests, and knowledge and organisations' material conditions. This was illustrated through the following interviewees' contributions:

“The effectiveness of this regulation depends on its capability to adapt to the infinite working conditions that it aims to address. Sometimes, I feel that regulators only respond to the work realities that they know in this traditional factory model. However, what happens with new work settings such as platform work? There was this interesting discussion on whether they were employees or not and if they should be included in social security. Policymakers then realised that most people involved in these applications are illegal immigrants who rent a national identification number. So, their access to these benefits is hindered because they do not have an ID” (Market and corporation institution - E)

“There is a tendency to bureaucratised certain processes and to standardise their verification through written documents. There is a plethora of regulations that look great on paper but, in practice, are death letter. For example, this logic of sequential stages in the PRWSP does not work in sectors such as construction because the duration of the workplace and the continuity of their workers is related to the progress of tasks” (International organisation - F)

Participants shared that this logic was also detrimental in terms of monitoring and enhancing the PRWSP and its implementation. The following comments remark on this:

“Data is still concentrated between mutualidades and the Chilean Superintendency of Social Security, and some bits are collected through inspections. Therefore, we do not have an integrated informational system where everything that has to do with psychosocial risk converges” (Academic - C)

“There is a lack of institutionality regarding this protocol. To give you an idea, we are now moving from the SUSESO/ISTAS-21 to the CEAL-SM/SUSESO, but why? Do we know what was achieved with the previous instrument, and why we need to use this one now?” (State institution – G)

5.3.2.3 The politics logic

Last but not least, data analysed from the semi-structured interviews evidenced that the development of the PRWSP, and how it has been promoted, responds to underlying values, beliefs, and attitudes through which the state aims to govern and shape social behaviours. On the one hand, this was observed in the integration of ideas related to mental health at work with broader political goals of governing coalitions. This is illustrated in the following comments from a representative of a state institution:

“If we examine the focus of work-life balance national policies, they always change according to the governing administration. Firstly, they were adopted by President Bachelet because she wanted to install the gender perspective in the public agenda. Then, the previous administration had a discourse that associated work-life balance with parental co-responsibility rather than corporate or societal co-responsibility. While the current government has emphasised the link between gender and mental health at work in terms of women's workload from paid and unpaid work”

On the other hand, this logic is associated with political thinking, which guides states' strategies to influence social behaviour. In the context of promoting and protecting Chilean society's mental health, a participant reflected on the underlying reasons for the PRWSP and mental health at work being a key aspect of the public agenda:

“The Ministry of Health held a roundtable on mental health for primary health professionals and requested a representative from each mutualidad. This is just

an example, but since in labour health you only have the four mutualidades, it is easier for them to coordinate the monster that is mental health through the “labour” side rather than through the common health, in which you have too many organisations involved”.

However, this approach implies that each governmental agency prioritises the main issues from its portfolio. This causes organisations to be exposed to high requirements from different governmental agencies, which can sometimes create conflicting demands. This was summarised by a representative from an international organisation:

“Many governmental programmes can help firms comply with the regulation and enhance their psychosocial work environment. However, they are not connected and even work in parallel. There is a lack of intersectoral work, and therefore, we end up with companies saying, ‘Ok, we are raising psychosocial hazards, and some companies are exposed to critical risk levels. However, what is the capacity to invest in the required solutions and innovations? What are the support programmes to implement the required interventions?’”

As such, interviews agreed on the need to involve other stakeholders through social dialogue for future revisions to the PRWSP. This was remarked on by the following interviewees from state institutions:

“We need to go a step further to increase awareness and political commitment at the level of public policies. The government needs to understand that mental health is the current reason for medical leave, both in the common and labour fields. They need to understand that somebody who requires a medical leave is someone who has to be absent from work and not be productive” (State institution – B)

“We need more tripartite social dialogue to determine what we want and what are the goals regarding mental health at work, so the policies objectives are shared among stakeholders” (State institution – F)

5.3.3 The profession order

According to institutional logics, professions are ‘organised bodies of individual members who create knowledge and belief systems’ (Thornton, 2002,

p.83). Therefore, this section illustrates how the Chilean psychosocial risk management regulation is intertwined with the legitimization of OSH professions, with particular emphasis on occupational health psychologists (Uhrenholdt Madsen et al., 2022). Based on the sources of legitimization of this institutional order presented in Chapter 2, findings are framed under the standard and status logics.

5.3.3.1 The standard logic

The first element identified in the interviews is related to the responsibility that professionals are embedded with when they are associated with the OSH institutional field. Furthermore, interviewees indicated that the main role of professionals is to support firms in complying with their statutory obligations established in the PWSRP. This is highlighted by an academic:

“Safety experts and psychologists are counterparts to employers, employees and undertakers who explain how the law on psychosocial hazards works and guide them in its implementation. However, they also have to understand the value of the people in terms of the contributions they make to manage this risk”

As such, participants agreed that professionals in this field require a high degree of specialisation. A representative from a profession institution commented on the following:

“The basis of our relationship with employers is technical. In other words, our duty is to prescribe and advise companies on improving their working environment. We also have to prepare employers for when an inspector audits them and to tell them what evidence to present so they do not have any major problems”

To achieve the latter, individuals who partake in activities related to the PRWSP are required to develop a multidisciplinary approach. Regarding occupational health psychologists, a participant from another profession institution remarked that this discipline separates from other psychology specialisations because of its interaction with a plethora of stakeholders:

"It is incredible how much I learned while working in this field. I have had to understand how labour regulations work to be able to talk with corporate lawyers and employers. Also, I have needed to go back to my studies in clinical psychology to talk with doctors regarding the criteria used in the process to determine the origin of a mental disorder. I have had to learn about management to understand the system approach of the PRWSP. Lastly, let us not forget about our core, which is organisational psychology"

Likewise, interviews evidenced that this institutional logic is significantly influenced by the scientific developments that academia makes in terms of psychosocial risk management. For example, a representative from another profession institution indicated that it has complemented the guidelines of the PRWSP with intervention models depicted in scientific publications:

"We try to close the gaps of the PRWSP by giving firms certainties about managing psychosocial risks. Recently, we developed a guideline based on the levels of interventions depicted in the PRIMA-EF model. With this approach, nowadays, companies understand that this is like an iceberg, and they are starting to see that they have to reach their root causes to avoid an occupational mental illness"

Furthermore, participants expressed concerns that the PRWSP fails to provide companies with certainty regarding the effectiveness of initiatives implemented to manage psychosocial risks. This is highlighted by the following comments:

"A post-evaluation model has not been developed in Chile. Nowadays, firms make an assessment; they identify the areas with the highest risk. However, what evidence is there regarding the things they can do?" (Academic – D)

"When we started with the PRWSP, nobody knew if it was going to work. Now, we can tell companies what they can do based on the local casuistic, but I am still not 100% sure" (Profession institution – C)

However, it is important to note that the high specialisation required to implement the PRWSP and the overarching national framework to protect and promote mental health at work implies that only a niche is aware of its existence. This was highlighted by an interviewee from a market and corporation institution:

“Social security is a very technical field, and the only people who know about mental health at work are those disciplines and professionals involved in this area. But if you ask any non-specialised person, they barely know what mental health is”

The aforementioned is exacerbated because elements of psychosocial risk management and mental health at work are often not included in undergraduate programmes curricula, leading individuals involved in this field to develop the required skills and competencies through their professional experience. Several interviewees reflected on this issue:

“The only legal requirement we have is that people in mutualidades and dedicated people to this issue have to complete a 16-hour course, and there is not a high offer across universities. I have only seen two universities that have included occupational health psychology in their undergraduate programmes, and it has to do with the people that are in those places rather than being an institutional policy” (Academic – C)

“I also have some teaching hours in a university, and there is not a programme that covers this topic, at least not that I am aware of” (State institution – E)

Lastly, it has been pinpointed that the deregulation of labour markets and the withdrawal of states and public funds related to OSH has led to a global phenomenon depicted as the ‘marketisation of OSH services’ (Walters et al., 2022). This phenomenon was also identified in the Chilean context, where mutualidades have faced conflicting demands of supporting affiliated organisations in implementing local OSH regulations and maintaining a commercial bond with them. This is illustrated through the comments of an academic:

“One of the main problems of the new generations of professionals who are joining mutualidades is that they are tainted with commercial values. I have seen some professionals more worried about keeping affiliated firms happy rather than providing good technical support. I do not know why because mutualidades’ survival is guaranteed, it is almost impossible to have new competitors in this market”

5.3.3.2 The status logic

Another aspect involved in the legitimization of the PRWSP is the reputation of the topic it aims to address. Section 5.3.1 presented the stigma associated with mental health broadly in Chilean society and particularly in the context of work. Nonetheless, another aspect identified is linked to the public's perceptions towards the professions involved in mental health, with particular emphasis on psychologists. A participant from a firm reinforced this idea:

“It is hard to influence my director’s decision-making when psychologists have always been linked to pseudoscientific practices such as esoterism, reading the tarot, and the horoscope. In addition, it is not helpful to our profession when we have these self-improvement charlatans as the gurus of mental health”

In the context of OSH, psychosocial risk management also lacks validation among traditional professions related to this field. According to an academic, this issue is caused by the disruption of psychologists and mental health to the prevailing model of OSH, which is associated with ideas related to objectivity and a medical approach to health:

“Mental health in itself causes plenty of opposition among everyone that is involved in OSH. I have seen that occupational physicians and safety engineers feel something between resentment, discomfort or insecurity because it is such an elusive and unclear concept. On the contrary, psychologists have been trained to deal with uncertainty”

Likewise, the PRWSP and psychosocial risk management have had to compete with other initiatives that firms have already institutionalised regarding Human Resource (HR) management and organisational development. This was summarised by an interviewee from a profession institution:

“When the protocol was released, many large companies decided not to implement it because they already had a developed structure related to issues such as climate or appraisals. I remember some HR directors telling me, ‘I already surveyed my employees with the Great Place to Work questionnaire,

which is an international standard, so why should I implement the SUSESO/ISTAS-21? What value does it bring to us?”

In this respect, it was identified that professionals have used relational skills to install psychosocial risk management activities across organisations. It is important to note that this aspect will be further elaborated in Chapter 6. Nevertheless, in a nutshell, key competencies and activities depicted by interviewees were the constant support they provide to organisational stakeholders, establishing a progressive approach and translating concepts and indicators into everyday working situations. These strategies were summarised by a representative from another profession institution:

“What I have witnessed in many organisations is that they overcome all of their fears once they see the results and can put a number into all these concepts that are so weird to them. They start seeing that it is not terrible and even find indicators interesting. Another aspect of the regulation is that it shows that they do not need to solve everything immediately”

Occupational health psychologists have also enhanced their status among traditional OSH professions by developing interpersonal skills to build partnerships with strategic stakeholders and further influence decision-making. An interviewee from a firm exemplified the latter:

“Maybe I am diverging from our conversation from the PRWSP, but I used to struggle with the bipartite committee when I started my professional career because I only received complaints. Back then, I tried to solve them by explaining that they were wrong. However, when I started to attend these meetings with the psychologist, he told me that the core of the problem was that the person wanted to be heard... From there, the climate of the meetings shifted 180 degrees”

The PRWSP has also been a source for increasing the validation of professions involved in this topic, as it has opened up roles and activities that are perceived as more valuable to organisations. This was further elaborated by a representative from a market and corporate institution:

“The regulations have increased the visibility of units and professionals dedicated to OSH. Before, medical leaves were only an administrative task done by welfare units. Nowadays, there is a need to understand more the reasons for that leave. Obviously, you cannot trespass confidentiality, but with this regulation, companies have seen the need to understand underlying causes”

5.3.4 The corporation and market orders

Institutional logics literature underlines the market and corporate as distinct institutional orders (Thornton et al., 2012). However, they have been connected in this study to provide an integrated understanding of the values and beliefs that guide organisations’ decision-making processes regarding the PRWSP. The corporation order is illustrated under the managerial logic, through which the association between organisational structures and the implementation of this regulation is examined (Thornton & Ocasio, 1999). The market order, through the efficiency logic, facilitates linking psychosocial risk management with elements related to firms maximising their value (Reay et al., 2015).

5.3.4.1 The managerial logic

Psychosocial risk management literature has already indicated that companies struggle to enhance their psychosocial work environment because the topics related to this issue are intertwined with the power distribution between employers and employees (Moncada et al., 2010). Nonetheless, this study identified that this situation is exacerbated in the Chilean context due to the structure of labour relations depicted in section 5.3.1. Participants from community institutions highlighted the implications of highly hierarchical structures that are established due to employers monopolising decision-making processes:

“In our firm, it is tough to make any improvements to the conditions that affect our mental health. All of the decisions go through our employer. For example, during the pandemic we did not have any activity to bond because he did not care” (Community institution – B)

“The only real pressure mechanism we have to mobilise our employer to be more involved in improving working conditions is going on strike. However, the

psychological and financial costs of doing it are enormous to employees, and it is not guaranteed that the employer will agree to our demands” (Community institution – C)

This situation hinders the possibility of organisations adopting primary interventions to address the root causes of psychosocial hazards identified through the PRWSP. In this regard, participants reflected on the main reason for mobilising directors in enhancing their psychosocial work environment:

“Where we have not been able to enter is in work organisation. We do not see that many interventions on the work processes that are affecting mental health; here is where we have failed, and it is a systemic failure because firms are not willing to look at it” (Professional institution – A)

“If we look at companies as an army, this is like I am a lieutenant telling a director, who is the general, what to do” (Firm – E)

On the contrary, according to the participants, most of the actions that organisations implement to manage psychosocial risks are related to developing employees’ coping mechanisms against work-related stress. This was exemplified by an interviewee from a profession institution:

“The interventions we see the most focus on the worker and how he/she adapts to stressful work environments. Organisations love conducting training on self-care, stress management, mindfulness or installing breathing rooms without any organisational change. However, when you visit that site a couple of weeks after, problems are still there”

Furthermore, even when companies are obliged to intervene in their psychosocial work environment because they have been introduced to the PLRESP, it is still more frequent for them to focus on the effects of the issue rather than its antecedents. This is illustrated by the following comments:

“We all had the hope that employers were going to change through implementing this protocol. However, local evidence shows that they prefer to dismiss employees when there is an occupational mental illness. The only exceptions are when an individual is extremely specialised, like a curator from

the 14th century, and it is impossible for them to find a replacement for that position” (OSH firm – C)

“Is almost impossible to make redundant a toxic leader that is efficient. Those are the ugly interventions that most companies are not willing to adopt” (State institution – D)

From an employer’s point of view, interviews evidenced that one of the main barriers for companies to implement the PRWSP is the perception of employers and directors that this regulation can be used against them. This is exemplified by the following comments:

“It is easy for employees to attack their organisations and leaders when you allow them to express themselves through anonymised tools such as the SUSESO/ISTAS-21. Some people tend to have this revengeful attitude towards the employer when they are exposed to these surveys” (Chilean Firm – N)
“Employers do not like to feel exposed, which is exactly what this regulation does. We can see that managers are more careful on how they behave weeks prior to the assessment” (Community institution – D)

As underlined in section 5.3.1, the stigma towards mental health at work implies that the focus on this issue revolves around employees’ mental ill-health rather than the role of the psychosocial work environment in which they interact. As such, employers emphasise the relevance of aspects from the Chilean social context previously depicted. Consequently, narrowing the scope of their role and responsibilities to prevent and promote employees’ mental health, as illustrated through the comments from a participant from a local firm:

“I feel that the state thinks that mental health is only affected by work. Therefore, they overload companies with responsibilities that are out of our scope. For example, when they mandate us to intervene on the double presence dimension (referring to the work-life balance concept), there are many things that we cannot intervene in, including legal minimum wages, security, debts or care activities that individuals have to partake to look after a relative”

In addition, participants agreed that the size of enterprises is a significant variable in explaining the low percentage of firms that have implemented this

regulation, as it creates important gaps in terms of capacity and resources. Such a difference was illustrated by a representative from a corporate and market institution:

“In general, larger companies have the resources to hire people dedicated to implementing this protocol. However, SMEs are the largest employment force in Chile and need more support because they do not have the tools or the knowledge to implement this regulation. Who is in charge of HR In SMEs is either the owner or an accountant who usually knows nothing about mental health”

This characteristic also influences the hierarchical dynamics within organisations and their openness to implementing this regulation, as well as their overall mindset toward how business operations are conducted. This is summarised in the following comment:

“Regarding psychosocial risks, the reality of a company varies significantly based on its size. On the one hand, SMEs tend to have a horizontal structure, but leaders are more authoritarian and give little relevance to asking individuals how to improve their work environment. On the other hand, large and multinational companies have a more vertical structure but are more flexible because they have to answer to international regulations” (International organisation – F)

“SMEs are in a very vulnerable condition, in which they have to prioritise surviving and reaching the end of the month. This implies an important challenge to the regulator in terms that laws have to a contribution to their business rather than suffocate them” (Corporation and market institution - A)

5.3.4.2 The efficiency logic

Another aspect of organisational functioning that affects PRWSP legitimization is its implications for securing companies' position in the market. In this respect, the data analysis revealed that the psychosocial risk management regulation was perceived either positively or negatively, depending on whether the mindset was long-term or short-term. There is a contraposition between implementing the PRWSP and short-term aspects, such as supply chain continuity and resources

required. This is illustrated through the comments from a participant of a state institution:

“What do companies think they will gain from this protocol? Not much, really. What will it cost them? A lot. This protocol has plenty of shadow costs; they have to hire someone to be in charge, shut down production so workers can answer the survey and participate in the focus groups, committee meetings implicate that its members are not working on their tasks, etc... Employers are always playing between costs and benefits. Since it is unlikely they will be audited and sanctions are worthless, they prefer not complying”

As indicated in the previous chapter, the PRWSP's legitimacy is affected by the lack of clarity regarding the specific actions that firms must implement to enhance their psychosocial risk environment and its short-term benefits. This is summarised by a comment from an interviewee from an international organisation:

“I always make the comparison between psychosocial hazards and inclusion. Most of the time, you can see someone's disability and, therefore, be moved by them. In a sort of way, inclusion is also more tangible because there are national institutions such as the ‘Teletón’³ that make this topic visible in Chilean society. On the contrary, there is much ignorance regarding psychosocial hazards, and it is very difficult to materialise into something tangible for firms to see its benefits”

The latter becomes more important, considering that all participants agreed on the long-term value of OSH, psychosocial risk management and promoting and protecting employees' mental health. All interviewees acknowledged that psychosocial factors are an essential antecedent to organisational outcomes. The following statements illustrate this:

“We are very proactive with occupational diseases and psychosocial hazards because we understand their implications. You have to remember that mutualidades were formed by employer's association, so it is not like

³ The ‘Teletón’ is a charitable televised event, which is held annually in Chile to raise funds for the construction and maintenance of Children's Rehabilitation Institutes for the treatment of children with motor disabilities.

organisations do not understand OSH value” (Market and corporation institution - E)

“Organisations have a real concern towards mental health at work. They are very aware of the levels of absenteeism, and they understand that having good work environments will reduce turnover and absenteeism along with improve productivity, customer satisfaction and the company’s sustainability” (Market and corporation institution - A)

“If a company is not competitive, it will eventually tend to disappear because larger ones will eat them up, or consumers will prefer other products. Therefore, managing human capital and trying to make people feel satisfied at work is a permanent challenge” (Market and corporation institution - B)

5.3.5 The community order

Finally, the analysis considered a link between the Chilean psychosocial risk management regulation and the community order depicted in the institutional logics literature (Thornton et al., 2012). Specifically, this section presents elements that affect PRWSP legitimation based on its capacity to facilitate or hinder personal connections between organisational members and promote their well-being (Reay et al., 2015).

5.3.5.1 The membership logic

While the PRWSP is a methodology that aims to promote social dialogue inside organisations, as indicated in section 5.3.2, its adoption and implementation have been guided by a bureaucratic perspective. Consequently, stakeholders distance themselves from this regulation because they were not involved in its formulation or their opinions were not included in this process. A representative of an international organisation reflected on this:

“Everyone knows that psychosocial hazards are relevant. However, employees do not feel represented by this regulation because they did not have active participation in its formulation, leading to them lacking empowerment with this tool”

Due to the structure of labour relations in the Chilean context already depicted in this chapter, instances of social dialogue are not frequently implemented in

companies. As such, the PRWSP is perceived as an initiative isolated from the usual functioning of businesses. This is illustrated by the contributions of a firm interviewee:

“Outside this protocol, people do not have the space to speak about their working conditions. Furthermore, there are cases where employees have never been face-to-face with their directors despite working here their whole lives. So, what utility does this regulation have if managers have never gone down from the Olympus they live in?”

Additionally, the structure of the PRWSP frequently led firms to emphasise its procedural aspects. Therefore, employees tend to miss the aim and purpose of this regulation. This is illustrated by a representative from a community organisation:

“This regulation focuses too much on the paperwork that firms have to show to inspectors; for the committee is even dull to implement because of its bureaucracy. For the employees, it is worse because they have to answer another survey from the thousands they already have to complete, and they do not know why”

However, it is noteworthy that many participants perceived the implementation of the PRWSP as an important tool that facilitates organisations shifting apart from a Taylorist management paradigm by framing labour relations under a human-centred approach. Furthermore, it was identified that the primary interventions organisations implement to manage their psychosocial risks are related to developing socio-emotional skills and initiatives that enhance social connections between their members. The following comments remark on this:

“I tend to focus on what is beyond the procedural aspects of this protocol, which is driving our efforts to make workplaces more human” (Firm - B)

“The main benefit we have earned through this protocol is that once a month we can meet without our managers to discuss our concerns freely so later the union can then share employees’ main concerns without them suffering any retaliation” (Community institution - D)

“The main focus of our interventions has been to reduce the gap between white-collar and blue-collar employees by introducing meetings in which leaders can be seen as more reliable to their subordinates” (Firm - P)

5.3.5.2 The welfare logic

The PRWSP's main objective is to protect and promote mental health at work. Hence, the legitimacy of this regulation is fostered when its purpose is explicitly stated to stakeholders. In this respect, a participant from a local organisation indicated that a helpful strategy to install this regulation in enterprises is highlighting its link with improving employees' well-being:

“During the first committee meetings, members got confused and disengaged with all the procedures and criteria. However, when we started to show that the core of this regulation is to improve mental health at work, they completely changed their disposition”

Nonetheless, as indicated in the previous chapter, mental health at work is considered a second-order necessity that gains relevance only after other pecuniary issues are solved. The latter includes both economic needs and material OSH requirements, as presented in the following statements:

“If you compare collective bargaining instruments in terms of how many of them include clauses related to salary or health and safety, you will see the former wins by a landslide” (International organisation – E)

“The psychosocial risks protocol is the OSH regulation that employees know the least. In contrast, those that are more demanded by employees and that firms comply with the most are related to providing Personal Protection Equipment (PPE). I believe the reason for this difference is because the latter can be seen while the former is an intangible” (State institution – C)

An aspect that particularly affects the PRWSP legitimization is related to its lack of capacity to effectively address situations that require a swift response to minimise their harm towards employees' mental well-being, such as workplace and sexual harassment. The comments of an interviewee from a community institution illustrate this:

“The rationale of the PRWSP is that you have to go all the way through its cycle to improve the work environment. According to the new regulation, firms need two years to manage their psychosocial risks. However, most employees are now being harmed by their workplace, and this is very cumbersome to organisations because the regulation does not provide any capacity against acute issues that need to be addressed urgently”

To conclude, it is important to note that the legitimacy of the PRWSP is also affected by the overarching structure of the Chilean national regulatory framework to protect and promote mental health at work. On the one hand, this is related to mutualidades having a dual role of conducting the procedure to determine the origin of a mental disorder and supporting organisations in managing their psychosocial risks. On the other hand, the dichotomised healthcare system in Chile led individuals to be more concerned about having access to reparative interventions rather than prioritising preventive aspects. Both elements are illustrated in the following comments:

“It is embarrassing that our mutualidad determines most mental disorders from our affiliates as “common”. Then, they have the nerve to tell us we must comply with the regulation. What is the point if they deny the medical treatment that our members need?” (Community institution - D)

“What we need now is that our employees receive the treatment they need for what they are facing. Who cares about a silly survey when people are emotionally collapsed and are being treated like a ping-pong ball between healthcare providers?” (Community institution - A)

5.4. Discussion

This chapter has focused on the aspects that influence the legitimization of hard law PRMPs, illustrating the interaction between different elements of Chilean society and the PRWSP. According to the different aspects covered in this chapter, the validation stakeholders give to psychosocial risk management regulations will vary based on the degree of coherence and contradiction between the social context and these initiatives. Therefore, the research questions guiding the current study can be addressed by considering the following aspects.

The overarching Chilean societal context is an essential antecedent to be included in the analysis of the legitimation of the PRWSP. In this respect, the stigma towards mental health at work in this country, along with its healthcare system structure, hinders the legitimation of this regulation and narrows the possibilities of organisations adopting actions to enhance their psychosocial work environment. The prevailing neo-liberal economic model exacerbates the latter, limiting counterweights to employers' decision-making. Nonetheless, it is important to mention that cultural changes at the local and global levels have raised awareness towards mental health at work and the relevance of the Chilean psychosocial risk management regulation.

In addition, this study evidenced that the interaction between psychosocial risk management regulations with different logics from the five institutional orders analysed affects the legitimation of the former (Thornton et al., 2012). On the one hand, the duty of protection reflected in the welfare state, along with the status the PRWSP has embedded in the professionals involved, its contribution to organisations' market position in the long term and its role in promoting emotional and social connection inside companies are aspects that strengthens the social legitimation of this regulation. On the other hand, such legitimation has been negatively affected primarily due to the bureaucratic logic that has guided psychosocial risk management regulations formulation and implementation, the emphasis on sanctions as pressure mechanisms and the lack of a link between these regulations and enterprises, mainly SMEs, short term needs and concerns, and material actions that enhance psychosocial work environments.

Lastly, the findings shed light on the institutional complexity that arises from the interaction between institutional logics from the five different institutional orders covered in this study, which serves as an element influencing the legitimation of the PRWSP (Greenwood et al., 2009, 2011). Aspects of the protection, efficiency, membership and welfare logics can be integrated to raise awareness of the relevance of hard law PRMPs. As such, these regulations cover the need for governments to protect the integrity of their members, for companies to secure their market position, and for employees to be protected at their workplaces. Likewise, there could be synergy by integrating protection and standard logics. The former determines the threshold of activities required to ensure the minimum aspects of psychosocial work environments. The latter can facilitate addressing specific elements from different work settings, such as firm size and sector. On the contrary, the contradiction between protection and bureaucracy, on the one hand, and corporate and market logic, on the other,

leads firms not to implement these regulations or only to adopt them cosmetically.

5.4.1 Macro elements that influence hard law PRMPs' legitimization

The findings from this study underline the implications of societal elements on the legitimization and implementation of hard law PRMPs. Research has already been conducted in the psychosocial risk management literature to examine the effects of societal, political, and economic elements on working conditions and health and well-being indicators. For instance, a study conducted by Dollard and Jain (2019) evidenced a negative relationship between nations' levels of corruption and Psychosocial Safety Climate (PSC) indicators, subsequently leading to worse job conditions and employees' health. Meanwhile, findings from this study further expand psychosocial risk management literature by pinpointing an association between the introduction of neo-liberal policies and reduced initiatives to enhance psychosocial work environments due to employers' power in labour relations. Similarly, it contributes by evidencing that the structure of national healthcare systems would affect the level of prioritisation that organisations give to this issue. Moreover, it illustrates the formal and social mechanisms that promote stakeholders' adherence towards hard law PRMPs (Cairney, 2016b).

On the one hand, this study examined the formal mechanisms utilised to encourage the implementation of the PRWSP. Following the 'carrots, sticks and sermons' nomenclature depicted in policymaking literature (Cairney, 2014; McCormick, 1998), in which regulations are underlined as 'sticks', economic and non-economic incentives as 'carrots' and informative mechanisms as 'sermons', the findings depicted in this chapter support claims made in previous research and reports. Particularly, although the introduction of regulations is an important lever to mobilise organisations to manage their psychosocial risks, it does not guarantee stakeholders' adherence towards this issue, and, therefore, hard law PRMPs can be cosmetically adopted or not even implemented at all (Bengtsson et al., 2010; European Commission (EC), 2021b; Muñoz-Harrison et al., 2024). Furthermore, this study found similar findings to those obtained by Libman and Kluge (2017) about the alienating effects of this approach between organisations and inspecting authorities, particularly in SMEs. The latter gains even more relevance, considering that both studies were conducted in different cultural

settings (Chile and Russia) and addressed different issues (psychosocial risk management and shadow economy policies).

On the other hand, this study sits at the national level of institutional logics literature to examine the underlying societal aspects that influence hard law PRMPs' legitimization. Moreover, it aimed to answer recent calls from Berg-Johansen and Waldorff (2017) and Lounsbury and colleagues (2021). Mainly, it shifted from considering institutional logics as an analytical tool that focuses on explaining aspects that influence the legitimization of hard law PRMPs to seeing them as a complex and dynamic phenomenon. The findings presented in this chapter provide a bidirectional approach, highlighting elements of the societal context that influence institutional orders and their institutional logics, as well as the symbolic and material components of adopting new practices and vice versa. For example, the introduction of a neo-liberal economic policy has diminished employees' sense of belonging to organisations, which is a relevant aspect of the community order. Subsequently, employees' involvement in psychosocial risk management initiatives has been hindered due to an alienation between employers and employees. Similarly, introducing hard law PRMPs has facilitated the legitimisation of professionals involved in psychosocial risk management.

This study also expands IT literature by providing empirical support for integrating conceptualisations from world society theory (Meyer et al., 1997) and institutional logics (Greenwood et al., 2011; Thornton et al., 2012). Findings from this study indicated that recent global events (e.g., the 'MeToo movement') have reconfigured how social interactions are understood in the local context. Consequently, this has increased awareness in Chilean employees about material practices related to the protection logic, such as reporting sexual harassment cases.

Therefore, the findings of this study underpin the elements involved in promoting adherence towards hard law PRMPs. Particularly, by complementing an institutional logics perspective (Greenwood et al., 2011; Thornton et al., 2012) with Matti's (2009) claims, in this chapter emerges the idea that social legitimization can be developed a priori to these regulations being introduced (ex-ante legitimacy) by policymakers reviewing the link of hard law PRMPs with overarching societal, economic and political structures, along with fostering the validation of involved professions and stakeholders' needs. Meanwhile, policy legitimization can be addressed during and after their implementation (ex-post legitimacy) by evidencing their achievements in terms of contributing to organisational efficiency and employees' well-being. Lastly, the political capital

towards policymakers and other actors involved (democratic legitimacy) can be enhanced by aligning policies with political and organisational goals.

5.4.2 Underlying rationales in psychosocial risk management practices

Ocasio and colleagues (2017) noted the need to analyse the interaction between different institutional logics to provide a nuanced understanding of the implications of macro-level complexities in organisational practices. As such, the current study shares similarities with previous studies conducted in institutional logics literature by analysing a phenomenon under the scope of different institutional orders (Chu et al., 2024; Fuertes et al., 2021; Laihonon & Kokko, 2023; Zhang & Welch, 2022). However, such cases analyse the interaction between two and four institutional orders. In comparison, this study contributes to the institutional logics literature by conducting an analysis that encompasses five of the seven institutional orders outlined in the interinstitutional system (Thornton et al., 2012).

Therefore, the findings from this study provide a broader understanding of the elements that facilitate the legitimization of hard law PRMPs by considering the perspectives of the state, professionals, employers, and employees. The latter is also related to the institutional complexity that emerges from the interaction of the constellation of different institutional logics in shaping identities and rationales (Berg-Johansen & Waldorff, 2017; Goodrick & Reay, 2011; Greenwood et al., 2011). Similar to the findings from Zhao and Lounsbury (2016), this study indicates that the coexistence of institutional logics facilitates addressing social problems in countries from the global south. Nonetheless, there are differences to be considered between these studies. In the latter, the role of institutional logics from the market and religious orders in the allocation of resources was analysed. In this study, it was underlined that the complementary role between institutional logics from the state and profession orders has enabled addressing the stigma related to mental health at work.

The aforementioned aspects add nuances to prevailing understandings in psychosocial risk management literature. For instance, Psychosocial Safety Climate (PSC) theory underpins that psychosocial risk management opposes productivity (Dollard et al., 2019). In this respect, this study also highlighted situations in which operational efficiency conflicts with employees' mental health, resulting from the contradiction between the protection and welfare logics and the corporation and market logics. For instance, as data suggested, companies

usually do not introduce corrective actions towards harassment because those who enact it achieve organisational goals and outcomes. Furthermore, similar to Schuller's (2020) findings, it was identified that Chilean stakeholders do not prioritise psychosocial risk management due to a lack of clarity about which tangible actions from day-to-day business operations facilitate enhancing psychosocial work environments. However, this study has evidenced that institutional complexity is mitigated when Chilean stakeholders are presented with the long-term benefits of managing psychosocial risks (e.g., improving sustainability, customer satisfaction, and productivity).

The insights provided by literature from institutional logics and institutional complexity reviewed in this study also facilitate explaining why psychosocial risk management interventions in organisations are primarily related to developing coping strategies among employees rather than addressing underlying working conditions (Jain et al., 2022; Leka et al., 2023). Firstly, the Chilean case highlights that hard law PRMPs are embedded with a bureaucracy logic, in which organisations implement a set of actions in a specific timeframe; however, the inspection of this regulation does not consider whether interventions are addressing root causes. Secondly, this study builds on previous research (Moncada et al., 2010; Schuller, 2020) by remarking that the challenge of addressing psychosocial hazards relies on the power dynamics between employers and employees, thus evidencing a contraposition of hard law PRMPs and managerial logics. Thirdly, stakeholders perceive psychosocial risk management interventions from a community order lens. Consequently, efforts in intervention plans to protect and promote employees' mental health are related to individual and social characteristics, to the detriment of enhancing psychosocial work environments.

Lastly, this study further develops previous contributions regarding the internal conflicts that hybrid organisations are exposed to different institutional logics that govern the nature of their functions (Battilana et al., 2017; Pache et al., 2024; Pache & Thornton, 2020). It evidenced that mutualidades are currently exposed to a contradiction between the protection, standard and welfare logics and the market logic. The latter is manifested in the disjunctive these organisations face between prioritising their role of providing technical OSH support or assuring a commercial relationship with affiliated companies.

5.5 Strengths and limitations

The current study has several strengths to be considered. Firstly, including a wide variety of participants, who have been involved in different aspects of the Chilean experience of introducing and implementing the PRWSP, provided a broad understanding of the facilitators and barriers to legitimating hard law PRMPs at the macro and organisational levels. Secondly, the research questions and protocol that guided this study enabled the identification of the relevance of the symbolic (e.g., values and culture) and material (i.e., local capacities) characteristics of the context in terms of policy development and how these characteristics influence the implementation of policy instruments. Thirdly, utilising thematic analysis to examine the data collected through the semi-structured interviews facilitated the identification of the underlying rationales, in the form of institutional logics, that guide psychosocial risk management practices. Through the aforementioned aspects, this study provides policymakers and practitioners with relevant insights into developing and adjusting strategies that aim to raise awareness among societal and organisational stakeholders about promoting healthy psychosocial work environments.

Nevertheless, it is important to note that the current study is not exempt from limitations. The lack of previous research, both in terms of the topic examined and the context in which it was conducted, led to an emphasis on outlining the overarching structures and mechanisms, in the form of the societal context and institutional logics, respectively, that influence the legitimisation of hard law PRMPs to the detriment of developing a nuanced understanding of each of them. Additionally, the study was conducted before recent PRWSP updates were implemented. Therefore, future research could examine the implications of local policy developments from a longitudinal perspective by examining the impact of such changes on the legitimisation of this regulation.

5.6 Conclusion

In conclusion, this current chapter has examined the elements that have influenced local stakeholders' perceptions towards a hard law PRMP introduced in the Chilean context. By framing this study under institutional logics conceptualisations, it underlined the main societal and organisational elements that affect the legitimisation of this regulation. On the one hand, local economic, political, and societal developments have been key determinants of how the PRWSP has been promoted and adopted. On the other hand, it presented the

main elements from the local OSH context that facilitate and hinder the adoption and implementation of this regulation across firms. Therefore, the findings suggest the need to align policy developments with the concerns of social and organisational stakeholders.

In the broader context of this doctoral research, the legitimisation of hard law PRMPs should not be considered as something static. On the contrary, this study briefly depicted how stakeholders' perceptions towards the PRWSP have changed based on the organisational practices implemented to comply with this regulation. Hence, the next and final empirical chapter examines the implications of such initiatives in enhancing both adherence to hard law PRMPs and psychosocial work environments.

CHAPTER 6: FROM POLICY TO PRACTICE: THE EXPERIENCE OF CHILEAN ORGANISATIONS IN ADOPTING AND IMPLEMENTING A PSYCHOSOCIAL RISK MANAGEMENT REGULATION

6.1 Introduction

Findings from Chapter 5 highlighted that one key aspect that hinders the legitimisation and subsequent implementation of hard law psychosocial risk management policies (PRMPs) is the lack of clarity in the process through which these policy instruments are materialised into tangible organisational practices. Therefore, this third and final empirical chapter addresses the research question 'How have the Chilean psychosocial risk management regulation been translated into organisational practices?'. This was achieved by examining the activities that Chilean organisations have conducted to introduce the Psychosocial Risks at Work Surveillance Protocol (PRWSP) in their business operation, along with the outcomes obtained from such practices.

In contrast to the previous empirical chapters, which employed a bidirectional approach, this study adopts a bottom-up perspective. It emphasises that the enhancement of psychosocial work environments is conducted by aligning PRMPs with the needs and motivations of organisational members (Weick, 2001). Furthermore, it follows the rationales, strategies, motivations, opportunities, and challenges that actors face in institutionalising the PRWSP in organisations. As presented in Chapter 2, the activities that companies conduct to comply with this regulation are examined under developments in policy implementation (Cairney, 2012b, 2016b), institutional leadership (Kraatz & Block, 2008) and Scandinavian institutionalism (Campbell, 2010; Vossen & van Gestel, 2019).

Therefore, this study addresses four aspects. The first element focuses on the role of institutional leaders in tailoring the PRWSP to the specificities of their organisational context (Voronov et al., 2013; Wagensveld & Vosselman, 2014). Secondly, the opportunities and challenges that these leaders face in internalising the Chilean regulation into their organisational context are presented (Cairney, 2016a, b; Lawrence et al., 2010). Thirdly, the process through which enterprises materialise this regulation into organisational practices is illustrated (Wagensveld & Vosselman, 2014). Specifically, it discusses aspects related to the development of organisational structures that support conducting psychosocial hazard assessment and designing, implementing and sustaining

psychosocial risk management interventions. Fourthly, it illustrates the evaluation stakeholders have made regarding their experience of implementing the PRWSP in terms of its contribution to organisational and personal outcomes (Czarniawska, 2008; Czarniawska & Sevón, 1996). In addition, the process through which this regulation is institutionalised in organisational settings is not based on the agential freedom of their members. Instead, it is guided by governing values and beliefs from the interinstitutional system (Zilber, 2013). As such, the institutional orders and logics identified in the previous chapter are brought to this study to underline the different rationales through which these activities are conducted.

The following sections of this chapter cover three main parts. Next, the methodological considerations for collecting and analysing data from semi-structured interviews are presented. Then, findings are illustrated in a progressive manner by going through the elements involved in organisations' experience of adopting, implementing and evaluating the PRWSP. Lastly, the discussion section underpins the findings of this study in the broader literature.

6.2 Method

This study is based on interviews with participants from the Chilean Occupational Safety and Health (OSH) context. The procedure for collecting and analysing data is presented below.

6.2.1 Data collection

Of the 47 interviewees who participated in this research, 41 were asked to share their insights regarding the main elements involved in implementing the PRWSP. As indicated in section 3.4.1, interviews with representatives from international organisations did not include aspects related to this topic due to their limited knowledge of granular experiences of implementing this regulation. In contrast, social stakeholders were asked their opinions regarding the cases of different organisations with which they have interacted. Meanwhile, the conversation with representatives from Chilean organisations focused on their specific experiences with implementing this regulation. It is important to note that all interviewees from Chilean enterprises have at least one year of professional experience in this area and have been involved in complying with the PRWSP on multiple occasions, either by conducting more than one evaluation cycle in

their current organisation or at different companies. Therefore, interviewees were also asked to compare the nuances of each of the experiences they had partaken in.

Table 6-1 summarises the distribution of participants according to the type of organisation they represent. In addition, interviewees from local organisations are characterised according to the sector, size, and extension of the enterprise where they currently work. All interviews were conducted in Spanish between December 2022 and March 2023 via MS Teams and ranged in duration from 54 to 78 minutes. The criteria and procedure involved in the recruitment and sampling of participants are outlined in section 3.4.1.2.

Table 6-1: Distribution of interviewees of Study 3

Participants	N	%
<i>Type of participant</i>		
Social stakeholder	25	61
Chilean firm	16	39
<i>Type of organisation</i>		
Public	5	31.25
Private	11	68.75
<i>Sector⁴</i>		
Construction	1	6.25
Healthcare	4	25
Hospitality	1	6.25
Art/leisure/sports	1	6.25
Manufacturing	2	12.5
Mining	1	6.25
Public administration	2	12.5
Temporary staffing	2	12.5
Retail	1	6.25
Transportation	1	6.25
<i>Size</i>		
<1000 employees	3	18.75
>1000 and <10000 employees	10	62.50
>10000 employees	3	18.75
<i>Organisational setting</i>		
Multinational	1	6.25
National	9	56.25
Regional/Communal	4	25
One facility	2	12.5

⁴ The economic activity of each interviewee's firm was categorised according to the Chilean Standard Industrial Classification of All Economic Activities (CIIU.CL 2012 by its acronym in Spanish) (Servicio de Impuestos Internos de Chile (Chilean Revenue Service in English), 2012).

The interview guide used in this study was flexible in terms of the conversation flow (Magaldi & Berler, 2020). The core questions used were:

- 1) What has been your involvement in the implementation of the psychosocial risk surveillance protocol?
- 2) From your point of view, what are the main drivers/reasons for adopting the psychosocial risk management protocol in organisations / your organisation?
- 3) From your point of view, what are the main barriers/reasons that have hindered the adoption of this policy across companies / your organisation?
- 4) From your point of view, what opportunities and benefits have this policy brought to organisations / to your organisation?
- 5) From your point of view, what difficulties have organisations / your organisation / faced while implementing this policy?
- 6) What have been the outcomes achieved in companies / your organisation / by implementing this policy?

6.2.2 Data analysis

Thematic analysis, which was assisted using the NVivo 14 software, was implemented in this study (Braun & Clarke, 2006). Emerging themes were identified by analysing the semi-structured interviews through the following process:

1. Familiarisation: After finalising each interview, handwritten notes were made. Then, each of the 41 semi-structured interviews was heard again to calibrate the automated transcription made by MS Teams. In addition, written transcripts were repeatedly read, and annotations were made as memos in NVivo.
2. Initial code generation: Memos from each interview were reviewed. Afterwards, an NVivo case was created to categorise the different actions that firms conduct to comply with the PRWSP into different codes.
3. Theme searching: In a second NVivo case, coded data was categorised according to initial themes that framed the process through which organisations integrate the PRWSP with their organisational practices.

This was based on the four aspects related to policy implementation, institutional leadership, and Scandinavian institutionalism presented in Chapter 2 and the introduction to this chapter.

4. Theme review: The previously created themes were reviewed in a third NVivo case to examine whether the most relevant aspects regarding organisations implementing the PRWSP were captured. Additionally, two independent researchers provided feedback on the themes developed.
5. Theme defining and labelling: Lastly, themes were labelled to illustrate the process through which the PRWSP is institutionalised in Chilean organisations.

The following section presents the findings of this study through the main themes and sub-themes that were identified regarding the experience of Chilean organisations in adopting and implementing the PRWSP. Furthermore, they are elaborated upon based on participants' quotes, which are presented in this chapter through their translation into English. Nevertheless, the original material in Spanish can be found in Appendix F.3.

6.3 Findings

Table 6-2 summarises the four main themes identified regarding Chilean enterprises' activities to comply with the PRWSP. The following sections present the main findings of this study, organised by theme and sub-theme.

Table 6-2: Thematic table of study 3

Theme	Sub-theme	Definition
Introducing the Chilean hard law PRMP into organisations	Institutional leaders and the PRWSP	The role of institutional leaders in enabling the adoption of Chilean psychosocial risk management regulation in their organisations.
	Organisational barriers	Main barriers in organisations that hinder the adequate implementation of the PRWSP.
Building stakeholders' adherence	Main stakeholders	External and internal stakeholders that institutional leaders engage to support the implementation of the PRWSP.
	Cognitive sensemaking strategies	Ideas, arguments, and explanations that institutional leaders develop to address barriers related to psychosocial risk management.

	Socio-emotional sensemaking strategies	Behaviours from institutional leaders that influence stakeholders' commitment towards the PRWSP implementation.
Implementing and sustaining psychosocial risk management	Support structures	The role given by institutional leaders to mandatory committees established in the PRWSP.
	Enhancing psychosocial work environments	Underlying rationales and opinions that steer institutional leaders' activities in managing psychosocial risks.
	Sustaining psychosocial risk management	Challenges, and the actions institutional leaders implement to overcome them, through which psychosocial risk management is institutionalised as an organisational practice.
Evaluation	Organisational and individual outcomes	Implications of the institutional work conducted to comply with the PRWSP.

6.3.1 Introducing the Chilean hard law PRMP into firms

The PRWSP's low compliance rates indicate that companies do not passively introduce all external pressures into their operations, regardless of whether they are mandatory (Chilean Superintendency of Social Security, 2024f; Czarniawska, 2008). On the contrary, findings from this study identified that institutional leaders have an active role in translating hard law PRMPs into their organisational context (Kraatz & Block, 2008; Lawrence & Suddaby, 2006). Therefore, the following subsections outline the aspects that influence these actors to introduce this regulation and their primary challenges.

6.3.1.1 Institutional leaders and the PRWSP

As with all OSH regulations in Chile, the implementation of the PRWSP relies on the employer's duty of protection, which is materialised in the preventive organisational structure they are mandated to adopt according to the size of each of their facilities. In workplaces with 25 employees or less, such a structure is directly associated with the employer. On sites with between 26 and 100 employees, OSH activities are conducted by a bipartite committee. In contrast, facilities with over 100 employees must have an OSH department led by a safety specialist (Chilean Ministry of Labour and Social Prevision, 2024b).

All participants representing local enterprises from this study worked in an organisation with more than 100 employees and, therefore, had a dedicated unit for OSH. As such, institutional leaders will refer to OSH department directors,

managers, or any other professional who is part of this unit and is responsible for the PRWSP implementation in their organisations. Both social stakeholders and company-level interviewees highlighted that these actors act as gatekeepers for implementing OSH activities, including the PRWSP. This was summarised by the following statements:

“We are used to two types of counterparts in organisations: those that do not know anything about psychosocial risk management but are motivated to promote their employees' well-being and those that show interest only after you say the costs of the sanctions” (Social stakeholder – J)

“When the PRWSP was introduced back in 2013, all of my colleagues from other firms chose not to implement it because they were not in the sectors that were being audited. However, I still decided to go through it so we could be prepared for when the inspectors would audit when it would become mandatory for us” (Hospitality firm)

Furthermore, interviewees indicated that leaders of OSH departments played a pivotal role in determining the effectiveness of each of the seven stages depicted in the CEAL–SM/SUSESO methodology. Although these aspects will be further elaborated in section 6.3.3, in brief, they are related to facilitating the institutionalisation of this regulation in the organisational context. The implications of the perceptions that leaders have towards this regulation are illustrated through the comments of a participant from a retail organisation:

“I have had 3 OSH directors since I started working in this company. Director A was who hired me and he was interested in this topic; we used to work very closely. Then, Director B did not see the importance of psychosocial hazards because he only focused on safety, so he cut resources and only implemented the protocol to avoid sanctions. Now with Director C, our department has emerged again, and we are finally working properly”

It was identified that institutional logics in these actors guide the process through which this regulation is introduced into organisations (Thornton et al., 2012; Zilber, 2013). When bureaucracy, managerial and short-term efficiency logics are predominant in these leaders, companies focus on avoiding negative consequences. As depicted by the following comments, these involve sanctions

and other consequences, such as firms being voided to conduct business with client organisations:

“I decided to implement the protocol to avoid sanctions from auditors. I did not want to give a reason to my manager to be mad at me” (Hospitality firm)

“OSH Managers see that if they get a bad result in the SUSESO/ISTAS-21, their credentials will be tainted” (Social stakeholder - L)

“Our director started to pressure the department to implement the PRWSP when he saw that the firm had to attach the results of the SUSESO/ISTAS-21 as part of the documentation required by our clients’ biddings” (Temporary staffing firm – B)

Conversely, the PRWSP is better aligned with the objectives and motivations of leaders whose actions are guided by the standard, status, membership and welfare institutional logics. For example, institutional logics from the community order mobilise these actors not only to obtain a high-risk result in the psychosocial hazard assessment with either the SUSESO/ISTAS-21 or the CEAL-SM/SUSESO questionnaires but also to conduct initiatives to develop healthy work environments. This is illustrated through the comments of an interviewee from a mining firm:

“Despite this protocol being framed under risk prevention regulations, it differs from all the other ministerial surveillance protocols. In our case, we are not only concerned about eliminating hazards but also in developing protective factors that enhance individuals’ well-being. On the contrary, the noise protocol only focuses on reducing decibels. You could play music to cheer employees during their shifts, but it does not matter for that regulation”

Meanwhile, institutional leaders whose rationale is steered by the standard and status logics utilise this regulation as a tool to build their position as key stakeholders in the organisation. Such situations are exemplified through the comments from a representative of a public administration organisation:

“Our manager has told us that we have to be strategic with the protocol, to use it as a tool that shows the department can help the other areas with their problems rather than only using the ‘regulation’ wildcard”

6.3.1.2 Organisational barriers

Institutional leaders play a crucial role in facilitating the introduction of the PRWSP to their organisational contexts. However, they face challenges throughout this process. In the previous chapters, several aspects have already been depicted that hinder the implementation of the PRWSP in organisations. In a nutshell, they involve items from the SUSESO/ISTAS-21 questionnaire, the social and epidemiological context between 2019 and 2022, the social, self-perceived and infrastructure stigma towards mental health at work, power dynamics from Chilean labour relations, contraposition between this regulation and organisational culture and practices and lack of clarity regarding intervention activities.

In addition, three other obstacles were identified that institutional leaders must overcome to implement the PRWSP effectively. Firstly, previous evaluation cycles or similar activities implemented under a bureaucratic logic approach, manifested in initiatives conducted only to comply with external or internal requirements, lead to learned helplessness among employees (Seligman & Maier, 1967). In other words, since stakeholders' opinions do not translate into improving their working conditions, they disengage in new initiatives that require their participation, including the different stages of the CEAL-SM/SUSESO methodology (Chilean Superintendency of Social Security, 2022a). This is illustrated by a representative from a healthcare firm:

“In one of the preparative meetings I had with the unions, the first thing they told me was not to waste everyone’s time with another survey because they were tired of having to pause their work to participate in something that does not bring any benefit to them”

Secondly, the lack of literacy among stakeholders about mental health at work and psychosocial risk management is a significant barrier. As previously depicted, these concepts are associated with abstract ideas that are hard to translate into tangible situations and conditions. In this respect, several interviewees noted that this issue is exacerbated among employees, who struggle to connect the aspects covered in this regulation with their tasks. This is exemplified through the comments of a participant from a hospitality organisation:

“Psychosocial risks in itself are discriminatory against low-skilled employees. I do not see the people from Spain or Denmark behind the questionnaire explaining it to someone who works in an elementary occupation. More than 70% of our payroll are middle-aged single mothers from rural areas who barely finished high school... you can imagine how hard it has been for us to explain to them, for instance, what work-life balance is and what is not”

Lastly, it is noteworthy to mention that participants from the public sector indicated that their structure hinders the implementation of this regulation. On the one hand, this issue is related to the bureaucratic logic that governs the decision-making and procedures of these institutions. On the other hand, the politics logic implies that high executives are designated based on their link with the governing coalition and, therefore, are prone to being constantly moved across different public services. This is summarised by the comments from a healthcare organisation:

“Here, I cannot move a finger without asking my manager. For her it is even worse; everything she wants to do must be approved by a resolution signed by the hospital’s director, which takes around two months to be released. Furthermore, with the new government, the director has been changed three times this year. So it is almost impossible to do things here”

6.3.2 Building stakeholders’ adherence

This section focuses on the initiatives that institutional leaders adopt to address the aforementioned challenges. First, it presents the stakeholders with whom these actors engage to implement the PRWSP. Then, it examines the different sensemaking strategies that institutional leaders utilise to gain support. The CEAL–SM/SUSESO methodology, as depicted in Chapter 1, frames such activities within the informative campaign established in its second stage (Chilean Superintendency of Social Security, 2022a). However, this study identified that institutional leaders are constantly engaged in sensemaking activities while implementing this regulation.

6.3.1.2 Main stakeholders

Institutional leaders address the aforementioned challenges by conducting several initiatives that aim to gain the adherence of other organisational stakeholders. In this respect, interviewees emphasised the importance of building partnerships with other members of their OSH department and collaborating with Human Resources (HR) areas. The first element provides institutional leaders with a multidisciplinary and integral approach to protect and promote employees' safety, health and well-being. It also helps institutional leaders expand their capacities and understand the relational dynamics across the different areas of their workplace. These aspects are illustrated by an interviewee from a healthcare organisation:

"I am the only psychologist in the department, while the rest of the team are safety specialists, ergonomics or nurses. At first, everyone only focused on their tasks and indicators, but we started to work more closely when I asked them for help surveying the 3000 employees we have in this hospital. Since then, we have started to see ways our tasks could complement each other's tasks. For example, if someone has to do a training of the protocol they are in charge of, we make a small event so everyone from the department can briefly show to the hospital the work we are doing"

The OSH and HR departments have traditionally had differentiated roles and tasks. The former involves the protection of workers against occupational accidents and diseases (ILO, 2024b), while the latter is related to staffing, developing, and outplacing human capital (Kaufman, 2012). Nonetheless, it was identified that the PRWSP and psychosocial risk management cause an overlap of functions between these two departments. As depicted in the previous chapters, there are some instances in which prevailing HR practices hinder the implementation of this regulation. Hence, a relevant activity of OSH institutional leaders has been building collaboration with HR departments, as indicated by a representative from a hospitality firm:

"Because this protocol has the word 'risks', everyone thinks it belongs to us in the OSH department. However, I had to arrange a meeting with the people from HR before implementing the protocol for the first time to see how it was related to everything they were already doing and avoid stepping on each other heels"

Institutional leaders also aimed to involve high-level executives in implementing the PRWSP. According to the interviewees, the reasons for including these stakeholders are to secure the resources required to implement this regulation and to have hierarchical support to conduct mandatory activities. The following comments highlight these aspects:

“You see how relevant the protocol is in this organisation when you have an activity planned for months in advance, but at the last moment, a director cancels it because he had the brilliant idea that it was better to do inventories”

(Public administration firm - B)

“It took time to convince my service director to implement this protocol, but now I have his complete support. When someone from another department has complained about the regulation with him, he immediately replies that I am the expert, so they should be talking with me instead” (Public administration firm -

A)

Moreover, it was identified that institutional leaders seek support from external and internal stakeholders to pressure decision-makers into implementing this regulation. In some cases, these actors request support from the mutualidad with which their organisation is affiliated. In other instances, unions have played a significant role in promoting the implementation of this regulation by reminding employers of its importance to them. Both situations are exemplified as follows:

“I grew tired of waiting for my director to sign the memorandum approving the committee members, so I asked my mutualidad to send me an email indicating all the sanctions that we are subject to if we do not comply and forward it to him so he can be aware of the consequences we are subject at the

moment” (Healthcare firm - C)

“At first, it was hard to involve unions in this protocol. Their main concerns have always been linked with salaries. However, we are seeing that organisational actors are including them more often because they can be an important ally by demanding that the PRWSP is implemented in their firms”

(Social stakeholder - J)

6.3.2.1 Cognitive sensemaking strategies

Findings from the interviewees evidenced that institutional leaders develop different types of strategies as part of the institutional work they conduct to secure the adherence of different stakeholders. Cognitive sensemaking strategies utilised by leaders refer to developing ideas, arguments and explanations that are plausible in their organisational context (Pesonen, 2022).

Furthermore, it was identified that these strategies are embedded in institutional logics from the state, profession, corporation and market orders (Thornton et al., 2012). Those formulated from a state order perspective refer to mobilising organisational stakeholders based on remarking firms' obligation to comply with the PRWSP. In addition, institutional leaders also promote employees' duties and rights in terms of OSH regulations due to the lack of information that organisational actors usually have regarding this topic. Nonetheless, the effectiveness of this strategy varied according to organisational characteristics, including its culture, size and type of organisation. Such aspects are summarised through the following statements:

“Luckily, laws in my organisation are of extreme importance. So, when I went to my directors in 2015 to tell them that we had to implement the protocol, I knew I had to show them its publication in the official national newspaper and the presidential instructive” (Public administration firm - A)

“We spent years telling the board of executives that this regulation was mandatory, but since our employees are so spread out across the country, none of the implementation criteria that were introduced in the regulation suited us” (Temporary staffing firm - B)

From a profession order perspective, differences between companies were identified according to their tradition of implementing OSH policies. In this respect, participants who have worked in several organisations indicated that it was easier for them to set goals regarding improving results from the psychosocial hazard assessment in those organisations that have introduced management systems to address other topics, including quality and OSH. Similarly, institutional leaders develop strategies through this approach that relate to reducing psychosocial risk management informational gaps. Examples include developing informative leaflets that are later distributed among members or associating this regulation with already internalised practices, as illustrated through the statements from the following participants:

“I used to work in a small firm. There, the implementation of the protocol was only cosmetic; they obtained low risk, so they forgot about it for four years. On the contrary, in this firm, there are more than 10000 employees nationwide, but you can see the standards that the firm already has in place allow us to replicate what the CEO says on all of our sites. Furthermore, here I feel listened to when I have indicated that it is not enough to obtain a low-risk result in all of the facilities because our priority should be to reach above 50% in low risk in all 12 dimensions of the new questionnaire” (Construction firm - B)

“The first time I implemented this protocol, I realised that it covered topics similar to our organisational climate instrument and the main causes we identified regarding our absenteeism indicators. So, I distributed a presentation that showed how these three aspects were connected” (Art/leisure/sports firm)

Whereas initiatives framed under corporation and market orders involve arguments related to enhancing organisational performance. In these cases, strategies range from pinpointing the monetary costs associated with non-compliance to highlighting the positive and negative effects of psychosocial risk management on enterprises. The latter involves aspects related to productivity, reputation and added value indicators. This approach is illustrated through the following comments:

“When it became impossible for me to make the director understand why mental health is important, I had to speak in a language easier for him to understand. In brief, he decided to comply after I told him how much the company was going to lose due to sanctions, absenteeism and court rulings related to bad labour relations” (Transportation firm)

“Some of the arguments that we give to firms is that this protocol can help them to be more competitive, so we motivate them to develop internal policies related to the PRWSP that are aligned with their business vision and core values. We also link the regulation with reputational aspects; we show different news from the local media and ask which case they would like to be. If they want to be like the factory that appeared in the news because the director was harassing their employees or being one that receives awards due to their good labour relation practices” (Social stakeholder – T)

6.3.2.3 Socio-emotional sensemaking strategies

Other initiatives that institutional leaders conduct while implementing the PRWSP include building positive interactions with stakeholders. In this case, their underlying rationale is related to promoting social connections and welfare among firms' members and, therefore, can be framed under the community order (Greenwood et al., 2011). All representatives from Chilean organisations indicated that these initiatives were pivotal before conducting psychosocial hazard assessments and later designing and implementing psychosocial risk management interventions. This is illustrated by a representative from an art/leisure/sports firm:

"I know it sounds cliché, but it all depends on how much heart the person in charge of this protocol puts into it. Everyone has seen that I am giving my 100% to improve their working conditions, so they are always offering me their support"

As can be inferred, one of the activities of institutional work that leaders conduct to build adherence to the PRWSP is related to becoming a recognisable and relatable actor among organisational members by interacting with them and gaining their trust. Some of the actions that interviewees mentioned involve conducting face-to-face informative activities, interacting constantly with employees, adjusting meetings to accommodate their work schedules, and addressing their main concerns. The following comments summarise such initiatives:

"We have cared that people can believe in the process so they can participate. Since the hospital is huge, employees' main concern is that they do not have a voice. So, we have tried to conduct the methodology through a human-centred approach. We diffuse the regulation by going to workstations and take the time to have a conversation with each person to see if they understand it, whether it makes sense to them and to solve any question they might have" (Healthcare firm - A)

"I do not like gossiping in my private life, but I realised that here is what opens doors to implement the protocol. I walk around workstations at least once a week to talk with people about their worries and check how they are doing... we always end up gossiping" (Healthcare firm - B)

"Our plan involves starting meetings to diffuse the protocol when employees' buses arrive at sites at 6:45 am. Despite the fact we could do the

informative campaign online, we prefer conducting them in-person so people can see that we care for them” (Construction firm)

A relevant activity that institutional leaders conduct is addressing fears and resistance that different stakeholders can have regarding the PRWSP. On the one hand, as depicted in this and the previous chapter, employers can perceive the PRWSP as an attack on their leadership and management capabilities. On the other hand, employees are reluctant to engage in the various aspects of this regulation due to the possibility of retaliation for expressing their opinions. The strategies that institutional leaders use to address this issue are summarised in the statements of a representative from a temporary staffing firm:

“Most of our informative campaign was about reducing people’s fears. We sat with employees to explain that their answers were confidential. Likewise, we asked our mutualidad to explain to our directors that our premiums were not going to be increased if we obtained a high-risk result in the survey”

Similarly, a relevant aspect presented by interviewees was the management of stakeholders’ expectations regarding interventions that could be adopted upon implementing the PRWSP. Participants noted the importance of elaborating a message that conveys the progressive and stepwise rationale for enhancing psychosocial work environments. In addition, in cases when institutional leaders create expectations among employees, and these are not fulfilled, the regulation loses its credibility, as pinpointed by the following comments:

“While conducting the informative campaign, a lady asked me if it was possible to change her shifts by completing the survey. I had to tell her that it all depended on the results the workplace obtained in the survey and the focus group. Only after that, it would be possible to design the interventions”
(Transportation firm)

“People have become so involved in the process that now they are pressuring me for the results and the focus groups. I always have to be with my Gantt chart to show the scheduling of the next stages” (Healthcare firm - A)

Lastly, it was identified that activities related to implementing the PRWSP imply that employees share personal and labour situations with institutional leaders, which can impose a psychological and emotional strain on them. As

such, interviewees mentioned the importance of developing socio-emotional skills, including active listening, empathy, and emotional awareness (Collie, 2019). This is highlighted through the statement of an interviewee from a manufacturing company:

“The other day, I was conducting a training about the new protocol, and a participant started to desperately cry when I was talking about the violence dimension of the CEAL–SM/SUSESO... he made like a click after reading the definition of that variable... I had to stop the activity and ask the rest of the attendees to leave the room so I could focus on providing emotional support to that person, along with referring him to our mutualidad and the labour inspection”

6.3.3 Implementing and sustaining psychosocial risk management

This section presents the process through which firms and institutional leaders integrate psychosocial risk management with organisational practices. Specifically, it illustrates how the seven stages of the CEAL-SM/SUSESO methodology are being implemented in Chilean firms. Additionally, it presents the initiatives that have been conducted to sustain psychosocial risk management activities over time.

6.3.3.1 Support structure

As outlined in Chapter 1, the PRWSP requires workplaces to establish a committee to lead its implementation. In addition to the issues identified in Chapter 4 regarding this committee, it was noted that their role varied according to the prevailing institutional orders and logics of institutional leaders.

Committees were symbolically introduced in cases where actors' predominant logics were either from the state or corporation institutional orders. In the former, committees are adopted, and organisational members engage in them, primarily to comply with this regulation. Participants also indicated that stakeholders' involvement in this initiative was based on how it aligned with their political motivations. Both aspects are depicted through the following comments:

“On paper, we comply with the committee, and we have the minutes of each meeting. However, in practice, the only one that is doing the job in each

workplace is the secretariat, who usually is the safety specialist or the psychologist” (Manufacturing firm - A)

“You would think that unions would be interested in participating in the committee, but it was so problematic to include them and for them to attend the meetings. They felt that the committee implicated they had to align with the employer rather than with their members” (Art/leisure/sports firm)

In the latter, institutional leaders face the issue of coupling bipartite committees and the overall implementation with their organisation’s functioning and structure. For example, in enterprises and organisations where decision-making is concentrated at the central level, committees are given an operational role that primarily revolves around activities related to the informative campaign and the psychosocial hazard assessment. Similarly, organisations with a reduced time frame of operations find it difficult to maintain the continuity of committee members. These situations are depicted in the following statement of an interviewee from a temporary staff firm:

“We open and close branches almost every month and most of our employees rotate between these sites on a weekly basis... at the local level we only have a small office with two or three employees that do administrative tasks, so there is not that much they can do to help us with this protocol”
(Temporary staff firm - A)

Moreover, institutional leaders face the complexity of complying word-for-word with the committee’s structure or adjusting it to the requirements and needs of their organisational context. Such an issue is illustrated through the comments of an interviewee from a public administration firm:

“In addition to having a committee for each site in each region, I wanted to create a north, centre and south committee that would be sort of a link between the local site and me. This initiative also aimed to empower branches in their decision-making. However, the consultant from my mutualidad told me that this was not indicated in the regulation, and therefore, I should stick only to having committees on every site. In the end, I chose to go through my idea because it was what made sense to me for the PRWSP to be able to work in this organisation”

Whilst institutional leaders whose rationale was steered by institutional logics from the profession order understand the role of the committee through a progressive mindset. In other words, interviewees highlighted that the effectiveness and involvement of committees relied on their members having the necessary knowledge, skills, and competencies to fulfil their roles. Furthermore, these beliefs could be complemented by logics from the community order because of the underlying rationale of committees having the potential to raise awareness about mental health in their workplaces. A participant from a public administration organisation summarised this:

“Committee members are not supposed to be experts in psychosocial risk management or mental health, especially in those sites with low educational background. Therefore, we are aiming for the long term and our role during these years has been to train and educate them. It is impossible to cover all places at once for us at the central level, so we want that the committees can become our mental health ambassadors in each one of our sites”

6.3.3.2 Enhancing psychosocial work environments

This subsection revises the institutional work that firms conduct to enhance their psychosocial work environments. The CEAL-SM/SUSESO methodology establishes in stages three to six the process of assessing psychosocial hazards and developing, implementing, and monitoring psychosocial risk management interventions (Chilean Superintendency of Social Security, 2022a).

As indicated in Chapter 4, organisations from the Chilean context tend to overemphasise conducting psychosocial hazard assessments to the detriment of developing psychosocial risk management intervention plans. The identified reasons are the lack of understanding among local organisations about the aim of the PRWSP and the resources required to implement intervention plans. Moreover, the percentage of participation in psychosocial hazard assessments is considered by interviewees to be one, if not the most important, milestone in this regulation. The latter is because it is one of the few tangible indicators that actors can relate to, thus providing a clear connection to short-term success. These aspects are depicted through the following comments:

“What is missing in Chile is a link between psychosocial risks and mental health. In most of the places I have worked, nobody understands what the purpose of this regulation is” (Healthcare firm - D)

“We are extremely rigorous from stages one to four of the PRWSP. However, we do what we can for stages five and onwards because we lack the resources and the people to do them” (Retail firm)

“Before I started working here, the answer rate was barely 60%, and it was common to repeat the assessment because we did not achieve the minimum indicated in the regulation. So, one of my first goals was to reach at least 80% participation” (Healthcare firm – A)

After workplaces obtain their results from either the SUSESO/ISTAS-21 or CEAL-SM/SUSESO questionnaire, organisations are obliged to conduct focus groups to contextualise such results and design an intervention plan to manage their psychosocial risks. Opinions towards this activity varied across interviewees based on its utility and implications for organisational functioning. On one end, focus groups were symbolically implemented to comply with the regulation. In this respect, interviewees indicated that the main drawbacks of this activity consisted of the degree of skills and the resources required to conduct them, along with the overall criteria to implement the PRWSP:

“I am quite sceptical about the focus groups. If they make me to do one, I cannot do it because I lack the required skills. Also, the regulation says we must always conduct them, even if we obtain a low-risk result. It is a waste of time, and I think they are overrated” (Hospitality firm)

“The assessment in this hospital is segmented under 100 units. We should conduct at least two focus groups in each unit to design proper interventions for each and ensure everyone feels they are being listened to. That gives you 200 focus groups of around one hour each. This is very hard to achieve, considering that only the safety specialist, the committee and I conduct them” (Healthcare firm – A)

“To comply with the regulation, we agglomerated sites from each region with less than ten employees into one assessment. Our main issue with this criterion is that the type of people, their salaries, and the managers involved are different in each branch. Therefore, both the assessment and the focus groups were not representatives of their work conditions” (Temporary staffing firm - B)

On the other end, focus groups are given high importance. Participants indicated that this initiative is relevant for framing the psychosocial hazard assessment results in the workplace context and developing interventions that address employees' needs and concerns. Furthermore, they are considered an organisational intervention that is required to constantly improve organisational practices, as illustrated through the comments of the participant from a mining firm:

“If we go back to the theory, focus groups are an intervention in themselves. In a hierarchical labour context like the Chilean one, they are necessary for employees to start having a voice in their work. In my experience, people have thanked me for giving them the space to rant about their work. They have even told me, “I know you are not going to solve our problems, but I felt better because you listened” I know it sounds strange, but they appreciate having this space”

Meanwhile, all participants recognised that both external and internal stakeholders lack skills in developing and implementing psychosocial risk management intervention plans. Therefore, intervention plans designed by organisations, and the process through which institutional leaders develop them, have been intuitively guided by different prevailing institutional logics.

Firstly, initiatives steered by a politics logic involve institutional leaders seeking external sources of authority to raise awareness about issues identified through the psychosocial hazard assessment. An example of this strategy was observed through the comments of an interviewee from a public administration firm:

“When the director asked me what we could do to solve this issue, I found myself against the corner. Nobody would pay attention to me if I said what we needed to do. So, I invited a group of academics to do research and conduct workshops to tell the other managers how they should behave at work”

Secondly, institutional leaders' actions guided by a standard logic aim to develop psychosocial risk management skills by searching external resources that depict interventions to enhance psychosocial work environments. This was

identified through the comments of a participant from another public administration firm:

“We use the bank of interventions developed by the Civil Service to design our intervention matrices, but the difference is that those actions are mainly for the healthcare sector. It has been a challenge to find other experiences that are relatable for us, whether they are national or international”

Thirdly, from a managerial logic perspective, interventions are subject to the overarching organisational functioning. Additionally, initiatives are designed through coordination between departments. Likewise, line managers have used the results from the psychosocial hazard assessment to support their managerial needs. The following comments highlight these aspects:

“Our main issues are related to the misinterpretation of roles from our clients and, therefore, are situations beyond our control. For example, a staff member recently had a conflict with a store manager because she was asked to do something that was not her responsibility, so this manager started to scream at her when she refused to do it. There are not many preventive actions we can do in cases like this, so we end up rotating the employee to another site”

(Temporary staffing firm - B)

“After the assessment, we spoke with the HR and operations teams to show them we had some ideas to improve our staff's mental well-being. However, in this meeting, we realised that HR had already taken most of these actions.

What we did then was to categorise all of them with the dimensions of the survey to see what we already had and to prioritise those variables that did not have anything in place” (Hospitality firm)

“Some line managers have told us after they see the results of their branches: “Oh, this assessment gives me support to ask for an increase in staff” So now sites with ‘high-risk’ results in the demands variable are prioritised when resources become available to start a hiring process” (Retail firm)

Fourthly, interventions formulated through an efficiency logic are based on using available resources to address the results obtained in the psychosocial hazard assessment. The latter involves identifying both internal and external support mechanisms and establishing a progressive rationale to enhance

psychosocial work environments. These aspects are illustrated according to the statements from a participant from an art/leisure/sports firm:

“In my previous job at a local university, our mutualidad prescribed us to regularly conduct instances to promote social cohesion in one of our units to improve their results in the leadership and social support variable. However, we did not have a structural budget to run these activities. Therefore, I had to be creative in finding alternative sources of funding. So, I used the mandatory funds allocated for training to develop interpersonal skills in that unit and a few internal funds to hire a coach who helped managers with their leadership skills. Meanwhile, there were other hygienic situations related to infrastructure and overcrowding that required more resources, which the firm started to provide after they saw the results of the previous interventions”

Lastly, as highlighted in the previous chapter, most psychosocial risk management interventions in the Chilean context have focused on developing individual skills to cope with stressful work conditions and situations. These activities can be framed under institutional logics from the community order because they aim to enhance employees' interaction with their working context.

On the one hand, the initiatives that institutional leaders implement can be framed under a membership logic mindset because they aim to promote social cohesion among different organisational stakeholders. These activities involve training in interpersonal and leadership skills, as well as adopting formal and informal instances that promote social interaction among organisational members. The following statements provide examples of these types of actions:

“It is silly, but hospitals' hierarchy between physicians and technicians is overwhelming. In one unit, the technicians were extremely frustrated because they spent their entire shift working on a blood transfusion. However, in the following shift, physicians gave orders that were contradictory to what technicians were doing and that most of the time ended with patients developing severe symptoms or even dying. Therefore, we conducted a campaign to raise awareness about the communicational procedure of the hospital, highlighting the role of the technician in this process” (Healthcare firm

- A)

“Most of our interventions have revolved around increasing employees' sense of belonging with the firm. For example, we introduced monthly

breakfasts, in which the directors meet with people to celebrate their birthdays”

(Manufacturing firm - B)

“During the focus groups, managers recognised that they were not born as leaders but still thought they were doing a great job because they were achieving operational goals. However, with the training we have conducted, they started to realise that maybe they were not doing it that great after all because of the costs that implied for them and their employees to reach those goals” (Transportation firm)

On the other hand, interventions designed by institutional leaders under a welfare logic approach aim to protect and promote employees’ mental health and well-being. Moreover, these initiatives range from developing healthy habits among employees to conducting psychological first-aid instances after individuals experience events with high emotional demands. The comments below illustrate these activities:

“We overhauled our active pause programme according to the assessment results. Specifically, we transitioned from only inviting employees to pausing their work to do physical exercise to include activities that would benefit their mental health. For example, we began to share with them tips based on psychology that would help them to improve their quality of life” (Construction firm)

“We provide a national emotional support service that affiliated companies can activate whenever they feel it is necessary. In this organisation (indicating the retail firm that participated in this study), 50% of the time this programme has been used because salespeople experienced a work-related violence situation” (Social stakeholder - U)

6.3.3.3 Sustaining psychosocial risk management

The implementation of the PRWSP is an iterative process that requires institutional leaders to sustain it through time. Specifically, it implies that these actors need to conduct actions to institutionalise the seven stages of the CEAL-SM/SUSESO methodology to facilitate subsequent implementations according to the revaluation period established in this regulation (Boxenbaum & Strandgaard-Pedersen, 2009; Chilean Ministry of Health, 2022; Chilean Superintendency of Social Security, 2022a; Hallet & Ventresca, 2006).

One of the main actions conducted to guarantee the sustainability of psychosocial risk management is shifting from the bureaucracy logic that embeds the PRWSP to those that steer institutional leaders' actions. The latter was observed in organisations creating or adapting organisational structures beyond the committee mandated by this regulation. The previous section illustrated an initiative from a participant who conducted this action at the beginning of complying with this regulation; nonetheless, it was identified that firms adopt and adjust similar initiatives while implementing the CEAL-SM/SUSESO methodology based on their needs, concerns and available resources. For instance, managerial and efficiency logics lead organisations to externalise activities related to the informative campaign, psychosocial hazard assessments and conducting focus groups, as highlighted by a participant from a transportation company:

"I was hired by a private clinic in one of my previous jobs to help them with stages one to four of the protocol. The fact that they externalised the process indicated they wanted to comply as fast as possible. I corroborated this idea when I was interacting with their employees. Most of them were telling me that their leaders did not care for them and the main concern of the firm was to pause operations as little as possible"

Meanwhile, organisational structures are modified to facilitate systematising psychosocial risk management, where a standard logic guides institutional leaders' rationale. The aims of adopting this initiative through this approach are to enhance monitoring compliance capabilities and provide specialised support to design intervention plans. The following comments further illustrate this:

"At first, only I and the committees were involved in the PRWSP. However, after the first evaluation cycle, we realised that covering everything with only the committees was impossible. So, we hire a couple of ergonomists and psychologists to lead this regulation and everything related to occupational health" (Public administration firm - A)

"When I was hired in 2019, I found certain situations that were not optimal. I do not want to blame those in charge of the protocol before me, but they did nothing. For example, the assessment had a two-year delay; the committee was not meeting as they should have, so my immediate goal was to put everything in order" (Healthcare firm - C)

“My role now revolves around monitoring and collating the different interventions the committees from each site are designing. This will allow us to reach the organisational learning stage indicated in the protocol. For example, I have seen that many workplaces are improving their employees’ induction programmes, so I have decided to standardise this process at the central level to reduce the need of inventing the wheel every time a workplace needs to develop their intervention plans” (Public administration firm - B)

Additionally, it was identified that developing psychosocial risk management interventions that address stakeholders' concerns, needs, and work conditions is a fundamental action that institutional leaders must conduct to integrate the PRWSP with their organisational functioning. The main challenges that companies face in this regard are developing the capabilities to design and support intervention plans and securing the commitment of high-level executives and the required resources for their implementation. The following statements exemplify the aforementioned situations:

“The protocol does not mention the need to install a preventive organisational culture about mental health required to enhance working conditions. I would say that is one of the main reasons why so many companies are so enthusiastic until conducting the assessment, but then their efforts are diluted after they see their results. They do not know what to do with such indicators” (Healthcare firm – D)

“This company has a wonderful committee, people who really care, but their representatives from the employer are only line managers. So, although the committee has a lot of ambition to do things, it is almost impossible to make real changes because the executives from this company do not care”

(Manufacturing firm – A)

“The Ministry of Health has developed a plethora of programmes that are connected with the PRWSP. For example, we have initiatives to prevent external violence and absenteeism and to promote employees’ quality of life. The problem is who implements all of these activities. I am lucky because at the regional level you have a specific professional in charge of each of these topics. However, in the hospitals from our region you have one person that has to do all of them” (Healthcare firm – B)

Likewise, institutional leaders are required to address internal and external contingencies that affect the continuity of implementing the PRWSP in their firms. The former involves situations such as an increase in occupational mental illnesses after complying with the regulation, incompatibility between organisational functioning and the rationale of the CEAL-SM/SUSESO methodology, and power dynamics inside companies. The following comment illustrates these aspects:

“One of the main challenges I faced was that complaints about harassment and sites introduced to the surveillance programme started to rise soon after we implemented the protocol. So, my director asked me, “Why is this happening? Supposedly, everything we were doing was to avoid this situation”. Obviously, my credibility was damaged for a while” (Public administration firm - A)

“One of the main issues is that the transversality of the protocol is not friendly with certain sectors. For example, our schools lose two months per year to implement the PRWSP because of the mandatory summer recess”
(Public administration firm - B)

“There are some employees that are almost untouchable; they can harass other people as they want, and they do not face any consequences because the unions protect them” (Healthcare firm - B)

Meanwhile, the latter relates to the activities that organisations and leaders conducted to cope with the social and epidemiological context between 2019 and 2022, which was illustrated in Chapter 4. In this respect, comments from participants indicate that firms' priority during this period was to provide emotional support to their employees, rather than complying with the PRWSP. This is summarised through the statements from a participant from a hospitality firm:

“We were one of the few companies that did not stop implementing the protocol between 2019 and 2022. However, since the unrest and after two years of COVID being a relevant concern, you can see that people are more irritable and open to expressing their emotions. I think that is one of the main reasons mental health has become an important indicator to us and why the company introduced call centres to which employees could receive psychological support”

Therefore, it was identified that several institutional logics guide institutional leaders in overcoming the aforementioned challenges and integrating psychosocial risk management with already institutionalised practices. For instance, in activities based on institutional logics from the corporation order, leaders aligned their interventions with the OSH management system already institutionalised in their organisations. Similarly, interventions framed under the market order linked results from the psychosocial hazard assessment with their company's Key Performance Indicators (KPI). Both aspects are summarised by the comments made by a participant from an art/leisure/sports firm:

"Sometimes it can be difficult to understand why this protocol is being implemented if a management system is already in place to enhance our work environment. Therefore, my role has been to highlight that they are linked and evidence that most of our main causes of absenteeism and turnover are related to employees' mental ill-health. This has allowed me to reassign some of the resources allocated for OSH to implement interventions related to the PRWSP"

From the community order approach, institutional leaders aimed to sustain psychosocial risk management by designing interventions through a participatory approach, thus addressing stakeholders' needs and concerns. In addition, these actors conduct actions that highlight that organisational improvements have been achieved through the implementation of the PRWSP and the committees' efforts. The following comments illustrate these activities:

"All of the initiatives in our intervention plans have been designed through participation. This has allowed us to address specific issues that affect our employees, such as adjusting our recognition mechanisms and introducing flexible work schedules. Maybe our interventions are not that big of a deal, but our employees feel their concerns are being addressed" (Public administration firm - A)

"We are now focusing on the marketing process of evidencing that this protocol is important by showcasing all the improvements that have been made thanks to the work of the committees. People have no reason to know what has been done; they have thousands of other things to do. So, it is our job to remind them what the committees have accomplished for them constantly" (Public administration firm - B)

6.3.4 Evaluation

Based on the conceptualisations from institutional work presented in Chapter 2, a final aspect to be considered relates to the evaluation that institutional leaders make regarding the implications of adopting and implementing the PRWSP in their organisations (Czarniawska, 2008; Voronov et al., 2013). Such assessment refers to the effects of the institutional work conducted to comply with this regulation, both at the organisational level and on these actors' capability to accomplish their needs and motivations.

6.3.4.1 Organisational and individual outcomes

The evaluation that institutional leaders conduct regarding the activities implemented in their organisations to comply with the PRWSP is examined in light of the different institutional orders and logics presented throughout this chapter (Thornton et al., 2012).

The first aspect that these actors consider when assessing the effectiveness of this institutional work is related to the bureaucracy logic. In other words, all participants agreed that the threshold to be achieved by organisations is related to complying with the Chilean hard law PRMP. The latter consists of the effectiveness of initiatives to support employers in avoiding sanctions by implementing the seven stages of the CEAL-SM/SUSESO methodology in the mandated timeframe, along with providing the required documentary evidence for each stage from this methodology. The following comments illustrate the aforementioned:

"In the mining sector, there are a plethora of KPIs that must be met, which always have to do with business operations. Whereas everything related to OSH is seen from the perspective of "we have to comply according to the law". Hence, at first, it does not matter the quality of the interventions as long as firms are complying" (Mining firm)

"It has never been possible to complete at least one evaluation cycle of the protocol in this hospital. Therefore, I would like to be the one that can get it done" (Healthcare firm - C)

“My directors were so happy because many workplaces obtained low risk in the assessment. Their attitude was, “Oh, we obtained low risk, so now we can forget about this for four years” (Transportation firm)

From a standard logic perspective, interviewees highlighted that implementing the PRWSP has expanded the repertoire of actions available to OSH departments, enabling them to contribute more effectively to business operations. As depicted in this and the previous chapters, these units have been able to strengthen the value they add to their organisations by providing solutions to issues that they have traditionally not been involved in. This is highlighted by the comments made by the participant from a hospitality firm:

“We identified some situations where line managers did not have the tools to address them. For example, we recently solved a dispute between a supervisor who made a wrong decision and their team before it escalated to the Labour Inspection by sharing some tips with that manager about how to address interpersonal conflicts”

The latter can also be associated with the managerial logic, as the institutional work conducted to comply with this regulation can either foster or diminish the capability of institutional leaders to influence organisational decision-making. This was observed through the interviewees, both in terms of institutional leaders securing high-level executives' involvement and in the perceptions that other stakeholders have regarding OSH departments, as summarised in the statements from a participant of a public administration firm:

“We have been able to shift the perception that stakeholders have about the department thanks to the protocol. It has allowed moving from being the ‘seguritos’⁵ to becoming a strategic partner. However, this is because the OSH manager is someone who is engaged with the topic”

Similarly, the institutional work involved in implementing the PRWSP is evaluated under the status logic in terms of its implications for the positions of institutional leaders within their organisations. In some cases, it was identified

⁵ The ‘segurito’ concept is a Chilean pejorative term based on a local mutualidad’s mascot. Usually, Chileans use this concept to refer to safety specialists as workplace inspectors whose role is to interfere with business operations.

that participants had a positive evaluation because the initiatives they implemented facilitated them to obtain promotions or interact with high-level executives. Meanwhile, other participants linked the lack of possibilities to conduct changes relevant to them or their directors through implementing this regulation as a reason to either resign or be made redundant. The following comments showcase these situations:

“After eight years in the company and through the hard work we have made regarding the protocol, I was recently promoted to be the head of the organisational development department. My director told me that the reason for that decision was because of my perseverance to install the protocol as a strategic element of the firm” (Public administration firm – A)

“I decided to resign from my job because it was impossible for me to make any contributions to the firm; directors only had me so they could comply with the regulation. It is incredible that their need for control was so huge that they even tried to control the results of the assessment” (Manufacturing firm – A)

Meanwhile, through an efficiency logic, institutional leaders assess psychosocial risk management initiatives in terms of securing their organisation's position in the market. As such, improvements in indicators from psychosocial hazard assessments are given relevance because this would subsequently improve organisational productivity. Aspects of the welfare logic can complement this evaluation, as initiatives are assessed based on their ability to reduce occupational accidents and diseases related to mental ill-health. These elements are pinpointed through the statements made by an interviewee from an art/leisure/sports firm:

“In my previous job, we used to correlate the scores from the psychosocial assessment with our absenteeism and turnover outcomes, and the relationship was crystal clear. Therefore, I prioritised the units that had a high risk so their outcomes could improve. In the end, those places obtained a low-risk result in the revaluation, but it required a lot and constant work”

Nonetheless, it is important to note that evaluations framed under the welfare logic are also linked to the assessment that institutional leaders conduct regarding the implications of implementing this regulation on their well-being. In

this respect, interviewees indicated the consequences this initiative has implied to them and the committee, as illustrated through the following comments:

“Being in charge of the protocol has been a huge stress for me. I have even collapsed at certain points because the legal responsibility is too much. It is frustrating to always be pushing so the hospital is not sanctioned, but the directors still do not care. I know that if the hospital is audited, I will be the one to be blamed” (Healthcare firm - C)

“After all this time, the committee members and I are exhausted. Although it has been wonderful to implement this protocol, it has had a toll on our well-being due to the level of exposition we constantly face. The update in the regulation has also made us reflect on how we can sustain this process without us burning out” (Public administration firm - A)

Lastly, the aspects considered when evaluating the institutional work related to implementing the PRWSP from a membership logic perspective refer to its implications for labour relations. On one end, psychosocial risk management initiatives are considered adequate when they promote social cohesion among stakeholders. Conversely, they are evaluated as ineffective when organisations focus on legal actions to resolve disputes between employers and employees. Both aspects are illustrated through the following comments:

“The protocol gives employees the opportunity to discuss their main issues and even facilitated actions that they can adopt to improve their daily tasks by enhancing the coordination between areas” (Social stakeholder – U)

“I think it is a time bomb that our directors are investing more in lawyers than psychologists. The message that they are sending with this is that they care more about reaching agreements for the employee to leave the firm when there is a conflict rather than doing anything to prevent occupational diseases”
(Healthcare firm – C)

6.4 Discussion

This chapter has systematised and reviewed the institutional work (Zilber, 2013) and underlying rationales in the form of institutional logics (Thornton et al., 2012) through which firms institutionalise the Chilean hard law PRMP as an organisational practice. Furthermore, the analysis of the semi-structured

interviews conducted with representatives from the local OSH context provided a nuanced understanding of the challenges and opportunities stakeholders face while implementing the PRWSP. In this respect, four main aspects were identified in this study regarding the process that goes from organisations introducing this psychosocial risk management initiative to transforming and integrating it with other business practices.

Although the Chilean hard law PRMP regulation obliges all organisations to conduct activities related to psychosocial risk management, this does not necessarily mean that it will be adopted or that the initiatives organisations implement will adequately protect and promote employees' mental health. On the contrary, elements from the organisational context significantly affect whether and how organisations adopt the PRWSP. Moreover, their willingness to implement this regulation, as observed in this study, was related to the interpretation that institutional leaders make based on their beliefs and values, along with whether it addressed their needs and concerns (Zilber, 2013). In addition, the degree of alignment between the Chilean hard law PRMP and organisational structure, culture, and how stakeholders understand mental health at work can be either an important facilitator or a barrier.

Institutional leaders develop partnerships with external and internal stakeholders to support the implementation of the PRWSP. Primarily, these involve other members of their department, units with tasks related to psychosocial risk management, high-level executives, unions, and external organisations, such as the mutualidad to which their company is affiliated. Moreover, it was identified that institutional leaders utilise different strategies to secure the adherence of organisational members while implementing the CEAL-SM/SUSESO methodology. Such actions ranged from providing information and developing arguments that highlighted the relevance of psychosocial risk management and mental health at work to integrating and building trust with organisational stakeholders.

Chilean companies transition from a compliance approach to integrating psychosocial risk management initiatives into their operations by conducting the CEAL-SM/SUSESO methodology on multiple occasions. For instance, the leading actor in initial implementations is the committee mandated in the PRWPS; however, organisations begin to develop dedicated structures afterwards. Among the key needs for adopting this initiative is that organisations can centralise and standardise their intervention plans, enhance monitoring capabilities, and sustain psychosocial risk management practices over time.

Nonetheless, it is noteworthy that external and internal contingencies, such as COVID-19 or a lack of resources, hinder the continuity of initiatives aimed at enhancing psychosocial work environments.

Finally, institutional leaders assess the effectiveness of the actions conducted in the context of the PRWSP according to their implications for their organisation and whether they facilitated the achievement of their needs and concerns. The main aspects of organisational performance include avoiding sanctions, being recognised by other stakeholders, and contributing to outcomes by improving psychosocial hazards and occupational mental ill-health indicators, as well as relations between employers and employees. While the elements considered regarding whether this regulation contributes to institutional leaders are related to their involvement in their company's decision-making and the effect of these initiatives on their well-being.

6.4.1 An integral approach to institutionalising psychosocial risk management

Scholarly research on policy implementation has traditionally adopted a top-down approach, focusing on the key aspects required for policy instruments to be effectively implemented. As depicted in Chapter 2 and reviewed in Chapter 4, such elements refer to the characteristics of the policy, the support infrastructure, and monitoring and evaluation capabilities (Clarke et al., 2015; Darcis & Thunus, 2020). Similarly, this literature has indicated underlying reasons for the 'implementation gap' from a policymaker's perspective (Cairney, 2021; OECD, 2015b).

Meanwhile, the bottom-up approach employed in this study, through the conceptualisation of institutional work (Zilber, 2013), contributes to the understanding of the elements that facilitate or hinder policy implementation. As previously highlighted, one of the main aspects involved in adopting the PRWSP was the alignment between this regulation and the values and motivations of institutional leaders. Another aspect this study contributes is the need for policy instruments to balance the flexibility and structure they set for implementers. On the one hand, the PRWSP was perceived as rigid among interviewees because it does not allow them to articulate its implementation according to the context of their organisations. On the other hand, this regulation lacks guidelines and allocation of resources to frame and support the enhancement of psychosocial work environments.

Similarly, this study integrates the main aspects underlined regarding the micro-process through which institutions change. Hence, the analysis involved aspects related to translation (Casell & Lee, 2016; Czarniawska & Joerges, 1996), sensemaking (Boxenbaum & Strandgaard-Pedersen, 2009), loose coupling (Olsen, 2007) and evaluation (Lawrence et al., 2010), which was illustrated through how organisations introduce the PRWSP in their organisational context and how it becomes an institutionalised practice. In this respect, conceptualisations from institutional leadership (Kraatz & Block, 2008), manifested in the actions these actors conduct for their organisations to comply with this regulation, were pivotal in connecting the aforementioned aspects. Nonetheless, this approach implied that the emphasis was on these actors leading the implementation of this regulation. For example, sensemaking research traditionally focuses on the process through which humans create meaning about the world (Turner et al., 2023). In contrast, this study reviewed the strategies that institutional leaders use to gain stakeholders' adherence throughout this process.

Zilber (2013) states that institutional logics and institutional work conceptualisations could be integrated by establishing one as the figure and the other as the background, depending on the properties of the research. As such, this study considered institutional logics from the state, profession, corporate, market and community orders as the elements that guide the institutional work that actors conduct to institutionalise the PRWSP. Other studies that have adopted this approach focus on how the institutional complexity that arises from conflicting logics determines if institutions are transformed or remain unaltered (Coule & Patmore, 2013; Dahlmann & Grosvold, 2017; Høiland & Klemsdal, 2022). Whereas this study highlighted how the different logics examined lead to the myriad of actions that organisations adopt while complying with this regulation.

In terms of policy evaluation, this study's findings are consistent with previous developments by considering the implications of implementing the PRWSP beyond evaluating its effects on psychosocial hazards and occupational mental illness indicators (Sanderson, 2002). Furthermore, one of the four aspects of policy evaluation was identified in this study (Luetjens et al., 2019). Specifically, the findings relate to the process aspect, where a relevant challenge that organisations face is the lack of literacy among stakeholders regarding mental health at work. Additionally, several organisations face the challenge of aligning their operations and structure with the timeframes and procedures outlined in this

regulation. Likewise, contributions from institutional theory facilitated the examination of aspects that institutional leaders assess regarding the effectiveness of implementing the PRWSP (Czarniawska, 2008; Voronov et al., 2013).

6.4.2 Emerging aspects in psychosocial risk management

This study aligns with the progressive rationale embedded in the psychosocial risk management principles and frameworks outlined in Chapter 2. Specifically, since the CEAL-SM/SUSESO methodology is the Chilean adaptation of the ISTAS-21 methodology, the aspects reviewed can be framed under the latter approach (Chilean Superintendency of Social Security, 2022a; Moncada et al., 2005). As such, findings provide an applied understanding of the actions that firms conduct to enhance their psychosocial work environment.

Conceptualisations from the Psychosocial Risk Management – European Framework (PRIMA-EF) (Leka & Cox, 2010; Leka et al., 2008) and Context-Mechanisms-Outcomes (CMO) (Nielsen & Abildgaard, 2013; Nielsen & Randall, 2013) models were also included in this study. The former involved examining the relevance of building stakeholders' adherence and the role of organisational context in psychosocial risk management initiatives, while the latter related to the influence of business operations in this process. Additionally, the implications of such practices in organisational performance outcomes were highlighted in this study based on these two models.

However, this study can be considered at the opposite end of the Health and Safety Executive (HSE, 2017) Management Standards Approach and similar frameworks. All of the cases analysed indicated that the design of psychosocial risk management intervention plans was conducted through a tailored approach that relied on the participation of different stakeholders in their development. Moreover, only one of the interviewees pinpointed the need for a list of standardised interventions according to the firm's context.

It is noteworthy to mention that this study examined three elements that could further enrich the understanding of psychosocial risk management practices. Firstly, the role of individuals in charge of implementing psychosocial risk management has not been considered in detail in the literature. Frameworks depict psychosocial risk management as a straightforward process in which implementers can be seen as external and neutral actors (Cox et al., 2000; Leka & Cox, 2010; Nielsen & Abildgaard, 2013). On the contrary, findings from this

research note that these individuals steer actions to enhance psychosocial work environments according to their values, needs, motivations and concerns.

Secondly, the strategies outlined in the literature for involving stakeholders in psychosocial risk management initiatives primarily focus on cognitive elements that aim to influence participants' perceptions of this issue (Nielsen & Randall, 2013). Examples of this approach were observed in this study as arguments that institutional leaders develop to mobilise stakeholders by highlighting the legal and business implications to firms of not complying with the Chilean hard law PRMP. Nonetheless, this study sheds light on the relevance of the behaviour of these actors in terms of being recognisable and reliable across firms' members to implement and sustain psychosocial risk management initiatives.

6.5 Strengths and limitations

This study went beyond traditional psychosocial risk management intervention studies. Previous endeavours have mainly focused on developing, implementing, and evaluating action plans to enhance specific psychosocial factors, thus narrowing the scope of those studies mainly to the intervention process. Conversely, the theoretical and methodological approach utilised in this study allowed a broader and nuanced understanding of the implementation of psychosocial risk management practices in organisations. On the one hand, conceptualisations from institutional logics and institutional work facilitated the examination of how these practices are introduced and how they interact with overarching organisational aspects, as well as the analysis of the elements involved in sustaining initiatives that aim to enhance psychosocial work environments over time. On the other hand, through this study's methodological approach, it was possible to compare and contrast the experience of managing psychosocial risks across different organisational settings in terms of economic activity, size, structure and culture.

Nevertheless, examining the experience of organisations in adopting and implementing a hard law PRMP only through semi-structured interviews has limitations that need to be considered. The experiences reviewed were done through the description made by each participant. Hence, it is not possible to establish the effectiveness of the aspects covered in this study in terms of adopting, implementing and sustaining policy initiatives that aim to improve psychosocial work environments. Likewise, the reliability of the data collected and analysed could be biased, as it is based solely on the information provided

by each participant. Therefore, future studies could avoid the aforementioned caveats by introducing complementary methods, such as conducting focus groups that involve other key organisational stakeholders (e.g., senior managers, committee members, unions) and documentary data for a more in-depth analysis of each company reviewed. Additionally, a key limitation of this study is that it was not possible to determine which specific actions or approaches contributed to the enhancement of psychosocial work environments. Therefore, introducing quantitative indicators related to the evolution of psychosocial hazard assessments over time and linking them with each organisation's KPI would provide important insights about the effectiveness of the initiatives adopted in this area.

6.6 Conclusion

This chapter introduced conceptualisations from institutional theory to examine how organisations translate hard law PRMPs into organisational practices. By underlining different institutional logics, it was possible to depict the different rationales that guide stakeholders' actions throughout the stages of psychosocial risk management. Four main aspects were identified by examining the experiences of different Chilean companies in implementing the PRWSP: introducing this regulation into the organisational context, building stakeholders' adherence, implementing and sustaining psychosocial risk management practices, and evaluating their implications for organisations and the actors involved. Furthermore, this study highlights how organisations adopt and implement hard law PRMPs according to their unique characteristics, rather than complying with them word-for-word. Therefore, it implies that policymakers should be aware of how policy instruments are articulated in a manner that orients implementers to achieve the desired aims and goals.

In the context of the current doctoral thesis, this study underpinned the micro-processes through which organisations implement hard law PRMPs, evidencing that internal stakeholders play a relevant role in linking external requirements with their own needs, motivations, and concerns, as well as those of their organisations. However, to address the gap between policy and practice, it is necessary to situate this study in the broader scope of developing and implementing these policy instruments. Hence, the findings from this and the previous studies will be integrally discussed in the next and final chapter, in accordance with the theoretical framework that guided this research.

CHAPTER 7: DISCUSSION AND CONCLUSIONS

7.1 Introduction

This final chapter integrates the main aspects presented throughout this doctoral research by reviewing them in the context of the existing literature and the proposed theoretical framework presented in Chapter 2. Such analysis leads to a discussion of the implications of this thesis, along with its strengths, limitations, and avenues for future research and action. The chapter finalises by presenting concluding remarks.

In a nutshell, this thesis addressed a contemporary and contextualised issue, such as the gap in Chile between the introduction of a hard law Psychosocial Risk Management Policy (PRMP) and organisational practices related to psychosocial risk management. According to the antecedents presented in Chapter 1, this situation is manifested in the low percentage of companies complying with the Psychosocial Risks at Work Surveillance Protocol (PRWSP) (Chilean Superintendency of Social Security, 2022b, 2024f) and the implementation of initiatives that emphasise providing employees with strategies to cope with work-related stress rather than enhancing psychosocial work environments (Tralma, 2022). As underpinned in Chapter 3, the underlying rationale for conducting this research relates to the researcher's background as a professional from a Chilean mutualidad. Mainly, his motivation was understanding the reasons for local companies not complying with psychosocial risk management regulations and the steady increase of occupational mental illnesses this country has experienced during the last twenty years.

Nonetheless, currently, there is a global scarcity of countries that have introduced national policies and regulations aimed at mobilising organisations to manage their psychosocial risks (Potter et al., 2024; World Health Organisation (WHO), 2020). Moreover, it has been reported that countries from the global north that have introduced these instruments face similar gaps between policy and practice to Chile, despite having a longer tradition in managing psychosocial risks (Jain et al., 2022; Leka et al., 2023). Therefore, the Chilean experience of adopting and implementing the PRWSP was systematised and reviewed to provide nations worldwide with a holistic, multilevel and bidirectional approach to the policymaking process involved in hard law PRMPs. Such analysis was guided through a theoretical framework that integrated literature from psychosocial risk management, policymaking and Institutional Theory (IT). The

first conceptualisations facilitated underpinning the main principles, theories, frameworks, models, and concepts involved in protecting and promoting mental health at work. The second literature describes the formal process through which policies, with a particular emphasis on hard law instruments, are adopted, implemented, and evaluated. Lastly, IT framed the underlying societal and organisational variables influencing this phenomenon.

This doctoral research was conducted under a critical realism ontology and epistemology (Bhaskar, 1975) and a retroductive research approach (Danermark et al., 2001). Chapter 3 outlined the methodological strategy for explaining the circumstances under which hard law PRMPs are adopted, formulated, legitimated, and implemented. The Chilean experience of introducing and implementing the PRWSP was framed as a case study (Yin, 2013) and analysed utilising qualitative methods. Specifically, data was collected in the form of policy documents (Allen, 2017) and semi-structured interviews (Magaldi & Berler, 2020) and later analysed utilising triangulation (Denzin, 2017) and thematic analysis (Braun & Clarke, 2006).

Three empirical studies were conducted in order to address the main inflexion points identified in the theoretical framework related to the hard law PRMPs' policymaking process. Chapter 4 presented, from a policy development perspective, how psychosocial risk management was introduced to the Chilean policy agenda, subsequently leading to the formulation, implementation and consolidation of the PRWSP. Chapter 5 focused on the elements that influence the legitimation of this regulation among local stakeholders. Chapter 6 was centred on the actions that local organisations have conducted to institutionalise psychosocial risk management as an organisational practice.

This chapter addresses the overarching research question that has guided this thesis: 'How have international values and scripts related to psychosocial risk management been adopted, legitimated, and implemented in the context of Chilean society and enterprises?'. Therefore, the following sections cover five main aspects. The next section integrates findings from the three studies to explain the elements that facilitate and hinder the adoption and implementation of hard law PRMPs, subsequently underlining the main gaps between policy and practice. The theoretical framework is then revisited to provide insights into how such barriers can be addressed. Afterwards, the implications of this thesis for research, policy, and practice are discussed. Then, a reflection is presented regarding the main strengths, limitations, and possible forms in which this thesis can be utilised in the future. Lastly, conclusions are provided.

7.2 Integrating findings: Main gaps in the hard law PRMPs policymaking process

This section integrates the findings from the three empirical studies conducted in this research. Although they were already situated in the literature at the end of each chapter, their discussion is articulated here to provide a nuanced understanding of the elements involved in the Chilean experience of adopting and implementing a hard law PRMP. The latter is conducted in this chapter by underlining the main themes identified in this research regarding the elements that hinder and facilitate the implementation of each stage of the policy cycle (Cairney, 2012; European Commission (EC), 2021a).

7.2.1 Adoption gaps

The first aspect that the empirical studies addressed was the underpinning of the elements that facilitated the introduction of psychosocial risk management into the policy agenda. Policymaking literature has remarked that societies have a plethora of needs; however, not all of them lead to the development of policy instruments (Ribeiro, 2020; Sutcliffe & Court, 2006). This research utilised conceptualisations from world society theory in policymaking literature to analyse the process through which psychosocial risk management was introduced to the Chilean policy context. Mainly, it considered the mechanisms international institutions use to diffuse universal values and scripts (Drori, 2012) and features from the local context that facilitate opening windows of opportunity (Howlett et al., 2017).

Data suggested the role of the international institutional environment in mobilising countries to adopt psychosocial risk management blueprints. On the one hand, Chapter 4 presented formal diffusion mechanisms through which these global values have been introduced to the local context. The three main approaches identified in this research involve the support provided by international organisations (e.g., the International Labour Organisation (ILO)) to local policymakers, as well as research centres importing concepts related to psychosocial risk management and the requirements to introduce international standards in trade agreements and treaties. On the other hand, Chapter 5 highlighted the relevance of international events in raising awareness among local populations regarding aspects related to mental health at work.

Additionally, findings from Chapter 4 pinpointed several properties from the local context that should be considered for the effective dissemination of psychosocial risk management. Data showed that previous local developments in Occupational Safety and Health (OSH) and stakeholders' perceptions towards this topic were thresholds to adopt psychosocial risk management blueprints. Nonetheless, Chapter 5 documented that the stigma towards mental health at work leads to this situation not being prioritised as other OSH issues. Therefore, data from Chapters 4 and 5 showed the relevance of highlighting the effects of mental health on national structures and functioning, along with strategically utilising external events to pressure the adoption of hard law PRMPs.

Connecting the aforementioned findings to the broader literature, this research confirms developments from world society theory regarding the role of global values and scripts in steering the local policy agenda (Krücken & Drori, 2009; Suárez & Bromley, 2012). Moreover, such influence is enacted through soft power mechanisms (Meyer, 2010), manifested in this thesis in the form of advice and coordination with other international organisations, promotion of international conventions, research of global ideas under local settings, and international events. However, this theory has been the subject of several critiques due to its overemphasis on the diffusion of international blueprints to the detriment of local characteristics (Alasuutari & Qadir, 2016; Downey et al., 2020).

Hence, the current doctoral research considered recent developments in world society theory, highlighting that global values and blueprints are adopted according to local needs, concerns and interests (Bromley & Powell, 2012; Diehl, 2019). In this respect, data aligns with policymaking literature by remarking that the adoption of a hard law PRMP was the result of the convergence between different events (Howlett et al., 2017; Kingdon, 2011). In the Chilean context, these included the implications of the increase in mental health consultations within the healthcare system, the interest of local stakeholders in enhancing the national OSH system by including emerging occupational risks, and an external event of significant proportions, such as the Mina San Jose accident in 2011.

This research suggests that the main gap in introducing psychosocial risk management into the policy agenda involves coupling these international values and scripts with local contexts. In this respect, international institutions face the challenge of balancing the development of international blueprints that are abstract enough to be adapted to different contexts while simultaneously resonating with local political, economic, and societal particularities. Similarly,

local stakeholders face the challenge of integrating such values with local concerns, requirements and structures.

7.2.2 Formulation gaps

The second element to be considered regarding the gap between policy and practice relates to the process through which policymakers articulate hard law PRMPs (Birkland, 2019; Craft & Howlett, 2012; Sutcliffe & Court, 2006). This milestone is of significant importance, as it underlines the roadmap through which policymakers expect to mobilise organisations to enhance their psychosocial work environments (Organisation for Economic Co-operation and Development (OECD), 2017). The formulation of hard law PRMPs in the Chilean context was analysed in this research by integrating conceptualisations from policymaking and IT. The former underlined the main aspects that frame policy instruments (Capano & Howlett, 2020; Jordan et al., 2005) and the approaches through which they are developed (Hill & Hupe, 2022; OECD, 2013, 2017, 2024). The latter, through world society theory, facilitated taking into account the influence of international institutions regarding the formulation of hard law PRMPs (Downey et al., 2020; Meyer et al., 1997; Suarez & Bromley, 2015). Developments in institutional logics also complemented this analysis by underpinning the belief system that steers the rationale involved in developing these policy instruments (Thornton et al., 2012).

As findings from Chapter 4 suggest, during this stage of the policy cycle, policymakers face the challenge of the unavailability of tools, experts and resources required for hard law PRMPs. When these capabilities are not locally available, findings from this chapter evidence that policymakers externalise these aspects to international institutions. Additionally, the data indicates that countries adopt a progressive approach while formulating hard law PRMPs. This is achieved by considering aspects such as continuously integrating them with the overarching OSH policy context and enhancing support and monitoring verification mechanisms. It is important to note that despite countries' lack of experience in developing hard law PRMPs, they still have a rich background in formulating policies. Therefore, as Chapters 4 and 5 document, policymakers develop hard law PRMPs according to the prevailing rationale they have utilised for developing similar instruments.

The aforementioned confirms the world society theory's maxim regarding the complexity of the problems that nations face nowadays, leading governments to

seek specialised support in the international community (Meyer et al., 1997). Meanwhile, this research suggests that the decoupling of international blueprints was due to the introduction of ideas on psychosocial risk management without integrating them into the overarching local policy context. Furthermore, by analysing the prevailing policy style (Jordan et al., 2005; Peters, 2021; Pollitt & Bouckaert, 2017), this research reinforces notions of the Napoleonic administrative tradition. It remarks on the vertical relationship between policymakers and other public and private actors that embeds this approach, in which the former aims to standardise the actions that the latter must conduct to enhance psychosocial work environments. Therefore, this research integrated policymaking and institutional logics literature by establishing that macro aspects occasioned that a hard law PRMP was formulated through establishing administrative rules (bureaucracy logic) and emphasising coercive mechanisms regarding non-compliance (protection logic).

All in all, data showed that policymakers face several challenges while formulating hard law PRMPs. First, they must identify and develop available capabilities to mobilise firms in enhancing psychosocial work environments. Second, they must formulate roadmaps of actions that are integrated with overarching national characteristics. Finally, they must reflect on the strengths and limitations of the prevailing policy style in the context of psychosocial risk management.

7.2.3 Legitimation gaps

According to conceptualisations from the policy cycle, the legitimation of hard law PRMPs is an essential aspect to be considered in terms of bridging the gap between policy and practice (Cairney, 2012a, 2019; Capano et al., 2019; Howlett et al., 2017). It facilitates the transition from the development to the implementation components of policymaking by establishing the mechanisms that guarantee implementers adopt policies (Fullan, 2009). This research analysed the formal mechanisms through which hard law PRMPs have been nationally promoted in Chile. In addition, the underlying social and organisational variables influencing local stakeholders' perceptions towards these instruments were reviewed based on conceptualisations from world society theory and institutional logics.

On the one hand, findings from Chapters 4, 5 and 6 presented the national efforts of different stakeholders to mobilise organisations to implement a hard

law PRMP. In this respect, data from these three chapters suggest that coercive mechanisms, such as sanctions or the inability to conduct business, prompt companies to comply with this regulation. However, findings from Chapters 4 and 5 suggest the need to complement this strategy with informative activities that raise awareness and develop internal organisational capabilities to manage psychosocial risks. Additionally, the data from Chapter 5 indicated that the lack of both monetary and non-monetary incentives hinders the subsequent implementation of hard law PRMPs, as employers tend not to be aware of their short-term benefits.

On the other hand, findings from Chapter 4 showed that resistance to adopting these policies relates to employers' reticence regarding mental health at work, the technical aspects of the tools, and the rationale embedded in the hard law PRMPs, as well as difficulties in integrating them with business operations. Findings from Chapter 6 further developed these aspects by indicating the lack of literacy among organisational stakeholders towards mental health and the lack of visibility of the benefits of implementing hard law PRMPs as the main barriers to this policy's legitimisation. In this respect, Chapter 5 suggested that the reasons for the aforementioned situations are related to the stigma towards mental health at work, with particular emphasis on the association of occupational mental illnesses with individual characteristics rather than with working conditions and a healthcare infrastructure that does not integrally cover these affections. Similarly, findings from that chapter showed the implications of neo-liberal economic policies in terms of deregulating labour relations, subsequently limiting possibilities for organisational stakeholders to enact pressure regarding modifications to their psychosocial work environment.

Therefore, this research resonates with the broader literature in terms of reassuring the relevance of building adherence in the target population involved in hard law policies (Clarke et al., 2015). Regarding formal mechanisms to develop policy legitimisation, this research further confirms the alienating effects between inspectors and organisations when over-relying on coercive approaches (Libman & Kluge, 2017). Furthermore, it expands the policymaking literature by suggesting the paradoxical situation in which those firms that are more vulnerable (i.e., Small- and Medium-Sized Enterprises (SMEs) and self-employed) isolate themselves from support institutions due to fears of being sanctioned.

Meanwhile, this research highlights the link between the social mechanisms involved in policy legitimisation and conceptualisations from world society theory

and institutional logics. Regarding the former, it confirmed the implications of international events and developments in mobilising cultural changes (Meyer, 2010; Suárez & Bromley, 2012), subsequently facilitating raising awareness towards mental health at work. As for the latter, it evidenced that the interaction between institutional logics from different institutional orders articulates how stakeholders perceive hard law PRMPs (Goodrick & Reay, 2011; Uhrenholdt Madsen & Waldorff, 2019). Nonetheless, contrary to most studies conducted under the institutional logics literature, the approach utilised in this thesis involved a dynamic and bidirectional relationship between governing aspects (i.e., economic, societal, and political elements), institutional logics, and material practices related to psychosocial risk management.

As the findings from this research suggest, there are two main gaps to consider in terms of the legitimation of hard law PRMPs. On the one hand, there is a need to balance formal legitimation mechanisms to adequately mobilise organisations in implementing these policy instruments. On the other hand, efforts should consider reducing the gap between the intended roadmaps and outcomes from these policies with overarching social structures and the needs, concerns, and motivations of social and organisational stakeholders.

7.2.4 Implementation gaps

This section shifts towards the practical aspects of the gap between hard law PRMPs and organisational activities aimed at enhancing psychosocial work environments. It discusses the elements that facilitate and hinder the effective implementation of the roadmaps underlined in these policy instruments. This research considered developments from policymaking literature to underpin the relevance of facilitating resources and the role of external institutions in supporting, monitoring and verifying the implementation of hard law PRMPs in the Chilean context (Clarke et al., 2015; Darcis & Thunus, 2020). Likewise, conceptualisations from institutional logics and institutional work facilitated evidencing the actions, and their underlying rationales, through which firms institutionalise psychosocial risk management as an organisational practice (Lawrence et al., 2010; Zilber, 2013).

Data from Chapter 4 evidenced that institutions dedicated to either supporting or monitoring compliance with implementing hard law PRMPs face the challenge of scaling their capabilities regarding psychosocial risk management. On the one hand, findings from that chapter highlighted the importance of supporting

institutions in developing materials and tools, as well as providing informed advice to organisations to implement this regulation effectively. On the other hand, data showed that monitoring organisations are required to standardise inspections, which must also integrate coercive and educative approaches. Moreover, the data presented throughout Chapters 4, 5, and 6 highlights the importance of supporting institutions by allocating resources to organisations to facilitate the implementation of hard law PRMPs. As Chapter 5 showed, these efforts should be targeted at vulnerable organisations, such as SMEs and self-employed individuals.

This research confirms that the achievement of desired outcomes through the implementation of policy instruments requires a progressive rationale (Birkland, 2019; Hill & Hupe, 2022). Therefore, findings remark on claims made in policymaking literature regarding the relevance of embedding support structures into the governance of hard law PRMPs (Birkland, 2019; Cairney, 2012). In this regard, data further confirms that supporting and inspecting institutions have an important role in accompanying organisations to adequately comply with these regulations (Gold, 2017; Hudson et al., 2019). Nevertheless, this thesis further expands the latter by pinpointing that such structures also require developing their own capabilities regarding psychosocial risk management. Moreover, through contributions from institutional logics (Greenwood et al., 2011), it was evidenced that the social legitimization of the professionals involved in this field is an aspect to be considered in terms of a facilitator or a barrier to policy implementation. Additionally, the findings build on previous contributions from the policymaking literature, which note that policymakers must allocate resources to facilitate organisations' compliance with hard law PRMPs (Hudson et al., 2019).

A second aspect that this research highlights regarding the elements that influence policy implementation revolves around the initiatives organisations conduct to comply with hard law PRMPs. Findings from Chapter 6 suggest that the perceptions of individuals in charge of implementing this regulation are pivotal in determining whether psychosocial risk management practices will be introduced or utilised to achieve organisational and personal results. Likewise, data showed that the challenges organisations face while adopting psychosocial risk management practices are related to involving key organisational stakeholders, developing structures that facilitate and sustain intervention plans to enhance psychosocial work environments, and addressing external and internal contingencies.

The aforementioned findings, therefore, further confirm developments from institutional work literature. It remarked that the interaction between governing institutional logics and agency aspects influences whether hard law PRMPs are adopted (Zilber, 2013). In other words, this research has evidenced that the multiple actions institutional leaders undertake to institutionalise psychosocial risk management as an organisational practice in their companies are steered by their prevailing institutional logics. Nonetheless, one of the shortcomings of the understanding in literature from institutional work and psychosocial risk management is that they revolve around considering cognitive aspects regarding the internalisation of psychosocial risk management in firms (Cox et al., 2000; Leka & Cox, 2010; Nielsen & Abildgaard, 2013). Meanwhile, this research has shown that socio-emotional aspects are key when conducting these initiatives.

Overall, the findings from this research suggest that addressing elements from both the societal and organisational levels is crucial to developing a nuanced understanding of the implementation of hard law PRMPs. At the societal level, it evidences the need for overarching structures, including policymakers, support and monitoring mechanisms, to work collaboratively with organisations to enhance their psychosocial work environments. At the organisational level, it highlights that those leading the implementation of hard law PRMPs must address the gap between psychological risk management and the needs and motivations of internal stakeholders.

7.2.5 Evaluation gaps

The final stage in the policy cycle involves policymakers' evaluation of policy instruments to determine whether they should be maintained, adjusted, or terminated (Cairney, 2012, 2016b). The literature indicates that despite the relevance of this stage in providing insights to continuously improving policies, the main gap relates to the political implications to policymakers of not achieving desired outcomes (Howlett & Giest, 2015; Howlett & Tosun, 2018). This research addressed such issues by shifting the focus towards examining the outcomes of introducing a hard law PRMP in the Chilean context at the international, national, organisational, and individual levels through the integration of conceptualisations from policymaking, world society theory, institutional logics, and institutional work.

At the international level, findings from Chapter 4 suggest the challenges that countries from the global south, with a particular emphasis on the Latin American

region, face regarding their OSH national systems. Therefore, data showed that the Chilean government has been able to further strengthen its position in the region as a role model in OSH by addressing emerging occupational risks, such as psychosocial hazards. Meanwhile, Chapters 4 and 5 evidence that the introduction of a hard law PRMP has facilitated the institutionalisation of capabilities at the national level related to protecting and promoting mental health at work. However, Chapters 4 and 6 highlight that it is still necessary in this country to adjust this regulation to the particular properties of organisations according to their size and economic activity and further develop guidelines regarding psychosocial risk management interventions. Additionally, findings from these three chapters showed that most local companies initially adopted this regulation to avoid sanctions; however, Chapter 6 remarks that organisations begin to develop organisational practices, such as developing or enhancing their structure, to link psychosocial risk management initiatives with their performance. Similarly, that chapter evidenced that implementors assess this regulation based on its implications for fulfilling their and their organisations' needs and interests.

Traditionally, policy evaluation literature has focused on analysing whether the outcomes outlined in policy instruments have been achieved (Knill & Tosun, 2018). In this respect, it is important to note that one of the drawbacks of this research is its methodological approach, which did not allow for assessing the long-term effects of introducing a hard law PRMP in terms of psychosocial hazards and employees' mental health indicators. Nevertheless, this thesis contributes to reaffirming statements underpinned in policymaking regarding the relevance of assessing the policymaking process to enhance policy instruments continuously (Howlett & Giest, 2015; Sanderson, 2002).

This research offers a nuanced and holistic understanding of these aspects by integrating lines of inquiry highlighted by Sager and Gofen (2022) and Luetjens and colleagues (2019). The first authors established the need to examine the collaboration between policymakers and implementors, the implications of institutional settings and the association between policy arrangements and actors' identities. The second authors remarked on examining the effects of policy instruments in terms of programmatic, process, political and temporal aspects. As such, findings from the Chilean experience of adopting and implementing a hard law PRMP remark that a Napoleonic administrative tradition (Bleiklie & Michelsen, 2013; Peters, 2021) overemphasises a vertical relationship between policymakers and other public and private actors. Thus, it narrows the

possibility of lower-tier layers interacting horizontally in order to overcome barriers throughout the policy cycle.

Additionally, this thesis evidenced that organisations face conflicting demands due to the institutional complexity (Greenwood et al., 2011; Lounsbury, 2017) between institutional logics from the state, profession, corporation, market and community orders. Likewise, this research confirms the alignment between policies and institutional leaders' values as a mediator of whether and how policy instruments are institutionalised as organisational practices. Lastly, through conceptualisations from world society theory and institutional work included in this research, it becomes essential to examine the international and national political implications of introducing a hard law PRMP in terms of these instruments' contributions to assuring policymakers and related stakeholders' legitimisation.

In summary, this research identifies three main gaps for consideration in evaluating hard law PRMPs. Firstly, promoting the evaluation of the effects of these instruments on psychosocial factors and mental well-being indicators. Secondly, evaluating the overall experience of implementing these policies. Finally, examining the legitimisation implications towards the actors involved.

7.3 Towards an integral policymaking approach to hard law PRMPs

As indicated in Chapter 1, mental health conditions are a relevant issue that is affecting societies globally. A recent report from the General Assembly of the United Nations (UN) (2024) has remarked on the vicious cycle between precarious work conditions, mental ill-health and poverty. To address this issue, that document echoed recent calls from international organisations that request countries to strengthen their national OSH frameworks by promoting and enforcing psychosocial risk management across workplaces.

Unfortunately, as evidenced by the Chilean experience of adopting and implementing the PRWSP, enforcing hard law PRMPs does not guarantee that organisations will implement initiatives to protect and promote their employees' mental health, nor ensure the quality of these actions. The previous section underlined the main gaps in the policy cycle of developing and implementing hard law PRMPs identified in this research. This section, therefore, revisits the theoretical framework presented in Chapter 2 to propose the main elements to bridge the gap between policy and practice.

The theoretical framework developed in this thesis highlights the relevance of adopting a multilevel, integral and bidirectional approach to developing and implementing hard law PRMPs. This perspective was developed by considering contributions from critical realism in terms of including the role of the context and mechanisms in the analysis of hard law PRMPs policymaking process (Bhaskar, 1975; Frauley & Pearce, 2007; Sayer, 2000). Likewise, the articulation of this framework through a transdisciplinary approach, manifested in the integration of literature from psychosocial risk management, policymaking, and IT, delimits the conceptual, formal, societal, and organisational elements illustrated in Figure 7-1, through which organisations can be mobilised to enhance their psychosocial work environment. In this respect, findings from this research pinpoint three areas that require dedicated attention.

7.3.1 Integrating international values and scripts with local contexts

A fundamental aspect presented in this thesis is the collaboration between international institutions and local policymakers as a means to introduce psychosocial risk management into local policy agendas and to develop national methodologies that frame hard law PRMPs. This assumption has been sustained based on conceptualisations from world society theory, which indicates that the diffusion of international values is leading nations into an isomorphism process (Meyer, 2010; Meyer et al., 1997). According to this maxim, most countries worldwide will develop national policies and programmes to mobilise organisations to enhance their psychosocial work environments sooner or later.

This research introduced a moderated approach to world society theory by evidencing that international values and scripts will be adopted depending on their alignment with local needs (Alasuutari & Qadir, 2019; Diehl, 2019). Nevertheless, this perspective can still be considered to perpetuate power imbalances between international organisations representing the interests of countries from the global north and the global south (Lounsbury & Wang, 2020). The latter is because international institutions indicate the need to address an issue of significant connotations, such as the sustained increase of mental health conditions across the global population, through psychosocial risk management blueprints developed under Western values (Albert, 2008).

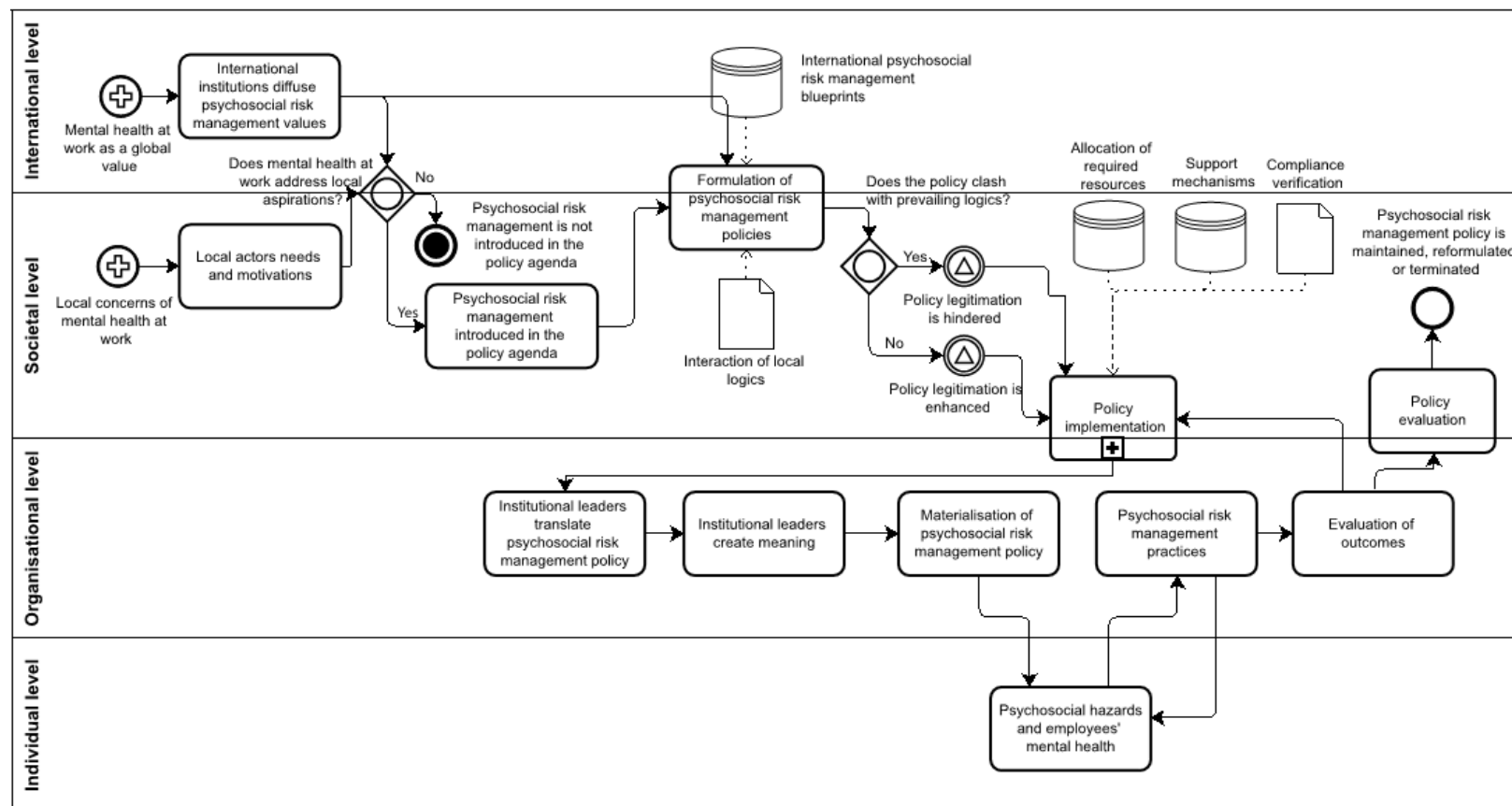


Figure 7-1: Revisited theoretical framework to bridge the gap between hard law PRMPs and practice⁶

⁶ The proposed theoretical framework to bridge the gap between hard law PRMPs and practice has been revisited under the Business Process Model and Notation (BPMN) graphical representation standard. For more information about the BPMN notation system and symbols, visit https://help.bizagi.com/bpm-suite/en/index.html?bpmn_shapes.htm

However, findings from Chapter 4 provide initial insights into the contrast between the values and scripts promoted by international organisations regarding OSH and the available regulatory frameworks and capabilities across Latin American countries. This discrepancy can also be observed, for instance, between the Pan-American Health Organisation (PAHO, 2015) setting the goal that at least 15 countries of the American region have to develop preventive programmes for psychosocial risks and work-related violence, and many nations in the Americas require addressing basic needs, such as inequality, poverty, job informality and access to essential services, before promoting mental health at work (Economic Commission for Latin America and the Caribbean (ECLAC), 2023, 2024). Similarly, through previous research that has associated the increase in mental health consultations in the Chilean population with the adoption of a neoliberal economic model (González-González, 2018), it is even possible to infer that values and scripts developed in the global north can have unintended negative consequences when introduced to countries from the global south.

Therefore, the theoretical framework introduced in this research would benefit from incorporating contributions from postcolonial and decolonial studies (de Sousa Santos, 2022). The former utilises Western developments to critique colonial heritage (Ambesange Praveen, 2016). The latter involves considering the contributions that local epistemological developments from the global south can make to global knowledge (Quijano, 2000). These conceptualisations enhance the understanding of the collaboration between international institutions and local policymakers in introducing hard law PRMPs. This is achieved by remarking on the need to develop an approach that integrates international values and scripts with postcolonial and decolonial awareness, rather than erasing local idiosyncrasies (Mudimbe, 1988). Similarly, according to these studies, the collaboration that international institutions offer to countries from the global south must recognise the historical abuses that colonising countries have committed against colonised nations to address current global disparities (Wilde, 2020). Hence, the analysis of developing and implementing hard law PRMPs should not only emphasise elements related to the technical support international institutions provide to countries from the global south, but also the need to introduce remedial initiatives from past colonisers that move towards establishing a real global equal field (Wilde, 2016). This would facilitate scaling to a position in which countries worldwide would have similar opportunities to adopt national initiatives regarding psychosocial risk management.

7.3.2 Aligning stakeholders towards protecting and promoting mental health at work

Another aspect of the proposed theoretical framework to bridge the gap between policy and practice highlights is the horizontalisation between policymakers and other public and private actors. In this respect, this theoretical model does not invalidate the need for governmental authorities to develop central legislation that regulates social and organisational behaviours. However, the uniformist approach associated with the Napoleonic tradition reviewed in this research implies that hard law PRMPs are developed under a hierarchical relationship between policymakers and other stakeholders (Nyhagen et al., 2017; Pollitt & Bouckaert, 2017). Hence, the former are held accountable for developing policies but not for implementation (Peters, 2021). This approach tends to generate an adversarial relationship between actors, making it more likely that hard law PRMPs will experience difficulties during their implementation (Bleiklie & Michelsen, 2013; Ongaro & Valotti, 2008). For example, findings from Chapter 4 showed the discrepancies between the timeframes established by policymakers for involved institutions to adjust to updates to the PRWSP and the availability of capabilities for implementing them.

Meanwhile, through contributions from institutional logics (Greenwood et al., 2011; Thornton et al., 2012), this thesis emphasises the relevance that hard law PRMPs, and related capabilities to enhance psychosocial work environments, should be developed through social dialogue that involves multiple social and organisational stakeholders. This implies shifting from a perspective that understands policymakers and implementers are in hierarchical and opposite positions to one that incentivises collaboration. According to this approach, stakeholders can reach a consensus regarding the needs, interests, and courses of action through which hard law PRMPs can facilitate the enhancement of psychosocial work environments. Additionally, it would enable the proactive calibration of the required infrastructure to support and monitor the implementation of hard law PRMPs.

However, despite the aforementioned benefits of the approach proposed in this theoretical framework, it is important to consider some caveats. Based on the elements underlined in the previous section, it becomes relevant to integrate the adoption of international scripts to develop policy instruments, manifested in the form of social dialogue, with local traditions and idiosyncrasies. Hence,

modifying a uniformist policy style (Nyhagen et al., 2017) that embeds hard law PRMP policymaking should be conducted by considering contributions from research related to changing policy styles (Howlett & Tosun, 2018; Richardson, 2018).

Similarly, adopting social dialogue as a methodology in countries that do not have this tradition poses significant challenges when developing and implementing hard law PRMPs. As it was underpinned in Chapter 5, there is a close link between psychosocial hazards and power dynamics between employers and employees (Moncada et al., 2010; Schuller, 2020). In this respect, the policymaking process involved in hard law PRMPs should ponder how labour relations are framed in local contexts. For instance, although Chile has ratified fundamental ILO Conventions related to the freedom of association (ILO, 1948) and to organise and collective bargaining (ILO, 1949), reports have highlighted that these rights are legally and constitutionally restricted (Durán & Kremerman, 2024; United Nations (UN), 2015b). Therefore, the proposed theoretical framework could be further enhanced by considering in its analysis the implications of introducing social dialogue based on the attributions that different stakeholders have in terms of being able to, either externally or internally, mobilise the adoption of initiatives that aim to enhance psychosocial work environments.

7.3.3 Institutionalising hard law PRMPs into organisational practices

Lastly, contributions from institutional work facilitated mapping in the proposed theoretical framework the process through which organisations move from adopting a hard law PRMP to institutionalising psychosocial risk management as an organisational practice. Additionally, examining psychosocial risk management under five of the institutional orders underpinned in the interinstitutional system (Thornton et al., 2012) provided a nuanced understanding of the values and beliefs that are in coherence and in opposition to this phenomenon. Findings from Chapters 5 and 6 suggest that psychosocial risk management ideas align with governmental concerns about ensuring that all individuals can engage in all aspects of social life, as well as the motivations of professionals to foster their social status and employees' needs to feel protected at their workplaces. However, the challenge of integrating this issue with corporate motivations remains.

The aforementioned is not a minor apprehension, considering that findings from Chapter 6 indicate that an essential aspect facilitating the institutionalisation of psychosocial risk management as an organisational practice relates to securing the commitment and involvement of high-level executives. In this respect, developments from the Strategic Human Resources Management (SHRM) literature would be relevant in bridging the gap between psychosocial risk management and business practices. SHRM has been defined by Wright and McMahan (1992, p.298) as "the pattern of planned human resource deployments and activities intended to enable the firm to achieve its goals." Moreover, SHRM promotes the notion that human capital is a key source to developing competitive advantages, and therefore, its development should be a core component of organisations' strategic decision-making (Storey et al., 2009).

Nevertheless, Hammonds (2005) pondered on the article entitled 'Why we hate HR?' the main aspects that hinder HRM representatives from actually becoming strategic business partners. One of the main elements underlined in this document is the lack of alignment between HRM activities and business strategies. Additionally, this author remarks that HRM departments overemphasise indicators related to activities over outcomes, hence missing valuable opportunities to transform relevant employees' feedback into perspectives that can steer companies' future. To overcome this situation, Schiemann and Ulrich (2017) identified seven key themes to enhance the role of HR across organisations. Such themes aim to integrate HRM initiatives with organisational practices by considering their implications in terms of i) business strategies, ii) development of organisational capabilities, iii) talent acquisition, iv) talent optimisation, v) information and analytics, vi) governance that adds value to firms, and vii) professionals that are credible to decision-makers.

By contrasting these themes with findings from this research, it is possible to infer the need for actors who lead hard law PRMPs initiatives to shift their attention from activity results, such as the percentage of participation in psychosocial hazard assessments. Instead, stakeholders should focus on developing strategies through which psychosocial risk management initiatives add value to organisations by contributing to businesses' interests. Similarly, future studies could include Return On Investment (ROI) ratios of psychosocial risk management interventions to highlight their tangible and intangible value to businesses (Phillips, 2018). Moreover, future research can incorporate conceptualisations from implementation science, particularly under the Consolidated Framework for Implementation Research (CFIR), to further

examine the main facilitators and barriers involved in the effective implementation of workplace initiatives aimed at enhancing psychosocial work environments.

7.4 Implications

The current research aimed to systematise and examine the Chilean experience of developing and implementing a national hard law PRMP by proposing a theoretical framework to bridge the gap between policy and practice. Based on these aspects, this thesis has theoretical and empirical implications.

7.4.1 Theoretical implications

The theoretical contributions of this research are associated with the theoretical framework proposed to bridge the gap between policy and practice. Although this research has focused on the development and implementation of hard law PRMPs, its conceptualisations are also useful in enriching the understanding of broader social phenomena. It provides a nuanced and holistic rationale for examining current social issues by integrating aspects related to the international, societal, organisational, and individual levels. Additionally, it offers a dynamic approach, suggesting that these levels are constantly interacting and influencing one another. Both aspects were manifested, for instance, in international ideas being locally adopted when they align with national interests. Similarly, organisations introduce national policies and regulations according to their needs and concerns. Hence, through this research, it is possible to conclude that social change is possible when values and belief systems from different members of the population are integrated. These insights can be extrapolated into the three primary conceptualisations included in this thesis.

Psychosocial risk management research has centred on the conceptual and technical mechanisms that enable the development of healthy workplaces. Nevertheless, it is noteworthy to mention that there have been theoretical attempts to include stakeholders' perceptions as a variable of interest when developing and implementing psychosocial risk management interventions. For instance, the Context-Mechanism-Outcomes framework introduces the concept of mental models to underpin how participants' belief systems will influence intervention outcomes (Nielsen & Randall, 2013; Roodbari et al., 2023). Similarly, Psychosocial Safety Climate (PSC) theory highlights the commitment

of senior managers and line managers towards preventing work-related stress as an important antecedent and mediator of psychosocial hazards (Dollard et al., 2019).

However, the proposed theoretical framework is built from psychosocial risk management policymaking conceptualisations (Jain et al., 2018; Leka & Jain, 2021) to go beyond current psychosocial risk management literature understandings. Specifically, this research provides insights into the main gaps that need to be addressed to effectively transition from introducing psychosocial risk management into policy agendas to organisations implementing hard law PRMPs. Moreover, this thesis expands knowledge in this literature by including the role of multilevel variables and stakeholders that influence the initiatives organisations conduct in terms of psychosocial risk management. On the one hand, it contributes to considering the implications of societal, economic and political elements in terms of PRMPs. On the other hand, it provides insights regarding how values and belief systems from international, societal and organisational actors frame hard law PRMPs and their implementation.

Policymaking literature has provided important insights in terms of mapping the process that goes from adopting policy instruments to their implementation and evaluation (Cairney, 2012b, 2016b). Likewise, this literature has developed several conceptualisations regarding each stage involved in the policy cycle. Nonetheless, Smith and Katikireddi (2013) have underlined that the main limitations in this field refer to the lack of theories that provide a comprehensive approach to the policy process and their unclear application in countries from the global south. In this respect, the theoretical framework developed in this research adopts an integral and holistic approach to policymaking, theoretically and empirically connecting the different stages of the policy process within the context of a recently industrialised country, such as Chile. Furthermore, this framework contributes to this literature by introducing underlying societal and organisational variables involved in each stage of the policy cycle.

Lastly, institutional theory (IT) has developed important explanations at the international, societal and organisational levels. World society theory (Meyer et al., 1997) was essential to this thesis, as it underpins key aspects regarding the interaction between international institutions and local contexts. Through institutional logics (Greenwood et al., 2011; Thornton et al., 2012), the underlying societal values and belief systems involved in relevant situations of social life, such as the adoption and implementation of hard law PRMPs were examined. Institutional work (Zilber, 2013) contributed to framing the main actions involved

in institutionalising a hard law PRMP as an organisational practice. Nevertheless, these three conceptualisations have not been empirically integrated before. Therefore, the approach developed in this research is useful for IT literature because it provides a holistic, multilevel and bidirectional understanding of social and organisational phenomena. Furthermore, it underlines how international and national elements govern societal belief systems, subsequently affecting organisational behaviours. At the same time, it sheds light on the process through which lower levels of analysis influence those above them.

7.4.3 Implications for policy and practice

This research has been conducted on a contemporary issue: the Chilean experience of adopting and implementing a national regulation to mobilise firms in managing their psychosocial risks. As such, the contributions of this research are directly related to this local context. First and foremost, it provides important insights to Chilean policymakers regarding key aspects for further enhancing national efforts to regulate broad social and organisational behaviours by considering three main aspects. Firstly, introducing or amending current local policy instruments should be developed using an integrated approach. This implies aligning policymakers' desired outcomes with available capabilities and resources. Secondly, local policymakers should regularly review roadmaps to achieve policy goals, considering insights from the involved stakeholders. Thirdly, the adherence of social and organisational actors should be conducted through a bidirectional approach. This means policymakers must disseminate the relevance of implementing policy instruments while simultaneously identifying, associating, and calibrating these instruments according to the needs and concerns of other public and private actors.

Additionally, this research makes important practical contributions to understanding how psychosocial risk management is addressed in Chile. All in all, the findings from this research evidenced that this issue has been handled by overemphasising administrative aspects. This has been identified in a myriad of situations, ranging from the different stages depicted in the PRWSP to high-level executives and trade unions perceiving that it does not contribute to their current problems and individuals leading the implementation of this regulation focusing on activities over outcomes. Therefore, it is suggested that Chilean initiatives related to psychosocial risk management be framed under an approach that considers it a tool to enhance competitiveness, social justice, and

sustainability at the national organisational level. Furthermore, shifting from a bureaucracy to a management approach by associating psychosocial risk management with OSH management systems (OSHMS), as presented in Chapter 2, would facilitate enhancing organisational practices involved in protecting and promoting employees' mental health and well-being.

Lastly, the analysis of the Chilean experience can provide insights to other countries worldwide. Throughout this research, and particularly in this final chapter, various gaps and challenges faced by policymakers and related stakeholders during the policy cycle of developing and implementing hard law PRMPs were presented. Therefore, actors from the international community can compare their current situation with this case to gain insights into addressing the issues they are experiencing in their efforts to adopt national programmes and policies that enhance psychosocial work environments.

7.5 Strengths, limitations and avenues for future research

As with any scientific endeavour, this thesis has several strengths and limitations, and it provides avenues for future research. One of its main strengths was its ability to provide a detailed illustration of complex and contemporary phenomena, such as the adoption and implementation of national programmes and policies to promote mental health at work. Notably, this was achieved by underpinning the policy developments throughout Chilean history that led to the introduction of a hard law PRMP, along with the systematisation and analysis of the evolution of psychosocial risk management in this country during the last twenty-five years.

Nonetheless, although some sections of this research presented other policy instruments adopted in Chilean society, such as work-life balance policies and inclusion legislation, findings primarily refer to the PRWSP. As such, it would be relevant to continue the analysis by examining how the introduction of other policy instruments affects the legitimisation of hard law PRMPs. ILO Convention 190, for instance, explicitly mentions the link between psychosocial hazards and workplace violence and harassment (ILO, 2019). Hence, psychosocial risk management could be more effective in countries that ratify this convention, as organisations in those nations would be mandated to conduct preventive interventions. Since Chile enforced a regulation in 2024 in the context of ratifying ILO Convention 190 (Chilean Ministry of Labour and Social Prevision, 2024c),

the analysis done in this thesis could be continued by examining the implications of this initiative in legitimating the PRWSP.

Another strength of this research is its transdisciplinary approach, in which conceptualisations from public policy, organisational sociology, psychology, and management were integrated to provide solutions to a real-life issue. The latter was materialised by developing a theoretical framework that addresses an important gap in scholarly research, such as the gap between policy and practice. Moreover, this research provided a nuanced understanding of this phenomenon by developing a multilevel, integral and bidirectional perspective. It is important to note that there are no records of studies that have integrated literature from psychosocial risk management, policymaking and IT. This research adds even more value by being conducted in a country from the global south, a region less privileged than the global north in terms of resources and capabilities (Rojo, 2021).

Nevertheless, a theoretical consideration from this research relates to institutional logics literature, which outlines seven institutional orders that frame social behaviour (Greenwood et al., 2011). However, this thesis did not include the family and religious orders because it prioritised those aspects that most influenced the PRWSP's legitimation in Chilean society. Therefore, insights from this research could be replicated in other cultural realities to examine if the same institutional logics from the same institutional orders are manifested as illustrated here.

It is noteworthy to mention the methodological component of this research. By framing it as a case study (Yin, 2013), it provided an in-depth understanding of the Chilean case of developing and implementing a hard law PRMP. Moreover, the integration of national policy documents and semi-structured interviews, which included a multilevel and transversal sample, facilitated the examination of most of the components depicted in the proposed theoretical framework developed to bridge the gap between policy and practice.

However, caveats regarding the methodology implemented in this thesis should be considered. Interviews were conducted according to the availability and willingness of the participants, implying that not all actors and organisations involved in the Chilean case engaged in this research. For instance, representatives from SMEs did not participate in this research. Hence, their experience was indirectly collected through the comments from other participants. Similarly, the sample did not include participants from all Chilean economic activities.

A substantial amount of data, comprising 137 records in the form of policy documents and transcriptions of semi-structured interviews, was analysed. This implies that aspects of the Chilean case may not be included in this research, despite the data being reviewed multiple times through triangulation and thematic analysis. Likewise, due to the qualitative nature of this thesis, it is necessary to continue analysing the implications of hard law PRMPs by including quantitative methodologies that assess the impact of these policy instruments in terms of their financial, administrative, social, and environmental outcomes (European Commission (EC), 2021a; Leka & Jain, 2014).

The findings from this research and their implications can be utilised on a global scale. Countries worldwide can find insights in this thesis that can facilitate addressing the main issues they face in adopting and implementing national programmes and policies related to psychosocial risk management. Similarly, this thesis is an important input for social and organisational stakeholders, including policymakers, employers' associations, trade unions, OSH and HRM professionals, to adjust psychosocial risk management initiatives according to their needs and concerns.

Nevertheless, evidence suggests that at least 35 other countries worldwide have adopted national programmes and policies related to mental health at work (Potter et al., 2024; WHO, 2020). As such, future research should not only focus on examining the particularities of a country in adopting and implementing PRMPs but also compare different national developments. The latter can involve both comparing the experiences of different countries that have introduced this sort of initiative and examining and contrasting them with those that have not. In this respect, policy-style literature (Howlett & Tosun, 2018; Peters, 2021) provides a relevant theoretical background for examining the advantages and drawbacks of each policy approach employed by different countries.

Lastly, this research focused on hard law PRMPs, while soft law instruments had a secondary role. Therefore, the findings from this study should be carefully read. Countries that have promoted psychosocial risk through a voluntary approach may not face the challenges evident in the Chilean context, because in such cases, they are not being mobilised through punitive mechanisms (Jordan et al., 2011). For example, in countries like the UK, where psychosocial risk management has been driven through the adoption of standards such as ISO 45003:2021 (International Organization for Standardization (ISO), 2021) and PAS 1010 (Leka et al., 2011), employers could be less reluctant to introduce primary-level interventions.

7.6 Conclusions and the way forward

Occupational mental illnesses have been steadily increasing during the last twenty years in Chile. Since 2006, local governmental authorities have introduced several legislations to protect and promote mental at work, including the publication of a psychosocial risk management regulation. However, despite these efforts, an upward trend in the number of employees whose psychological integrity has been compromised by their work remains. This situation has been associated with a limited number of organisations complying with local regulations (Chilean Superintendency of Social Security, 2024f) and psychosocial risk management initiatives not addressing the underlying root causes (Tralma, 2022). At a global level, there is a scarcity of countries that have adopted national policies and programmes regarding psychosocial risk management (Potter et al., 2024; WHO, 2020). At the same time, nations that have implemented these initiatives face issues similar to those in Chile (Jain et al., 2022; Leka et al., 2023).

This thesis examined the Chilean experience of adopting and implementing a hard law PRMP through a theoretical framework developed using literature from psychosocial risk management, policymaking, and IT and a qualitative methodology. It identified several challenges throughout the policy cycle (Cairney, 2012b, 2016b) that causes a gap between policy and practice. These include integrating psychosocial risk management with national and organisational infrastructure, capabilities, and resources, as well as aligning it with the needs and concerns of social and organisational stakeholders.

This thesis provides insights into overcoming the aforementioned issues in Chile, in particular, and the world, in general, by highlighting the international, national, and organisational elements that influence the development of healthy workplaces. Moreover, it highlights the relevance of instances where different actors can share their opinions towards psychosocial risk management, and these being integrated while formulating and adjusting hard law PRMPs. Similarly, this approach should be included throughout the activities that organisations conduct to enhance their psychosocial work environments.

Nevertheless, this research recognises that enhancing psychosocial risk management initiatives at the national and organisational levels is systemically entangled with broader societal issues affecting individuals' overall well-being. These macro issues are the consequence of abuses related to power

imbalances, which have manifested throughout humanity's history in the form of slavery, colonialism, authoritarian regimes, the absence of counterweights in labour relationships, and so on. Therefore, the path to a brighter future for the world, nations, and organisations should involve acknowledging, preventing and repairing these errors.

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APPENDIX

Appendix A: Interview script utilised with representatives from international organisations

A.1 English version

Thank you for agreeing to participate in this research project. Your participation in this PhD research is voluntary, and you may change your mind about being involved in the research at any time, and without giving a reason. In addition, all the information you share today will be managed with strict confidentiality.

The current project aims to provide insights that optimise the translation of national policies into the organisational context. Therefore, this interview's objective is to discuss the Chilean experience of developing and implementing a national policy to promote mental health at work.

Introduction:

- 1) Can you please tell me a bit about your role? What are the main objectives of your role?
- 2) From your perspective, is mental health at work a relevant topic? Why?
- 3) What role do policies have in promoting mental health at work? What should be the main aspects they cover?

Contribution of international organisations in developing a national policy:

- 4) What has been your involvement in the Chilean experience of adopting and implementing a national policy to promote mental health at work?
- 5) What type of support has you/your organisation provided to Chilean policymakers in their experience of developing a national policy to promote mental health at work? Who have been the Chilean stakeholders with whom you have interacted?
- 6) What have been the main opportunities and challenges you have experienced while supporting the development of a Chilean policy to promote mental health at work?

Review of the Chilean experience in adopting and implementing a national policy:

- 7) From your point of view, what led Chilean policymakers to adopt a national policy to promote mental health at work?

- 8) What have been the main opportunities and challenges Chilean policymakers have faced while adopting and implementing a policy to promote mental health at work?
- 9) What have been the main accomplishments the Chilean policy has achieved?
- 10) What are the gaps this policy still needs to address?

Closure

- 11) Are there any ideas about this topic that we have not covered that you would like to discuss?

A.2 Spanish version

Muchas gracias por acceder a participar en el presente proyecto de investigación. Su participación en esta investigación doctoral es voluntaria y usted puede cambiar de parecer sobre su involucramiento en este proyecto en cualquier momento y sin necesidad de dar alguna explicación. De igual forma, la información que proporcione en esta actividad será manejada con estricta confidencialidad.

La presente investigación tiene por objetivo identificar aquellos aspectos que facilitan la adopción de políticas públicas en contextos organizacionales. Por ello, el propósito de la presente entrevista es examinar la experiencia chilena de desarrollar e implementar una política nacional para promover la salud mental en el trabajo.

Introducción:

- 1) ¿Me podría indicar cuál es su rol? ¿Cuáles son los objetivos de su rol?
- 2) Desde su perspectiva, ¿por qué la salud mental laboral es una temática relevante?
- 3) ¿Qué rol poseen las políticas nacionales en promover la salud mental laboral? ¿Cuáles debiesen ser los principales aspectos que debiesen abordar?

Contribución de organizaciones internacionales en el desarrollo de una política nacional:

- 4) ¿Cuál ha sido su participación en la experiencia chilena de desarrollar e implementar una política nacional para promover la salud mental en el trabajo?

- 5) ¿Qué tipo de apoyo usted y su organización han brindado a Chile en el desarrollo de una política nacional para promover la salud mental en el trabajo? ¿Quiénes han sido los actores con los cuales ha interactuado?
- 6) ¿Cuáles han sido las principales oportunidades y desafíos que usted ha experimentado al momento de apoyar el diseño e implementación de política nacional para promover la salud mental en el trabajo en el contexto chileno?

Revisión del caso chileno en diseñar e implementar una política nacional: en factores psicosociales

- 7) Desde su perspectiva ¿qué aspectos incidieron en que Chile adoptará una política nacional para promover la salud mental laboral?
- 8) ¿Cuáles han sido las principales oportunidades y desafíos que Chile ha enfrentado al momento de diseñar e implementar una política nacional para promover la salud mental en el trabajo?
- 9) ¿Cuáles han sido los principales logros que la política chilena ha obtenido?
- 10) ¿Cuáles son las brechas que esta política aún le faltan abordar?

Cierre

- 11) ¿Hay algo que no hemos cubierto y que considera relevante abordar?

Appendix B: Interview script utilised with Chilean policymakers

B.1 English version

Thank you for agreeing to participate in the research project. Your participation in this PhD research is voluntary, and you may change your mind about being involved in the research at any time, and without giving a reason. In addition, all the information you share with me today will be managed with strict confidentiality.

The current project aims to provide insights that optimise the translation of national policies into the organisational context. Therefore, this interview's objective is to discuss the Chilean experience of developing and implementing a national policy to promote mental health at work and the aspects that facilitate and hinder enterprises to adopt this national policy. Do you have any questions before we begin?

Introduction:

- 1) Can you please tell me a bit about your role in promoting health and safety at work? What has been your involvement in developing policies to manage psychosocial risks?
- 2) From your perspective, why is mental health at the workplace a relevant topic?
- 3) From your point of view, what role does policies have in promoting mental health at work? What should be the main aspects they should cover?

Review of the Chilean experience in adopting and implementing a national policy:

- 4) From your point of view, what led to adopt a national psychosocial risk management policy to the Chilean context?
- 5) How have international organisations supported Chilean policymakers in adopting and developing a national psychosocial risk management policy?
- 6) Which national stakeholders have been involved in the process of developing a national psychosocial risk management policy?
- 7) What have been the main opportunities and challenges while adopting and implementing a psychosocial risk management policy?
- 8) What have been the main accomplishments of Chilean policy?
- 9) What are the gaps this policy still needs to address?

Translation of a national policy to the social and organisational context:

- 10) What actions have been taken to encourage organisations to adopt psychosocial risk management policies?
- 11) What have been the main drivers/reasons for installing the psychosocial risk management policy as a relevant topic among organisations?
- 12) What have been the main barriers/reasons that have hindered installing psychosocial risk management as a relevant topic?
- 13) What opportunities and benefits do psychosocial risk management bring to organisations?
- 14) What challenges do organisations face while managing their psychosocial risks?
- 15) What type of initiatives has this policy driven enterprises to adopt to promote mental health at work? How effective have they been? Why?

Closure

- 16) What other policy instruments/tools are available in the Chilean context to support organisations in promoting mental health at work? How do they interact with the national policy?
- 17) Are there any ideas about this topic that we have not covered that you would like to discuss?

B.2 Spanish version

Muchas gracias por acceder a participar en el presente proyecto de investigación. Su participación en esta investigación doctoral es voluntaria y usted puede cambiar de parecer sobre su involucramiento en este proyecto en cualquier momento y sin necesidad de dar alguna explicación. De igual forma, la información que proporcione en esta actividad será manejada con estricta confidencialidad.

La presente investigación tiene por objetivo identificar aquellos aspectos que facilitan la adopción de políticas públicas en contextos organizacionales. Por ello, el propósito de la presente entrevista es examinar la experiencia chilena de desarrollar e implementar una política nacional para promover la salud mental en el trabajo y los aspectos que facilitan y dificultan su adopción en organizaciones chilenas. ¿Tiene alguna pregunta antes de comenzar?

Introducción:

- 1) ¿Me podría indicar cuál es su rol en promover la salud y la seguridad en el trabajo? ¿Cuál ha sido su involucramiento en el desarrollo de políticas sobre la gestión de factores psicosociales?
- 2) Desde su perspectiva, ¿por qué la salud mental laboral es una temática relevante?
- 3) ¿Qué rol poseen las políticas nacionales en promover la salud mental laboral? ¿Cuáles debiesen ser los principales aspectos que debiesen abordar?

Revisión del caso chileno en diseñar e implementar una política nacional

- 4) Desde su perspectiva ¿qué aspectos incidieron en que Chile adoptará una política nacional para gestionar los factores psicosociales?
- 5) ¿De qué forma organizaciones internacionales han apoyado a Chile en el desarrollo e implementación de una política nacional para la gestión de factores psicosociales?

- 6) ¿Qué actores claves han estado involucrados en el desarrollo de esta política nacional?
- 7) ¿Cuáles han sido las principales oportunidades y desafíos que Chile ha enfrentado al momento de diseñar e implementar una política nacional para para gestionar los factores psicosociales?
- 8) ¿Cuáles han sido los principales logros que la política chilena ha obtenido?
- 9) ¿Cuáles son las brechas que esta política que aún le faltan por abordar?

Transferencia de la política nacional al contexto social y organizacional

- 10) ¿Qué acciones se han realizado para promover que las organizaciones adopten la política de gestión de factores psicosociales?
- 11) ¿Cuáles han sido los principales motivos/aspectos que han facilitado que la política de gestión de factores psicosociales sea considerada como relevante?
- 12) ¿Qué aspectos dificultan que la política de gestión de factores psicosociales sea considerada como relevante?
- 13) Desde su perspectiva ¿qué oportunidades y beneficios trae a las organizaciones que adoptan la política de gestión de factores psicosociales?
- 14) ¿Cuáles son los desafíos que las organizaciones enfrentan al momento de implementar la política de gestión de factores psicosociales?
- 15) En aquellas organizaciones que han implementado esta política nacional ¿Qué tipo de iniciativas se han desarrollado para promover la salud mental laboral? ¿Qué tan efectivas han sido?

Cierre

- 16) ¿Existen otras políticas, instrumentos y/o herramientas disponibles en el contexto chileno que apoyen a las organizaciones a promover la salud mental laboral? ¿Cómo dichos instrumentos interactúan con la política nacional?
- 17) ¿Hay alguna idea que no hemos cubierto y que considera relevante conversar?

Appendix C: Interview script utilised with societal OSH stakeholders

C.1 English version

Introduction:

- 1) Can you please tell me a bit about your role? What are the main objectives of your role? Why are such objectives important for you?
- 2) Is mental health at the workplace a relevant topic for you? Why?
- 3) From your perspective, what situations/events have influenced the installation of the promotion of mental health and well-being at work as a relevant topic? Who have been the main stakeholders involved?

Relevance of the national policy

- 4) How familiar are you with the Chilean national psychosocial risk management policy? What has been your involvement in its implementation?
- 5) From your perspective, what are the main goals of this policy?
- 6) From your point of view, what external support is offered to enterprises to adopt the national policy? What are the strengths of this type of support? In your opinion, how can they be improved?
- 7) What are the main drivers/reasons that have promoted the adoption of the Chilean national psychosocial risk management policy among organisations?
- 8) What are the main barriers/reasons that have hindered enterprises from adopting the psychosocial risk management policy?
- 9) What opportunities and benefits do adopting the national psychosocial risk management policy bring to organisations?
- 10) What challenges do organisations face while adopting this policy?
- 11) What type of initiatives has this policy driven enterprises to adopt to promote mental health at work? How effective have they been? Why?
- 12) What are the gaps this policy still needs to address?

Closure

- 13) What other policy instruments/tools are available in the Chilean context to support organisations in promoting mental health at work? How do they interact with the national policy?
- 14) Are there any ideas about this topic that we have not covered that you would like to discuss?

C.2 Spanish version

Muchas gracias por acceder a participar en el presente proyecto de investigación. Su participación en esta investigación doctoral es voluntaria y usted puede cambiar de parecer sobre su involucramiento en este proyecto en cualquier momento y sin necesidad de dar alguna explicación. De igual forma, la información que proporcione en esta actividad será manejada con estricta confidencialidad.

La presente investigación tiene por objetivo identificar aquellos aspectos que facilitan la adopción de políticas públicas en contextos organizacionales. Por ello, el propósito de la presente entrevista es examinar los aspectos que facilitan y dificultan la implementación de la política chilena de gestión de factores psicosociales en organizaciones. ¿Tiene alguna pregunta antes de comenzar?

Introducción:

- 1) ¿Cuál es su rol? ¿Cuáles son los objetivos de su rol? ¿Por qué esos objetivos son relevantes?
- 2) ¿Es la salud mental laboral una temática relevante en el rol que desempeña? ¿por qué?
- 3) ¿Qué situaciones/eventos han conllevado a que la salud mental laboral sea una temática relevante en el país? ¿Quiénes han sido los principales actores involucrados en ello?

Relevancia de la política nacional

- 4) En Chile, la autoridad gubernamental ha implementado diversas acciones para proteger la salud mental de los trabajadores ¿Qué tan familiarizado se encuentra usted con la política nacional de gestión de factores psicosociales? ¿Cuál ha sido su experiencia en la implementación de esta política?
- 5) Desde su perspectiva, ¿cuáles son los principales objetivos que esta política busca alcanzar?
- 6) ¿Cuál es su opinión respecto al apoyo que brindan entidades externas para implementar esta política?/¿Qué tipo de apoyo externo ha recibido para implementar esta política? ¿Cuáles son las fortalezas de este apoyo? ¿Qué podría ser mejorado?
- 7) ¿Cuáles son los principales motivos/aspectos que facilitan que la política de gestión de factores psicosociales sea considerada como relevante?
- 8) ¿Qué aspectos dificultan que la política de gestión de factores psicosociales sea considerada como relevante?

- 9) Desde su rol ¿qué oportunidades y beneficios trae implementar la política de gestión de factores psicosociales?
- 10) Desde su rol ¿Cuáles son los desafíos que ha enfrentado al momento de implementar la política de gestión de factores psicosociales?
- 11) En aquellas organizaciones que han implementado esta política nacional ¿Qué tipo de actividades se han desarrollado para promover la salud mental laboral? ¿Qué tan efectivas han sido estas iniciativas?
- 12) Desde su perspectiva ¿Qué aspectos aún faltan por abordar en esta política? ¿Cómo esta podría ser mejorada?

Cierre

- 13) ¿Existen otras políticas, instrumentos y/o herramientas disponibles en el contexto chileno que apoyen a las organizaciones a promover la salud mental laboral? ¿Cómo dichos instrumentos interactúan con la política nacional?
- 14) ¿Hay alguna idea que no hemos cubierto y que considera relevante conversar?

Appendix D: Interview script utilised with representatives from Chilean organisations

D.1 English version

Thank you for agreeing to participate in the research project. Your participation in this PhD research is voluntary, and you may change your mind about being involved at any time, and without giving a reason. In addition, all the information you share with me will be managed with strict confidentiality.

The current project aims to provide insights that optimise the translation of national policies into the organisational context. Therefore, this interview objective is to discuss the aspects that facilitate and hinder enterprises to adopt and implement the Chilean national psychosocial risk management policy. Do you have any questions before we begin?

Introduction:

- 1) Can you please tell me a bit about your role? What are the main objectives of your role?
- 2) Is mental health at work a relevant topic in your organisation? Why?

Revision of implementation experience

- 3) What has been your involvement in the implementation of the psychosocial risk management protocol?
- 4) From your perspective, what are the main goals of this policy?
- 5) From your experience, what external support is offered to enterprises to adopt the national policy? What are the strengths of this type of support? In your opinion, how can they be improved?
- 6) What are the main drivers/reasons to adopt the psychosocial risk management protocol in your organisation?
- 7) What are the main barriers/reasons that have hindered the adoption of this policy in your company?
- 8) What opportunities and benefits did adopting this policy brought to your organisation?
- 9) What challenges your organisation face while adopting this policy?
- 10) What type of initiatives this policy has driven to your company to promote mental health at work? How effective have they been? Why?
- 11) What are the gaps this policy still needs to address?

Closure

- 12) What other policy instruments/tools are available in the Chilean context to support organisations to promote mental health at work? How do they interact with the national policy?
- 13) Are there any ideas we have not covered about this topic and that you would like to discuss?

D.2 Spanish version

Muchas gracias por acceder a participar en el presente proyecto de investigación. Su participación en esta investigación doctoral es voluntaria y usted puede cambiar de parecer sobre su involucramiento en este proyecto en cualquier momento y sin necesidad de dar alguna explicación. De igual forma, la información que proporcione en esta actividad será manejada con estricta confidencialidad.

La presente investigación tiene por objetivo identificar aquellos aspectos que facilitan la adopción de políticas públicas en contextos organizacionales. Por ello, el propósito de la presente entrevista es examinar los aspectos que facilitan y dificultan la implementación de la política chilena de gestión de factores psicosociales en organizaciones. ¿Tiene alguna pregunta antes de comenzar?

Introducción:

- 1) ¿Cuál es su rol? ¿Cuáles son los objetivos de su rol?
- 2) ¿Es la salud mental laboral una temática relevante en su organización? ¿por qué?

Revisión de experiencia:

- 3) ¿Cuál ha sido su experiencia en la implementación del protocolo de vigilancia de riesgos psicosociales en el trabajo?
- 4) Desde su perspectiva, ¿cuáles son los principales objetivos que esta política busca alcanzar?
- 5) ¿Cuál es su opinión respecto al apoyo que brindan entidades externas para implementar esta política?, ¿Qué tipo de apoyo externo ha recibido para implementar esta política?, ¿Cuáles son las fortalezas de este apoyo? ¿Qué podría ser mejorado?
- 6) ¿Cuáles son los principales motivos/aspectos que facilitaron la adopción de este protocolo en su organización?
- 7) ¿Qué aspectos dificultaron la adopción de esta normativa en su organización?
- 8) ¿Cuáles han sido los principales actores involucrados en la implementación de esta normativa?
- 9) Desde su rol ¿qué oportunidades y beneficios ha traído la implementación de esta normativa en su organización?
- 10) Desde su rol ¿Cuáles son los desafíos que ha enfrentado al momento de implementar esta normativa?
- 11) ¿Qué tipo de actividades se han desarrollado para promover la salud mental laboral en su organización a raíz de la implementación de esta normativa? ¿Qué tan efectivas han sido estas iniciativas?
- 12) Desde su perspectiva ¿Qué aspectos aún faltan por abordar en esta política?, ¿Cómo podría ser mejorada?

Cierre

- 13) ¿Existen otras políticas, instrumentos y/o herramientas disponibles en el contexto chileno que apoyen a las organizaciones a promover la salud mental laboral? ¿Cómo dichos instrumentos interactúan con la política nacional?
- 14) ¿Hay alguna idea que no hemos cubierto y que considera relevante conversar?

Appendix E: Chilean policy documents reviewed in Chapter 4

Governmental agency	Name of the policy document	Type of documents	Year of publication
Chilean Superintendency of Social Security	Circular 2838 Instruye A Los Organismos Administradores De La Ley N° 16744 Acerca De Los Elementos Mínimos A Considerar En La Elaboración De Estudios De Puestos De Trabajo Para La Calificación De Enfermedades Mentales	Occupational mental illnesses	2012
Chilean Superintendency of Social Security	Circular 3167 Instruye A Los Organismos Administradores Del Seguro De La Ley N° 16.744, Sobre El Protocolo De Normas Mínimas De Evaluación Que Deben Cumplir En El Proceso De Calificación Del Origen De Las Enfermedades Denunciadas Como Profesionales.	Occupational mental illnesses	2015
Chilean Superintendency of Social Security	Circular 3241 Instruye A Los Organismos Administradores Del Seguro De La Ley N° 16.744, Sobre El Protocolo De Normas De Calificación Del Origen De Las Enfermedades Denunciadas Como Profesionales. Reemplaza Y Deroga Circular N° 3167, De 2015.	Occupational mental illnesses	2016
Chilean Superintendency of Social Security	Circular 3243 Imparte Instrucciones A Los Organismos Administradores Del Seguro De La Ley N° 16.744 Sobre La Metodología De Evaluación E Intervención En Riesgo Psicosocial Laboral	Psychosocial risk management	2016
Chilean Superintendency of Social Security	Circular 3298 Instruye A Los Organismos Administradores Del Seguro De La Ley N° 16.744, Sobre El Protocolo De Normas Mínimas De Evaluación Que Deben Cumplir En El Proceso De Calificación Del Origen De Las Enfermedades Denunciadas Como Profesionales	Occupational mental illnesses	2017
Chilean Superintendency of Social Security	Circular 3366 Modifica El Título I. Obligaciones De Las Entidades Empleadoras Y El Título II. Responsabilidades Y Obligaciones De Los Organismos Administradores, Ambos Del Libro IV. Prestaciones Preventivas Del Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales De La Ley N°16.744	Psychosocial risk management	2016
Chilean Superintendency of Social Security	Circular 3442 "Calificación De Origen De Patologías De Salud Mental Y Evaluación De Riesgo Psicosocial Laboral. Modifica El Título III. Calificación De Enfermedades Profesionales Del Libro III. Denuncia, Calificación Y Evaluación De Incapacidades Permanentes; El Título II. Responsabilidades Y Obligaciones De Los Organismos Administradores Del Libro IV. Prestaciones Preventivas Y El Título II Gestión De Reportes E Información Para La Supervisión (Gris) Del Libro IX Sistemas De Información. Informes Y Reportes, Del Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales De La Ley N°16.744".	Psychosocial risk management and occupational mental illnesses	2019
Chilean Superintendency of Social Security	Circular 3516 Modifica La Circular 3.465, De 29 De Octubre De 2019, Sobre Evaluación De Puesto De Trabajo En Enfermedad Músculo Esquelética Y En Enfermedad De Salud Mental.	Occupational mental illnesses	2020
Chilean Superintendency of Social Security	Circular 3528 Modifica Instrucciones Sobre La Evaluación De Los Factores De Riesgos Psicosociales Laborales Modifica El Título III. Calificación De Enfermedades Profesionales, Del Libro III. Denuncia, Calificación Y Evaluación De Incapacidades Permanentes; El Título II. Responsabilidades Y Obligaciones De Los Organismos Administradores, Del	Psychosocial risk management and	2020

	Libro IV. Prestaciones Preventivas, Y El Título I. Sistema Nacional De Información De Seguridad Y Salud En El Trabajo (SISESAT), Del Libro IX. Sistemas De Información. Informes Y Reportes, Del Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales De La Ley N°16.744	occupational mental illnesses	
Chilean Superintendency of Social Security	Circular 3578 Modifica La Circular 3.465, De 29 De Octubre De 2019, Sobre Evaluación De Puesto De Trabajo En Enfermedad Músculo Esquelética Y En Enfermedad De Salud Mental	Occupational mental illnesses	2021
Chilean Superintendency of Social Security	Circular 3696 Atención En Salud Mental Y Programa De Intervención Temprana. Modifica El Título II. Calificación De Accidentes Del Trabajo, Del Libro III. Denuncia, Calificación Y Evaluación De Incapacidades Permanentes Y El Título I. Generalidades, Del Libro V. Prestaciones Médicas, Ambos Del Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales De La Ley N° 16.744	Occupational accident	2022
Chilean Superintendency of Social Security	Circular 3709 Protocolo De Vigilancia De Riesgos Psicosociales En El Trabajo. Modifica El Título III. Calificación De Enfermedades Profesionales Del Libro III. Denuncia, Calificación Y Evaluación De Incapacidades Permanentes Y El Título II. Responsabilidades Y Obligaciones De Los Organismos Administradores Y De Los Administradores Delegados, Del Libro IV. Prestaciones Preventivas, Ambos Del Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales De La Ley N°16.744	Psychosocial risk management and occupational mental illnesses	2022
Chilean Superintendency of Social Security	Documento De Trabajo N°24 Nuevo Cuestionario De Evaluación De Riesgo Psicosocial CEAL-SM/SUSESO	Psychosocial risk management	2023
Chilean Superintendency of Social Security	Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales Libro III. Denuncia, Calificación Y Evaluación De Incapacidades Permanentes	Occupational mental illnesses	2023
Chilean Superintendency of Social Security	Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales Libro IV. Prestaciones Preventivas	Psychosocial risk management	2023
Chilean Ministry of Labour and Social Prevision	Decreto 109 Aprueba El Reglamento Para La Calificación Y Evaluación De Los Accidentes Del Trabajo Y Enfermedades Profesionales, De Acuerdo Con Lo Dispuesto En La Ley 16.744, De 1° De Febrero De 1968, Que Estableció El Seguro Social Contra Los Riesgos Por Estos Accidentes Y Enfermedades.	Occupational mental illnesses	2006
Chilean Superintendency of Social Security	Manual Del Cuestionario SUSESO/ISTAS21 Versión Breve	Psychosocial risk management	2009
Chilean Superintendency of Social Security	Manual Del Cuestionario SUSESO/ISTAS21 Versión Completa	Psychosocial risk management	2009
Chilean Superintendency of Social Security	Manual Del Cuestionario SUSESO/ISTAS21 Versión Breve	Psychosocial risk management	2013
Chilean Superintendency of Social Security	Manual Del Cuestionario SUSESO/ISTAS21 Versión Completa	Psychosocial risk management	2014
Chilean Superintendency of Social Security	Manual Del Cuestionario SUSESO/ISTAS21	Psychosocial risk management	2016

Chilean Superintendency of Social Security	Manual Del Cuestionario SUSESO/ISTAS21	Psychosocial risk management	2018
Chilean Superintendency of Social Security	Manual Del Cuestionario SUSESO/ISTAS21	Psychosocial risk management	2020
Chilean Superintendency of Social Security	Oficio Ordinario 69976 Recalculo De Nivel De Riesgo A Organizaciones Evaluadas Con Instrumento SUSESO/ISTAS21 Versión Completa	Psychosocial risk management	2016
Chilean Ministry of Health	Ordenanza B33/1645 Extiende Fiscalización Del Protocolo De Vigilancia De Riesgos Psicosociales En El Trabajo	Psychosocial risk management	2015
Chilean Superintendency of Social Security	Oficio Ordinario 58114 Actualiza Niveles De Riesgo	Psychosocial risk management	2017
Chilean Superintendency of Social Security	Oficio Ordinario 1018 Proceso De Evaluación De Riesgos Psicosociales	Psychosocial risk management	2020
Chilean Superintendency of Social Security	Oficio Ordinario 33019. Definición Complementaria Riesgo Medio En Evaluación De Riesgos Psicosociales Con Cuestionario	Psychosocial risk management	2017
Chilean Superintendency of Social Security	Oficio Ordinario 46145 Modifica Definición Complementaria De Riesgo En Evaluación De Riesgos Psicosociales Con Cuestionario SUSESO/ISTAS21	Psychosocial risk management	2017
Chilean Superintendency of Social Security	Oficio Ordinario 56177 Emite Pronunciamiento Sobre Incorporación De Programas De Vigilancia De Riesgos Psicosociales Laborales	Psychosocial risk management	2018
Chilean Superintendency of Social Security	Oficio Ordinario 9155 Amplia Plazo De Vigencia De Plataforma De Cuestionario SUSESO/ISTAS21 Versión Breve	Psychosocial risk management	2018
Chilean Ministry of Health	Resolución Exenta 336 Aprueba Protocolo De Vigilancia De Riesgos. Psicosociales En El Trabajo	Psychosocial risk management	2013
Chilean Ministry of Health	Resolución Exenta 1433. Aprueba Actualización De Protocolo De Vigilancia De Riesgos Psicosociales En El Trabajo	Psychosocial risk management	2017
Chilean Ministry of Health	Resolución Exenta 1448 Actualiza El Protocolo De Vigilancia De Riesgos Psicosociales En El Trabajo, Dejando Sin Efecto La Resolución Exenta N°1433 De 2017.	Psychosocial risk management	2022
Chilean Ministry of Health	Protocolo De Vigilancia De Riesgos Psicosociales En El Trabajo	Psychosocial risk management	2013
Chilean Ministry of Health	Protocolo De Vigilancia De Riesgos Psicosociales En El Trabajo	Psychosocial risk management	2017

Chilean Ministry of Health	Protocolo De Vigilancia De Riesgos Psicosociales En El Trabajo	Psychosocial risk management	2022
Chilean Superintendency of Social Security	Dictamen 1222 Situación De Emergencia Sanitaria Provocada Por El Coronavirus COVID-19	Force majeure	2020
Chilean Superintendency of Social Security	Dictamen 1562 Modifica Y Complementa En Lo Instruido En El Oficio N°1.222, De 30 De Marzo De 2020, En Relación A La Posibilidad De Prorrogar La Vigencia De Los Exámenes De Los Protocolos De Vigilancia Por Exposición A Hipo baria E Hiperbárica Del Ministerio De Salud, Y Se Precisan Instrucciones En Relación Al Ingreso De Los Centros De Trabajo A Los Programas De Vigilancia Del Ambiente Y De La Salud, Durante Los Meses De Marzo A Junio De 2020.	Force majeure	2020
Chilean Superintendency of Social Security	Dictamen 2195 Informa Sobre La Prórroga De Las Actividades Que Indica. COVID-19	Force majeure	2020
Chilean Superintendency of Social Security	Dictamen 3624 Prórroga Para Evaluar Los Factores De Riesgo Psicosocial Laboral, En El Contexto Del COVID-19	Force majeure	2020
Chilean Superintendency of Social Security	Oficio Ordinario 47 Procesos De Evaluación De Riesgos Psicosociales Laborales	Force majeure	2020
Chilean Subsecretary of Public Health	Resolución 321 Informa Reactivación Aplicación De Protocolo De Vigilancia De Riesgos Psicosociales Laborales	Force majeure	2021
Chilean Subsecretary of Public Health	Ordinario 3288 Extensión De Vigencia De Exámenes Ocupacionales En El Contexto De COVID-19	Force majeure	2020
Chilean Superintendency of Social Security	Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales Libro IX. Sistemas De Información. Informes Y Reportes	Informational systems related to monitoring Occupational Safety and Health (OSH)	2023
Chilean Superintendency of Social Security	Circular 3263 Evaluación Y Vigilancia Ambiental De La Salud De Los Trabajadores (EVAST) Y Remisión De Información Asociada Al Sistema Nacional De Información De Seguridad Y Salud En El Trabajo (SISESAT). Instrucciones A Los Organismos Administradores De La Ley N° 16.744 Y Empresas Con Administración Delegada.	Informational systems related to monitoring Occupational Safety and Health (OSH)	2016

Chilean Superintendency of Social Security	Circular 3570 Imparte Instrucciones Relativas A La Visualización De La Información De Las Entidades Empleadoras Y Sus Trabajadores, Contenida En El Sistema Nacional De Información De Seguridad Y Salud En El Trabajo (SISESAT) Modifica El Título II. Responsabilidades Y Obligaciones De Los Organismos Administradores Y Administradores Delegados, Del Libro IV. Prestaciones Preventivas Y El Título I. Sistema Nacional De Información De Seguridad Y Salud En El Trabajo (SISESAT), Del Libro IX. Sistemas De Información. Informes Y Reportes, Del Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales De La Ley N°16.744	Informational systems related to monitoring Occupational Safety and Health (OSH)	2021
Chilean Superintendency of Social Security	Circular 3701 Encuestas Asociadas A La Evaluación De Salud De Los Trabajadores Y Registro De Su Información En El Módulo EVAST Del Sistema Nacional De Información De Seguridad Y Salud En El Trabajo (SISESAT) Modifica El Título II Del Libro IV. Prestaciones Preventivas Y El Título I. Sistema Nacional De Información De Seguridad Y Salud En El Trabajo (SISESAT), Del Libro IX. Sistemas De Información. Informes Y Reportes, Ambos Del Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales De La Ley N°16.744	Informational systems related to monitoring Occupational Safety and Health (OSH)	2022
Chilean Superintendency of Social Security	Circular 3393 Imparte Instrucciones Sobre Vigilancia Ambiental Y De La Salud. Modifica El Título II. Responsabilidades Y Obligaciones De Los Organismos Administradores Del Libro IV. Prestaciones Preventivas, Y El Título I. Sistema Nacional De Información De Seguridad Y Salud En El Trabajo (SISESAT) Del Libro IX. Sistemas De Información. Informes Y Reportes Del Compendio De Normas Del Seguro Social De Accidentes Del Trabajo Y Enfermedades Profesionales De La Ley N°16.744	Informational systems related to monitoring Occupational Safety and Health (OSH)	2018
Chilean Labour Direction	Experiencia De La Fiscalización En Modalidad Asistida, En Empresas Del País, Sobre La Implementación Del “Protocolo De Vigilancia De Factores De Riesgos Psicosociales En El Trabajo”: Una Herramienta Reguladora Que Aporta Al Desarrollo Y Mejoramiento De La Metodología Para La Prevención Y Tratamiento De Los Riesgos Psicosociales.	Report	2016
Chilean Ministry of Health	Ficha De Fiscalización Factores De Riesgo Psicosociales En Los Lugares De Trabajo	Auditing	2022
Chilean Labour Direction	Tipificador De Multas	Auditing	2015
Chilean Labour Direction	Tipificador De Multas	Auditing	2016
Chilean Labour Direction	Tipificador De Multas	Auditing	2019
Chilean Labour Direction	Tipificador De Multas	Auditing	2022
Chilean Public Health Institute	Guía De Reintegro Laboral: Orientaciones Para Casos De Enfermedad Profesional	Guidelines	2020
Chilean Public Health Institute	Guía Para La Intervención en Conciliación Trabajo- Familia	Guidelines	2017

Chilean Institute	Public Health	Guía Para La Detección Y Prevención del Acoso Laboral	Guidelines	2020
Chilean Institute	Public Health	Guía Para La Gestión De Riesgos Psicosociales En El Trabajo: Justicia Organizacional	Guidelines	2021
Chilean Institute	Public Health	Instrumento De Evaluación De Medidas Para La Prevención De Riesgos Psicosociales En El Trabajo	Guidelines	2012
Chilean Institute	Public Health	Instrumento ISP-GRPS Instrumento Para La Gestión Preventiva Del Riesgo Psicosocial En El Trabajo	Guidelines	2018
Chilean Civil Service		Propuesta De Estrategia Para La Medición E Intervención De Las Condiciones Laborales En Los Servicios Públicos De La Administración Central Del Estado	Guidelines	2012
Chilean National Service of Women		Guía Sistema De Gestión De La Igualdad De Género Y Conciliación De La Vida Laboral, Familiar Y Personal	Guidelines	2013
Chilean Cabinet	Presidential	Instructivo Presidencial Sobre Buenas Prácticas Laborales En Desarrollo De Personas En El Estado	Other regulations	2015
Chilean Ministry of Labour and Social Prevision		Ley 21220 Modifica El Código Del Trabajo En Materia De Trabajo A Distancia	Other regulations	2020
Chilean Ministry of Labour and Social Prevision		Decreto 47 Política Nacional De Seguridad Y Salud En El Trabajo	Other regulations	2016
Chilean Ministry of Labour and Social Prevision		Decreto 31 Exento Aprueba Programa Nacional De Seguridad Y Salud En El Trabajo	Other regulations	2018
Chilean Ministry of Labour and Social Prevision		Decreto 18 Aprueba Reglamento Del Artículo 152 Quáter M Del Código Del Trabajo, Que Establece Condiciones Específicas De Seguridad Y Salud En El Trabajo A Que Deberán Sujetarse Los Trabajadores Que Prestan Servicios En Las Modalidades De Trabajo A Distancia O Teletrabajo, De Acuerdo Con Los Principios Y Condiciones De La Ley N° 16.744	Other regulations	2020
Chilean Superintendency of Social Security		Panorama Mensual Seguridad Y Salud En El Trabajo: Riesgo Psicosocial En Chile: Resultados De La Aplicación Del Cuestionario SUSESO/ISTAS21 (2015)	Report	2016
Chilean Superintendency of Social Security		Panorama Mensual Seguridad Y Salud En El Trabajo: Riesgo Psicosocial En Chile: Resultados De La Aplicación Del Cuestionario SUSESO/ISTAS21 (2016)	Report	2017
Chilean Superintendency of Social Security		Panorama Mensual Seguridad Y Salud En El Trabajo: Riesgo Psicosocial En Chile: Resultados De La Aplicación Del Cuestionario SUSESO/ISTAS21 (2017)	Report	2018
Chilean Superintendency of Social Security		Panorama Mensual Seguridad Y Salud En El Trabajo: Riesgo Psicosocial En Chile: Resultados De La Aplicación Del Cuestionario SUSESO/ISTAS21 (2018)	Report	2019

Chilean Superintendency of Social Security	Panorama Mensual Seguridad Y Salud En El Trabajo: Riesgo Psicosocial En Chile: Resultados De La Aplicación Del Cuestionario SUSESO/ISTAS21 (2019)	Report	2020
Chilean Superintendency of Social Security	Riesgo Psicosocial Laboral En Chile Resultados De La Aplicación Del Cuestionario SUSESO/ISTAS21 En 2020	Report	2021
Chilean Superintendency of Social Security	Riesgo Psicosocial Laboral En Chile Resultados De La Aplicación Del Cuestionario SUSESO/ISTAS21 En 2021	Report	2022
Chilean Superintendency of Social Security	Circular 2971 Plan De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2014. Imparte Instrucciones A Los Organismos Administradores De La Ley N°16.744.	Annual plans for preventive activities	2013
Chilean Superintendency of Social Security	Circular 3064 Plan De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2015. Imparte Instrucciones A Los Organismos Administradores De La Ley N° 16.744.	Annual plans for preventive activities	2014
Chilean Superintendency of Social Security	Circular 3193 Criterios Permanentes En Prevención De Accidentes Y Enfermedades Profesionales Y Plan Anual De Prevención De Riesgos Para El Año 2016. Imparte Instrucciones A Los Organismos Administradores De La Ley N° 16.744	Annual plans for preventive activities	2015
Chilean Superintendency of Social Security	Circular 3271 Plan Anual De Prevención De Riesgos Años 2016 Y 2017. Deroga Y Reemplaza Título III De Circular N° 3.193, De 2015	Annual plans for preventive activities	2016
Chilean Superintendency of Social Security	Circular 3337 Plan Anual De Prevención De Riesgos Año 2018. Instruye A Los Organismos Administradores De La Ley N° 16.744.	Annual plans for preventive activities	2017
Chilean Superintendency of Social Security	Circular 3392 Plan Anual De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2019 Instruye A Los Organismos Administradores Y Empresas Con Administración Delegada De La Ley N°16.744	Annual plans for preventive activities	2018
Chilean Superintendency of Social Security	Circular 3478 Complementa Instrucciones Contenidas En La Circular N°3442 De 2019, En Relación A Los Archivos Que Deben Incorporarse Al Sistema De Gestión De Reportes E Información Para La Supervisión (Gris), Respecto Del Plan De Prevención De Riesgos Laborales	Annual plans for preventive activities	2019
Chilean Superintendency of Social Security	Circular 3404 Modifica Circular N° 3.392, Sobre Plan Anual De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Del Año 2019.	Annual plans for preventive activities	2019
Chilean Superintendency of Social Security	Circular 3467 Plan Anual De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2020. Instruye A Los Organismos Administradores De La Ley N°16.744	Annual plans for preventive activities	2019

Chilean Superintendency of Social Security	Circular 3476 Modifica La Circular 3467, De 30 De Octubre De 2019, Sobre Plan Anual De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2020	Annual plans for preventive activities	2019
Chilean Superintendency of Social Security	Circular 3490 Modifica La Circular 3.467, De 30 De Octubre De 2019, Sobre Plan Anual De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2020.	Annual plans for preventive activities	2020
Chilean Superintendency of Social Security	Circular 3550 Plan Anual De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2021 Imparte Instrucciones A Los Organismos Administradores Del Seguro De La Ley N°16.744	Annual plans for preventive activities	2020
Chilean Superintendency of Social Security	Circular 3580 Complementa Y Modifica La Circular N°3.550, De 29 De Octubre De 2020, Sobre Plan Anual De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2021	Annual plans for preventive activities	2021
Chilean Superintendency of Social Security	Circular 3630 Plan Anual De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2022 Imparte Instrucciones A Los Organismos Administradores Del Seguro De La Ley N°16.744 Y A Las Empresas Con Administración Delegada	Annual plans for preventive activities	2021
Chilean Superintendency of Social Security	Circular 3780 Plan Anual De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2023 Imparte Instrucciones A Los Organismos Administradores Y A Los Administradores Delegados Del Seguro De La Ley N°16.744	Annual plans for preventive activities	2022
Chilean Superintendency of Social Security	Circular 3775 Plan Anual De Prevención De Accidentes Del Trabajo Y Enfermedades Profesionales Año 2024 Imparte Instrucciones A Los Organismos Administradores Y A Los Administradores Delegados Del Seguro De La Ley N°16.744	Annual plans for preventive activities	2023

Appendix F: Original and translated quotes from empirical studies

F.1 Original and translated quotes from Chapter 4

ID quote	Quote in its original form in Spanish	Translated quote into English
1	Hemos observado una reducción sostenida en la tasa de accidentes laborales en el país desde la publicación de la Ley 16744 en 1968. Esto se ha visto impulsado recientemente por la ampliación de la cobertura del seguro a los trabajadores autónomos.	We have seen a sustained reduction in the country's rate of occupational accidents since the publication of Act 16744 in 1968. This has been recently fostered by extending the insurance coverage to self-employed workers.
2	A diferencia de otros temas laborales, en Chile es fácil llegar a acuerdos (en materia de SST) porque empleadores y empleados están en la misma línea. Aunque, obviamente, por diferentes razones.	In contrast to other labour issues, in Chile, it is easy to reach agreements (regarding OSH) because employers and employees are on the same track. Although, obviously, for different reasons
3	Por paradójico que parezca, los trabajadores no son una prioridad para los Estados (latinoamericanos)... Los políticos no se han dado cuenta de que si sus trabajadores no gozan de buena salud, los países no serán productivos ni progresarán. Por ejemplo, existen graves problemas en los países del Caribe. Algunos ni siquiera han actualizado su normativa de SST desde principios del siglo pasado.	As paradoxical as it sounds, workers are not a priority to (Latin American) states... Politicians have not realised that if their workers are not healthy, countries will not be productive and will not progress. For example, you find serious problems in the Caribbean countries. Some of them have not even updated their OSH regulation since the start of the last century
4	Si se analizan todos los acuerdos comerciales que Chile ha firmado en los últimos 30 años, se encontrará que cada uno establece una norma laboral conforme al cumplimiento de los derechos y principios fundamentales en el trabajo o a los convenios fundamentales de la OIT.	If you read all the trade agreements Chile has signed during the last 30 years, you will find that each one of them establishes a labour standard according to either the fulfilment of the fundamental rights and principles at work or to ILO fundamental conventions
5	Cuando un país alcanza un alto nivel de cobertura y nuevos actores comienzan a participar en el mercado laboral, solo quedan los temas centrales de SST. En esta situación, la salud mental se convierte en un aspecto relevante que requiere mucha dedicación.	When a country reaches a high level of coverage, and new actors start participating in the labour market, only OSH hard core issues remain. In this situation, mental health becomes a relevant aspect that requires a lot of dedication
6	Hace 20 años, la salud mental en el trabajo se estudiaba poco en Chile. Por el contrario, a nivel internacional, existían todos los avances en torno a los determinantes sociales de la salud, donde el trabajo es un tema relevante. Sin embargo, aquí no se hacía nada. Así que comenzamos a realizar talleres basados en los avances de Karasek y Siegrist con una mentalidad académica, científica y política.	20 years ago, mental health at work was understudied in Chile. On the contrary, at the international level, there were all the developments regarding social determinants of health, in which work is a relevant issue. However, nothing was being done here. So, we started to do workshops based on the developments of Karasek and Siegrist with an academic/scientific and political mindset

7	Como en todos los temas de SST en Chile, el primer enfoque en salud mental es reactivo y se relaciona con la compensación. En otras palabras, ¿quién los paga?	As with all OSH topics in Chile, the first approach to mental health is reactive and related to compensation. In other words, who pays for them?
8	Hoy en día, se piensa que la adopción del Protocolo de Vigilancia de Riesgos Psicosociales en el Trabajo (PVRPT) fue el primer hito en Chile en materia de salud mental en el trabajo, pero todo comenzó con la actualización del Decreto Supremo 109. Sin embargo, debo decir que en ese entonces, la discusión fue muy intensa. Para determinar una enfermedad profesional, se necesita establecer una causalidad directa muy estrecha y estricta, mientras que los problemas de salud mental son causados por la interacción de una gran cantidad de situaciones.	Nowadays, people think that the adoption of the Psychosocial Risks at Work Surveillance Protocol (PRWSP) was the first milestone in Chile regarding mental health at work, but everything started with the update to Supreme Decree 109. Nonetheless, I have to say that back then, the discussion was very intense. To determine an occupational disease, you need to establish a direct causality that is very narrow and strict, while mental health problems are caused by the interaction of a plethora of situations
9	En ese momento, el personal de la Superintendencia (de Seguridad Social) tenía un interés académico en desarrollar un instrumento para evaluar los riesgos psicosociales según el contexto chileno y medir a todos con la misma regla.	At that time, staff from the Superintendency (of Social Security) had an academic interest in developing an instrument to assess psychosocial hazards according to the Chilean context and to measure everyone with the same ruler
10	Cuando la Superintendencia de Seguridad Social de Chile identificó la necesidad de un instrumento local para evaluar los riesgos psicosociales, la OIT contactó al Instituto Sindical del Trabajo, Ambiente y Salud (ISTAS) para adaptar su encuesta al contexto chileno.	When the Chilean Superintendency of Social Security identified the need for a local instrument to assess psychosocial hazards, ILO contacted the Instituto Sindical del Trabajo, Ambiente y Salud (Trade Union Institute for Work, Environment and Health in English and ISTAS based on its acronym in Spanish) to adapt their survey to the Chilean context
11	La colaboración con universidades locales llevó a profesionales de la Superintendencia de Seguridad Social de Chile a ser coautores de la publicación de 2009 sobre la validación del cuestionario SUSESO/ISTAS-21.	The collaboration with local universities led to professionals from the Chilean Superintendency of Social Security to be co-authors of the publication in 2009 regarding the validation of the SUSESO/ISTAS-21 questionnaire
12	La academia ha hecho importantes contribuciones. Una de ellas ha sido el Proyecto Araucaria, el cual fue un importante fondo de investigación que incluyó la comparación con otros países y proporcionó al gobierno chileno una herramienta más enfocada en la gestión de riesgos psicosociales.	The academia has made important contributions. One of them has been the 'Proyecto Araucaria' (Project Araucaria in English), which was a huge grant that included the comparison with other countries and provided the Chilean government with a tool that focused more on managing psychosocial risks
13	Después de la validación del cuestionario, solo se utilizó en casos particulares, como estudios académicos... Creo que se debió a que Chile es un país muy normativo y es muy difícil para las empresas implementar algo que no sea una regulación.	After the questionnaire was validated, it was only being used in particular cases, such as scholarly studies... I think it was because Chile is a very normative country and it is very hard for firms to implement anything that is not a regulation
14	Los psicólogos de salud ocupacional apoyaban aquellos casos de accidentes laborales que ocurrían a pesar de que las empresas habían adoptado todas las medidas de control. Por lo tanto, su función era abordar los problemas que los prevencionistas de riesgo no lograban abordar.	Occupational health psychologists supported cases where occupational accidents occurred despite firms having adopted all control measures. Therefore, their role was to address issues safety engineers were not reaching

15	Comenzamos a enfocarnos en la gestión de riesgos psicosociales cuando se incluyó la neurosis laboral en el Decreto Supremo 109. En ese momento, la empresa comenzó a contratar psicólogos para apoyar a las grandes empresas cuyas necesidades comenzaron a estar relacionadas con la salud mental ocupacional. Enfermedades profesionales	We started to focus on psychosocial risk management when labour neurosis was included in Supreme Decree 109. At that time, the company started to hire psychologists to support large companies whose needs started to be related to occupational mental illnesses
16	La estrategia sobre enfermedades profesionales se centró en programas de tratamiento y reincorporación al trabajo, la reducción de la infranotificación y los subsidios cruzados, y el desarrollo de programas de vigilancia epidemiológica para riesgos laborales relevantes.	The strategy on occupational diseases focused on treatment and return to work programmes, reducing under-notification and crossed subsidies and developing epidemiological surveillance programmes for relevant occupational hazards
17	La lista de riesgos profesionales considerados para un protocolo de vigilancia en el marco de los objetivos sanitarios se elaboró teniendo en cuenta tanto los comentarios del panel de expertos como las enfermedades profesionales con mayor incidencia en el país. Si bien las enfermedades mentales profesionales no eran tan relevantes como lo son hoy, el panel sugirió un protocolo de vigilancia de riesgos psicosociales basado en la experiencia de los países nórdicos.	The list of occupational hazards considered for a surveillance protocol in the sanitary goals was developed both by the comments from the expert panel and the occupational diseases with the highest incidence in the country. Although occupational mental illnesses were not as relevant as they are today, the panel suggested a psychosocial risks surveillance protocol based on the experience of the Nordic countries
18	El accidente de los 33 mineros pone de manifiesto que los logros chilenos en materia de SST eran falsos. Esto nunca habría ocurrido si esa empresa hubiera cumplido con todas las normas de SST de las que los chilenos estaban tan orgullosos.	The accident of the 33 miners highlights that the Chilean accomplishments in OSH were false. This would have never occurred if that firm complied with all the OSH regulations the Chileans were so proud of
19	Los Convenios 155 y 187 de la OIT buscan promover entornos de trabajo saludables y seguros, donde el concepto de trabajo decente es fundamental. Sin embargo, es importante señalar que el Convenio 187 de la OIT va más allá del Convenio 155, ya que obliga a los países a adoptar un programa o estrategia de SST. Desde que Chile adoptó el Convenio 187 de la OIT, se le encomendó implementar una política y un programa nacionales de SST.	ILO Conventions 155 and 187 aim to promote healthy and safe work environments in which the concept of decent work is fundamental. However, it is important to note that the ILO Convention 187 goes beyond ILO Convention 155 because it mandates countries to adopt an OSH programme or strategy. Since Chile adopted ILO Convention 187, it was mandated to implement an OSH national policy and programme
20	El comité ministerial se reúne cada seis meses para conocer los avances del Consejo Consultivo en materia de SST. Este último es una institución tripartita liderada por el Ministerio del Trabajo y Previsión Social que monitorea este tema.	The ministerial committee meets every six months to know the developments of the Consultative Council in terms of OSH. The latter is a tripartite institution led by the Ministry of Labour and Social Prevision who monitors this issue
21	Si me preguntan cuál es la fórmula que llevó a la adopción de una normativa de gestión de riesgos psicosociales en un país tan pequeño y lejano como Chile, bueno, fue una combinación de la cantidad de dinero que se destinaba a las mutualidades. El pago de las enfermedades mentales laborales, con los avances del mundo académico y la adaptación de la encuesta SUSESO/ISTAS-21 por parte de la Superintendencia (de Seguridad Social). A todo esto, hay que	If you ask me what is the recipe that led to adopting a psychosocial risk management regulation in a country so small and far away as Chile. Well, it was a combination of the amount of money mutualidades were paying for occupational mental illnesses, with the developments of the academic world and the Superintendency (of Social Security) adapting the SUSESO/ISTAS-21 survey. To all of this, you have to add the catalyser that was the accident of the 33 miners and the adoption of the national OSH policy

	sumar el catalizador que fue el accidente de los 33 mineros y la adopción de la política nacional de SST.	
22	A pesar de que este tema (la gestión de riesgos psicosociales) se estaba explorando en Chile, no existían muchos antecedentes ni evidencia disponible... por lo que este protocolo pretendía consolidar su relevancia.	Despite this topic (psychosocial risk management) being explored in Chile, there were not that many antecedents or evidence available... so this protocol aimed to install its relevance
23	Uno de los principales logros en Chile ha sido la colaboración entre instituciones públicas. Por ejemplo, la Superintendencia (de Seguridad Social) proporciona el instrumento y la metodología, y el Ministerio (de Salud) desarrolla la normativa.	One of the main achievements in Chile has been the collaboration between public institutions. For example, the Superintendency (of Social Security) provides the instrument and methodology, and the Ministry (of Health) develops the regulation
24	Fue una buena idea comenzar con la versión breve (del cuestionario SUSESO/ISTAS-21). No muchas empresas habían evaluado sus riesgos psicosociales en ese momento. Por lo tanto, contar con una encuesta que toma menos de 5 minutos fue una buena aproximación para ellas.	It was a good idea to start requesting firms to use the (SUSESO/ISTAS-21 questionnaire) brief version. Not many firms have assessed their psychosocial hazards at that moment. Therefore, having a survey that takes less than 5 minutes was a good approximation for them
25	El principal inconveniente fue que esta encuesta no estaba alineada con el modelo conceptual desarrollado en las mesas redondas. Si se lee la primera versión del protocolo, se describen seis riesgos psicosociales, pero solo se evaluaban cinco (mediante el cuestionario SUSESO/ISTAS 21).	The main drawback was that this survey was not aligned with the conceptual model developed in the roundtables. If you read the first version of the protocol, it depicts six psychosocial hazards, but only five were being assessed (by the SUSESO / ISTAS 21 questionnaire)
26	El proceso era muy intuitivo. Todos sabían algo diferente en ese momento. Era como la historia del elefante: alguien tocaba el colmillo, otro la cola y otro la oreja. No había nadie capaz de liderar adecuadamente en ese momento.	The process felt very intuitive. Everyone knew something different at that moment. It was like the story of the elephant; somebody was touching the tusk, another the tail and another the ear. There was nobody capable of properly leading at the moment
27	Cuando se publicó el PVRPT en 2013, contenía aspectos en los que el panel nunca se puso de acuerdo. Por ejemplo, el cuestionario SUSESO/ISTAS-21 se volvió obligatorio. En las mesas redondas, se llegó al acuerdo de permitir a las empresas que eligieran la metodología para evaluar y gestionar estos riesgos... En ese momento, ya existían otros instrumentos mejores. Por el contrario, el SUSESO/ISTAS-21 presentó problemas con muchos ítems. Los más graves fueron los de la variable de doble presencia (variable local asociada a la conciliación de la vida laboral y personal). ¿Cómo se supone que una empresa intervega en la situación personal de sus trabajadores?	When the PRWSP was published in 2013, it had things the panel never agreed on. For example, the SUSESO/ISTAS-21 questionnaire became mandatory. In the roundtables, it was discussed to allow firms to choose the methodology to assess and manage these risks... At that time, there were already other instruments that were better. On the contrary, the SUSESO/ISTAS-21 had problems with plenty of items. The worst were those in the double presence (local variable associated with work-life balance) variable. How will an employer intervene in employees' personal situations?
28	No sabes cuánto tiempo pasamos diciéndoles (a los representantes de los organismos gubernamentales chilenos) que la SUSESO/ISTAS-21 era realmente mala. Nadie estaba contento; sindicatos, empleadores, mutualidades y académicos siempre se quejaban.	You do not know how much time we spent telling them (representatives from Chilean governmental agencies) that the SUSESO/ISTAS-21 was really bad. Nobody was happy, unions, employers, mutualidades and academics were always complaining

29	Esta normativa exige a los empleados un acto de heroísmo. Por ejemplo, el comité realiza la evaluación y desarrolla intervenciones. Sin embargo, ¿dónde están los contrapesos cuando los empleadores no quieren implementar el plan de acción propuesto? Además, ¿cuál es el respaldo legal de este comité? ¿Para qué crear una nueva entidad cuando ya existen los comités bipartitos de SST con su propia personalidad jurídica?	This regulation asks employees to do an act of heroism. For example, the committee does the assessment and develops interventions. However, where are the counterweights when the employers do not want to implement the proposed action plan? Also, what is this committee's legal support? Why create a new entity when you already have the OSH bipartite committees with its own legal body?
30	El protocolo implica movilizarse hacia un mejor ambiente laboral. Nos ha permitido ver en qué factores específicos debemos intervenir.	The protocol means mobilising towards a better work environment. It has allowed us to see which specific factors we have to intervene on.
31	Las empresas han aprendido la relevancia del protocolo a base a la repetición. Ahora, los comités pueden decir sin dudar en qué etapa se encuentran, su nivel de riesgo o cuándo sería su reevaluación.	Companies have learned the relevance of the protocol through repetition. Now, you see that the committees can say without hesitating in which stage they are, their risk level or when their revaluation would be
32	El PVRPT y la normativa asociada han empoderado a los empleados para exigir e integrar el tema de la salud mental en el trabajo. No es extraño que haya un aumento en las enfermedades mentales laborales tras la publicación de estas normas. Sin embargo, el número de casos debería disminuir en el futuro, siempre que las empresas sean serias en sus intervenciones.	The PRWSP and related regulations have empowered employees to demand and install the issue of mental health at work. It is not strange that there was an increase in occupational mental illnesses after these norms were published. Nevertheless, the number of cases should drop in the future as long as companies are serious in their interventions
33	Cuando se publicó el PVRPT en 2013, no tuvimos que implementarlo. Los fiscalizadores solo inspeccionaban tres sectores económicos.	When the PRWSP was published in 2013, we did not have to implement it. Inspectors were only auditing three sectors
34	Al principio, varias empresas preguntaron por qué debían preocuparse por la salud mental de sus trabajadores. A menudo, sus departamentos legales asistían a las reuniones para decir que no era su responsabilidad.	At first, several firms asked why they had to worry about employees' mental health. Often, their legal departments attended the meetings to argue that it was not their duty
35	Puedes encargar un instrumento a un técnico lunar, pero si no se integra en el contexto empresarial, se convierte en un fracaso. Ese es el problema de esta normativa: impone demasiadas condiciones, por lo que es imposible cumplirla a menos que se cuente con una estructura especializada.	You can have an instrument made by a lunar technician, but if it does not integrate into a business context, it becomes a death letter. That is the problem with this regulation; it imposes too many conditions, so it is impossible to comply unless you have a dedicated infrastructure
36	A pesar de que el transporte era un sector prioritario, el SUSESO/ISTAS-21 no era un buen instrumento para nuestra realidad. Por ejemplo, en la pregunta: "¿Tienes que llevarte el trabajo a casa?", ¿qué se suponía que debían pensar nuestros empleados? ¿Que tenían que llevarse el camión a sus casas después del trabajo? Siempre puntuaba bien esa pregunta.	Despite transportation being a prioritised sector, the SUSESO/ISTAS-21 was not a good instrument for our reality. For example, in the question: 'Do you have to bring your work back home?' what were our employees supposed to think? That they had to take the lorry to their home after work? It always scored well
37	Fue vergonzoso ver que empresas pioneras en políticas de conciliación laboral obtenían un riesgo alto en doble presencia.	It was embarrassing to see companies that were pioneers in work-family policies obtaining high risk in the double presence variable
38	Hemos preguntado en varias ocasiones cómo realizar la evaluación con trabajadores domésticas. En este caso, suele ser una relación laboral individual, por lo que si el empleado indica que existen riesgos altos en el lugar de trabajo, lo más probable es que sea despedido.	We have asked on several occasions how to conduct the assessment with housekeepers. In this case, it is usually a one-on-one labour relationship, so if the employee indicates there are high risks in the workplace, it is most likely she or he will become redundant

39	En Chile sufrimos de “encuestitis”. Las empresas creen haber cumplido porque lograron el 60% de participación en el cuestionario SUSESO/ISTAS-21, y eso es totalmente erróneo.	In Chile, we suffer from ‘surveyitis’. Companies believe they have complied because they achieved 60% of participation in the SUSESO/ISTAS-21 questionnaire, and that is utterly wrong
40	Nuestros afiliados siempre nos preguntan cuál es el propósito del PVRPT. Se refieren a aspectos como las implicaciones que tienen los riesgos psicosociales para ellos y las acciones que pueden implementar para gestionarlos.	Our affiliates always ask us what the purpose of the PRWSP is. They mean aspects such as what implications psychosocial hazards have for them and what actions can they implement to manage them
41	Nuestro mayor temor era obtener un 'riesgo alto'. La versión extendida que se debe implementar en la vigilancia es aterradora. Se puede realizar una encuesta de 20 preguntas a 1000 empleados en un día; es factible. Sin embargo, imaginen cuánto tiempo tomará hacer lo mismo con un instrumento de 140 ítems.	Our biggest fear was to obtain a 'high risk'. The extended version you have to implement in the PLRESP is terrifying. You can take a survey with 20 questions to 1000 employees in a day, it is doable. However, imagine how long it will take to do the same with an instrument with 140 items
42	Todas las actividades relacionadas con este protocolo son voluntarias, ya sea formar parte del comité o asistir a un taller en el contexto de una intervención. La mayoría de nuestros colegas optan por no participar debido a la carga de trabajo que implica. Además, siguen teniendo que realizar el trabajo para el que fueron contratados.	All the activities related to this protocol are voluntary, whether being part of the committee or attending a workshop in the context of an intervention. Most of our colleagues choose not to participate because of the workload it involves. Plus, they still have to do the job for which they were hired
43	Los cambios de 2017 se implementaron con la mentalidad de proporcionar mayor claridad a la regulación, además de dar más tiempo a las empresas para desarrollar sus intervenciones.	The changes of 2017 were made with the mindset of providing more clarity to the regulation, along with giving more time to companies to develop their interventions
44	Un desafío principal siempre ha sido entregar directrices sobre qué intervenciones implementar. La actualización de 2020 buscó dar certezas basadas en las intervenciones más frecuentes reportadas por las mutualidades.	A main challenge has always been providing guidelines regarding which interventions to implement according to their results. The 2020 update aimed to give certainties based on the most frequent interventions that were being reported by mutualidades
45	En la mayoría de los casos, los cambios han sido para mejor. Desde los cambios de 2017, hemos tenido más tiempo para respirar entre evaluaciones.	Most of the time, the changes have been for the better. Since the changes from 2017, we have had time to breathe between assessments
46	Debo decir que los lugares de trabajo que obtenían riesgo bajo se olvidaban de este protocolo porque evalúan cuatro años después de su evaluación anterior.	I have to say, the workplaces that scored a 'low risk' tended to forget about this protocol because they evaluate after four years from their previous assessment
47	Esta iniciativa comenzó en 2015 cuando Chile renovó su acuerdo bilateral con Colombia. El entonces la intendenta chilena (de SST) sugirió incluir la colaboración entre estos países en materia de gestión de riesgos psicosociales en el capítulo laboral. Esto posteriormente se materializó en seminarios y talleres en los que participaron todos los países de la Alianza del Pacífico, junto con dos Estados observadores.	This initiative started in 2015 when Chile renewed its bilateral agreement with Colombia. The Chilean intendant (of OSH) of that time suggested including the collaboration between these countries regarding psychosocial risk management in the labour chapter ... This later materialised into seminars and workshops in which all countries from the Pacific Alliance, plus two observer states, have engaged
48	Este protocolo se ha ido integrando poco a poco en las empresas. Sin embargo, también se ha visto impulsado por regulaciones como las de inclusión laboral, no discriminación y acoso laboral, sexual y callejero. Todos estos temas han	This protocol has slowly permeated across firms. Nonetheless, it has also been pushed by regulations such as those in labour inclusion, non-discrimination, and labour, sexual and street harassment. They all have sent a message that in

	transmitido el mensaje de que en Chile las personas deben ajustar su comportamiento en el ámbito laboral. Por ejemplo, ya no es aceptable que un obrero de la construcción silbe y piropee a las mujeres que pasan por la calle.	Chile, people have to adjust how they behave in work settings. For example, it is no longer acceptable this idea of a construction worker whistling and making flirtatious remarks to women who are passing by
49	El Mandato Presidencial de 2015 se alineó bastante bien con los esfuerzos del Ministerio de Salud. En este documento, se encomendó a las instituciones públicas evaluar y gestionar su entorno laboral. Se sugirió que las instituciones públicas implementaran el cuestionario SUSESO/ISTAS 21.	The 2015 Presidential Mandate aligned quite well with the efforts from the Ministry of Health. In this document, public institutions were mandated to assess and manage their working environment. It suggested that public institutions implement the SUSESO/ISTAS 21 questionnaire
50	La función del Instituto de Salud Pública es desarrollar documentos técnicos que no son legalmente vinculantes como el protocolo. Por ello, este Instituto ha desarrollado varias directrices relacionadas con las políticas de SST, incluyendo la gestión de riesgos psicosociales.	The Public Health Institute's role is to develop technical documents that are not legally binding as the protocol. As such, this Institute has developed several guidelines related to OSH policies, including psychosocial risk management
51	Es excelente que la Superintendencia (de la Seguridad Social) haya implementado fondos para realizar estudios que contribuyan a generar conocimiento sobre SST desde el contexto local, en lugar de basarse en lo que se lee que se está haciendo en otros lugares.	It is great that the Superintendency (of Social Security) has introduced grants to conduct studies that contribute to building knowledge related to OSH from the local context rather than from what you read that is being done elsewhere
52	He sido testigo de la asistencia que brindan las mutualidades. Todas las empresas que he fiscalizado tienen el logo de su mutualidad en la documentación asociada a este protocolo.	I have witnessed the assistance mutualidades provide. All the companies that I have audited have the logo of their mutualidad in their PRWSP documentation
53	Es increíble la cantidad de psicólogos que las mutualidades han contratado durante estos años. Antes de la regulación, cada una de ellas solo tenía cinco como máximo, pero ahora tienen departamentos nacionales para cumplir con esta regulación, es como un ejército de psicólogos.	It is incredible the number of psychologists that mutualidades have hired during these years. Prior to the regulation, each one of them only had five at the most, but now they have national departments to comply with this regulation. It is like an army of psychologists
54	Tuvimos que cambiar de mutualidad porque el psicólogo del anterior tenía que consultar todo con su nivel central.	We had to change to another provider because the psychologist from the previous one had to consult everything with their central level
55	Lo único que hacen es enviar a su psicólogo a realizar algunos grupos focales, pero nunca los he visto ayudándonos a resolver nuestros problemas. Lo peor es que nadie sabe por qué implementan esos grupos focales..	The only thing that they do is to send their psychologist to do some focus groups, but I have never seen them helping us to solve our problems. The worst part is that nobody knows why they are conducting them
56	Es fácil incumplir esta normativa; nadie fiscaliza... ..la última vez que nos inspeccionaron fue en 2014 o 2015. El fiscalizador fue muy quisquilloso; nos sancionó porque las actas de las reuniones del comité se escribieron a mano en lugar de estar en formato electrónico.	It is easy to not comply with this regulation; nobody is inspecting... ..the last time we were audited was in 2014 or 2015. The inspector was so whimsical; we were sanctioned because the minutes of the committee's meetings were written by hand rather than in an electronic format
57	La OIT y la Organización Iberoamericana de Seguridad Social (OISS) premiaron la a Dirección del Trabajo de Chile en 2016 por sus esfuerzos en el desarrollo de un instrument de fiscalización proactiva y que fuera útil para las empresas. Incluso lo probaron mediante una experiencia piloto con casi 150 empresas.	In 2016, the ILO and Organización Iberoamericana de Seguridad Social (Iberoamerican Organisation for Social Security in English and OISS according to its acronym in Spanish) awarded the Chilean Labour Directive for their efforts in developing an instrument that was useful to companies. They even tested it through a pilot experience with nearly 150 companies

58	Durante el estallido social y el inicio de la pandemia, la principal preocupación de los empleadores era asegurar la supervivencia de sus empresas y mantener sus operaciones andando. Sus preguntas más frecuentes estaban relacionadas con la legislación laboral, mientras que este protocolo era la última de sus preocupaciones.	During the unrest and the start of the pandemic, employers' main concern was assuring their firms' survival and keeping their operations running. Their most frequent questions were related to employment law, whereas this protocol was the last of their worries
59	Nuestros clientes con tiendas en malls nos comentan que los robos se han vuelto más frecuentes y violentos desde la revuelta popular. Sus empleados están aterrorizados porque ahora sufren al menos un robo a la semana y en los que se ven con mayor frecuencia y el uso de armas de fuego.	Our clients with stores at malls tell us that robberies have become more frequent and violent since the popular revolt. Their employees are terrified because now they are experiencing at least one robbery per week. In each case, robbers are using firearms
60	Familias enteras quedaron aisladas durante la pandemia. El hacinamiento en los hogares era increíble. Aun así, los que sustentaban la familia tenían que estar conectados constantemente.	During the peak of the pandemic, complete families were isolated. The overcrowding across households was incredible. Still, breadwinners had to be connected all of the time
61	Durante la pandemia, presencié varias prácticas que atentaban directamente contra el bienestar de los trabajadores. La gente tuvo muchas dificultades en esa época. Hoy en día, se pueden ver muchos casos de personas que se suicidan debido a lo que tuvieron que afrontar.	During the pandemic, I witnessed several practices that were in direct opposition to workers' well-being. People really struggled during that time. Nowadays, you can see so many cases of people committing suicide because of what they had to cope
62	Intentamos usar la pandemia como ejemplo para crear conciencia sobre la gestión de riesgos psicosociales y la importancia de la prevención. Con el COVID-19, era necesario usar mascarilla y lavarse las manos con frecuencia para evitar el contagio. Les decíamos a las empresas que lo mismo ocurría con la salud mental en el trabajo.	We tried to use the pandemic as an example to increase awareness regarding psychosocial risk management and the importance of prevention. With COVID-19, you had to wear a mask and frequently wash your hands to avoid contagion, we were telling firms that it was the same with mental health at work
63	Los factores psicosociales pasaron de ser una necesidad secundaria a una de primer orden... En la reciente negociación colectiva entre el gobierno y todos los sindicatos y gremios del sector público, la salud mental en el trabajo fue la máxima prioridad, incluso superó el aumento de sueldos. Esto llevó a que los organismos gubernamentales especializados se comprometieran a realizar actividades relacionadas con la prevención y el tratamiento de la salud mental en el trabajo.	Psychosocial factors moved from being a second-order necessity to a priority... In the recent bargaining between the government and all unions and trade unions from the public sector, mental health at work was the top priority. It was even higher than raising salaries. This led to specialised government agencies committing to conduct activities related to preventing and treating mental health at work
64	Desde la validación del SUSESO/ISTAS-21, profesionales de la Superintendencia de Seguridad Social de Chile formaron parte del grupo COPSOQ-ISTAS. Esto llevó a que Santiago fuera sede de la sexta conferencia COPSOQ en 2017. En este evento, se firmó un convenio de colaboración para validar el cuestionario COPSOQ 3 en Chile. Posteriormente, su validación se encargó a la Facultad Latinoamericana de Ciencias Sociales (FLACSO) en 2018. Obviamente, se retrasó debido al contexto social, pero finalmente se completó.	Since the validation of the SUSESO/ISTAS-21, professionals from the Chilean Superintendency of Social Security were members of the COPSOQ-ISTAS group. This led to Santiago being the host of the sixth COPSOQ conference in 2017. In this event, a collaboration agreement was signed to validate the COPSOQ 3 questionnaire in Chile. Then, its validation was commissioned to the 'Facultad Latinoamericana de Ciencias Sociales' (Latin American Faculty of Social Sciences in English and FLACSO as its acronym in Spanish) in 2018. It obviously got delayed due to the social context, but it was finally completed

65	La Fundación Primero de Mayo indicó que la normativa chilena era demasiado administrativa, por lo que sugirieron que pasáramos hacia un enfoque más de gestión.	The feedback from the May 1st Foundation was that Chilean regulations were too administrative. They suggested shifting towards a management approach
66	Aunque el Convenio 190 de la OIT aún no se había ratificado en Chile, los cambios al protocolo debían incluir la violencia. Era uno de los principales riesgos identificados al determinar una enfermedad mental ocupacional. Además, Chile pronto ratificaría este convenio.	Although ILO Convention 190 was not ratified yet, the changes to the protocol had to include violence. It was one of the main hazards identified while determining an occupational mental illness. Besides, Chile soon was going to ratify this convention
67	El gobierno chileno decidió reiniciar la actualización de su política nacional de SST después de la Conferencia de la OIT de 2022. En esta experiencia, hemos visto que la salud mental en el trabajo es una preocupación importante en Chile y esperamos que tenga su propia sección en la nueva política de SST.	The Chilean government decided to restart the update of its national OSH policy after the 2022 ILO Conference. In this experience, we have seen that mental health at work is an important worry among stakeholders, and we expect that it will have its own section in the new OSH policy
68	El nuevo cuestionario (CEAL-SM/SUSESO) es resultado del diálogo social entre el gobierno, la academia, las asociaciones de empleadores y los sindicatos que se llevó a cabo durante su validación. Ahora, realizamos talleres casi semanalmente para informar sobre estos cambios.	The new questionnaire (CEAL-SM/SUSESO) is a result of the social dialogue between the government, academia, employers' associations and trade unions that took place during its validation. Now, we are doing workshops almost every week to inform about these changes
69	Las variables son más representativas del contexto chileno. Hay algunos aspectos que se deben seguir mejorando, pero en general, ayudarán a las empresas a centrarse en lo importante.	The variables are more representative of the Chilean context. There are some things to continue improving, but overall, they will help companies to focus on what matters
70	Esperamos tener intervenciones más específicas con el nuevo protocolo. Con estos cambios, se ha convertido en una prioridad para nuestra organización.	We expect to have more specific interventions with the new protocol. With these changes, it has become a priority to our organisation
71	Contar con un solo cuestionario y establecer el mismo período de reevaluación para todas las empresas reducirá la burocracia. Ahora, las empresas deberán centrarse en la gestión constante de sus riesgos.	Having only one questionnaire and establishing the same revaluation period for all firms will reduce the bureaucracy. Now, firms will have to focus on constantly managing their risks
72	Con el cuestionario anterior, la evaluación se completaba en un día. La nueva encuesta tiene 80 ítems, por lo que esperamos que nos lleve ahora de dos a tres días. Los recursos que tendré que asignar aumentarán significativamente.	With the previous questionnaire, you completed the assessment in one day. The new survey has 80 items, so we expect it will take us now two to three days. The resources I will have to allocate rise significantly
73	El protocolo aún no es sensible a la realidad de las empresas. Realizar intervenciones a corto, mediano y largo plazo señaladas en el nuevo flujograma de la vigilancia luce genial en teoría, pero ¿cómo esperan que lo cumplamos si tardamos un mes en programar una reunión con un director?	The protocol is still not sensitive to companies' reality. Having short, mid, and long-term interventions during the PLRESP looks great on paper, but how do they expect us to comply when it takes one month to schedule a meeting with a director?
74	Va a ser lo mismo de siempre; las empresas tendrán las mismas preguntas que en 2015 y 2017: "¿Cómo lo implemento en mi empresa? Tengo una situación que no está reflejada en el protocolo, ¿qué puedo hacer?" Este tipo de preguntas generan resistencia si no se abordan. He hablado con amigos que trabajan en mutualidades y me dicen que es igual o incluso peor.	It is going to be the same as usual; firms will have the same questions as in 2015 and 2017: How do I implement it in my company? I have this situation that is not depicted in the protocol, what can I do? Those sorts of questions keep resistance if they are not addressed. I have spoken with friends who work in mutualidades, and they tell me that it is the same and even worse

75	A pesar de las críticas hacia el protocolo y a la encuesta, creo firmemente que ha sido un hito importante. Si este protocolo no existiera, solo unas pocas empresas estarían haciendo algo con respecto a sus factores psicosociales.	Despite everyone's critique of the protocol and the survey, I strongly believe it has been an important milestone. If this protocol did not exist, only a few companies would be doing something about their psychosocial factors
76	El protocolo ha permitido a las organizaciones y empresas desarrollar aprendizajes sobre la evaluación de sus riesgos psicosociales y, en menor medida, cómo gestionarlos.	The protocol has allowed organisations and enterprises to develop learnings about assessing their psychosocial risks and, in a lesser manner, how to manage them
77	Sé que he sido muy duro con esta normativa, pero debo reconocer que tiene sus logros. Que hayas podido realizar esta investigación desde el Reino Unido y con fondos públicos es prueba de ello, demuestra que más personas se están involucrando en este tema.	I know I have been very harsh with the regulation, but I have to acknowledge it has its achievements. You have been able to conduct this research from the UK and with public funds is proof of that; it evidences more people are being involved in this topic
78	Creo que los esfuerzos que ha hecho Chile han dado sus frutos. Fuimos uno de los primeros países de la región con regulaciones en este campo.	I think the efforts Chile has made have paid off. We were one of the first countries in the region with regulations in this field
79	Yo no diría que hay tanta colaboración con los países de la región en este tema, pero se debe a que ellos no han hecho tanto como nosotros. Los eventos internacionales a los que he asistido se centran más en presentar lo que Chile ha hecho más que en compartir experiencias.	I would not say there is that much collaboration with countries of the region on this topic, but it is because they have not done as much as us. The international events I have attended are more about telling what Chile has done rather than sharing experiences
80	Ahora ya no es necesario invitar a ISTAS como expositores en los eventos regionales dedicados a la gestión de riesgos psicosociales. La experiencia chilena está bien consolidada y es importante compartirla en toda la región.	Now it is not necessary to invite ISTAS as keynotes for the regional events dedicated to psychosocial risk management. The Chilean experience is well consolidated and is important to share it across the region
81	En un escenario global, el caso chileno tiene sus ventajas. Muchos países desarrollados cuentan con políticas muy interesantes para prevenir el estrés laboral. Sin embargo, no estoy seguro de si su implementación es tan buena como la de aquí. No he visto datos en ninguno de esos países sobre cuántas organizaciones han evaluado sus riesgos psicosociales como nosotros. A veces, los países desarrollados creen tenerlo todo resuelto, pero tienen dificultades en la implementación.	In a global scenario, the Chilean case has its merits. Many developed countries have very interesting policies to prevent work-related stress. However, I am not sure if their implementation is as good as here. I have not seen data in any of those countries on how many organisations have assessed their psychosocial hazards as we do. Sometimes, developed countries think they have everything solved, but they struggle in terms of implementation.
82	Tenemos que demostrar por qué las empresas deberían adoptar esta normativa. De lo contrario, se convertirá en un trámite más que deben cumplir. Con toda la burocracia que ya tienen que gestionar los ingenieros de seguridad, y esta, obviamente, las demás tienen más sentido para ellos.	We have to demonstrate why companies should adopt this regulation. Otherwise, it will become another piece of paperwork that firms must comply with. With all the bureaucracies that safety engineers already have to do and this one, obviously, the other ones make more sense to them
83	Como todos los protocolos de vigilancia ministerial, este asigna la responsabilidad de las intervenciones a las mutualidades. Esto es incorrecto, ya que es deber del empleador proteger a sus empleados. Por supuesto, las mutualidades no quieren causar problemas a sus afiliados; al fin y al cabo, son sus clientes.	As with all ministerial surveillance protocols, this one assigns the responsibility of interventions to mutualidades. This is wrong because it is the employer's duty to protect their employees. Of course, mutualidades do not want to cause any problems to their affiliates; they are their clients after all

84	Percibimos que el gobierno es demasiado ortodoxo con la metodología. Creemos que el enfoque debería estar en proporcionar herramientas a los lugares de trabajo que les ayuden a promover la salud y el bienestar, independientemente del instrumento.	Our perception is that the government is too orthodox with the methodology. We believe that the focus should be on providing tools to workplaces that help them to promote health and wellbeing, no matter through which instrument
85	Ha habido diferentes expertos involucrados en esta normativa, pero parece que ninguno de ellos sabe cómo funciona una instalación con 2000 trabajadores.	There have been different experts involved in this regulation, but it seems that none of them knows how a facility with 2000 employees works
86	Es la "Chilean way" por todas partes. El nuevo protocolo se publicó en octubre y las mutualidades deben actualizar todos sus productos para enero de 2023. No sé cómo lo van a hacer. Es tan común que el gobierno publique una regulación a última hora.	Is the 'Chilean way' all over the place. The new protocol was published in October, and mutualidades must update all their products by January 2023. I do not know how they are going to do it. It is so common that the government releases a regulation at the last minute
87	Chile tiene que definir intervenciones específicas para cada industria y sector. Lo que ocurre en una mina es completamente diferente a lo que ocurre en un call center en términos de riesgos psicosociales. Por lo tanto, no se les puede pedir a ambos que hagan lo mismo.	Chile has to define interventions that are specific for each industry and sector. What happens in a mining site utterly differs from a call centre in terms of psychosocial hazards. Therefore, you cannot tell them both to do the same
88	Luego de diez años, ahora es el momento de priorizar el desarrollo de un modelo de intervención representativo de nuestro contexto. Un modelo consensuado mediante el diálogo social y en el que los reguladores puedan explicar las razones de las decisiones que se han tomado.	After ten years, now is the moment to prioritise the development of an intervention model that is representative of our context. A model that is agreed upon through social dialogue and in which regulators can explain the reasons for their decisions
89	El problema es que esta normativa imita el enfoque de otros protocolos de vigilancia de la SST. En esos casos, es válido centrarse en el lugar de trabajo. Sin embargo, es necesario recurrir al nivel central para gestionar eficazmente los riesgos psicosociales.	The problem is that the regulation mimics the approach of other OSH surveillance protocols. In those cases, it is fine to focus on the workplace. However, you have to go to the central level to manage psychosocial risks effectively

F.2 Original and translated quotes from Chapter 5

ID quote	Quote in its original form in Spanish	Translated quote into English
1	Existe la concepción del trabajo como un castigo, no como una posibilidad de desarrollo y realización. Por lo tanto, en Chile existen dos extremos en cuanto a los empleados. Por un lado, algunos asumen que cuanto menos trabajen, mejor. Por otro lado, están aquellos que tienen un compromiso excesivo y asocian el trabajo con la necesidad de ser destruidos al final de su jornada.	There is this vision of work as a punishment, not as a possibility for development and fulfilment. So, there are two extremes of employees in Chile. On the one hand, some people assume that the less they work, the better. On the other hand, those who are overcommitted and associate work with having to be destroyed at the end of their shift
2	He tenido que lidiar con algunos directores que casi ven a los empleados como animales de trabajo. He asistido a reuniones donde me han dicho: "¿Para qué	I have had to deal with some directors that almost see employees as work animals. I have been in meetings where they have told me: "Why should I worry about them

	preocuparme por ellos si puedo reemplazarlos tan fácilmente?". Para ellos, es como si las personas no merecieran ser cuidadas a menos que estén en la misma posición que ellos... En Chile, el trabajo está fuertemente asociado con el clasismo.	if I can replace them so easily?". For them, it is like people are not worthy of being taken care of unless they are in the same position as them... In Chile, labour is heavily associated with classism
3	Aquellos comités paritarios que impulsan muchas iniciativas de SST probablemente son despedidos al final de su mandato. Mientras tanto, aquellos comités que eran muy funcionales a la política de la empresa, si no pro-empresa, permanecen indefinidamente, pero sin realizar cambios significativos.	Those bipartite committees that pushed many OSH issues probably were made redundant at the end of their period. Meanwhile, those committees that were very functional to the company policy, if not pro-company, they remained forever but without doing any significant changes
4	La negociación colectiva es extremadamente débil en Chile, dado que los empleadores concentran el poder de administración. Aquí es imposible realizar intervenciones a nivel sectorial.	Collective bargaining is extremely weak in Chile, given that employers concentrate the power of administration. Here it is impossible to do any interventions at the sectoral level
5	Hay muchos trabajadores no sindicalizados por miedo. Por ejemplo, mis tías siempre están preocupadas porque estoy afiliado al sindicato. Inmediatamente asocian los sindicatos con despidos y conflictos. Creo que esta es una de las principales razones por las que los empleadores tienen la libertad de abusar de sus empleados.	There are so many non-unionised employees due to fear. For example, my aunts are always worried about me because I am involved in the union. They immediately associate unions with dismissals and conflicts. I think this is one of the main reasons employers are free to abuse their employees
6	Cuando alguien se toma una baja médica por su condición mental, todos piensan inmediatamente: "¡Ay, esa persona está loca!". La gente asocia un trastorno psiquiátrico con la estructura de personalidad de un individuo, por lo que no comprenden que también podría deberse a una situación aguda que estén experimentando.	When someone goes on a medical leave because of their mental condition, everyone immediately thinks Oh, that person is crazy. People associate a psychiatric disorder with an individual's personality structure, so they do not understand that it could also be due to an acute situation they are experiencing
7	Existe la creencia cultural respecto a las enfermedades mentales laborales de que la persona que se enferma es tonta o débil porque no estableció límites. Sin embargo, nunca he escuchado comentarios similares sobre otros problemas de SST, como la pérdida auditiva ocupacional. En esos casos, entendemos que el problema radicaba en el entorno laboral.	There is this cultural belief regarding occupational mental illnesses that the person who got sick is stupid or is weak because he or she did not establish boundaries. However, I have never heard such comments regarding other OSH issues like occupational hearing loss. In those cases, we understand that the problem was the work environment
8	El estigma hacia la salud mental es muy fuerte entre los hombres debido a nuestro origen latinoamericano. Todavía es común escuchar que los hombres deben ser fuertes, que no pueden llorar y que no pueden conectar con sus emociones. En industrias como la minería o la construcción, es aún peor. Si dices que te sientes mal, probablemente te consideren no apto para tu puesto.	The stigma towards mental health is very strong among men because of our Latin American background. It is still common to hear that men should be strong, that they cannot cry, and that they cannot connect with their emotions. In industries such as mining or construction, it is even worse. If you say that you are feeling unwell, you will likely be considered unfit for your role
9	Chile es uno de los países con los peores indicadores de salud mental a nivel mundial. Sin embargo, este problema no se está abordando en las políticas públicas nacionales; dedicamos menos del 5% del presupuesto anual a este tema.	Chile is one of the countries with the worst indicators of mental health globally. However, this issue is not being addressed in national public policies; we dedicate less than 5% of the annual budget to this issue

10	A pesar de las mejoras que Chile ha hecho en materias de salud, aún hay aspectos claves que deben abordarse. La cantidad de camas dedicadas a la salud mental es extremadamente baja en comparación con Argentina.	Despite the improvements Chile has made, there are key aspects that still need to be addressed. The number of beds dedicated to mental health is extremely low in comparison with Argentina
11	Actualmente, los servicios de salud mental son extremadamente caros y, a menudo, no están cubiertos por las aseguradoras médicas. Las personas suelen tener que elegir entre abandonar el tratamiento o cubrir los costos de la terapia por su cuenta.	Currently, mental health services are super expensive, and many times are not covered by healthcare insurance providers. People usually have to choose whether to abandon the treatment or cover the costs of the therapy on their own
12	Creo que la Ley 16744 se está volviendo obsoleta. Al enfocarse en aspectos relacionados con la salud ocupacional, incluida la salud mental en el trabajo, es necesario desarrollar sistemas integrales de salud.	I believe Act 16744 is becoming obsolete. When you are focusing on aspects related to occupational health, including mental health at work, you need to develop integral healthcare systems
13	No sé si viste las noticias, pero varios médicos fueron arrestados recientemente por vender más de 70.000 licencias médicas falsas. Si alguien quería una licencia médica, solía comprar un diagnóstico de trastorno mental porque es más fácil de otorgar. Con casos como este, es difícil no percibir la salud mental como algo corrupto.	I do not know if you saw the news, but several doctors were recently arrested for selling more than 70000 fake medical leaves. If someone wanted a sick leave, they usually purchased a mental disorder diagnosis because they are easier to give. With cases like this, it is hard not to perceive mental health as something corrupt.
14	Cuando un caso como el de Harvey Weinstein y el movimiento #MeToo ocurre en EE. UU., repercute en Chile, ya que las mujeres ahora son conscientes de que el acoso sexual es un problema y se animan más a denunciarlo.	When a case like the one involving Harvey Weinstein and the #MeToo movement happens in the US, it has its repercussions in Chile in terms of women now are aware that sexual harassment is a problem and are more encouraged to report
15	Las desigualdades sociales, junto con el envejecimiento de la población, han obligado a muchas personas a seguir trabajando después de jubilarse. Fue desgarradora la noticia de una pareja de ancianos que se suicidó porque querían dejar de ser una carga económica para sus familias.	Social inequalities, along with the population becoming older, have forced many people to continue working after they retire. It was so heartbreaking this news about an old couple that committed suicide because they wanted to stop being an economic burden to their families ...
16	Las enormes oleadas migratorias que Chile ha recibido en los últimos años han evidenciado nuestro racismo. Por ejemplo, algunas empresas evitan contratar extranjeros porque asumen que son narcotraficantes.	The huge waves of migrants that Chile has received in the last years have evidenced how racist we are. For example, some companies avoid recruiting foreigners because they assume that they are drug traffickers
17	La sociedad chilena, y en particular las generaciones más jóvenes, están cansadas de vivir en malas condiciones sociales y laborales. La gente ha perdido la paciencia y no acepta más. Lo veo en todas partes: en los disturbios, en nuestro presidente, en la Convención Constituyente... Incluso lo veo en mi familia; mis dos hijas son feministas y me dicen que alguien podría ser destituido si hace bromas. que se consideraban inofensivos hace 20 años	The Chilean society, and particularly younger generations, are tired of living under bad social and working conditions. People have lost their patience and do not accept any more inadequate conditions. I see it everywhere: in the unrest, our president, the Constitutional Assembly... I even see it in my family; my two daughters are feminists, and they tell me that somebody could be cancelled if he/she makes jokes that were considered unharmed 20 years ago
18	Los jóvenes siempre buscan nuevas experiencias laborales. Ya no es como antes cuando se esperaba que los trabajadores desarrollaran toda su carrera en una sola empresa. Esto trae consigo nuevos desafíos, como la pérdida del sentido de pertenencia a su lugar de trabajo y el compromiso con su mejora.	Young people are always looking for new work experiences; it is not like before when you expected employees to make their whole careers in one company. This brings new challenges, such as losing this sense of belonging to their workplace and committing to its improvement. We have seen an increase of employees that are resigning if they are not happy with their conditions

	Hemos visto un aumento de personas que renuncian si no están satisfechos con sus condiciones.	
19	La existencia de normativas de gestión de riesgos psicosociales es importante porque impone un imperativo legal a las organizaciones que priorizan la salud mental en el trabajo. Sin embargo, hoy en día, tenemos más espacio con este protocolo porque las empresas y los empleados son conscientes de este problema gracias al contexto social. Aun así, no olvidemos que aún existen problemas estructurales para los cuales esta normativa es solo un parche.	The existence of psychosocial risk management regulations is important because they determine a legal imperative to organisations that install the relevance of mental health at work. Nonetheless, nowadays, we have more space with the PRWSP because companies and employees are aware of this issue thanks to the social context. Still, let us not forget that there are still structural issues for which this regulation is only a patch
20	En Chile, la apropiación de la gestión de riesgos psicosociales surgió de iniciativas gubernamentales basadas en su función de inspección. Sin embargo, si nos fijamos en España y otros países europeos, se ha defendido a través de demandas sociales de los sindicatos.	In Chile, the appropriation of psychosocial risk management came from governmental initiatives based on their inspection role. However, if you go to Spain and other European countries, it has been advocated through social demands made by unions
21	Si me preguntan por qué el gobierno ha publicado recientemente tantas políticas relacionadas con temas no tradicionales como la inclusión, el género y la salud mental en El trabajo se debe a que el enfoque es asegurar que todos tengan las oportunidades de alcanzar su potencial.	If you ask me why the government has recently published so many policies related to 'non-traditional issues' such as inclusion, gender and mental health at work, it is because the focus is assuring that everyone has the opportunities to reach their potential
22	Siempre me he preguntado por qué necesitamos regulaciones y políticas como la ISO 45001 en SST. ¿No debería ser algo ético que impulse a las empresas a mejorar continuamente? Sin embargo, a lo largo de mi experiencia, me he dado cuenta de que es necesario contar con algunos fundamentos relacionados tanto con la reparación del daño causado por el trabajo a una persona como con la atención al entorno laboral que condujo a esa situación.	I have always wondered why we need regulations and policies like the ISO 45001 in OSH. Should it not be something ethical that drives companies to improve continuously? However, throughout my experience, I realised that you need to have some basics related to both repairing the harm work did to a person and addressing the work environment that led to that situation
23	El protocolo se ha promovido mediante sanciones. Esto no anima en absoluto a las empresas a mejorar sus prácticas, y por eso terminamos con dichos como «mientras se crea la ley, el daño ya está hecho».	The protocol has been promoted through sanctions. This does not invite companies to enhance their practices at all, and that is why we end up with sayings such as while the law is being made, the mischief is already there.
24	Es difícil para la inspección de trabajo realizar auditorías proactivas. La mayoría de las veces, se realizan porque un empleado presentó una queja sobre su empleador.	It is hard for the labour inspection to make proactive audits. Most of the time, they are conducted because an employee made a complaint about his/her employer
25	Las PYMES temen a la inspección de trabajo. Consideran que las auditorías son solo un obstáculo y se sienten vulnerables cuando tienen dudas sobre cómo implementar la normativa, incluida esta.	SMEs are particularly scared of the labour inspection. They feel that audits are only a stick, and they feel exposed when they have a question regarding how to implement regulations, including this one
26	El protocolo es bastante sencillo. Las acciones y los plazos de implementación están todos ahí; por lo tanto, cualquiera puede acudir a un centro de trabajo para verificar si las empresas cumplen con esta norma. Solo se necesita solicitar el expediente del comité y verificar si se implementaron las siete etapas del protocolo y cuándo.	The regulation is quite straightforward. The actions and deadlines to implement are all there; therefore, anyone can go to a workplace to check if firms comply with this norm. All that is needed is to request the committee's folder and verify if the seven stages of the protocol were implemented and when

27	Esta normativa establece demasiadas reglas que seguir; hay que hacer esto y aquello bajo estos términos específicos. Cuando hay que realizar actividades realmente importantes, como el grupo focal durante la vigilancia, el psicólogo de la mutualidad simplemente viene y las realiza. Sin embargo, nadie se toma el tiempo de sentarse con los empleados y explicarles el motivo de esta actividad y por qué es importante.	This regulation establishes too many rules to follow, you have to do this and that and under these specific terms. When you have to conduct activities that really matter, such as the focus group during the PLRESP, the psychologist from the mutualidad just comes and does them. However, nobody takes the time to sit with employees and explain the reason for this activity and why it is important
28	La eficacia de este reglamento depende de su capacidad para adaptarse a las infinitas condiciones laborales que ofrece. El objetivo es abordar este problema. A veces, siento que los reguladores solo responden a las realidades laborales que conocen en este modelo de fábrica tradicional. Sin embargo, ¿qué sucede con los nuevos entornos laborales, como el trabajo en plataformas digitales? Hubo un debate interesante sobre si eran empleados o no y si debían estar incluidos en la seguridad social. Los responsables políticos se dieron cuenta de que la mayoría de las personas involucradas en estas solicitudes son inmigrantes ilegales que alquilan un número de identificación nacional. Por lo tanto, su acceso a estos beneficios se ve obstaculizado por no tener identificación.	The effectiveness of this regulation depends on its capability to adapt to the infinite working conditions that it aims to address. Sometimes, I feel that regulators only respond to the work realities that they know in this traditional factory model. However, what happens with new work settings such as platform work? There was this interesting discussion on whether they were employees or not and if they should be included in social security. Policymakers then realised that most people involved in these applications are illegal immigrants who rent a national identification number. So, their access to these benefits is hindered because they do not have an ID
29	Existe una tendencia a burocratizar ciertos procesos y a estandarizar su verificación mediante documentos escritos. Existe una gran cantidad de regulaciones que lucen bien en el papel, pero que, en la práctica, son letra muerta. Por ejemplo, esta lógica de etapas subsiguientes de la vigilancia no funciona en sectores como la construcción, porque la duración del trabajo y la continuidad de sus trabajadores están relacionadas con el progreso de las tareas.	There is a tendency to bureaucratised certain processes and to standardise their verification through written documents. There is a plethora of regulations that look great on paper but, in practice, are death letter. For example, this logic of subsequent stages in the PRWSP does not work in sectors such as construction because the duration of the workplace and the continuity of their workers is related to the progress of tasks
30	Los datos aún están concentrados entre las mutualidades y la Superintendencia de Seguridad Social, y algunos se recopilan mediante inspecciones. Por lo tanto, no contamos con un sistema de información integrado que registre todo lo relacionado con el riesgo psicosocial. Converge	Data is still concentrated between mutualidades and the Chilean Superintendency of Social Security, and some bits are collected through inspections. Therefore, we do not have an integrated informational system where everything that has to do with psychosocial risk converges
31	Existe una falta de institucionalidad en relación con este protocolo. Para que se hagan una idea, ahora estamos migrando del SUSESO/ISTAS-21 al CEAL-SM/SUSESO, pero ¿por qué? ¿Sabemos qué se logró con el instrumento anterior y por qué necesitamos usar este ahora?	There is a lack of institutionality regarding this protocol. To give you an idea, we are now moving from the SUSESO/ISTAS-21 to the CEAL-SM/SUSESO, but why? Do we know what was achieved with the previous instrument, and why we need to use this one now?
32	Si examinamos el enfoque de las políticas nacionales de conciliación, estas siempre cambian según el gobierno. Primero, fueron adoptadas por la presidenta Bachelet porque quería incorporar la perspectiva de género en la agenda pública. Luego, el gobierno anterior mantuvo un discurso que asociaba la conciliación con la corresponsabilidad parental, en lugar de la	If we examine the focus of work-life balance national policies, they always change according to the governing administration. Firstly, they were adopted by President Bachelet because she wanted to install the gender perspective in the public agenda. Then, the previous administration had a discourse that associated work-life balance with parental co-responsibility rather than corporate or societal co-

	corresponsabilidad corporativa o social. Mientras tanto, el gobierno actual ha enfatizado el vínculo entre género y salud mental en el trabajo, considerando la carga de trabajo de las mujeres, tanto remunerada como no remunerada.	responsibility. While the current government has emphasised the link between gender and mental health at work in terms of women's workload from paid and unpaid work
33	El Ministerio de Salud organizó una mesa redonda sobre salud mental para profesionales de la salud primaria y solicitó un representante de cada mutualidad. Esto es solo un ejemplo, pero como en salud laboral solo existen cuatro mutualidades, les resulta más fácil coordinar el gran reto de la salud mental a través del sector laboral que a través de la salud común, donde participan demasiadas organizaciones.	The Ministry of Health held a roundtable on mental health for primary health professionals and requested a representative from each mutualidad. This is just an example, but since in labour health you only have the four mutualidades, it is easier for them to coordinate the monster that is mental health through the labour side rather than through the common health, in which you have too many organisations involved.
34	Muchos programas gubernamentales pueden ayudar a las empresas a cumplir con la normativa y mejorar su entorno laboral psicosocial. Sin embargo, no están conectados e incluso funcionan en paralelo. Existe una falta de trabajo intersectorial y, por lo tanto, las empresas terminan diciendo: "Bien, estamos aumentando los riesgos psicosociales y algunas empresas están expuestas a niveles críticos de riesgo. Sin embargo, ¿cuál es la capacidad para invertir en las soluciones e innovaciones necesarias? ¿Cuáles son los programas de apoyo para implementar las intervenciones necesarias?".	Many governmental programmes can help firms comply with the regulation and enhance their psychosocial work environment. However, they are not connected and even work in parallel. There is a lack of intersectoral work, and therefore, we end up with companies saying, 'Ok, we are raising psychosocial hazards, and some companies are exposed to critical risk levels. However, what is the capacity to invest in the required solutions and innovations? What are the support programmes to implement the required interventions?'
35	Necesitamos ir más allá para aumentar la concienciación y el compromiso político a nivel de políticas públicas. El gobierno debe comprender que la salud mental es la causa actual de las bajas médicas, tanto en el ámbito laboral como en el laboral. Deben comprender que quien requiere una baja médica debe ausentarse del trabajo y no ser productivo.	We need to go a step further to increase awareness and political commitment at the level of public policies. The government needs to understand that mental health is the current reason for medical leave, both in the common and labour fields. They need to understand that somebody who requires a medical leave is someone that has to be absent from work and not being productive
36	Necesitamos un diálogo social tripartito para determinar qué queremos y cuáles son los objetivos en materia de salud mental en el trabajo, de modo que los objetivos de las políticas sean compartidos entre las partes interesadas.	We need more tripartite social dialogue to determine what we want and what are the goals regarding mental health at work, so the policies objectives are shared among stakeholders
37	Los expertos en seguridad y los psicólogos son los interlocutores de empleadores, empleados y funerarias que explican cómo se aplica la ley. Los riesgos psicosociales funcionan y los orientan en su implementación. Sin embargo, también deben comprender el valor de las personas en términos de su contribución a la gestión de este riesgo.	Safety experts and psychologists are counterparts to employers, employees and undertakers who explain how the law on psychosocial hazards works and guide them in its implementation. However, they also have to understand the value of the people in terms of the contributions they make to manage this risk
38	La base de nuestra relación con los empleadores es técnica. En otras palabras, nuestra función es prescribir y asesorar a las empresas sobre cómo mejorar su entorno laboral. También debemos preparar a los empleadores para cuando un inspector los audite e indicarles qué pruebas presentar para que no tengan mayores problemas.	The basis of our relationship with employers is technical. In other words, our duty is to prescribe and advise companies on improving their working environment. We also have to prepare employers for when an inspector audits them and to tell them what evidence to present so they do not have any major problems

39	Es increíble lo mucho que he aprendido trabajando en este campo. He tenido que comprender cómo funciona la normativa laboral para poder hablar con abogados corporativos y empleadores. Además, he tenido que retomar mis estudios de psicología clínica para hablar con médicos sobre los criterios utilizados en el proceso para determinar el origen de un trastorno mental. He tenido que aprender sobre gestión para comprender el enfoque sistémico del protocolo. Por último, no olvidemos nuestro eje central, que es la psicología organizacional.	It is incredible how much I learned while working in this field. I have had to understand how labour regulations work to be able to talk with corporate lawyers and employers. Also, I have needed to go back to my studies in clinical psychology to talk with doctors regarding the criteria used in the process to determine the origin of a mental disorder. I have had to learn about management to understand the system approach of the PRWSP. Lastly, let us not forget about our core, which is organisational psychology
40	Intentamos subsanar las deficiencias del protocolo brindando a las empresas certezas sobre la gestión de los riesgos psicosociales. Recientemente, desarrollamos una guía basada en los niveles de Intervenciones descritas en el modelo PRIMA-EF. Con este enfoque, hoy en día, las empresas comprenden que esto es como un iceberg y están empezando a ver que deben abordar las causas fundamentales para evitar una enfermedad mental ocupacional.	We try to close the gaps of the PRWSP by giving firms certainties about managing psychosocial risks. Recently, we developed a guideline based on the levels of interventions depicted in the PRIMA-EF model. With this approach, nowadays, companies understand that this is like an iceberg, and they are starting to see that they have to reach their root causes to avoid an occupational mental illness
41	En Chile no se ha desarrollado un modelo de evaluación posterior. Actualmente, las empresas realizan una evaluación e identifican las áreas de mayor riesgo. Sin embargo, ¿qué evidencia existe sobre las medidas que pueden tomar?	A post-evaluation model has not been developed in Chile. Nowadays, firms make an assessment; they identify the areas with the highest risk. However, what evidence is there regarding the things they can do?"
42	Cuando empezamos con el protocolo, nadie sabía si iba a funcionar. Ahora, podemos decirles a las empresas qué pueden hacer basándonos en la casuística local, pero todavía no estoy 100% seguro.	When we started with the PRWSP, nobody knew if it was going to work. Now, we can tell companies what they can do based on the local casuistic, but I am still not 100% sure
43	La seguridad social es un campo muy técnico, y los únicos que saben de salud mental en el trabajo son las disciplinas y los profesionales involucrados en este ámbito. Pero si le preguntas a cualquier persona no especializada, apenas sabe qué es la salud mental.	Social security is a very technical field, and the only people who know about mental health at work are those disciplines and professionals involved in this area. But if you ask any non-specialised person, they barely know what mental health is
44	El único requisito legal que tenemos es que las personas en mutualidades y las personas dedicadas a este tema deben completar un curso de 16 horas, y no hay mucha oferta en las universidades. Solo he visto dos universidades que han incluido psicología de la salud laboral en sus programas de grado, y tiene que ver con las personas que están en esos lugares, más que con una política institucional.	The only legal requirement we have is that people in mutualidades and dedicated people to this issue have to complete a 16-hour course, and there is not a high offer across universities. I have only seen two universities that have included occupational health psychology in their undergraduate programmes, and it has to do with the people that are in those places rather than being an institutional policy
45	También tengo algunas horas lectivas en una universidad, y no hay ningún programa que aborde este tema, al menos que yo sepa.	I also have some teaching hours in a university, and there is not a programme that covers this topic, at least not that I am aware of
46	Uno de los principales problemas de las nuevas generaciones de profesionales que se incorporan a las mutualidades es que están contaminadas por valores comerciales. He visto a algunos profesionales más preocupados por la	One of the main problems of the new generations of professionals who are joining mutualidades is that they are tainted with commercial values. I have seen some professionals more worried about keeping affiliated firms happy rather than

	satisfacción de las empresas afiliadas que por brindar un buen soporte técnico. No sé por qué, dado que la supervivencia de las mutualidades está garantizada, es casi imposible tener nuevos competidores en este mercado.	providing good technical support. I do not know why because mutualidades' survival is guaranteed, it is almost impossible to have new competitors in this market.
47	Es difícil influir en la toma de decisiones de mi director cuando los psicólogos siempre han estado vinculados a prácticas pseudocientíficas como el esoterismo, la lectura del tarot y el horóscopo. Además, no es útil para nuestra profesión que tengamos a estos charlatanes de la superación personal como gurús de la salud mental.	It is hard to influence my director's decision-making when psychologists have always been linked to pseudoscientific practices such as esoterism, reading the tarot, and the horoscope. In addition, it is not helpful to our profession when we have these self-improvement charlatans as the gurus of mental health
48	La salud mental en sí misma genera mucha oposición entre todos los involucrados en la SST. He visto que los médicos del trabajo y los ingenieros de seguridad sienten algo entre resentimiento, incomodidad o inseguridad por ser un concepto tan elusivo y confuso. Por el contrario, los psicólogos han sido capacitados para gestionar la incertidumbre.	Mental health in itself causes plenty of opposition among everyone that is involved in OSH. I have seen that occupational physicians and safety engineers feel something between resentment, discomfort or insecurity because it is such an elusive and unclear concept. On the contrary, psychologists have been trained to deal with uncertainty
49	Cuando se publicó el protocolo, muchas grandes empresas decidieron no implementarlo porque ya contaban con un Se desarrolló una estructura relacionada con temas como el clima laboral o las evaluaciones. Recuerdo que algunos directores de RR. HH. me dijeron: "Ya encuesté a mis trabajadores con el cuestionario Great Place to Work, que es un estándar internacional, así que ¿por qué debería implementar el SUSESO/ISTAS-21? ¿Qué valor nos aporta?".	When the protocol was released, many large companies decided not to implement it because they already had a developed structure related to issues such as climate or appraisals. I remember some HR directors telling me, 'I already surveyed my employees with the Great Place to Work questionnaire, which is an international standard, so why should I implement the SUSESO/ISTAS-21? What value does it bring to us?'
50	Lo que he observado en muchas organizaciones es que superan todos sus miedos una vez que ven los resultados y pueden cuantificar todos estos conceptos que les resultan tan extraños. Empiezan a darse cuenta de que no es tan grave e incluso les resultan interesantes los indicadores. Otro aspecto de la normativa es que demuestra que no necesitan resolverlo todo de inmediato	What I have witnessed in many organisations is that they overcome all of their fears once they see the results and can put a number into all these concepts that are so weird to them. They start seeing that it is not terrible and even find indicators interesting. Another aspect of the regulation is that it shows that they do not need to solve everything immediately
51	Quizás me estoy desviando de nuestra conversación sobre el PRWSP, pero solía tener problemas con el comité bipartito al comienzo de mi carrera profesional porque solo recibía quejas. En aquel entonces, intentaba resolverlas explicándoles que estaban equivocadas. Sin embargo, cuando empecé a asistir a estas reuniones con el psicólogo, me dijo que el núcleo del problema era que la persona quería ser escuchada... A partir de ahí, el clima de las reuniones cambió. 180 grados	Maybe I am diverging from our conversation from the PRWSP, but I used to struggle with the bipartite committee when I started my professional career because I only received complaints. Back then, I tried to solve them by explaining that they were wrong. However, when I started to attend these meetings with the psychologist, he told me that the core of the problem was that the person wanted to be heard... From there, the climate of the meetings shifted 180 degrees
52	La normativa ha aumentado la visibilidad de las unidades y profesionales dedicados a la SST. Antes, las bajas médicas eran solo una tarea administrativa de las unidades de bienestar. Hoy en día, es necesario comprender mejor los motivos de dichas bajas. Obviamente, no se puede	The regulations have increased the visibility of units and professionals dedicated to OSH. Before, medical leaves were only an administrative task done by welfare units. Nowadays, there is a need to understand more the reasons for that leave.

	vulnerar la confidencialidad, pero con esta normativa, las empresas han visto la necesidad de comprender las causas subyacentes.	Obviously, you cannot trespass confidentiality, but with this regulation, companies have seen the need to understand underlying causes
53	En nuestra empresa, es difícil mejorar las condiciones que afectan a nuestra salud mental. Todas las decisiones pasan por nuestro empleador. Por ejemplo, durante la pandemia no teníamos ninguna actividad para vincularnos porque no le importaba.	In our firm, it is tough to make any improvements to the conditions that affect our mental health. All of the decisions go through our employer. For example, during the pandemic we did not have any activity to bond because he did not care
54	El único mecanismo de presión real que tenemos para movilizar a nuestro empleador y que se involucre más en la mejora de las condiciones laborales es la huelga. Sin embargo, los costes psicológicos y financieros que conlleva son enormes para los empleados, y no hay garantía de que el empleador acepte nuestras demandas.	The only real pressure mechanism we have to mobilise our employer to be more involved in improving working conditions is going on strike. However, the psychological and financial costs of doing it are enormous to employees, and it is not guaranteed that the employer will agree to our demands
55	Donde no hemos podido entrar es en la organización del trabajo. No vemos muchas intervenciones en los procesos de trabajo que afectan a la salud mental; aquí es donde hemos fallado, y es un fallo sistémico porque las empresas no están dispuestas a mirarlo	Where we have not been able to enter is in work organisation. We do not see that many interventions on the work processes that are affecting mental health; here is where we have failed, and it is a systemic failure because firms are not willing to look at it
56	Si consideramos las empresas como un ejército, esto es como si yo fuera un teniente diciéndole a un director, que es el general, qué hacer.	If we look at companies as an army, this is like I am a lieutenant telling a director, who is the general, what to do
57	Las intervenciones que vemos se centran principalmente en el trabajador y en cómo se adapta a entornos laborales estresantes. A las organizaciones les encanta impartir formación sobre autocuidado, gestión del estrés, mindfulness o instalar espacios de respiro sin ningún cambio organizacional. Sin embargo, al visitar ese sitio un par de semanas después, los problemas persisten.	The interventions we see the most focus on the worker and how he/she adapts to stressful work environments. Organisations love conducting training on self-care, stress management, mindfulness or installing breathing rooms without any organisational change. However, when you visit that site a couple of weeks after, problems are still there
58	Todos teníamos la esperanza de que los empleadores cambiaran mediante la implementación de este protocolo. Sin embargo, la evidencia local muestra que prefieren despedir a los empleados cuando existe una enfermedad mental ocupacional. Las únicas excepciones son cuando una persona es extremadamente especializada, como un conservador del siglo XIV, y les resulta imposible encontrar un sustituto para ese puesto.	We all had the hope that employers were going to change through implementing this protocol. However, local evidence shows that they prefer to dismiss employees when there is an occupational mental illness. The only exceptions are when an individual is extremely specialised, like a curator from the 14th century, and it is impossible for them to find a replacement for that position
59	Es casi imposible despedir a un líder tóxico que sea eficiente. Esas son las intervenciones desagradables que la mayoría de las empresas no están dispuestas a adoptar.	Is almost impossible to make redundant a toxic leader that is efficient. Those are the ugly interventions that most companies are not willing to adopt
60	Es fácil que los empleados ataquen a sus organizaciones y líderes cuando se les permite expresarse a través de... Herramientas anónimas como la SUSESO/ISTAS-21. Algunas personas tienden a tener una actitud vengativa hacia el empleador cuando se exponen a estas encuestas.	It is easy for employees to attack their organisations and leaders when you allow them to express themselves through anonymised tools such as the SUSESO/ISTAS-21. Some people tend to have this revengeful attitude towards the employer when they are exposed to these surveys

61	A los empleadores no les gusta sentirse expuestos, y eso es precisamente lo que provoca esta normativa. Podemos observar que los gerentes son más cuidadosos con su comportamiento semanas antes de la evaluación.	Employers do not like to feel exposed, which is exactly what this regulation does. We can see that managers are more careful on how they behave weeks prior to the assessment
62	Siento que el Estado cree que la salud mental solo se ve afectada por el trabajo. Por lo tanto, sobrecarga a las empresas con responsabilidades que están fuera de nuestro alcance. Por ejemplo, cuando nos obligan a intervenir en la dimensión de la doble presencia, hay muchos aspectos en los que no podemos intervenir, como los salarios mínimos legales, la seguridad social, las deudas o las actividades de cuidado que las personas deben realizar para cuidar a un familiar.	I feel that the state thinks that mental health is only affected by work. Therefore, they overload companies with responsibilities that are out of our scope. For example, when they mandate us to intervene on the double presence dimension (referring to the work-life balance concept), there are many things that we cannot intervene in, including legal minimum wages, security, debts or care activities that individuals have to partake to look after a relative
63	En general, las empresas más grandes cuentan con los recursos para contratar personal dedicado a implementar este protocolo. Sin embargo, las pymes son la mayor fuerza laboral en Chile y necesitan más apoyo porque no cuentan con las herramientas ni el conocimiento para implementar esta normativa. ¿Quién está a cargo de RR. HH. en las pymes es el dueño o un contador que generalmente no sabe nada de salud mental?	In general, larger companies have the resources to hire people dedicated to implementing this protocol. However, SMEs are the largest employment force in Chile and need more support because they do not have the tools or the knowledge to implement this regulation. Who is in charge of HR In SMEs is either the owner or an accountant who usually knows nothing about mental health
64	En cuanto a los riesgos psicosociales, la realidad de una empresa varía significativamente según su tamaño. Por un lado, las PYMEs tienden a tener una estructura horizontal, pero los líderes son más autoritarios y le dan poca importancia a preguntar a las personas cómo mejorar su entorno laboral. Por otro lado, las empresas grandes y multinacionales tienen una estructura más vertical, pero son más flexibles porque deben responder a las regulaciones internacionales.	Regarding psychosocial risks, the reality of a company varies significantly based on its size. On the one hand, SMEs tend to have a horizontal structure, but leaders are more authoritarian and give little relevance to asking individuals how to improve their work environment. On the other hand, large and multinational companies have a more vertical structure but are more flexible because they have to answer to international regulations
65	Las PYMEs se encuentran en una situación muy vulnerable, donde deben priorizar su supervivencia y llegar a fin de mes. Esto supone un reto importante para el regulador, ya que las leyes deben contribuir a su negocio en lugar de asfixiarlo.	SMEs are in a very vulnerable condition, in which they have to prioritise surviving and reaching the end of the month. This implies an important challenge to the regulator in terms that laws have to a contribution to their business rather than suffocate them
66	¿Qué creen las empresas que ganarán con este protocolo? En realidad, no mucho. ¿Cuánto les costará? Mucho. Este protocolo tiene muchos costos ocultos: tienen que contratar a un responsable, parar la producción para que los trabajadores puedan responder a la encuesta y participar en los grupos de discusión, las reuniones del comité implican que sus miembros no están realizando sus tareas, etc. Los empleadores siempre están jugando entre costos y beneficios. Como es improbable que sean auditados y las sanciones no sirven de nada, prefieren no cumplir.	What do companies think they will gain from this protocol? Not much, really. What will it cost them? A lot. This protocol has plenty of shadow costs; they have to hire someone to be in charge, shut down production so workers can answer the survey and participate in the focus groups, committee meetings implicate that its members are not working on their tasks, etc... Employers are always playing between costs and benefits. Since it is unlikely they will be audited and sanctions are worthless, they prefer not complying
67	Siempre comparo los riesgos psicosociales con la inclusión. La mayoría de las veces, se puede ver la discapacidad de alguien y, por lo tanto, conmoverse por	I always make the comparison between psychosocial hazards and inclusion. Most of the time, you can see someone's disability and, therefore, be moved by them. In

	ella. En cierto modo, la inclusión también es más tangible porque existen instituciones nacionales como la Teletón que visibilizan este tema en la sociedad chilena. Por el contrario, existe un gran desconocimiento sobre los riesgos psicosociales, y es muy difícil materializarlos en algo tangible para que las empresas perciban sus beneficios.	a sort of way, inclusion is also more tangible because there are national institutions such as the 'Teletón' that make this topic visible in Chilean society. On the contrary, there is much ignorance regarding psychosocial hazards, and it is very difficult to materialise into something tangible for firms to see its benefits
68	Somos muy proactivos con las enfermedades profesionales y los riesgos psicosociales porque entendemos sus implicaciones. Hay que recordar que las mutualidades fueron creadas por la asociación de empleadores, así que no es que las organizaciones no comprendan el valor de la SST.	We are very proactive with occupational diseases and psychosocial hazards because we understand their implications. You have to remember that mutualidades were formed by employer's association, so it is not like organisations do not understand OSH value
69	Las organizaciones tienen una preocupación real por la salud mental en el trabajo. Son muy conscientes de los niveles de ausentismo y entienden que un buen ambiente laboral reducirá la rotación y el ausentismo, además de mejorar la productividad, la satisfacción del cliente y la sostenibilidad de la empresa.	Organisations have a real concern towards mental health at work. They are very aware of the levels of absenteeism, and they understand that having good work environments will reduce turnover and absenteeism along with improve productivity, customer satisfaction and the company's sustainability
70	Si una empresa no es competitiva, tenderá a desaparecer porque las más grandes la absorberán o los consumidores preferirán otros productos. Por lo tanto, gestionar el capital humano y lograr que las personas se sientan satisfechas en el trabajo es un desafío permanente.	If a company is not competitive, it will eventually tend to disappear because larger ones will eat them up, or consumers will prefer other products. Therefore, managing human capital and trying to make people feel satisfied at work is a permanent challenge
71	Todos saben que los riesgos psicosociales son relevantes. Sin embargo, los empleados no se sienten representados por esta normativa porque no participaron activamente en su formulación, lo que les impide usar esta herramienta.	Everyone knows that psychosocial hazards are relevant. However, employees do not feel represented by this regulation because they did not have active participation in its formulation, leading to them lacking empowerment with this tool
72	Fuera de este protocolo, las personas no tienen espacio para hablar sobre sus condiciones laborales. Además, hay casos en los que los empleados nunca han tenido un encuentro presencial con sus directores, a pesar de haber trabajado aquí toda su vida. Entonces, ¿de qué sirve esta normativa si los gerentes nunca han bajado del olimpo en el que viven?	Outside this protocol, people do not have the space to speak about their working conditions. Furthermore, there are cases where employees have never been face-to-face with their directors despite working here their whole lives. So, what utility does this regulation have if managers have never gone down from the Olympus they live in?
73	Esta normativa se centra demasiado en la documentación que las empresas deben presentar a los inspectores; incluso la implementación del comité resulta tediosa debido a su burocracia. Para los empleados es peor, porque tienen que responder otra encuesta de las miles que ya tienen que completar, y no saben por qué.	This regulation focuses too much on the paperwork that firms have to show to inspectors; for the committee is even dull to implement because of its bureaucracy. For the employees it is worse because they have to answer another survey from the thousands they already have to complete, and they do not know why
74	Tiendo a centrarme en lo que va más allá de los aspectos procesales de este protocolo, lo cual se relaciona con nuestros esfuerzos por humanizar los lugares de trabajo.	I tend to focus on what is beyond the procedural aspects of this protocol, which is driving our efforts to make workplaces more human

75	El principal beneficio que hemos obtenido con este protocolo es que una vez al mes podemos reunirnos sin nuestros superiores para debatir nuestras preocupaciones libremente, de modo que posteriormente el sindicato pueda compartir las principales preocupaciones de los empleados sin que sufran represalias.	The main benefit we have earned through this protocol is that once a month we can meet without our managers to discuss our concerns freely so later the union can then share employees' main concerns without them suffering any retaliation
76	El principal objetivo de nuestras intervenciones ha sido reducir la brecha entre los empleados administrativos y los manuales, introduciendo reuniones en las que los líderes puedan ser percibidos como más confiables para sus subordinados.	The main focus of our interventions has been to reduce the gap between white-collar and blue-collar employees by introducing meetings in which leaders can be seen as more reliable to their subordinates
77	Durante las primeras reuniones del comité, los miembros se mostraron confundidos y desconectados de todos los procedimientos y criterios. Sin embargo, cuando empezamos a demostrar que el núcleo de esta normativa es mejorar la salud mental en el trabajo, cambiaron completamente de opinión.	During the first committee meetings, members got confused and disengaged with all the procedures and criteria. However, when we started to show that the core of this regulation is to improve mental health at work, they completely changed their disposition
78	Si se comparan los instrumentos de negociación colectiva en cuanto a cuántos incluyen cláusulas relacionadas con el salario o la salud y la seguridad, se verá que el primero gana por goleada.	If you compare collective bargaining instruments in terms of how many of them include clauses related to salary or health and safety, you will see the former wins by a landslide
79	El protocolo de riesgos psicosociales es la normativa de SST que los empleados menos conocen. En cambio, las más demandadas por los empleados y con las que las empresas más cumplen son las relacionadas con el suministro de Equipos de Protección Personal (EPP). Creo que la razón de esta diferencia es que este último es visible, mientras que el primero es intangible.	The psychosocial risks protocol is the OSH regulation that employees know the least. In contrast, those that are more demanded by employees and that firms comply with the most are related to providing Personal Protection Equipment (PPE). I believe the reason for this difference is because the latter can be seen while the former is an intangible
80	La lógica del PRWSP es que es necesario recorrer todo su ciclo para mejorar el entorno laboral. Según la nueva normativa, las empresas necesitan dos años para gestionar sus riesgos psicosociales. Sin embargo, la mayoría de los empleados se ven perjudicados por su lugar de trabajo, lo que resulta muy engorroso para las organizaciones, ya que la normativa no ofrece ninguna capacidad para afrontar problemas graves que requieren atención. Se debe abordar urgentemente.	The rationale of the PRWSP is that you have to go all the way through its cycle to improve the work environment. According to the new regulation, firms need two years to manage their psychosocial risks. However, most employees are now being harmed by their workplace, and this is very cumbersome to organisations because the regulation does not provide any capacity against acute issues that need to be addressed urgently
81	Es vergonzoso que nuestra mutualidad determine la mayoría de los trastornos mentales de nuestros afiliados como comunes. Luego, tienen el descaro de decirnos que debemos cumplir con la normativa. ¿De qué sirve negar el tratamiento médico que nuestros afiliados necesitan?	It is embarrassing that our mutualidad determines most mental disorders from our affiliates as common. Then, they have the nerve to tell us we must comply with the regulation. What is the point if they deny the medical treatment that our members need?
82	Lo que necesitamos ahora es que nuestros empleados reciban el tratamiento que necesitan para lo que enfrentan. ¿A quién le importa una encuesta absurda	What we need now is that our employees receive the treatment they need for what they are facing. Who cares about a silly survey when people are emotionally

	cuando la gente está desmoronada emocionalmente y se les trata como una pelota de ping-pong entre profesionales de la salud?	collapsed and are being treated like a ping-pong ball between healthcare providers?

F.3 Original and translated quotes from Chapter 6

ID quote	Quote in its original form in Spanish	Translated quote into English
1	Estamos acostumbrados a dos tipos de organizaciones: aquellas que no saben nada sobre la gestión de riesgos psicosociales, pero están motivados para promover el bienestar de sus empleados, y aquellas que solo muestran interés después de escuchar el costo de las sanciones.	We are used to two types of counterparts in organisations: those that do not know anything about psychosocial risk management but are motivated to promote their employees' well-being and those that show interest only after you say the costs of the sanctions
2	Cuando se implementó el protocolo en 2013, mis colegas de otras empresas decidieron no implementarlo porque no pertenecían a los sectores en los que se estaba fiscalizando. Sin embargo, decidí aplicarlo para que en mi empresa estar preparados para cuando se volviera obligatorio para nosotros.	When the PRWSP was introduced back in 2013, all of my colleagues from other firms chose not to implement it because they were not in the sectors that were being audited. However, I still decided to go through it so we could be prepared for when the inspectors would audit when it would become mandatory for us
3	He tenido tres directores de SST desde que empecé a trabajar en esta empresa. El director A fue quien me contrató y estaba interesado en este tema; solíamos trabajar muy de cerca. Entonces, el director B no veía la importancia de los riesgos psicosociales porque solo se enfocaba en la seguridad, así que recortó recursos y solo implementó el protocolo para evitar sanciones. Ahora, con el director C, nuestro departamento ha resurgido y por fin estamos trabajando correctamente.	I have had 3 OSH directors since I started working in this company. Director A was who hired me and he was interested in this topic; we used to work very closely. Then, Director B did not see the importance of psychosocial hazards because he only focused on safety, so he cut resources and only implemented the protocol to avoid sanctions. Now with Director C, our department has emerged again, and we are finally working properly
4	Decidí implementar el protocolo para evitar sanciones de los auditores. No quería darle una razón a mi gerente para que esté enojado conmigo.	I decided to implement the protocol to avoid sanctions from auditors. I did not want to give a reason to my manager to be mad at me
5	Los gerentes de SST saben que sus credenciales se verán afectadas si obtienen un mal resultado en la SUSES/ISTAS-21.	OSH Managers see that if they get a bad result in the SUSES/ISTAS-21, their credentials will be tainted
6	Nuestro gerente empezó a presionar al departamento para que implementara el protocolo cuando vio que la empresa tenía que adjuntar los resultados de la SUSES/ISTAS-21 como parte de la documentación requerida para las licitaciones de nuestros clientes.	Our director started to pressure the department to implement the PRWSP when he saw that the firm had to attach the results of the SUSES/ISTAS-21 as part of the documentation required by our clients' biddings
7	Aunque este protocolo está enmarcado en la normativa de prevención de riesgos, difiere de todos los demás protocolos de vigilancia ministerial. En nuestro caso, no solo nos preocupa eliminar los peligros, sino también desarrollar factores protectores que mejoren el bienestar de las personas. Por	Despite this protocol being framed under risk prevention regulations, it differs from all the other ministerial surveillance protocols. In our case, we are not only concerned about eliminating hazards but also in developing protective factors that enhance individuals' well-being. On the contrary, the noise protocol only focuses

	el contrario, el protocolo de ruido solo se centra en la reducción de decibeles. Se podría poner música para animar a los trabajadores durante sus turnos, pero eso no es relevante para esa normativa.	on reducing decibels. You could play music to cheer employees during their shifts, but it does not matter for that regulation
8	Nuestro gerente nos ha dicho que debemos ser estratégicos con el protocolo. Usarlo como una herramienta que demuestre que el departamento puede ayudar a las demás áreas con sus problemas, en lugar de usar solo el comodín de que es normativo.	Our manager has told us that we have to be strategic with the protocol, to use it as a tool that shows the department can help the other areas with their problems rather than only using the 'regulation' wildcard
9	En una de las reuniones preparatorias que tuve con los sindicatos, lo primero que me dijeron fue que no les hiciera perder el tiempo a todos con otra encuesta, porque estaban hartos de tener que pausar su trabajo para participar en algo que no les aporta ningún beneficio.	In one of the preparative meetings I had with the unions, the first thing they told me was not to waste everyone's time with another survey because they were tired of having to pause their work to participate in something that does not bring any benefit to them
10	Los riesgos psicosociales en sí mismos son discriminatorios contra los trabajadores poco cualificados. No veo a las personas de España o Dinamarca detrás del cuestionario explicándoselo a alguien que trabaja en una ocupación elemental. Más del 70% de nuestra nómina son madres solteras de mediana edad de zonas rurales que apenas terminaron el bachillerato... imagínate lo difícil que nos ha sido explicarles, por ejemplo, qué es y qué no es la conciliación trabajo-familia.	Psychosocial risks in itself are discriminatory against low-skilled employees. I do not see the people from Spain or Denmark behind the questionnaire explaining it to someone who works in an elementary occupation. More than 70% of our payroll are middle-aged single mothers from rural areas who barely finished high school... you can imagine how hard it has been for us to explain to them, for instance, what work-life balance is and what is not
11	Aquí no puedo mover un dedo sin preguntarle a mi jefa. Para ella es aún peor, todo lo que hace debe ser aprobado mediante una resolución firmada por el director del hospital, la que tarda unos dos meses en emitirse. Además, con el nuevo gobierno, el director ha cambiado tres veces este año. Así que es casi imposible hacer cosas aquí.	Here, I cannot move a finger without asking my manager. For her it is even worse; everything she wants to do must be approved by a resolution signed by the hospital's director, which takes around two months to be released. Furthermore, with the new government, the director has been changed three times this year. So it is almost impossible to do things here
12	Soy la única psicóloga del departamento, mientras que el resto del equipo está formado por prevenciónistas de riesgos, ergonomos y enfermeros. Al principio, todos se focalizaban en sus tareas e indicadores, pero empezamos a trabajar más mancomunadamente cuando les pedí ayuda para encuestar a los 3000 empleados que tenemos en este hospital. Desde entonces, hemos empezado a ver cómo nuestras tareas podrían complementarse. Por ejemplo, si alguien tiene que realizar una capacitación sobre el protocolo del que está a cargo, organizamos una pequeña jornada para que todos los del departamento puedan mostrar brevemente al hospital el trabajo que estamos realizando.	I am the only psychologist in the department, while the rest of the team are safety specialists, ergonomics or nurses. At first, everyone only focused on their tasks and indicators, but we started to work more closely when I asked them for help surveying the 3000 employees we have in this hospital. Since then, we have started to see ways our tasks could complement each other's tasks. For example, if someone has to do a training of the protocol they are in charge of, we make a small event so everyone from the department can briefly show to the hospital the work we are doing
13	Como este protocolo incluye la palabra 'riesgos', todos piensan que le pertenece a prevención. Sin embargo, tuve que agendar una reunión con el área de RR. HH. antes de implementar el protocolo por primera vez para ver cómo se relacionaba con todo lo que ya estaban haciendo y evitar pisarles los talones.	Because this protocol has the word 'risks', everyone thinks it belongs to us in the OSH department. However, I had to arrange a meeting with the people from HR before implementing the protocol for the first time to see how it was related to everything they were already doing and avoid stepping on each other's heels

14	Uno ve la relevancia del protocolo en esta organización cuando se tiene una actividad planificada con meses de antelación, pero en el último momento un director la cancela porque tuvo la brillante idea de que era mejor ponerse a hacer inventarios.	You see how relevant the protocol is in this organisation when you have an activity planned for months in advance, but at the last moment, a director cancels it because he had the brilliant idea that it was better to do inventories
15	Me costó convencer a mi director de servicio para que implementara este protocolo, pero ahora cuento con todo su apoyo. Cuando alguien de otro departamento se queja de la normativa con él, inmediatamente responde que yo soy la experta y que deberían hablar conmigo.	It took time to convince my service director to implement this protocol, but now I have his complete support. When someone from another department has complained about the regulation with him, he immediately replies that I am the expert, so they should be talking with me instead
16	Me cansé de esperar a que mi director firmara la resolución que aprobaba a los miembros del comité, así que le pedí a mi mutualidad que me enviara un correo electrónico indicando todas las sanciones a las que nos exponemos si no las cumplimos y se lo remitiera para que esté al tanto de las consecuencias actuales.	I grew tired of waiting for my director to sign the memorandum approving the committee members, so I asked my mutualidad to send me an email indicating all the sanctions that we are subject to if we do not comply and forward it to him so he can be aware of the consequences we are subject at the moment
17	Al principio, fue difícil involucrar a los sindicatos en este protocolo. Sus principales preocupaciones siempre han estado relacionadas con sueldos. Sin embargo, estamos viendo que organizaciones los están incluir con más frecuencia, ya que pueden ser un aliado importante al exigir su implementación en sus empresas.	At first, it was hard to involve unions in this protocol. Their main concerns have always been linked with salaries. However, we are seeing that organisational actors are including them more often because they can be an important ally by demanding that the PRWSP is implemented in their firms
18	Por suerte, las normas en mi organización son de suma importancia. Así que, cuando me reuní con mis directores en 2015 para decirles que teníamos que implementar el protocolo, sabía que debía mostrarles su publicación en el Diario Oficial de Chile y el instructivo presidencial.	Luckily, laws in my organisation are of extreme importance. So, when I went to my directors in 2015 to tell them that we had to implement the protocol, I knew I had to show them its publication in the official national newspaper and the presidential instructive
19	Pasamos años diciéndole a la plana directiva que esta normativa era obligatoria, pero como nuestros trabajadores están tan dispersos por todo el país, ninguno de los criterios de implementación que se introdujeron en la normativa se ajustaba a nuestro contexto.	We spent years telling the board of executives that this regulation was mandatory, but since our employees are so spread out across the country, none of the implementation criteria that were introduced in the regulation suited us
20	Cuando trabajaba en una empresa chica, la implementación del protocolo era solo superficial. Allí obtuvieron un riesgo bajo, así que lo olvidaron durante cuatro años. Por el contrario, en esta empresa hay más de 10 000 empleados en todo el país, los estándares que ya tenemos implementados nos permiten alinear lo que dice el gerente general en todas nuestras sucursales. Además, aquí me siento escuchado cuando he indicado que no basta con obtener riesgo bajo en todas las instalaciones, ya que nuestra prioridad debe ser tener más de 50 % de riesgo bajo en las 12 dimensiones del nuevo cuestionario.	I used to work in a small firm. There, the implementation of the protocol was only cosmetic; they obtained low risk, so they forgot about it for four years. On the contrary, in this firm, there are more than 10000 employees nationwide, but you can see the standards that the firm already has in place allow us to replicate what the CEO says on all of our sites. Furthermore, here I feel listened to when I have indicated that it is not enough to obtain a low-risk result in all of the facilities because our priority should be to reach above 50% in low risk in all 12 dimensions of the new questionnaire
21	La primera vez que implementé este protocolo me di cuenta de que abarcaba temas similares a nuestro instrumento de clima organizacional y las principales	The first time I implemented this protocol, I realised that it covered topics similar to our organisational climate instrument and the main causes we identified regarding

	causas que identificamos en relación con nuestros indicadores de ausentismo. Así que armé una presentación que mostraba cómo se conectaban estos tres aspectos.	our absenteeism indicators. So, I distributed a presentation that showed how these three aspects were connected
22	Cuando me fue imposible explicarle al gerente la importancia de la salud mental, tuve que hablarle en un lenguaje más fácil de entender. En resumen, decidió cumplir después de que le dije cuánto iba a perder la empresa debido a sanciones, ausentismo y sentencias judiciales relacionadas con malas relaciones laborales.	When it became impossible for me to make the director understand why mental health is important, I had to speak in a language easier for him to understand. In brief, he decided to comply after I told him how much the company was going to lose due to sanctions, absenteeism and court rulings related to bad labour relations
23	Algunos de los argumentos que damos a las empresas es que este protocolo puede ayudarlas a ser más competitivas, por lo que las incentivamos a desarrollar políticas internas relacionadas con esta normativa y que estén alineadas con su visión de negocio y valores corporativos. También vinculamos la regulación con aspectos reputacionales; mostramos diferentes noticias y les preguntamos en qué caso les gustaría estar. Si quieren ser como la fábrica que salió en las noticias porque el gerente acosaba a sus empleados o ser una que recibe premios por sus buenas prácticas laborales.	Some of the arguments that we give to firms is that this protocol can help them to be more competitive, so we motivate them to develop internal policies related to the PRWSP that are aligned with their business vision and core values. We also link the regulation with reputational aspects; we show different news from the local media and ask which case they would like to be. If they want to be like the factory that appeared in the news because the director was harassing their employees or being one that receives awards due to their good labour relation practices
24	Sé que suena cliché, pero todo depende del corazón que le ponga la persona a cargo de este protocolo. Todos han visto que estoy dando el 100% para mejorar sus condiciones laborales, por lo que siempre me ofrecen su apoyo.	I know it sounds cliché, but it all depends on how much heart the person in charge of this protocol puts into it. Everyone has seen that I am giving my 100% to improve their working conditions, so they are always offering me their support
25	Nos hemos preocupado de que la gente crea en el proceso para que pueda participar. Dado que el hospital es enorme, la principal preocupación de los funcionarios es que no tienen voz. Por eso, hemos intentado implementar la metodología con un enfoque centrado en las personas. Difundimos el protocolo en cada unidad y dedicamos tiempo a conversar con cada persona para ver si lo entienden, si les cobra sentido y para resolver cualquier duda que puedan tener.	We have cared that people can believe in the process so they can participate. Since the hospital is huge, employees' main concern is that they do not have a voice. So, we have tried to conduct the methodology through a human-centred approach. We diffuse the regulation by going to workstations and take the time to have a conversation with each person to see if they understand it, whether it makes sense to them and to solve any question they might have
26	No me gusta cahuinear en mi vida privada, pero me di cuenta de que es lo que abre las puertas para implementar el protocolo. Recorro los lugares de trabajo al menos una vez a la semana para hablar con la gente sobre sus preocupaciones y ver cómo están... siempre terminamos cahuineando.	I do not like gossiping in my private life, but I realised that here is what opens doors to implement the protocol. I walk around workstations at least once a week to talk with people about their worries and check how they are doing... we always end up gossiping
27	Nuestro plan consiste en hacer reuniones para difundir el protocolo cuando los buses llegan a las faenas a las 6:45 a. m. Aunque podríamos realizar la campaña informativa online, preferimos realizarla presencialmente para que la gente vea que nos preocupamos por ellos.	Our plan involves starting meetings to diffuse the protocol when employees' buses arrive at sites at 6:45 am. Despite the fact we could do the informative campaign online, we prefer conducting them in-person so people can see that we care for them
28	La mayor parte de nuestra campaña de difusión se centró en reducir los temores de la gente. Nos reunimos con los trabajadores para explicarles que	Most of our informative campaign was about reducing people's fears. We sat with employees to explain that their answers were confidential. Likewise, we asked our

	sus respuestas eran confidenciales. Asimismo, pedimos a nuestra mutualidad que explicara a nuestros gerentes que no se nos aumentarían las primas si obteníamos un resultado de alto riesgo en la encuesta	mutualidad to explain to our directors that our premiums were not going to be increased if we obtained a high-risk result in the survey
29	Durante la campaña informativa, una señora me preguntó si iba los resultados iban a permitir mejorar sus turnos de trabajo. Tuve que decirle que todo dependía de los resultados que el centro de trabajo en la encuesta y en el grupo focal. Solo después de eso, sería posible diseñar las intervenciones.	While conducting the informative campaign, a lady asked me if it was possible to change her shifts by completing the survey. I had to tell her that it all depended on the results the workplace obtained in the survey and the focus group. Only after that, it would be possible to design the interventions
30	La gente se había involucrado tanto en el proceso que ahora me están presionan por saber los resultados y cuando iba a ser los grupos focales. Siempre tengo que estar con mi carta de Gantt para mostrar la programación de las siguientes etapas.	People have become so involved in the process that now they are pressuring me for the results and the focus groups. I always have to be with my Gantt chart to show the scheduling of the next stages
31	El otro día, estaba impartiendo una capacitación sobre el nuevo protocolo y uno de los participantes se puso a llorar desconsoladamente cuando hablé de la dimensión de violencia del CEAL-SM/SUSESO... Fue como que hizo click luego de leer la definición de esa variable... Tuve que detener la actividad y pedir al resto que salieran de la sala de reuniones para poder brindarle apoyo emocional a esa persona, y luego decirle que fuera a nuestra mutualidad y a la inspección de trabajo.	The other day, I was conducting a training about the new protocol, and a participant started to desperately cry when I was talking about the violence dimension of the CEAL-SM/SUSESO... he made like a click after reading the definition of that variable... I had to stop the activity and ask the rest of the attendees to leave the room so I could focus on providing emotional support to that person, along with referring him to our mutualidad and the labour inspection
32	En teoría, cumplimos con el comité y tenemos las actas de cada reunión. Sin embargo, en la práctica, la única persona que realiza el trabajo en cada centro de trabajo es el secretario, que suele ser el prevencionista de riesgos o el psicólogo.	On paper, we comply with the committee, and we have the minutes of each meeting. However, in practice, the only one that is doing the job in each workplace is the secretariat, who usually is the safety specialist or the psychologist
33	Uno pensaría que los sindicatos estarían interesados en participar en el comité, pero fue muy problemático incluirlos y que asistieran a las reuniones. Sentían que el comité implicaba que debían alinearse con el empleador en lugar de con sus afiliados.	You would think that unions would be interested in participating in the committee, but it was so problematic to include them and for them to attend the meetings. They felt that the committee implicated they had to align with the employer rather than with their members
34	Abrimos y cerramos sucursales casi todos los meses y la mayoría de nuestros trabajadores rotan entre estas sedes semanalmente... a nivel local solo tenemos una oficina chica en la que hay dos o tres trabajadores que realizan tareas administrativas, por lo que no pueden ayudarnos mucho con este protocolo.	We open and close branches almost every month and most of our employees rotate between these sites on a weekly basis... at the local level we only have a small office with two or three employees that do administrative tasks, so there is not that much they can do to help us with this protocol
35	Además de tener un comité para cada sede en cada región, quería crear comités a nivel norte, centro y sur, los que sirvieran como enlace entre cada sede y yo. Esta iniciativa también buscaba empoderar a las sucursales en su toma de decisiones. Sin embargo, el asesor de mi mutualidad me dijo que esto no estaba contemplado en la normativa y, por lo tanto, debía limitarme a tener	In addition to having a committee for each site in each region, I wanted to create a north, centre and south committee that would be sort of a link between the local site and me. This initiative also aimed to empower branches in their decision-making. However, the consultant from my mutualidad told me that this was not indicated in the regulation, and therefore, I should stick only to having committees

	comités en cada sede. Al final, decidí seguir adelante con mi idea porque era lo que me parecía lógico para que el protocolo pudiera funcionar en esta organización.	on every site. In the end, I chose to go through my idea because it was what made sense to me for the PRWSP to be able to work in this organisation
36	Habitualmente los miembros del comité no son ser expertos en gestión de riesgos psicosociales ni en salud mental, especialmente en aquellos lugares con bajo nivel educativo. Por lo tanto, nuestro objetivo a largo plazo es sido capacitarlos y formarlos, ya que nos resulta imposible cubrir todos los establecimientos a nivel central. Queremos que los comités se conviertan en nuestros embajadores de salud mental en cada uno de nuestros lugares de trabajo.	Committee members are not supposed to be experts in psychosocial risk management or mental health, especially in those sites with low educational background. Therefore, we are aiming for the long term and our role during these years has been to train and educate them. It is impossible to cover all places at once for us at the central level, so we want that the committees can become our mental health ambassadors in each one of our sites
37	Lo que falta en Chile es un vínculo entre los riesgos psicosociales y la salud mental. En la mayoría de los lugares donde he trabajado, nadie entiende el propósito de esta normativa.	What is missing in Chile is a link between psychosocial risks and mental health. In most of the places I have worked, nobody understands what the purpose of this regulation is
38	Somos extremadamente rigurosos desde la etapa uno hasta la cuatro del protocolo. Sin embargo, hacemos lo que podemos a partir de la etapa cinco, porque carecemos de los recursos y el personal necesarios.	We are extremely rigorous from stages one to four of the PRWSP. However, we do what we can for stages five and onwards because we lack the resources and the people to do them
39	Antes de empezar a trabajar aquí, la tasa de respuesta era de apenas el 60%, y era habitual repetir la evaluación porque no alcanzábamos el mínimo indicado en la normativa. Por lo tanto, uno de mis primeros objetivos fue alcanzar al menos un 80% de participación.	Before I started working here, the answer rate was barely 60%, and it was common to repeat the assessment because we did not achieve the minimum indicated in the regulation. So, one of my first goals was to reach at least 80% participation
40	Soy bastante escéptico con los grupos focales. Si me obligan a hacer uno, no puedo hacerlo porque no tengo las competencias. Además, la normativa dice que siempre debemos realizarlos, incluso si obtenemos un resultado de bajo riesgo. Es una pérdida de tiempo y creo que están sobrevalorados.	I am quite sceptical about the focus groups. If they make me to do one, I cannot do it because I lack the required skills. Also, the regulation says we must always conduct them, even if we obtain a low-risk result. It is a waste of time, and I think they are overrated
41	La evaluación en este hospital está segmentada en 100 unidades. Deberíamos realizar al menos dos grupos focales en cada unidad para diseñar intervenciones adecuadas para cada una de ellas y asegurar que todos se sientan escuchados. Esto da como resultado 200 grupos focales de aproximadamente una hora cada uno. Esto es muy difícil de lograr, considerando que solo el prevencionista de riesgos, el comité y yo los realizamos.	The assessment in this hospital is segmented under 100 units. We should conduct at least two focus groups in each unit to design proper interventions for each and ensure everyone feels they are being listened to. That gives you 200 focus groups of around one hour each. This is very hard to achieve, considering that only the safety specialist, the committee and I conduct them
42	Para cumplir con la normativa, agrupamos las sedes de cada región con menos de diez empleados en una sola evaluación. Nuestro principal problema con este criterio es que el tipo de personas, sus salarios y los gerentes involucrados son diferentes en cada sucursal. Por lo tanto, tanto la evaluación y los grupos focales no fueron representativos de sus condiciones laborales.	To comply with the regulation, we agglomerated sites from each region with less than ten employees into one assessment. Our main issue with this criterion is that the type of people, their salaries, and the managers involved are different in each branch. Therefore, both the assessment and the focus groups were not representatives of their work conditions

43	Si volvemos a la teoría, los grupos focales son una intervención en sí mismos. En un contexto laboral jerárquico como el chileno, son necesarios para que los trabajadores comiencen a tener voz en su trabajo. En mi experiencia, la gente me ha agradecido por darles el espacio para despotricar sobre su trabajo. Incluso me han dicho: "Sé que no vas a resolver nuestros problemas, pero me sentí mejor porque me escuchaste". Sé que suena raro, pero agradecen tener este espacio.	If we go back to the theory, focus groups are an intervention in themselves. In a hierarchical labour context like the Chilean one, they are necessary for employees to start having a voice in their work. In my experience, people have thanked me for giving them the space to rant about their work. They have even told me, I know you are not going to solve our problems, but I felt better because you listened I know it sounds strange, but they appreciate having this space
44	Cuando el gerente me preguntó qué podíamos hacer para resolver este problema, me sentí contra la pared. Nadie me haría caso si yo decía lo que teníamos que hacer. Así que invité a un grupo de académicos a investigar y realizar talleres para explicar a los demás gerentes cómo debían comportarse en el trabajo.	When the director asked me what we could do to solve this issue, I found myself against the corner. Nobody would pay attention to me if I said what we needed to do. So, I invited a group of academics to do research and conduct workshops to tell the other managers how they should behave at work
45	Utilizamos el banco de intervenciones desarrollado por el Servicio Civil para diseñar nuestras matrices de intervención, pero la diferencia es que esas acciones se dirigen principalmente al sector salud. Ha sido difícil encontrar otras experiencias que nos resulten relevantes, ya sean nacionales o internacionales.	We use the bank of interventions developed by the Civil Service to design our intervention matrixes, but the difference is that those actions are mainly for the healthcare sector. It has been a challenge to find other experiences that are relatable for us, whether they are national or international
46	Nuestros principales problemas se relacionan con la interpretación equivocada de los roles por parte de nuestros clientes y, por lo tanto, son situaciones que escapan a nuestro control. Por ejemplo, una empleada tuvo recientemente un conflicto con la gerente de una tienda porque le pidieron que hiciera algo que no era su responsabilidad, así que esta comenzó a gritarle cuando se negó. No hay muchas medidas preventivas que podamos tomar en casos como este, así que terminamos rotando a la empleada a otra sede.	Our main issues are related to the misinterpretation of roles from our clients and, therefore, are situations beyond our control. For example, a staff member recently had a conflict with a store manager because she was asked to do something that was not her responsibility, so this manager started to scream at her when she refused to do it. There are not many preventive actions we can do in cases like this, so we end up rotating the employee to another site
47	Tras la evaluación, hablamos con los equipos de RR. HH. y operaciones para mostrarles que teníamos algunas ideas para mejorar el bienestar mental de nuestro personal. Sin embargo, en esta reunión, nos dimos cuenta de que RR. HH. ya había implementado la mayoría de estas medidas. Lo que hicimos entonces fue categorizarlas acorde a las dimensiones de la encuesta para ver qué ya teníamos y priorizar aquellas que no tenían nada.	After the assessment, we spoke with the HR and operations teams to show them we had some ideas to improve our staff's mental well-being. However, in this meeting, we realised that HR had already taken most of these actions. What we did then was to categorise all of them with the dimensions of the survey to see what we already had and to prioritise those variables that did not have anything in place
48	Algunos supervisores nos han dicho lo siguiente luego de ver los resultados de sus sucursales: "Esta evaluación me da el respaldo para solicitar un aumento de personal". Así que ahora las sedes con resultados de "alto riesgo" en la variable de demandas se priorizan cuando hay recursos disponibles para iniciar un proceso de contratación	Some line managers have told us after they see the results of their branches: Oh, this assessment gives me support to ask for an increase in staff So now sites with 'high-risk' results in the demands variable are prioritised when resources become available to start a hiring process
49	En mi anterior trabajo en una universidad, nuestra mutualidad nos recomendó realizar periódicamente acciones para promover la cohesión social en una de	In my previous job at a local university, our mutualidad prescribed us to regularly conduct instances to promote social cohesion in one of our units to improve their

	nuestras unidades con el fin de mejorar sus resultados en liderazgo y apoyo social. Sin embargo, no contábamos con un presupuesto estructural para llevar a cabo estas actividades. Por lo tanto, tuve que ser creativo para encontrar fuentes de financiación alternativas. Así pues, utilicé los fondos del SENCE para desarrollar habilidades interpersonales en esa unidad y algunos fondos internos para contratar a un coach que ayudara a los directivos con sus habilidades de liderazgo. Mientras tanto, había otras situaciones higiénicas relacionadas con la infraestructura y el hacinamiento que requerían más recursos, que la empresa empezó a proporcionar tras ver los resultados de las intervenciones anteriores.	results in the leadership and social support variable. However, we did not have a structural budget to run these activities. Therefore, I had to be creative in finding alternative sources of funding. So, I used the mandatory funds allocated for training to develop interpersonal skills in that unit and a few internal funds to hire a coach who helped managers with their leadership skills. Meanwhile, there were other hygienic situations related to infrastructure and overcrowding that required more resources, which the firm started to provide after they saw the results of the previous interventions
50	Es absurdo, pero la jerarquía entre médicos y TENS es abrumadora. En una unidad, los TENS estaban extremadamente frustrados porque dedicaban todo su turno a una transfusión de sangre. Sin embargo, en el turno siguiente, los médicos daban órdenes contradictorias con lo que hacían los técnicos y que, en la mayoría de los casos, acababan con pacientes que desarrollaban síntomas graves o incluso fallecían. Por lo tanto, implementamos una campaña para dar a conocer el proceso de comunicación del hospital, destacando el papel del técnico en este proceso.	It is silly, but hospitals' hierarchy between physicians and technicians is overwhelming. In one unit, the technicians were extremely frustrated because they spent their entire shift working on a blood transfusion. However, in the following shift, physicians gave orders that were contradictory to what technicians were doing and that most of the time ended with patients developing severe symptoms or even dying. Therefore, we conducted a campaign to raise awareness about the communicational procedure of the hospital, highlighting the role of the technician in this process
51	La mayoría de nuestras intervenciones se han centrado en aumentar el sentido de pertenencia de los trabajadores hacia la empresa. Por ejemplo, implementamos desayunos mensuales, en los que los gerentes se reúnen con la gente para celebrar sus cumpleaños.	Most of our interventions have revolved around increasing employees' sense of belonging with the firm. For example, we introduced monthly breakfasts, in which the directors meet with people to celebrate their birthdays
52	Durante los grupos focales, los jefes reconocieron que no eran líderes innatos, pero aun así creían que estaban haciendo un excelente trabajo porque estaban logrando objetivos operativos. Sin embargo, con la capacitación que les hemos brindado, comenzaron a darse cuenta de que quizás no lo estaban haciendo tan bien después de todo debido a los costos que implicaba para ellos y sus trabajadores para alcanzar las metas.	During the focus groups, managers recognised that they were not born as leaders but still thought they were doing a great job because they were achieving operational goals. However, with the training we have conducted, they started to realise that maybe they were not doing it that great after all because of the costs that implied for them and their employees to reach those goals
53	Revisamos nuestro programa de pausa activa según los resultados de la evaluación. En concreto, pasamos de invitar a que los trabajadores solo pausaran su trabajo para hacer ejercicio físico a incluir actividades que beneficiaran su salud mental. Por ejemplo, comenzamos a compartir con ellos consejos psicológicos que les ayudarían a mejorar su calidad de vida.	We overhauled our active pause programme according to the assessment results. Specifically, we transitioned from only inviting employees to pausing their work to do physical exercise to include activities that would benefit their mental health. For example, we began to share with them tips based on psychology that would help them to improve their quality of life
54	Ofrecemos un servicio nacional de apoyo emocional que las empresas afiliadas pueden activar cuando lo consideren necesario. En esta organización (indicando la empresa que participó en este estudio), el 50% de las veces se	We provide a national emotional support service that affiliated companies can activate whenever they feel it is necessary. In this organisation (indicating the retail firm that participated in this study), 50% of the time this programme has been used because salespeople experienced a work-related violence situation

	ha utilizado este programa porque los vendedores han experimentado una situación de violencia laboral.	
55	En uno de mis trabajos anteriores, me contrataron en una clínica privada para ayudarles con las etapas uno a cuatro del protocolo. El hecho de que externalizaran el proceso indicaba que querían hacer el protocolo solo por cumplir. Esta idea corroboré cuando hablaba con los trabajadores. La mayoría me decía que sus jefes no los apreciaban y que la principal preocupación de la empresa era detener las operaciones lo menos posible.	I was hired by a private clinic in one of my previous jobs to help them with stages one to four of the protocol. The fact that they externalised the process indicated they wanted to comply as fast as possible. I corroborated this idea when I was interacting with their employees. Most of them were telling me that their leaders did not care for them and the main concern of the firm was to pause operations as little as possible
56	Al principio, solo yo y los comités participábamos en el protocolo. Sin embargo, después del primer ciclo de evaluación, nos dimos cuenta de que era imposible abordarlo solo con los comités. Así que contratamos a un par de ergónomos y psicólogos para que lideraran esta normativa y todo lo relacionado con salud ocupacional.	At first, only I and the committees were involved in the PRWSP. However, after the first evaluation cycle, we realised that covering everything with only the committees was impossible. So, we hire a couple of ergonomists and psychologists to lead this regulation and everything related to occupational health
57	Cuando me contrataron en 2019, encontré ciertas situaciones que no eran óptimas. No quiero culpar a quienes estaban a cargo del protocolo antes que yo, pero no hicieron nada. Por ejemplo, la evaluación tuvo un retraso de dos años, el comité no se reunía como debía. Así que mi objetivo inmediato fue poner todo en orden.	When I was hired in 2019, I found certain situations that were not optimal. I do not want to blame those in charge of the protocol before me, but they did nothing. For example, the assessment had a two-year delay; the committee was not meeting as they should have, so my immediate goal was to put everything in order
58	Mi función ahora se centra en supervisar y recopilar las diferentes intervenciones que están diseñando los comités de cada centro. Esto nos permitirá alcanzar la etapa de aprendizaje organizacional indicada en el protocolo. Por ejemplo, he observado que muchos centros de trabajo están mejorando los programas de inducción de sus empleados, por lo que he decidido estandarizar este proceso a nivel central para reducir la necesidad de inventar la rueda cada vez que un centro de trabajo necesita desarrollar este tema en sus planes de intervención.	My role now revolves around monitoring and collating the different interventions the committees from each site are designing. This will allow us to reach the organisational learning stage indicated in the protocol. For example, I have seen that many workplaces are improving their employees' induction programmes, so I have decided to standardise this process at the central level to reduce the need of inventing the wheel every time a workplace needs to develop their intervention plans
59	El protocolo no menciona la necesidad de instaurar una cultura organizacional preventiva sobre salud mental, la cual es fundamental para mejorar las condiciones laborales. Diría que esa es una de las principales razones por las que tantas empresas se muestran tan entusiastas hasta que realizan la evaluación, pero luego sus esfuerzos se diluyen al ver los resultados. No saben qué hacer con esos indicadores.	The protocol does not mention the need to install a preventive organisational culture about mental health required to enhance working conditions. I would say that is one of the main reasons why so many companies are so enthusiastic until conducting the assessment, but then their efforts are diluted after they see their results. They do not know what to do with such indicators
60	Esta empresa tiene un comité maravilloso, con personas que realmente se preocupan, pero sus representantes de la empresa son solo supervisores. Por lo tanto, aunque el comité tenga mucha ambición, es casi imposible lograr cambios reales porque a los gerentes de esta empresa no les importa.	This company has a wonderful committee, people who really care, but their representatives from the employer are only line managers. So, although the committee has a lot of ambition to do things, it is almost impossible to make real changes because the executives from this company do not care

61	El Ministerio de Salud ha desarrollado una gran cantidad de programas. que están relacionadas con el protocolo. Por ejemplo, tenemos iniciativas para prevenir la violencia externa y el ausentismo, y para promover la calidad de vida laboral. El problema es quién implementa todas estas actividades. Tengo suerte porque a nivel regional hay un profesional específico a cargo de cada uno de estos temas. Sin embargo, en los hospitales de nuestra región hay una persona que se encarga de todo.	The Ministry of Health has developed a plethora of programmes that are connected with the PRWSP. For example, we have initiatives to prevent external violence and absenteeism and to promote employees' quality of life. The problem is who implements all of these activities. I am lucky because at the regional level you have a specific professional in charge of each of these topics. However, in the hospitals from our region you have one person that has to do all of them
62	Uno de los principales desafíos que enfrenté fue que las quejas sobre acoso laboral y el número de centros que comenzaron a ser incluidos en el programa de vigilancia empezo aumentar poco después de implementar el protocolo. Entonces, mi director me preguntó: "¿Por qué está pasando esto? Supuestamente, todo lo que hacíamos era evitar esta situación. Obviamente, mi credibilidad se vio perjudicada durante un tiempo.	One of the main challenges I faced was that complaints about harassment and sites introduced to the surveillance programme started to rise soon after we implemented the protocol. So, my director asked me, Why is this happening? Supposedly, everything we were doing was to avoid this situation. Obviously, my credibility was damaged for a while
63	Uno de los principales problemas es que la transversalidad del protocolo no es favorable para ciertos sectores. Por ejemplo, nuestros colegio pierden dos meses al año para implementar el protocolo debido al receso por vacaciones de verano obligatorio.	One of the main issues is that the transversality of the protocol is not friendly with certain sectors. For example, our schools lose two months per year to implement the PRWSP because of the mandatory summer recess
64	Hay empleados que son prácticamente intocables, pueden acosar a otros como quieran y no enfrentan consecuencias porque los sindicatos los protegen.	There are some employees that are almost untouchable; they can harass other people as they want, and they do not face any consequences because the unions protect them
65	Fuimos una de las pocas empresas que no dejó de implementar el protocolo entre 2019 y 2022. Sin embargo, desde la revuelta popular y tras dos años de COVID-19, se puede observar que la gente está más irritable y abierta a expresar sus emociones. Creo que esa es una de las principales razones por las que la salud mental se ha convertido en un indicador importante para nosotros y por la que la empresa implementó centros de atención telefónica donde los empleados podían recibir apoyo psicológico.	We were one of the few companies that did not stop implementing the protocol between 2019 and 2022. However, since the unrest and after two years of COVID being a relevant concern, you can see that people are more irritable and open to expressing their emotions. I think that is one of the main reasons mental health has become an important indicator to us and why the company introduced call centres to which employees could receive psychological support
66	A veces puede ser difícil entender por qué se está implementando este protocolo si ya existe un sistema de gestión para mejorar nuestro entorno laboral. Por lo tanto, mi función ha sido destacar su vinculación y evidenciar que la mayoría de nuestras principales causas de ausentismo y rotación laboral están relacionadas con la salud mental de los trabajadores. Esto me ha permitido reasignar parte de los recursos asignados a SST para implementar intervenciones relacionadas con el protocolo.	Sometimes it can be difficult to understand why this protocol is being implemented if a management system is already in place to enhance our work environment. Therefore, my role has been to highlight that they are linked and evidence that most of our main causes of absenteeism and turnover are related to employees' mental ill-health. This has allowed me to reassign some of the resources allocated for OSH to implement interventions related to the PRWSP
67	Todas las iniciativas de nuestros planes de intervención se han diseñado mediante la participación. Esto nos ha permitido abordar problemas específicos que afectan a nuestros empleados, como ajustar nuestros mecanismos de	All of the initiatives in our intervention plans have been designed through participation. This has allowed us to address specific issues that affect our employees, such as adjusting our recognition mechanisms and introducing flexible

	reconocimiento e introducir horarios de trabajo flexibles. Quizás nuestras intervenciones no sean tan importantes, pero nuestros trabajadores sienten que sus preocupaciones están siendo abordadas.	work schedules. Maybe our interventions are not that big of a deal, but our employees feel their concerns are being addressed
68	Ahora nos centramos en el proceso de marketing para demostrar la importancia de este protocolo, mostrando todas las mejoras que se han logrado gracias al trabajo de los comités. Las personas no tienen por qué saber lo que se ha hecho, tienen miles de otras cosas que hacer. Por lo tanto, es nuestro trabajo recordarles constantemente lo que los comités han logrado por ellos.	We are now focusing on the marketing process of evidencing that this protocol is important by showcasing all the improvements that have been made thanks to the work of the committees. People have no reason to know what has been done; they have thousands of other things to do. So, it is our job to remind them what the committees have accomplished for them constantly
69	En el sector minero, hay una gran cantidad de KPIs que deben cumplirse, que siempre están relacionados con las operaciones comerciales. Mientras que todo lo relacionado con La SST se ve desde la perspectiva de "debemos cumplir con la ley". Por lo tanto, al principio, no importa la calidad de las intervenciones, siempre y cuando las empresas cumplan.	In the mining sector, there are a plethora of KPIs that must be met, which always have to do with business operations. Whereas everything related to OSH is seen from the perspective of we have to comply according to the law. Hence, at first, it does not matter the quality of the interventions as long as firms are complying
70	Nunca ha sido posible completar al menos un ciclo de evaluación del protocolo en este hospital. Por lo tanto, me gustaría ser yo quien lo logre.	It has never been possible to complete at least one evaluation cycle of the protocol in this hospital. Therefore, I would like to be the one that can get it done
71	Mis directores estaban muy contentos porque muchos centros de trabajo obtuvieron riesgo bajo. Su actitud fue: "Bueno, obtuvimos un riesgo bajo, así que ahora podemos olvidarnos de esto durante cuatro años".	My directors were so happy because many workplaces obtained low risk in the assessment. Their attitude was, Oh, we obtained low risk, so now we can forget about this for four years
72	Identificamos algunas situaciones en las que los supervisores no contaban con las herramientas para abordarlas. Por ejemplo, recientemente resolvimos una disputa entre un supervisor que tomó una decisión equivocada y su equipo antes de que escalara a la Inspección de Trabajo. Esto lo logramos compartiendo algunos consejos con dicho supervisor sobre cómo abordar los conflictos interpersonales.	We identified some situations where line managers did not have the tools to address them. For example, we recently solved a dispute between a supervisor who made a wrong decision and their team before it escalated to the Labour Inspection by sharing some tips with that manager about how to address interpersonal conflicts
73	Gracias al protocolo, hemos logrado cambiar la percepción que tiene la organización sobre el departamento de prevención. Nos ha permitido pasar de ser los "seguritos" a convertirnos en un socio estratégico. Sin embargo, esto se debe a que el gerente de prevención es alguien comprometido con el tema.	We have been able to shift the perception that stakeholders have about the department thanks to the protocol. It has allowed moving from being the 'seguritos' to becoming a strategic partner. However, this is because the OSH manager is someone who is engaged with the topic
74	Tras ocho años en la empresa y gracias al arduo trabajo que hemos realizado con el protocolo, recientemente fui ascendido a jefe del departamento de desarrollo organizacional. Mi director me comentó que el motivo de esa decisión fue mi perseverancia para integrar el protocolo como un elemento estratégico de la institución.	After eight years in the company and through the hard work we have made regarding the protocol, I was recently promoted to be the head of the organisational development department. My director told me that the reason for that decision was because of my perseverance to install the protocol as a strategic element of the firm
75	Finalmente renuncié a mi trabajo porque me era imposible aportar; los gerentes solo querían cumplir con la normativa. Es increíble que su necesidad de control	I decided to resign from my job because it was impossible for me to make any contributions to the firm; directors only had me so they could comply with the

	fuera tan grande que incluso intentaran controlar los resultados de la evaluación	regulation. It is incredible that their need for control was so huge that they even tried to control the results of the assessment
76	En mi trabajo anterior, solíamos correlacionar las puntuaciones de la evaluación psicosocial con nuestros resultados de ausentismo y rotación, y la relación era clarísima. Por lo tanto, prioricé las unidades con alto riesgo para que sus resultados pudieran mejorar. Al final, esos lugares obtuvieron bajo riesgo en la reevaluación, pero requirió mucho trabajo constante.	In my previous job, we used to correlate the scores from the psychosocial assessment with our absenteeism and turnover outcomes, and the relationship was crystal clear. Therefore, I prioritised the units that had a high risk so their outcomes could improve. In the end, those places obtained a low-risk result in the revaluation, but it required a lot and constant work
77	Estar a cargo del protocolo ha sido muy estresante para mí. Incluso he llegado a desbordarme porque la responsabilidad legal es excesiva. Es frustrante estar siempre presionando para que el hospital no sea sancionado, pero a los directores les sigue dando igual. Sé que si auditan el hospital, me culparán a mí.	Being in charge of the protocol has been a huge stress for me. I have even collapsed at certain points because the legal responsibility is too much. It is frustrating to always be pushing so the hospital is not sanctioned, but the directors still do not care. I know that if the hospital is audited, I will be the one to be blamed
78	Después de todo este tiempo, los miembros del comité y yo estamos agotados. Si bien ha sido maravilloso implementar este protocolo, ha afectado nuestro bienestar debido al nivel de exposición al que nos enfrentamos constantemente. La actualización del protocolo también nos ha hecho reflexionar sobre cómo podemos mantener este proceso sin agotarnos.	After all this time, the committee members and I are exhausted. Although it has been wonderful to implement this protocol, it has had a toll on our well-being due to the level of exposition we constantly face. The update in the regulation has also made us reflect on how we can sustain this process without us burning out
79	El protocolo brinda a los trabajadores la oportunidad de conversar sus problemas e incluso definir las acciones que pueden adoptar para mejorar sus tareas diarias y mejorar la coordinación entre áreas.	The protocol gives employees the opportunity to discuss their main issues and even facilitated actions that they can adopt to improve their daily tasks by enhancing the coordination between areas
80	Creo que es una bomba de tiempo que nuestros directores inviertan más en abogados que en psicólogos. El mensaje que transmiten con esto es que les importa más llegar a acuerdos para que el trabajador deje la institución cuando hay un conflicto que hacer algo para prevenir enfermedades profesionales.	I think it is a time bomb that our directors are investing more in lawyers than psychologists. The message that they are sending with this is that they care more about reaching agreements for the employee to leave the firm when there is a conflict rather than doing anything to prevent occupational diseases