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Psychosocial Risk Management In The New Zealand Public Sector: A Sociotechnical
Systems Analysis Of Executive Leaders' Perspectives Of Barriers And Enablers

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Amelia May Margaret Thompson

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ABSTRACT

Work-related psychosocial harm remains a persistent and complex challenge for many organisations. Despite legal, ethical, and financial imperatives to manage psychosocial risks, many organisations continue to struggle in practice. The reasons for this are seldom straightforward and rarely attributable to a single cause; rather, they arise from the interplay of numerous factors that collectively constrain effective psychosocial risk management. Existing frameworks tend to focus narrowly on the individual or organisational level, overlooking the broader systemic dynamics that shape how psychosocial risks are generated, transmitted, and controlled. In contrast, other safety domains recognise that risks must be understood within a multi-layered sociotechnical system comprising macro-, meso-, and micro- levels, each with its own actors and interdependencies.

To address this gap, this study applies a sociotechnical systems lens to examine the barriers and enablers influencing psychosocial risk management within the New Zealand public sector, specifically the perspectives of those with the greatest influence on organisational performance – its executive leaders.

Adopting a critical-realist epistemology and an abductive, qualitative design, twelve semi-structured interviews were conducted with public sector executive leaders. Reflexive thematic and content analyses were used to identify patterns of meaning and systemic dynamics shaping psychosocial risk management practices. This process generated overarching thematic insights which were interpreted in light of existing literature, sector-specific knowledge, and systems-based safety theory.

Findings reveal that numerous barriers and enablers operate simultaneously across multiple system levels, ultimately influencing psychosocial risk management. This included political expectations, fiscal restraint, media scrutiny, fragmented accountability, inadequate organisational systems and capabilities. Critically, the research identifies impairments in feedback, where information about risk and harm becomes diluted or reframed as it moves through the system, undermining learning and assurance.

These findings illuminate why psychosocial risk remains challenging to manage in complex organisational systems and demonstrates the value of applying sociotechnical systems theory to psychosocial risk management, as has been done in other safety domains.

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1 INTRODUCTION

Work-related psychological harm remains a significant issue for organisations worldwide, with a substantial number of employees experiencing mental ill-health each year due to work-related factors. In New Zealand, a quarter of workers reported regularly feeling stressed due to work (WorkSafe New Zealand, 2021), while more recent research indicates that over half of workers now fall into a high-burnout risk category, highlighting an alarming rise from previously reported levels (Haar, 2025).

The prevalence of work-related psychological harm is particularly striking given the clear legal, ethical and financial imperatives for organisations to act. Under New Zealand's Health and Safety at Work Act (2015) (*HSWA*), organisations have a legal duty to prevent work-related harm to their employees' health, including mental health, and non-compliance can result in severe financial penalties and even imprisonment.

The obligation to prevent work-related mental harm is not only a legal one, but an ethical one too, with an increasing social expectation that work should not cause either physical or psychological harm to people (Ballard, Lodge, & Pike, 2025). Furthermore, it is well established that mental ill-health resulting from psychologically hazardous work has significant financial implications for businesses through its negative impact on productivity, potentially surpassing the impact of physical injuries on worker absenteeism, presenteeism, and intention to leave (Amer et al., 2022; Brunner et al., 2019; Loh, Dollard & Friebel, 2024).

Why, then, do organisations fail to effectively manage work-related psychosocial risks, despite the compelling legal, ethical, and financial imperatives for doing so? The answer is seldom straightforward and is rarely attributable to a single cause; rather, it lies in the complex interplay of structural, cultural, and contextual factors that together constrain effective psychosocial risk management. The literature suggests that seemingly obvious solutions, such as increased awareness or the implementation of predetermined interventions, in isolation, are insufficient to navigate this complexity or achieve sustained effectiveness in psychosocial risk management. Rather, effective psychosocial risk management is shaped by a multitude of interrelated factors both within and beyond the organisation, each further influenced by the organisational context and the individuals operating within it (European Agency for Safety and Health at Work, 2012; Leka & Jain, 2024). This underscores the relevance of a systems-based

approach to understanding and addressing psychosocial risks, as has been adopted in other domains of risk management.

In occupational health and safety, a *sociotechnical systems* perspective has been adopted to understand why, despite also having similar legal, ethical, and financial drivers, events involving physical safety hazards continue to occur (Carayon, et al., 2015). This conceptual framework, and other related models, may provide useful insight into why risk management that otherwise seems logical and obvious may ultimately be neglected or inadequately addressed in practice. One common theme from these models is a suggestion that ineffective organisational risk management does not occur due to any one simple factor; rather, it occurs as the result of numerous system factors often imperceptibly interacting and causing a gradual drift towards an elevated level of risk, which only becomes evident once an unwanted event has occurred (Rasmussen, 1997).

Further contributing to this failure to effectively manage risk is the impact of autonomous, goal-oriented, and adaptable system ‘agents’ or ‘actors’; in other words, the people who operate within the system. This includes the individuals who have the ability to influence which issues receive specific organisational attention and access to the resources needed to effectively address them. Part of their contribution to ineffective risk management comes from the fact that the systems they operate within, including the organisations they work in, are always to some degree constrained in their ability to access the resources needed to fully achieve all of the organisation’s goals to an optimum level. Because of this, those system actors are required to make prioritisation decisions in the face of multiple competing goals and tensions, ultimately necessitating trade-off decisions to be made. In the short term, these trade-offs rarely result in significant issues. Over time, however, they can slowly erode the culture and processes required to manage risks effectively, unintentionally contributing to the gradual drift in that results in physical and/or psychological harm to workers (Rasmussen, 1997).

Given this context, it is vital to understand the factors that are perceived to make it harder to manage risks (i.e., ‘barriers’), or make it easier to manage risks (i.e., ‘enablers’). A system actor facing a high number of barriers is more likely to have to make trade-offs that lead to a particular risk being ineffectively managed, whereas an actor facing a high number of drivers may appropriately prioritise that risk and/or ensure appropriate and adequate focus on it.

An important factor that both contributes to and complicates this equation is the fact that actors do not ever make ‘perfect’ or fully rational decisions but instead make predictably flawed and

irrational decisions that are influenced by a number of factors including context, personal attributes, and individual perceptions. As such, the understanding of actor *perspectives* is important in understanding the degree to which those actors are likely to be directing organisational attention and effort towards the most important matters and/or the interventions most likely to be needed to ensure a particular risk is being effectively managed.

Whilst the literature provides some insight into the factors that may act as barriers or enablers to an organisation effectively managing its psychosocial risks (European Agency for Safety and Health at Work, 2012), there is less clarity about the perspectives of the system actors in relation to those factors; in particular, the perspectives of those actors who may have the greatest ability to influence whether risk management is appropriately prioritised and resourced (i.e., those at the senior executive levels of the system or organisation).

This thesis will therefore utilise contemporary models of organisational risk management to understand the perspectives of key decision-makers, namely executive leaders, regarding the potential factors that they perceive to affect psychosocial risk management within their organisations. Specifically, this research will apply a sociotechnical systems approach to understand the perspectives of executive leaders in New Zealand's public sector in relation to the barriers and enablers to effective psychosocial risk management within the multi-layered ecosystem they operate within.

1.1 RESEARCH AIM AND QUESTIONS

1.1.1 Research aim

This research seeks to understand the perspectives of executive leaders in the New Zealand public sector in relation to the system-level barriers and enablers that influence effective psychosocial risk management in their organisations. I apply a sociotechnical systems framework to interpret the various types of factors that emerge from the interviews and conceptualise the themes in relation to the individual ('micro') system level, the organisational ('meso') system level, and the external ('macro') system level the organisation operates within. As a result, this research spans the domains of psychosocial risk management, organisational decision-making, risk and safety theory, and work-related health and safety regulatory theory.

1.1.2 Research questions

This research seeks to answer the questions:

1. What barriers and enablers do public sector executive leaders perceive as influencing effective psychosocial risk management in their organisations
2. What are the implications of this?
3. To what degree do the perceptions of executive leaders reflect the barriers and enablers described within the existing literature?

1.2 RESEARCH DESIGN

This research adopts a critical realist approach, grounded in a relativist epistemology and a realist ontology. The research design takes a qualitative approach, predominantly using reflexive thematic analysis that employs an abductive approach to semi-structured interviews with executive leaders of New Zealand public sector agencies. Interviews are transcribed and coded initially through content analysis, prior to using reflexive thematic analysis to interpret underlying meanings and relationships, drawing out key thematic insights. Together, these complementary approaches provided both descriptive and interpretive insight into the barriers and enablers to psychosocial risk management in the New Zealand public sector.

1.3 SIGNIFICANCE OF RESEARCH AND CONTRIBUTION TO LITERATURE

This is the first study that examines the perspectives of executive leaders in New Zealand public sector agencies in relation to the barriers and enablers that influence effective psychosocial risk management in their organisations. This research addresses a gap in the New Zealand literature regarding the factors that are perceived to most significantly affect psychosocial risk management. More broadly, the research findings contribute to the existing body of knowledge of psychosocial risk, and sociotechnical systems theory as it relates to workplace health and safety.

The findings may provide greater clarity of the conditions that enable or constrain psychosocial risk management, acknowledging that such dynamics are both influenced by and perceived through the actions and interpretations of executive leaders who hold significant structural power within the system in which they operate. Given the sociotechnical systems approach underpinning this research, the findings are likely to be relevant to a range of audiences that contribute to or influence psychosocial risk management. These findings may inform regulatory guidance strategies, Government directives relating to funding and performance for public sector agencies, health and safety workforce development, and executive leader development.

1.4 STRUCTURE OF DOCUMENT

This thesis is organised into five chapters.

Chapter One introduces the research context and outlines the rationale, significance, and aims of the study. It explains the research questions and describes the theoretical framing and methodological approach used to explore executive leaders' perspectives on psychosocial risk management in the New Zealand public sector.

Chapter Two presents a review of the relevant literature, including theoretical, empirical, and policy perspectives on psychosocial risk management. It situates the study within sociotechnical systems theory and identifies the conceptual and practical gaps that inform the research questions.

Chapter Three details the research methodology. It outlines the philosophical positioning of the study, the qualitative research design, and the methods of data collection and analysis. This chapter also addresses ethical considerations and provides an overview of the analytical process.

Chapter Four presents and discusses the findings. The analysis is structured across macro-, meso-, and micro- system levels, drawing on a sociotechnical systems framework to interpret the barriers and enablers identified by participants.

Chapter Five concludes the thesis by summarising the key findings, outlining their theoretical and practical implications, and suggesting directions for future research and organisational practice.

1.5 TERMINOLOGY

There is considerable variation in how psychosocial concepts are described in both the academic literature and professional practice. Terms such as *psychosocial factors*, *psychosocial hazards*, *psychosocial risks*, *psychosocial safety*, *psychosocial risk management*, *psychological health and safety*, *psychosocial harm*, and *psychological harm* are frequently used, often interchangeably, although they refer to related but distinct ideas.

Consistent with contemporary scholarship, *psychosocial factors* are understood here as the work characteristics or conditions that can influence worker health and wellbeing positively or negatively, while *psychosocial hazards* refer to the potential for those factors to cause

psychological harm, and *psychosocial risk* refers to the probability that harm will occur. *Psychological harm* refers to the adverse psychological, emotional, cognitive, or behavioural outcomes from psychosocial risk exposure, whereas *psychosocial harm* extends this concept to encompass the broader social and relational harms that often accompany psychological injury. *Psychosocial risk management* (PSRM) denotes the systematic organisational processes for identifying psychosocial hazards, assessing risks, implementing controls, and monitoring their effectiveness. *Psychosocial safety* is used to emphasise compliance with legal duties to ensure that work is designed and managed in ways that do not harm workers' mental health, aligning with contemporary health and safety legislation and encompassing PSRM.

While acknowledging that the literature employs a range of related terminology – some of which differs from language that is used in practice – for clarity and consistency this thesis will predominantly use the terms *psychosocial risks*, *psychosocial risk management*, *psychosocial safety*, and *psychosocial harm*.

However, participants sometimes use terminology interchangeably in their accounts, therefore terminology within quoted material may differ from that adopted elsewhere in this thesis.

2 LITERATURE REVIEW

2.1 INTRODUCTION

This literature review provides critical and integrative review of the literature relevant to psychosocial risk management, with a particular focus on public sector contexts and the perspectives of executive leaders. The review traces the evolution of scholarship from early, individually focused models of occupational stress toward more complex, organisational and systems-based understandings of psychosocial risk, thereby establishing the conceptual foundations for applying a sociotechnical systems lens to psychosocial risk management in the New Zealand public sector.

Section 2.2 outlines the search strategy and inclusion criteria used to identify relevant theoretical, empirical, and policy literature. Section 2.3 examines the relationship between mental health and work, focusing on the prevalence and impacts of work-related psychosocial harm across individual, organisational, and societal levels, and positioning psychosocial risk as a core occupational health and safety concern. Section 2.4 reviews key conceptual approaches, spanning psychological models of occupational stress and risk-based frameworks that treat psychosocial factors as workplace hazards requiring systematic management.

Building on this foundation, Section 2.5 introduces sociotechnical systems theory as a framework for understanding multi-level, dynamic influences on risk, while Section 2.6 examines system actors, with particular focus on the role of executive leaders. Section 2.7 applies sociotechnical systems theory directly to psychosocial risk, synthesising evidence across macro-, meso-, and micro-levels. Section 2.8 situates these issues within the New Zealand public sector, including legal obligations under the Health and Safety at Work Act 2015. Finally, Section 2.9 synthesises key insights and identifies gaps that inform the research questions and methodology outlined in Chapter 3.

2.2 SEARCH METHODOLOGY

The literature review was conducted using a systematic and iterative search strategy designed to capture the breadth and depth of relevant scholarship across disciplines. Search terms were selected to reflect the multidimensional nature of psychosocial risk and its management, encompassing both traditional and emerging constructs. Core search terms are detailed in

Table 1 along with the various databases used, to ensure coverage of both peer-reviewed academic literature and key policy and practice documents.

Table 1

Scope of literature review

| Search terms | Date range | Sources |
|-----------------------------------|------------|----------------|
| “Mental health” | 1970–2025 | Scopus |
| “Psychosocial risk” | | Google Scholar |
| “Psychosocial risk management” | | Discover |
| “Psychosocial factor” | | PsychINFO |
| Stress | | |
| Wellbeing | | |
| Safety | | |
| “Psychosocial safety” | | |
| “Psychological health and safety” | | |
| “Health and safety” | | |
| “Occupational health and safety” | | |
| Systems | | |
| “Systems thinking” | | |
| “Sociotechnical systems” | | |
| Ecosystem | | |
| Macro | | |
| Meso | | |

| | | |
|---|--|--|
| Micro Risk “Workplace safety” Causation “Executive leaders” “Chief executive” Directors Management “Decision making” Priority Influence “Public sector” Legislation | | |
|---|--|--|

The inclusion criteria for the literature review were:

- (1) relevance to psychosocial risk, mental health, or wellbeing in the context of work,
- (2) focus on organisational, systems, or leadership factors influencing psychosocial risk management,
- (3) empirical, theoretical, or policy contributions published in English, and
- (4) studies or reports published from the late 20th century to the present, to capture both foundational and contemporary perspectives.

Exclusion criteria were:

- (1) studies focused solely on individual clinical interventions or non-work-related mental health,
- (2) literature not addressing the workplace or organisational context,

- (3) sources lacking sufficient methodological transparency or academic rigour, and
- (4) duplicate or redundant publications.

In addition to database searches, literature already familiar to the researcher, together with sources identified through targeted hand-searching of reference lists from relevant review articles, further expanded and strengthened the evidence base underpinning this review.

Where possible, systematic reviews, meta-analyses, and high-quality empirical studies were prioritised to ensure the robustness of the evidence base. The resulting review provides a critical and integrative account of the state of knowledge on psychosocial risk management, informing both the conceptual framework and the empirical focus of this thesis.

2.3 MENTAL HEALTH AND WORK

Work occupies a central place in human life. Around 60 percent of the world's population engages in some form of work (International Labour Organisation, 2022), making it one of the most pervasive social determinants of health. When work is *decent*, that is, safe, stable, and fairly compensated, it is consistently associated with better mental and physical health outcomes. It can provide a livelihood, a sense of purpose and identity, opportunities for social connection and belonging, and the structure and routine that support wellbeing (World Health Organisation [WHO], 2024).

Yet the same institution that promotes health and fulfilment can also be a source of profound psychosocial harm. This paradox, of work as both a protective and a harmful force, has drawn sustained scholarly attention. Early research approached the issue through a medicalised lens, focusing on individual stress responses and coping mechanisms. Subsequent frameworks shifted emphasis toward the conditions and resources inherent in the work environment. More recently, understanding has expanded again, viewing work-related mental health through a risk-management perspective that recognises psychosocial hazards as systemic, organisational phenomena embedded within broader cultural and regulatory contexts (Boot, LaMontagne, & Madsen, 2024).

2.3.1 Impact

The potential for work to cause psychosocial harm is well documented within the international literature, including in occupational statistics in New Zealand. Psychosocial harm denotes adverse psychological, emotional, cognitive, behavioural, and social or

relational outcomes – such as stress, burnout, anxiety, depression, or reduced functioning – associated with exposure to psychosocial hazards at work relating to the social or organisational conditions. These harms may accumulate gradually or can occur from acute exposures (Leka & Cox, 2008).

The consequences of work-related psychosocial harm extend well beyond individual distress. Sustained exposure to psychosocial hazards is associated not only with stress-related mental disorders such as anxiety, depression, and burnout, but also with adverse physical health outcomes, including cardiovascular and musculoskeletal conditions (Kivimäki & Steptoe, 2018; Nyberg et al., 2013; Roquelaure, 2018; Rugulies et al., 2017). At an organisational level, poor psychosocial conditions contribute to increased absenteeism, presenteeism, reduced productivity, and higher turnover, alongside lower engagement and job satisfaction (Brunner et al., 2019; Yang et al., 2016). At a societal level, these impacts accumulate through reduced labour participation, increased healthcare utilisation, and broader economic and public health costs (WHO, 2024; OECD, 2025).

2.3.2 Prevalence of work-related psychosocial risk exposure and harm

While approximately one-quarter of New Zealand workers report flourishing at work (Hone et al., 2015), a substantial proportion experience distress or impaired wellbeing. Around 20 percent of the workforce report always or often feeling stressed by their work (WorkSafe New Zealand, 2021), and more than 40 percent of participants in one study described themselves as at high risk of experiencing psychosocial harm and negative mental-health outcomes such as depression (Bentley et al., 2019). A national survey conducted in 2021 found that 62 percent of New Zealand workers had experienced depression, anxiety, or stress related to their work within the previous 12 months, with prevalence rates of 59.8 percent for stress, 31.2 percent for anxiety, and 19.7 percent for depression (Khieu, 2021). Furthermore, the 2024 Massey University *wellbeing@work* study reported that 57 percent of New Zealand workers are now at high risk of burnout, the highest rate since the survey began (Haar, 2022; 2025).

2.4 APPROACHES TO UNDERSTANDING MENTAL HEALTH AND WORK

As has been noted, an evolution of the approaches used to conceptualise the relationship between mental health and work is observed across the literature. Originating with a medicalised focus on the individual and their physiological response to stress before evolving

to focus on the role of the individual and their cognitive processes in relation to their environment, the more recent focus has shifted to the work environment and the psychosocial factors that require management where they present a risk (Boot, LaMontagne, & Madsen, 2024; Cooper & Dewe, 2004; Fingret, 2000). This evolution shows an increasing complexity in theories of psychosocial risk, as well as reflecting the growing intersection of the respective disciplines of organisational psychology and occupational health and safety, both in the literature and in practice. However, despite these developments, individualised and medicalised approaches remain persistent in many areas, including health and safety practice, where the focus can still privilege individual coping over modification of work conditions. The following sections will examine some of the prominent psychological and risk-based models.

2.4.1 Psychological models of occupational stress

Conceptual approaches to understanding mental health and work at an individual level are described in the psychological models of occupational stress. These models examine the cognitive processes that underpin the interactions between an individual and their environment, with varying degrees of emphasis placed on the role of the individual and/or the work environment (Deacon, 2024). The psychological models of occupational stress have evolved from early physiological explanations to more complex interactional frameworks that integrate both personal and environmental determinants of strain. Theoretical approaches to occupational stress are often distinguished as *transactional* or *interactional*. Transactional models emphasise the cognitive appraisal processes through which individuals interpret and respond to work demands; whereas interactional models focus more explicitly on the characteristics of work and organisational systems that give rise to those demands.

2.4.1.1 General Adaptation Syndrome

The earliest work, typified by Selye's *General Adaptation Syndrome* (1950), conceptualised stress as a non-specific physiological response to environmental demands, progressing through stages of alarm, resistance, and exhaustion. While influential, this model located stress entirely within the individual and failed to account for cognitive interpretation or contextual variability in the workplace (Ganster & Rosen, 2013).

2.4.1.2 Transactional Model of Stress and Coping

Subsequent theories emphasised the role of perception and appraisal. The *Transactional Model of Stress and Coping* (Lazarus & Folkman, 1984) positioned stress as a process arising

from an individual's evaluation of their environment and coping capacity. Through *primary appraisal*, events are judged as threatening, challenging, or benign, while *secondary appraisal* concerns the availability of coping resources. When perceived demands exceed these resources, stress occurs, activating coping mechanisms that may be problem-focused (aimed at the stressor) or emotion-focused (aimed at managing feelings). This model underscored that stress is not solely a function of external pressure but of subjective interpretation, highlighting the importance of perceived control and support in work contexts (Searle & Auton, 2015).

2.4.1.3 Job Demand-Control-Support and Job Demands-Resources

Concurrently, as attention began to shift towards the structural features of work, *interactional models* emerged that gave greater emphasis to environmental conditions and job design. The *Job-Demand-Control (JDC) model* was proposed (Karasek, 1979), followed subsequently by the *Job Demand–Control–Support (JDC-S) model* (Karasek & Theorell, 1990) that proposed that strain results from high job demands combined with low decision latitude and inadequate social support. Building on this, the *Job Demands–Resources (JD-R) model* (Demerouti et al., 2001) conceptualised all job characteristics as either demands or resources and articulated two parallel processes: a *health-impairment* pathway, in which excessive demands exhaust workers' energy and lead to burnout, and a *motivational* pathway, in which resources foster engagement and performance. The JD-R model provides a theoretical framework integrating earlier stress models and reinforcing that the balance between demands and resources influences psychosocial outcomes.

2.4.1.4 Effort-Reward Imbalance and Organisational Justice

Complementary perspectives, such as *Effort–Reward Imbalance* (Siegrist, 1996, 2017) and *Organisational Justice* (Greenberg, 1987), conceptualised stress as emerging from inequitable social exchange and perceived unfairness in work systems. These models collectively shifted the focus of analysis from individual pathology to organisational antecedents of harm. They demonstrate that psychosocial risks arise where the structure or culture of work creates sustained imbalance between effort, control, and reward.

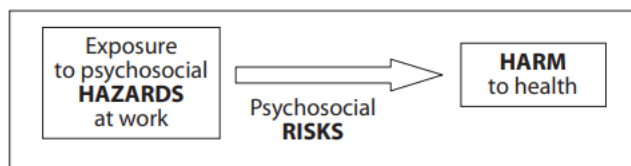
2.4.2 Risk-based models of occupational stress

The progressive adoption of a risk-based approach to conceptualising the relationship between work factors and mental health outcomes has increasingly placed psychosocial risk management within the realm of occupational health and safety (Fingret, 2000; Griffiths, Cox

& Barlow, 1996). This approach positions the work factors or conditions encountered by the individual worker as *psychosocial hazards* that may pose a risk to their physical and/or mental health (Figure 1).

Figure 1

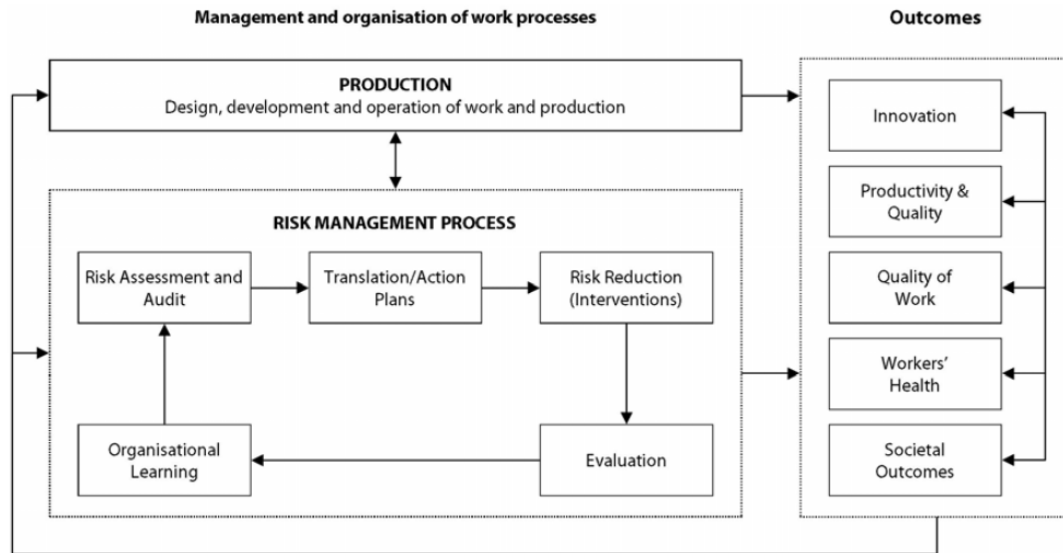
Hazard, Risk and Harm (EU-OSHA, 2012)



The psychosocial risk management literature aligns closely with the broader occupational health and safety paradigm, in which *risk* is understood as a function of the likelihood and severity of harm arising from exposure to hazards. Within this framework, psychosocial hazards can give rise to psychological, social, and physical harms through stress-mediated pathways (Deacon, 2024; Kompier & Marcelissen, 1990; Leka, Cox, & Zwetsloot, 2008). Accordingly, psychosocial risk management mirrors established occupational health and safety practice, following a continuous improvement cycle of hazard identification, risk assessment, control implementation, monitoring, and review consistent with the Plan–Do–Check–Act (PDCA) model (Deming, 1986; WorkSafe New Zealand, 2017). The *Psychosocial Risk Management European Framework (PRIMA-EF)* exemplifies this approach, conceptualising psychosocial risk management as an iterative, evidence-informed process embedded within organisational systems and processes (Leka et al., 2008).

Figure 2

The Framework Model for Policies Regarding the Management of Psychosocial Risks (Leka et al., 2008)



Conceptualisations of the interventions applied within the management of psychosocial risks have evolved in parallel with developments in public health and organisational science. Early frameworks were adapted from the public health model of disease prevention. Cooper and Cartwright (1997) translated this logic to the organisational context, conceptualising workplace stress management as a form of preventive health practice encompassing primary, secondary, and tertiary interventions. This framing positioned psychosocial risk management as an extension of occupational health and safety principles, grounded in prevention rather than remediation. Subsequent models, such as the *Integrated approach to workplace mental health* have expanded this perspective, emphasising the need for integration across preventive, promotive, and responsive domains (LaMontagne et al., 2018). This has been further conceptualised through the development of various iterations of a *psychosocial hierarchy of controls*, mirroring the hierarchy of controls that is applied elsewhere in occupational health and safety (Government Health and Safety Lead, 2023; WorkSafe Victoria, 2025).

2.4.3 Psychosocial safety climate

The literature on the role of climate provides an additional perspective to understanding the relationship between mental health and work through the lens of workers' perspectives.

Psychosocial Safety Climate in particular is the leading theory that examines the perceptions

held by workers regarding the organisational policies, practices, procedures, and systems intended to protect their psychological health and safety (Dollard & Bakker, 2010). This is a conceptually different approach that is concerned with the precipitating conditions for psychosocial safety. Where an organisation's management is perceived to prioritise the psychological health and safety of workers over productivity (i.e., a high psychosocial safety climate), there is a lower likelihood of psychosocial harm being experienced. Conversely, where an organisation's management is perceived to prioritise productivity over the psychological health and safety of workers (i.e., a low psychosocial safety climate), there is a greater likelihood of psychosocial harm being experienced. In this regard, a positive psychosocial safety climate is both a precursor and mediator of psychosocial risk.

A key strength of research on psychosocial safety climate lies in its focus on the workers' perspective of management prioritisation of psychosocial safety. However, whilst the model demonstrates the strong impact that management prioritisation of psychosocial safety has on the effective management of psychosocial risks, it does not in itself explain what factors shape and influence whether management prioritise psychosocial safety.

2.4.4 Multi-level/factor conceptualisations

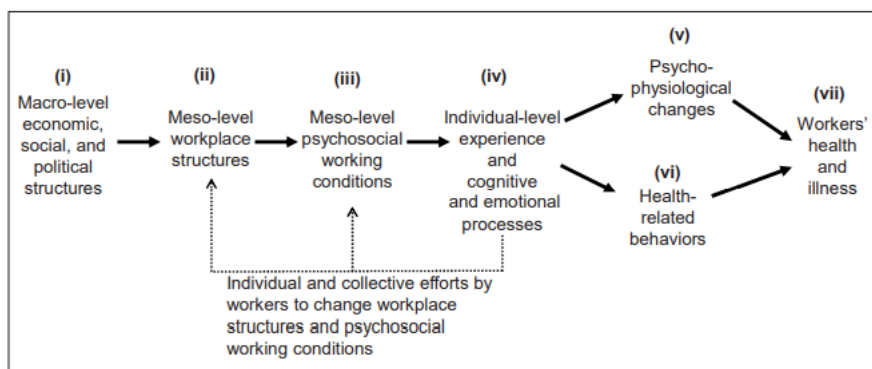
In contrast to the models that seek to explain the *mechanism* by which work factors may psychologically harm a worker, or the precipitating conditions of psychosocial safety (i.e., psychosocial safety climate), the European Agency for Safety and Health at Work (2012) looked to examine the factors likely to influence an organisation's choice as to whether to manage these factors or not. They sought to understand whether an organisation may be more or less likely to take action to address psychosocial risk management by exploring the relationship between different drivers and barriers to effective psychosocial risk management.

The drivers included legal and regulatory influences, reputational risks, productivity, and requests from employees to address psychosocial risks. The barriers included a lack of expertise, lack of access to appropriate technical support and guidance, lack of resources, and a general lack of awareness. Importantly, the Agency also highlighted that drivers and barriers to organisational management of psychosocial risk management are heavily influenced by context. For example, pressure from regulators does not appear to positively influence those organisations who already have a focus on psychosocial risk management, but it does positively influence those organisations who are early on in their efforts and therefore feel vulnerable to potential regulatory action.

Whilst not explicitly framed in such a way, this approach begins to depict the notion of a multi-leveled system in which factors across various levels influence psychological health and safety outcomes beyond the mechanisms operating at a local level. Whilst the majority of models relating to work-related mental health and psychosocial risk management focus on only one or two ‘system’ levels (i.e. the individual and/or the organisational level), there is an increasing focus on examining the system in its entirety and the interactions between levels that result in how psychosocial risks arise and are managed. For example, Rugulies (2019) proposed a conceptual framework depicting a causal relationship between societal (i.e., ‘macro’ level) factors and individual health outcomes (i.e., ‘micro’ level) connected via organisational structures and working conditions (i.e., ‘meso’ level) (Figure 3). Rugulies argues that this model allows for a clear explanation about how macro-level phenomena can ultimately cause psychosocial harm, mediated via changes in organisational structures and working conditions (e.g., resourcing levels). For Rugulies, the importance of this model is the uni-directional nature of causality that flows from societal factors to individual experience. The model also highlights a feedback loop between the micro- and meso-levels, recognising the role of workers’ individual and collective efforts to change organisational structures and working conditions.

Figure 3

A Conceptual Framework for Research on Psychosocial Work Environment and Health (Rugulies, 2019)

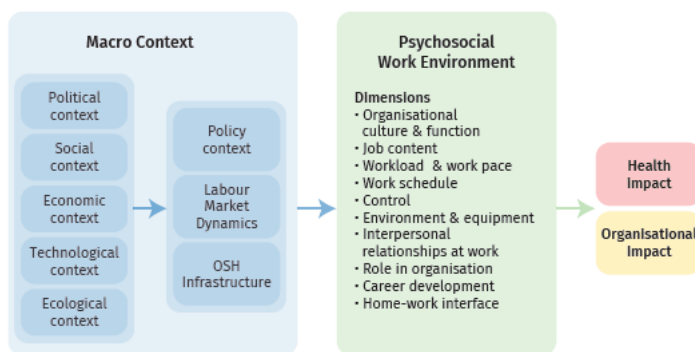


Leka and Jain’s (2024) conceptual framework similarly, based on a review of existing evidence, acknowledges the importance of the broader, non-organisational context in relation to the psychosocial work environment (Figure 4). This model provides specific examples of factors at each of these levels but, similar to Rugulies, also denotes a uni-directional flow of cause-and-effect in which the macro-context influences the psychosocial work environment

(i.e., ‘meso’ context), which itself influences the health of the individual and the organisation (e.g., absenteeism, productivity). Notably, however, Leka and Jain (2024) do not depict a role of feedback between levels. Their conceptualisation therefore offers a strong foundation for clarifying the multi-level determinants of psychosocial risk but stops short of capturing the recursive and adaptive nature of how risks evolve and are managed across system boundaries. The multidimensional framework advanced by Leka and Jain (2024) underscores the growing recognition that psychosocial risk is not simply an organisational or individual issue, but a systems phenomenon shaped by interactions among regulatory, societal, organisational, and human factors. While their taxonomy distinguishes between sources, hazards, and outcomes, it remains essentially linear in its depiction of causality. Consequently, it provides limited insight into the dynamic processes, such as feedback, learning, and adaptation, that determine how psychosocial risks emerge, migrate, or transform within complex organisational systems.

Figure 4

Conceptual Framework of Determinants and Impacts of Work-related Psychosocial Risks (Leka & Jain, 2024)



2.4.5 Contributions and limitations of current approaches

The approaches referenced within 2.2.1 and 2.2.2 provide a theoretical understanding of the mechanisms by which work factors or psychosocial risks may result in harm. Reflecting the connection to workplace health and safety conceptualisations, these psychosocial models are akin to earlier approaches to understanding workplace safety accidents as a failure of controls at a local system level (i.e., the immediate worker-work interface), based on the individual worker’s exposure to a hazard in their work environment (Carayon et al., 2015). Whilst an understanding of the direct mechanism by which harm occurs is indeed necessary, this alone does not explain the broader context and drivers of psychosocial risk, and how or why organisations do, or do not, effectively manage these risks.

The literature relating to psychosocial safety climate described within 2.2.3 provides an important extension beyond a purely local model of causation, providing a measure of the precipitating conditions necessary for effective psychosocial risk management.

Within this, Dollard et al. (2019) describe a tension that the management of an organisation will face situations in which they must make trade-offs to achieve goals in productivity and profit, potentially at the cost of worker health. Dollard et al. importantly highlight that psychosocial risks and their consequences are not simply a matter of a risk management failure at a local level, but rather the result of factors and decisions at levels beyond the immediate worker-work interface. However, as with other safety climate research, psychosocial safety climate provides insight into whether workers perceive management as prioritising psychosocial safety or not but fails to provide meaningful insight into what drives or hinders management's prioritisation of it (Reynolds & Bennett, 2019).

The research on the drivers and barriers for psychosocial risk management described within 2.2.4 elucidates some of these factors, illustrating the wide range of influences from individual perception to external conditions that drive psychosocial safety. This, in effect, describes a multi-level system of factors influencing psychosocial risk management and highlights that effective psychosocial risk management should not just be concerned at the local level of the mechanism by which harm occurs, but rather must take into account the broader ecosystem of factors, context, and actors that create risk and drive psychosocial health and safety outcomes. The contributions of the occupational stress and psychosocial risk literature covered in this section of the review are summarised within Table 2.

Table 2*Summary of Key Theoretical Contributions to Occupational Stress and Psychosocial Risk Management*

| Domain | Framework / Model / Theory | Contribution |
|---|--|---|
| 1. Multi-level conceptual frameworks | <ul style="list-style-type: none"> • Determinants and Impacts Framework (Leka & Jain, 2024) • Psychosocial Work Environment and Health Framework (Rugulies, 2019) | <i>High-level, macro-meso frameworks explaining how organisational, societal, and work environment factors generate psychosocial risks that result in organisational and individual health impacts.</i> |
| 2. Contextual influences on psychosocial risk management effectiveness | <ul style="list-style-type: none"> • Barriers and Enablers of Psychosocial Risk Management (EU-OSHA, 2012) | <i>Context and conditions that influence the likelihood and effectiveness of organisational action.</i> |
| 3. Organisational climate for psychosocial safety | <ul style="list-style-type: none"> • Psychosocial Safety Climate (Dollard & Bakker, 2010) | <i>The organisational climate that shapes priorities, resource allocation, and risk management capability.</i> |
| 4. Theoretical models explaining stress and harm pathways (transactional, interactional, structural) | <ul style="list-style-type: none"> • General Adaptation Syndrome (Selye, 1950) • Transactional Model of Stress & Coping (Lazarus & Folkman, 1984) • Job Demand–Control (Karasek, 1979) • Job Demand–Control–Support (Johnson & Hall, 1988) • Job Demands–Resources (Bakker & Demerouti, 2007) • Effort–Reward Imbalance (Siegrist, 1996) • Organisational Justice (Greenberg, 1987) | <i>Core theoretical models explaining how work conditions create strain, and why psychosocial hazards impact health.</i> |
| 5. Organisational approaches to psychosocial risk management | <ul style="list-style-type: none"> • Primary–Secondary–Tertiary Intervention Model (Cooper & Cartwright, 1997) • Integrated Approach (LaMontagne et al., 2007) • PRIMA-EF (Leka & Cox, 2008) • Psychosocial Hierarchy of Controls (WorkSafe Victoria, 2022) | <i>Frameworks that outline how organisations should structure, integrate, and implement psychosocial risk management.</i> |

The approaches described within 2.3.2–2.3.4 each offer important insights within the boundaries of their intended focus and make significant contributions to the psychosocial risk literature, providing perspectives on context, climate, mechanisms of harm, and organisational responses. However, these models generally operate within a specific conceptual level and do not fully situate psychosocial risk within a broader, interacting system in which dynamic and reciprocal influences occur across the micro-, meso- and macro-levels. Although Rugulies (2019) and Leka and Jain (2024) incorporate factors across system levels, their frameworks remain largely linear and uni-directional in nature and are arguably therefore limited in their ability to illustrate or accounting for:

- a) The recursive feedback processes through which system levels dynamically influence, constrain, or reshape decision-making and control at other system levels,
- b) The differing roles and influence of various system actors (i.e. people or workers that operate within this system),
- c) How the perceptions and non-rational decision making of these actors/agents can influence psychological health and safety outcomes.

This limitation becomes clear when considering the broader evolution of workplace safety models, which have progressively moved from linear, deterministic understandings of risk to more complex, systems-oriented approaches. Contemporary safety science recognises that the factors influencing risk interact in multi-directional and often unpredictable ways; have non-linear outcomes (i.e., small factors can have disproportionately large impacts); and involve system actors who are autonomous, goal-oriented and, often, irrational in their decision-making (Carayon et al., 2015; Flach et al., 2015). Contemporary approaches to understanding workplace safety have therefore acknowledged the need to draw on a broad, dynamic systems-based approach to understanding and addressing risk. These approaches recognise that there are significant drivers that influence a particular risk and its management that sit *beyond* an individual worker and/or their local system of work, and that success in managing workplace safety risks therefore requires intervention from the level of the individual up to the external environment in which the organisation operates.

While the psychosocial risk literature has begun to reflect some of these developments (e.g., through constructs such as Psychosocial Safety Climate), it remains largely characterised by models that emphasise discrete risk factors or relationships within a single system level or between two adjacent levels. Even the more integrative frameworks of Rugulies (2019) and

Leka and Jain (2024) do not fully capture the dynamic, emergent, and multi-directional nature of risk illustrated in contemporary systems-based safety models. Accordingly, there is growing recognition that effective psychosocial risk management must target multiple system levels concurrently, encompassing organisational structures, business units, and the worker interface (Boot, LaMontagne, & Madsen, 2024).

Given that psychosocial risk management is situated within the broader domain of workplace health and safety, there is clear utility in adopting a systems-based approach consistent with those used to understand and manage safety risks. Such an approach must be capable of accounting for complex interactions between system elements, distributed decision-making across organisational levels, and the emergence of unintended outcomes within dynamic organisational contexts. In safety science, these requirements have most commonly been addressed through *sociotechnical systems theory*, which conceptualises safety as an emergent property of interactions between social, technical, organisational, and regulatory components of a system.

Accordingly, the following section introduces systems thinking as a foundation before focusing predominantly on sociotechnical systems theory as the primary analytical framework for this thesis, with brief reference to socio-ecological models to acknowledge their contribution to understanding multi-level influences on psychosocial outcomes..

2.5 SYSTEMS THEORIES

In the most generic sense, *General Systems Theory* (GST), developed by von Bertalanffy (1968), provides an interdisciplinary framework for understanding complex systems as integrated wholes rather than as collections of discrete parts. Central to GST is the premise that system behaviour emerges from the interactions and interdependencies between components, such that the functioning of the whole cannot be adequately understood through reductionist analysis alone (Rousseau, 2015). Systems are understood to exhibit emergent properties, to be regulated through feedback processes, and to maintain forms of dynamic equilibrium over time. As such, GST shifts analytic attention away from linear cause-and-effect relationships towards patterns of interaction, organisation, and process.

Within the broader health and wellbeing literature, Bronfenbrenner's (1979) *socio-ecological model of health* (Figure 5) represents one of the most commonly cited applications of systems thinking. This work has subsequently been extended through subsequent iterations, including

contextualisation within a workplace health and wellbeing as illustrated in the *bioecological model of workplace health and well-being management* (Bone, 2015).

Figure 5

Socio-ecological Model of Health (Bronfenbrenner, 1979)

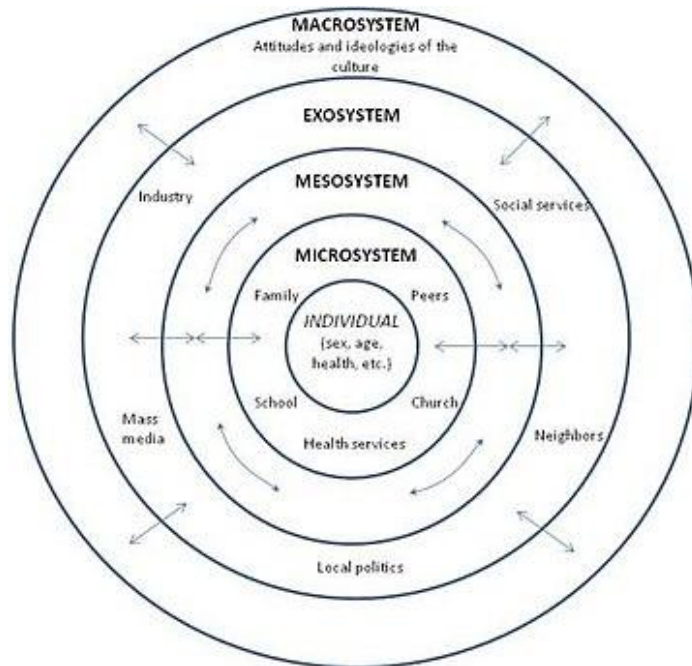


Figure 6

The Bioecological Model of Workplace Health and Well-being Management (Bone, 2015)

These models emphasise that health and wellbeing outcomes arise from dynamic interactions across multiple, nested system levels rather than from individual factors alone. While not

intended as organisational risk or safety models, their core contribution lies in foregrounding multi-level interactions, reciprocity, and non-linearity – principles that align closely with contemporary systems-based approaches to safety and risk.

Building on this systems foundation, the following section focuses on sociotechnical systems theory, which has been more directly developed within safety science to explain how risks and harms emerge through interactions between social, technical, organisational, and regulatory elements of work systems.

2.5.1 Sociotechnical systems

Sociotechnical systems theory is another theoretical systems approach to understanding the dynamic interplay between multiple factors at multiple system levels. A sociotechnical worldview has been adopted within a number of relevant domains, originating in human factors and ergonomics, before further adoption within safety climate, resilience engineering, and accident theory. Each of these perspectives employs a sociotechnical framework that allows for the identification of consistent characteristics associated with both relatively safe and unsafe systems (Waterson et al., 2014).

Sociotechnical systems theory posits that individual psychological, group social, and technical elements must all be considered when seeking to understand and optimise system performance and outcomes, including management of certain risk types (Walker et al., 2008). Rather than a ‘*down-and-in*’ reductionist approach to risk, in which individual factors are considered and addressed in isolation without consideration of the wider context, the concept of sociotechnical systems requires an ‘*up-and-out*’ abstractionist approach, in which understanding can only be achieved by considering the whole of the system and the context in which the system operates (Johansen & Rausand, 2014).

Sociotechnical systems theory incorporates several foundational concepts – namely, *complexity, emergence, context, system levels and interactions, and feedback* – which collectively emphasise that system outcomes arise from the complex, dynamic and context-driven interactions among its components rather than from any single factor in isolation. Complexity highlights the unpredictable, non-linear relationships between system elements; emergence reflects that outcomes such as ‘safety’ arise from the system as a whole rather than from discrete parts; and context underscores the essential influence of broader socio-political, regulatory, and organisational environments on local work processes. While these principles frame the theoretical landscape of sociotechnical systems thinking, the present

research focuses in detail on three concepts of most relevance to findings: the operation of multiple system levels and their interactions, and the critical role of feedback in shaping system behaviour and psychosocial risk management, and context, which are described within 2.4.2.1 – 2.4.2.3. Additional concepts that are relevant but not central to the aims of this thesis are outlined in Appendix G.

Sociotechnical systems theory is increasingly utilised within conceptualisations of health and safety risk management due to its ability to help explain risk management failures within the interconnected and complex environments in which people live and work. The need to account for these aspects is emphasised by Carayon et al. (2015), who contend that multi-level system models help address the insufficiency of traditional approaches to occupational risk management, in which the broader socio-technical environment surrounding workers is largely neglected. However, its explicit application to the domain of psychosocial risk remains limited. The relevance and applicability in the field of psychological health and safety will therefore be explored in 2.6.

2.5.1.1 System levels and interactions

Another core characteristic of sociotechnical systems is that of multiple levels operating within the system being studied and which make up the system as a whole. A common aspect of the multi-levels concept is the recognition that some factors within the system relate most closely to an individual or work (i.e., ‘micro-level’), some factors relate most closely to the organisation as a whole (i.e., ‘meso-level’), and some factors relate most closely to the external environment in which the organisation operates (i.e., ‘macro-level’). Illustrated simply, at the macro-level government and society exert control over companies through a framework of laws, regulations, and societal expectations; at the meso-level, organisations implement policies and procedural frameworks, including those relating to the management of specific risks, to the legal requirements and societal expectations set at the macro-level; and at the micro-level, teams and workers implement and adhere to those policies and procedures set at the meso-level to ensure organisational goals are achieved, risks are appropriately managed in practice, and senior leadership expectations are met (Wahlström & Rollenhagen, 2014).

Whilst the individual respective levels and the factors within any system must be identified and understood, they must also then be considered together as a whole and in relation to the broader context in which the system exists. This is based on the argument that system

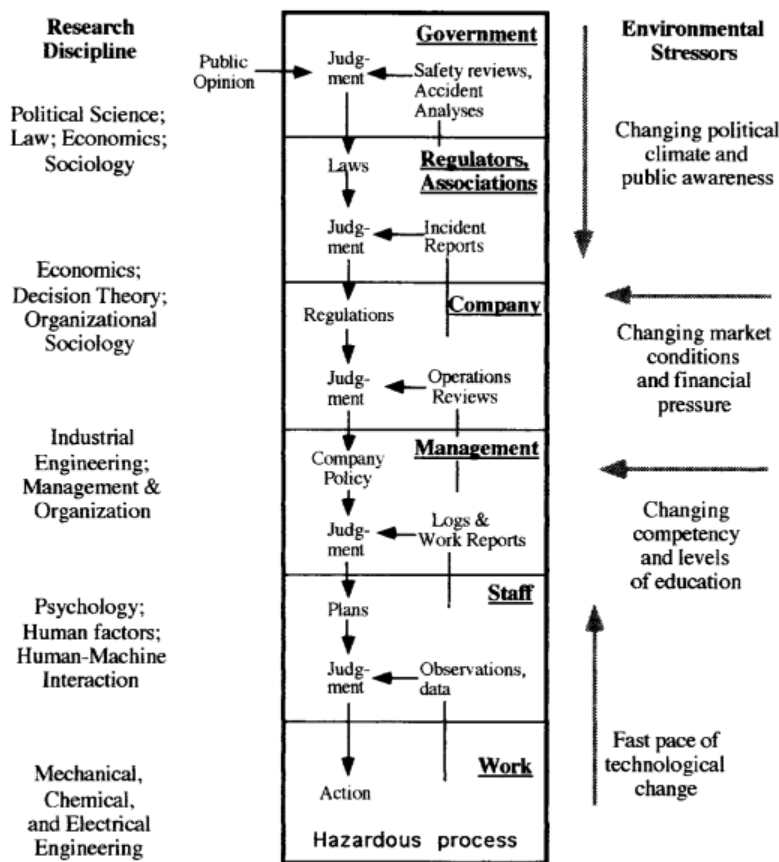
properties are derived from the relationships between the systems parts (Leveson, 2012), and that the unique interactions among, and interfaces between, the various system levels are what drive outcomes, including those relating to risk management and safety.

Importantly, Bergström and Dekker (2014) emphasise that in attempting to analyse a complex system, drawing boundaries around one factor or system level will be an “*analytical sacrifice*”, once again reinforcing the notion that properties emerge from a system in its entirety, not from a sub-component of that system. Therefore, efforts to improve system outcomes, such as ‘safety’, that are based on reductionist assumptions are not only likely to be limited in their effectiveness but have the potential to create the risk of oversimplified strategies that lead to unintended and potentially severe consequences (Behymer & Flach, 2016; Flach et al., 2015).

A range of sociotechnical systems models were reviewed for this research, and these are presented in Appendix E, alongside a comparative table that summarises the macro-, meso-, and micro-level factors described across them to illustrate their conceptual similarities in Appendix F. While each model offers valuable insights, Rasmussen’s dynamic risk framework (Figure 7) is drawn on most extensively in this thesis because of its clear articulation of system layers and, critically, its explicit representation of feedback loops – features that strongly aligned with, and were highly salient within, the findings of this study.

Figure 7

Risk Management Framework (Rasmussen, 1997)



2.5.1.2 Communication and feedback

Flach et al. (2015) conceptualise communication and decision-making within sociotechnical systems as inseparable elements of adaptive control and are the processes by which information about the state of the system is gathered, shared, interpreted, and acted upon across multiple interdependent levels. Communication enables the system's capacity to perceive, integrate, and interpret information about its own state in relation to internal and external constraints, while decision-making enables the actions that maintain stability and achieve system goals, such as safety.

In this sense, communication and decision-making form a continuous feedback process through which the system learns, adapts, and sustains safe performance. This reciprocal flow of information enables the system to adapt to changing conditions and to maintain performance within acceptable boundaries of risk. Rasmussen (1997) conceptualised health and safety failures as fundamentally control problems that occur when information about system performance fails to reach the actors best positioned to respond, or when their

responses fail to influence the conditions at other levels of the hierarchy. Failures in these feedback mechanisms, whether through communication bottlenecks, cultural barriers, or structural fragmentation, undermine the system's capacity for proactive control and leave it vulnerable to the slow drift of work practices towards the margins of acceptable performance where, eventually, physical or psychosocial harm may occur (Dekker, 2011; Dekker & Pruchnicki, 2014).

Effective psychosocial risk management, as with safety risk management more broadly, therefore requires attention not only to the presence of communication mechanisms but to the quality of their feedback, ensuring that information from all levels is both visible and appropriately responded to within the system. However, obtaining accurate insights and establishing effective feedback loops presents significant challenges due to the inherently complex and subjective nature of psychosocial risks. Unlike more tangible safety hazards, psychosocial risks often manifest differently across individuals and contexts, complicating their measurement and assessment (Leka & Jain, 2010). Consequently, the feedback loops essential for continuous improvement in psychosocial risk management may be ineffective or absent, undermining an organisation's ability to respond proactively to emerging risks and fostering a reactive rather than a preventive approach (Bakker & Demerouti, 2017).

2.5.1.3 Context

A key factor highlighted in the sociotechnical systems literature is that of *context*. Flach et al., (2015) emphasise the critical role of context in shaping the activities within the local work system, particularly the influence of contextual factors outside the immediate work environment (i.e., at the macro-level of a system). These factors include legislation, regulation, economic conditions, and political and cultural ecologies (Leveson, 2004; Robertson et al., 2015; Waterson et al., 2014). These less immediate factors are, in fact, tightly coupled with the local work system, and influence how the system dynamics adapt and evolve in response to their environment. Context is therefore an essential component to be considered when examining the system, its interactions, and potential outcomes.

2.6 SYSTEM ACTORS AND DECISION MAKING

By its very nature, *sociotechnical* systems are concerned with the social interactions that occur within the system, highlighting the fundamental role of the groups of people (i.e., 'actors/agents') that interact with and within the system (Kaghan & Bowker, 2001). Actors within these systems are autonomous, operate within environments that are volatile, and are

linked via social dependencies (Dalpiaz, Giorgini & Mylopoulos, 2013). These actors are intentional in nature (De Bruijn & Herder, 2009) and their actions and decisions shape the performance of the system they operate within through a complex structure of continuous interactions (Olaya & Gomez-Quintero, 2016). They are therefore constantly perceiving, adapting, responding, and making decisions in relation to the system they operate within based on the goals they are seeking to achieve.

Reflecting the earlier discussion regarding the multi-level nature of sociotechnical systems, it is possible to identify different actors at different levels of the system (Table 3).

Table 3

Actors in the Public Sector ‘System’

| System-Level | Actors |
|---------------------|--|
| Macro- | <p style="text-align: center;">Government ministers</p> <p style="text-align: center;">Health and Safety Regulator</p> <p style="text-align: center;">Courts/judges</p> <p style="text-align: center;">Members of the public/society</p> <p style="text-align: center;">Media</p> <p style="text-align: center;">Public Service / Public Service Commissioner</p> <p style="text-align: center;">External consultants and experts</p> <p style="text-align: center;">Lobbyists</p> |
| Meso- | <p style="text-align: center;">Organisational Chief Executive and other senior leaders</p> <p style="text-align: center;">Union leaders</p> |
| Micro- | <p style="text-align: center;">Managers</p> <p style="text-align: center;">Supervisors</p> <p style="text-align: center;">Workers</p> |

2.6.1 Executive leader influence

Based on their relative roles, different actors within sociotechnical systems have differing levels of power, influence, and access to resources and opportunities to realise their personal interests and goals (Geels, 2004). This suggests that some actors within a particular

sociotechnical system will have greater ability to influence what is prioritised within that system and where system resources are directed. It is therefore logical to examine the perspectives of those actors with the greatest capacity to influence the system and its outcomes. Given their central role in shaping organisational priorities and making decisions that ultimately determine how psychosocial risks are managed in practice, this section will examine the role and influence of *executive leaders* as key meso-level system actors in the context of occupational health and safety.

There are few ways in which executive leaders can *directly* impact occupational health and safety performance, particularly in larger companies (Schorn, 2023). However, there is evidence that executive leaders can influence this indirectly. Executive leaders are recognised as having significantly greater ability than others to influence organisational prioritisation and resource allocation (Wang et al., 2016). Similarly, they hold the greatest potential to influence and shape culture through their unique organisational decision-making position (Farrell et al., 2005).

Chief executives, in particular, are able to exercise significant influence over an organisation's priorities through their decision-making authority and close relationship and interface with organisational boards and/or other important stakeholders (Neely et al., 2020). Bonsu, Liu & Yawson (2024) support this notion, arguing that chief executives are able to wield their influence through interactions with others via social and political networks and through their ability to shape a wide range of specific corporate policies.

2.6.2 Executive leader decision-making

As outlined in section 2.6.1 above, the decision-making processes and prioritisation strategies of executive leaders are pivotal in shaping the direction and success of organisations, including the effective management of organisational risks (Sinnaiah, Adam, & Mahadi, 2023). Extensive evidence, including investigations into significant workplace health and safety failures, indicates that decisions made by senior leaders and board members are critical in shaping organisational safety outcomes (Hopkins, 2010; Kletz, 2001). Yet contrary to any assumption that organisations – and more specifically the actors within them – function as rational entities making optimal decisions based on objective analysis, organisational decision-making is typically subjective, imperfect, and shaped by individual characteristics and contextual influences (Cohen et al., 1972; Wang et al., 2016).

Consequently, what executive leaders choose to prioritise is not necessarily based on perfectly rational analysis but is instead shaped by a combination of personal characteristics, organisational and system contexts, and what is consciously or subconsciously noticed, interpreted, and acted upon. Therefore, in the context of psychosocial risk management, it may be assumed that executive decision-making is unlikely to reflect a full appreciation of all relevant factors and is instead driven by the issues the leader selectively perceives as salient or important (Hambrick, 2007).

Given their unique decision-making authority and influence over organisational structures, priorities, and cultural settings, executive leaders occupy a critical position within the sociotechnical system. Because they hold substantial power to remove constraints, mobilise resources, and shape organisational direction, understanding what they perceive as barriers and enablers to psychosocial risk management is essential for targeting the factors most likely to shift system behaviour. Their perspectives are therefore vital for identifying the system-level conditions that either facilitate or impede effective psychosocial risk management in public sector organisations.

2.7 APPLYING SOCIOTECHNICAL SYSTEMS THEORY TO PSYCHOSOCIAL RISK

A central focus of this research is evaluating the extent to which sociotechnical systems theory provides a useful and analytically robust framework for conceptualising psychosocial risk management and its outcomes. Carayon et al. (2015) note that sociotechnical systems theory has broad applicability in the management sciences and that psychosocial safety shares similarities with related domains including human factors and ergonomics, resilience engineering, psychodynamics of work, and organisational culture and safety climate. Each of these fields ultimately seek to influence how humans interact with other humans, technology and/or their environment within complex work systems.

There are two distinct problems with current approaches to understanding workplace safety that sociotechnical systems theory seeks to address, namely the conceptualisation of unwanted outcomes as solely a failure within the local (i.e., ‘micro’) level of a system; and the narrow focus on individual worker exposure to hazards (Carayon et al., 2015). These problems can similarly be observed within the current psychosocial risk literature (Leka & Jain, 2024), which is still largely dominated by research that focuses on factors that influence psychosocial risk management *within* a specific system level or between two levels (e.g. interactional models, psychosocial safety climate), but rarely examines the entirety of the

multi-levelled system itself nor the complex interactions within it and with its external context, and the impact the system has on the decision making of actors.

Supporting this, Leka et al. (2010) suggest that psychosocial risk management interventions within some system-levels have been significantly neglected within mainstream academic literature, noting that whilst organisational and individual level interventions have been the central focus within the literature, macro-level interventions, such as national policy, appear to have been largely overlooked. Despite more recent attempts to introduce a macro-level dimension to the psychosocial risk literature (Leka & Jain, 2024; Rugulies, 2019), this broader systems perspective remains largely absent from dominant models and practical approaches to psychosocial risk management. This may, in part, be due to the psychosocial risk literature predominantly drawing from *psychological* theories of work-related stress, rather than theory emanating from an organisational risk epistemology, and the legacy of earlier occupational health and safety approaches that conceptualised risk causation in linear, mono-causal terms, focusing on discrete hazards rather than on interacting system conditions. The growing convergence of work psychology and safety science may offer ways to address such gaps and broaden the focus away from individualised transactional interpretations to more system-based approaches.

The prevailing psychosocial risk theories largely focus at a local or intra-organisational level, explaining the direct or local mechanism by which psychosocial risk may result in harm, as well as the climate or culture that enable these. These have significant utility in explaining the key factors that influence psychosocial risk outcomes at the micro- or meso-levels. However, they remain limited in their ability to describe the entirety of the multi-levelled system of which they are a part of, and the dynamic interactions that occur across such levels from which outcomes such as psychosocial safety emerge.

Furthermore, the demarcation between approaches to conceptualising physical and psychosocial safety in the literature has been suggested by some as a significant limitation, hindering the development of an integrated understanding of overall workplace safety (Yaris, 2021). Given that physical and psychological health and safety share fundamental assumptions and are often legislated for together, approaches to conceptualise physical and psychological health and safety in similar ways may enable consistency and standardisation of relevant processes. Given that organisations also typically implement policies and practices that affect both physical and psychological health and safety together, a concurrent

focus on these pathways may enhance overall safety practice and outcomes (Yaris, 2021). Taken together, this would support the notion of applying a sociotechnical systems approach to conceptualising psychosocial risk and psychological health and safety outcomes within the complex system of modern organisations.

Where does one start, then, in applying sociotechnical systems theory to psychosocial risk? As Flach et al. (2015, p. 629) suggest, “*First, we must be able to ‘see the system’.*” In other words, it is first necessary to depict the system of interest and the likely factors that make it up in order to then determine how those different factors may interact and where to direct attention and effort. The following sections 2.7.1 and 2.7.2 will therefore take a theoretical approach to understanding the system levels and some of the key factors (i.e., barriers and enablers) that appear in the psychosocial risk literature, as well as the literature relating to executive leaders as the system actors who are the central focus of this study. This will provide a theoretical framing to underpin the subsequent practical explorations within this study.

2.7.1 The system

Depicting a system requires the drawing of artificial boundaries around different system levels. For the purposes of this literature review, the previously highlighted system levels (i.e., macro-, meso-, micro-) will be adopted to depict demarcation lines between the external environment, the organisational context, and the work system/individual, respectively. The following sections will provide a brief overview of the key factors influencing psychosocial risk management as represented across the psychosocial risk literature, situating these within the relevant system levels.

2.7.1.1 Macro (external environment)

This section outlines key macro-level factors that exert some form of influence over psychosocial risk management within organisations. Macro-level factors include the broader societal, economic, political, or environmental influences that affect organisations and their practices on a large scale. These factors typically operate at a national or international level and can shape the context in which organisations function, impacting their strategies, behaviours, and outcomes.

2.7.1.1.1 International policy and agendas, and standards

National and international policy-level interventions are recognised as having the potential to act as drivers of societal and organisational awareness, understanding, and sustainable action

towards psychosocial risk management (Di Tecco et al., 2017; Leka et al., 2010; Potter, Fattori, & Dollard, 2016). Leka and Jain (2016) emphasise that the development of policy and the engagement of key stakeholders across international, national, and sectoral levels play a decisive role in shaping awareness, establishing shared understandings, and promoting sustained action in workplace health and safety.

The International Labour Organization (ILO) sets international standards, policies, and programmes for its member countries. As a founding member of the ILO, New Zealand has ratified 61 of the ILO Conventions, including the 1981 *Occupational Safety and Health Convention* (C155) that confirms work-related factors influencing mental health are within its scope (International Labour Organisation, 1981). As such, ILO C155 has the potential to influence New Zealand's national policy setting, including the potential for legislation, for both physical and psychosocial-related health and safety matters through the obligation it places on the New Zealand government as a ratifying member.

By comparison, international standards (e.g., 'ISO') are non-governmental in nature and therefore not binding to the New Zealand government. However, international standards provide guidelines and harmonised best practices that can still influence public policy (Nebbs, 2025). *ISO 45003: Psychological health and safety at work* (International Organization for Standardization, 2021) sets out the international standard specifically relating to psychosocial risk management and, due to its specificity, has the potential to influence national policy setting by raising awareness of international good practices in relation to the matter.

2.7.1.1.2 National legislation and regulation

The importance of national workplace health and safety policy, legislation, and regulation is emphasised within literature as key drivers of effective risk management within organisations. Clear and unambiguous workplace health and safety legislation, supported by strong guidance and enforcement, is a motivator and enabler of organisational compliance (Leka et al., 2023), while legislation specifically relating to psychosocial risk management is linked to organisational action and improved psychosocial outcomes for employees (Jain et al., 2022; Leka et al., 2023). Conversely, legislation can act as a barrier to effective psychosocial risk management where the legislation in question is absent, unclear and/or in conflict with other legislation.

Where it exists, the enforcement of such legislation typically occurs via regulatory practice, with regulations and supporting guidance ultimately serving to standardise and enhance risk management practices. However, the translation of legislative and regulatory requirements into effective practice is often hindered by insufficient awareness, expertise, and infrastructure (Leka & Cox, 2010; Levi, 2005). Additionally, the enforcement of such regulations is fraught with challenges, with psychosocial risk management generally regarded as more difficult to regulate than the management of other workplace health and safety risks (Jespersen et al., 2016; Potter et al., 2019). Furthermore, research indicates that when regulatory agencies adopt light-handed or advisory approaches rather than actively enforcing legal requirements, the effectiveness of health and safety legislation is significantly reduced (James et al., 2013; Tombs & Whyte, 2013).

Therefore, whilst legislative and regulatory tools are generally regarded as fundamental macro-drivers of psychosocial risk management at an organisational level, practical challenges may ultimately undermine the effectiveness of their implementation (Potter et al., 2019) whilst, under certain contexts, they may even act as barriers themselves.

2.7.1.1.3 Economic conditions

All national and international economies experience cyclical fluctuations characterised by alternating periods of growth and decline (Jenke, Oosthuizen, & Cattani, 2021). These cycles influence the resources, priorities, and operating contexts of organisations and, consequently, their capacity to manage psychosocial risks. The EU-OSHA (2012) analysis of the *European Survey of Enterprises on New and Emerging Risks* (ESENER) found that adverse economic conditions often constrain organisational investment in prevention, reduce workforce stability, and increase work intensification and job insecurity – all of which heighten psychosocial exposures. Austerity policies, particularly within the public sector, have been associated with elevated workloads, reduced autonomy, and diminished access to support and training (Hood & Dixon, 2015). Paradoxically, periods of economic downturn are sometimes linked to lower rates of physical injury, reflecting reduced production activity, yet they correlate with poorer mental health outcomes due to increased demands, time pressure, and uncertainty (de Ercilla et al., 2004). Resilient regulatory systems that sustain enforcement and guidance functions during economic contraction appear to mitigate these effects by preserving attention to psychosocial risk management even when resources are limited. Economic conditions therefore operate as a macro-level influence that indirectly shapes the

organisational capability, prioritisation, and system maturity required for effective psychosocial risk management (EU-OSHA, 2012; Belzer & Quinlan, 2025).

2.7.1.1.4 Societal and cultural influences

Broader societal and cultural dynamics constitute critical macro-level influences shaping how psychosocial risks are perceived, prioritised, and managed within organisations. A number of socio-cultural factors are observed to influence organisational action in managing psychosocial risks, including national awareness, societal attitudes toward mental health, risk sensitivity and tolerance, and perceived legitimacy of psychosocial risks as occupational safety issues (Daniels, 2004; Natali et al., 2008). In contexts where psychological health is openly discussed, supported by advocacy, education, and policy attention, employers are more likely to adopt preventive and systems-based approaches. Conversely, in settings characterised by stigma or low cultural recognition of psychosocial harm, such risks tend to be minimised or addressed reactively. Public discourse and cultural norms therefore influence not only workforce expectations but also the degree of regulatory and institutional engagement with psychosocial issues. Contemporary evidence similarly suggests that evolving social values and generational shifts, particularly among younger cohorts prioritising wellbeing, flexibility, and meaningful work, are amplifying societal expectations for psychologically healthy work (Casey et al., 2025; Deloitte, 2025). These socio-cultural influences therefore act as enabling contextual conditions that normalise organisational responsibility for mental health and strengthen the macro-level drivers of psychosocial risk management (EU-OSHA, 2012).

2.7.1.2 Meso (organisational context)

This section outlines key meso-level factors that may act as barriers and/or enablers to effective psychosocial risk management. These factors typically operate at the organisational level and can shape the context in which employees work, impacting their work experience, tasks, and capabilities.

2.7.1.2.1 Organisational structures

Organisational structures shape the extent to which psychosocial risks are recognised, communicated, and systematically managed. The ESENER findings (EU-OSHA, 2012) indicate that organisational action on psychosocial risks is strongly influenced by whether responsibility for these risks is structurally embedded within existing occupational health and safety arrangements or dispersed across operational units without clear ownership.

Establishments that locate psychosocial risk management within defined governance structures, such as formal occupational health and safety committees, designated prevention roles, and coordinated reporting lines, are more likely to undertake risk assessments, introduce preventive measures, and sustain follow-through. These structures create predictable pathways for information flow, clarify accountability, and enable psychosocial issues to be treated as organisational rather than individual matters.

Conversely, fragmented or decentralised structural arrangements can hinder the consistent management of psychosocial risks. Where psychosocial issues are managed informally, or responsibility is distributed across operational teams with competing priorities, action is less frequent and more reactive. Under these conditions, operational pressures, time constraints, and the perceived sensitivity of psychosocial problems can limit upward communication of concerns and impede the implementation of preventive measures (Dollard & Bakker, 2010, EU-OSHA, 2012; Leka & Jain, 2010). Organisational structures that do not explicitly support participation, such as mechanisms for worker involvement, dialogue, and consultation, further weaken the organisation's ability to detect and respond to psychosocial hazards.

2.7.1.2.2 Organisational management systems

Organisational management systems can have both direct and indirect relationships with psychosocial risk management, acting as both an enabler and a barrier. The direct relationship arises through the way organisational systems formalise expectations about how psychosocial risks will be identified, assessed, managed, and monitored, and how leaders and workers are expected to respond when signs of potential psychosocial harm emerge. Specific approaches to achieving this codification are outlined in *International Standards Organisation 45003* (International Organization for Standardization, 2021; Nebbs et al., 2025), the European Framework for Psychosocial Risk Management (Leka & Cox, 2008), and the recently released Australian Code of Practice on Managing Psychosocial Hazards at Work (SafeWork Australia, 2022).

While knowledge and information management remain critical organisational capabilities, their value for psychosocial risk management depends on how effectively this knowledge is institutionalised within everyday operations and governance. Organisations where psychosocial risk management is embedded within existing occupational health and safety systems, supported by clear accountability, worker participation, and sustained management commitment, tend to enable more systematic and preventive action (EU-OSHA, 2012).

2.7.1.2.3 Organisational climate, culture, and readiness for change

As previously highlighted in section 2.4.3, organisational climate has a significant relationship with psychosocial risk management, particularly psychosocial safety climate (PSC). PSC is argued to be the pre-eminent psychosocial risk factor because it is able to influence and mediate other psychosocial risk factors (Hall, Dollard & Coward, 2010).

Leadership commitment to occupational health and safety, open communication about psychosocial issues, and participatory decision-making processes all serve as core elements of a climate that promotes trust and shared responsibility (EU-OSHA, 2012). A positive psychosocial safety climate is reinforced when senior leaders demonstrate visible concern for employee wellbeing, engage regularly with workers on health and safety matters, and integrate psychological health considerations into strategic and operational discussions (Iavicoli et al., 2004; Natali et al., 2008). A climate that values transparency, participation, and psychological wellbeing provides the contextual conditions through which policies, systems, and interventions can be implemented effectively and sustained over time.

Additionally, psychosocial risk management inherently requires organisations to be prepared for change, with key forces for change, including rationality, economic considerations, value orientations, and regulatory compliance, shaping the extent to which prevention efforts are prioritised (Leka et al., 2008; Nielsen & Randall, 2010). Readiness for change reflects the degree to which an organisation and its employees are mobilised and willing to engage in psychosocial risk prevention, ranging from early stages of minimal awareness to advanced stages characterised by sophisticated understanding of psychosocial hazards and their prevalence (LaMontagne, Keegel, & Vallance, 2007; Nielsen & Randall, 2010). This readiness is closely tied to organisational culture, which encompasses shared values, norms, attitudes, and taken-for-granted assumptions that influence decision-making and behaviour (Schein, 2004).

2.7.1.2.4 Knowledge and capability

Knowledge and capability represent critical meso-level determinants of an organisation's capacity to identify, assess, and control psychosocial risks. Effective psychosocial risk management requires not only awareness of psychosocial hazards but also the practical competence to translate that awareness into evidence-based preventive and corrective actions. As noted by Chappell and Di Martino (2000) and Leka and Cox (2008), this capability extends across multiple organisational functions, encompassing prevention strategies, staff

recruitment and training, provision of information and guidance, work organisation and job design, incident de-escalation, and post-incident recovery. Consistent with this, EU-OSHA (2012) show that many organisations report a persistent need for further knowledge, expertise, and technical guidance on how to design and implement psychosocial risk management procedures.

As Leka and Cox (2008) emphasise, systems should ensure that organisational agents at all levels have access to relevant and reliable information to support informed decision-making, that learning resources and communication channels are accessible and user-centred, and that expert consultation and institutional support are available to sustain ongoing capability development. The EU-OSHA (2012) analysis reinforces this point, noting that organisations frequently struggle due to limited applied expertise, inadequate access to specialist support, and the absence of practical tools or methodological guidance; factors that ultimately contribute to fragmented or reactive approaches when organisational capability is insufficient.

2.7.1.2.5 Resource availability

Resource availability or constraint is a key organisational-level determinant that can influence psychological health and safety outcomes both directly and indirectly. Directly, fiscal restraint and workforce contraction elevate psychosocial risk by increasing work intensity, workload, and role conflict, and by driving organisational restructures or efficiency initiatives that amplify uncertainty and emotional strain (de Ercilla et al., 2004; Filer & Golbe, 2003; Kankaanpää et al., 2009).

Indirectly, resource scarcity constrains organisational capacity to invest in the systems and infrastructure required to anticipate, prevent, and respond to health and safety risks. With increasing fiscal constraints, preventative and developmental activities, such as leadership capability building, monitoring, consultation, and worker participation, are often the first to be deferred or deprioritised, eroding the organisation's overall risk management maturity (Malik, 2023). This is reflected in the psychosocial risk literature which identifies lack of resources as one of the most frequently reported organisational barriers to psychosocial risk management, particularly among enterprises that have not yet implemented structured procedures (EU-OSHA, 2012).

Resourcing constraints also shape health and safety outcomes indirectly through their influence on organisational decision-making and trade-offs. Under competing pressures to

deliver on operational priorities, leaders may rationalise or defer health and safety initiatives, viewing them as discretionary rather than integral to business performance (Rasmussen, 1997; Sanford et al., 2022). The psychosocial risk literature reinforces this dynamic, noting that competing organisational priorities, particularly pressure to maintain productivity, commonly displace attention to psychosocial risks, leading to reactive rather than preventive management (Fox et al., 2022; Leka & Cox, 2010).

2.7.1.3 Micro (worker-work interface)

This section outlines key micro-level factors that may act as barriers or enablers to effective psychosocial risk management via the direct interaction between individual workers and their immediate work environment. This level encompasses the day-to-day experiences, perceptions, and behaviours of workers as they engage with their tasks, colleagues, and supervisors. Micro-level factors are the most proximal determinants of psychological health and wellbeing, and their influence is both direct and cumulative, reflecting the dynamic interplay between work design, individual characteristics, and the immediate social and physical context of work.

2.7.1.3.1 Uptake and engagement with interventions

The effectiveness of psychosocial risk management at the micro level is not solely determined by the availability of interventions, but also by the degree to which workers engage with and utilise these supports. Research consistently demonstrates that even when organisations provide a suite of interventions uptake can be limited (Biron, Karanika-Murray & Cooper, 2012; Joyce et al., 2016). Barriers to engagement include lack of awareness, perceived stigma, concerns about confidentiality, and doubts regarding the relevance or efficacy of the interventions (Corrigan, Druss, & Perlick, 2014; Gulliver, Griffiths, & Christensen, 2010). Moreover, workers experiencing high levels of stress or burnout may be less likely to seek help, either due to diminished capacity or a belief that available supports are not intended for them (Milner et al., 2015). This highlights the importance of not only providing interventions but also fostering a supportive environment that encourages and normalises their use and ensuring that interventions are tailored to the specific needs and contexts of the workforce (Bakker, Demerouti & Sanz-Vergel, 2020).

2.7.1.3.2 Psychological safety and willingness to disclose concerns

A critical micro-level determinant of psychosocial risk management is the extent to which workers feel psychologically safe to disclose concerns about psychosocial hazards or the

impact of psychosocial risk exposure. Psychological safety, defined as a shared belief that the work environment is safe for interpersonal risk-taking, is essential for enabling open communication about stressors, errors, or the need for support (Edmondson, 1999). Where psychological safety is low, workers may fear negative consequences such as stigma, reprisal, or damage to their reputation, leading to underreporting of psychosocial risks and delayed intervention (Corrigan et al., 2014; Dollard & Bakker, 2010). Conversely, environments characterised by high psychological safety are associated with greater willingness to speak up, earlier identification of hazards, and more effective collective problem-solving (Bronkhorst et al., 2015; Knudsen, Busck, & Lind, 2011). Building psychological safety requires visible leadership commitment, supportive supervisory practices, and explicit efforts to reduce stigma and normalise help-seeking (Edmondson, 1999, 2019).

2.7.1.3.3 Normalisation of risk and awareness of psychosocial hazards

The normalisation of risk by workers can significantly influence both awareness and appreciation of the hazards being experienced. Over time, workers and teams may come to accept risk exposure as an inevitable or unchangeable aspect of their roles, particularly in high-demand or mission-driven sectors (Sedlar et al., 2023). This process of normalisation can lead to the under-recognition of risk, reduced reporting, and a diminished impetus for organisational action (Vaughan, 1996). Furthermore, when risk becomes normalised, maladaptive coping strategies, such as presenteeism, emotional suppression, or unhealthy peer norms, may develop, further masking the true extent of psychosocial harm (Park et al., 2020). Addressing the normalisation of risk requires ongoing education, regular assessment of psychosocial hazards, and the cultivation of a culture in which questioning and challenging unsafe norms is encouraged and supported (Dollard & Bakker, 2010).

2.7.1.3.4 Individual factors, appraisal, and self-regulation

At the individual level, psychosocial risk management is shaped by differences in how people perceive, interpret, and respond to work demands. Personality, cognitive appraisal, and self-regulatory capacities interact dynamically to influence whether an individual experiences work as challenging or threatening, manageable or overwhelming.

A large body of research links personality traits to stress, coping, and wellbeing. High neuroticism and low conscientiousness consistently predict poorer wellbeing, burnout, and emotion-focused coping, while extraversion, openness to experience, and conscientiousness are associated with active coping, meaning-making, and engagement (Alarcon et al., 2009;

Evans et al., 2021; Penley & Tomaka, 2002. Individual factors not only influence exposure and vulnerability to psychosocial risks but also shape how employees engage with organisational interventions – such as whether they seek support, disclose distress, or participate in wellbeing initiatives (Evans et al., 2021).

As described in 2.4.1, the transactional model of stress (Lazarus & Folkman, 1984) provides a framework for understanding the psychological mechanisms that link individual perception to stress and wellbeing outcomes. This highlights the active role of the individual: people are not passive recipients of job demands but continually interpret and regulate their responses within the constraints of the work system.

Individual wellbeing is also influenced by self-regulatory processes that sustain recovery and psychological resources over time (Grant, 2017; Roche, Haar, & Luthans, 2014). Effective recovery further depends on the ability to psychologically detach from work, rest, and replenish energy, underscoring the interplay between personal and organisational factors.

2.7.2 The system actors

The following section describes the literature relating to the individuals (i.e., system actors) operating within the aforementioned system, specifically executive leaders, who are the central focus of this research. The legislative duties relating to health and safety for these actors are examined in section 2.7.2, and section 3.4.2 then outlines and justifies the rationale for selecting executive leaders as the participant group within the sample design.

2.7.2.1 Executive leaders and psychosocial risk management

Research on the connection between executive leadership perspectives and psychosocial risk management is most strongly reflected in psychosocial safety climate research, which highlights that psychosocial safety climate is primarily driven by the priority afforded to it rather than productivity by senior management (Dollard & Bakker, 2010). Of particular relevance to this study, especially given its New Zealand-based context, is the work of Deacon (2024) that explores how executive leaders conceptualise and conduct due diligence duties as they relate to the prevention of work-related mental health harm. Deacon reports wide variance across executive leaders in relation to both the degree and the mechanism by which they attempt to fulfil their duties. Participants expressed challenges fulfilling these duties due to a wide range of factor. This included lack of understanding of psychosocial risk management as a concept, difficulties in measuring and monitoring psychosocial risk management performance; and a sense of ambivalence as to whether they felt able to ensure

compliance. Additionally, Deacon found that participants subconsciously reconstitute a number of psychosocial risks away from their work-related nature and, instead, towards other non-work-related risk types (e.g., the behaviours, characteristics and personal lives of the worker) that were potentially easier to grapple with and address by the organisation and its leadership - a phenomenon termed '*risk translation*' and believed to be caused by psychosocial risks being 'novel' in nature.

Whilst highly relevant to this thesis, Deacon's research nonetheless explores the issue primarily through the framing of the six due diligence duties executive leaders are legally obliged to carry out, seeking to understand how they conceptualise and fulfil those duties. It does not explore the question of what factors they perceive as being important for their organisation to be able to manage psychosocial risks, which is the focus of this thesis.

This study also further narrows its focus to the perspectives of these system actors within a specific context: the New Zealand public sector. The following section therefore provides essential contextual grounding, outlining the psychosocial risks inherent in public sector work, the documented impacts of these exposures, and the distinctive governance arrangements in which many public sector executive leaders operate.

2.8 NEW ZEALAND PUBLIC SECTOR

The New Zealand public sector is a complex system made up of a wide range of organisations that collectively serve the public interest. At its core, the public sector includes the Public Service (government departments, agencies and ministries), Crown entities (such as the Accident Compensation Corporation and WorkSafe New Zealand), State-owned enterprises, and other agencies. The system is designed to deliver services, regulate activities, and implement government policy, with each organisation having its own governance, accountability, and operational structures. The Public Service Commission provides leadership and oversight, ensuring that the sector operates with integrity, transparency, and a focus on public value. The sector is also shaped by principles such as political neutrality, merit-based appointments, and stewardship of public resources (Te Kawa Mataaho Public Service Commission, 2024).

The organisational architecture of the public sector is intentionally diverse to meet the needs of New Zealand's communities and government priorities. Ministries and departments are responsible for policy advice and service delivery in areas like health, education, justice, and

social development. Crown entities operate at arm's length from ministers and are often tasked with delivering specific services or regulatory functions. State-owned enterprises, while government-owned, operate on a commercial basis. This structure allows for flexibility and specialisation but also requires strong coordination and clear lines of accountability. The system is underpinned by legislation, including the Public Service Act 2020, which sets out the roles, responsibilities, and expectations for public sector organisations and employees.

In terms of workforce size, the New Zealand public sector is a significant employer. As of 2024, the public sector workforce comprises over 430,000 people, representing about 17% of the total New Zealand workforce. The Public Service itself employs around 63,000 people, while the wider public sector includes large numbers in health, education, and local government.

2.8.1 Psychosocial risks and impacts on public sector workers

Public sector work encompasses a wide spectrum of roles, ranging from frontline and emergency response to policy, regulatory, and administrative functions. Many of these roles are characterised by exposure to complex demands, high emotional labour, and the pressures of public accountability (WorkSafe New Zealand, 2024, 2024a). Workers in people-facing or high-stakes environments, such as healthcare, corrections, and emergency services, are consistently shown to be exposed to elevated psychosocial risks from chronic workload pressures, exposure to trauma, and conflicting role expectations (Ballardie, Tartanaglu-Bennett & Wegmann, 2023; Fusco et al., 2021; WorkSafe New Zealand, 2024, 2024a). Organisational factors such as limited resources, role ambiguity, and inadequate supervisory support can compound these risks, contributing to burnout, moral distress, and disengagement (Bezerra, Assis, & Constantino, 2016; Tabakakis et al., 2019).

Whilst only representing a sample of the New Zealand Public Service rather than the wider public sector, these insights are reflected in the findings of the 2025 New Zealand Public Service Census (Te Kawa Mataaho Public Service Commission, 2025). The results indicate widespread concern about workload pressures, staffing adequacy, and the resulting impact on employee stress and wellbeing. High proportions of respondents reported operating above capacity, experiencing frequent work-related stress, and encountering psychosocial hazards such as bullying or harassment. Although many public servants felt that their managers and leaders demonstrated a general commitment to wellbeing, health, and safety, considerably fewer believed that leaders were actively addressing the work-related factors that drive

psychosocial harm. This points to a persistent gap between high-level wellbeing commitments and the more targeted, systemic organisational actions required to manage psychosocial risks effectively.

2.8.2 The dual roles of executive leaders under HSWA 2015

In New Zealand, Chief Executives (CEs) and Deputy Chief Executives (DCEs) hold dual responsibilities under the Health and Safety at Work Act 2015 (HSWA), acting both as the senior managers of their organisation, the *Person Conducting Business or Undertaking* (PCBU), and as Officers under the legislation. As managers of the PCBU, CEs are accountable for ensuring the organisation meets its obligations to provide a work environment that is, so far as reasonably practicable, safe and without risks to both physical and psychological health. In their role as Officers, CEs and DCEs carry additional duties to exercise due diligence, which includes acquiring and keeping up-to-date knowledge of health and safety matters, understanding the hazards and risks associated with work, and ensuring appropriate resources and processes are in place to manage those risks effectively. This dual role positions CE and DCEs at the apex of organisational accountability, making them critical actors in shaping both the governance and operational management of psychosocial risk. This structure places significant responsibility on CE and DCEs to model health and safety leadership, make strategic decisions that prioritise psychosocial risk management, and ensure that systems and resources are in place to mitigate hazards. However, in the public sector, this occurs without the independent oversight of a governing board, as in the private sector. This arguably exacerbates what is already recognised as a regulatory paradox inherent within the legislation, in which executive leaders must balance their authoritative oversight of organisational risks whilst also operating as part of the executive function (Deacon, 2024).

For the purposes of this study, the term *executive leaders* is used to refer to these CE and DCEs, or those holding equivalent senior management roles with direct responsibility for organisational decision-making relating to workplace health, safety, or employee wellbeing (e.g., Chief People Officer, Chief Health and Safety Officer). From this point forward, these participants are referred to collectively as executive leaders.

2.9 CONCLUSION

In conclusion, this chapter has traced the evolution of psychosocial risk research from its early foundations in individual stress models to more contemporary approaches emphasising organisational, contextual, and system-level determinants of psychological health and safety.

This has demonstrated a clear evolution in the conceptualisation of work-related mental health from individualised, stress-based models toward organisational and systemic understandings of psychosocial risk. While substantial theoretical progress has been made, this chapter has highlighted that the prevailing approaches remain constrained by linear assumptions and a continued tendency to address discrete system levels in isolation rather than as part of an interacting whole.

Across multiple domains, there is recognition that psychosocial risks cannot be adequately explained or addressed through single-cause, reductionist frameworks. Existing models emphasise important elements but often conceptualise them as discrete categories rather than as components of a dynamic system. A consistent gap across the literature is the limited integration between psychosocial and broader workplace safety paradigms, and insufficient attention to dynamic, multi-level interactions that shape psychosocial outcomes. This is particularly evident in the minimal attention afforded to macro-level influences such as regulatory settings, political incentives, public expectations, and societal discourses on mental health – each of which has significant implications for organisational priorities, decision-making, and resource allocation.

These limitations point to the value of adopting systems-based perspectives, as seen in safety-related domains, recognising that, similar to physical health and safety risks, psychosocial risk emerges through complex interactions among actors, structures, and contextual forces rather than from any single determinant. Such perspectives provide analytical tools for understanding the complexity, interdependence, and feedback processes inherent in psychosocial risk management. In particular, sociotechnical systems theory offers a framework for integrating the multi-level factors identified in this review and emphasises the role of feedback loops, system drift, and decision-making dynamics in shaping risk.

The following chapter will build on this systems-orientated foundation to present the methodological approach taken in this study and explain how these theoretical considerations informed the design of the empirical inquiry.

3 METHODOLOGY

3.1 RESEARCH QUESTIONS

This research seeks to understand the perspectives of New Zealand public sector executive leaders on the perceived barriers and enablers of psychosocial risk management in their organisations. I have drawn on the work health and safety risk and psychosocial risk literature to form a conceptual model of a multi-levelled system of factors that may act as either barriers and/or enablers to psychosocial risk management. This conceptual model will guide the research questions, interview schedule, and approach. This research ultimately seeks to understand which factors are most ‘on the radar’ for public sector executive leaders and how these factors are perceived to influence their prioritisation and ability to effectively manage psychosocial risks in their organisations.

The research addresses three questions:

1. What barriers and enablers do public sector executive leaders perceive as influencing effective psychosocial risk management in their organisations
2. What are the implications of this?
3. To what degree do the perceptions of executive leaders reflect the barriers and enablers described within the existing literature?

3.2 RESEARCH PERSPECTIVE

This research utilises a qualitative approach and adopts the research paradigm of *critical realism*. Critical realism is a philosophical perspective that can be applied to qualitative research, combining both ontological realism and epistemological relativism. This paradigm asserts that the ‘real world’ exists regardless of participants’ knowledge or perspectives of it, and that knowledge is obtained through observation and the interpretation of meaning in order to make sense of that reality (Lawani, 2021; McEvoy & Richards, 2003; Wynn & Williams, 2012). This paradigm supports the position of the current research that objective truths exist, such as the presence of a regulatory body with requirements to manage psychosocial risks; whilst also acknowledging that the perspectives of the participants obtained through the research process are provisional and context-dependent, such as the importance or influence of that regulatory requirement to specific individuals at a particular time.

Wynn and Williams (2012) assert that critical realism prioritises ontological realism, recognising that we must first understand the nature of reality before considering perspectives of it. This perspective supports the notion of a multi-levelled system that has bearing on psychosocial risk management in organisations, as suggested within my literature review, but allows for the subjective perspectives and understandings of that system and its components, as held by the individuals who encounter and work within it. This research perspective also supports an abductive/hybrid approach to the analysis, examining both the understanding of the predetermined framing and the varying perspectives of individuals in relation to this.

Like any philosophical perspective, critical realism does not necessarily provide a 'litmus test' for distinguishing truth in social research but is recognised as a useful guideline that avoids the limitations of strictly positivist, relativist, or idealist approaches (Sayer, 2004). Critical realism is particularly applicable in this instance, as this research does not seek to find 'ultimate truths' or produce replicable results in relation to the perspectives held by participants of the multi-levelled system. Instead, it seeks to provide insight into the perspectives of a specific group of workers within a particular sector at a certain point in time, relating to established structures or systems. Whilst the current research is guided by the notion of a multi-levelled system that exists regardless of individual perspectives, the research analysis ultimately centres on the underlying structures, mechanisms, and social contexts that contribute to those perspectives and the implications of these within this context. In accordance with this, critical realism typically adopts a methodological approach that intensively examines a narrow number of examples or cases and theorises mechanisms to account for the phenomena observed (Bygstad & Munkvold, 2011; Lawani, 2021). This aligns with the qualitative approach and sample size within this research.

Critical realism also proposes that the role of the researcher is to provide thorough and reliable explanations of their findings by developing appropriate accounts of the factors, processes, and mechanisms that created them (Edwards et al., 2014). In this instance, I see my role as the researcher is to provide an appropriate assessment of what may underpin the perceived barriers and enablers to psychosocial risk management, as perceived by executive leaders in the New Zealand public sector. This is similar to, yet differs from, paradigms such as interpretivism where the researcher's role is to explore and interpret subjective meaning as constructed by the participant (Edwards et al., 2014; Lawani, 2021).

The importance of reflexivity remains relevant to a critical realist paradigm, particularly in understanding how the researcher's interpretation of mechanisms, structures, and phenomena might be influenced by their perspectives (Nastar, 2023). Acknowledgement of this positionality is particularly important within this research, as at the time of writing, I am employed within a public sector organisation, working within the field of psychosocial risk management, and have personally encountered and interacted with the participants outside of this research. Reflexivity is therefore paramount to this research and my interpretations will endeavour to acknowledge and embrace these factors and their influence on the research findings.

3.2.1 Analytical approach

This research aims to investigate participants' perceptions of barriers and enablers, the implications of these, and their alignment with those identified in the extant literature. This predetermined theoretical framing suggests a deductive approach. However, the research also seeks to explore perceptions without detailed prompting to allow for spontaneous answers, suggesting a more exploratory, or inductive, approach. Therefore, the overall research approach is a combination of both deductive and inductive reasoning, elsewhere referred to as a 'hybrid' or 'abductive' approach (Proudfoot, 2023; Swain, 2018). This hybrid approach allows for the discovery of emergent patterns from the data while also considering existing theoretical frameworks to interpret those patterns.

The deductive approach is grounded in a pre-existing theory or framework, which guides coding and theme development (Naem et al., 2023). In this study, analysis was guided by sociotechnical systems theory, with particular focus on the concept of a multi-level ecosystem (Carayon et al., 2015; Karsh et al., 2006; Leveson, 2004; Rasmussen, 1997), providing a pre-existing theoretical structure for organising and interpreting the coded data across macro-, meso-, and micro- levels, as summarised in 4.1. Conversely, the inductive approach entails identifying themes in the data without an explicit theoretical framework guiding them. This approach was used to identify and interpret key thematic insights within and across the respective system levels, as summarised in 4.3.

Analysis was therefore conducted in two sequential and analytically distinct phases, enabling both semantic and latent levels of meaning to be examined. This began with qualitative content analysis to identify and categorise participants' explicit, manifest references to barriers and enablers and rank them to indicate how frequently particular issues were raised

across the dataset. These frequency indicators are used descriptively to support transparency regarding the distribution of issues within the data and form the first part of the findings, as summarised in Section 4.1. A non-specific sociotechnical systems framework guided the initial conceptualisation of findings and as an organising framework to locate these items across the individual ('micro'), organisational ('meso'), and external ('macro') levels. Subsequently, Rasmussen's (1997) risk management framework was identified as the most appropriate model for interpreting the dynamic interactions and feedback processes evident in the data.

In the second phase, reflexive thematic analysis was undertaken to move beyond descriptive categorisation and examine the underlying patterns of meaning within and across the system levels. This phase involved interpretive engagement with the data to interpret the underlying cultural norms, policy environments, and structural dynamics shaping these accounts, including ways that organisational, political and societal systems might influence psychosocial risks and their management in the New Zealand public sector.

Importantly, frequency counts were not used to determine themes in this phase; instead, themes were developed through reflexive interpretation, enabling both semantic and latent meanings to be examined. These interpretive themes are presented in Section 4.3.

Through this abductive movement between empirical material and theoretical perspectives, the analysis generated twenty-six interpretive insights, fifteen of which are explored within this thesis, with the remaining eleven presented in Appendix H. These insights were developed by iteratively comparing participants' accounts with established psychosocial risk scholarship, public sector contextual knowledge, and systems-based safety theory in order to make sense of recurrent patterns, contradictions, and context-driven dynamics.

Importantly, Braun and Clarke (2023) emphasise that thematic analysis should be applied as a reflexive, deliberate practice rather than a rigid set of steps. They note that researchers often confuse themes as interpretive insights with simple topic summaries and fail to acknowledge their own theoretical perspectives. They argue that well-executed reflexive thematic analysis involves "owning" one's perspective and being transparent about analytic decisions, rather than striving for procedural neutrality or objectivity.

Guided by these principles, I analysed the interview data using the six-step reflexive thematic analysis approach described by Braun and Clarke (2013), noting the 2023 emphasis on avoiding proceduralism and focusing on reflexive, interpretive practice.

Together, this two-phase analytic strategy enabled the study to provide both a clear descriptive account of the barriers and enablers identified by participants and a deeper interpretation of how these issues operate within the sociotechnical system of the New Zealand public sector.

3.3 QUALITY

In conducting this research, I have ensured methodological rigor and research quality by adopting a transparent and reflexive approach that supports a robust, well-informed, and thoroughly documented study. High-quality qualitative research demands not only methodological cohesion with the use of adequate texts (Mikhaeil & Robey, 2024) but also emphasises the role of the researcher in being transparent (Morrow, 2005) and reflexive (Braun & Clarke, 2013) in their approach. Mikhaeil & Robey (2024) highlight that whilst qualitative researchers may not be bound by some of the same criteria or expectations as quantitative researchers, they are still responsible for demonstrating to readers that they have conducted their research honestly and drawn reasonable conclusions. This can be demonstrated by the researcher in conducting their role transparently, with thorough and repeated engagement with the data (Morrow, 2005), and through reflexivity in their approach and assessment of the texts (Braun & Clarke, 2023)

Reflexivity is a critical component of demonstrating quality within this research, particularly as it relates to the continuous evaluation of how the researcher's subjectivity and context may influence the research process and its outcomes (Pousti, Urquhart & Linger, 2021). This is particularly important in relation to the inductive aspects of my approach, where knowledge may be considered as co-constructed through my interpretation of the data.

Therefore, to ensure the quality of this research, I endeavour to go beyond a brief acknowledgment of researcher influence. Instead, I have endeavoured to embrace and incorporate this throughout the research process, providing transparency about the choices made and the nuances of those decisions, as well as where interpretations are attributable to my perspective.

3.4 RESEARCH STRATEGY

3.4.1 Interviews

To achieve the research aims, I interviewed the most senior decision-makers: the Chief Executives and Deputy Chief Executives, in New Zealand public sector organisations about the barriers and enablers they perceived as influencing effective psychosocial risk management within their organisations.

Interviews were selected as the primary method of data collection for this study to capture the nuanced perceptions and experiences of senior leaders regarding psychosocial risk management in New Zealand public sector organisations. While documentary sources, organisational reports, and publicly available data can provide valuable information about formal policies, procedures, and statistical trends, they are limited in their ability to illuminate the lived experiences, tacit knowledge, and interpretive perspectives of those directly responsible for organisational decision-making (Chand, 2025). Interviews enabled participants to articulate their insights in their own words, offering depth and context that could not be inferred solely from written sources. This approach aligns with the study's critical realist perspective, which seeks to understand both observable practices and the underlying structures, mechanisms, and beliefs that shape them.

Moreover, interviews facilitated the exploration of system-level barriers and enablers in a way that was responsive to participants' reflections, allowing me to probe, clarify, and follow up on points of interest in real time. This interactive aspect of qualitative interviewing supports the identification of both semantic content and latent meanings, including organisational norms, cultural assumptions, and contextual factors that may not be captured in formal documents or quantitative datasets (Chand, 2025). By prioritising interviews with CEs and DCEs, I was able to access high-level, strategic perspectives of system actors who are uniquely positioned to provide insight into how policies, practices, and organisational systems intersect to influence psychosocial risk management.

In selecting this format, I considered the potential limitations that can arise with online interviews, which are sometimes perceived as less personable and less conducive to building rapport than face-to-face conversations. However, this was offset by my pre-existing professional relationships with several participants, which helped establish trust and ease of dialogue. Moreover, online meetings have become routine for CEs and DCEs in the New

Zealand public sector, meaning the virtual format was neither unusual nor disruptive to their expectations or engagement.

3.4.2 Sample design

The inclusion criteria for this research first required participants to be considered an executive leader within their organisation, occupying a senior management role at either tier one or tier two of their organisational structure – for example, the Chief Executive, Director General, or a Deputy Chief Executive. Where the participant did not hold a tier one position (i.e. Chief Executive or Director General), the participant was required to be in a role that has direct involvement in organisational decision-making relating to workplace health, safety, and/or employee wellbeing (e.g. ‘Chief People Officer’, ‘Chief Health and Safety Officer’, ‘Deputy Chief Executive People and Capability’) in order to ensure sufficient familiarity with the issue of psychosocial safety. Chief Executives retain ultimate responsibility for health and safety within an organisation (Maritime New Zealand v Gibson, 2024) and therefore should be aware of all major health and safety matters needing to be addressed, such as psychosocial risks. In contrast, tier 2 executive leaders can be viewed as ‘portfolio holders’, who provide functional leadership on particular matters on behalf of the Chief Executive. As such, only those tier two executive leaders who hold the portfolio of psychological health and safety, typically as a subset of a broader health, safety and/or wellbeing portfolio, were likely to have sufficient awareness and understanding of the matter to be able to provide insightful commentary on barriers and enablers. Additionally, only those working in the New Zealand public sector were considered, as this context is central to the study’s focus.

The public sector has been purposefully selected for two key reasons. Firstly, as the researcher, I have worked within the public sector for approximately seven years and therefore have an appreciation of some of the potential barriers and enablers to psychosocial risk management faced by organisations within the sector. This insight would enable greater richness in the interpretation of interview discussions. Secondly, the public sector has been identified as being particularly relevant to psychosocial risk research, due to the psychologically hazardous nature of the work undertaken as outlined at section 2.8.1.

In seeking to determine an initial cohort for interviews, I considered the issue of predetermining an adequate and appropriate sample size. Whilst the need to predetermine a sample size has been obvious in quantitative research, it is arguably a more complex matter within the context of qualitative research (Blaikie, 2018; Braun & Clarke, 2019;

Hammersley, 2015). A guiding principle in determining sample size within qualitative research is the notion that data collection and analysis should continue until no new codes or concepts continue to emerge (i.e., '*saturation*') (van Rijnsoever, 2017), highlighting the practical necessity of selecting an initial cohort of interviewees, after which a further cohort may be selected should saturation not be reached (Francis et al., 2010). These figures may be guided by Hennink and Kaiser's (2022) systematic review which suggests saturation is typically achieved within nine to 17 interviews amongst relatively homogenous study populations.

However, I also refer to Braun and Clarke's (2019) examination of data saturation in qualitative research, particularly in the context of thematic analysis. Braun and Clarke challenge the traditional idea that data saturation is a necessary criterion for the justification of sample size. The authors notably argue that the notion of saturation is often used uncritically, under the assumption that it applies universally across all qualitative research. Importantly, the authors suggest theoretical saturation may be a more appropriate consideration in some contexts where thematic analysis is conducted. Therefore, instead of relying on saturation as a strict rule, Braun and Clarke advocate for flexible and reflexive decision-making about sample size and data collection, based on the specific goals of the research and the richness of the data, rather than trying to achieve a predetermined number of interviews or data points. This requires a more nuanced approach to sample size and data analysis that focuses on the quality and depth of the data within the research context – a process that ultimately requires the researcher's judgment in assessing when enough data has been collected to answer the research questions adequately. I document my reflexive assessment of data quality and theoretical saturation within the context and goals of this research. Therefore, whilst I considered the practicalities of sample size ranging between 10-20, I prioritised my focus on critically examining the richness of the data as I collected it in order to determine theoretical saturation. Ultimately, this was reached after twelve interviews.

The sample represented a diverse cross-section of senior public sector leaders. Participants included executives from organisations of varying size and mandate, spanning operational, regulatory, policy, and service-delivery functions within the core public service and Crown entities. While specific organisational identifiers cannot be disclosed for confidentiality reasons, the sample reflected a balance of large, medium, and small organisations, providing breadth of organisational context. Participants also reported varied tenure, with some having decades of experience in public sector leadership and others relatively new to executive roles.

There was a mix of professional backgrounds and demographic characteristics, contributing to variation in perspectives and decision-making contexts.

3.4.3 Ethics

Through discussion with my supervisors and thorough review of the notification criteria, this research was deemed low risk and therefore allowed for a low-risk ethics notification to Massey University's Ethics Committee prior to undertaking interviews. The most significant ethical considerations of this research related to the privacy and anonymity of the participants and their organisations, noting the potential reputational risks to the participants and their organisations and possible public interest in research relating to public sector organisations. This key concern was negated by the rationalisation that the research was not focusing on individual or organisational shortfalls, rather the perspectives of system barriers and enablers to regulatory adherence. The key ethical considerations therefore related to:

- The potential disclosure of information or perspectives that may cause a reputational risk to the New Zealand public sector,
- The disclosure of or non-adherence with legal or ethical requirements, and
- The handling of personal information.

Ethics approval (Appendix C) was obtained (reference 4000030304). Participants gave informed consent to participate in this research and were provided with information on the research and its objectives prior to being interviewed. The participant consent and information form are included in Appendices A and B.

3.4.4 Interview considerations

3.4.4.1 Challenges when interviewing on the topic of psychosocial risk

Through both my literature review and professional experience working in the field of psychological health and safety in the public sector, I was aware that many executive leaders often have only a rudimentary understanding of psychosocial risk management, their role as an executive in enabling this in an organisation, and of the wide range of factors that influence an organisation's ability to effectively manage psychosocial risks.

This reflects the persistent challenge in the psychosocial risk field of frequent conflation of psychosocial risk management with broader concepts such as employee wellbeing, health promotion, organisational culture, or general mental health support (Leka, Van Wassenhove, & Jain, 2015). The literature notes that such misunderstandings are common, often stemming

from inconsistent terminology and varying levels of conceptual maturity within organisations. These confluences create additional complexities for researchers seeking to examine matters relating to psychosocial risk, such as perceptions of barriers and enablers relating to psychosocial risk management as is the focus of this study. A key consideration throughout the subsequent sections relates to the careful framing and approach to eliciting participants' reflections in a way that maintains conceptual clarity around psychosocial risk management and avoids unintended diversion into adjacent but conceptually distinct domains.

3.4.4.2 Pilot interviews

A pilot interview was undertaken with a former public sector executive for the purpose of testing the understanding of the questions asked and their utility in gaining insight into the areas of exploration. Having spent a significant amount of time in my professional capacity discussing the topic of psychosocial risk management with executive leaders in the New Zealand public sector, I was acutely aware of the language used by executives, the typical level of understanding regarding this topic, and the common misconceptions or conflation with similar or related topics, as highlighted in 3.4.4.1. These factors guided the development of the information sheet participants read prior to the interviews, as well as the interview questions used, to ensure an explicit focus on psychosocial risk management. A key decision in the design of this research was to not test the participants' knowledge of psychosocial risk management per se; in other words, I did not intend to uncover any potential confusion and/or conflation of psychosocial risk management with potentially related topics such as health promotion or employee wellness. Rather, the intent of the research was to explicitly define psychosocial risk management in advance and seek participants' perspectives in relation to the factors that makes this a difficult or easy task to undertake. While I anticipated this may still invite commentary on low levels of understanding or capability amongst themselves or others, I did not seek to test this through ambiguity in my questioning. With that in mind, a key consideration of the pilot interview was to confirm the clarity of focus on psychosocial risk management and minimise the potential for unintended confusion on the subject at hand.

My pilot interview questions proved largely fit for purpose and elicited an insightful and relevant conversation with the pilot participant. The participant confirmed that the questions were easy to understand, and on explaining the intent behind each question, the participant confirmed they understood the intent and the information being sought. However, despite the preparatory steps and my efforts to provide a clear, explicit definition of psychosocial risk

management within the information sheet and at the outset of the interview, the pilot participant's responses nevertheless revealed at times a comparatively limited grasp of the technical meaning of the subject matter. I confirmed that this was not the result of ambiguous questioning or a deliberate attempt to expose knowledge gaps; rather, it emerged organically through the participant's own framing and examples. In several instances, their answers reflected a tendency to conflate psychosocial risk management with more general notions of stress management, wellbeing, and employee wellness. This experience also highlighted that, even when participants may suggest they meet the recruitment criteria and were briefed on the parameters of the subject matter beforehand, gaps in their technical understanding could persist and surface during the interviews. This underscored the continued importance of providing a clear introductory explanation of the topic at the beginning of each interview, including an explicit emphasis that the research was not concerned with general wellbeing or individual wellness, and designing the questions to minimise ambiguity of the topic being examined.

A second key insight from the pilot interview was that participants' immediate responses to direct questions did not always reflect the full extent of their perspectives or experiences. For example, when initially asked, a participant denied that psychosocial risk management was ever traded off against other priorities; however, subsequent discussion revealed several situations that clearly involved such trade-offs. It was only through further probing and clarification that the participant recognised and articulated these examples. This highlighted the importance of allowing space for deeper exploration beyond initial answers and prompted me to be attentive, in the main interviews, to potential discrepancies between first impressions and underlying experiences.

3.4.4.3 Recruitment

I made a conscious decision within the research process to transparently leverage my professional role where appropriate and advantageous for this research, allowing for use of my professional network and existing connections outside of the research context. This enabled an informal, word-of-mouth recruitment process through existing professional networks and allowed for prompt access to those in senior management positions. In discussing these same challenges within her research, Deacon (2024) references McDowell's (1998) attribution of successful participant recruitment to "serendipity, social networks, and particular circumstances", with the latter two being most relevant in this case.

Participants were recruited through a combination of direct outreach and professional networks. I initially contacted a professional colleague within the Government Health and Safety Lead (GHSL) which operates as a centralised leadership function within the New Zealand public sector to provide strategic direction, coordination, and expertise on health and safety matters across government agencies and provided them with my research advertisement. The GHSL distributed the advertisement via email to the DCEs of their member agencies and included my contact details for follow-up.

From this point, either the DCE and/or the CE of an agency or department contacted me directly to express interest in participating. On several occasions, participants who had already enrolled in the study recommended peers whom they believed could offer valuable insights and directly provided me with their contact details. These referrals facilitated additional recruitment through a snowball approach.

Because all participants were senior leaders (either CEs or DCEs), I deemed that they possessed the authority and autonomy to decide independently whether to participate in the research. Accordingly, I did not consider it necessary to seek additional organisational approval for their involvement.

Once participants had confirmed their willingness to participate in the research, I ensured the subsequent process was as minimally invasive or demanding as possible in order to preserve the limited time held by this group. Where possible, I digitised consent and information forms, liaised directly with Executive Assistants, and minimised contact outside of the scheduled interview time. The scheduling of interviews was directed by the participants (or their representative) at a time convenient to them.

3.4.4.4 Interview questions

The interview structure was centred on the eight key questions documented within Appendix D. Questions one and two were designed with the intention of opening the conversation and orienting participants to the topic, as well as identifying any misconceptions or confusion on the topic prior to engaging in subsequent questions. I deemed this an important consideration, as any misunderstandings could affect the quality of responses to later questions, potentially leading to inaccurate or misaligned insights regarding the focus of the study. Question three examined the participants' perspectives on their role in influencing or enabling psychosocial risk management within their organisation. While the existing literature recognises executive leaders as influential system actors within organisational systems, it was essential to explore

whether the participants themselves perceive this level of influence to be accurate and applicable. Questions four and five sought to explore the perceptions of barriers and enablers to psychosocial risk management in relation to participants prioritisation and ability. These questions were purposely inductive in nature, seeking to invite spontaneous reflections and potentially revealing what is most 'on the radar' for them and therefore potentially holding the most weight or influence over them. Question six sought to identify any factors unique to the public service that influence psychosocial risk management, while question seven aimed to directly elicit insight into the existence and/or performance of feedback loops, a key feature of sociotechnical systems theory. Finally, question eight introduced key factors identified in the literature in a deductive fashion, exploring how participants ranked these factors once prompted.

As previously noted in 3.4.7, I did not intend to purposely examine potential misconceptions or misunderstandings about psychosocial risk management; as such, the questions were designed to minimise ambiguity of the topic being examined.

3.4.4.5 Interview process

Whilst designing the research process, I remained cognisant of the potential limited understanding on the topic of psychosocial risk management and its common conflation with other, seemingly related topic, as described in 3.4.4.1. For this reason, participants were provided with an information sheet prior to the interview explicitly stating the focus of the research and explaining key concepts, as well as signalling related topics that were outside of the focus of this research. Secondly, I used my role as the researcher to gently question or clarify participants' responses where I recognised this was veering outside of the topic of psychosocial risk management.

Another key challenge in the interview process was navigating the hierarchy and associated power dynamic between myself as both the interviewer and a lower-ranking public servant, and the participants as senior managers in the sector I work within. I considered the potential influence my role as the researcher may have on the candour of participants within their responses but navigated this by fostering a sense of shared purpose and mutual interest, emphasising that the research was intended to explore challenges that all of us in the public sector encounter. This positioning framed the interviews as a collaborative inquiry to support leaders' work, rather than as an evaluation of their knowledge or performance, with the intent of making participants feel more comfortable sharing their perspectives openly.

Interviews were held between 1 May to 28 August 2025 and were either conducted online via Microsoft Teams or held at the participants' offices in Wellington. Interviews were conducted primarily via online interviews using Microsoft Teams and in-person interviews where possible. Where possible, I also offered in-person interviews for those whose schedules allowed for a face-to-face meeting or where this was their preference.

I began interviews by introducing myself and summarising the purpose of this research, as described within the pre-interview information sheet. I then outlined the participant's rights and confirmed any details requested on the participant consent form in relation to the collection and storage of information, and the provision of transcripts to review and approve after the interview had been completed. I began the interview process by reiterating that the purpose of the research was not to test or expose participant knowledge and compliance (or lack thereof) in relation to psychosocial risk management, but rather to understand their perspectives around what makes this particularly easy or difficult. I provided assurance that the purpose of this research was not to expose illegality or shortcomings of public sector agencies, but to elucidate the barriers and enablers faced by organisations within this sector in regard to their prioritisation and ability to manage psychosocial risks effectively.

3.4.5 Data analysis

Building on the analytical approach outlined in 3.2.1, the following section describes the practical steps undertaken to analyse the interview data. Guided by a theoretically informed framework, the analysis combined inductive and deductive reasoning to explore participants' perceptions of barriers and enablers to psychosocial risk management whilst ensuring continued reflexivity throughout this process. This section details how the data were prepared, coded, and iteratively refined into system level categories and themes. This reflected both semantic content and latent patterns of meaning, while maintaining alignment with the sociotechnical systems framework and the critical realist perspective underpinning the study.

3.4.5.1 Transcription

The transcription process within this research paid particular attention to the rationale for denaturalisation of the texts and reflexivity in conducting transcriptions (Davidson, 2009). In this study, a denaturalised approach was adopted, focusing on the content and meaning of participants' accounts rather than the precise mechanics of speech. This facilitated clear, readable transcripts that could be systematically coded and interpreted while retaining the

essential meaning of participants' perspectives. The approach allowed the analysis to prioritise participants' descriptions of barriers and enablers to psychosocial risk management without the potential distraction of fillers, pauses, or other conversational features, aligning with the study's focus on thematic and content analysis.

Interviews were recorded using a password-protected iPhone with the native voice memo software, and transcripts were initially produced automatically from these recordings. These automated transcripts required substantial revision due to low accuracy. Manually reviewing and correcting the transcripts against the audio recordings enhanced familiarisation with the interview content and supported the commencement of coding. All transcripts were stored securely on a password-protected device and de-identified prior to analysis to maintain participant confidentiality.

3.4.5.2 Reflexive coding process

The coding process began with familiarisation, which involved my repeated reading of the transcripts and keeping a reflexive diary to capture my initial impressions, emergent interpretations, and rationale for coding decisions. I also noted implicit meanings and connections across system levels that aligned with the sociotechnical framework but were less apparent during line-by-line coding, ensuring that my personal reflexivity was directly linked to analytic practice. Where relevant, I used confidential discussion and debriefing with my supervisors to reflect on interpretive choices and enhance analytic credibility.

I conducted the analysis using NVivo to organise and manage the data. NVivo facilitated the systematic retrieval and organisation of codes while allowing me to retain a reflexive, rather than codebook-driven, approach. I applied initial coding loosely under broad parent categories of barriers and enablers, then progressively refined these into more specific child categories (e.g., knowledge and understanding, capability, resourcing, legislation), combining or collapsing similar codes as the analysis deepened. I explicitly distinguished topic-summary codes describing barriers and enablers from meaning-based patterns capturing implicit assumptions and system-level dynamics. The former produced the findings summarised in 4.1 as the more explicitly stated barriers and enablers. The latter began to inform potential thematic insights that are described in 4.3.

During theme generation, I transferred the refined codes into a virtual whiteboard (Mural), colour-coded them by barrier or enabler, and visually mapped them to identify relationships (e.g., all codes relating to "capability"). This iterative, interpretive mapping served as a

methodological tool for exploring how factors might operate differently across contexts and for systematically examining patterns at macro-, meso-, and micro-system levels. At this stage, the analysis moved beyond topic descriptions towards developing interpretive insight: I examined patterns, contradictions, and misalignments in participants' accounts (e.g., espousing commitment to safety while simultaneously describing resource trade-offs) alongside my understanding of public sector decision-making, existing psychosocial risk scholarship, and systems-based safety theory. I then developed and refined the themes by regrouping codes within these system levels and drafting initial insight statements that captured the interpretive story of each theme in relation to the dataset.

In the defining and refining stage, I clarified the scope and meaning of each theme to ensure a coherent interpretive narrative rather than a simple summary of topics. Where my pragmatic strategies diverged from conventional sequencing (e.g., initially organising codes under 'barriers' and 'enablers' before regrouping by system level), I theoretically justified these decisions as consistent with the study's sociotechnical systems lens.

I conducted the analysis iteratively until analytic sufficiency was achieved, meaning that categories and patterns were adequately represented across the dataset and no substantial new information emerged from additional coding.

3.4.5.3 Data synthesis

The synthesis of the data involved integrating the refined themes to identify broader patterns and relationships across the macro-, meso-, and micro- system levels. Themes were considered in relation to one another and to the research questions, enabling the construction of a coherent narrative that captured participants' perceptions of barriers and enablers, as well as underlying connections and themes that emerged from the latent data. This iterative process allowed for the identification of context-dependent factors, highlighting how certain elements could act as either barriers or enablers. The findings were interpreted within the sociotechnical systems framework and related to existing literature, providing a structured and theoretically informed account of the system-level dynamics influencing psychosocial risk management in New Zealand public sector organisations.

3.4.5.4 Derivation of thematic insights

In addition to the presentation of semantic findings, an abductive analytic process was undertaken to develop a set of twenty-six thematic insights. This involved iterative movement

between participants' accounts and relevant theoretical, empirical, and contextual knowledge. After initial coding, excerpts were examined for recurring patterns, contradictions, and points of misalignment (e.g., tensions between stated commitments to psychosocial safety and concurrent resource or political constraints). These preliminary interpretations were then refined through comparison with established psychosocial risk scholarship, systems-based safety theory, and sector-specific understanding of New Zealand public administration. Rather than emerging solely from inductive coding or deductive application of pre-existing frameworks, the insights were generated through an interpretive synthesis that integrated participant narratives with broader conceptual knowledge. This process enabled the identification of deeper structural and systemic mechanisms underlying the barriers and enablers described in interviews, beyond the surface-level items reported in semantic coding.

The twenty-six overarching thematic insights were organised across macro-, meso-, and micro-levels, as well as the critical system dimension of feedback loops. However, given the scope of this thesis, the fifteen most consequential insights are discussed in section 4.3, with the remaining insights provided in Appendix H. Consequentiality was determined through an iterative and reflexive analytic process. Following Braun and Clarke's (2019) approach, insights were evaluated not solely on their frequency, but on their relevance and analytic significance in addressing the research questions. This involved considering the extent to which each insight illuminated barriers, enablers, or system dynamics that have material implications for psychosocial risk management in the public sector context. As a practitioner-researcher, reflexive judgement was applied, drawing on contextual knowledge of public sector governance and operational realities to assess which insights were likely to have the greatest consequence for understanding executive perspectives and the functioning of psychosocial risk management systems. In this sense, the "most consequential" insights were those that offered the richest explanatory value for the research questions and the broader organisational setting, rather than being solely based on what was most commonly reported.

In developing these thematic insights, the barriers and enablers within 4.1 were considered in relation to the sociotechnical systems features in 2.5.2, and my contextual knowledge of the organisational, political, and governance factors that shape psychosocial risk management in the New Zealand public sector. These thematic insights were then conceptualised through an adaptation of Rasmussen's risk management framework in Section 4.5.

3.5 CONCLUSION

In summary, the data analysis for this study combined careful transcription, reflexive coding, and iterative synthesis to develop a rich representation of the system-level factors influencing psychosocial risk management. Through repeated engagement with the data, supported by reflexive diaries, NVivo, and visual mapping, the analysis progressed from initial familiarisation and coding to the identification of patterns and themes across macro-, meso-, and micro- levels. This process integrated both semantic and latent meanings and was guided by the sociotechnical systems framework and my critical realist perspective. The resulting themes provide a coherent, theoretically informed narrative that connects participants' perceptions to existing literature, laying the foundation for the findings presented in the subsequent sections.

4 FINDINGS AND DISCUSSION

This chapter presents the findings from interviews with participants regarding the perceived barriers and enablers to effective psychosocial risk management. The chapter begins by outlining the semantic findings (i.e., the explicit factors described by participants during the interviews) in 4.1, directly addressing the first research question. These semantically derived items provide a transparent foundation for the deeper interpretive analysis that follows.

The following section in 4.2 examines the extent to which the items described within 4.1 align with the extant literature, thus responding to research question three, before progressing to the subsequent analytic discussion within sections 4.3 in which the most salient insights are examined in depth and the implications of the findings are discussed, addressing research question two. In this latter component, Rasmussen's Risk Management Framework (1997) is drawn on to interpret and contextualise the key thematic insights and to illustrate the notion of a multi-layered systems interactions, as described in section 2.4.2.

4.1 OVERVIEW OF BARRIERS AND ENABLERS

This section provides an overview of the key barriers and enablers identified through the thematic coding of participant responses. Tables 5–7 present the 47 barriers and 27 enablers identified through the thematic coding of participant responses and represent synthesised analytic categories derived from grouping and summarising related codes. These tables serve a descriptive function, providing a transparent account of the semantic-level findings prior to the interpretive analysis that follows in 4.3.

To illustrate the various system levels these factors span, they are organised according to the macro-, meso-, and micro-levels, reflecting the level at which each item was most relevantly situated. In some cases, items were positioned at a different level than might be theoretically expected. For example, executive knowledge and capability, while inherently a micro-level attribute, was coded at the meso- level due to its influence on organisational systems and decision-making. Within each table, items are presented in descending order based on the number of coded references associated with each item, showing the relative frequency of discussion across the dataset. Items that appear in bold indicate those raised by a greater proportion of participants, highlighting greater salience. This approach reflects both the depth and breadth of relevance of particular barriers and enablers, based on empirical coding patterns rather than subjective importance or researcher judgement. The purpose of

presenting these tables is twofold. First, they offer a concise overview of what participants explicitly identified as influencing psychosocial risk management, providing a clear line of sight back to the original data. Second, they establish the analytic foundation for subsequent sections, where the most salient items are further examined in relation to existing literature and interpreted through a sociotechnical systems lens. Readers are therefore encouraged to view these semantic categories as initial building blocks, which will be elaborated, connected, and theorised in sections 4.3–4.4.

4.1.1 The ‘Macro’ level

The highest level within Rasmussen’s framework relates to the socio-cultural context that exists beyond the individual organisation itself. Within this level, Rasmussen included factors such as public awareness and opinion, political climate and government, the legal framework, and regulators. In the tables that follow, items are therefore initially grouped according to system level for descriptive clarity. The subsequent analytical discussion in Section 4.3 then re-organizes these items into four thematic sub-sections to examine their implications in depth: 4.3.1. *Public perceptions and narratives regarding the public sector*; 4.3.2 *Political context, government priorities and resourcing*; 4.3.3 *Legislation, regulation, and enforcement*; and 4.3.4 *Fiscal environment and resourcing*. Additional thematic insights are further explored or mapped to additional sub-sections within Appendix H to the following categories: 1. *Socio-cultural context, societal perspectives and discourse*; 2 *Perceptions and narratives regarding the public sector*; and 3. *Knowledge supports, guidance and expertise*. This approach enables a clear understanding of how the initial system-level groupings have been translated into the more granular analytic categories used in the subsequent discussion.

Table 4

Macro-level Barriers and Enablers to Psychosocial Risk Management as Reported by Public Sector Executive Leaders

| | BARRIERS | ENABLERS |
|--------|--|--|
| Macro- | <ol style="list-style-type: none"> 1. Fiscal environment and reduced government resourcing of public sector organisations 2. Ministerial receptiveness to executive leader feedback on psychosocial safety concerns where it conflicts with ministerial priorities or goals 3. Ministerial attitudes towards mentally healthy work and psychosocial risk management 4. Unfavourable media reporting of public sector agencies, particularly well-intentioned public sector worker insights/surveys 5. Negative political narratives concerning the public sector and public servants and the resulting influence on the public's perception of public servants and their work 6. Reactive investment in health and safety is reactive, typically occurring after major incidents or accidents 7. Ministerial exemption from obligations under HSWA 2015 despite significant influence over public service decisions and resourcing (akin to that of an 'Officer') 8. High level of public scrutiny of public sector organisations and their workforce 9. Electoral-cycle pressures on government and ministers to deliver within a three-year term drives productivity pressures for public sector 10. Lack of governmental focus and prioritisation of psychosocial safety 11. Limited pressure or presence from WorkSafe on psychosocial safety 12. Absence of psychosocial risk regulations 13. Insufficient national-level guidance and expertise on psychosocial safety 14. Low levels of knowledge and capability among H&S professionals and consultants in New Zealand regarding psychosocial safety 15. Low level of maturity in health and safety in New Zealand compared to other OECD countries 16. General public's understanding of and expectations regarding health and safety and influence of this on government prioritisation of H&S. | <ol style="list-style-type: none"> 1. Ministerial priorities and values aligned with organisation's safety agenda 2. Societal shifts in perceptions of individual and work-related mental health 3. Legal duties under the Health and Safety at Work Act 2015 (HSWA) 4. Relevant case law and prosecutions 5. Public Service Commission as an advocate for public servant psychosocial safety and mechanism for feedback to government 6. Union awareness and advocacy for psychosocial safety 7. International regulatory approaches to psychosocial safety (e.g. Australia) 8. Industry guidance on psychosocial risk management (e.g., GHSL, BLHSF) 9. Sector-wide collaboration and sharing of resources and examples |

Across these macro-level findings, participants depicted a public sector environment in which psychosocial risk management is shaped by intersecting sociocultural, political, and fiscal forces. They perceived an encouraging societal shift towards the normalisation of conversations about mental health, with reduced stigma and changing workforce expectations enabling more open acknowledgement of psychosocial risks at work. At the same time, participants stressed that these developments are occurring within a context of relatively low health and safety maturity in New Zealand, where organisational systems, leadership

capability, and regulatory practice have not yet caught up with the evolving discourse. This tension is exacerbated by persistent public and political pressures on the public service to “do more with less,” alongside negative political narratives that characterise the public sector as inefficient or “bloated”, which participants described as amplifying stress and undermining both the perceived legitimacy and the practical prioritisation of psychosocial risk management.

Ministerial values and priorities emerged as a critical determinant of whether psychosocial risk management is legitimised, resourced, and integrated into decision-making, or sidelined in favour of short-term performance imperatives. Participants described how ministers’ openness to health and safety concerns, or lack thereof, could materially shape the scope for addressing psychosocial risks. At the same time, the current regulatory regime was seen as a powerful but underutilised lever: while HSWA and case law theoretically create strong drivers for action, participants perceived psychosocial risks to be weakly enforced, with limited visible regulatory presence or explicit expectations. This was compounded by the structural asymmetry created by ministers’ exclusion from “Officer” duties under HSWA.

Participants also emphasised the scarcity of robust psychosocial risk expertise in the New Zealand context and the prevalence of superficial or procedurally focused approaches that are likely to foster symbolic rather than substantive compliance. Taken together, these macro-level findings point to a complex environment in which sociocultural progress, political narratives, regulatory design, and the availability of expertise jointly shape the conditions under which public sector organisations can meaningfully pursue psychosocial risk management.

4.1.2 The ‘Meso’ level

The next system level relates to the organisational context that sits above day-to-day work activities and individual workers. Within this level, prominent system models (see Appendix F) identify factors such as executive management, organisational policies, governance arrangements, and internal systems. Within Rasmussen’s (1997) model specifically, this corresponds to the organisational management layer, which encompasses decision-making structures, internal rules and procedures, and resource allocation systems. In the table that follows, items are initially grouped according to system level for descriptive clarity. The most salient of these items are then later re-organised for analytical discussion in 4.3.5 *Executive leader knowledge, capability, and emotions*. Consistent with the defined scope of this thesis,

further meso-level insights have been included in Appendix H, sections 4. *Organisational systems, structures, and approaches* and 5. *Organisational capability and capacity* to ensure full transparency and completeness of reporting.

Table 5

Meso-level Barriers and Enablers to Psychosocial Risk Management as Reported by Public Sector Executive Leaders

| | BARRIERS | ENABLERS |
|-------|--|--|
| Meso- | <p>17. Financial resourcing and workforce constraints associated with ‘more-for-less’ service delivery</p> <p>18. Psychosocial risk perceived to be complex and unknowable</p> <p>19. Resourcing pressures limiting capacity to implement psychosocial safety interventions</p> <p>20. Physical health and safety risks more a priority</p> <p>21. Absence of a systematic, structured approach to psychosocial risk management</p> <p>22. Executive leaders low level of knowledge and capability in psychosocial risk management</p> <p>23. Executive leaders misunderstand their Officer duties in relation to psychosocial risk management</p> <p>24. Executive leaders fear professional repercussions for candidness with Ministers regarding psychosocial impacts; low level of psychological safety for executive leaders providing feedback to ministers and government on productivity/psychosocial safety trade off</p> <p>25. Abundance of data coupled with uncertainty about deriving meaningful and helpful insights</p> <p>26. Executive leaders’ incorrect or inadequate governance conversations</p> <p>27. Executive leaders face ‘moral dilemma’ when balancing ministerial demands/government expectations when worker psychosocial safety must be traded off for productivity</p> <p>28. Uncertainty regarding the implementation of controls for psychosocial risk</p> <p>29. Absent or ineffective assurance mechanisms for psychosocial risk</p> <p>30. Managerial/line-leader capability in supporting mentally healthy work and psychosocial risk management</p> <p>31. Health and safety team insufficiently resourced</p> <p>32. Executive leaders’ low level of confidence in managing psychosocial risk</p> <p>33. Executive leaders’ limited bandwidth to engage with every risk - particularly psychosocial; physical risk more a focus or priority</p> <p>34. Executive leaders’ concern regarding unintended consequences of psychosocial inquiries, including potential internal misuse of survey data</p> <p>35. Absence of a prioritisation reference framework for decision making where trade-offs or paradoxes necessary</p> <p>36. Human Resources function have limited understanding of psychosocial safety and how to integrate with H&S function</p> <p>37. Scalability challenges faced by smaller agencies relative to larger agencies</p> | <p>10. Executive commitment to acting as a ‘good employer’</p> <p>11. Executive commitment to promoting wellbeing through ‘good work’</p> <p>12. Regular governance-level discussions of psychosocial risk</p> <p>13. Psychosocial risk as a ‘critical risk’</p> <p>14. Executive-level sponsorship for psychosocial safety</p> <p>15. Direction and tone set by the Chief Executive</p> <p>16. Executive willingness to engage openly with adverse psychosocial risk data (“embracing the red and fearing the green”)</p> <p>17. Chief Executive personal interest in psychosocial risk management and employee mental health</p> <p>18. Organisational investment in psychosocial safety initiatives and interventions (including good work design and work tools)</p> <p>19. Regular pulse surveys to gather workforce insights</p> <p>20. Cross-functional collaboration between H&S and HR</p> <p>21. Presence of and resourcing for internal health, safety and wellbeing (HSW) functions and psychosocial risk teams and their capability</p> <p>22. Internal organisational literacy regarding psychosocial safety</p> |

At the meso-level, participants described a consistent tension between financial constraints, workforce reductions, and the expectation to deliver “more with less” as not only a driver of psychosocial risk, but a persistent barrier to effective management of those risks. These pressures were experienced as psychosocial risks in their own right, while simultaneously limiting organisations’ capacity to design and implement appropriate psychosocial safety interventions. Leaders acknowledged progress is hindered by limited resourcing, capability gaps in specialist teams, and competing operational priorities. These constraints often resulted in an implicit focus on more tangible physical risks, where controls felt clearer and more achievable.

Across interviews, psychosocial risk was frequently framed as inherently complex, subjective, or unknowable, with participants expressing uncertainty about how to assess risk, determine appropriate controls, or derive meaningful insights from available data. However, this perceived complexity appears to stem less from the intrinsic nature of psychosocial hazards and rather from limited organisational literacy regarding psychosocial risk management and statutory obligations under the HSWA.

Participants also described low psychological safety at the executive level when providing candid feedback about the implications of ministerial decisions, directives, and government expectations, noting the potential for career consequences if such advice was unwelcome or perceived as obstructive. This fear produced a moral dilemma in which leaders felt torn between protecting staff and meeting political or fiscal imperatives.

Notably, psychosocial risk has increasingly attained the status of being a “critical risk” in many public sector organisations, with regular discussion at governance forums and explicit executive sponsorship. Although it appeared that the governance-level conversations were not always conducted with sufficient structure, rigour, or psychosocial risk capability, the fact that psychosocial safety has reached the executive agenda indicated a significant shift in organisational priorities and an enabler of their management.

4.1.3 The ‘Micro’ level

The final level within sociotechnical system models typically relates to the immediate work system in which workers undertake their duties and interact with specific work activities, including factors such as staff characteristics, task demands, and exposure to hazardous work contexts. Within Rasmussen’s (1997) model, this corresponds to the work and worker level,

encompassing the conditions and activities through which psychosocial risks are experienced in practice. In the table that follows, items are initially grouped according to the micro system level for descriptive clarity. The most salient of these items are then re-organised for analytical discussion in 4.3.6 *The nature of work and risk*. To maintain transparency and provide full reference to the dataset within the scope limitations of this thesis, additional micro-level items are presented in Appendix H, section 6. *Workers*.

Table 6

Micro-level Barriers and Enablers to Psychosocial Risk Management as Reported by Public Sector Executives

| | BARRIERS | ENABLERS |
|--------|---|--|
| Micro- | <p>38. Inherent characteristics and nature of public sector work limiting eliminability of certain risks</p> <p>39. Stigma experienced by workers for disclosing psychological impact of work-related psychosocial risk exposure</p> <p>40. Required exposure levels and cumulative psychosocial impact</p> <p>41. Worker conscientiousness and goal-oriented drive as amplifier of risk</p> <p>42. Normalisation of psychosocial risk by workers and leaders</p> <p>43. Low level of psychological safety amongst workers to disclose psychosocial risk exposure and impact</p> <p>44. Unhealthy coping mechanisms among workers</p> <p>45. Perceived insufficient worker resilience to withstand psychologically harmful work environments</p> <p>46. Worker uptake of available interventions and engagement with support services</p> <p>47. Organisational ways of working (work practices) and visibility of distributed and remote workforces</p> | <p>23. Employee involvement and provision of regular feedback and insights</p> <p>24. Pride in public service and perceived meaningfulness of work</p> <p>25. Team cohesion, support, and dynamics</p> <p>26. Active health and safety representatives (HSRs)</p> <p>27. People leader capability</p> |

At the micro level, participants emphasised that psychosocial risk is deeply embedded in the nature of public sector work and in the immediate conditions under which workers carry out their roles. Many public sector functions involve exposure to human distress, traumatic material, or high-stakes decision-making that cannot be outsourced or discontinued, creating an underlying level of risk that is difficult to eliminate. Participants described the cumulative psychological impact of repeated exposure to such work, intensified by the pressures of delivering essential services under fiscal constraint and heightened public scrutiny.

At the same time, workers’ own attitudes, behaviours, and coping strategies were seen by participants as both amplifying and obscuring psychosocial risk. Participants frequently noted

that staff did not always engage with available supports, appeared reluctant to disclose distress, or continued to “push through” despite signs of strain – patterns attributed to stigma, fear of negative consequences, normalisation of harm, and strong conscientiousness or commitment to the job. Pride in public service and a strong sense of purpose were also described as double-edged: they fostered motivation and meaning, but could drive overcommitment, self-endangering work patterns, and reluctance to step back or seek help.

Despite these challenges, several micro-level enablers were identified that can support more effective psychosocial risk management. Executives highlighted the protective value of cohesive teams, strong peer support, and active health and safety representatives, particularly in contexts where work is emotionally demanding or dispersed across remote or distributed workforces.

Accordingly, the most salient and consequential dynamics identified across macro-, meso-, and micro-levels that shape organisational capacity to manage psychosocial risks in the public sector are later examined in section 4.3. At the macro level, particular attention is given to political and regulatory drivers and ministerial influence, which emerged as the most significant external factors. The analysis also focuses on key meso-level dynamics, including perceived complexity and low psychosocial risk literacy, symbolic compliance, and the erosion of psychosocial safety through systemic constraints, despite a prevailing belief that psychosocial safety is never traded off. At the micro level, emphasis is placed on the nature of work itself as a critical influence on psychosocial risk exposure. Across all levels, deficiencies in feedback loops were consistently highlighted and are therefore embedded within the key thematic insights discussed in this section.

4.2 ALIGNMENT WITH LITERATURE

The comparative analysis between participant findings reported in Tables 4–6 and the existing literature revealed both strong areas of alignment and several context-specific divergences. Consistent with prior research, executive leaders identified core barriers such as limited resources, low organisational capability, inadequate regulatory pressure, weak feedback mechanisms, and mental health stigma, all of which are well-established inhibitors of effective psychosocial risk management (EU-OSHA, 2012). Constraints relating to time, staffing, and financial resourcing have been repeatedly highlighted as key obstacles to preventive psychosocial risk management, particularly where prevention is seen as

discretionary or secondary to operational imperatives (Chappell & Di Martino, 2000; EU-OSHA, 2012).

Similarly, deficits in psychosocial risk literacy and capability – both at leadership and specialist levels – mirror longstanding findings that many organisations lack the technical expertise and guidance required to design and implement systematic psychosocial risk management procedures (Leka & Cox, 2008; EU-OSHA, 2012). Participants’ concerns regarding muted or ineffective upward feedback, and the tendency for psychosocial risks to be under-reported or normalised, align with systems-based accounts of safety failures. These accounts emphasise the centrality of feedback loops and the risks created when information about emerging hazards fails to reach those with the authority to act (Rasmussen, 1997; Dekker, 2011; Dollard & Bakker, 2010).

Stigma and discomfort surrounding the disclosure of psychosocial harm similarly reflect wider evidence that cultural norms and fears of negative consequences suppress reporting and engagement with psychosocial interventions (Corrigan et al., 2014; Dollard & Bakker, 2010; Sonnentag, 2018). In parallel, the key enablers described by participants resonate strongly with those identified in the psychosocial risk and occupational health and safety literature. Leadership commitment and psychosocial safety climate have been consistently identified as proximal determinants of psychosocial risk management maturity, shaping whether psychosocial hazards are prioritised, openly discussed, and systematically addressed (Dollard & Bakker, 2010; Hall et al., 2010; EU-OSHA, 2012).

Regulatory frameworks and legal duties – particularly clear legislative expectations and credible enforcement – are likewise recognised as powerful drivers of organisational action, especially where psychosocial risks are explicitly incorporated within health and safety regimes (Jain et al., 2022; Leka et al., 2023; Potter et al., 2019).

A notable feature of the findings is therefore the strong convergence between the barriers and enablers identified by executive leaders and those documented in the psychosocial risk and occupational health and safety literature, indicating that the challenges encountered in New Zealand are not anomalous but reflect broader patterns observed across sectors and jurisdictions.

At the same time, participants highlighted additional barriers and enablers that appear to be distinctly shaped by the political, societal, and structural environment of the New Zealand public service. These included electoral-cycle pressures, the exemption of ministers from

formal health and safety obligations, heightened public and media scrutiny, and the influence of ministerial priorities, values, and risk tolerances. These contextual influences underscore that, although general psychosocial risk principles remain highly relevant, effective management in the New Zealand public sector requires approaches attuned to the environment within which they operate.

Considered together, these findings indicate that the barriers and enablers described by executive leaders are largely consistent with established determinants of psychosocial risk management, while also revealing context-specific features shaped by New Zealand's public sector environment. This dual pattern reinforces both the continued relevance of existing psychosocial risk scholarship and the need for approaches that explicitly account for public-sector particularities, including ministerial priorities, governance structures, and media scrutiny.

The next section moves beyond this comparative alignment to examine how these factors operate as part of an interconnected system. This synthesises the semantically derived items into key thematic insights and interpreting them through Rasmussen's layered risk management framework to illustrate dynamic relationships, feedback pathways, and cross-level influences

4.3 KEY THEMATIC INSIGHTS AND IMPLICATIONS

While 4.1 presents the semantic findings as individual items of interest, their significance cannot be fully understood in isolation. Each factor offers valuable insight into the specific barriers and enablers perceived by participants; however, the richness of the data emerges most clearly when these factors are considered in relation to one another and to the broader system in which they operate. Both participants' reflections and the interpretive analysis conducted in this research revealed that many of these factors are interdependent, and at times function as either barriers or enablers depending on the surrounding conditions and context. This underscores of the principle of *emergence* (Appendix G) in sociotechnical systems theory, that system properties and outcomes arise from the dynamic interactions between components rather than from the components themselves (Carayon et al., 2015; Flach et al., 2015; Leveson, 2004). As previously described within section 2.3.2.3, Bergström and Dekker (2014) argue that drawing boundaries around individual factors or levels represents an "analytical sacrifice," obscuring the complexity and emergent properties of the system as a whole. The following sections therefore move beyond the discrete items listed in

4.1 to explore the relationships and patterns that emerge when these factors are viewed collectively.

As highlighted in 3.4.5.4, twenty-six overarching thematic insights were identified through reflexive thematic analysis and were organised across macro-, meso-, and micro-levels, as well as the critical system dimension of feedback loops. These thematic insights are summarised in Table 7, with explicit reference to the subset of barriers and enablers described in Tables 4–6 that most directly shaped the development of each insight. The fifteen most consequential thematic insights, indicated in bold, are discussed in sections 4.3.1–4.3.7, with the remaining insights provided in Appendix H.

Table 7

Key Thematic Insights Across System Levels

| System domain | Topic | Thematic insight | Location |
|---------------|---|--|------------|
| Macro- | <i>Socio-cultural context / societal perspectives and discourse</i> | <p>1. <i>Societal normalisation of mental health-related conversations may enable better psychosocial risk management, but broader health and safety immaturity may ultimately limit its impact.</i></p> <p style="text-align: center;"><i>Barriers: 10, 14, 15, 16, 21, 25, 28, 39</i> <i>Enablers: 2, 22</i></p> | Appendix H |
| | <i>Perceptions and narratives regarding the public sector</i> | <p>2. <i>The potential for misuse of negative psychosocial risk insights by external actors drives organisational risk translation, reducing some leaders' willingness to engage in psychosocial risk management but acting as a catalyst for others.</i></p> <p style="text-align: center;"><i>Barriers: 4, 5, 8,</i> <i>Enablers: 16</i></p> | 4.3.1 |
| | | <p>3. <i>Negative political narratives may amplify existing pressures emanating from public expectations, further undermining psychosocial risk management in the public sector</i></p> <p style="text-align: center;"><i>Barriers: 1, 3, 4, 5, 8</i></p> | Appendix H |
| | <i>Political context, government priorities & resourcing</i> | <p>4. <i>Ministerial values and priorities influence psychosocial risk management at the organisational level, acting as either a barrier or an enabler.</i></p> <p style="text-align: center;"><i>Barriers: 2, 3, 7, 9</i> <i>Enablers: 1</i></p> | 4.3.2 |
| | <i>Legislation, regulation, and enforcement</i> | <p>5. <i>Regulatory pressure and risk of prosecution are powerful but currently underutilised drivers for psychosocial risk management in New Zealand</i></p> <p style="text-align: center;"><i>Barriers: 11, 12</i> <i>Enablers: 3, 4, 7</i></p> | 4.3.3 |
| | | <p>6. <i>Lack of personal liability for ministers undermines incentives for psychosocial risk management in the public sector, ultimately creating a barrier for organisations to effectively manage psychosocial risks</i></p> <p style="text-align: center;"><i>Barriers: 2, 7, 9</i></p> | 4.3.3 |
| | <i>Fiscal environment and resourcing</i> | <p>7. <i>The resource constraints placed on public sector organisations coupled with the ambiguous boundaries of what constitutes 'acceptable' management of psychosocial risk may encourage 'drift into failure' for psychosocial risk management.</i></p> <p style="text-align: center;"><i>Barriers: 1, 12, 13, 14, 17, 19, 21, 22, 31, 35, 42</i></p> | 4.3.4 |
| | | <p>8. <i>Macro-level fiscal and political risks were observed to migrate down the system hierarchy, transforming into psychosocial risks for workers, revealing asymmetries of power and accountability across the public sector system.</i></p> <p style="text-align: center;"><i>Barriers: 1,2, 3, 4, 7, 9, 17, 19, 24, 27</i></p> | 4.3.4 |
| | <i>Knowledge supports, guidance and expertise</i> | <p>9. <i>External guidance and the sharing of experiences between organisations can act as important enablers for psychosocial risk management, but the scarcity of expertise remains a barrier.</i></p> <p style="text-align: center;"><i>Barriers: 13, 14</i> <i>Enablers: 8, 9</i></p> | Appendix H |

| | | | | |
|--------|--|--|--|------------|
| Meso- | Executive knowledge, capability, and emotions ¹ | <p>10. Perceived complexity and uncertainty around psychosocial risk management largely stems from limited literacy among executive leaders, not necessarily from the nature of the risk or its management. Barriers: 18, 22, 23, 25, 26, 28, 32</p> | 4.3.5 | |
| | | <p>11. While executive leaders may fear uncovering psychosocial risks, openness to understanding psychosocial risk acts as a critical enabler for effective risk management. Barriers: 4, 22, 32, 34 Enablers: 10, 11, 12, 14, 15, 16, 17</p> | Appendix H | |
| | | <p>12. Executive leaders’ personal attributes may enable psychosocial risk management, but systemic constraints likely inadvertently erode its prioritisation, despite a belief that psychosocial safety is never traded off. Barriers: 1, 2, 3, 7, 9, 10, 19, 24, 27 Enablers: 10, 11, 15, 17,</p> | 4.3.5 | |
| | | <p>13. Executive leaders face pressures to do ‘more with less’, exacerbating underlying paradoxical tensions. However, executives fail to perceive these as paradoxes and continue to think of them as binary prioritisation choices. Barriers: 1, 2, 3, 17, 19, 35</p> | 4.3.5 | |
| | | <p>14. Symbolic compliance fosters unwarranted confidence among executive leaders in relation to their psychosocial risk management efforts, creating opportunity costs that hinder meaningful progress Barriers: 21, 23, 25, 26, 19</p> | 4.3.5 | |
| | | <p>15. Executive leaders embrace psychosocial risk management as part of their leadership responsibility, however their variable understanding of their duties under HSWA may limit the effectiveness of their efforts. Barriers: 18, 22, 23, 26 Enablers: 10, 11, 12, 14, 15</p> | 4.3.5 | |
| | | <p>16. Ethical and moral conviction is a key driver of psychosocial risk prioritisation, yet systemic pressures may constrain their ability to act on these values, creating a moral dilemma for executive leaders. Barriers: 1, 3, 9, 17, 19, 24 Enablers: 10, 11, 14, 15, 17</p> | Appendix H | |
| | | Organisational systems, structures, and approaches | <p>17. The absence of a systematic process for psychosocial risk management remains a persistent barrier. Barriers: 21, 25, 29</p> | Appendix H |
| | | | <p>18. Reactive and individualised approaches to psychosocial risk act as barriers to effective psychosocial risk management Barriers: 6, 22, 26, 30, 31, 36</p> | Appendix H |
| | | Organisational capability and capacity | <p>19. Frontline leadership is perceived to be a critical enabler to effective psychosocial risk management. Enablers: 25, 27</p> | Appendix H |
| Micro- | Workers | <p>20. Workers were perceived to increase the risk of harm they themselves face, and then either fail to engage with interventions that are offered or develop coping mechanisms that may or may not be helpful. Barriers: 39, 41, 42, 44, 45, 46</p> | Appendix H | |

¹ For purposes of analytic clarity, items that might otherwise have been categorised separately as “system actors” or cross-level factors have been subsumed within the system level(s) in which they primarily function. This approach maintains conceptual coherence while reducing unnecessary complexity in the presentation of findings.

| | | | |
|----------------|------------------------------------|--|------------|
| | <i>The nature of work and risk</i> | <p>21. The nature of public sector work introduces significant psychosocial risks, and challenges in the public sector operating environment may exacerbate these.</p> <p><i>Barriers: 7, 8, 38, 40</i></p> | 4.3.6 |
| Feedback loops | - | <p>22. Weaponisation of psychosocial safety insights by media and public deters implementation of formalised feedback mechanisms.</p> <p><i>Barriers: 4, 5, 8, 32, 34</i></p> | 4.3.7 |
| | | <p>23. Low psychological safety between executives and ministers hinders effective and transparent feedback, and public sector organisations may need to seek alternative avenues to provide feedback to ensure psychosocial safety implications are recognised.</p> <p><i>Barriers: 2, 3, 24, 27</i> <i>Enablers: 1, 5, 19, 23</i></p> | 4.3.7 |
| | | <p>24. Ministerial prioritisation of public sector health and safety often occurs only after critical incidents, but public sentiment can be a strong driver for change.</p> <p><i>Barriers: 6, 16</i> <i>Enablers: 2</i></p> | 4.3.7 |
| | | <p>25. Mature governance cultures that welcome ‘bad news’ were seen to enhance psychosocial risk assurance, yet formal reporting limitations and filtered feedback still constrained full visibility of risk.</p> <p><i>Barriers: 21, 25, 26, 29</i> <i>Enablers: 16, 19</i></p> | Appendix H |
| | | <p>26. Involvement by workers and their representatives in providing feedback was seen to be helpful, but can be hindered by perceived stigma, lack of psychological safety, or where workers and leaders have normalised risk exposure.</p> <p><i>Barriers: 39, 42, 43</i> <i>Enablers: 23, 26</i></p> | Appendix H |

4.3.1 Perceptions and narratives regarding the public sector

Insight 2: The potential for misuse of negative psychosocial risk insights by external actors drives organisational risk translation, reducing some leaders’ willingness to engage in psychosocial risk management but acting as a catalyst for others.

Accurate identification and evaluation of psychosocial hazards are fundamental components of effective psychosocial risk management. These processes enable organisations to understand the nature and extent of psychosocial risks and to design appropriate control measures (Leka et al., 2010; Nebbs et al., 2025). Under the HSWA, organisations are required to ensure that such information is gathered and used to inform actions to eliminate or minimise risks to workers’ health, while Officers hold due diligence duties to give oversight to this system. However, participants described a persistent apprehension that insights into employee wellbeing or psychosocial risk might be “weaponised” through media coverage or public scrutiny. Thus, findings from this study indicate that despite the clear statutory

obligations, executive leaders within the New Zealand public sector often experience tension between these requirements and the risks associated with reputational exposure. As Participant Nine explained,

Once you [collect psychosocial risk insights] in a big agency, it becomes a place where media can go to feed unfair stories. And so that's probably a barrier to the public service context, is the sort of weaponizing of employee insights. Sometimes the incentive is not to know, not because you don't want to know, but because knowing enables others to have an unfair crack at you.

This fear of “knowing” reveals an organisational paradox – while the ethical and legal imperatives of psychosocial risk management promote transparency and continuous improvement, reputational considerations may foster avoidance behaviours that undermine those same goals.

For public sector leaders, these concerns were fundamentally shaped by the requirements of the *Official Information Act 1982* (OIA). The OIA provides the legal basis through which media and members of the public can request information from government agencies, ensuring a high degree of transparency and accountability that is central to democratic governance. However, the OIA process was described as a potential source of concern for executives, whereby they described how this same mechanism can also expose their organisations to reputational risk. This occurs as information about employee wellbeing, organisational culture, or psychosocial risk may be selectively used, sensationalised, or misinterpreted in public discourse.

This concern extended beyond the employee insights themselves, but also to the associated financial investment placed on employee wellbeing and psychosocial risk management. As Participant Twelve observed,

For instance, you could get an OIA that says, tell us how much you have spent on wellbeing, health and safety this year. That can come with a tone – because it's trying to be made into ‘did you realise the public service spends this much money on...’ – I think some of those bring a different lens. There's always what I call the front page of the paper test, if something you're about to do was on the front page of the paper. I think they make that a lot more difficult for the public service.

These sentiments reveal a reputational risk aversion that appears to exist alongside organisational health and safety risk management, whereby the perceived threat of external criticism or public misinterpretation is considered or weighed up alongside the risk management approach.

Deacon (2024) extends this observation and found that within organisational settings, psychosocial risks are often in fact *translated* by executive leaders into other, more institutionally familiar forms of risk, such as operational or reputational risks. This process of translation reflects how organisations make sense of psychosocial risk within existing governance logics. In particular, reputational risk is a dominant translation, whereby the potential consequences of psychosocial harm are understood less in terms of worker wellbeing and more in terms of damage to organisational credibility, trust, or public image. In this framing, psychosocial risk becomes something to be managed *for* the organisation rather than *within* it.

Participants in the present study demonstrated aspects of this translation in practice, describing how they actively weighed up the risk of not knowing about psychosocial risks in their organisation versus the risk of reputational harm if those insights were to be unhelpfully used by the media:

I mean, that's probably a calculation that people would make differently in different contexts, the likelihood of psychosocial risk actually translating into something harmful for someone in the workplace versus the downside that comes from public exposure on whatever information you collect. (Participant Nine)

However, participants also described ways of navigating this constraint, seemingly seeking to balance their obligations to identify and manage psychosocial risk with the perceived need to mitigate potential reputational exposure associated with doing so. Rather than abandoning efforts to understand psychosocial risk, they sought less formal and lower-profile mechanisms to capture workforce sentiment. As Participant Nine explained, *“I think it's partly about trying to find smart ways to get insights from your workforce without building a treasure trove of negative insights about culture”*. These adaptive practices, such as smaller “pulse checks” or targeted qualitative feedback mechanisms, reflect an attempt to uphold risk management obligations, whilst ensuring reputational protection.

These findings underscore a central dilemma for public sector executives: the need to meet legal and ethical duties to identify and manage psychosocial risk while operating in an

environment characterised by heightened media and public scrutiny that may pose a reputational risk to the organisation. The perceived weaponisation of negative psychosocial risk insights can create a form of defensive governance, wherein the avoidance of reputational damage becomes prioritised over organisational learning, and psychosocial risks are translated into reputational risks.

For some leaders, however, this translation of psychosocial risk into reputational risk appeared to serve as a catalyst rather than a constraint, prompting more deliberate and proactive approaches to psychosocial risk management. Paradoxically, reputational considerations in these cases led to a conscious shift toward greater transparency and accountability, with leaders recognising that withholding information could ultimately produce more significant consequences. Participant Three reflected,

It used to be. Before [organisational survey] was a thing that was the big angst, what do you do with [results] you can't control. But obviously the value of [knowing] far outstrips the worry about how you explain a [poor result]... So I recognise those comments as being real but I think the counterfactual is much worse, i.e. if you don't know that's no defence. The [media] stories will be much worse as a result of you not knowing when the really bad thing does happen, ultimately.

This perspective illustrates that the translation of psychosocial risk into reputational risk can yield divergent outcomes, either constraining or enabling effective psychosocial risk management, depending on whether reputational concerns are managed defensively or leveraged to drive greater transparency and organisational learning.

4.3.2 Political context, government priorities, and resourcing

Insight 4: Ministerial values and priorities influence psychosocial risk management at the organisational level, acting as either a barrier or an enabler.

Participants identified the values, priorities, and leadership styles of ministers as critical factors influencing the extent to which psychosocial risk management was enabled or constrained within public sector organisations. Where ministerial attitudes and values were conducive to the prioritisation of health and safety, public sector executives found it easier to advance a psychosocial safety agenda, integrating psychosocial considerations into policy and operational decisions. Conversely, where ministers' values or priorities were deemed not to align with or see value in ensuring work was psychologically healthy and safe for public

servants, participants described facing barriers to progressing a psychological health and safety agenda. Several participants offered examples of how ministerial attitudes could directly act as either a barrier or an enabler to psychosocial risk management. Participant Nine described,

And that was the physical risk side, the risks of being [seriously injured or killed]. It wasn't that this might also be quite hard psychologically, or cause people to be fearful about going out to do their jobs. [They] just didn't want a bar of it... we had a Minister whose attitudes just allowed no space for the conversation.

The same participant then reflected on how the stance and alignment of priorities of another minister might have elicited a different response: *"If I had been having that conversation with [a different minister], [they] would have responded really well and listened and been concerned about people. So ministerial posture matters a lot."*

Where ministerial values were seen to be aligned with worker health and safety more generally, psychosocial risk management was perceived to be more actively supported. Participant Three commented,

I think ministerial priority, in terms of safety as a thing for frontline workers - although I think the predominant focus for the minister is on physical safety rather than psychosocial - but that is still a really helpful frame within which then to create the focus of the things that cause greatest harm.

Participant Four described a similarly positive sentiment regarding the alignment of ministerial priorities to their organisation's health and safety agenda: *"Then when you get a government as we've got now, the stated top priority of our minister is staff safety. Therefore, this is actually a good cycle."*

Collectively, these accounts highlight that ministerial orientation toward public sector health and safety functions as a salient macro-level determinant of organisational engagement with psychosocial risk management. Where ministerial priorities align with organisational efforts to create safe and healthy work, psychosocial risk management tends to be legitimised and adequately resourced; conversely, in the absence of such alignment, progress in this domain is often constrained.

These dynamics reflect broader patterns described in the literature, which suggest that leadership attitudes and priorities at the highest levels of government can significantly shape

the psychosocial climate and risk management practices within organisations (Janetzke & Ertel, 2017; Haar, McGhee, & Grant, 2022).

Some participants offered reflections on why these differences in ministerial engagement might arise, linking them to the broader pressures and incentives inherent in political office. Ministers were widely perceived to operate within an environment characterised by constant scrutiny and short-term political cycles, leaving limited appetite for discussions about barriers or systemic constraints. As participant Nine explained, *“There’s always an incentive on ministers to deliver and be seen to be delivering, and they’re not usually that interested in hearing about the barriers to delivery”*.

Participant Eight similarly observed, *“No matter how good any service is, the public will always want [more] - rightly - the goalpost just moves, and political narrative drives that. Three-year election cycles drive that.”*

These experiences echo findings in the literature that political priorities and external pressures can shape organisational risk management, sometimes leading to a focus on short-term deliverables at the expense of long-term health and safety objectives (Bracci et al., 2024; Barling & Cloutier, 2017). Despite the constraints these dynamics created, many participants expressed empathy for the position ministers occupy, acknowledging that the intensity of public scrutiny and political accountability contributes to a demanding and often precarious working environment for ministers.

Ultimately, the influence of ministers on psychosocial risk management is shaped by a complex interplay of personal values, political priorities, and systemic pressures. When ministers demonstrate openness to health and safety concerns and assign strategic priority to this organisational imperative, they may facilitate substantive progress in psychosocial risk management. Conversely, where ministerial attention is narrowly focused on short-term or performance-driven outcomes or is shaped by imperatives for rapid and visible results, this can inadvertently constrain organisational capacity to address the experiential and psychological dimensions of workplace harm. Taken together, these reflections illustrate how broader macro-level factors can significantly influence psychosocial risk management within public sector organisations, particularly where it competes with organisational productivity or when such issues are perceived by macro-level actors to pose risks to the government’s reputation, legitimacy, or political security.

4.3.3 Legislation, regulation, and enforcement

Insight 5: Regulatory pressure and risk of prosecution are powerful but currently underutilised drivers for psychosocial risk management in New Zealand

Participants identified that while the potential for regulatory enforcement under the HSWA serves as a powerful motivator for some executive leaders, its influence on psychosocial risk management remains limited and inconsistently applied. Several participants explicitly described deterrence-based motivators as salient for both them and other senior leaders they worked with. Their comments suggest that the possibility of regulatory action or prosecution can heighten leaders' attention to risk and that judicial expectations can themselves reinforce a preventative mindset.

However, participants consistently emphasised that such drivers are not operating as effectively as they could within the psychosocial domain. While HSWA establishes duties to manage all forms of work-related harm, regulatory engagement and enforcement were widely perceived as weak or "invisible" (Participant Two) in practice. This perceived lack of regulatory presence appeared to erode the law's normative authority and signalling function, reducing its ability to shape organisational priorities or drive substantive psychosocial risk management.

One explanation offered by participants for this limited influence was New Zealand's lack of specific psychosocial risk regulations, in contrast to more prescriptive frameworks overseas, such as Australia. Participants explained that the regulatory presence in Australia, supported by clear enforcement action, was perceived as both visible and authoritative, creating a stronger expectation of organisational accountability and compliance within the psychosocial domain. These findings echo research showing that laws and enforcement mechanisms can act as powerful levers for organisational behaviour change when the risk of non-compliance is credible and visible (Bluff, 2016; Makin & Winder, 2021). Yet, as Mears and Stafford (2024) observe, deterrence against non-compliance is only effective when the perceived likelihood of enforcement is high – something participants in this study clearly regarded as absent. This is reflected in the literature on regulation whereby low inspection frequency and weak sanctions are recognised as undermining regulatory influence (Gunningham, 2010; Ståhl, Lundqvist & Reineholm, 2025).

These findings illustrate that the regulatory system's latent potential as a driver for psychosocial risk management remains largely unrealised in New Zealand. Deacon (2024) argues that, while the HSWA theoretically provides a comprehensive framework encompassing psychosocial as well as physical risks, the lack of explicit regulatory interpretation, practical guidance, and visible enforcement activity has limited its normative and motivational influence. In the absence of consistent regulatory signalling, psychosocial risk management has largely become self-regulated, dependent on the discretion and priorities of individual organisations and their leaders rather than on a coherent national standard.

Accordingly, the findings of the current study highlight a critical regulatory and interpretive gap that the HSWA's preventive intent is ultimately undermined by the absence of operational clarity and regulatory engagement capable of reinforcing its application to psychosocial risk. Realising the Act's full potential will therefore require not only stronger visibility and enforcement but also authoritative guidance that translates general duties into explicit psychosocial risk-management expectations. Such measures would help ensure that psychosocial risk management is afforded equivalent regulatory legitimacy and organisational priority as physical safety within New Zealand's regulatory landscape.

Insight 6: Lack of personal liability for Ministers undermines incentives for psychosocial risk management in the public sector ultimately creating a barrier for organisations to effectively manage psychosocial risks

A core element of the HSWA is the assignment of personal legal duties to 'Officers' – individuals who have significant influence over organisational resources and priorities, such as chief executives and board members (s. 18). Under section 44, Officers must exercise due diligence to ensure the PCBU has appropriate resources and processes to eliminate or minimise risks to health and safety, including psychosocial hazards. Breach of these duties can result in individual liability under the offence provisions of the Act, notably sections 47–49, which include the possibility of fines and imprisonment. Research consistently shows that personal accountability and liability, such as this, is a powerful driver for prioritising workplace safety and risk management (Bluff, 2016; Paulson, 2014).

However, section 18c explicitly states that a Minister of the Crown, when acting in that capacity, is not deemed to be an Officer and therefore does not carry these duties or potential liabilities. For some participants, this legal distinction was felt to be a significant barrier to

effective psychosocial risk management in the public sector. As Participant Nine explained, “...there's a bit of a disconnect in public service between those who set the expectations and the funding, being ministers, and those who carry the obligations for things like health and safety”.

Participant Seven similarly noted this lack of accountability and liability,

...irrespective of the government's direction to us, it is still our responsibility under HSWA to manage risk and take all reasonably practicable steps to manage risk to our people. That is what we are doing. We've alerted government to the risk that we carry, but we carry that risk, they don't.

Participants felt that this lack of legal accountability means there is no direct incentive for ministers to actively consider the psychosocial risks their expectations may create for workers, despite the significant influence they have over public sector direction, priorities, and resourcing. This issue was recognised by participants as a distinctive feature of the public sector risk management context. Participant One elaborated on the implications of this distinction,

...in the private sector, your board has the same obligations [to ensure appropriate health and safety]. But in the public sector, the minister is free from any obligations to manage psychosocial stress so the minister has no obligation to look after the staff so they can just keep asking you to do more and more and threaten you'll lose your job if you don't. And they don't have that legal obligation. So, the legal obligation falls on a chief executive of the ministry or the crown agency.

The literature on workplace accountability reinforces this concern, demonstrating that when those with the greatest influence over organisational direction are not personally accountable for health and safety, governance attention to safety and wellbeing tends to diminish (Bluff, 2016; Brees, Sikora, & Ferris, 2020). In the public sector, this structural asymmetry between ministerial influence and legal accountability creates a systemic vulnerability whereby the actors who shape strategic expectations and resource constraints are not subject to the same statutory duties as those responsible for operational delivery, thereby weakening the overall system of psychosocial risk governance.

While expanding section 18 to include ministers as officers could theoretically address this gap, it may also deter individuals from seeking political office due to the risk of personal

legal consequences - a potential ‘cooling effect’ that would need careful consideration (Paulson, 2014).

This particular dilemma was identified by Participant One who reflected,

[Making ministers have duties under the Health and Safety at Work] Act may help. And it was brought up at the time when the legislation came in, but they decided it would have a chilling effect on democracy so that if they decided that liability would mean people wouldn't put their hand up to be MPs or ministers. So that's a policy question that someone would need to answer – is it better to have more politicians, because they're not scared of liability, or is it better to have less politicians who consider the well-being of the public service?

Overall, the lack of personal liability for ministers under the Act is widely perceived as a barrier to effective psychosocial risk management in the public sector, leaving executive leaders to solely carry the responsibility for risks that may be driven by ministerial expectations. This structural gap highlights a critical asymmetry within the New Zealand public sector’s system of accountability whereby those who exert the greatest influence over organisational priorities, funding, and pace of delivery are not legally responsible for the downstream effects of those decisions on worker health and safety. As a result, public sector leaders are forced to reconcile potentially conflicting obligations to meet ministerial directives and to uphold their legal duties to ensure the health and safety of their workers. In practice, this dynamic can erode the clarity of responsibility for psychosocial risk management, create tension between political and operational imperatives, and constrain the ability of senior leaders to implement sustainable approaches to psychosocial risk management.

Ultimately, the absence of statutory accountability at the ministerial level may represent a weakness in the broader governance system for public sector psychosocial health and safety. Unless accompanied by stronger political ownership of the psychosocial impacts of government policy and direction, the current framework risks perpetuating a cycle in which responsibility for managing psychosocial risk rests primarily with chief executives – individuals who, while holding substantial operational authority and accountability, remain constrained by ministerial expectations and the political imperatives that ultimately shape their decisions.

4.3.4 Fiscal environment and resourcing

Insight 7: The resource constraints placed on public sector organisations coupled with the ambiguous boundaries of what constitutes ‘acceptable’ management of psychosocial risk may encourage ‘drift into failure’ for psychosocial risk management.

All organisations, including those in the public sector, operate within resource constraints. The literature highlights that such constraints are not unique to New Zealand but are characteristic of public sector organisations globally (Curristine, Lonti, & Joumard, 2007). In this study, the presence of efficiency, cost-cutting, and productivity pressures were readily and consistently felt by the participants. As Participant Eight reflected, *“I mean, it’s a bad joke, but we joke that, you know, the mantra at the moment is, do more with less, faster...”*

Rasmussen (1997) theorised that pressures for efficiency, cost-cutting, and productivity can lead to incremental trade-offs in which safety margins are eroded not by a single decision but by a series of small, rationalised steps. Dekker’s (2011) concept of *drift into failure* expands on this, arguing that failures in organisational risk management emerge gradually as local adaptations to resource constraints, competing priorities, and ambiguous signals about risk tolerance accumulate and interact, rather than due to overt negligence or wilful disregard for the risk needing to be managed.

The quotes from executive leaders illustrate how these pressures contribute to the potential for this drift to occur. Participant One described,

Even before the change in government, there was downwards pressure on budgets. So I had to make [redacted number] people redundant even before the latest round of cuts.” Participant Four noted, *“We’ve had to jettison lots of work and just do the most important thing, with lots of teams of one person now, as opposed to some of the bigger aspirations we had 18 months ago.*

These incremental reductions in capacity and expertise are rarely perceived as immediate threats to the management of key risks, but over time they undermine the organisation’s ability to identify, assess, and control these risks. The organisational pressures contributing to sub-optimal risk management were recognised by participants as having psychosocial safety implications. Participant One emphatically stated, *“Doing more with less... is an amplifying factor for psychosocial risk”*, a sentiment that was similarly echoed by Participant Eight: *“I also have to reduce the team size because I also have to meet government targets about having less people. That adds stress. They are a stressed team.”*

Participant Eight expanded,

[Productivity and safety & wellbeing] always go head-to-head. I mean, at the moment, you have a certain pressure around meeting your targets, meeting your this, that and everything else. So you do everything you possibly can to reach them, but at the same time you do everything possible, every smart way you can think of to do it without actually making people work longer, so they just compete.

An important mechanism that facilitates this drift is ‘normalisation of deviance’, the process by which individuals and organisations gradually come to accept practices that deviate from established standards or best practices, often because these deviations do not immediately result in negative consequences, leading to a shift in what is considered acceptable risk (Vaughan, 1996). When resource constraints become routine, deviations from best or optimal practice are rationalised as necessary adaptations, and the threshold for what is considered ‘acceptable’ risk shifts incrementally. Participant Eight illustrated this when saying,

We could say, ‘everyone move to four-day weeks, and everyone get a Friday off’. But then...we’re not going to manage demand. We’re not going to deliver on public or ministerial expectations. We might have a less-stressed workforce, from one perspective, but we’re going to have a more stressed workforce from the perspective of feeling like they’re under-delivering.

Dekker (2011) emphasises that drift into failure is facilitated by uncertainty about where the boundaries of safe operation lie, an issue that was recognised by participants in this study. Participants reflected this in their repeated observations about the constraints on identifying psychosocial risks, and the difficulty of uncovering psychosocial harm, noting that it is often less visible, more subjective, and harder to measure or evidence than physical harm.

Despite the reality of these trade-offs, executives often employed rhetoric to rationalise their decisions, stating that psychosocial risk management was not being traded-off or compromised, even as constraints forced difficult choices that led to compromises.

Participant One displayed such rhetoric when highlighting that compromises in optimal psychosocial safety were made in the face of other competing demands before immediately claiming that no trade-offs were made:

I can't say [psychosocial risk management] was a higher priority because without financial liquidity and performance, the organisation would cease to exist... But it

certainly wasn't traded off. We certainly didn't do less [of it] than finance or operational delivery.”

For some, rhetoric regarding good intent was used to rationalise gaps and mask ongoing risk: “*Are we perfect [with managing psychosocial risks]? No, but you can see that our intent is genuine,*” (Participant Twelve). This phenomenon is reflected in the literature on symbolic compliance, where organisations adopt or focus on efforts that provide psychological comfort to leaders, even if substantive risk management is lacking (Deacon, 2024).

When trade-offs are obscured or rationalised, organisations risk underestimating the impact of psychosocial hazards and failing to invest in effective prevention and support. As the literature suggests, genuine progress requires not only technical solutions but also critical reflection, transparent prioritisation, and a willingness to confront uncomfortable realities (Schad et al., 2016; Smith & Lewis, 2011).

Insight 8: Macro-level fiscal and political risks were observed to migrate down the system hierarchy, transforming into psychosocial risks for workers, revealing asymmetries of power and accountability across the public sector system.

A key finding emerging from this research is the manner in which risk is transformed and displaced as it travels through the public sector system. In sociotechnical systems, risk rarely disappears – it shifts form and location as different actors respond to competing goals and constraints (Leveson, 2004; Rasmussen, 1997). Within this study, participants’ accounts reveal how pressures originating at the macro level, such as fiscal restraint, political expectations, and ministerial demands, are translated at the meso- and micro levels into new forms of risk that are ultimately borne by workers. In this process, financial and political risks at the top of the system can be transformed into psychosocial risks at the bottom, as the pressure to absorb or mitigate one type of risk is displaced onto others with less authority, autonomy, or protection.

Several executives articulated this dynamic directly. Participant One described, “*It’s a moral dilemma... if it’s your job to push back on ministers and say no, [then] it costs you your livelihood... but if you don’t, then you’re morally accountable for causing stress, which is a psychosocial harm.*” This quote vividly captures how macro-level pressures, such as ministerial expectations to maintain service delivery within constrained budgets, creates moral and organisational tensions at the executive level. When these tensions cannot be resolved upwards, they are often passed downwards through targets, workloads, or

performance expectations, where they manifest as psychosocial strain for middle managers and frontline staff.

Participant One continued, *“If I pushed my staff too hard to meet ministerial demands and one of them committed suicide, I’d be devastated.”* This reflection demonstrates the acute awareness some leaders have of this risk transformation process. While executive leaders may possess an awareness of the potential for psychosocial harm, entrenched systemic constraints often limit their capacity to redistribute or resist these pressures. In some instances, these dynamics appear to result in a transference or internalisation of risk at the individual executive level, a phenomenon explored further in Insight 16.

These phenomena can be understood through the lens of risk displacement (Vong & Levinson, 2020), wherein efforts to control one form of risk inadvertently generate another elsewhere in the system. For example, the drive to meet government efficiency targets may successfully mitigate reputational or financial risk at the macro level but increase psychosocial risk at the operational level by intensifying workload, eroding recovery time, or undermining perceived fairness. These findings illustrate a systemic translation of risk, in which each level of the public sector hierarchy reframes and reallocates pressures according to its own sphere of control. At the top, ministers seek to manage political, fiscal, and reputational risk; chief executives convert these into strategic or performance risks; senior leaders translate them into operational deliverables; and staff experience the residual outcomes as workload pressure, emotional exhaustion, and psychosocial harm. This downward migration of risk exposes the asymmetry of power and responsibility within the system – those with the least control over strategic priorities often bear the greatest exposure to psychosocial consequences.

In Rasmussen’s (1997) terms, this also represents a drift toward the boundaries of acceptable performance, where adaptation to external demands incrementally shifts risk downward in the system. This dynamic underscores the limitations of approaches that focus solely on the micro level of individual resilience or behaviour. The findings suggest that psychosocial risks are not merely local phenomena but are instead systemically produced outcomes of cross-level interactions, shaped by how risk is perceived, prioritised, and displaced throughout the system hierarchy. Addressing these risks therefore requires not only local interventions but structural mechanisms to prevent upward-originating risks from being externalised downwards onto workers – something that is recognised by the allocation of duties to an

organisation's Officers; however, in the public service context, something that is notably absent for government and ministers.

4.3.5 Executive leader knowledge, capability, and emotions

Sociotechnical systems theory recognises that actors operate at all system levels, influencing outcomes through their interactions and decisions. However, the scope of that influence is shaped by their relative power, resources, and decision-making proximity; therefore, given their disproportionate influence, this research focuses specifically on executive leaders as system actors. From a sociotechnical systems perspective, executive leaders occupy a pivotal meso-level position, bridging macro-level regulatory and societal norms and expectations with micro-level worker realities. Their personal values, beliefs, and interpretive frames act as translation mechanisms through which external pressures and internal experiences are converted into organisational priorities, policies, and resource decisions. This section explores how executives perceive their role and responsibilities in relation to psychosocial risk management, their understanding of psychosocial risk, the factors that drive their (and by extension, their organisation's) prioritisation of psychosocial risk management in relation to other organisational priorities, and the personal challenges they face in executing this within a complex and resource constrained environment.

Insight 10: Perceived complexity and uncertainty around psychosocial risk management largely stems from limited literacy among executive leaders, not necessarily from the nature of the risk or its management.

Physical risk management is always easier because you can put a guard on a machine or you can put a barrier in place to keep people physically safe. But because people are complex and because you can't put anything physical in place to manage psychosocial risk, it's really daunting...

- Participant One

Psychosocial risk management was widely perceived by participants as a complex and difficult domain, especially in comparison to more tangible health and safety risks such as physical or chemical hazards. Participants consistently described their management of psychosocial risks as less mature than other areas of risk, stating that psychosocial risks were more challenging to address.

A key driver of this perceived complexity was stated to be the less tangible, subjective, and individual nature of psychosocial harm. Unlike physical injuries, which are typically visible, objective, and measurable, participants spoke of psychosocial harm is often hidden, variable, and perceived as difficult to detect. Participant Eight explained, *“It’s much harder to see, measure, and even know if it’s there, because it requires that degree of disclosure... determining that either harm has [been] caused – which is more subjective and harder to have visibility of than physical harm”*.

Furthermore, participants emphasised that the individual and subjective nature of psychosocial harm meant that the management of risk was too difficult, as Participant Eleven explained, *“This is hard because it’s about human behaviour and the reactions of individuals, and you can’t necessarily cover everybody’s perception or reality of what that looks like for them”*.

However, this emphasis on the perceived complexity of identifying psychosocial *harm* reflects a fundamental misunderstanding of their duties under the HSWA. The Act requires organisations (as PCBUs) to identify, assess, and manage *risk* (i.e., the potential for work to cause harm), rather than to determine or uncover whether harm has occurred, the degree to which a worker’s personal life may have contributed, or to assess the legitimacy of individual experiences. This distinction is critical, as it places the onus on agencies to maintain systems that detect and manage risk arising from work, so far as is reasonably practicable, not to determine or decipher individual instances of harm.

Many participants did not appear to appreciate this distinction, and placed significant focus on emphasising the challenges in identifying or evidencing harm, but appeared to show little comprehension of the mechanisms by which psychosocial *risk* may be systematically assessed through objective indicators and factors such as work and organisational design, workload, job descriptions, role clarity, resource adequacy, and the frequency or scale of organisational change. These factors, alongside other organisational data sources and insights from workers, can systematically identify psychosocial risks requiring management.

Deacon (2024) similarly observed that many Officers in New Zealand positioned psychosocial risk as unknowable, unquantifiable, and outside the realm of what compliance systems could confidently address. This “problematism” of psychosocial risk, she argues, reflects the way in which psychosocial hazards have been constructed within organisational and regulatory discourse as inherently complex and subjective – something beyond the reach

of conventional risk management approaches. As a result, psychosocial risk was often acknowledged rhetorically but not actively controlled, with organisational responses tending toward symbolic gestures rather than systematic management. Deacon contends that this perception of psychosocial risk as “unknowable” is not an inherent truth but a socially constructed outcome of limited literacy, regulatory ambiguity, and a self-regulatory environment that leaves interpretation to individual organisations. She further argues that this framing produces two interrelated effects, the obfuscation of causality, whereby responsibility for psychosocial harm becomes blurred between organisational and individual factors, and the individualisation of risk, which reframes work-related hazards as matters of personal resilience, coping, or wellbeing.

Consistent with this view, several participants in fact acknowledged that the difficulty in managing psychosocial risk did not necessarily stem solely from the perceived complexity of the issue itself, but from limited literacy and technical understanding in this area, both within themselves and across other levels of the organisation. Participant One noted,

So I think across the board it's literacy. So from the board [to] senior management all the way through to frontline workers there's low literacy [whereby] people don't have the language and the understanding. And so trying to then put in place policies and practices of risk management when you're talking to an audience and it's being led by people who don't really understand it makes it almost impossible.

This sentiment illustrates that the perceived complexity of psychosocial risk often stems from a lack of shared understanding and capability across individuals working within the organisation, rather than from the intrinsic nature of the risk itself. The absence of psychosocial risk literacy at multiple organisational levels limits the ability to recognise, interpret, and act on psychosocial hazards in a systematic way, reinforcing a cycle of ineffective psychosocial risk management.

In summary, executive leaders' perceptions of psychosocial risk as complex and uncertain appear to reflect a broader capability gap rather than an inherent feature of the risk itself. This mischaracterisation obscures the organisational and systemic factors that give rise to psychosocial hazards, reinforcing procedural and individualised responses rather than genuine risk control.

Insight 12: Executive leaders' personal attributes may enable psychosocial risk management, but systemic constraints likely inadvertently erode its prioritisation, despite a belief that psychosocial safety is never traded off.

The personal care, responsibility, and interest shown by executive leaders were described as powerful drivers for the prioritisation and effectiveness of psychosocial risk management. Participants consistently described a deep sense of responsibility for the wellbeing of their staff, recognising the potential for organisational work to cause psychosocial harm. As Participant Ten shared,

...we have another team who deals with [psychologically hazardous material], and that is extraordinarily difficult and worrying for me, because that work is so hard and many people just can't do it, to be honest...I worry about staff every day. You know, my nightmare is someone gets horribly harmed or worse at work.

Participant Eleven similarly reflected,

...I feel huge responsibility... and we've got to think about the experience of our people, our kaimahi in the organisation. So, I really take that to heart... when you hear people feel like they're being harmed at work, it sends me into a tailspin. I don't want people to come to work and get hurt..."

Participants described how this sense of care and responsibility translated into explicit prioritisation of psychosocial risk management, describing psychosocial risks as “*the number one priority of the health and safety committee,*” (Participant Six) and “*very front of mind for us*” (Participant Five). Even in environments of fiscal constraint, psychosocial risk management was felt not to be something that would be deprioritised:

I feel very confident that [psychosocial safety] is prioritised. It's why, in an environment, where there is no spare money, and in fact, most services are being cut...psychosocial harm... is 100 per cent not in that [list of areas matters being deprioritised] ...I'm confident it's prioritised. (Participant Four)

This sense of responsibility and interest appeared to flow into executive prioritisation, with participants highlighting the perceived importance of psychosocial risk management being personally sponsored and championed by senior leaders: “*...we have it as one of our critical risks that therefore means that it has an exec sponsor like all of our critical risks,*” (Participant Eight). This aligns with research showing that executive sponsorship and a

culture of care are critical for embedding psychological health and safety into organisational priorities and practices (Potter, Fattori, & Dollard, 2016).

Related to this, leaders articulated a broader philosophy of care and corporate social responsibility. As Participant Twelve explained,

I think quite frankly, we genuinely have a view about the right thing to do is to keep your people and your customers and the people who work for you safe, and those that come in and perform services for you safe... You should be creating a safe environment for your people to work in.

The ethical dimension of leadership is echoed in the literature, which finds that leadership values and organisational culture are central to the success of psychosocial risk management (Boyle & Charlton, 2024; Shalev, 2017), and that leaders often view psychosocial risk management through an ethical lens.

Despite this strong personal and moral commitment to staff wellbeing, participants' accounts revealed a more complex and sometimes contradictory reality. While leaders asserted that psychosocial safety was "never traded off," many subsequently described scenarios where fiscal austerity, ministerial expectations, or performance pressures compelled precisely those trade-offs. Cost containment, staffing freezes, and heightened productivity demands often required decisions that indirectly increased psychosocial risk exposure, even when framed as operational necessities. As Participant Six reflected, *"They do go head-to-head. They always go head-to-head... you do everything possible to reach [targets], but at the same time you do everything possible... to do it without actually making people work longer... but they just compete."*

Participant One was more explicit about the tension between ideals and realities: *"I can't say it was a higher priority because without financial liquidity and performance, the organisation would cease to exist... any chief executive who tells you it was their top priority, I don't think is being honest."* Yet, even in the same interviews, these leaders emphasised that psychosocial safety "was not traded off," highlighting an unresolved dissonance between rhetorical commitment and operational constraint.

This pattern of dissonance suggests that leaders may construct a protective narrative that allows them to sustain a moral identity as caring and responsible, while simultaneously managing competing operational pressures. The insistence that psychological health and

safety is never compromised appears to function as a form of rhetorical maintenance, preserving a sense of ethical integrity even when contextual realities make complete adherence impossible. Within this study, participants' accounts suggest that trade-offs were rarely recognised as such in the moment, instead, they were rationalised as unavoidable or temporary, framed within narratives of pragmatism and survival.

These findings illustrate that psychosocial safety is situated within a system of competing goals and finite resources, where macro-level fiscal and political constraints shape the decisions made at an operational level. Regardless of their personal values or intent, executive leaders must operate within a context that demands continual reconciliation between care and performance, compassion, and compliance. The dissonance between leaders' stated beliefs and their actions does not necessarily reflect hypocrisy, but rather the systemic reality of constrained agency in public sector governance. In this sense, psychosocial risk management is not consciously deprioritised – it is likely *eroded* through a series of small, rational, and often invisible compromises, consistent with the notion of drift into failure (Dekker, 2011). Recognising these implicit trade-offs is essential for understanding how organisational systems transform well-intentioned leadership into outcomes that may, paradoxically, perpetuate the very psychosocial risks leaders seek to prevent. This dynamic is explored further within Insight 13.

Insight 13: *Executive leaders face pressures to do 'more with less', exacerbating underlying paradoxical tensions. However, executives fail to perceive these as paradoxes and continue to think of them as binary prioritisation choices.*

A central insight emerging from this research is that executive leaders in the New Zealand public sector operate within a landscape of persistent, paradoxical tensions. These tensions are interrelated yet conflicting factors that exist simultaneously, persist over time, and have no definitive solutions, arising when two seemingly contradictory goals or demands must both be pursued simultaneously, and efforts to fulfil one intensity rather than resolve the need to address the other (Schneider, Bullinger, & Brandl, 2021).

In this study, paradoxical tensions were evident in the competing imperatives faced by executive leaders. The need and desire to optimise staff safety, including psychosocial risk management, often requires increased investment in areas not directly tied to immediate organisational outputs, such as additional staffing, enhanced support systems, or reduced work intensity. At the same time, leaders are expected to optimise productivity, efficiency,

and the delivery of ministerial priorities, which frequently demand a "more with less" approach that constrains spending on such "non-core" areas and sustains high work demands. As Participant Eight put it, *"I mean, it's a bad joke, but we joke that, you know, the mantra at the moment is, do more with less, faster."*

Paradoxical tensions can't be 'solved' by avoiding them or by making simplistic or binary 'trade offs' between the goals, and instead require acknowledging, accepting, and navigating the tensions as being perpetual in nature, with dynamic trade-offs being made between the two as context changes (Cichosz et al., 2025). For some in this study, the need to acknowledge the tensions between these two legitimate goals of optimal psychosocial safety versus optimal productivity and efficiency was apparent. For example, when asked whether there was the potential for tension to exist between managing psychosocial risks and achieving the necessary levels of productivity expected of their organisation, Participant Nine said, *"That's a constant tension... All of the things for which chief executives are responsible are sort of assumed to be done with existing resourcing which then comes in tension with ministers' priorities."*

For many, their approach to addressing these tensions was to view it as an act of 'balancing'. *"I think the only way we can describe it is it's a constant balancing piece that you actually have to do,"* (Participant Twelve) and *"Ministers employ you to balance your health and safety obligations with your deliverables, with your financial obligations, with your HR obligations. So that's your job,"* (Participant One).

Yet this view of 'balancing' may be overly simplistic, indicating an underlying belief that 'balance' is both desirable in all situations and objectively possible to achieve. A view of 'balancing' tensions would suggest that these leaders view the tensions as 'dilemmas', in which a preferred option can simply be chosen and the relative pros and cons of that prioritisation choice accepted. In contrast, paradoxical tensions cannot be resolved by 'balancing' or simply choosing to live with one side of the tension but not the other. The competing goals in paradoxes are ultimately increased as the focus shifts to the other goal; for example, choosing to prioritise optimal productivity and efficiency over optimal psychosocial safety simply increases the need for greater focus on psychosocial safety, as worker productivity and performance become negatively impacted by psychosocial risks associated with excessive work demands. Paradoxical tensions instead require leaders to actively and consciously navigate ongoing cycles of dynamic compromise and adaptation based on an

understanding of the times in which one of the two competing demands may need to be prioritised over the other and vice versa (Lewis, 2000; Schad et al., 2016). In this cohort, these ongoing dynamic and contextual trade-offs and sacrifices were inconsistently acknowledged, with rhetoric and selective reasoning often used to rationalise decisions and obscure the impact on psychosocial risk management.

Beyond the obvious possibility that this cohort may lack familiarity with the concept of paradoxical tensions, another contributing factor to their inability to recognise the need for more dynamic compromise and adaptation may stem from the absence of an effective psychosocial risk framework. Such a framework would otherwise provide leaders and organisations with greater objectivity in determining which situations warrant safely trading off optimal psychosocial risk management for organisational productivity and efficiency, and which situations necessitate prioritising psychosocial risk management, even at the expense of productivity and efficiency – a process referred to as ‘sacrificial judgements’ (Provan, Rae, & Dekker, 2019).

In practice, public sector executive leaders may also benefit from defining the level of psychosocial harm they are prepared to tolerate in pursuit of their operational goals. While aspirations of “zero harm” appear a worthy endeavour, effective risk management requires organisations to reduce harm *so far as is reasonably practicable*, and to be explicit about what “tolerable” means in their context. Van Schie (2025) suggests this involves consideration of what is reasonably practicable for the organisation, given its size, resources, and ability to control risk, the criticality of the services provided, and stakeholders expectations. Van Schie suggests that by creating a psychosocial risk appetite statement, identifying unacceptable harms and escalation triggers, and reporting leading indicators such as workload and role clarity, organisations can begin to define and manage their tolerable risk. Such an approach may provide greater clarity and consistency in how executive leaders navigate these tensions, by defining acceptable boundaries of psychosocial risk within their organisational and operational realities. In doing so, it enables a more transparent, evidence-informed basis for decision-making, acknowledging that while trade-offs may be unavoidable, they can be managed consciously and proportionately rather than implicitly or reactively.

Insight 14: *Symbolic compliance fosters unwarranted confidence among executive leaders in relation to their psychosocial risk management efforts creating opportunity costs that hinder meaningful progress*

Across participant interviews, a recurring pattern emerged in which organisational displays of activity, such as the existence of policies, teams, or wellbeing initiatives, were frequently interpreted by senior leaders as evidence that psychosocial risks were being effectively managed. This sense of assurance, however, was often based on the presence of visible structures rather than demonstrable reductions in risk exposure or harm.

Several executives described how having a dedicated health and safety leader or team contributed to this sense of assurance, for example, Participant Ten stated:

We have [staff member], who's our head of health and safety, who's very, very much about the psychosocial and has been probably, for a long time. And I think that has been, again, good for us, because she has pushed us further than we might otherwise have gone... So again, having someone at that level who thinks about it and who is raising it regularly, I think, really matters. And she has a team who also care a lot about it and spend a lot of time on it.

Similarly, when another participant was asked what specifically gave them comfort that psychosocial risk management was improving, they stated, “*We have a health, safety and wellbeing team,*” (Participant Five). In these cases, comfort appeared to derive from the mere existence of a team or role, rather than from any explicit assurance that psychosocial risks were being systematically identified, controlled, or monitored.

Such patterns reflect what Deacon (2024) describes as *symbolic compliance*: the tendency for organisations to construct an appearance of diligence and control that satisfies accountability expectations, without necessarily engaging with the substantive intent of the regulation. Deacon notes that Officers frequently interpreted compliance with the HSWA as a procedural or symbolic exercise focused on demonstrating that systems, policies, and wellbeing programmes exist, rather than verifying whether these substantively eliminate or minimise psychosocial risk. This ‘tick-box’ orientation was observed as offering psychological comfort to leaders, reinforcing the illusion that legal and moral obligations are being met while the underlying risks remain unmitigated.

Ultimately, this can act as a barrier by reducing the sense of impetus needed in executive leaders to ensure continued focus on psychosocial risk management as a genuine, system-level activity. This also likely generates an opportunity cost, as organisational resources (i.e., time, attention, and investment) are diverted toward maintaining the performance of compliance rather than addressing the underlying causes of psychosocial harm or developing sustainable system improvements.

Concerningly, many participants went on to reveal the fragility and inadequacy of the very structures they had pointed to as evidence of effective psychosocial risk management. While initially expressing confidence that the presence of a health and safety or wellbeing team provided assurance that psychosocial risks were being managed, they later acknowledged significant limitations in those teams' capacity or expertise. Participant Eleven noted, "*We also have a health and safety – I'm going to say team, but it's one person with a manager, so it's not really a team.*" Participant Five reflected, "*It would be great to have a couple more people and a team who could spread themselves a bit more across all areas of the business, I suppose.*" This dissonance underscores the fragility of the assurance that symbolic structures can provide, whereby the comfort derived from visible structures can persist even when those structures are functionally inadequate. As such, the existence of a team or intervention may offer psychological reassurance to leaders, while simultaneously masking critical gaps in capability, resourcing, and genuine risk mitigation (Deacon, 2024; Leka & Cox, 2008; Potter et al., 2019).

Deacon's (2024) research adds further depth to this insight, demonstrating that when psychosocial risks are reframed as reputational or operational concerns, rather than as safety risks arising from work design, they are effectively displaced from the regulatory sphere. This reframing not only distorts the intent of the HSWA but also entrenches symbolic compliance, as leaders come to believe their obligations are met through image management and governance rituals rather than through substantive control of psychosocial hazards – a pattern that is reinforced by the psychological comfort it provides to leaders.

This pattern also reflects the process of institutional isomorphism (Deacon, 2024), whereby organisations under social, political, and professional pressure adopt similar structures and language to demonstrate legitimacy and alignment with prevailing norms. In the psychosocial risk domain, this manifests through the widespread adoption of "wellbeing" strategies, roles, and committees that mirror those of other agencies or corporate exemplars. While these

structures serve a legitimising function, signalling that the organisation is progressive and attentive to worker wellbeing, they are often ceremonial rather than substantive, rarely penetrating the real systems that govern work design, workload, and organisational priorities. Over time, such homogeneity across organisations can further entrench symbolic compliance, creating an environment in which *looking compliant* becomes synonymous with *being compliant*.

To move beyond symbolic compliance, executive leaders must critically interrogate whether their confidence is grounded in genuine, evidence-based management of psychosocial risks, or merely in the appearance of action. Achieving this shift may require not only clearer regulatory expectations, but also a cultural willingness to confront uncomfortable truths about the adequacy of existing systems.

Insight 15: *Executive leaders embrace psychosocial risk management as part of their leadership responsibility, however their variable understanding of their duties under HSWA may limit the effectiveness of their efforts.*

When asked how they viewed their unique role and responsibilities in relation to psychosocial risk management, participants offered a range of perspectives, including seeing their role as ensuring organisational resilience, exercising systems leadership, translating priorities across levels, role-modelling expected behaviours, ensuring adequate resourcing, and maintaining accountability. Collectively, these responses suggest that executives conceive of their contribution to psychosocial risk management as operating simultaneously through symbolic, structural, and relational channels.

Participant Eleven explained, *“I bring that voice of kaimahi to the table and say, they’re feeling it... But equally, we have a role to translate, remind, that there is a lot of really good practice in the organisation,”*, whilst others described their role in terms of modelling values and culture: *“I saw my role as role modelling... setting the tone for what is acceptable... making sure my own behaviour reflected our culture and values,”* (Participant One).

Importantly, executive leaders in the public sector have two distinct roles under the HSWA: the first to be executive management of the PCBU, and the second to be ‘Officers’ of the PCBU. These two roles require different activities in order to be fulfilled, with the executive management role focused on ensuring appropriate systems are developed and embedded to eliminate or minimise psychosocial risks, so far as is reasonably practicable, and the Officer role focused on taking reasonable steps to verify that those systems are effectively entrenched

across the organisation and being operated effectively (i.e., assurance). Interestingly, no participant made explicit reference to the distinction between these two roles, and whilst some gave reference to one of them, there appeared to be a clear lack of awareness and appreciation of the need for both to be afforded equal time, effort, and focus.

Interestingly, participants demonstrated variable understanding of their formal duties as Officers. Participant Eight explicitly referred to their organisation's current efforts to clarify who within their organisation met the definition of an Officer, describing, "*We've also been reviewing and just getting legal advice around who – making sure we are all clear on who the officers of the PCBU are.*" Some appeared to have a good understanding of the role of an Officer to seek assurance that systems have been implemented and that they are being effectively applied, stating "*It's about understanding the environment that our people are exposed to... have we got these things in place? Are they working well?*" (Participant Twelve).

However, it was clear that this level of understanding was not the norm and most only understood the role of Officer and the nature of good psychosocial safety governance in very general terms. Participant Five reflected,

So we do talk about it [psychosocial safety] a lot. So every board meeting we have, and we have a board meeting just about every week, we have a performance meeting and then we've got a strategic meeting and we have a business meeting, and we allow half an hour at the beginning of that meeting for any key updates or just observations or check-ins. And part of that half hour is a standard item, and it is health safety wellbeing.

Consistent with Deacon's (2024) findings, most participants' descriptions of 'good governance' reflected an incomplete or symbolic understanding of the topic. While most participants in this study indicated that psychosocial risk was discussed at governance level, the examples provided suggested that these conversations were rarely strategic or evaluative in nature. As Participant Five described, "*We talk about burnout... we'll say, 'We got emails from [employee] on the weekend. Why was she working the weekend? Are we burning her out?'*" Participant Seven reflected,

Certainly, what I see from my colleagues and at a governance level, there is a very high level of concern around psychosocial risk. It is a consideration and an

articulated consideration and a lot of decision making that happens at the senior level, and I think that filters down.

Such exchanges indicate awareness of psychosocial issues but not necessarily governance-level scrutiny of systems or controls.

This limited articulation of due diligence responsibilities also supports Deacon's observation that many Officers equate compliance with the *presence* of structures or discussions rather than with evidence of their *effectiveness*. As Deacon (2024a) notes, "*most officers were able to describe the actions that their PCBU took to respond to WHS law but rarely described a system or process by which they determined that the PCBU's responses met the regulatory objective.*" (p 5). In this sense, the fulfilment of participants' governance roles currently serves the appearance of meeting obligations without demonstrating that those obligations are substantively fulfilled.

Overall, the findings suggest that while executives recognise psychosocial risk management as part of their leadership responsibility, their enactment of this role varies significantly. Some frame their contribution as moral and relational – role modelling, advocacy, translation – while others focus on procedural or symbolic aspects of compliance. In this context, limited literacy about psychosocial risk and due diligence may reinforce symbolic governance behaviours, creating a perception of assurance that masks gaps in capability, resourcing, or accountability.

4.3.6 The nature of work and risk

Insight 21: *The nature of public sector work introduces significant psychosocial risks, and challenges in the public sector operating environment may exacerbate these.*

Psychosocial risk management within the public sector is fundamentally shaped by the distinctive nature of public service work. Unlike many private-sector roles, public sector work often involves statutory or monopolistic functions that cannot be outsourced, deferred, or discontinued, even when the work itself carries inherent psychological risks. As Participant Two explained,

We're limited by the fact that nobody else does this work. We are the [function] for these sectors, only we have the power and the obligation to attend, and it must be attended, so it can't not be responded to.

This structural immovability creates an environment in which psychosocial risks, particularly exposure to trauma, high emotional demands, and moral distress, are potentially unavoidable and enduring.

The public sector's obligation to deliver essential services, often under conditions of increasing fiscal restraint, compounds this challenge. Unlike private organisations, which can redesign or withdraw from hazardous work, government agencies must persist in delivering high-demand, high-stakes services regardless of the psychological toll on staff. This inability to remove the hazard at source means that prevention must instead occur through systemic design, workload control, and organisational support – approaches that are often constrained by resource scarcity and political priorities. As Participant Nine reflected, *“A chunk of the workforce is permanently impacted by that in some way or other. And how you mitigate that, when so much of it comes from... the nature of the work.”*

These risks are further intensified by the distinctive pressures of the public sector operating environment. Public servants are not only accountable to their organisations but also to the public and ministers – accountability that is frequently amplified through media commentary and political critique, creating a level of scrutiny less commonly encountered in the private sector. Participants highlighted the relentless expectation to deliver “more with less,” compounded by public demands for transparency, media critique, and the moral weight of stewarding taxpayer resources. As previously discussed, this challenge is exacerbated by the structural asymmetry within the public sector, where ministers are not legally obliged to consider or manage psychosocial risk in the public sector, despite setting fiscal and operational parameters that directly influence it. Participant One noted, *“...in the public sector, the minister is free from any obligations to manage psychosocial stress so the minister has no obligation to look after the staff so they can just keep asking you to do more and more.”* Such dynamics reflect the systemic asymmetry of accountability where political imperatives and public expectations amplify pressure, but responsibility for managing the psychosocial risk and its consequences sits primarily with the executive leaders of the public sector organisation.

The combination of unavoidable exposure, limited control, and heightened external scrutiny creates a psychosocial risk profile that is both complex and chronic. Public servants, such as first responders or frontline service providers, must engage with traumatic or morally distressing work while simultaneously maintaining neutrality, composure, and compassion –

conditions that research has shown to heighten the risk of burnout, compassion fatigue, and secondary trauma (Bakker, Demerouti, & Sanz-Vergel, 2020; Brough, 2004). Moreover, the public sector's 'always on' culture, driven by the perception that 'the job is never done', further erodes opportunities for recovery.

The public sector context therefore produces an enduring challenge: public sector organisations are legally bound to protect their workers' psychological health under HSWA, yet it is required to do so in a context where risk is often inherent in the work and cannot easily be eliminated, whilst simultaneously constrained by fiscal limitations, political priorities and ideologies, and public accountability and scrutiny. These structural realities emphasise the difficulty of navigating and managing psychosocial risk management in the public sector.

4.3.7 Feedback loops

Rasmussen (1997) and Leveson (2004) both emphasise that the effectiveness of a risk management system depends critically on the quality of feedback across and within its hierarchical levels. Effective feedback allows decision-makers to understand how control measures are performing in practice and to adapt system behaviour accordingly. Conversely, anything that constrains or distorts the flow of such information fundamentally weakens the capacity for safe system functioning. The findings of the current study indicate that challenges associated with feedback loops were present across all levels of the system, albeit alongside some emergent practices that point to opportunities for strengthening these mechanisms.

Participants consistently described impediments to the upward flow of operational information to decision-makers, as well as gaps in how strategic decision-making and the associated implications for psychosocial safety are communicated back to frontline contexts. Such disruptions could arguably compromise the system's capacity to identify and address psychosocial risks in a timely, coordinated, and adaptive manner. Nevertheless, there were isolated examples of promising feedback practices, including the application of good practice governance for psychosocial safety whereby transparency of unfavourable data is embraced, the implementation of regular psychosocial 'pulse checks', and active worker engagement.

In this section, I present the key insights into the functioning of feedback loops across the hierarchical layers of the public service, delineating both the recurrent points of breakdown and the areas of promise that may serve as a foundation for more robust system learning and

responsiveness. Consistent with the defined scope of this thesis, further feedback loop items have been included in Appendix H, section 8.

Insight 22: Weaponisation of psychosocial safety insights by media and public deters implementation of formalised feedback mechanisms

A key insight from participants concerned the difficulty of establishing effective, formalised mechanisms for gathering employee insights into psychosocial risk. While surveys and similar tools were widely recognised as potential vehicles for surfacing issues, participants described a range of barriers that undermined or deterred their usage. These included employee misuse of survey mechanisms, organisational repurposing of data for performance management, and the potential weaponisation of the insights by external actors, such as the media. Together, these dynamics deterred leaders from implementing or sustaining formalised feedback loops, despite recognition of their potential value. Participant Nine described how the introduction and subsequent decline of employee engagement surveys reflected wider frustrations with the tool's misuse and unintended consequences:

Finding healthy ways for those things to be tested and expressed can be a bit challenging. You know, you probably followed this sort of rise and decline of the use of workplace surveys as a method for this stuff. And I mean, this was really vexed in [agency], and I think it's pretty vexed everywhere, to be honest, but yeah, some very perverse things play out around that the workplace survey.

Concerns included strategic manipulation by employees seeking to achieve particular outcomes or providing insincerely positive responses, as well as managerial misuse of survey results as a performance management tool, thus eroding trust in the process and undermining its value for genuine risk identification.

Firstly, the people who used it to vote their boss off the island. Secondly, the people who tick five to survive. You know, if we say it's all good, people leave us alone. And then, thirdly... using as a performance management tool for [leaders], which drives, also all sorts of perverse incentives... ...Then organisational culture to the extent that psychosocial hazards might end up being used almost like an industrial tool, rather than used in good faith to have conversation about how we make the workplace safer.
(Participant Nine)

These applications contribute to what Reason (1997, 2016) describes as the misuse of feedback, where mechanisms designed to improve safety instead become tools for blame or industrial leverage. This highlights an underlying theme emphasised by Edmondson (1999) and Dollard and Bakker (2010) that information-seeking and speaking up require trust and belief that insights will be used constructively.

A further macro-level deterrent was the perceived risk of *weaponisation* of employee insights by the media, linking directly back to the earlier analysis within Insight 2 of the media as a powerful external aspect of a broader sociotechnical system that influences psychosocial risk management in the public sector. Participant Nine described how the potential for negative, sensationalised, or decontextualised reporting eroded participants' trust in implementing internal feedback mechanisms:

Once you do it in a big agency, it becomes a place where media can go to feed unfair stories. And so that's probably a barrier to the public service context, is the sort of weaponizing of employee insights. Sometimes the incentive is not to know, not because you don't want to know, but because knowing enables others to have an unfair crack at you...

...That's really perverse. You'd think the role of media was to shine a light on things to make them better, but that actually makes it worse, because once leaders don't want to know, then they don't know...

...I mean, [making a decision whether to collect psychosocial risk data is] probably a calculation that people would make differently in different contexts, the likelihood of psychosocial risk actually translating into something harmful for someone in the workplace versus the downside that comes from public exposure on whatever information you collect.

The literature on public-sector governance reinforces this, suggesting that media scrutiny creates incentives for risk aversion and reputation management, often at the expense of learning (Hood, 2011). When employee voice is framed as a reputational hazard rather than an opportunity for system improvement, leaders may prefer ignorance over transparency. This aligns with research on *reputational risk management* in the public sector (Hood, 2011; Wæraas & Byrkjeflot, 2012), where fear of external scrutiny can discourage transparency and reduce appetite for genuine diagnostic data.

Despite these constraints, participants often referenced other existing mechanisms that allow agencies to gather meaningful feedback and insights without the same risks of distortion or exposure. The Public Service Census, a mandatory, system-level data collection process led by the Public Service Commission, was seen as one mechanism that enables insight into employees' experience of work, providing insights into the effectiveness of their psychosocial risk management efforts.

Others suggested that smaller-scale, regular "pulse checks" were an effective alternative, generating timely data without the risks associated with large-scale, publicised surveys:

In the current role here, we're running more like a pulse survey, which is a monthly thing, and that creates a chance people would provide feedback, and because it's regular, doesn't feel like a big bang, doesn't get published. That feels like a healthier way to get some insight, and then we can respond to specific things. (Participant Nine)

However, some leaders reported that with experience and cultural maturity, their organisations had moved past the fear of exposure, recognising that *not knowing* creates greater long-term vulnerability: *"But obviously the value of it far outstrips the worry about how you explain a [negative result]. I think the counterfactual is much worse, i.e. if you don't know that's no defence."* (Participant Three)

This perspective illustrates a constructive response to a feedback barrier driven by the macro-level factor of media influence, recognising that while some feedback mechanisms may pose a potential risk of misuse or external appropriation, the absence of feedback likely poses a greater challenge by masking emerging psychosocial hazards and leaving organisations vulnerable. This supports the sentiments within the organisational learning literature that transparent feedback, even if less than ideal, is essential to system resilience and adaptation (Weick & Sutcliffe, 2015).

Insight 23: *Low psychological safety between executives and ministers hinders effective and transparent feedback, and public sector organisations may need to seek alternative avenues to provide feedback to ensure psychosocial safety implications are recognised.*

*“I’m positive that chief executives have said to ministers, I can’t deliver that because I haven’t got the resources. And ministers have said either **fix it or leave.**”*

– Participant One

Participants described how the relationship between CEs and ministers influences the vertical flow of information about psychosocial risks across system levels, determining whether critical insights from operational contexts reach those who can materially influence priorities and resources. The HSWA establishes clear duties on PCBUs to manage risks to worker health and safety, and arguably therefore the need to challenge ministerial decisions that pose a risk to their workers’ psychological health, or the organisation’s ability to manage psychosocial risk. However, participants noted the challenges of doing so, reflecting a number of factors that constrain transparent discussion of the psychosocial safety implications of ministerial decisions. As Participant Four reflected,

I think part of the way you navigate that is, sometimes you actually have to have quite frank conversations with ministers around service standards. You need to say, look, if we’re going to pursue this pathway, then the service standards may start to drop. You push the decisions back to ministers.

Others observed that while these conversations are necessary, they are inherently difficult. Participant Nine reflected,

It is difficult to explain to ministers that some things will either require a resourcing re-prioritisation, or will have an impact... I can’t imagine any minister appreciating being told they can’t have one of their priorities because you need to go and make a big investment in psychosocial safety, for example. You know that’s never going to land well, and it takes a courageous chief executive to go actually, ‘I have to do this. I can’t do that’.

Such reflections reveal a persistent tension between operational stewardship and political responsiveness. Several participants described navigating this by strategically framing conversations around delivery risks rather than psychosocial ones. Participant Nine commented:

Now, there are ways of doing that. You don't have to make it quite as stark as that. You can say "I've cut as much as I possibly can out of the office, any more than this, and I'm creating risks for you and for the organisation and staff" ...

...It would come from that angle, i.e., 'we need to prioritise demand in order to get you the productive or the quality output that you want'. I don't think the conversation would come from 'I need you to prioritise the work because my team are experiencing psychosocial harm'.

The sensitivity of such feedback appeared heightened in contexts where ministers were perceived as unreceptive or dismissive of safety implications. Participant Nine recounted that when a particular proposal raised significant work-related safety concerns amongst leaders within the organisation,

there was some briefing [to the Minister]... to say there are risks to [redacted] staff in this if it goes wrong. Because of the kind of character [they] are, [they] strongly disagreed with it. [They] explicitly said this is [organisation's] job to do those things and made it very clear that [they] didn't want to be briefed like that again.

The participant reflected that if this was indicative of how serious staff physical safety concerns were responded to, they were doubtful that psychosocial risks would be afforded any greater priority.

Conversely, others highlighted that the posture of individual ministers could enable more constructive and open dialogue; Participant Ten stated,

Our Minister was pretty open to hearing it [psychosocial safety implications], because ... [they are] very practical, but [they are] very much a people person, and [they] gets this sort of stuff. So [they] were very sympathetic. But ... this is what the government's saying. This is the public dialogue. So did I feed that up? Absolutely. Did the Minister care? Yes, I think [they] did.

Several participants described the precarious nature of these exchanges, noting that pushing back too firmly on ministerial priorities could threaten their job security:

When the Minister says, 'you're getting less money but we want [you] to do more,' the answer is the chief executive says 'no'. Now, in reality, that doesn't happen because if

that happens, you tend to lose your job. So, you'll have seen how many chief executives and boards have been turned over in the last 12 months. (Participant One).

This sentiment was similarly echoed by Participant Ten, “*Oh well you look at how many of my colleagues have gone. I mean, it does, it feels really precarious...*” and Participant Eight:

It is up to the chief executive to go, 'we're not going to deliver X, Y, and Z work program because the risk for psychosocial harm is too high'. And that takes courage. And the problem I'm highlighting is when people do that ... they often lose their job.

As Participant Seven bluntly concluded, “*I would never be a chief executive for exactly that reason.*”

However, not all participants shared this experience, emphasising that much depends on individual values, tenure, and perceived security.

I actually think that that's universal no matter where you are ... people are worried about what they might say to senior executives or boards. The pressure is on with the minister. I think some of it also depends on individuals and their own security ... I've never had a problem saying to a minister what I really think ... if they said to me your face no longer fits, then I'd just go, okay, thank you very much, and I'd walk away,” (Participant Twelve).

These differing perspectives illustrate varying levels of *psychological safety* at the system's uppermost levels between senior executives and the ministers to whom they are accountable.

Psychological safety, as defined by Edmondson (1999), refers to a shared belief among members of a team or organisation that it is safe to engage in interpersonal risk-taking, such as speaking up about concerns, admitting mistakes, or challenging the status quo without fear of humiliation, rejection, or retribution. It represents a foundational climate condition that enables learning, open communication, and collective problem-solving within complex systems.

This lack of psychological safety at the governance interface between ministers and public service executives limits the flow of accurate feedback about system risks, echoing Rasmussen's (1997) argument that failures in vertical communication and control create conditions for drift. In such contexts, psychosocial risk may remain invisible at the political level until it materialises as crisis or public scandal, as discussed further in Insight 24.

However, the reluctance of ministers to engage deeply with psychosocial risk feedback may not necessarily be rooted in disregard, but rather in the structural and political realities of their roles. As highlighted in Insight 4, participants recognised that the competing political and performance pressures on ministers to demonstrate delivery, alongside the inherent precariousness of ministerial office itself, may in fact drive behaviour.

These inherent challenges may necessitate the utilisation of new, or enhancement of existing, alternative feedback mechanisms at this system level. Participants reflected a number of ways this might be achieved.

When discussing the psychosocial harm experienced by public servants during the recent widespread redundancies in the public service, Participant Five commented, *“It’s something that we provide feedback to the Public Service Commissioner on... That’s really our best avenue when we’re looking at impacts of running the organisation”*. However, they then reflected uncertainty as to whether feedback provided to the Public Service Commission relating to work-related psychosocial harm is in fact acted on: *“What they then do and then what the Public Service Commissioner does, I don’t have visibility of this.”*

Participant Nine suggested that exposing ministers to work in practice was an effective mechanism for providing insight into the health and safety implications of ministerial decisions, potentially easing the difficulty of solely conveying these issues through direct discussion. *“One of the best ways to get minister visibility of the reality of what [staff] are dealing with is to get the minister out on the frontline. I think those mechanisms are really good.”* This suggestion reflects a mechanism often adopted by organisations to address what Hollnagel (2012) terms the gap between *work as imagined* - the assumptions and expectations of how work is performed by those at higher system levels - and *work as done*, the complex, adaptive reality experienced by frontline workers. Enabling ministers to directly witness operational contexts provides a tangible means of narrowing this gap, ensuring that policy directives and resource decisions are informed by an accurate understanding of real work conditions and associated psychosocial risks. Such engagement can enhance vertical system feedback, aligning political decision-making more closely with operational realities and supporting more effective psychosocial risk governance.

Finally, Participant Twelve explained their work-around to this challenge was to publicise their health and safety performance,

What we do though [is] actually publish where we were at from a health and safety perspective, to raise awareness so that they were aware of what was going on in the organisation ... because they are decision makers and whilst they don't have [obligations under HSWA] – they're almost exempt if you like, they might be in that accountability line but you still need to provide context.

These examples may demonstrate the adaptive strategies leaders employ when direct channels of feedback are constrained by political sensitivity or low trust. They also highlight a systemic weakness that without psychologically safe dialogue between ministers and chief executives, critical information about psychosocial risk may be filtered or reframed, undermining the integrity of the feedback loop at the very top of the system. As Power (1999) observed, in highly politicised environments, reporting can become a *ritual of compliance* rather than a mechanism for genuine learning. Strengthening psychological health and safety governance in the public sector may therefore require not only organisational systems for identifying and managing risk, but also relational trust and psychological safety between executives and ministers, enabling conditions under which uncomfortable truths can be surfaced without fear of reprisal.

Insight 24: Ministerial prioritisation of public sector health and safety often occurs only after critical incidents, but public sentiment can be a strong driver for change

“...unfortunately, it takes an incident” – Participant Four

A prominent theme to emerge from participants' accounts concerned the reactive nature of investment in public sector worker health and safety. Participants whose organisation had experienced major incidents or fatalities described a pattern in which attention and resources were mobilised only in the wake of serious *physical* harm incidents, often in response to heightened public and political scrutiny. In one example, Participant Nine explained how a serious harm incident served as the catalyst for major investment in frontline safety measures:

...and after the [fatal incident] of [staff member or staff members²], we had a massive investment in [identifying details removed] which both equipped staff better and made available more specialist staff to deal with [work context that led to fatal event]. That

² *Minor adjustments (e.g., singular/plural forms) have been made to selected quotations to preserve the participant and organisation's anonymity without altering their substantive meaning.

was a fantastic investment. ...It was very sad that it took [the work-related death of a staff member or staff members] to get the investment that was really needed in that [redacted] safety stuff but that is the sad reality of what drives decision making at times.*

This participant also referenced the gradual drift or erosion of safety margins, a phenomenon that often occurs when ongoing deviations from safe practice go unrecognised and uncorrected due to weak monitoring and insufficient controls to signal the approach of critical boundaries:

...what often happens is it erodes; it erodes because in the normal course things we don't care that much, [but then] something goes bang. Now we care. You know? What motivated [significant financial investment] to do [redacted] safety for staff? A [staff member or members being fatally killed at work]. That's outrageous. That should never happen, you know. But it but it's a very bumpy way of responding to things and quite cyclical.*

This account reflects a drift into failure, in which systems gradually relax safety controls until a major unexpected event forces a reactive course correction (Dekker, 2011). From a feedback-loops perspective, the failure lies in insufficient upward transmission of routine operational risk information- frontline concerns did not generate timely strategic attention until amplified by public outrage following a fatality.

A further complicating factor concerns the absence of a clearly defined threshold for what constitutes an “acceptable” level of investment in the health and safety of public servants – and how this is influenced by the perceptions and expectations of “the average New Zealander”. Beyond manifestly unacceptable and tragic events such as fatalities, expectations regarding the appropriate degree of investment appear to be diffuse and unstable, shaped in large part by the prevailing public sentiment of the day. Ministerial decision-making is in turn influenced by these perceptions, which may not align with the actual necessary amount to ensure public servant health and safety. As Participant Nine continued,

...we are basically, on average, working towards what the average person in the street thinks is reasonable. And you know, I would argue that's why we're seeing a road cone hotline. That's why we are seeing some winding back [of health and safety]. Because, you know, whenever the average person in the street - and when you know this is average, not representative - has decided that we've been going too far

with some of the stuff - it filters through the whole system. And in the end, if the public wants public servants to be safe in their work, then politicians will care about that too.

This aligns with Rasmussen's (1997) emphasis on the influence of external stakeholders and political pressures in shaping the boundaries of system performance but also reflects literature on *issue-attention cycles* (Downs, 2016) and *focusing events* (Birkland, 1997; Birkland, & DeYoung, 2012) which describe how catastrophic or highly visible events can shift political and public agendas, albeit often temporarily. The literature on reactive safety governance (Hopkins, 2007) and crisis-driven policy learning (Deverell, 2009) similarly documents this phenomenon whereby major policy or resourcing shifts commonly occur in the wake of high-profile incidents that attract media and ministerial attention, rather than through incremental, data-driven risk monitoring. This pattern represents a form of weak or lagging feedback, where signals of deteriorating conditions at the frontline fail to reach decision-makers with sufficient clarity or urgency until crystallised in a crisis.

The accounts above underscore the vulnerability of public-sector health and safety governance to episodic, crisis-driven responsiveness. In Rasmussen (1997) and Leveson's (2004; 2012) terms, this reflects a breakdown in vertical information flow where local hazards and early warning signs do not effectively inform strategic-level control until converted into a politically salient 'event'. Such feedback deficiencies hinder proactive risk management, allowing psychosocial and physical safety issues to drift toward the margins of tolerable performance. Yet, the examples of significant post-incident investment also demonstrate that once activated, political and public attention can mobilise substantial resources and policy change. Recognising this dual dynamic of vulnerability and potential leverage suggests that strengthening routine feedback mechanisms and deliberately integrating public sentiment and workforce voice into governance processes, may offer a pathway to more stable and anticipatory health-and-safety leadership.

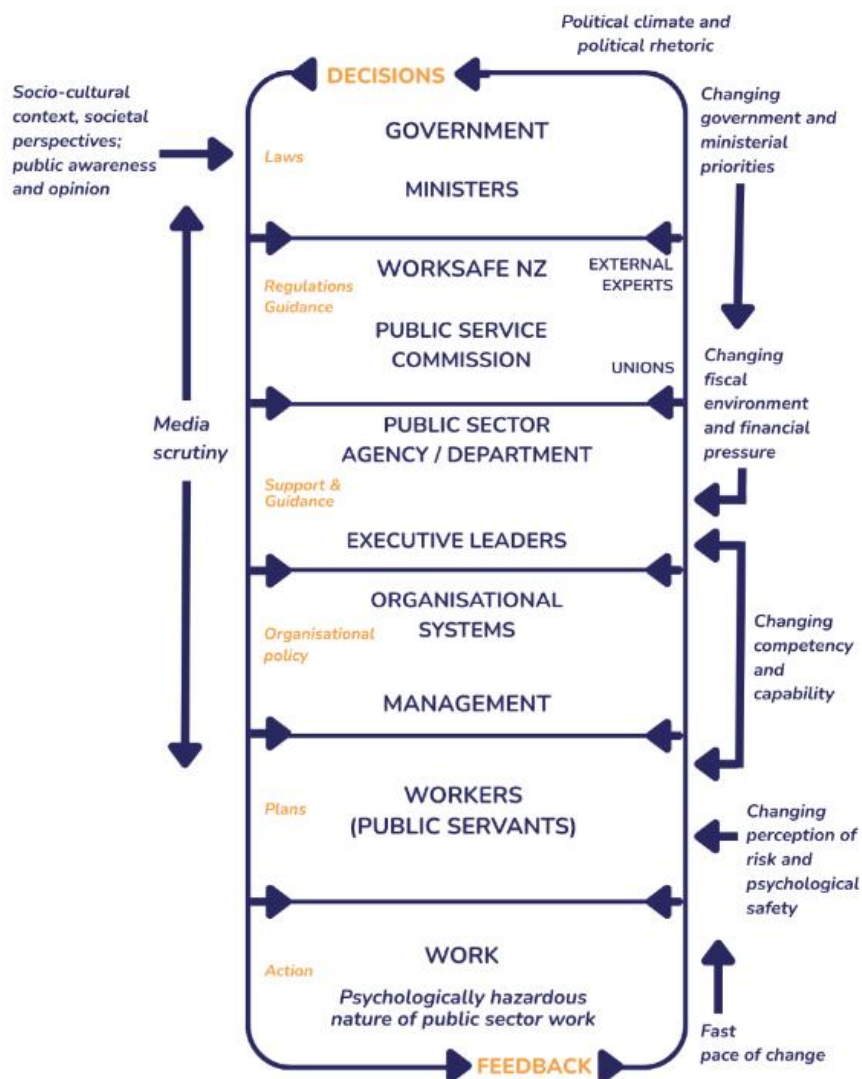
4.4 SUMMARY

The insights described within 4.1 – 4.4 illustrate a complex configuration of interacting influences that operate across multiple levels of the public sector system. While each insight highlights a discrete barrier or enabler, their significance becomes clearer when viewed collectively as an interdependent network of pressures, constraints, and feedback pathways

that ultimately shape psychosocial risk management in the New Zealand public sector. To aid in visualising these relationships, Figures 8 and 9 present adapted versions of Rasmussen's (1997) vertically layered systems model that maps the identified factors and their interactions across the macro-, meso-, and micro-levels that help to conceptualise the aforementioned insights. This provides a foundation to now return to the central aims of the study and consider how these interconnected dynamics address the research questions.

Figure 8

Dynamic Sociotechnical System of Psychosocial Risk in the New Zealand Public Sector (Adapted from Rasmussen, 1997)



As described in 3.1, this study set out to examine the perspectives of executive leaders within the New Zealand public sector regarding the barriers and enablers that influence effective psychosocial risk management, the implications of these, and the extent to which leaders'

perspectives reflect the barriers and enablers described in the existing literature. Additionally, whilst not originally articulated as a formal research question, this thesis also examines the extent to which the barriers and enablers identified align with sociotechnical systems theory. As the analysis progressed, it became increasingly evident that the patterns, dynamics, and system-level interactions described by participants closely aligned with the core features of a sociotechnical systems approach, thereby demonstrating that sociotechnical systems theory offers a compelling explanatory framework for understanding the dynamics of psychosocial risk management. This discussion therefore addresses the research questions in conjunction with this theoretical framing.

A wide range of factors, currently acting as either barriers or enablers, were identified as influencing psychosocial risk management. These operated across macro-, meso-, and micro-levels and reflected a system in which numerous conditions interact to shape psychosocial risk management, as illustrated in Figure 9.

Through discussion, participants began to articulate the ways in which more proximal challenges were themselves shaped, constrained, or amplified by broader system forces originating at the macro- level. The cumulative effect was a complex set of interrelating pressures that shaped what executive leaders could perceive, prioritise, or act upon.

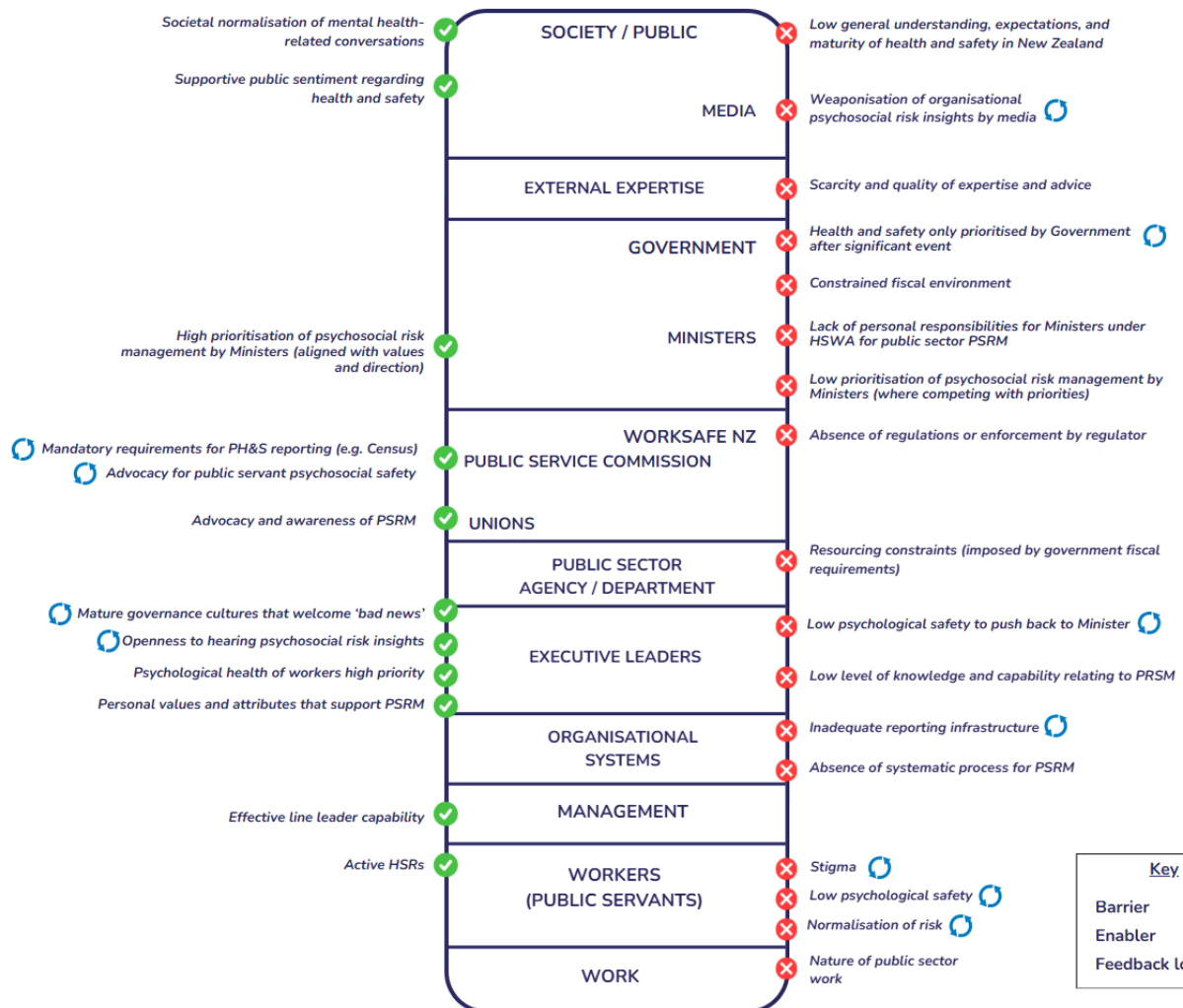
This began to illustrate the utility of a sociotechnical systems approach to conceptualising psychosocial risk management, and the relevance of system theory factors to the findings. This was particularly evident in the way the reported factors spanned multiple system levels, interacted dynamically, were strongly shaped by contextual influences, and depended critically on the functioning of feedback mechanisms.

A notable feature of the findings was that many of the reported factors were not inherently positive or negative; rather, their influence depended on the broader conditions in which they were situated. For example, ministerial posture could operate as a powerful enabler when ministers championed psychological health and safety or modelled openness to adverse information; yet the same factor could become a barrier when political incentives discouraged transparency, or when ministers themselves resisted acknowledging or responding to psychosocial risks. This contextual contingency highlights a central insight: effective psychosocial risk management is not shaped by isolated variables but often by the alignment of system conditions that determine whether a factor becomes a barrier or enabler in practice. The findings therefore reinforce that effective psychosocial risk management cannot be

understood as the product of discrete interventions but as the emergent outcome of a number of interacting influences.

Figure 9

Barriers and Enablers to Psychosocial Risk Management in the New Zealand Public Sector



As outlined in 4.2, a notable feature of the findings was the strong convergence between the barriers and enablers identified by executive leaders and those well documented in the psychosocial risk and occupational health and safety literature. Rather than identifying wholly novel determinants, participants' accounts affirmed the continued relevance and applicability of established frameworks, reinforcing that the challenges encountered in New Zealand are not anomalous but reflective of broader patterns observed across sectors and jurisdictions.

However, the findings also revealed a set of factors less prominent in the psychosocial literature but acutely shaped by the unique socio-political environment of the New Zealand

public sector. Such contextual influences underscore that while general psychosocial risk principles remain relevant, effective psychosocial risk management within the New Zealand public sector requires an understanding of, and adaptation to, the context that shapes decision-making, incentives, and organisational behaviour, and more broadly the need for psychosocial risk management frameworks that are sensitive to context and the sector-specific dynamics shaping an organisation's risk management approaches

Considered together, these findings demonstrate that psychosocial risk management within the New Zealand public sector is shaped by a network of interdependent influences operating concurrently across system levels. Although participants were not prompted to conceptualise their perspectives through a systems lens, their accounts nonetheless aligned closely and consistently with core principles of sociotechnical systems theory, including interdependencies between macro-, meso-, and micro-level conditions; the migration of pressures and expectations through the system hierarchy; and the critical role of feedback processes in shaping organisational behaviour and risk outcomes.

In summary, it is evident that psychosocial safety may be better understood as the emergent outcome of multiple, dynamically interacting system conditions operating across various system levels, demonstrating the value of a sociotechnical systems approach to psychosocial risk management.

5 CONCLUSION

5.1 OVERVIEW

This thesis set out to explore the perspectives of executive leaders in the New Zealand public sector and to answer the questions:

1. What barriers and enablers do public sector executive leaders perceive as influencing effective psychosocial risk management in their organisations?
2. What are the implications of this?
3. To what degree do the perceptions of executive leaders reflect the barriers and enablers described within the existing literature?

By applying a sociotechnical systems lens, specifically Rasmussen's risk management framework, this study sought to move beyond individual or organisational explanations and instead examine psychosocial risk management as an emergent property of complex, multi-level systems.

A key contribution of this research is the confirmation that safety science models, such as Rasmussen's risk management framework, are not only suitable but highly relevant for application to psychosocial safety. The findings demonstrate that psychosocial risks are shaped by dynamic interactions across macro- (societal and regulatory), meso- (organisational), and micro- (individual and work interface) system levels. Rather than being the product of isolated factors or interventions, psychosocial safety emerges from the interplay of structural, cultural, and contextual influences, mediated by the decisions and priorities of system actors at each level. This systems-based approach provides a more comprehensive understanding of why psychosocial risk management often falls short, despite clear legal, ethical, and financial imperatives.

Major findings from this study highlight both the complexity and the interconnectedness of influences within and between system levels:

- At the macro- level, factors such as ministerial priorities, regulatory frameworks, public scrutiny, and societal attitudes towards mental health were found to exert significant influence. The absence of prescriptive psychosocial risk regulation and limited regulatory enforcement were identified as persistent barriers, while shifts in

public discourse and ministerial alignment with safety agendas acted as important enablers.

- At the meso- (organisational) level, executive leaders' knowledge, capability, and personal commitment emerged as powerful drivers of psychosocial safety. However, these were often constrained by resource limitations, ambiguous governance structures, and a lack of systematic processes. The research revealed a tendency towards symbolic compliance, where the existence of policies or teams is mistaken for effective risk management, rather than substantive assurance that risks are being eliminated or minimised.
- At the micro- level, worker engagement, team dynamics, and the nature of public sector work itself were shown to shape psychosocial risk outcomes. Stigma, normalisation of risk, and limited psychological safety were identified as barriers to effective feedback and intervention, while pride in public service and supportive team environments acted as protective factors.

Importantly, the study found that pressures and risks originating at higher system levels, such as fiscal constraints, political expectations, and ministerial directives, are often transferred downwards, manifesting as psychosocial risks for frontline staff. Feedback loops between system levels were frequently weak or filtered, impeding timely learning and adaptation. This process of risk transfer and drift towards the boundaries of safe performance underscores the need for robust, multi-directional feedback mechanisms and distributed accountability.

The implications of these findings are significant for both theory and practice. The research demonstrates that effective psychosocial risk management cannot be achieved through isolated interventions or individual leadership intent alone. Instead, it requires a coherent system in which regulatory standards, organisational capability, leadership commitment, and worker engagement are aligned and mutually reinforcing. For the New Zealand public sector, this means strengthening regulatory focus and enforcement, clarifying ministerial accountability, building executive and organisational capability, embedding systematic and proactive approaches, and enhancing feedback loops across all system levels.

In summary, this thesis advances the argument that psychosocial safety is a systems challenge, one that demands integrated, adaptive, and context-sensitive responses. By confirming the applicability of safety science models to psychosocial risk and illuminating the complex dynamics at play within and between system levels, this research provides a

foundation for more effective, resilient, and sustainable approaches to psychosocial risk management in the public sector and beyond.

5.2 CONTRIBUTIONS

This research makes a substantive contribution to both theory and practice in psychosocial risk management by examining the issue through a contemporary safety science lens and a sociotechnical systems framing. While psychosocial risk is often conceptualised through organisational or individual lenses, this study demonstrates the necessity of examining the broader multi-level system that organisations operate within, and the dynamic interactions and influences across system levels. This builds on Rugulies' (2019) *Conceptual framework for research on psychosocial work environment and health*, and Leka and Jain's (2024) *Conceptual framework of determinants and impacts of work-related psychosocial risks*, extending these by illustrating the non-linear interactions across the various system levels. Instead, it operates as a recursive and adaptive process shaped by feedback constraints, context, and organisational sensemaking. The addition of *feedback loops* as a central analytical focus expands Rugulies' and Leka and Jain's current theories by emphasising that the effectiveness of psychosocial risk management depends on the quality of feedback across and within its hierarchical levels, enabling continual adaption. This study therefore further bridges psychosocial risk research with contemporary safety science, advancing a more integrated understanding of how complex systems manage, or fail to manage, psychosocial hazards.

By focusing on the public sector specifically, this study also provides novel empirical insight into an underexplored setting. The research highlights how psychosocial risks in government organisations are shaped by distinctive conditions such as ministerial influence, fiscal constraint, and public accountability and scrutiny, which together create pressures not typically experienced in the private sector. These findings extend current understandings of psychosocial risk by showing how broader macro-level factors such as political and bureaucratic influences can shape psychosocial risk management within government organisations.

5.3 PRACTICAL IMPLICATIONS

From a practice perspective, the findings carry several implications for strengthening psychosocial risk management both within the New Zealand public sector and more broadly.

First, there is a need for clearer regulatory focus and enforcement. The current absence of prescriptive psychosocial risk regulation and limited regulatory visibility have contributed to inconsistent prioritisation and symbolic compliance. Introducing explicit regulatory standards, and ensuring visible enforcement, could provide a stronger external driver for organisational action.

Second, the question of ministerial accountability highlighted in this research warrants policy consideration. Given the significant influence ministers exert over organisational priorities and resourcing, extending duties or formalised expectations under the Health and Safety at Work Act 2015 to include the psychosocial impacts of ministerial directives could help realign accountability across the system.

Third, the research highlights the importance of building executive and organisational capability. Leaders must be equipped not only with literacy in psychosocial hazards but also with the conceptual tools to recognise paradoxes, navigate competing priorities, and make transparent “sacrificial judgements” within a determined risk tolerance. Structured training, system-level assurance frameworks, and the development of psychosocial risk appetite statements may be key enablers in this regard.

Fourth, organisations must move toward systematic and proactive approaches. Psychosocial risk management should be embedded within critical risk frameworks, with mechanisms for early detection, consistent assessment, and assurance of control effectiveness.

Finally, strengthening feedback loops, both vertical and horizontal, is essential. This includes ensuring that operational realities are communicated to macro and meso-level decision-makers in unfiltered form, that strategic decisions are clearly translated into psychosocial safety implications for the workforce, and that learning is shared across agencies through transparent reporting and cross-sector collaboration. Without these reinforcing feedback mechanisms, system learning remains weak, and risks are likely to be repeatedly displaced rather than resolved.

5.4 LIMITATIONS

As a qualitative study, the findings presented here reflect depth rather than breadth. The research was based on a small sample of senior public sector leaders, and while it captures rich insight into executive perspectives, it does not encompass the views of other system

actors, such as frontline workers, policy officials, regulators, or ministers, whose perspectives may provide a more complete understanding of the system being examined.

The quality of insights was also constrained by the varying degrees of participant familiarity with psychosocial risk management. For some, low conceptual literacy and conflation of psychosocial risk with general wellbeing limited the depth of discussion, highlighting both a methodological and substantive issue - the very gap in understanding that this research seeks to address.

Additionally, the study was conducted during a period of fiscal constraint and political transition, which may have amplified perceptions of resource scarcity and ministerial pressure. While these conditions offered a valuable context for exploring psychosocial risk under stress, they also limit generalisability to different temporal or political conditions.

Finally, as with most interpretive research, the findings are shaped by the researcher's reflexive role in coding, interpreting, and theorising the data. The aim was not to produce generalisable conclusions, but to uncover mechanisms and patterns explaining *how* and *why* psychosocial risk management operates as it does in the public sector system.

5.5 FUTURE RESEARCH

The findings of this study highlight several avenues for future research into psychosocial risk management, both within and beyond the public sector context. Firstly, further research could extend the sociotechnical systems approach adopted here by incorporating multiple system perspectives, including those of regulators, ministers, frontline staff, and union representatives. Exploring how these different actors perceive and enact psychosocial risk management would provide a more complete understanding of how risk is generated, transferred, and managed across system levels.

Secondly, future studies could seek to operationalise the systems concepts explored in this thesis, such as feedback loops, risk transfer, and sacrificial judgements, into measurable constructs. This would allow for the development of diagnostic or monitoring tools to assess the health of psychosocial risk control systems in real time. Thirdly, there may be value in conducting cross-sectoral and comparative studies between public and private organisations to explore how differing governance structures, accountabilities, and resource environments influence psychosocial risk management maturity.

Finally, further investigation is warranted into leadership paradoxes in psychosocial safety, particularly how senior leaders conceptualise, rationalise, and navigate competing priorities between worker psychosocial safety and productivity. Longitudinal or ethnographic research designs could offer deeper insight into how these tensions evolve over time and influence decision-making – such as how leaders’ approaches to psychosocial risk management improve, deteriorate, or oscillate in response to ministerial changes or fiscal cycles; or how these tensions manifest in practice within in governance discussions or operational decision-making processes.

These future research directions would strengthen understanding of psychosocial risk management as a dynamic system phenomenon, supporting the design of more resilient, evidence-informed frameworks and approaches capable of supporting more effective psychosocial risk management in complex public sector environments.

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APPENDIX A – PARTICIPANT INFORMATION SHEET



Barriers and enablers to effective psychosocial risk management in the New Zealand Public Sector

PARTICIPANT INVITATION AND INFORMATION SHEET

Tēnā koe! My name is Millie Thompson and I am a Master's candidate at Massey University, School of Psychology. I am undertaking research to understand the barriers and enablers to psychosocial risk management in the New Zealand public service. My research focuses specifically on the perceptions of executive leaders (i.e. Chief Executives and Deputy Chief Executives) as to what makes it difficult or easy to manage psychosocial risks in their organisation.

About the research

Psychosocial risk management (sometimes known as 'mentally healthy work') refers to the management of work-related factors that may psychologically harm a worker (e.g. excessive workload). There is a legal requirement for organisations to manage psychosocial risks as they would physical health and safety risks. Many business leaders also see psychosocial risk management as a moral obligation to ensure that work is mentally healthy for their people, as well as a financial imperative to enable productivity and positive business outcomes.

However, the research shows that despite these legal, ethical, and financial rationales, many organisations (both public and private) may encounter difficulties with effectively managing psychosocial risks for a number of reasons.

This research seeks to understand the perspectives of New Zealand public sector executive leaders on the factors that may act as barriers or enablers to their organisation effectively managing psychosocial risks.

Key concepts

Psychosocial risk management is often confused or conflated with other related topics, such as workplace wellness or health promotion. Please note the focus of this interview is

specifically on your perspective of barriers and enablers to psychosocial risk management. The following key concepts may support your understanding of the focus of this research:

- ***Psychosocial risks***: an aspect of work, the work environment, or workplace relationships (i.e. a work factor) that may pose a risk to the psychological health of a worker (e.g. excessive workload, poor managerial support, poor role clarity, traumatic or distressing events, client violence and aggression).
- ***Psychosocial risk management***: a process involving the identification of psychosocial hazards, assessment of the risk, implementation of controls, and assurance of control effectiveness.
- ***Control/intervention***: a measure implemented to mitigate or eliminate workplace hazards and risks, ensuring the health and safety of workers.
- ***Health and Safety at Work Act (HSWA) 2015***: New Zealand's legal framework for work-related health and safety. It places specific duties onto PCBU's, workers, Officers, and others at the workplace.
- ***Psychosocial harm***: adverse effects on an individual's psychological health and social wellness resulting from exposure to psychosocial risks in the workplace (sometimes used interchangeably with psychological harm).

Participants

I invite participation from senior executives of New Zealand public sector organisations who have an interest or role in enabling mentally healthy work (psychosocial risk management) and hold perspectives on what makes it difficult or easy to implement within their organisation. Participants must be willing to participate in a one-hour interview, conducted in person or by video conference (e.g. Zoom, MS Teams). Participants will be offered a small token of appreciation for their time and contribution to the research.

How data will be managed

Interviews will be digitally recorded and transcribed. You will be provided with a transcript of your recording and will have 10 working days to review, edit, and return it. If I do not hear from you within this time, I will assume that you approve the transcript for inclusion in the research. Every effort will be made to exclude any identifying information about you, other individuals, or your organisation. Please refrain from disclosing highly confidential business information or any potentially illegal activities during the interview; such information will be

omitted from the transcript. All recordings and transcripts will be securely stored separately from consent forms and will be destroyed once the research is completed.

Your rights as a participant

You are under no obligation to accept the invitation to participate in this research. If you decide to participate, you have the right to:

- Withdraw from the study at any point
- Request for the interview recorder to be turned off at any time during the interview
- Decline to answer any question
- Ask any questions about the study at any time during participation
- Review and edit the transcript of your interview
- Provide information confidentially with the assurance that your name, role title, and organisation will not be identified in the research. Additionally, where possible, any other information that could identify you will not be used.
- Access a summary of the research findings once completed

Ethics

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named below are responsible for the ethical conduct of this research.

If you have any concerns about the ethical conduct of this research that you want to raise with someone other than the researcher(s), please contact Massey University Human Ethics by email: humanethics@massey.ac.nz

Contact details

Please contact Millie to express interest in participation in this research. Any questions about the research can be sent to either Millie, or the research supervisor(s):

- Millie Thompson: Millie.Thompson.2@uni.massey.ac.nz ph: [REDACTED]
- Professor David Tappin D.C.Tappin@massey.ac.nz ph: [REDACTED]
- Dr Zoe Port z.port@massey.ac.nz ph: 09 2136386

APPENDIX B – PARTICIPANT CONSENT FORM



Barriers and enablers to effective psychosocial risk management in the New Zealand Public Sector

PARTICIPANT CONSENT FORM – INDIVIDUAL

I have read and understand the information provided to me in the Participant Information Sheet. The details of the study have been explained to me and I have had the opportunity to ask any questions relating to this. Any questions I had have been answered satisfactorily and I am aware that I may ask further questions at any time throughout the interview process.

I have been given sufficient time to decide whether to participate in this study and I understand that I can withdraw from the study at any time prior to the interview taking place. I understand that I will have the opportunity to review, edit, and approve my transcript prior to it being analysed by the researcher.

1. I agree to the interview being sound recorded
2. I would like to have a copy of the transcript sent to me
3. I would like to review the transcript first prior to approving its use in the study
4. I understand that if I don't notify the researcher or send an edited version within two weeks (10 business days) of receiving my transcript, it will be automatically included in the study
5. I understand that participation in this study is confidential and that my contributions will remain anonymous and will not be attributable to myself or my organisation
6. I agree to participate in this study under the conditions set out in the Information Sheet
7. I would like to receive a summary of the findings of this study

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Declaration by Participant:

I _____ [print full name] hereby consent to take part in this study.

APPENDIX C – ETHICS APPROVAL

From: humanethics@massey.ac.nz <humanethics@massey.ac.nz>
Sent: Tuesday, March 18, 2025 2:15 PM
To: Millie Thompson <Millie.Thompson.2@uni.massey.ac.nz>; D.C.Tappin@massey.ac.nz <D.C.Tappin@massey.ac.nz>; Z.Port@massey.ac.nz <Z.Port@massey.ac.nz>
Cc: humanethics@massey.ac.nz <humanethics@massey.ac.nz>
Subject: [HE007] - Human Ethics Notification - 4000030304

You don't often get email from humanethics@massey.ac.nz. [Learn why this is important](#)

Kia ora,

Link to [Application](#)

HoU Review Group

Ethics Notification Number: 4000030304

Title: What influences effective psychosocial risk management: Perceptions and perspectives of executive leaders in the New Zealand public sector

Thank you for submitting a low risk notification for your research/teaching/evaluation.

This email is to acknowledge receipt of the low risk notification and to inform you that the details of your project have been recorded in our database for inclusion in the annual reports to the Health Research Council Ethics Committee (HRCEC) and the Massey University Research Committee (URC).

You may proceed with your research, though it is advisable to provide a couple of weeks before commencing, as all low risk notifications are checked for completeness and clarity by a Research Ethics Advisor. You may be contacted if your application is incomplete and/or further clarification is required.

The low risk notification for this project is valid for a maximum of three years.

Please notify me if situations subsequently occur which cause you to reconsider your initial ethical analysis.

If a sponsoring organisation, funding authority (e.g., the Health Research Council) or a journal require evidence of ethical approval from a Human Ethics Committee (with an approval number), you need to complete a full Massey University Human Ethics application to be reviewed and approved by one of our Human Ethics Committees. Applications must be submitted and approved prior to the commencement of the research.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

Please include the following statement on all public documents (e.g., information sheet, consent form) related to your project:

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the ethical conduct of this research that you want to raise with someone other than the researcher(s), please contact Massey University Human Ethics by email: humanethics@massey.ac.nz.

I wish you all the best in your research, teaching or evaluation activities and appreciate your thoughtful consideration of ethics principles and practices.

If you wish to print a copy of this letter:

1. Please login to the RIMS system (<https://rme.massey.ac.nz>).
2. In the Ethics menu, select Ethics Applications.
3. Using the Advanced option, select Ethics Applications (Area), Application ID (Search On), enter the ethics notification number in the Value area and select Find on the toolbar.
4. With the application in the Results Tab, tick the empty box on the far left of the application and select Reports from the toolbar.
5. Select the "Human Ethics - Low risk notification letter" link, this will open the report viewer.
6. Select the application code from the Report Parameters dropdown and submit. You can then select an export option from the top toolbar (Print, Save).

Ngā mihi nui,

Professor Tracy Riley

Acting Chair, Research Ethics Chairs' Committee

APPENDIX D - INTERVIEW QUESTIONS

| | Questions |
|----|---|
| 1. | What is your understanding of psychosocial risk management? |
| 2. | Can you tell me a bit about your organisation's approach to psychosocial risk management? How would you describe your current approach? |
| 3. | Thinking about your role in the organisation, what are your personal responsibilities in relation to psychosocial risk management? What is the role you play in your organisation's management of psychosocial risks? |
| 4. | <p><i>The next questions are to understand your/your organisation prioritisation of psychosocial risk management:</i></p> <p>How does psychosocial risk management compare as a priority to the other priorities your organisation has?</p> <ul style="list-style-type: none"> - Could you tell me why you've ranked it where you have? - Are there things outside of your organisation that influence this? - Are there things within your organisation that influence this? |
| 5. | <p><i>The next questions are to understand your perspective on what influences your organisation's ability to manage its work-related psychosocial risks:</i></p> <p>What makes it difficult for your organisation to manage its work-related psychosocial risks?</p> <ul style="list-style-type: none"> - Are there are things outside of your organisation that influence this? - Are there things within your organisation that influence this? <p>What makes it easy for your organisation to manage its work-related psychosocial risks?</p> <ul style="list-style-type: none"> - Are there are things outside of your organisation that influence this? - Are there things within your organisation that influence this? |

6.

Closed questions:

Could you rank the following factors from highest to lowest in terms of their influence on your **prioritisation** of psychosocial risk management:

1. Regulatory pressure / potential legal consequences
2. Societal/cultural/public expectations of your organisation
3. Union expectations/pressure
4. Your personal ethical/moral perspective
5. Requests/expectations of staff
6. Productivity benefits
7. Other (please specify)

Could you rank the following factors from highest to lowest in terms of their influence on your organisation's **ability** to manage psychosocial risks?

1. Funding/resourcing
2. Executive/board commitment
3. Internal capability/competence of H&S and P&C teams
4. Internal systems and infrastructure
5. Regulatory support and guidance
6. Workforce willingness/readiness
7. (Other please specify)

APPENDIX E – SYSTEM MODELS

Figure 10

System-Theoretic Accident Model and Processes (Leveson, 2004)

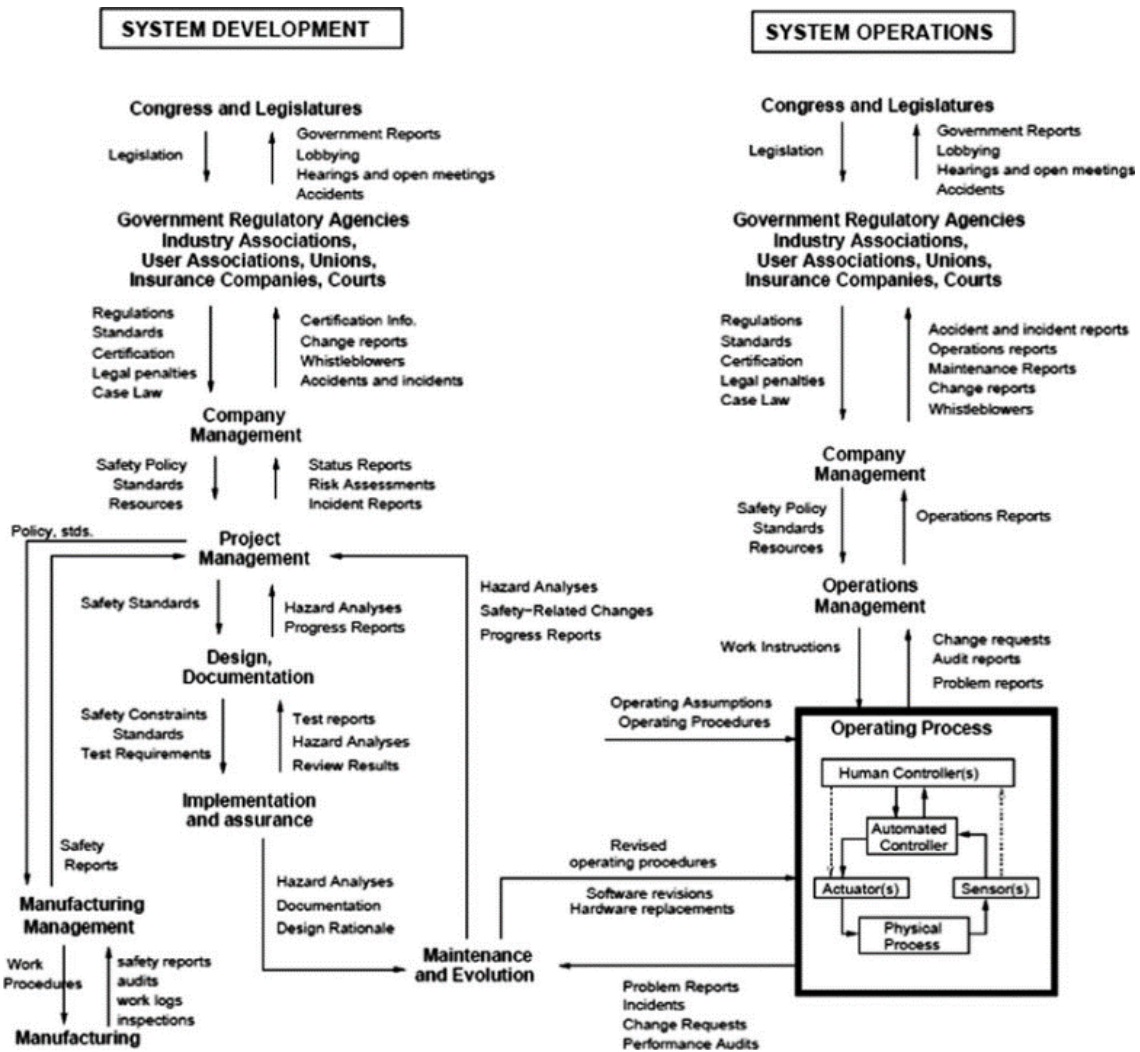


Figure 11

Sociotechnical Model (Karsh et al., 2006)

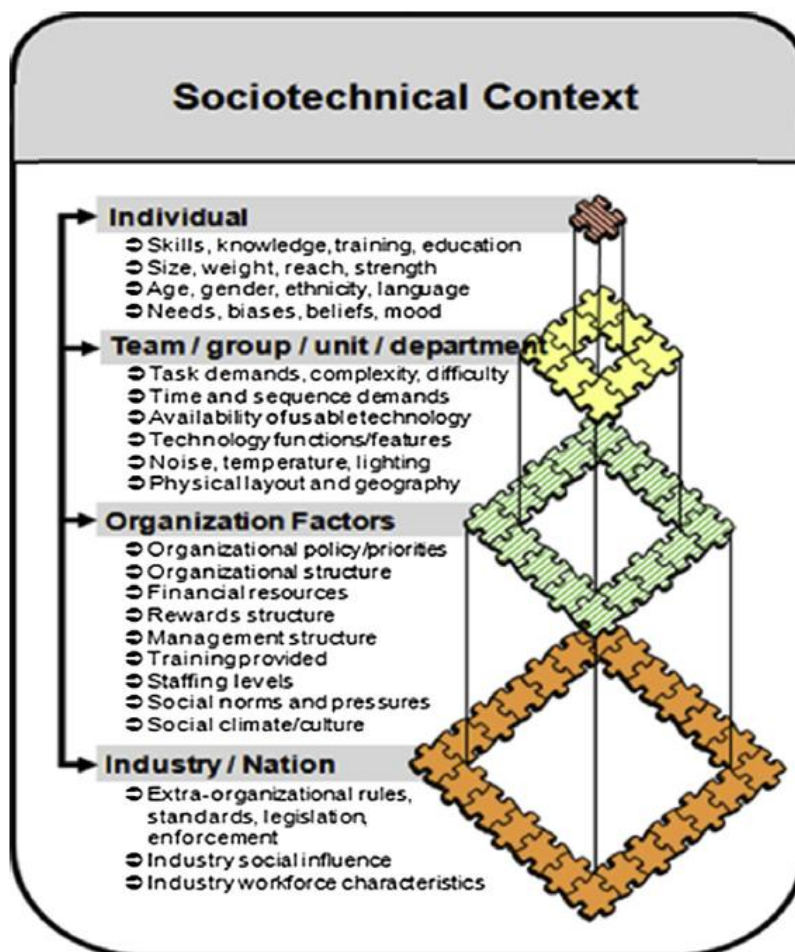
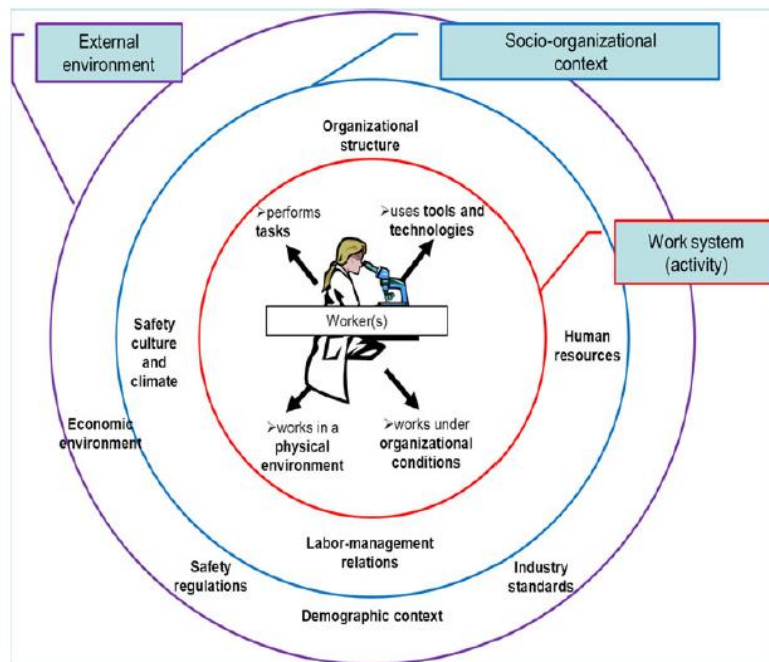


Figure 12

Model of Sociotechnical System for Workplace Safety (Carayon et al., 2015)



APPENDIX F - COMPARISON OF SYSTEM LEVEL FACTORS ACROSS SYSTEM THEORIES

Table 8

Comparison of System Level Factors Across System Theories

| | Risk Management Framework (Rasmussen, 1997) | STAMP (Leveson, 2004) | Sociotechnical model (Karsh et al., 2006) | The bioecological model of workplace health and well-being management (Bone, 2015) | Model of sociotechnical system for workplace safety (Carayon et al., 2015) | European Agency for Safety and Health at Work (2012) | A conceptual framework for research on psychosocial work environment and health (Rugulies, 2019) | Conceptual framework of determinants and impacts of work-related psychosocial risks (Leka & Jain, 2024) |
|---------------|---|--|--|--|---|---|--|---|
| Macro- | <ul style="list-style-type: none"> Government Public opinion Political climate Public awareness Laws Regulators Associations Market conditions Economy | <ul style="list-style-type: none"> Congress and legislatures Government reports Lobbying Hearings Accidents Government regulatory agencies Industry associations Unions Insurance companies Courts Case law | <ul style="list-style-type: none"> Extra-organisational rules, standards, legislation enforcement Industry social influence Industry workforce characteristics | <ul style="list-style-type: none"> Cultural Ideologies The Universal Declaration of Human Rights Economy Politics Mass Media The Dept. of Employment Fair Work Commission Work and health-related services Medicare Safe Work Australia WHO | <ul style="list-style-type: none"> Economic environment Safety regulations Demographic context Industry standards | <ul style="list-style-type: none"> EU country Sector Labour inspectorate Legal obligation Client requirement or image | <ul style="list-style-type: none"> Economic structures Social structures Political structures | <ul style="list-style-type: none"> Political context Social context Economic context Technological context Ecological context |
| Meso- | <ul style="list-style-type: none"> Management Organisational policy Competency and capability | <ul style="list-style-type: none"> Company management Safety policy Standards Resources Status reports Risk assessments Incident reports Policy standards | <ul style="list-style-type: none"> Organisational policy / priorities Organisational structure Financial resources Rewards structure Management structure Training provided Staffing levels Social norms and pressures Social climate / culture Task demands, complexity, difficulty | <i>[Not labelled with unique items, but represents the interaction between micro-level elements]</i> | <ul style="list-style-type: none"> Safety culture and climate Labor-management relations Human resources Organisational structure | <ul style="list-style-type: none"> Size of enterprise Sector Organisational context Awareness and acknowledgment OHS management Availability of training and expertise Availability of resources Management commitment Employee participation and consultation Organisational culture Sensitivity of psychosocial issues Reputation/image Productivity | <ul style="list-style-type: none"> Workplace structures Psychosocial working conditions | <ul style="list-style-type: none"> Organisational culture & function Job content Workload & work pace Work schedule Control Environment & equipment Interpersonal relationships at work Role in organisation Career development Home-work interface |

| | | | | | | | | |
|---------------|---|--|--|---|---|--|---|--|
| | | | <ul style="list-style-type: none"> • Time and sequence of demands | | | | | |
| Micro- | <ul style="list-style-type: none"> • Staff • Nature of work | <ul style="list-style-type: none"> • Work procedures • Human controller • Work instructions | <ul style="list-style-type: none"> • Skills, knowledge, training, education • Needs, biases, beliefs, mood | <ul style="list-style-type: none"> • Individual / Employee • Family • Community • Friends • Work • Colleagues | <p>Worker(s):</p> <ul style="list-style-type: none"> • Performs tasks • Uses tools and technologies • Works under organisational conditions • Works in a physical environment | <ul style="list-style-type: none"> • Employee requests • Concern for psychosocial risks • Absenteeism | <ul style="list-style-type: none"> • Experience and cognitive and emotional processes • Health - related behaviours | |

APPENDIX G – ADDITIONAL SOCIOTECHNICAL SYSTEMS CHARACTERISTICS

Complexity

A key characteristic of sociotechnical systems is that of *complexity*, which refers to the dynamic nature of the relationships and interactions between factors which ultimately obscure understanding of the cause and effect of problems that arise within the system (Ghasemi et al., 2024). The effect of these dynamic relationships and interactions is the experience of unpredictable outcomes, which are often not foreseeable in nature and can only be understood through hindsight and/or emergent patterns over time, ultimately requiring experimentation and adaptive responses to be utilised. Workplace safety risks are increasingly characterised as *complex problems* as they are recognised as arising from the interplay of multiple dynamic and unpredictable factors, including human behaviour, technology, environmental conditions, and organisational culture.

Emergence

The concept of *emergence* is a fundamental characteristic of sociotechnical systems theory that describes the idea that certain attributes or properties can only arise, or emerge, from the totality of the dynamic interactions between the various social and technical components within the system being studied but cannot be perfectly apportioned back to any one specific system component. For example, from a sociotechnical perspective, ‘safety’, if defined as the freedom from harm (Rasmussen, 1997; Leveson, 2004), cannot be perfectly apportioned back to any one individual system component, such as worker knowledge, a physical tool, or the culture of the organisation even though each undoubtedly contributes to whether an accident does or doesn’t happen. Furthermore, each of these may be functioning perfectly and ‘safe’ in themselves, and yet an accident may still occur due to the dynamic interactions between them and/or other potentially unknown system factors (Leveson, 2012). It is therefore necessary to view ‘safety’ as a property that emerges from the ‘organised complexity’ of the system *as a whole*, not any specific part or parts of the system (Flach et al., 2015). This understanding has significant implications for workplace safety research and practice, suggesting a shift away from traditional focuses on component reliability and worker behaviours (Leveson, 2012) towards a more holistic ‘system-of-systems’ approach. Such an approach considers the

integrated social and technical influences that shape overall system dynamics and emergent properties (e.g., the potential for 'safety' to emerge and be experienced).

APPENDIX H – ADDITIONAL INSIGHTS AND IMPLICATIONS

1. SOCIO-CULTURAL CONTEXT, SOCIETAL PERSPECTIVES AND DISCOURSE

Insight 1: Societal normalisation of mental health-related conversations may enable better psychosocial risk management, but broader health and safety immaturity may ultimately limit its impact

A key enabler of psychosocial risk management reported by participants in this study was the increasing level of openness of individuals and organisations towards engaging in conversations about mental health. Participants attributed this shift to broader sociocultural change, whereby increasing public discourse and awareness have contributed to the gradual normalisation of mental health topics and a corresponding reduction in stigma. Cultural stigma has historically acted as a significant barrier to open discussion about mental health (Carillo & Rotimi, 2024), and such stigma has often extended into workplace settings, where reluctance to acknowledge or discuss mental health challenges, particularly in relation to work, can limit individuals' willingness to raise issues relating to psychosocial risk. This barrier, in turn, can constrain organisational capacity to identify, assess, and manage those risks effectively (Dollard & Bakker, 2010).

Participants in this research, however, frequently expressed positive views about the influence of current societal discourse and awareness on reducing mental-health stigma in New Zealand workplaces, describing it as an increasing enabler of psychosocial risk management. Many felt that both employees and employers were more accepting of discussions about mental health, for example, Participant Four stated,

I think also societally there's been some helpful shifts. I think that has been a barrier, that this has been a bit of taboo subject, particularly in our uniformed workforce."

Participant Six similarly reflected, *"I think that's where, what I'd describe as a psychosocial risk, I'm old school, [therefore my approach to it would have previously been] get over it, have a bit of resilience, but that's not the way the world is these days.*

Participants frequently contrasted current attitudes with those that prevailed earlier in their careers, noting a marked increase in openness and acceptance of mental-health discussions in

both society and the workplace. This broader cultural evolution was perceived as beginning to extend beyond general wellbeing to encompass the more specific domain of psychosocial risk management. Participant Ten recounted,

When I came into the workforce, I've never really thought about this ... I had no expectation that my employer would care about my psychosocial [safety] at all, none at all. And I didn't expect them to. They didn't expect to. I didn't expect them to.

Several participants identified the COVID-19 pandemic as a critical accelerant for these shifts. The disruption it created was perceived to have heightened awareness of the interaction between work and wellbeing and underscored the importance of organisational responsibility for psychosocial risk management. Participant Four explained,

It doesn't feel long ago that I was having very different conversations. I think it was pre-COVID, but it wasn't long before COVID, when I still felt like I was having quite outdated conversations with quite senior people around views on flexi-work, views on what part of somebody's personal life was the employer's responsibility versus what's personal responsibility. I feel like through COVID and the last five years, that barrier seems to have given way.

These evolving attitudes may also reflect broader generational shifts in workforce expectations. Several participants implicitly linked changing views on mental health and psychosocial safety to the entry of younger generations into the public-sector workforce, noting that these employees often hold different assumptions about the role of work in their lives. This is reflected in both the academic literature and, more prominently, in recent grey literature, with emerging generations reported as more likely to expect that their work will not compromise their mental health and to view wellbeing as a legitimate organisational responsibility rather than a matter of personal resilience or coping (Twenge, 2010; Deloitte, 2025). This shift in expectations contributes to increasing pressure on organisations and leaders to ensure that work design and management practices actively support, rather than harm, employee wellbeing.

Despite this encouraging trajectory, participants also cautioned that New Zealand's broader cultural and organisational maturity in psychosocial risk management still remains limited. Participant One commented,

So I think historically it's in New Zealand it's a lack of maturity across health and safety in general [and] we're behind most other comparable countries in terms of health and safety maturity. So consequently, we're bound to be behind on mental health literacy.

This reflection suggests that while stigma around mental health may be diminishing, this shift has not yet been met with a mature, systematic approach to psychosocial risk management by organisations in which the benefits of stigma reduction can be fully realised.

Collectively, these reflections suggest that executive leaders perceive a positive societal shift toward the normalisation of mental health discourse and recognise this as an important enabler of psychosocial risk management. However, they also acknowledge a persistent lag between this sociocultural progress and the maturity of organisational practices required to operationalise it. The findings highlight a growing disconnect between sociocultural progress and organisational capability, whereby improved discourse around mental health has not yet translated into consistent, system-level capacity for managing psychosocial risks within organisations, particularly in the New Zealand public sector.

2. PERCEPTIONS AND NARRATIVES REGARDING THE PUBLIC SECTOR

Insight 3: Negative political narratives may amplify existing pressures emanating from public expectations, further undermining psychosocial risk management in the public sector

Public scrutiny and political discourse together exert a powerful influence on the psychosocial environment of New Zealand's public sector. As publicly funded institutions, public sector organisations operate under a continual yet justifiable expectation to demonstrate efficiency, value for money, and visible results for taxpayers (The Treasury, 2024). Participants, however, described how this constant scrutiny can at times be somewhat unconstructive or disproportionate, translating into unrelenting performance pressure and escalating demands for productivity, often without commensurate resources or time.

Participant Eight observed,

No matter what the public service is doing – and this is worldwide – whatever the public service is delivering, the public will always want more. You could get hospital wait lists down to four weeks; the public will want two. You're chasing a rainbow for public satisfaction.

Participant Four offered a striking reflection on the structural imbalance between public expectations and fiscal reality, noting that

...in all developed comparable nations, the tax intake only meets about one fifth of the public need and the political expectation... public sector systems are already only doing probably 20 per cent of what they know in their heart they should be doing... we live with a risk tolerance that people are not comfortable with every day, because quite rightly New Zealanders don't want to be on a 60 or 70 per cent marginal tax rate, which is what it would actually take to run a [public service] system and those things well.

This comment encapsulates the systemic tension facing public servants: striving to deliver on expansive public and political expectations within finite fiscal and operational limits. Such expectations create a perpetual sense of deficit, where success is temporary and the standard of adequacy continually shifts, heightening strain across all organisational levels.

This tension is further compounded by negative public perceptions of public servants' value and effort, a sentiment that participants reflected was more recently intensified by political rhetoric framing the public service as inefficient or "bloated." Participants described the dissonance of being tasked with ever-increasing workloads while simultaneously being publicly disparaged. As Participant Five reflected,

It's been the groundswell that's seemed to go through New Zealand and the media about 'Yeah, man, actually, you're right, the public service is just a bunch of lazy, unintelligent, bureaucratic officials'... being told by friends and family 'Oh, my God, you guys get really well paid and apparently you hardly do any work'; and then [at the same time] we're saying to [our workers], 'We've got two more deadlines for the Minister's office next week, I need you guys to work the weekend. Feeling like the rest of New Zealand [had these perspectives, it] felt like getting a bit of a bashing for not being very good at what you do, and that really had a huge impact, honestly.

Following the 2023 general election, the coalition government's commitment to public-sector downsizing further entrenched this narrative, with repeated references to "bloated bureaucracy" used to justify significant staffing reductions (Radio New Zealand, 2025). Although several participants acknowledged the fiscal rationale, many emphasised it was the politically driven rhetoric that was most damaging and demoralising. The negative

implications of this were perceived to be further amplified where the flow on impacts to the frontline were downplayed.

For many, the political framing had tangible psychological consequences. Participant Eight explained,

I think, at the moment, the current political narrative that the public service is bloated; Wellington is bloated; Wellington is full of bureaucrats and contractors, and everyone's making money off precious taxpayers' money – I don't think politicians realise how quickly and easily that [narrative] shows up in individual stress for people... For many, I've seen through the last year, a real individual, personal impact of that narrative.

This highlights the psychosocial implications that can arise at a macro level when successive governments use the public service as a political instrument to advance partisan agendas, rather than recognising it as a neutral institution designed to serve the government of the day. The challenge of navigating this environment whilst balancing responsiveness, integrity, and the management of psychosocial risks for their workforce is one that falls heavily upon chief executives.

These accounts illustrate how societal and political pressures and expectations intersect to create a public sector environment where psychosocial safety may be negatively impacted. The demand to continually “do more with less,” reinforced by disparaging political narratives that are absorbed and echoed by the wider public, may constrain public sector organisations' prioritisation psychosocial risk management. Leaders are forced to manage not only the operational impacts of a workforce reduction, but also the psychological fallout from persistent negative messaging. The result, reported by participants, is a work environment where psychosocial risks are heightened, and the capacity for meaningful risk management is diminished.

3. KNOWLEDGE SUPPORTS, GUIDANCE AND EXPERTISE

Insight 9: External guidance and the sharing of experiences between organisations can act as important enablers for psychosocial risk management, but the scarcity of expertise remains a barrier

While the need to comply with HSWA was well recognised, participants frequently expressed uncertainty about how to translate these broad legislative duties into practice and

what *effective* psychosocial risk management entails. Participants reflected that this was, in part, due to the absence of clear guidance and education on how psychosocial risk management is practically achieved. Participants suggested that the ability to access high-quality technical expertise would be a key enabler for them to know how their organisation should manage its psychosocial risks. However, they also noted the scarcity of such expertise in New Zealand is currently a significant barrier. Participant One described,

A lot of the consultancies don't provide a good service so even if you have the maturity and the literacy to want to do something about it, it's hard to get good advice... most consultancies in New Zealand don't have good skills and capability in this area.

This concern is echoed in the literature, noting that while psychosocial risk management tools and standards exist, their practical application often depends on the availability of knowledgeable and experienced practitioners to implement them (Leka et al., 2011; Potter, Fattori, & Dollard, 2016).

Despite this, some sector bodies with relevant expertise were seen as positive enablers. As the previous participant shared,

...the most helpful thing was external guidance from the Government Health and Safety Lead and the Business Leaders' Health and Safety Forum. So, as I talked about earlier, most consultancies in New Zealand don't have good skills and capability in this area. The ability to get clear guidance on what good looks like free of charge was probably the most helpful thing.

Given the challenges in accessing high-quality external advice and guidance, the sectoral nature of the public sector itself was seen to be an enabler. Sharing good practice between organisations was seen to help overcome the challenges of low internal capability and the scarcity of external expertise. As Participant Six summarised, “...*the good thing about the government is lots of people got lots of resources, I think probably within the New Zealand area, we share resources pretty well... We've got lots and lots of great forums for it.*”

Participative practices and sectoral sharing are recognised within the literature as potential mechanisms for overcoming barriers to psychosocial risk management, particularly where internal capacity is limited (Janetzke & Ertel, 2017). However, these mechanisms are not a substitute for clear regulatory or industry guidance, or technical advice and expertise, and

may inadvertently introduce risk if applied without the underpinning of an evidence base or appropriate oversight.

Deacon's (2024) research revealed that Officers in New Zealand frequently misunderstand their duties under HSWA in relation to psychosocial risk management, resulting in organisational responses often taking the form of symbolic compliance – appearing to meet the law's intent without necessarily reducing risk at its source. She explains that in the absence of clear regulatory guidance, organisations have been left to interpret and define psychosocial risk compliance on their own, resulting in a procedural rather than substantive understanding of compliance.

As participants within this study emphasised, in the absence of clear regulatory guidance, both they and their organisations often sought external expertise to help interpret their duties under HSWA, recognising their limited technical understanding of psychosocial risk management. The relative scarcity of clear guidance and high-quality external advice therefore remains a significant barrier for organisations seeking to manage psychosocial risks effectively, highlighting a systemic shortfall in the infrastructure, regulatory direction, and specialist capability required to support organisations to meet their psychosocial risk management duties.

4. EXECUTIVE LEADER KNOWLEDGE, CAPABILITY AND EMOTIONS

Insight 11: While executive leaders may fear uncovering psychosocial risks, openness to understanding psychosocial risk acts as a critical enabler for effective risk management

“So I think for a lot of businesses, including ours, it feels like opening Pandora's box. And so for most people, they'd rather keep the box shut than open it and not be able to deal with what's inside” – Participant One

It is often assumed that executive leaders may hesitate to investigate psychosocial risks within their organisations out of fear of uncovering complex, sensitive, or overwhelming issues that they may feel ill-equipped to address (Bennett, 2021). As evident within the present study, this fear can often be amplified within a public sector context by concern of how such information may be interpreted or used externally. This concern was present for a number of participants, with some who likened psychosocial risk management to “opening Pandora's box”.

However, despite acknowledgement of these concerns, the prevailing attitude among executive leaders in this study was one of openness and pragmatism. Most participants expressed that the value of clear insights relating to psychosocial risks far outweighed any discomfort about what might be uncovered, whilst others spoke of a culture of transparency and proactive engagement regarding psychosocial risk management within their leadership teams.

I think we have quite a healthy way of viewing things. Look, my experience of our leadership team is, we are genuinely interested in the wellbeing of our people...we don't see it as opening Pandora's box. Unlike some areas where I could understand there might be some hesitance to step into that field because it could all get too big and too hard, we actually have to embrace it because it's the nature of - you can't ignore it...it's nothing we're fearful of, I think literally, we walk it and embrace it.

(Participant Twelve)

This sentiment was similarly echoed by Participant Four: *“I think some of the culture we’ve worked really hard on at the exec team over quite a long time now, is all we want at that top level, the unfettered truth.”*

These reflections illustrate that while apprehension around psychosocial risk management may exist, executive leaders’ commitment to openness and transparency appear to override this fear, enabling constructive engagement rather than avoidance. The literature supports the notion that leadership attitudes become a critical determinant of whether risk insights are embraced as an opportunity for learning or resisted as a perceived threat to the organisation; when leaders foster a culture of openness, transparency, and psychological safety, employees and managers alike are more willing to surface and address psychosocial risks, leading to better outcomes for both individuals and the organisation (Janetzke & Ertel, 2017; Potter, Fattori, & Dollard, 2016). Conversely, cultures marked by fear, avoidance, or denial tend to perpetuate risk and ultimately undermine wellbeing (Hubbart, 2024).

While some leaders may initially fear the complexity or sensitivity of psychosocial risks, the majority of participants in this study recognised the value of transparency and open enquiry at the executive level, positioning it as a critical enabler for effective psychosocial risk management. This insight demonstrates clear conceptual linkages to Insight Two, situated at the macro level, and to Insight Eighteen, which examines implications for organisational feedback loops. Together, these connections exemplify the dynamic interaction between

system levels and actors, illustrating how macro-level forces shape decision-making processes and the circulation of feedback within the system.

Insight 16: Ethical and moral conviction is a key driver of psychosocial risk prioritisation, yet systemic pressures may constrain their ability to act on these values, creating a moral dilemma for executive leaders.

The most influential drivers of prioritisation reported by participants were their personal ethical or moral perspectives, the expectations and requests of staff, and regulatory or legal pressures. These three factors dominated the top rankings, suggesting that personal values, employee needs, and compliance concerns operate as the primary levers shaping executive decision-making in this domain. The prominence of ethical and moral responsibility as a self-reported driver of prioritisation decisions suggests that psychosocial risk management is, for many executives, an extension of personal conscience rather than purely institutional mandate. Participant One reflected: *“If I pushed my staff too hard to meet ministerial demands and one of them committed suicide, I’d be devastated.”* Participant Ten expressed similar affective and moral dimensions: *“I worry about staff every day. You know, my nightmare is someone gets horribly harmed or worse at work... I see huge responsibility and I feel huge responsibility... the buck really does stop with us.”*

Such comments reveal the depth of personal accountability felt by many participants. Rather than perceiving psychosocial risk management as an abstract compliance function, they articulated it as a moral obligation or *“just the right thing to do,”* (Participant Seven).

The requests and expectations of staff were also consistently ranked among the most influential factors. This influence appeared largely relational rather than procedural, reflecting executives’ sense of moral and ethical responsibility to respond to their people’s needs and experiences. The influence of regulatory and legal pressures, meanwhile, was more variable. Participant Twelve explained, *“We know we have to comply with the law, absolutely, but there’s more than that and that’s just about being a good employer. You should be creating a safe environment for your people to work in.”* This suggests that while compliance provides a structural boundary condition for decision-making, moral and cultural imperatives often serve as stronger proximate drivers.

However, this convergence of personal ethics, legal accountability, and systemic pressure gives rise to what several participants described as a *“moral dilemma”* inherent to executive leadership in the public sector. While many leaders articulated a deep sense of moral and

legal responsibility for worker psychosocial safety, they also acknowledged that this often conflicts with the political and performance expectations imposed upon them. As Participant One reflected, “*It’s a moral dilemma... if it’s your job to push back on ministers and say no, it costs you your livelihood... but if you don’t, then you’re morally accountable for causing stress, which is a psychosocial harm.*” Research on ethical leadership and accountability underscores the emotional burden of such dilemmas, noting that leaders may experience significant stress when forced to choose between organisational demands and staff wellbeing (Barling & Cloutier, 2017; Haar et al., 2022). The lack of personal liability for ministers appears to further complicate this dynamic, shifting the burden of responsibility onto executive leaders.

These findings reinforce that executive decision-making in psychosocial risk management is not strictly rational or technocratic, but interpretive and human – often being shaped by personal values and emotional resonance as much as by objective data or formal accountability. However, how this translates to organisational outcomes may be varied. As the broader insights of this research reveal, even when leaders are ethically motivated to prioritise psychosocial safety, they operate within a complex system where competing imperatives – ministerial demands, reputational risk, personal job security, and even their own understanding of effective psychosocial risk management, which may ultimately constrain the extent to which moral intent can be fully enacted.

5. ORGANISATIONAL SYSTEMS, STRUCTURES AND APPROACHES

Insight 17: The absence of a systematic process for psychosocial risk management remains a persistent barrier

Participants consistently described the absence of clear roles, responsibilities, and systematic processes as a major barrier to effective psychosocial risk management. The lack of documented standards and cross-functional collaboration, particularly between Human Resources/People & Capability business groups and Health, Safety & Wellbeing business groups, was particularly felt to lead to confusion, inefficiency, and variable accountability. As Participant Four explained,

I still feel there’s a split, and it might be just our organisation, perhaps others have got it different, but we’ve run [People & Capability and Health, Safety & Wellbeing]

as one entity when I had it all, and we've run it as two, and that just seems to perpetuate, and it doesn't get to the top of the HR agenda, is my observation...

Then it's – it was always difficult when I was in [People & Culture], because we needed to design to something. I think - I don't know, quite clumsily going around a point here, but it's an internal challenge that I see of people who really get [psychosocial safety], that can drive and get cut through on this, across both [People & Capability and Health, Safety & Wellbeing] disciplines because it is going to take both disciplines in order to make this work.”

The literature strongly supports these observations, emphasising that role clarity and cross-functional collaboration are essential for effective psychosocial risk management, yet are often missing in practice (Leka et al., 2011; Janetzke & Ertel, 2017). When work design is not a capability observed in the people function, psychosocial risk management is further compromised.

Participants also described the absence of systematic, documented processes for psychosocial risk management, resulting in ad hoc, informal, or proxy-based approaches. *“I would describe [psychosocial risk management] at a whole of organisational level as ad hoc...”* Participant Three noted. The literature is clear that systematic, documented processes are critical for identifying, assessing, and managing psychosocial risks (Leka et al., 2011; Potter, Fattori, & Dollard, 2016). Without robust measurement and monitoring, organisations struggle to identify high-risk areas and evaluate the effectiveness of controls (Janetzke & Ertel, 2017). While some organisations have begun to implement structured approaches, such as bowtie methodology, risk profiling, and control reviews, these efforts are not yet widespread or uniformly applied.

Even where structured approaches exist, participants acknowledged that this did not yet meet an appropriate level of maturity,

I wouldn't say it's as structured or systematized as we'd like it to be. I wouldn't say we're as systematized for this particular risk as we are for the more physical risks associated with those jobs. So not say we aren't doing work there, but I don't think it would be as well developed... (Participant Two).

Participant Five similarly reflected,

There are certain parts of the organisation that have got very formal structured approaches [for example for] objectionable material, [and for] the [redacted work context]. And then there's the more informal stuff, which we largely get through our corporate services areas.

The absence of a systematic approach to psychosocial risk management is a significant barrier to effective practice, limiting the ability to focus efforts on the highest risk areas and to ensure consistent application of best evidence-based controls. This lack of systematisation not only constrains effective psychosocial risk management but also constitutes a breach of the intent of the Health and Safety at Work Act 2015 (HSWA). Under sections 30 and 36, PCBUs are required to have demonstrable systems for identifying psychosocial hazards, assessing associated risks, implementing controls, and verifying the effectiveness of those controls. Without such systems in place, organisations are unable to evidence that they are discharging these statutory duties or meeting the due diligence requirements placed on Officers under section 44. Consequently, the absence of systematic processes for psychosocial risk management represents not merely a capability gap, but a potential compliance failure under the Act.

Insight 18: Reactive and individualised approaches to psychosocial risk act as barriers to effective psychosocial risk management

A recurring theme among participants was the tendency for psychosocial risk interventions to be directed toward reactive support, monitoring of harm, and treatment, rather than primary, preventative interventions that address the hazard itself. Rather than being a purposeful strategy, this approach was often implicit in participants' descriptions of their organisational practices. In some cases, participants appeared to believe their approach was sufficient and reflective of good psychosocial risk management practices, even as it was clear that interventions were not targeting the underlying sources of risk.

Participants described a range of interventions that were fundamentally reactive in nature, seeking to support the worker following exposure to an uncontrolled psychosocial risk: *“We do a lot of psychosocial support, and then, depending on also other areas of the business that will have greater exposure, there will be greater assessments and support put into some of those areas.”* (Participant Eight)

Whilst Participant Four commented,

We've always had a range of controls. We've always been better at the bottom of the cliff than at the top of the cliff. A range of quite significant investments in things like EAP and welfare co-ordination, work co-ordinator workforce and post incident type initiatives, to try and minimise the impact once an incident occurs.

These comments reveal a strong organisational focus on monitoring for harm, and providing reactive support after harm has occurred, rather than on primary prevention.

Other participants described a concerning organisational strategy of recruiting individuals perceived to be more resilient or better able to withstand exposure to uncontrolled psychosocial risks, rather than addressing the underlying work conditions generating those risks. Participant Five commented:

We've always assessed somebody's personality and their frame of mind and maybe tried to get insight into their resilience. But we need to up that now, because we know that the work out there, the whole risk profile has come up a level probably. So, what I've asked the recruitment team to do is actually reassess how they currently gauge someone's resilience or temperament or, anxiety level or fearfulness.

Another participant echoed this:

...we try to get people who can do the role we need them to do... The role is not going to change but if you get someone who's...a bit resilient, and this sounds terrible but it's not a job for people who have families at home.” (Participant Six)

This approach again reflects what Deacon (2024) identifies as a “translation of risk”, where responsibility for managing psychosocial hazards is displaced from the organisation to the individual worker, thereby creating the *individualisation* and *psychologisation* of risk.

In this sense, psychosocial risk becomes a property of the person rather than of the system. Deacon observes that this displacement of responsibility is often unintentional, emerging from dominant managerial and cultural logics. However, its implications are profound; by casting workers as both the source and solution to psychosocial harm, organisations obscure the structural and relational nature of risk, normalise exposure to harmful working conditions, and reduce organisational accountability for prevention. This reframing further undermines the intent of HSWA, which requires organisations to identify and control risks arising from work, not from individual characteristics or vulnerabilities.

Furthermore, participants often spoke of their efforts being directed only towards selective cohorts based on more obvious risks, such as potentially traumatic exposures in frontline workers, whilst often neglecting less obvious, but still important, psychosocial risks such as workload in back-office workers.

For example, Participant Nine described,

We used supervision as a mechanism for some of the staff who were in the most exposed roles, but the truth of it is, any of our staff could be exposed to some quite tricky things, and many of them were.

This participant also identified a further limitation of this reactive approach whereby interventions were often provided only while workers remained in high-risk roles, with support ceasing once they transitioned elsewhere, even though the psychological impact of that earlier exposure may persist: *“And you might get supervision while you're sitting in a role which [dealing with potentially traumatic material], but you move out of that, and you still, that's still sitting there, but you're no longer getting that regular supervision.”* This highlights the importance of ensuring that organisational approaches to psychosocial risk management extend beyond reactive support mechanisms and isolated interventions for visibly high-risk groups. Effective management requires proactive, system-wide strategies that focus on the prevention, elimination, and minimisation of psychosocial risks for all workers, not only those in frontline or obviously exposed roles. A truly preventative approach demands that psychosocial risks be treated as organisational hazards embedded in work design and systems, rather than as individual problems addressed only after harm has occurred.

These comments demonstrate that, while well-intentioned, the interventions of many organisations covered in this research study align with secondary or tertiary interventions, which are important but ultimately insufficient on their own for effective psychosocial risk management (Fox et al., 2022; LaMontagne et al., 2014; Leka et al., 2011). While participants may not have always recognised that their interventions were misdirected, the implicit nature of their comments, focusing on support, supervision, EAP, and individual resilience, demonstrates a widespread gap between current practice and what the literature identifies as effective psychosocial risk management, likely acting as a key barrier to effective organisational management of psychosocial risks.

6. ORGANISATIONAL CAPABILITY AND CAPACITY

Insight 19: Frontline leadership is perceived to be a critical enabler to effective psychosocial risk management.

Participants in this research consistently emphasised that frontline and middle managers are pivotal to effective psychosocial risk management, in particular because of their close direct connection with workers. As Participant Nine noted in response to questions about what factors were most important to managing psychosocial risks, “*Certainly leadership capability. I think all of the risks, [psychosocial risk is] the one that's most dependent on leaders with good judgment and good insight about what's going on with their people.*”

Participant Ten reflected

We are reliant on those who work most closely with the people around them, and those people being conscious of what normal looks like, and ‘gosh, yeah this person I know quite well is behaving in a way that's out of character or unusual’. That's absolutely fundamental.

The academic literature strongly supports these perspectives. Line managers and frontline leaders are uniquely positioned to observe day-to-day realities, notice early signs of stress or behavioural change, and respond in real time to emerging psychosocial risks (Kelloway & Barling, 2010; Dollard & Bakker, 2010). Their relational proximity to staff means they are often the first to notice when something is amiss and are best placed to intervene early, provide support, and foster a psychologically safe team environment (Arnold & Connelly, 2013; Dalgaard et al., 2023; Nielsen et al., 2008). Effective leadership at this level is associated with reduced adverse effects of high job demands, acting as a buffer against stress and psychosocial hazards (Dollard & Bakker, 2010; Skakon et al., 2010). Conversely, poor leadership or lack of support can become a major source of chronic stress and heightened psychosocial risk (Leka & Cox, 2008).

Interviewees described a range of practices that exemplify effective frontline leadership and the presence of organisational tools and resources to assist them:

[There are] processes there, which make sure that our leaders are constantly checking in with their people and make sure that roles are designed so that we're not overloading people, that the work is able to be done in a reasonable timeframe in a workday... they have the tools that support them to do their job well, and they are

trained, and they have the capability to do that job and that you manage any pressures. (Participant Five)

This participant also described their managers as being “*very well-briefed at spotting either tension, or an unusual behavioural in one of these staff, or the signs of stress, and even if they're not sure, the protocol is to just take a conservative approach.*”

However, the variability in leadership capability and culture across organisations and teams was also highlighted: “*There will be a raft of leadership culture within the organisation, which will be very variable... They won't all be created equal in terms of how they approach [supporting their people].*” This variability is echoed in the literature, which finds that the effectiveness of psychosocial risk management is often contingent on the skills, mindset, and engagement of individual leaders and managers (Arnold & Connelly, 2013; Dalgaard et al., 2023; Nielsen et al., 2008, 2017).

Middle managers, in particular, were described as the “*squeezed middle,*” often caught between the demands of senior leadership and the needs of their teams. This sentiment was explicitly voiced in this research study, with one participant putting it as,

I think we have the squeezed middle, for want of a better term, you know, our middle managers who quite often get dragged into the work rather than supporting their team. That makes it hard because then everybody has to drop down to provide the pastoral care or the focus of that. (Participant Eleven)

Research confirms that middle managers are under significant pressure, often experiencing high levels of burnout and emotional demand, which can undermine their ability to support their teams and manage psychosocial risks effectively (Hassard et al., 2018; Skakon et al., 2010).

The literature also emphasises that frontline and middle managers require targeted training, support, and empowerment to fulfil their critical role in psychosocial risk management (Kelloway & Barling, 2010; Leka & Cox, 2008). Training in mental health and psychosocial risk is associated with greater adoption of both preventative and responsive interventions, and with the creation of a more holistic, psychologically safe work environment (Nielsen et al., 2008; Dollard & Bakker, 2010). When managers are equipped with the skills to identify hazards, check in with staff, and respond supportively, they can make a profound difference

to employee wellbeing and organisational culture (Arnold & Connelly, 2013; Skakon et al., 2010).

Frontline leadership is therefore not just a conduit for policy implementation but the linchpin of effective psychosocial risk management. The quality of leadership at this level determines whether psychosocial risks are proactively managed or allowed to escalate, with direct consequences for employee wellbeing, engagement, and organisational performance (Dollard & Bakker, 2010; Kelloway & Barling, 2010).

7. WORKERS

Insight 20: *Workers were perceived to increase the risk of harm they themselves face, and then either fail to engage with interventions that are offered or develop coping mechanisms that may or may not be helpful.*

Participants felt that workers themselves had the potential to be a barrier to achieving effective psychosocial risk management, particularly when they fail to engage with helpful resources made available by leadership, and that this can sometimes increase their own risk of harm. Participant Nine noted,

You can provide the supports, you can have all the processes in place, but how do you get people to engage with it? And quite often, what you would see is that the people who wouldn't engage with the supports, wouldn't talk about the issues, probably wouldn't take leave, even when the leave balance is really high, those are the ones that are possibly at greatest risk.

This reluctance for workers to engage is well-documented in the literature, with factors such as stigma, fear of negative career consequences, risk normalisation, and a culture of self-reliance frequently cited as barriers to help-seeking (Corrigan et al., 2014; Gulliver et al., 2010; Milner et al., 2015).

Even when participants believed their organisation offered a range of mechanisms and supports, they stated uptake often remained low.

We do have all of these great mechanisms and, yet, we still hear that we're not doing those things. So, there is a disconnect between what is on offer, what we're building in, what is available to our leaders and to our people in the organisation, and they've been recalibrated, they've been tested, they're available but, still, I don't know

whether there's a reluctance or people are just so caught up in the moment that they don't necessarily think [to use them]." (Participant Eleven).

This highlights a potential disconnect that may exist between what executive leaders believe is effective and appropriate and the reality of what is relevant, helpful and able to be utilised in practice. Critically, rather than interpreting low uptake or engagement as assurance information indicating that psychosocial risk controls may not be operating or applied as intended, such signals are often reframed as matters of individual behaviour. In doing so, responsibility for managing psychosocial risk is displaced back onto the worker and extended to include accountability for control failure, thereby diverting attention from organisational learning and system-level improvement.

Participants also felt that workers increased the risk they face through the strategies they adopt to cope with the risk factors they face at work. The fact that workers may develop their own coping mechanisms, which can be either adaptive or maladaptive, is well known. Some coping mechanisms, such as team-based support, informal bonding, and shared activities, can provide positive outlets for negative workplace factors. However, other coping strategies, such as excessive drinking, use of dark humour, or emotional compartmentalisation, may offer short-term relief but can have negative long-term consequences (Mercer, Morgan & Lotto, 2024; Park et al., 2020; Plester, 2009). These maladaptive coping mechanisms were noted by participants within this study. As Participant Nine described,

Drinking and sort of black humour, really, to cope with stress. And that's a way of coping with stress. I think the other aspect of... coping with, I suppose, the challenges of what you see every day, is compartmentalising it a bit, or sort of putting that out over there, not engaging with the human trauma, and that's probably psychologically a reasonable mechanism.

Another way in which participants felt workers sometimes increased the risk of harm they faced was ironically through a strong sense of purpose and pride in the organisation. Participants felt that this can also drive workers to overcommit, increasing their risk of harm. *"We have people who are so committed to [organisation] and doing the work, because they are so proud to work for us, they will go above and beyond over and over."* (Participant Five). This aligns with research showing that purpose-driven workers are often at higher risk of burnout and self-endangering work behaviours, as they may struggle to set boundaries or

deprioritize tasks, even when it is in their best interest (Bakker, Demerouti, & Sanz-Vergel, 2020; Schaufeli, 2017).

The challenges described above underscore the limits of relying on individual behaviour or voluntary engagement to manage psychosocial harm. Even where organisations provide a suite of individual supports, the effectiveness of these measures depends on a range of factors, such as awareness, uptake, and timing, all of which may be compromised by stigma, overcommitment, or maladaptive coping strategies. This reinforces that psychosocial risk management cannot rely on individual resilience or help-seeking but must instead focus on the organisational and systemic factors that give rise to risk in the first place.

The legal precedent set in the 2022 *Kozarov v State of Victoria* High Court case makes this distinction with considerable clarity, emphasising that a reliance on individual resilience, disclosure, or help-seeking behaviour is insufficient to satisfy the employer's duty of care under health and safety law, which requires proactive identification and control of reasonably foreseeable psychosocial risks (Chieng & Hou, 2022). The High Court held that although the appellant had expressed satisfaction with and commitment to her work without requesting assistance and had not signalled a need for support, the employer was nonetheless duty-bound to recognise the inherent and reasonably foreseeable psychiatric risks associated with the role and to implement proactive organisational controls, such as rotation or other structural measures, rather than relying on individual disclosure or engagement with support services (Chieng & Hou, 2022; Kelsey-Sugg & Carrick, 2022).

This judgement underscores that psychosocial risk management must be organised as a system-level obligation, not one contingent on individual willingness, engagement or help-seeking behaviour. The duty to manage risk arises from the organisational hazards themselves and the foreseeability of harm, rather than from worker disclosure. In this respect, relying purely on voluntary uptake of supports or assuming that workers will always engage when harmed is legally and practically insufficient; the organisation must implement reasonably practicable controls to reduce risk in advance of harm

For public sector organisations, this precedent highlights the danger of equating the availability of support mechanisms with the fulfilment of legal and moral obligations. In contexts where workers are reluctant to engage with assistance or where cultural norms encourage endurance, the absence of proactive systems to eliminate or minimise psychosocial risk effectively transfers responsibility for managing risk from the organisation to the

individual. This is inconsistent with the intent of the HSWA, which requires that risks, rather than harms, be systematically identified, assessed, and controlled so far as reasonably practicable.

Ultimately, these findings illustrate that while individual attitudes and behaviours play a role, the onus for prevention lies with the organisation. Workers' reluctance or overcommitment often reflects underlying system pressures rather than personal failings. As reinforced in the *Kozarov v State of Victoria* High Court case, employers must take proactive, preventative steps to manage foreseeable psychosocial risks rather than relying on individuals to seek help or self-regulate (Chieng & Hou, 2022).

8. FEEDBACK LOOPS

Insight 25: *Mature governance cultures that welcome 'bad news' were seen to enhance psychosocial risk assurance, yet formal reporting limitations and filtered feedback still constrained full visibility of risk.*

Participants described the importance of creating organisational conditions in which leaders are willing and able to hear the 'unfettered truth' about health and safety performance, including psychosocial risks. Several participants articulated that effective governance depends on cultivating a culture that welcomes uncomfortable information rather than rewarding positive but potentially misleading reports. As Participant Four noted,

All we want at that top level [is] the unfettered truth, because actually, as – well, one it's the key to good leadership and I think that's what we're paid to do... I know I'm enabled by a chief executive who welcomes bad news and fears the [green]... we've worked hard to fear the green - in fact be deeply suspicious of the green ... because it can't be that good in an organisation that does what we do, on the scale that we do it every day.

This sentiment of "fearing the green" represents an important signal of maturity in safety governance, recognising that perfect performance indicators can mask deeper system fragilities, particularly where apparent stability conceals accumulating organisational risk (Reason, 1998, 2016). Reflexivity is therefore essential, recognising that risk exposures are often diffuse, subjective, and slow to surface, meaning that consistently "green" dashboards may indicate weak feedback rather than genuine health. This willingness to interrogate good news demonstrates a collective mindfulness that parallels Weick and Sutcliffe's (2015)

principle of *sensitivity to operations*, where resilient systems maintain a healthy scepticism of normalcy and an ongoing curiosity about what might not be visible.

Participants linked this openness to their statutory “Officer” obligations under HSWA emphasising that the willingness to confront bad news is central to both ethical leadership and legal stewardship. Several described mechanisms used to promote this transparency, including deep dives into specific risks, inviting frontline health and safety representatives to executive meetings, and engaging external experts to provide challenge and scrutiny.

Participant Twelve,

It's quite easy to look at a dashboard and say it's looking okay so it must be okay. That's where deep dives and having individuals who either do the job actually come in and present, or like I say, we have the health and safety reps from across the business that can say what they want to, to us.

These approaches demonstrate attempts to strengthen the assurance process by not simply generating data to signal compliance but seeking evidence that meaningfully reflects the system’s operational reality.

This focus on assurance integrity also reflects growing awareness of the limits of traditional performance reporting within bureaucratic systems. Several participants explicitly noted the risk of ‘closed-loop’ governance, in which assurance is drawn from a narrow set of internal indicators rather than diverse or independent perspectives. As Participant Twelve continued, *“It’s about actually testing the environment... we’re not closed loop in terms of just talking to ourselves. We’ve got some externals who can give us some helpful, constructive challenge on that.”* Such approaches counteract the tendency described by Hood (2011) for organisational performance regimes to prioritise reassurance and reputational management over diagnostic learning. By intentionally diversifying sources of insight and embedding mechanisms for constructive challenge, these leaders sought to avoid what Power (1999) calls *rituals of verification* where compliance reporting replaces genuine system inquiry.

At the same time, participants acknowledged ongoing limitations in assurance, particularly regarding psychosocial risk. Several expressed doubts that existing mechanisms provided a consistent or accurate view: *“I wouldn’t feel assured that it was consistently applied and necessarily approaches the same areas of work stress in a consistent, predictable, and transparent way,”* (Participant Three). Others described feeling that while survey data contained “gold” (Participant Four), it did not yet provide the level of concrete assurance they

desired. This reflects what Dekker and Pruchnicki (2014) and Rasmussen (1997) describe as *informational decay* within hierarchical systems, where signals from operational levels lose fidelity as they move upward. Over time, decision-makers may come to trust indicators that appear stable or positive without probing whether those signals accurately reflect frontline realities.

To address this, some leaders emphasised the need for multiple ‘listening posts’ and regular, low-stakes mechanisms such as monthly pulse surveys or informal feedback through unions and health and safety committees. Participant Two described, “*It’s having listening posts and being observant... You’ve got to observe regularly, you’ve got to listen to the feedback from employees, health and safety reps, unions, [and] health and safety advisers*”. These ongoing feedback loops were viewed as vital to maintaining situational awareness and detecting emerging psychosocial risks before they escalate, echoing Hollnagel’s (2012) notion of *resonance monitoring* in resilient systems. Regular, distributed forms of listening were described as helping leaders to triangulate weak signals, identify trends, and intervene before psychosocial strain became entrenched or normalised.

However, participants also recognised that even well-intentioned assurance processes can be undermined by cultural dynamics that favour good news. Several observed that senior leaders must remain vigilant to the filtering of information that occurs naturally within hierarchical systems. Participant Twelve described,

There’s nothing worse than as a senior leader - people tell you what they want you to hear... It’s something you learn very early on. Sometimes you have to dig through that, and the onus is on us to dig through that and also not be so busy that we are not digging through that.

This awareness resonates with Vaughan’s (1996) concept of the *normalisation of deviance*, where gradually, the absence of visible failure is mistaken for evidence of safety. The participant’s reflection that executives must ‘dig through’ reassuring narratives highlights the psychological and structural work required to sustain transparent feedback channels in large organisations.

Despite the existence of structured feedback systems, participants recognised that genuine assurance often required seeing work firsthand. One described the importance of moving beyond headquarters to observe operations directly:

It's very easy to sit here in Wellington all week... and people will tell you things. And mostly my people want to tell me positive things. So that's good, but it's good to just go out and test the temperature. (Participant Ten).

This reflection aligns with Hollnagel's (2012) *work-as-imagined versus work-as-done* distinction, highlighting that true understanding of psychosocial risk depends on leaders directly engaging with the lived realities of frontline work. By observing how work is performed, rather than relying solely on abstract metrics, leaders can detect misalignments between formal systems and practice and strengthen their assurance that psychosocial risks are being effectively managed.

This need for direct engagement also connects back to Rasmussen's (1997) emphasis on feedback loops across system levels. The accounts in this study suggest that while public-sector executives are increasingly conscious of the need for authentic feedback and assurance, the mechanisms through which psychosocial risk information reaches them remain imperfect. Weak or filtered feedback at this level risks creating latent conditions (Reason, 1997, 2016) in which psychosocial risks go unnoticed until a crisis occurs.

Collectively, these insights reveal both maturity and fragility in feedback and assurance processes. Leaders recognise the value of transparency, multiple data sources, and direct engagement, yet systemic assurance gaps persist, particularly around psychosocial risk. The cultural aspiration to "fear the green" reflects a healthy scepticism of superficial success indicators, but without robust, multi-directional feedback loops, the gap between work as imagined and work as done remains a latent vulnerability within the public sector system. Strengthening assurance, therefore, requires not only technical improvements to measurement and reporting but also the continuous cultivation of a culture that values transparency, tolerates bad news, and enables upward information flow as a routine part of psychosocial risk governance.

Insight 26: Involvement by workers and their representatives in providing feedback was seen to be helpful, but can be hindered by perceived stigma, lack of psychological safety, or where workers and leaders have normalised risk exposure.

A consistent theme across participants' accounts was the importance of worker and representative involvement in identifying and discussing psychosocial risks. Leaders emphasised that employees are often best placed to recognise emerging issues and provide insight into how psychosocial hazards manifest in practice. However, this involvement was

not always straightforward. Participants described several cultural and psychological barriers that limited workers' ability or willingness to raise concerns, including persistent stigma around acknowledging vulnerability, limited capability, or confidence to articulate psychosocial issues, and the normalisation of risk exposure over time. These factors collectively constrained the effectiveness of upward feedback loops, reducing the visibility of psychosocial risks at higher levels of the system.

Participants noted that while formal structures for consultation existed, gaining accurate insights continued to be affected by an enduring cultural stigma associated with admitting distress or fear. Participant Five reflected,

And so it's that psychosocial stuff, and no one likes to admit that they're frightened. And I think that's part of it – no one likes to admit that they're frightened or they're not coping. A lot of people don't like to because they see it as a failure or weakness.

Others described how this attitude had been reinforced through organisational history and social norms, reflecting a broader “Kiwi” ethos of stoicism:

Still had the hangover of, you know, coping mechanisms that are probably not that healthy, like, you know, just suck it up and get on with it. You know, this is what we do. A culture where talking about that stuff would be seen as a weakness, or acknowledging that something impacts you'd be seen as a weakness, and which is a probably a fairly typical Kiwi thing in many ways. (Participant Nine).

Participant Four similarly observed, “*There would be a long history which is still present around being staunch and not talking about these things.*”

These findings reflect long-standing evidence that stigma surrounding psychological distress inhibits help-seeking and openness, particularly in male-dominated or high-responsibility sectors (Corrigan & Watson, 2002; Petrie et al., 2018). They also align with Edmondson's (1999) concept of psychological safety, which posits that individuals are unlikely to speak up about problems unless they trust that doing so will not result in judgement or reprisal. Some participants noted that these norms were beginning to shift, suggesting early signs of cultural change.

Participant Ten reflected,

And so there has been, I think, a bit of stigma. Well, I don't think there's any stigma from us, but there's been a sort of a, you know, when you're blokes, you don't necessarily say 'I'm off to EAP,' but going to talk to [H&S GM] is sort of okay.

Participant Two similarly reflected that, *"I think it's a more permitted conversation now and people are able to raise their concerns and they will not be brushed off or regarded as weak or told to toughen up – that won't happen now."* Participant Nine similarly reflected, *"And I think culturally, the organisation had moved really positively to acknowledge the stresses and be able to talk more about them, and the culture was getting healthier in terms of people being able to talk about those things."*

In addition to stigma, participants spoke of barriers related to limited confidence and capability among workers to identify and communicate psychosocial risks effectively. Participant One described, *"It's capability across the organisation so the first line of defence in terms of workers. They don't necessarily have the words to use or the confidence to raise an issue."* This observation echoes research suggesting that where workers lack conceptual or linguistic frameworks for describing psychosocial hazards, important signals can be lost or diluted before reaching decision-makers (Nielsen et al., 2021). Without sufficient training or support, the workforce's capacity to contribute meaningfully to psychosocial risk management remains constrained, weakening the integrity of feedback loops across system levels.

A further factor inhibiting effective feedback from workers was the normalisation of risk exposure. Several participants noted that public servants often display high levels of resilience and endurance, tolerating adverse conditions until harm becomes unavoidable. As Participant Six observed, *"Our people are remarkably able to put up with something for a long time before it becomes a boil. They're able to put up with a lot."* Participant Five noted, *"One of the barriers is probably complacency - actually that's probably not the right word; people get immune"*. This tendency to normalise strain and exposure can reduce organisational sensitivity to psychosocial hazards, echoing Vaughan's (1996) concept of the *normalisation of deviance* - where gradual departures from safe or healthy norms become accepted as routine.

These accounts collectively demonstrate how psychosocial risks can remain unreported or underemphasised when organisational culture promotes stoicism, when workers lack confidence or vocabulary to name issues, or when long-term exposure dulls risk awareness.

In Rasmussen's (1997) terms, these factors represent weak or distorted feedback from the operational layer of the system, impeding higher levels from receiving accurate information about system health. Strengthening feedback processes therefore requires not only formal mechanisms for worker participation but also cultural and psychological conditions that support openness, trust, and the continuous recalibration of what constitutes acceptable work-related risk.