What is the COPSOQ*?

(*Fore more information , please visit references R1 & R2 below)

Psychosocial Risk Factors at Work

Cox and Griffiths (2005) define psychosocial risks at work as aspects regarding work design as well as the social, organizational, and management contexts of work that could potentially cause physical or psychological harm. Indeed, the link between occupational psychosocial aspects and mental health has long been established (see Bailey et al., 2015 for an overview). In line with these assumptions many models and theories that are important in stress research (and beyond) focus on the relationship of psychosocial aspects and employee mental health. Kompier in his review (2003; p. 429), identified seven major influential theories "to find the factors in work that affect stress and psychological wellbeing":

1) The Job Characteristics Model (JCM; Hackman and Oldham, 1976),
2) The Michigan Organizational Stress model (MOS; Caplan et al., 1975),
3) The Demand–Control–(Support) Model (DCM; Karasek, 1979, 1990),
4) The Sociotechnical Approach (Kuipers and Van Amelsvoort, 1993),
5) The Action–Theoretical Approach (Frese and Zapf, 1994),
6) The Effort–Reward–Imbalance model (ERI; Siegrist, 1996), and
7) The Vitamin Model (Warr, 1996; De Jonge and Schaufeli, 1998; Kristensen et al., 2005).

Kompier found that, despite some differences, such as being individually centered (1 and 2) vs. being centered on the environment (3, 4, 5, and 7) or both (6), these theories showed parallels in substantial areas, such as finding very similar determinants of job related well-being, i.e., all models agree on the importance of skill variety, demands, or social support as psychosocial drivers at work (see Kompier, 2003 for details).

The COPSOQ a Developing Tool for Assessing Psychosocial Risk Factors

The COPSOQ was developed as a tool for practice and research (Kristensen, 2010; Nübling et al., 2014) and explicitly states as one of its aims to develop valid and relevant instruments for the assessment of psychosocial factors at work (Kristensen et al., 2005, p. 439).

Further, the COPSOQ instrument is frequently used for assessing changes in psychosocial variables (e.g., Clausen and Borg, 2010; Nübling et al., 2013) and purposes such as improvement for working conditions (Kristensen, 2010), all of which require pre-and post-measures of the same instrument. Nevertheless, its convergent and discriminant validity in relation to stability over time (re-test reliability) has not sufficiently been tested, particularly in a comprehensive matter including all dimensions and their interrelations."

"The COPSOQ was originally developed for use in two settings: (1) occupational risk assessment and (2) research on work and health .

The COPSOQ instrument covers a broad range of domains including Demands at Work, Work Organization and Job Contents, Interpersonal Relations and Leadership, Worke Individual Interface, Social Capital, Offensive Behaviors, Health and Well-being. Previous versions of the

COPSOQ were developed through factor analyses of a large range of items, and reliability of resulting scales was subsequently tested.

In the workplace setting, practitioners have an interest in measuring a broad range of psychosocial factors, both at the workplace level and for national monitoring .

In the research setting, it is likewise of interest to have broad coverage of psy- chosocial dimensions. This broad coverage also includes central elements of concepts widely used in research of work and health such as the demand control and the effortereward imbalance (ERI) models , as well as other psychosocial factors such as emotional demands and quality of leadership .

The COPSOQ I and II came in short, middle, and long versions. Originally, the short and medium versions were intended to be used in practical settings and the long version in research settings. Later, it turned out that also in research there was a need for shorter versions and that the middle version had sufficient reliability . The COPSOQ has been recognized as a useful instrument by several organizations .

Previous to the development of the COPSOQ III, the instrument had been translated into 18 different languages and was used in 40 countries worldwide . The COPSOQ is also widely used in research, being applied in more than 400 peer-reviewed articles . Finally, the COPSOQ has been applied to a variety of occupations and workplaces and has proven to be valid for national, as well as international comparisons .

1.2. Reasons for development of the COPSOQ III

The push to redevelop the COPSOQ II to a third version (COPSOQ III) was based on three reasons:

1) Trends in the work environment: Work and working conditions have changed because of increased globalization and comput- erization to some extent intensified by the economic crisis in 2008. For example, types of management characterized by less trust (e.g., New Public Management; appraisal systems) have become more prevalent , along with the deterioration of working conditions in some , but not all countries . Furthermore, income inequality has increased and precarious work (e.g., involuntary part time work and short term contracts) has become more widespread , along with flexible timetables (e.g., weekend work, shift work), long working hours and lack of schedule adaptation. In addition, company restructurings and layoffs have led to less stable employment . In recent decades technological change has been characterized by increased digitalization of

work life . This implicates new ways of interacting not only with coworkers but also with customers, patients, clients, or pupils (e.g., in telemedicine, robotics. and by means of communication technologies like email and social media) .

2) Concepts: First, the Job demands-resources model (JD-R) through integration of classical work environmental models and job satisfaction research pointed at the need for a more comprehensive perspective than previous occupational health models . This applies not merely to job demands and resources but also to a broader range of nontraditional health- related outcomes such as productivity and staff turnover. A wider focus regarding outcomes can facilitate integration of the perspective of occupational health and perspectives such as human resource management. In addition, there is an increasing awareness regarding trust, justice, reciprocity, and cohesion at the workplace pointing at the notion of social capital . Another development is that new theories about stress in the workplace have evolved, such as the Stress- as-Offence-to-Self theory (SOS) . This theory posits that how employees conceive they are treated by the

management, through what tasks they are meant to do, and the circum- stances under which they are to carry out tasks can be a source of stress . In particular, when tasks and circumstances are laid out in a way that hinders the workers carrying out their work, this can be experienced as maltreatment and result in greater stress. While these three topics (JD-R, social capital, and SOS) were already partly covered by earlier versions of the COPSOQ, the evolution of these theories in the last two decades necessitated greater coverage of these theories in the updated COPSOQ III.

3) International experience with the COPSOQ: The questionnaire is being used in an increasing number of countries, which are very different regarding work and working conditions . This development has led, on the one hand, to an increased need for adaptations to different national, cultural, and occupational contexts, and on the other hand, to sugges- tions for revision of existing items. For example, the interna- tional use of the COPSOQ has raised issues regarding wording of items (i.e. do items measure what they should), translation issues (e.g., between the Danish and English versions of the COPSOQ I and II) and differential item functioning (DIF) and differential item effects (DIEs). These experiences have also led to more knowledge on what dimensions are regarded as important on the shop floor level and what dimensions are most strongly associated with health.

1.3. The development process

In dealing with the aforementioned three reasons for further developing the questionnaire (societal trends, scientific concepts, and experience with the questionnaire), two strategic objectives were important. These were to update the instrument and, at the same time, allow comparability between populations and time periods. A test version was developed in a conceptual-guided consensus process to evaluate all items of versions I and II of the questionnaire according to their relevance for research and practice. International Network members from Asia, the Americas and Europe were invited to assess items and dimensions of these versions. They were encouraged to comment and suggest changes on the network's regular biennial workshop meetings 2013-2017 in Ghent, Paris, and Santiago de Chile and in three online rounds of evaluations 2013-2016. In addition, psychometrics findings from research , results of Swedish cognitive interviews, reanalyzes of the existing COPSOQ I and II data by network members, and practical experiences were considered. Based on this process, a test version was finalized in spring 2016 and made available for further testing among network members.

1.4. What is new?

A number of changes were made in the third revised version of the COPSOQ . These changes cover both the dimensions and the items of the questionnaire . In addition, each dimension was defined in a few sentences to give reasons for the choice of items and improve the use of the questionnaire in general. We have also further developed international guidelines regarding the use of the COPSOQ in practical settings .

References

R1. Validating the Copenhagen Psychosocial Questionnaire

https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00584/full

R2. The Third Version of the Copenhagen Psychosocial Questionnaire

https://www.copsoq-network.org/assets/Uploads/The-Third-Version-of-the-Copenhagen-Psychosocial-Questionnaire.pdf