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Management of psychosocial risks? An S.O.S in cuban organizations

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Abstract

This article aims to motivate reflection on the need to manage risks and psychosocial risk factors within the health and safety systems in Cuban organizations. It is based on the critical analysis of the authors about the Cuban regulatory framework on health and safety, the bibliographic review and the experiences accumulated in consulting work. Several arguments support the need to manage risks and psychosocial risk factors in Cuban organizations. These include: its prevalence as a result of the changes engendered by the organization of work, the harmful consequences for the health of the workers and the organization, the complexity of their management and the lack of knowledge about them displayed by the labor community. All this forces us to give them greater visibility and importance in safety and health management practices, in order to guarantee the sustainability of our organizations.

Keywords: Management; psychosocial risk; psychosocial risk factors; occupational safety and health management; labor organizations.

GESTÃO DE RISCOS PSICOSSOCIAIS? UM S.O.S EM ORGANIZAÇÕES CUBANAS

Resumo

Este artigo tem como objetivo incentivar a reflexão sobre a necessidade de gerenciar riscos e fatores de risco psicossociais no âmbito dos sistemas de segurança e saúde em organizações cubanas. Baseia-se na análise crítica dos autores sobre o quadro regulamentar cubano para a segurança e a saúde, revisão da literatura e experiência acumulada no trabalho de consultoria. Vários argumentos sustentam a necessidade de gerenciar riscos e fatores de risco psicossociais nas organizações cubanas, incluindo sua prevalência, produto das modificações engendradas pela organização do trabalho, as consequências nefastas para a saúde dos trabalhadores e da organização, a complexidade de sua gestão e a falta de conhecimento sobre eles mostrado pela comunidade de trabalho. Tudo isso requer dar-lhes maior visibilidade e importância nas práticas de gestão de segurança e saúde, a fim de garantir a sustentabilidade das nossas organizações.

Palavras-chave: Gestão; gestão de risco psicossocial; factores de risco psicossociais; segurança e saúde no trabalho; organizações trabalhistas.

¿GESTIÓN DE RIESGOS PSICOSOCIALES? UN S.O.S EN ORGANIZACIONES CUBANAS

Resumen

El presente artículo persigue motivar la reflexión acerca de la necesidad de gestionar los factores y riesgos psicosociales dentro de los sistemas de seguridad y salud en organizaciones cubanas. Se basa en el análisis crítico de los autores acerca del marco regulatorio cubano en materia de seguridad y salud, la revisión bibliográfica y las experiencias acumuladas en labores de consultoría. Varios argumentos sostienen la necesidad de gestionar los factores y riesgos psicosociales en las organizaciones cubanas. Entre ellos: su prevalencia producto de las modificaciones engendradas por la organización del trabajo, las consecuencias nocivas que conllevan para la salud de los trabajadores y la organización, la complejidad de su gestión y el desconocimiento sobre ellos mostrado por la comunidad laboral. Todo ello obliga a otorgarles mayor visibilidad e importancia en las prácticas de gestión de seguridad y salud, en aras de garantizar la sostenibilidad de nuestras organizaciones.

Palabras clave: Gestión; riesgos psicosociales; factores de riesgo psicosociales; gestión de la seguridad y salud en el trabajo; organizaciones laborales.

1. Introduction

Since the 1960s, it became clear that organizational and management practices influence the mental health of workers and that their impact varies depending on the organization (Kornhauser, 1965). However, only recently concern for the welfare of workers and not only for their productive capacity in organizations is producing changes in management practices and health and safety at work. The management of the Occupational Health and Safety (OSH) and the promotion of decent work are part of the objectives for sustainable development in the 2030 agenda.

The SST, occupational health has gradually captured the attention of different specialities. Some changes in work context have conditioned this dedication. In recent years, the pace of changes at workplaces and in society as a whole has accelerated considerably. In the last decades, there has been an increase in the number of service companies, both in the international and national context. Technological changes modify the techniques and tools we use and how we use them. The nature of our work tasks is also systematically transformed, imposing increasingly complex and diverse work demands. All this is synchronized with a parallel change

in the profile of occupational risks, with a growing predominance of psychosocial risks, which represent new challenges for the management of occupational health and safety.

In accordance with the global definition adopted by the Joint Committee of the International Labor Organization (ILO – Organización Internacional del Trabajo) and the World Health Organization (WHO – Organización Internacional del Trabajo), in its first meeting in 1950, and revised in its twelfth meeting in 1995, the purpose of health at work is to achieve the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all work; prevent any damage caused to their health by the conditions of their work; protect them, in their employment, against the risks resulting from harmful agents to their health; place and keep the worker in a job suitable to their physiological and psychological aptitudes and, in short, adapt the work to man and each man to his activity.

However, 6,300 people die each day from accidents or work-related illnesses – more than 2.3 million deaths per year. Annually, there are more than 317 million accidents at work, many of them result in work absenteeism. The cost of this daily adversity is enormous and the economic burden of poor safety and health practices is estimated at 4% of the global Gross Domestic Product of each year (Organización Internacional del Trabajo, 2015).

These data show that there is still much to be achieved in terms of safety and health at work. For these reasons, occupational health is mainly aimed not only at the prevention of occupational diseases and accidents (which are considered the most visible effects of a negative relationship between health and work), but also at the promotion of health, which implies the empowerment of the worker's development, identity with his work, satisfaction and professional motivation, among other functional aspects.

In practice, occupational health emerges as a response to the conflict between health and working conditions, and deals with the surveillance and intervention on working conditions and the health of workers. One of the most up-to-date approaches to occupational health pursues the preservation of physical, social and mental well-being in relation to working conditions; the control of these conditions, in order to guarantee total safety at work and the compatibility of the work environment with the capabilities of each worker, identify and eliminate or modify

factors related to work that have an adverse effect on the health of the worker, as well as enhance those with a beneficial effect on the health and well-being thereof (Benavides, Ruiz, & García, 2000).

According to the ILO Global Strategy on OSH, in its 91st Conference in 2003, in addition to the measures established to prevent and control hazards and risks, new strategies and solutions must be developed and applied to both the well-known hazards and risks, (for example, hazardous substances, machines and tools, and manual operations) and for problems that might arise, among them biological risks, musculoskeletal disorders and psychosocial risks. Also, given that it is an inherent aspect of social relations, occupational safety and health is affected by the same forces of change that prevail in the national and global socioeconomic context. Globalization and the increase of competitiveness, the effects of dynamics and demographic factors, changes in employment and in the organization of work, differentiation by reason of gender, the size, structure and life cycle of the companies, and the rapid pace of technological progress are examples of crucial issues that can generate new types or modalities of hazards, exposures and risks.

Given these circumstances, a paradigm shift in the management of occupational safety and health has been conditioned, evolving from the traditional prophylactic approach focused on accidents and occupational diseases to achieve the supreme objective of promoting and developing occupational health. This article aims to reflect on the paradigm that prevails in occupational safety and health management practices in Cuba. For this, a qualitative methodology is used, based on the documentary review of national and international laws and norms, as well as the bibliographic review on the subject and the experience of the authors in the work of consulting with Cuban organizations.

The following questions were a guide to the reflections presented on this article: Are Cuban workers prepared to face the new challenge posed by psychosocial factors and risks? Does the regulatory framework stimulate the management of emerging health and safety risks? Are our social actors and health institutions trained to understand and professionally attend to the relationship between work and health? Let's reflect a little on this.

2. Developing

2.1 The management of health and safety at work in Cuba

Due to the historical periods through which the nation has gone through, health and safety at work has also gone through several stages of progress or setbacks. The first stage, corresponding to the period preceding the revolutionary triumph, is characterized as a period in which it was not even possible to speak of occupational health and safety management. There was only legislation that guaranteed, for some important workplaces, some medical service and very few workers had the possibility of social insurance, which did not include all the risks.

Between 1959 and 1990, there is a great advance in relation to the activity of SST. In this sense, a series of examples taken by García and Granda (2013, pp. 690-691) are shown, which evidences this. Among the most notable: the approval of the General Bases for the protection and Hygiene of Labor in 1964, the creation of the Research Institute in Occupational Medicine in 1976, the enactment of Law 13 on Protection and Hygiene of Work, and the creation of the Plan of the Family's Doctor, which incorporates more than 2000 doctors from companies as a template in important organizations.

Evidently, this was a period of splendor of the SST in Cuba. Unfortunately, this progress did not last long because, with the arrival of the nineties, events came such as: the fall of the socialist camp in the USSR (now Russia), the resurgence of the economic blockade imposed by the US on Cuba, so that the SST suffered a significant deterioration, as well as many other activities in the country.

Towards the end of this decade and the beginning of 2000, this activity reappears with greater vitality. In 2001, with the beginning of the economic recovery, the Council of Ministers analyzes the existing situation in this activity and draws eight measures to begin to improve it. From that moment on, companies have worked mainly on the identification and evaluation of risks and the establishment of Management Systems in Health and Work Safety (García & Granda, 2013, p. 692).

However, there are events that have led to this activity that have not returned to the level which had been achieved in the period between 1959 and 1990 and to which international organizations point (ILO, WHO, Organización Panamericana de la Salud – OPS). Some facts have considerably limited its development.

In Cuba, undergraduate training in university careers related to occupational health, including medicine, is extremely brief, elementary and in some cases null (Román, 2015). The training of medical specialists in Occupational Medicine was eliminated, the courses of medium technicians in Protection and Hygiene of Work were abolished, the postgraduate courses of health workers in Occupational Hygiene were eliminated and this specialty was discontinued in professional careers, with the exception of Industrial Engineering. There are also few training options for specialists dedicated to the subject, managers and workers in general, which offer opportunities to update on these issues.

The current Cuba is in a moment of modifications in the socioeconomic strategy of the country, called “Update of the economic and social model.” This focuses, fundamentally, on increasing efficiency and productivity as a way to guarantee the development of the national economy and the Cuban social project.

The Cuban Social and Economic Socialist Development Model establishes as the first principle the full and integral development of human beings focusing its strategic axis VI on human development, equity and social justice (Congress of the PCC, 2017). These documents confirm the importance for the sustainable economic development of the country in the pursuit of labor welfare along with economic efficiency. In these new policies, it is essential to incorporate attention to the impact of occupational safety and health as one more element, in order to achieve the objectives, set without prejudice to the health of workers (Medina, 2017).

Profound changes are taking place in the labor context, for example, Resolution 17/2014, and Resolution 6/2016 on Forms and Payment Systems modifies one of the most sensitive processes for workers: salary remuneration. These resolutions benefit the autonomy of companies and the salary increase for their workers based on their own income. However, studies on job satisfaction continue to show ambivalent results associated with the difference between nominal salary (increased thanks to new policies) and real salary (purchasing power of salary) that is still insufficient. But is it known how the current systems of payment and evaluation of performance affect the dynamics of interpersonal relationships at work? Today, Cuban companies face the conflict between stimulation of teamwork and the evaluation of individual performance and workers' compensation. It is necessary an observatory of the psychosocial effects that have caused the transformation of the organization of work that allows feedback on the effects generated. The

spaces for union participation that are offered are not sufficient to evaluate the impact of these modifications.

One of the elements of great interest on which the researchers of Work Psychodynamics draw attention is about collective work and the possibilities of cooperation (Dejours, 2011). This research, during the last ten years, showed that the introduction and rapid generalization of new methods of individual performance evaluation, carried out by the management sciences, played a fundamental role in the destruction of the potentialities of labor, low collective, cooperation and solidarity. The glorification of individual performance can threaten and deconstruct solidarity, which has been one of the fundamental guarantees for mental health at work.

Numerous studies on stress have shown the relevance of the social support provided by employees, bosses and / or relatives as a mediating variable for their coping.

On the other hand, the active population of Cuba is aging, together with the extension of the retirement age up to 65 years for men and 60 years for women. On the scientific literature, it is pointed out that older workers are more vulnerable to some risks. For example, the European Commission (2001–2006) has stressed that workers aged 55 and over, tend to suffer the most serious accidents, with a fatality rate above the European average. The age group older than 55 years also suffers the highest incidence of long-term occupational diseases, such as cancers and cardiovascular diseases.

It is necessary to find ways to facilitate and make more attractive the permanence at their jobs to older workers, without risking their health and safety; a problem that requires the attention and concerted effort of researchers, professionals, managers, the state and the government.

In turn, the changes that have occurred in the economy in recent years have generated changes in ministries, agencies and companies, incorporation of new workplaces, disappearance of others, creation of cooperatives and opening of the non-state sector (private). All this has transformed the world of work, the labor market and exposure to occupational risks. The foregoing implies the need to update the existing situation in the country, if we wish to plan a consistent policy on OSH. It is necessary to develop integrating and coherent structures and policies, as well as to test diagnostic methodologies and organizational interventions to improve the psychosocial working environment.

The absence of reliable and systematized data on the health situation of workers in Latin America and the Caribbean is a problem of great magnitude due to the significant economic and social loss caused by accidents and occupational diseases (OISS & INSHT, 2012). The lack of adequate and complete information prevents health authorities and managers from making decisions, or workers from mobilizing to improve working conditions, reduce risks and prevent accidents, illnesses and damage or impairment to the worker. It is precisely the psychosocial risks (stress, burnout, violence, harassment, among others) that are the most difficult to detect and those that require the longest recovery time. In Cuba, in particular, the implementation of a large-scale national survey on the impact of working conditions as European countries do, due to the high economic cost that this represents, has not been implemented. There is no data of this type, since they are not included in the Cuban Health Yearbook.

Some data collected by European countries in the surveys show the problem that the factors and psychosocial risks represent for the welfare of the workers and the economy of the countries. The 4th European Survey on Working Conditions (EWCS, 2007) revealed that about 40 million people in the EU suffered work-related stress (Eurofond, 2007). The 6th European Survey on Working Conditions (EWCS, 2015) confirmed that intensive work is quite common: 3% of EU workers work “all the time” or “almost all the time” under pressure, having to adapt to short deadlines, while 33% declared working at high speed. In addition, almost one in six workers (16%) reported being subject to adverse social behaviors (physical violence, sexual harassment, bullying or harassment) (Eurofond, 2016). In the Americas, according to the I Central American Survey on Working Conditions and Health (ECCTS, 2012), more than one in ten respondents reported having constantly felt stress or tension (from twelve to sixteen percent), sadness or depression (from nine to thirteen percent) or loss of sleep (from thirteen to nineteen percent) due to concerns about working conditions (OISS and INSHT, 2012). The majority of the nearly 30 reports of large-scale studies provide evidence of the high risk of fatal or non-fatal cardiovascular events (mostly coronary) among those who reported work-related stress (Eller et al., 2009; Kivimäki et al., 2012; Marmot, Siegrist, & Theorell, 2006). Some research carried out in Cuba in the business context confirm the presence of psychosocial risks such as stress, burnout syndrome, fatigue, work addiction, among others (Rodríguez, 2016; Cruz, 2014; Lima, 2014). The National Institute of Workers’

Health, in its Psychology office, evaluated in 2016 a group of 10 471 workers subjected to medical expertise, of which 9.31% had mental disorders (Department of Epidemiology, INSAT, 2016). These isolated studies are insufficient to understand the magnitude of the problems faced by Cuban workers in their work context. In the research carried out by students and professors of the Faculty of Psychology of the University of Havana, risk factors have been found, such as: the insufficient purchasing power of the salary, the work overload, the accelerated pace of work, the extended working hours, the shortage of inputs, transportation difficulties, poor communication, autocratic leadership styles, scarce stimulation of creativity and innovation, as elements that generate discomfort in the workers and affect their work performance (Avila, 2014, 2015; Medina, 2017; Rodríguez, 2016). A possible way of feedback to organizations on the impact of these factors on the job performance and health of workers is the diagnosis of annual occupational risks that are carried out in organizations, if these are carried out with a comprehensive health approach (considering the physical, mental and social dimension in their interrelation) and with the active participation of workers.

In much of the countries and international organizations, the study of the relationship between work and mental health has been essentially dominated by the theme of stress and quantitative, statistical and epidemiological research. Regardless of the theoretical and methodological models of reference, the actions recommended as a consequence of these stress studies are essentially related to the individual management of stress. Consequently, they do not criticize the organization of work and are limited, therefore, to a “treatment of symptoms.”

In contrast, the current approaches to research related to work and occupational health known as “work clinics” (these include the Psychopathology of Work and the Psychodynamics of Work) reveal the process of subjectivation of workers against the work process and its objective conditions. Being consistent with this philosophy, it is necessary to look for the identification of the elements for an intervention that is not limited only to individuals, but also integrates the transformation of work organization. For this, the active participation of workers in the diagnosis of risks that takes place annually in organizations is extremely important. It is the workers who best know the risks to which they are exposed in their jobs and can offer very creative suggestions on how to manage them proactively. In the case of factors and risks of a psychosocial nature, participation is an element of

first order, since evaluation measures of excellence are the perception and experience of workers.

In the order of the methodological, the combination of closed and open techniques is recommended. The latter allow to collect the concrete and diverse experiences of each employment situation, due to its flexible nature.

The current approach to safety and health in the world, the priorities given by international organizations, especially the International Labor Organization (ILO) and the need to reduce or eliminate the negative effects in terms of accidents and occupational diseases have forced to give a change in this subject, integrating it to the business activity as a system, from the achievement of the strategic objectives of the organization and the increase of the quality of working life. Thus, the Management of Safety and Health at Work (GSST) must be developed and integrated into business management through the management of human resources. This is not an easy task, it requires the change of deeply rooted paradigms and in particular, the development of a work culture of safe and healthy habits.

2.2 Critical analysis of the regulatory framework on occupational safety and health

At contemporary practices of human capital management in Cuba, the competency management model has been highlighted, which favors the integration of different human resources management systems (HRM) with the organization's strategy, placing the competencies in the center labor, which conditions superior performance of the organization and its members. With this reference and starting with Cuban models (Cuesta, 2005, Morales, 2009), Cuban Standards 3000 (Vocabulary), 3001 (Requirements) and 3002 (Implementation) for the integrated management of human capital (SGICH) in organizations were endorsed in Cuba, in 2007. One of the essential processes of human capital management is the occupational health and safety system, which consists of an

[...] activity aimed at creating the conditions, capacities and prevention culture for the worker and his organization to develop the work efficiently and without risks, seeking ergonomic conditions, avoiding events that cause damage arising from work, which may affect their health and integrity, the assets of the organization and the environment" (NC 3000/2007).

Despite the intended integration, the experiences of some companies certified in the NC 3002 / SGICH show that only in 30% of them apply competency profiles in the SST process (Medina & Vitier, 2016). As a trend, greater attention is paid to quality management and internal control systems, due to their visible impact on productivity. However, it is necessary to integrate human capital management (NC 3001/2007) with NC 9001/2015 quality management, and NC 18000/2015 that regulates the management of occupational safety and health in the workplace. Cuban organizations and the NC 14001/2015 of environmental protection are to act as an integrated system in the management of the organization. This would encourage greater coherence and alignment in business behavior and lower costs related to health and safety problems derived from its poor planning.

It is evident that in Cuba there is a political will that is oriented to the protection of the worker and his environment, becoming explicit in a regulatory framework (Constitution of the Republic, NC 18 001/2015, NC 3000/2007, Law 116 Labor Code /2014). However, the awareness of the labor community in general with respect to health and safety at work tends to be very poor and limited. Too often it is not assigned the priority it deserves. On the other hand, the content analysis of its definitions shows us a reductionist approach in the management of safety and health, since it is limited to the prevention of accidents and occupational diseases (physical health), leaving the workers unprotected in numerous damages and impairments in their integral health that are related to labor causes.

Due to this, it is considered that the Cuban regulatory framework privileges a traditional approach in the management of safety and health, with emphasis on the prevention of occupational diseases and accidents, leaving aside a considerable group of possible conditions and discomforts suffered by the workers in the plane of mental and social health (Medina, 2016).

The Cuban Legislative System on Health and Safety at Work requires an urgent updating and simplification due to the complexity and legislative diversity that goes from the Constitution of the Republic, which is currently in the process of renewal through popular consultation, passing laws, decree laws, resolutions, instructions, up to Cuban standards. It suffers from the new tendencies on the attention to the psychosocial factors within the management of occupational risks and the implementation of effective mechanisms that allow, not only to effectively prevent the dysfunctional aspects in the work (not reducible to accidents and

professional illnesses), but to enhance functional aspects that have a transcendental impact on organizational efficiency and worker health (Medina, 2016).

In our opinion, it is a system that requires greater attention in the administration of the entities, incorporating in its management not only the physical, biological, chemical and ergonomic risks, but also the psychosocial ones. The latter are not recognized by the Labor Code (Law 116), but their ignorance does not imply, in any way, that these are absent in organizations and significantly affect the occupational health of workers and the efficiency of our organizations. The recent ISO 45001 standard of 2018 for the management of SST incorporates the factors and risks of a psychosocial nature with a high level structure. This has been welcomed by Cuba to make the gradual transition of the OSHAS 18001 standards, which represents a paradigm shift in the management of the OSH system.

2.3 Factors and psychosocial risks. Their relevance for the management of the SST

Psychosocial factors and risks acquire a special significance due to their ubiquity and the complexity that characterizes them.

In the literature, concerning this subject, there are three ways of referring to the psychosocial aspects: as psychosocial factors, as psychosocial risk factors and as psychosocial risks. Frequently, they are used as interchangeable and there is no usual and academic differentiation net between them. However, differential aspects can be noticed in their use and a certain degree of gradation in the connotations is involved (Moreno, 2011).

In the publication resulting from the meeting of the Joint ILO / WHO Committee (1984, p. 5), psychosocial factors are defined as:

Interactions between work, the environment, satisfaction with work, the conditions of organization and capabilities of the worker, needs, culture, personal considerations outside work that through perceptions and experiences can influence health, performance and satisfaction at work.

These factors can acquire a positive or negative connotation (Arrillaga, De Lellis, & Barreiro, 2012; Neffa, 2015; Mansilla, 2013; Moreno & Báez, 2010; Warr, 2013), according to the character resulting from the interaction of its elements and

the subjectivation that the workers make of them, in which the assessment of their own capacities to adapt to these conditions takes part.

If these factors are functional and beneficial for the job performance and health of the workers, they can be considered as protective psychosocial factors. These contribute to enhance human development at work, motivation and job satisfaction, identity with work, job performance, among other aspects.

In another sense, psychosocial risk factors are defined when psychosocial factors bifurcate as dysfunctional aspects, triggers of tension and stress, that is, when they have a probability of negatively affecting the health and well-being of the worker (Gil, 2010; Gollac, 2011; Mansilla, 2013; Comité Mixto OIT-OMS sobre Medicina del Trabajo, 1984; Stavroula, 2010). If these are derived from the organization of work (examples: working hours, work rate, system of breaks and breaks, work shifts, among others), they have a greater impact on performance, occupational health and exposure to other occupational risks. As a result of exposure to them, workers can suffer illnesses, accidents, incidents and impairment of their health. As an extreme example, we can mention *karoshi*, a term coined in Japan to describe sudden death due to overwork, associated with cardiovascular disorders and brain accidents.

Likewise, as a result of the sustained and intense effort made by workers to adapt to psychosocial risk factors, psychosocial risks can be derived. These are conceived as: “alterations in the harmonious functioning of people and organizations, essentially of a subjective nature, which can damage physical, mental or social health and affect medium- and long-term organizational performance” (Medina, 2017, p.). Although psychosocial risks are associated with psychosocial risk factors, there is no direct and linear relationship between them. Due to the subjective mediatization that workers make of the psychosocial risk factors and the coping mechanisms that they articulate for their adaptation and / or modification, different effects on their health can be derived (Gil, 2012, Salanova, Del Líbano, Llorens & Schaufeli, 2014). In this way, the positive or negative balance of psychosocial factors and their influence on health is defined by the personal sense that subjects give them. This denotes the active character of the subjects in the face of the understanding and transformation of their concrete work situation.

Work-related stress is one of the most recognized psychosocial risks. This can seriously affect the overall performance of workers in terms of efficiency and accuracy. Research studies on the impact of work-related stress on the organiza-

tion's results have found a series of associated behaviors that affect productivity, competitiveness and the public image of the company. For example, it can result in greater absenteeism and presentism, as well as less motivation, satisfaction and commitment, coupled with staff turnover and resignation intention (Van den Berg et al., 2009). All of the above can have a negative effect in terms of human, social and financial costs.

The direct and indirect costs related are only beginning to be quantified. For example, in Europe, the estimated cost of work-related depression is 617 billion euros per year, which includes the cost to employers of absenteeism and presentism (272 billion euros), loss of productivity (242 billion of euros), the costs for public health (63 billion euros) and the costs of social security disability compensation (39 billion euros) (Matrix Insight, 2012).

For an organization or company to perform effectively and be productive, it requires that within it there is a balance between human factors and working conditions. On one hand, the organization must create the necessary environment for its workers to feel motivated and safe, so that their physical and mental health is guaranteed, affecting directly an increase in their work capacity. On the other hand, human management is essential for the success of any company, any type of error on the part of the staff that works in it can result in economic losses and development opportunities for this and its members. Therefore, the management of psychosocial factors and risks should be considered as elements that complete the management of health and safety at work. The management of physical, chemical, biological and ergonomic risks and the prevention of accidents and occupational diseases is not enough.

Psychosocial risks must be made visible, taken care of and managed if we want to promote a healthy work environment. Its prevention is extremely necessary to promote human development and ensure the sustainability of the organizations. In addition, it is recommended to promote the protective psychosocial factors associated with work, complementing in this way the prevention and promotion of occupational health approaches.

A healthy and safe work environment is the best guarantee of work performance, health of workers, and motivation and organizational involvement. The loss of quality of work entails costs sometimes difficult to observe in the short term, but always present in the medium and long term.

3. Conclusions

Based on the analysis developed in the present work, we can reach the following conclusions: 1) Numerous changes at the macrosocial level and in the Cuban workplace have conditioned the emergence of new safety and health risks, among which psychosocial factors and risks stand out. 2) Some empirical studies show the presence of psychosocial risks such as: stress, fatigue, burnout and the addiction to work in Cuban organizations, which demands a greater and better preparation of the labor community to face them. 3) Mental health problems derived from psychosocial risks also cause damage to the efficiency of the organization. 4) The Cuban regulatory framework on occupational safety and health suffers from new trends that include the analysis of psychosocial factors and risks determined by the processes of organization and management of work. 5) Integral management (of traditional and psychosocial risks) and integrated management (between quality systems, environment and SST) is required to achieve better organizational results, along with greater welfare of workers.

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