Conclusions

A number of themes focusing on work-related stress and its consequences are discussed in the selected studies which, although not suitable for a uniform discussion, they all report on situations of practical relevance for workers' well-being. Ardito et al (1), while reviewing work-related psychosocial risk factors in a highly representative sample of workers from several European Countries, highlighted the main sources of discomfort, taking also gender-related differences into account. Lanfranchi et al (6) and Camerino et al (3) focused on methodologies useful for detecting and possibly taking action on work-related stress in hospital wards and call centres, which equally reflect similarities and differences in sources of distress. Porru et al investigated mental health problems among immigrants and Balducci et al (2) enquired into emotional demands as causes for suffering in nurses. In order to find out a common element binding these approaches and reach a minimum consensus on which operational issues might derive from themes that apparently do not have a content synergy, it might be useful to recall the concept of sense of work in individual life and, from this perspective, look at workers' characteristics examined in this special issue. Just apparently simple or simplifying, Kumashiro's definition reads: "Work is a thoughtful action, to work means to think and to act" (5). This implies that the subject at work, any kind of work, must have the possibility to think and plan an action and to execute and value the result. These steps give sense to work. How obvious is the statement that a worker must have the possibility to think? To what extent are these steps fully present and dealt with in the populations examined? In Porru et al's report on immigrants' mental state, there is a major fact that stands out regarding the 20 subjects included in the study. Only four of them (a physician, a dental assistant, a machine operator and a health operator) have a job which is congruent with the educational level reported. The majority has an education much higher than the level required by their actual job, where executing rather than thinking capacity is demanded, let alone planning before executing. These aspects are decided elsewhere, in a sort of residual taylorism. This discrepancy results in a loss of self-image and adds to earlier traumas that immigrants had to face when, after having left their home country, they had to deal with unknown societies, languages and ways of living. We might conclude that for Porru et al's subjects Kumashiro's definition has no meaning. Many other issues could be considered in relation to immigrants but these two aspects alone are able to explain the profound upheaval they experienced, possibly resulting also in personality alterations; this without even thinking of a premorbid condition existing prior to migration, an option that too often we are prone to consider each time we must diagnose these cases. Completely different is the population studied by Balducci et al. Nursing profession entails a job in which thinking, planning and executing are considered intrinsic aspects by both employees and the organization. However, we are aware of the complexity that coexists with time pressures, emergencies and staff shortage, all of which induce situations where only a sort of stimulus-response schedule is often possible. The resulting feeling is of being impotent to influencing and modifying the existing reality, which implies that often automatisms replace thinking, planning and executing. Such a stressful situation gives rise to sometimes open but often more silent emotional reactions. The study does not distinguish among nursing wards but there are certainly modulations depending on this. Ardito et al's European overview points, for workers of both genders, to the prerequisite of hiding emotions and the need, reflecting loneliness, to be supported by co-workers and managers. Women share the same emotional duress, time conflicts and need for enhanced social climate. These realities are certainly less dramatic but still reflect the difficulty of giving sense to work. Camerino et al's paper reports on stress evaluation procedures in two call centres. Call centre activity is often described by researchers as scarcely motivating, with pre-established strict time limitations for client-operator contacts, high time pressure, high need for emotional control with expected neutral or even friendly reactions towards any kind of clients' verbal behaviour. Thus, also in these job areas the thinking-planning-executing sequence is hard to attain and therefore it is not surprising that especially in-bound activities have shown

risk factors possibly impairing mental health and work ability (4). The need of social support to cope with unfavourable work conditions is also apparent among Lanfranchi et al's healthcare workers across all examined wards, though to a different extent. The five studies not only give an overview of the sources of distress in European Union's work environments, but prove how specific should operational procedures be to recognize contextual factors in work-related stress assessment.

The second theme treated in this issue has mainly methodological implications, and is dealt with in the last two studies of Camerino et al and Lanfranchi et al. These papers discuss the importance, during work-related stress assessment, of complementing quantitative assessment with an *in-depth* exploration of workers' subjective points of view and reactions. After applying widely used questionnaires, both studies adopted qualitative approaches to risk assessment: specifically, Camerino et al utilized semi-structured interviews, whereas Lanfranchi et al. opted for the focus group procedure. The study of Camerino et al reports on a complex and multilevel procedure, aiming not only at measuring objective and subjective factors and at informing intervention programs, but - hopefully - also at developing a well-being culture that prevents the onset of discomfort as well as stress-related illnesses. Lanfranchi et al's procedure opened the possibility to provide a dynamic account of the psychosocial context, where also the current crisis of the healthcare system could be recognized as an important factor.

It is well-known that the two methods rely on different assumptions, i.e. the focus group is based on a direct interaction and immediate confrontation of opinions which induce a clarification of subjective views and personal positions, while interviews have a more linear structure (interviewer-interviewee) allowing an in depth examination of individual positions. Hence, both have advantages and disadvantages and both might call for reciprocal integration. But of course the final choice largely relies on the researcher's aims as well as on his/her competence in using the different instruments. A final point must be stressed. Integrated risk evaluation procedures can be used in large work realities, while in medium-size companies these can be a significant challenge and in small realities even a non-sense approach. More research is needed on how to evaluate psychosocial risks in those 95% of Italian enterprises consisting of less than 15 workers and/or among workers in part-time or atypical jobs. In small realities the development of a prevention culture, realized in a daily attention to and intervention on stress-related problems, can be profitable for workers and employers and might be a more feasible way to address the problem.

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