

European Survey of Enterprises on New and Emerging Risks

Summary

EU-OSHA's Europe-wide establishment survey aims to assist workplaces to deal more effectively with health and safety and to promote the health and well-being of employees. It provides policy makers with cross-nationally comparable information relevant for the design and implementation of new policies in this field.

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Background

Through the Framework Directive 89/391/EEC and its individual directives, European Union legislation provides the framework for workers in Europe to enjoy high levels of health and safety at the workplace. Implementation of these provisions differs from one country to another and their practical application varies according to sector, category of worker and size of enterprise. The increasing importance of 'emerging' risks, such as stress, violence and harassment, poses a challenge for policy makers in their development of effective prevention measures.

In this context, EU-OSHA's European Survey of Enterprises on New and Emerging Risks (ESENER) asks both managers and workers' health and safety representatives about the way health and safety risks are managed at their workplace, with a particular focus on psychosocial risks, i.e. work-related stress, violence and harassment. In spring 2009 a total of 28,649 managers and 7,226 health and safety representatives were interviewed in the

31 countries covered: the EU-27 as well as Croatia, Turkey, Switzerland and Norway.

Developed with the support of governments and social partners at European level, ESENER aims to assist workplaces across Europe to deal more effectively with health and safety and to provide policy makers with cross-nationally comparable information relevant for the design and implementation of new policies. As well as looking at management practices, ESENER explores in detail how workers are involved in the management of safety and health at work, which is an important factor in the successful implementation of preventive measures at workplace level.

Key findings

As our society evolves under the influence of new technology and of shifting economic and social conditions, so our workplaces, work practices and production processes are constantly changing. These new work situations bring with them new and emerging risks and challenges, which in turn demand political, administrative and technical approaches that ensure high levels of safety and health at work.

The findings from ESENER¹ suggest that European enterprises use formal (policy or procedure based) actions to address both general occupational safety and health (OSH) issues and psychosocial risks, but also use less formal (ad hoc) actions, especially when it comes to psychosocial risks.

1. ESENER does not include establishments with fewer than 10 workers, nor does it cover agriculture, forestry and fishing (NACE A), households (NACE T) and extraterritorial organisations (NACE U).

- Formal OSH policies are more frequent in larger establishments and, by country, in Ireland, the United Kingdom, the Netherlands and the Scandinavian countries compared to southern European countries, the newer Member States and the candidate countries. This might be due to differences in the awareness, knowledge and tradition of dealing with OSH in these countries.
- Enterprises that do not have an OSH policy or do not carry out risk assessments or similar measures² cite that these are not necessary or that they lack expertise as the key reasons. This appears to be more frequent among smaller enterprises and in certain countries. Interestingly, legal complexity is not reported to be a main obstacle for the adoption of OSH policies.
- Risk assessments or similar measures are more likely to be carried out by enterprises having a health and safety representative and in larger establishments as well as in the more hazardous sectors. Employee representation appears to be a key driver for addressing OSH issues.
- More than one third of establishments – particularly the smaller ones – outsource risk assessments to external providers. There are, however, important country differences, with very low outsourcing being reported in Denmark, the United Kingdom, Sweden and Estonia, even among the smaller establishments.
- In about 40% of establishments OSH issues are regularly raised at high level management meetings, while line manager’s involvement in OSH management is reported to be very high or quite high in the majority of establishments (75%). This is promising as line manager involvement is a key factor in the implementation of good OSH practices.
- Accidents, musculoskeletal disorders (MSDs) and work-related stress are the principal OSH concerns for European enterprises. Violence and especially bullying and harassment are reported to be a major concern in a fairly large number of enterprises.
- Management of psychosocial risks is more frequent in the health and social work sector and in larger establishments. Southern European countries – except Spain – show less awareness and are less likely to take action to manage psychosocial risks.
- More formalised procedures to manage psychosocial risks appear widespread in only a few countries, such as Ireland, the United Kingdom, the Netherlands and the Scandinavian countries, as well as in large establishments and in the public, financial intermediation, education, and health and social work sectors.
- Establishments generally deal with psychosocial risks by providing training and implementing changes in work organisation. However, only about half of the respondents inform employees about psychosocial risks and their effect on health and safety.
- Fulfilment of legal duties and requests from employees appear to be the main drivers for addressing both OSH in general and psychosocial risks.
- The most important barriers to addressing psychosocial risks in establishments are the perceived sensitivity of the issue, together with lack of awareness and lack of resources.
- Managers recognise that employee participation is a key success factor both for OSH and for psychosocial risk management and, therefore, the role of the social partners remains crucial for the implementation of effective measures.

2. Note that ESENER asks about workplace checks rather than risk assessments, which are more formal.

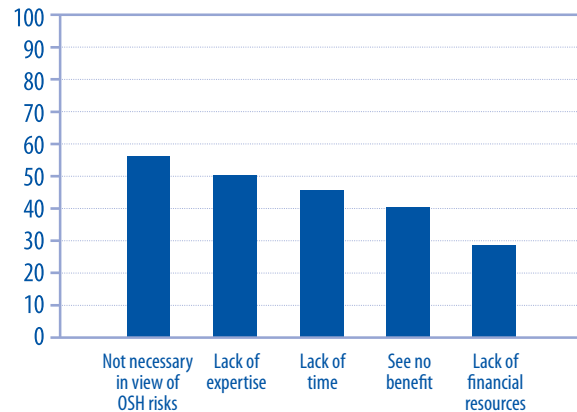
OSH Management

Occupational safety and health (OSH) is a cross-disciplinary area concerned with protecting the safety, health and welfare of people engaged in work. Increasingly complex work processes and changes in working conditions, together with the resulting new or changing types of hazards, imply a new and systematic approach to safety and health at work. Solutions are required which allow employers to take account of safety and health principles at all operational levels and for all types of activity, and to convert them into appropriate measures on a routine basis.

General health and safety management in the establishment

- A documented OSH policy, established management system, or action plan, is reported to exist in the majority of establishments (76%), with higher prevalence noted in larger establishments. By country, the highest shares are reported in the United Kingdom (98%), Spain (97%) and Ireland (96%), in contrast to Greece (38%), Turkey (38%) and Luxembourg (46%).
- Among establishments having such a documented policy, about 33% consider that it has a large impact on OSH in their workplace and about 52% that it has some impact. These shares are higher among larger establishments, which could reflect their level of available resources to implement them effectively or their greater use of formal procedures.
- The main reason cited for not having such a policy is that it is 'not seen as necessary due to the OSH risks in the establishment' (54%) (Figure 1). This is highest in the financial intermediation sector (69%) and among small establishments, which may reflect either the real absence of risks or lower levels of risk awareness in SMEs. By country, this category is highest in the Czech Republic (71%) and Poland (70%).

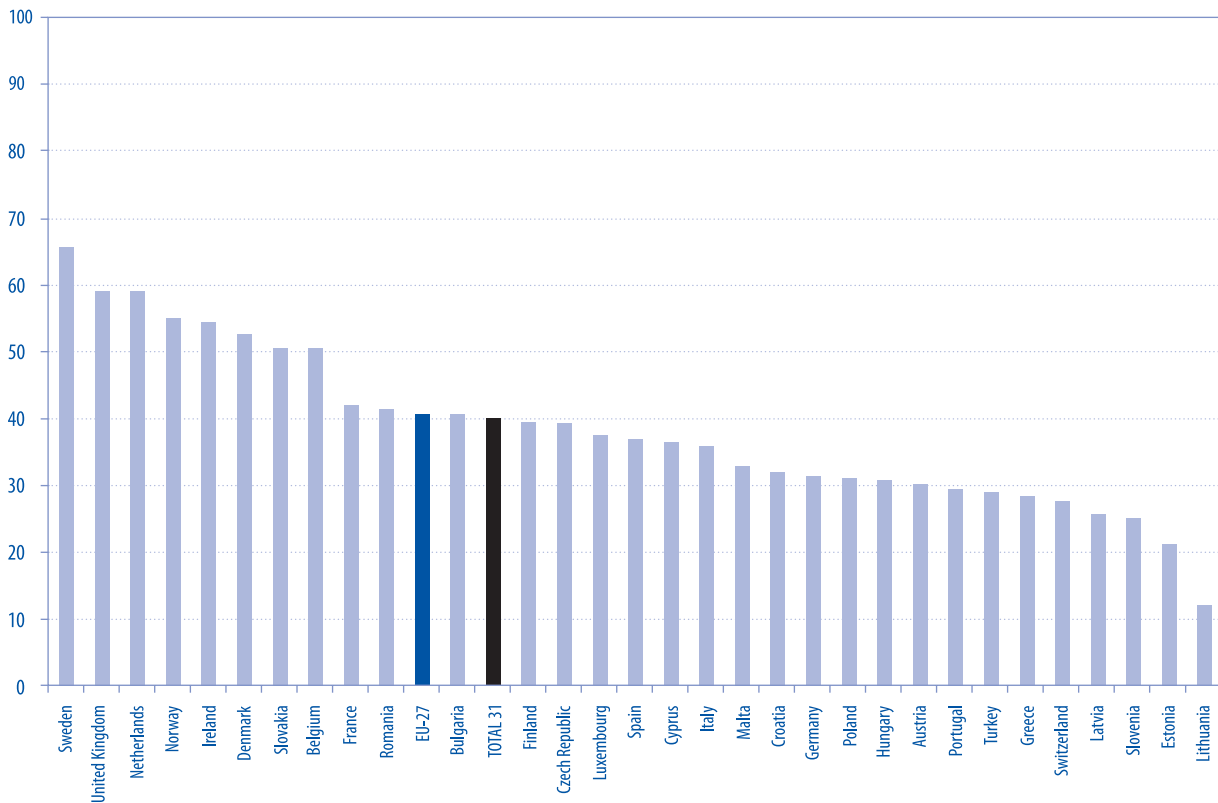
Figure 1: Reasons for not having developed a documented policy, management system or action plan (% establishments, EU-27).



Base: establishments that have NOT developed a documented policy, management system or action plan.

- The second most frequent reason is a 'lack of expertise' to develop these (51%), which is highest in Germany (65%) and France (60%). This is again an interesting finding, suggesting that even in the older Member States there could be a lack of expertise at establishment level to implement OSH policies and systems.
- Management involvement in OSH is recognised as a key factor for the implementation of actions to address OSH issues. ESENER explores this at both the high level and line level management.
- OSH issues are reported to be 'regularly' raised in **high level management** meetings only in about 40% of the establishments surveyed, with the share growing with establishment size. By country, it is reported more frequently in Sweden (66%), the United Kingdom (60%) and the Netherlands (60%), while the lower percentages correspond to Lithuania (14%) and Estonia (22%) (Figure 2).
- About 15% of respondents report that OSH issues are practically never raised in high level management meetings.

Figure 2: Health and safety issues regularly raised in high level meetings, by country (% establishments).



Base: all establishments.

- **Line managers'** commitment is regarded as a key success factor in management of OSH, so it is promising that their involvement is reported to be high or very high in the majority of establishments (75%). The highest levels of involvement are reported in Italy (92%) and the Netherlands (90%).
- Safety experts (71%) and occupational health doctors (69%) are the most frequently used OSH services in the EU-27. Larger establishments report a higher use of all types of OSH services.
- Enterprises in some countries, such as Finland, draw on a broad variety of OSH experts, while in others the range of experts used is much narrower (e.g., Greece). A number of reasons could explain these findings, such as lack of awareness, lack of prioritisation, or lack of available expertise (Table 1).

Table 1: Health and safety services used: countries with the highest and lowest shares (% establishments).

Expert (%EU-27 average)	Country	
	High	Low
Safety expert (71%)	Italy (93%)	Denmark (15%)
	Slovakia (87%)	Estonia (21%)
	Latvia (87%)	Turkey (23%)
Occupational health doctor (69%)	Finland (97%)	Denmark (13%)
	Hungary (97%)	Switzerland (13%)
	Belgium (94%)	Lithuania (15%)
General OSH consultancy (62%)	Italy (86%)	Turkey (19%)
	Spain (82%)	France (20%)
	Hungary (80%)	Greece (24%)
Ergonomics expert (28%)	Finland (77%)	Greece (7%)
	Sweden (68%)	Hungary (8%)
	Spain (59%)	Austria (11%)
Psychologist (16%)	Sweden (65%)	Greece (4%)
	Finland (52%)	Lithuania (5%)
	Denmark (48%)	Turkey (6%)

Base: all establishments.

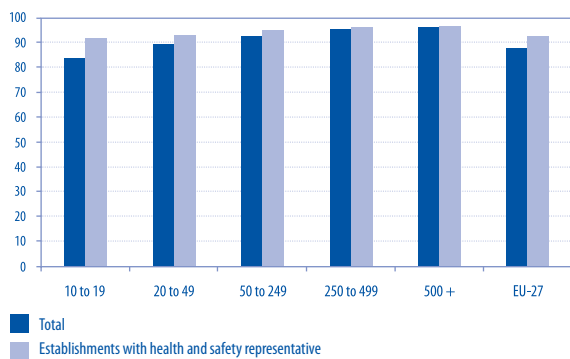
- The use of ‘psychologists’ is more frequently reported in health and social work (37%) and in education (33%), probably reflecting the higher levels of awareness and reporting of psychosocial risks that are typical of these sectors.

Risk assessment or similar measure

An important OSH issue explored by ESENER is whether workplaces are regularly checked for safety and health as part of a risk assessment or similar measure³.

- A majority of establishments in the EU-27 (87%) carry out checks as part of a risk assessment or similar measure, with slightly higher percentages among establishments having a health and safety representative. This positive finding captures the range of less formal measures that might be used, particularly by smaller establishments (Figure 3).

Figure 3: Workplaces in establishment regularly checked for safety and health as part of a risk assessment or similar measure, by establishment size (% establishments, EU-27).



Base: all establishments.

- By country, establishments in Italy (99%), the United Kingdom (97%) and Spain (95%) report the highest levels of risk assessments or similar measures. By sector, the highest shares – over 90% – correspond to the more hazardous ones, such as mining (99%), manufacturing (91%) and construction (91%), as expected.

- Across the EU, 36% of establishments report that they outsource risk assessments to external providers, however between individual countries the figure varies widely (Figure 4).

- In general, the smaller the establishment, the more likely it is to outsource risk assessment to external providers. In some countries however, outsourcing is the exception even among the smallest establishments surveyed (e.g. Denmark).

- These differences between countries may be due to the way OSH related services are structured at national level or to a custom of outsourcing, but it should be noted that outsourcing can also be associated with a low level of management commitment to OSH.

- Checks are reported to be conducted at regular intervals by 83% of establishments. The larger the establishment, the more likely it is that they are carried out due to ‘request of employees’, which could reflect the higher prevalence of health and safety representatives among larger establishments.

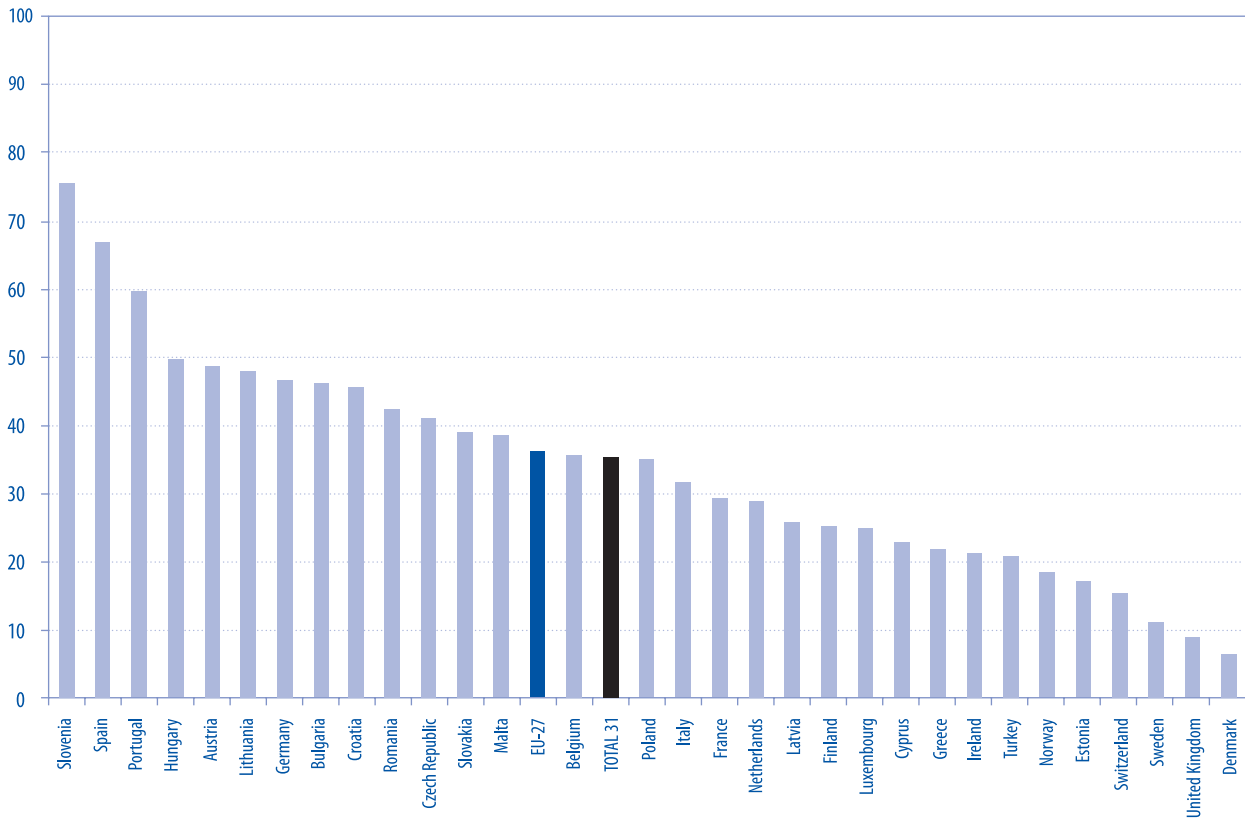
- The areas most frequently covered by these checks are ‘equipment and the working environment’ (96%) and ‘work organisation’ (75%), while the follow-up actions are centred on ‘equipment and the working environment’ (84%), ‘training provision’ (80%) and ‘work organisation’ (63%). Interestingly, although reported actions tend to centre on the more traditional issues of equipment, work environment and training, a significant proportion of establishments also report focusing on work organisation issues.

- In the 12% of establishments **not** carrying out regular health and safety checks, the most frequently cited reason is that they are ‘not necessary because we do not have major problems’ (71%). In terms of countries, this reason is given very frequently in the Czech

3. It should be noted that ESENER asks about workplace checks rather than risk assessments, which are more formal.



Figure 4: Risk assessments or workplace checks normally contracted to external service providers, by country (% establishments).



Base: establishments where there are regular health and safety checks of workplaces.

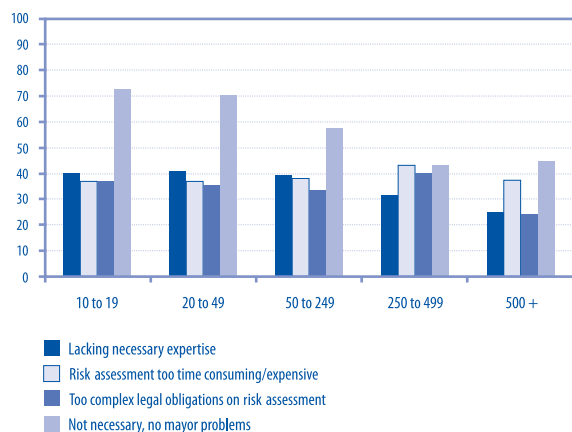
Republic (95%) and Denmark (92%), while it is below average in Spain (50%) and Greece (52%). As this reason is commonest among the smallest establishments, it raises the question of whether smaller enterprises are less likely to have major problems or whether they are less aware of OSH issues (Figure 5).

- In contrast, ‘too complex legal obligations’ is given as a reason for not carrying out checks by only 37% of respondents.

Health and safety risks

- Accidents are reported as the main concern for European managers (80% major or some concern), followed by work-related stress (79%) and musculoskeletal disorders (78%)

Figure 5: Reasons why these checks are not regularly carried out, by establishment size (% establishments, EU-27).

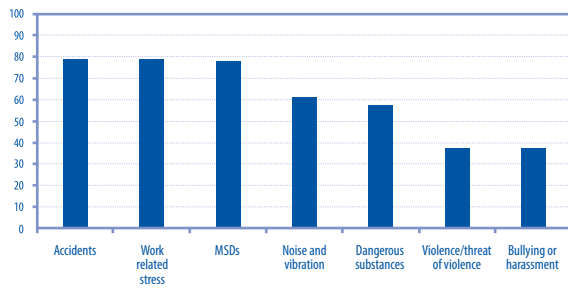


Base: establishments where there are no regular health and safety checks of workplaces.



(Figure 6). Violence or threat of violence and bullying and harassment are reported to be a major or some concern by almost 40% of respondents, the highest shares being reported in health and social work and in education (Table 2).

Figure 6: Issues that represent some or major concern (% establishments, EU-27).



Base: all establishments.

Table 2: Health and safety concerns and sectors where they are most frequently reported to be of some or major concern (% establishments, EU-27).

Issues (%EU-27 average)	Activity sector
Accidents (80%)	Construction (90%)
	Electricity, gas and water supply (87%)
Work-related stress (79%)	Health and social work (91%)
	Education (84%)
MSDs (78%)	Electricity, gas and water supply (87%)
	Health and social work (86%)
Noise and vibration (61%)	Mining and quarrying (84%)
	Construction (82%)
Dangerous substances (58%)	Electricity, gas and water supply (75%)
	Mining and quarrying (73%)
Violence or threat of violence (37%)	Health and social work (57%)
	Education (51%)
Bullying or harassment (37%)	Health and social work (47%)
	Education (47%)

Base: all establishments.

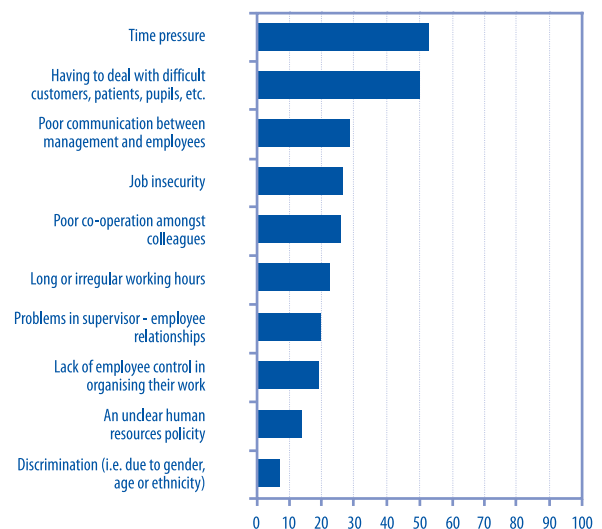
- Smaller establishments are less likely to report that **any** risks are a major or some concern, which could be due to a genuine absence of risks in these establishments or simply to lower levels of risk awareness.

Psychosocial risks and their management

Significant changes which are taking place in the world of work lead to emerging psychosocial risks. Such risks, which are linked to the way work is designed, organised and managed, as well as to the economic and social context of work, result in an increased level of stress and can lead to serious deterioration of mental and physical health.

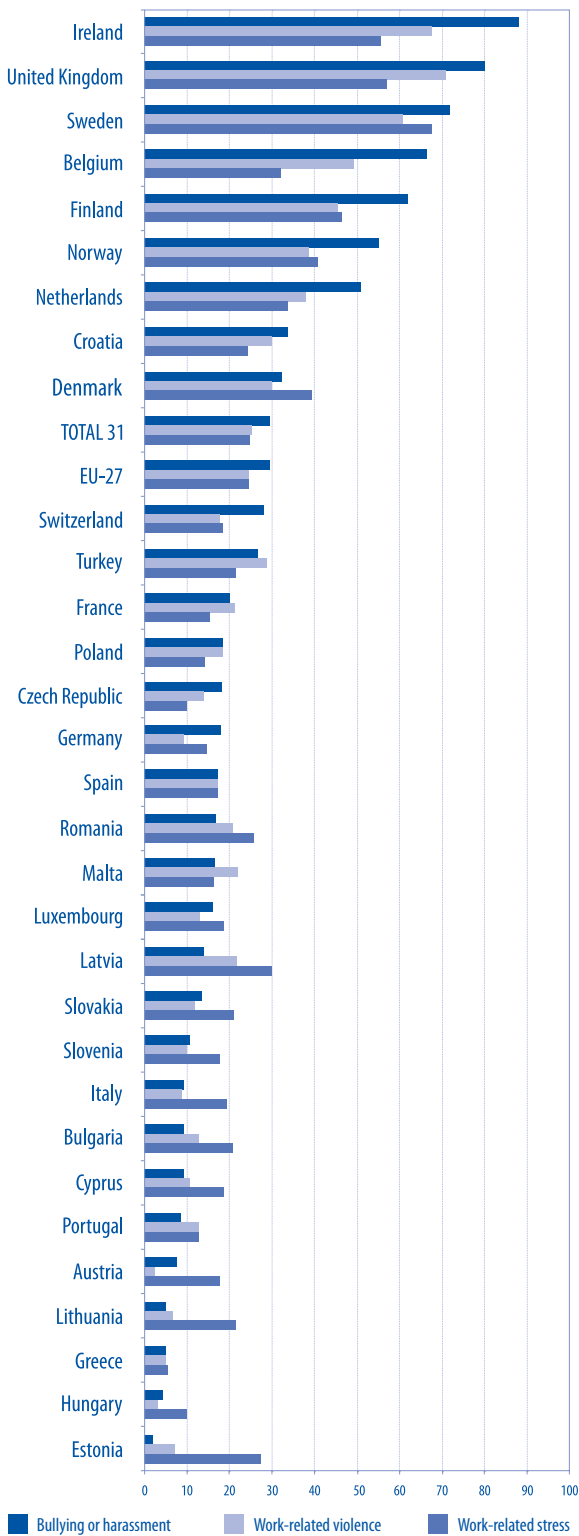
- Regarding the factors contributing to psychosocial risks, managers' principal concerns are 'time pressure' (52%) and 'having to deal with difficult customers, patients etc.' (50%) (Figure 7). 'Time pressure' is most commonly reported as a concern in larger establishments and in the real estate sector (61%), and in the Scandinavian countries (highest in Sweden at 80%), while it is lowest in Italy (31%), Hungary (37%) and Latvia (41%).

Figure 7: Managers' concerns as regards factors contributing to psychosocial risks at work (% establishments, EU-27).



Base: all establishments.

Figure 8: Procedures to deal with psychosocial risks at work, by country (% establishments).

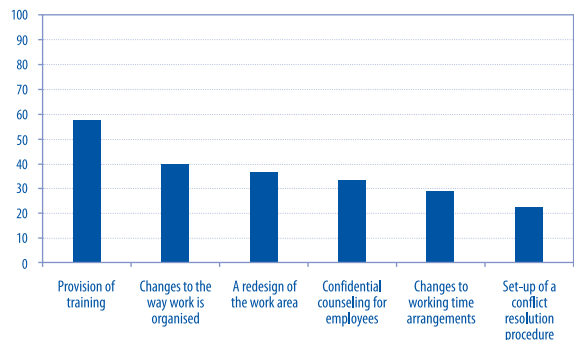


Base: all establishments.

Psychosocial risk management

- ESENER explores psychosocial risk management in two ways: (a) whether there are procedures in place to deal with work-related stress, violence and bullying in a formal way, and (b) whether measures have been taken to control specific psychosocial risks.
- Less than a third of establishments in the EU-27 report having **procedures** in place to deal with bullying or harassment (30%), work-related violence (26%), or work-related stress (26%). Higher prevalence is reported in larger establishments.
- These more formalised procedures are widespread in only a few countries; the highest frequencies being reported in Ireland, the United Kingdom, the Scandinavian countries and Belgium (Figure 8). By sector, these procedures are more frequent in health and social work, education and financial intermediation. These findings might relate to the nature of the work in these specific sectors and to the level of awareness and custom in dealing with psychosocial risks in these specific countries.
- Among the **measures** taken, 'provision of training' (58%) and 'changes to the way work is organised' (40%) are reported to be the most frequent (Figure 9). The percentage is higher

Figure 9: Measures to deal with psychosocial risks at work (% establishments, EU-27).



Base: all establishments.

in large establishments, while the health and social work sector consistently reports higher figures across all measured categories.

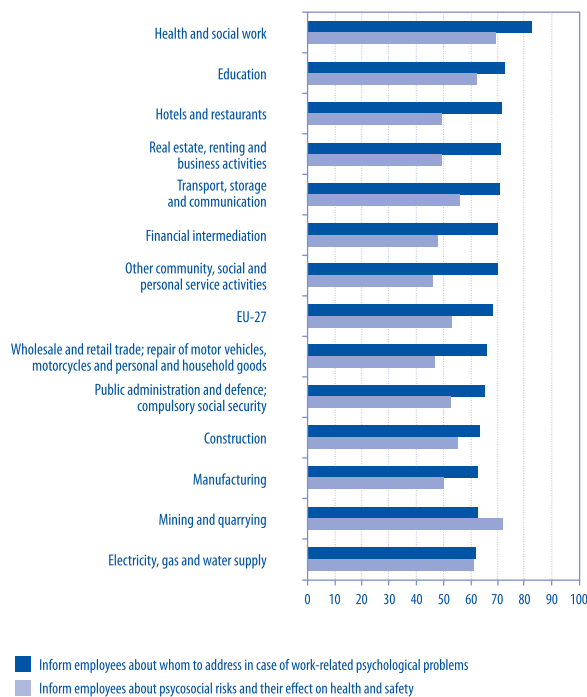
- Again, measures to manage psychosocial risks at work are reported more often in Ireland, the United Kingdom, the Scandinavian countries and the Netherlands. Fewer psychosocial measures are taken in small companies, in Southern European countries and in the manufacturing sector.
- 53% of establishments report that they inform employees about psychosocial risks and their effect on health and safety, while 69% inform them about whom to contact in case of work-related psychosocial problems. In both cases, large establishments report higher frequencies.

- By sector, informing employees about psychosocial risks and their effect on health and safety is reported more frequently in mining and quarrying (71%) and health and social work (69%). Information about who to address in case of work-related psychosocial problems is provided most frequently in the health and social work (83%) and education (73%) sectors (Figure 10).

Drivers and barriers

The reasons why establishments are motivated to address OSH management and psychosocial risk management – or why they fail to do so – are moderated by a variety of factors, such as compliance with laws and regulations, rationality, understanding of business benefits or costs, orientation towards values and norms, etc. However, there are a number of overriding factors, such as levels of awareness and prioritisation, management commitment and employee involvement, which are important drivers for OSH management and psychosocial risk management.

Figure 10: Information to employees about psychosocial risks, by sector (% establishments, EU-27).



Base: all establishments.

OSH management – Drivers

- The most prominent reason for addressing health and safety is ‘fulfilment of legal obligations’, which is cited by 90% of management representatives in the EU-27 (Table 3). There are no significant differences by establishment size or sector.
- The second most frequent reason is ‘requests from employees or their representatives’ (76%), the lowest share corresponding to the hotels and restaurants sector (71%) and the highest to mining and quarrying (87%).
- ‘Requirements from clients or concern about the organisation’s reputation’ is also an important driver for OSH management (67%); it is given as a reason by 77% of management representatives in the hotels and restaurants sector, but only by 53% in public administration.

Table 3: Reasons for addressing health and safety at the establishment (% establishments reporting 'major importance').

Reason (% average EU-27)	Country	
	High	Low
Fulfilment of legal obligation (90%)	Hungary (97%)	Greece (70%)
	Romania (96%)	Cyprus (73%)
	Finland (96%)	Latvia (74%)
	Finland (96%)	Croatia (23%)
	Romania (91%)	Bulgaria (54%)
Requests from employees or their representatives (76%)	Denmark (90%)	Slovenia (55%)
	Turkey (89%)	Croatia (12%)
	Portugal (83%)	Slovenia (40%)
Requirements from clients or concern about the organisation's reputation (67%)	Romania (83%)	Austria (46%)
	Finland (93%)	Croatia (10%)
	Norway (91%)	Italy (33%)
Staff retention and absence management (59%)	The Netherlands (87%)	Poland (37%)
	Germany (80%)	Croatia (16%)
Pressure from the labour inspectorate (57%)	Turkey (73%)	Austria (25%)
	Romania (68%)	Bulgaria (28%)
	Turkey (84%)	Croatia (15%)
	Romania (83%)	Italy (35%)
Economic or performance-related reasons (52%)	Portugal (78%)	Luxembourg (38%)

Base: all establishments.

OSH management – Barriers

- Regarding the main difficulties in dealing with health and safety, 'lack of resources (time, staff or money)' is reported as a major factor by 36% of establishments in the EU-27 (Table 4), with the figure rising to 51% in public administration. By country, this obstacle is the most important in Romania (74%), Portugal (61%) and Latvia (60%), in contrast to Austria (19%), Finland (21%) and the Netherlands (22%).
- The second most common factor, 'lack of awareness' (26%), is a highly relevant barrier in Romania (69%), Portugal (61%) and Cyprus (51%), but only of minor importance for Denmark (6%), Croatia (8%) and Slovakia (8%). 'Lack of expertise' is a major barrier for 24% of establishments, ranging widely from 5% in Slovenia, Croatia and Slovakia to 57% in Portugal, 55% in Turkey and 54% in Romania.

Table 4: Main difficulties in dealing with health and safety (% establishments EU-27).

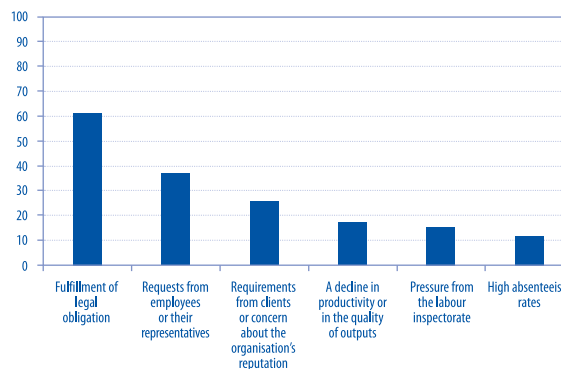
Factor	% establishments EU-27
A lack of resources such as time, staff or money	36%
A lack of awareness	26%
A lack of expertise	24%
The culture within the establishment	24%
The sensitivity of the issue	23%
A lack of technical support or guidance	21%

Base: all establishments.

- Sector-specific results show that 'lack of awareness' is seen as a main difficulty by 31% of respondents in construction as compared to 17% in financial intermediation. Meanwhile, 'lack of expertise' is reported as an obstacle by 28% of respondents in public administration as compared to 14% in financial intermediation.

Psychosocial risks – Drivers

- Among those establishments which report having procedures in place, the major reason for addressing psychosocial risks is 'fulfilment of legal obligation' (63% of respondents in the EU-27), followed at considerable distance by 'requests from employees or their representatives' (36%) (Figure 11).

Figure 11: Reasons for dealing with psychosocial risks (% establishments, EU-27).

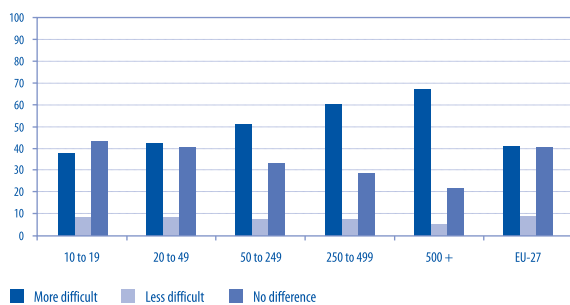
Base: establishments that report having procedures and measures to deal with psychosocial risks.

- ‘Fulfilment of legal obligations’ is most frequently reported in Spain (85%), Ireland (78%) and Bulgaria (77%), in contrast to Greece (30%), Slovakia (33%) and Cyprus (35%).
- ‘Requests from employees or their representatives’ is more common as a driver for the management of psychosocial risks among larger companies than smaller ones. In terms of country results, differences are observed between Finland (63%), Sweden (59%) and Denmark (58%), which score highest, in comparison to Italy (20%), Slovenia (20%) and Croatia (23%). These results may be due to differences in the industrial relations systems, particularly as regards establishments’ openness to requests from employees (or their representatives).
- By sector, ‘requests from employees or their representatives’ is the commonest driver for addressing psychosocial risks in the health and social work sector (49%), but is only cited by 29% in construction.

Psychosocial risks – barriers

- 42% of management representatives consider it more difficult to tackle psychosocial risks, compared with other safety and health issues. Contrary to expectations, bigger companies report these additional difficulties more frequently than smaller companies (Figure 12).

Figure 12: Difficulty in dealing with psychosocial risks compared to other safety and health issues, by establishment size (% establishments, EU-27).



Base: all establishments.

- The most important factors that make psychosocial risks particularly difficult to deal with are ‘the sensitivity of the issue’, ‘lack of awareness’, ‘lack of resources (time, staff or money)’ and ‘lack of training’. The perceived ‘sensitivity of the issue’ is more often a problem in larger establishments, as are problems related to ‘the culture within the establishment’ (Table 5).

Table 5: Factors that make dealing with psychosocial risks particularly difficult (% establishments EU-27).

Factor	% establishments EU-27
The sensitivity of the issue	53%
A lack of awareness	50%
A lack of resources such as time, staff or money	49%
A lack of training and or expertise	49%
A lack of technical support or guidance	33%
The culture within the establishment	30%

Base: establishments that state that –compared to other safety and health issues– it is more difficult to tackle psychosocial risks.

- ‘The sensitivity of the issue’ is more frequently reported as a barrier in Turkey (76%) and Denmark (68%), while it is less often so in Austria (18%), Hungary (21%) and Slovakia (22%). Meanwhile, ‘lack of awareness’ is particularly high in Turkey (75%), Estonia (64%) and the United Kingdom (61%).
- ‘Lack of resources’ is more common in Turkey (80%), Portugal (65%) and Lithuania (63%), in contrast to the Netherlands (34%), Austria (35%) and Italy (38%).
- By sector, ‘lack of resources’ is the most important barrier for dealing with psychosocial risks in education (61%), as opposed to 41% in financial intermediation. In contrast, 61% of respondents in financial intermediation mention ‘lack of awareness’ as a barrier, but only 40% in health and social work. As regards ‘lack of training or expertise’, this is stated as a barrier by 65% of respondents in financial intermediation and by 39% in health and social work.

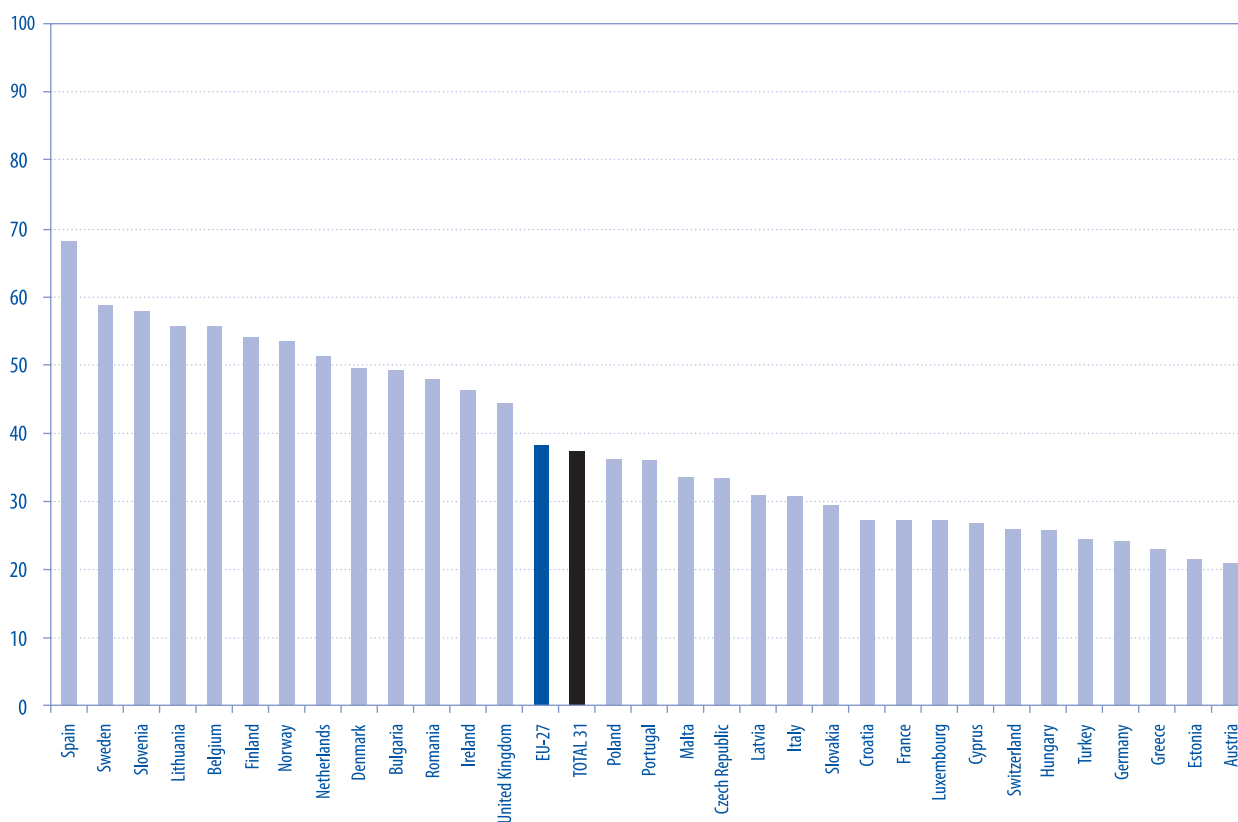


- On average, 38% of establishments in the EU-27 have used information or support from external sources to deal with psychosocial risks at work. Larger companies (64% among those with 500+ employees) are more active in this sense than smaller companies (32% in those with 10-19 employees).
- By country, establishments in Austria (21%), Estonia (21%) and Greece (23%) are less likely to rely on external sources compared with establishments in Spain (68%), Sweden (59%) and Slovenia (58%) (Figure 13). In terms of sectors, health and social work reports the highest use of external information or support (53%), as compared to manufacturing (33%) and construction (33%).
- Among those establishments that have made use of external information or support, 35%

state that they would need additional support on this issue; this need being most pronounced in Cyprus (64%), Latvia (59%) and Portugal (58%) and least pronounced in Austria (10%), the Netherlands (15%) and Switzerland (20%). By sector, the need for additional support is highest in education (45%) and public administration (45%).

- Among those establishments that have **not** used external information or support, 43% of management representatives report that information of this type would be helpful for their establishment. In terms of sectors, the share is highest in public administration (61%), health and social work (58%) and education (54%), while by country, the highest figures are reported in Portugal (73%), Turkey (72%) and Romania (71%).

Figure 13: Use of information or support from external sources on how to deal with psychosocial risks at work, by country (% establishments).



Base: all establishments.

- The area in which this information or support would be most useful is 'how to design and implement preventive measures' (91%), followed by 'how to include psychosocial risks in risk assessments' (83%) and 'how to deal with specific issues such as violence, harassment or stress' (77%).

Employee participation

ESENER distinguishes between informal participation (in the sense of involvement of employees) and formal participation of employees through representation by works councils and shop floor trade union representation. This distinction is relevant because the two types differ in terms of the extent of the participation and the degree to which it is regulated. Informal or 'direct' participation may occur in all types of establishment, regardless of size or sector. In contrast, formal or institutional participation requires formal bodies to be set up in line with national legal frameworks and social traditions; logically, this is closely related to enterprise size.

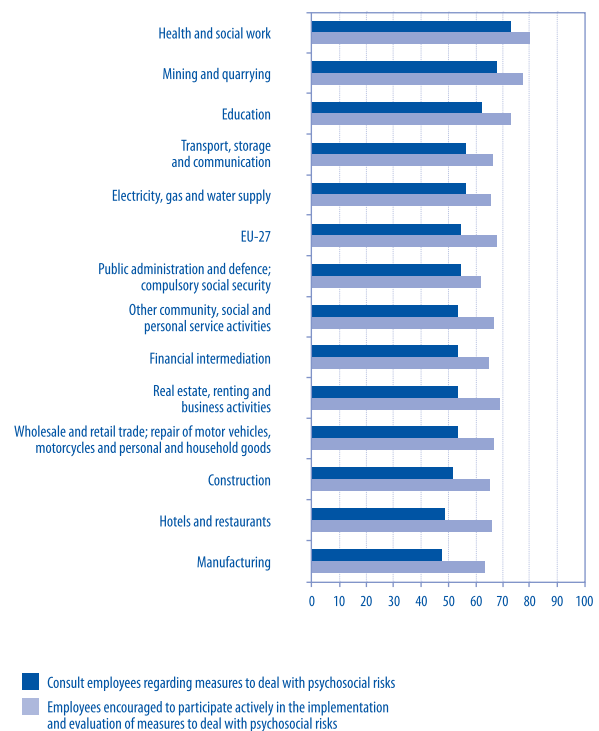
A combination of high levels of formal and informal participation (in the sense of social dialogue) is indicative of a good quality of work, including quality of OSH management in general and psychosocial risk management in particular.

Consultation

- 54% of respondents state that employees are consulted regarding measures to deal with psychosocial risks and up to 67% report encouraging their employees to actively participate in the implementation and evaluation of the measures. The proportions are even higher among larger establishments.
- By country, Romania, Denmark and Norway most frequently report consulting their employees and actively encouraging them to participate in the implementation of the measures, in contrast to Estonia, Hungary and Luxembourg.

- By sector, the highest degrees of informal participation of employees are reported in health and social work, mining and quarrying and education (Figure 14).

Figure 14. Consultation and participation of employees regarding measures to deal with psychosocial risks, by sector (% establishments, EU-27).

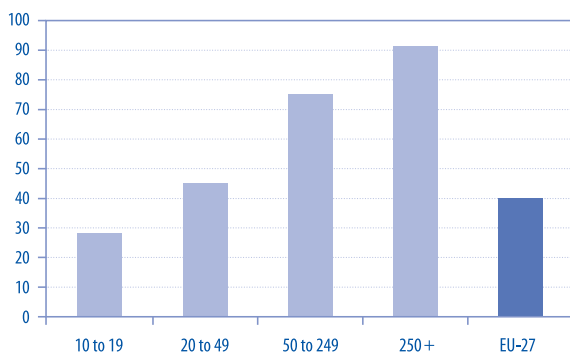


Base: establishments that report having procedures and measures to deal with psychosocial risks.

Formal employee representation

- As far as formal employee representation is concerned, over 40% of surveyed managers report that there is either a works council or a shopfloor trade union representation in the establishment.

Figure 15. Formal employee representation in the establishment, by establishment size: works council or shop floor trade union representation, (% establishments, EU-27).



Base: all establishments.

Note: Works Council: all countries except Cyprus, Malta and Sweden.

Shop floor trade union representation: all countries except Germany, Austria and Luxembourg.

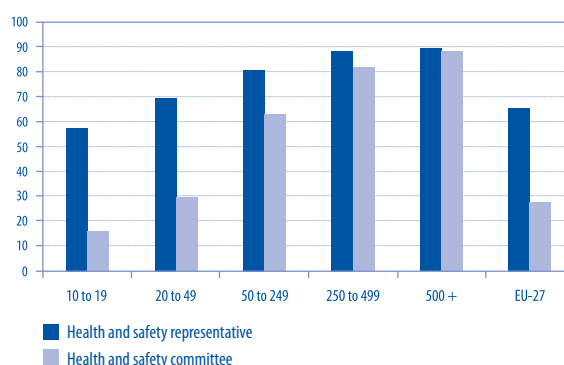
- Formal employee participation clearly increases with establishment size (Figure 15).
- By sector, electricity, gas and water supply, public administration and education most frequently report some kind – works council or shop floor trade union representation – of formal employee representation in the establishment.
- The Scandinavian countries report most frequently having some kind of formal employee representation in the establishment, as opposed to Portugal, Greece and the Czech Republic. When it comes to works councils, Denmark (61%) reports the highest numbers, followed by Spain (58%) and Luxembourg (57%). As far as shop floor trade union representation is concerned, its presence is most frequently reported in Norway (87%), Sweden (73%), Denmark (65%) and Finland (59%).

Formal OSH representation

- In the context of formal OSH representation, ESENER asked about the presence of a health

and safety representative and of a health and safety committee. Establishments in the EU-27 report a much higher presence of health and safety representatives (65%) than that of health and safety committees (28%). As expected, the gap is narrower in large establishments (250-500 employees), which report shares of 87% and 83%, respectively (Figure 16).

Figure 16. Formal OSH representation in the establishment, by establishment size: health and safety representative and health and safety committee (% establishments, EU-27).



Base: all establishments.

Note: Health and safety representative: all countries except Switzerland. Specific version in the Netherlands.

Health and safety committee: all countries except Luxembourg and Slovenia.

- As with formal employee representation, there is a clear link with establishment size, particularly when it comes to the presence of a health and safety committee, which clearly grows as establishment size increases.
- By sector, formal OSH representation is reported more frequently in electricity, gas and water supply, health and social work and financial intermediation. Regarding health and safety representatives, the highest shares are reported in electricity, gas and water supply (75%), health and social work (68%) and manufacturing (68%), while the lowest correspond to mining and quarrying (53%) and hotels and restaurants (55%). Health and safety committees are reported to be more frequent in electricity, gas and water supply (50%), financial intermediation (35%) and education (34%).

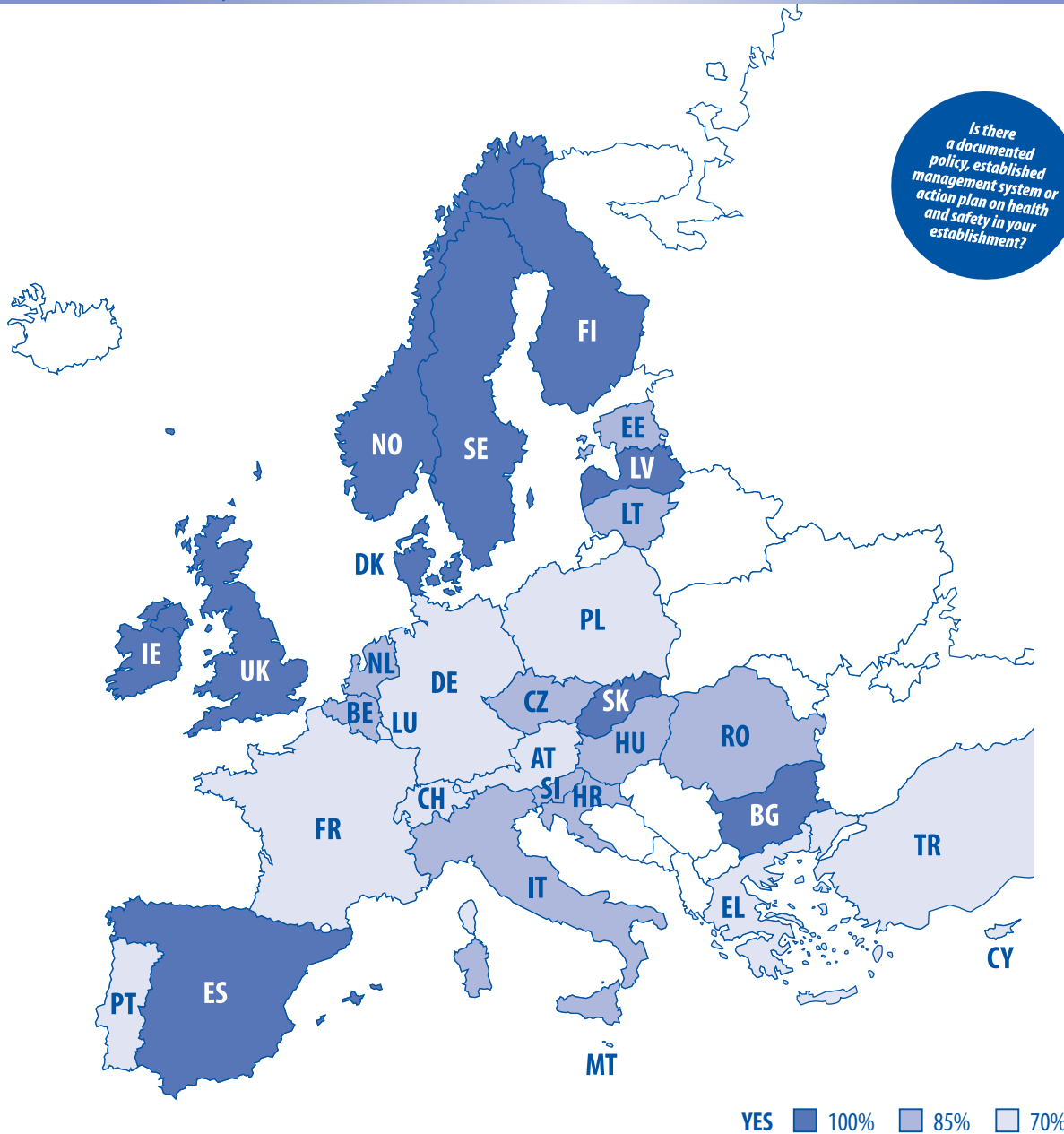
- By country, formal OSH representation is higher among establishments in Denmark, Norway, Bulgaria and Ireland. The presence of health and safety representatives is particularly high in Italy (98%), Norway (92%) and Denmark (89%), while it is lowest in Greece (14%), Turkey (19%) and Portugal (27%). Health and safety committees are more frequently reported in Denmark (71%), Bulgaria (68%) and Estonia (48%), in contrast to Latvia (3%), Greece (8%) and Hungary (10%).

Survey methodology

- Interviews were conducted in spring 2009 in establishments with ten or more employees from both private and public organisations across all sectors of economic activity except for agriculture, forestry and fishing (NACE A), private households (NACE T) and extraterritorial organisations (NACE U).
- 31 countries were covered: all 27 European Member States, two Candidate Countries (Croatia and Turkey), and two EFTA countries (Norway and Switzerland).
- In total, 28,649 managers and 7,226 health and safety representatives were interviewed. Per country, between about 350 (Malta) and 1,500 establishments were surveyed (see <http://www.esener.eu>). The number and share of interviews conducted with health and safety

representatives varies considerably between countries.

- Data were collected through computer assisted telephone interviewing (CATI).
- Fieldwork was carried out by TNS Infratest Socialforschung.
- Samples were drawn according to a disproportional sample design which was later redressed by weighting.
- Efforts have been made to build samples that provide the necessary quality and ensure cross-national comparability. This work has been carried out in collaboration with the European Foundation for the Improvement of Living and Working Conditions (Eurofound).
- The two questionnaires (management representative questionnaire and worker representative questionnaire) were developed by a team comprising experts in survey design and in OSH (particularly psychosocial risks), together with EU-OSHA staff. In addition, a tripartite Advisory Group, comprising members of EU-OSHA's Governing Board and Bureau, played an important role in identifying useful questions for the Agency's stakeholders.
- More information on the methodology of ESENER: <http://www.esener.eu>



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Further information

More detailed results will be available at <http://www.esener.eu> and as from June 2010, the ESENER dataset will be accessible via the UK Data Archive (UKDA) of the University of Essex at <http://www.data-archive.ac.uk>

Further analyses will be carried out throughout 2010 and will be published in 2011.

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