



Qualitative post-test evaluation of ESENER: Substantive findings

European Risk Observatory

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1. Introduction

The Institute for Employment Studies (IES), in partnership with Kooperationsstelle Hamburg, has been commissioned by the European Agency for Safety and Health at Work (EU-OSHA) to conduct a qualitative post-test evaluation of the European Survey of Enterprises on New and Emerging Risks (ESENER). The work aims to build an in-depth understanding of results from the survey and understand more about how health and safety is managed at the workplace. The work is intended to feed into the design and development of a new round of ESENER planned for 2014, and to further improve the quality of the survey instrument.

As part of the research, a series of cognitive interviews were conducted with both management and (where possible) employee respondents to the 2009 ESENER survey in 90 establishments in five countries: Bulgaria, Finland, Germany, Italy and the UK. The interviews explored both how respondents understood and interpreted a number of the survey questions and also the interviewees' substantive responses to the questions themselves.

The findings across all five countries on the technical aspects of the survey (covering issues with the form and content of the questions and possible response options) have already been reported. Available at:

- <https://osha.europa.eu/en/publications/reports/qualitative-post-test-evaluation-of-esener-substantive-findings>

This report reviews the substantive comments made by interviewees and covers a range of issues including the establishments' overall approach to health and safety and the factors affecting their approach, the main health and safety concerns in the workplace, how risk assessments are carried out and the involvement of employees in the management of workplace health and safety. The reports should be read in conjunction with the full report on the survey.

The reports are available at:

- <https://osha.europa.eu/en/resources/qualitative-post-test-evaluation-of-esener-substantive-findings/establishment-report-bu.pdf>
- <https://osha.europa.eu/en/resources/qualitative-post-test-evaluation-of-esener-substantive-findings/establishment-report-fi.pdf>
- <https://osha.europa.eu/en/resources/qualitative-post-test-evaluation-of-esener-substantive-findings/establishment-report-de.pdf>
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- <https://osha.europa.eu/en/resources/qualitative-post-test-evaluation-of-esener-substantive-findings/establishment-report-uk.pdf>

The report begins with a brief review of the national context in each of the five countries examined. This is important because the context to some extent explains variation in the survey responses.

2. The local context

The interviews with survey respondents highlighted the importance of understanding the different national labour markets and health and safety infrastructures in interpreting the survey results. In this chapter, we briefly highlight the salient features of the health and safety regulatory framework and economic structure in each of the five countries studied.

2.1 Bulgaria

Bulgaria's economic and industrial relations since the beginning of the 1990s have been characterised by two equally important and complex processes: the transition to a market economy and the country's accession to the European Union in 2007. During the pre-accession harmonisation process and in the first years of Bulgaria's membership of the EU, the country experienced high levels of economic and employment growth and inward investment. Bulgaria's economy relies primarily on industry, but the service sector increasingly contributes to growth in gross domestic product (GDP). Small and medium-sized enterprises (SMEs) dominate the Bulgarian economy. The economic crisis of 2007–2010 had a negative impact, mostly on industry, with a 10% decline in the national industrial production index.

In recent decades, there has been a steady decline in the size of the population. Bulgaria has one of the most rapidly ageing populations in the EU because of negative natural growth and migration, mainly of young people. The financial crisis of 2007–2010 had a marked impact on unemployment in the country. The levels of youth unemployment are high.

The Safety and Health at Work Act 1997 laid the foundation for changes in the structure of the occupational health and safety system in the country. The Act defines the main responsibilities for safety and health at work. The health and safety structure in Bulgaria is tripartite including the state, employer organisations and trade unions. Enforcement in the field of occupational safety and health is carried out by the General Labour Inspectorate Executive Agency, responsible for overall control on compliance with the legislation.

In line with EU legislation, the Safety and Health at Work Act 1997 makes the employer responsible for conducting a health and safety risk assessment, covering work processes and equipment, premises, workplaces, organisation of work, use of raw materials and stocks, and external factors. Further, the employer must plan appropriate measures for risk prevention, taking into account the specific risks for employees who may need special protection, including those with limited work capacity. The employer must also establish the necessary organisation for the supervision and control of the planned measures, organise adequate training and provide safety

leaflets and equipment at locations where serious or specific danger to health or life exists. The employer has to provide the employees with occupational health services, either registering its own occupational health service or subcontracting this activity to a registered external occupational health service. The employer is also responsible for making the necessary arrangements with regard to fire safety and first aid. The employer must appoint staff to take responsibility for the management of risks, first aid, fire fighting and the evacuation of staff. The number and training of these staff have to correspond to the occupational risks present in the workplace. All expenses for providing occupational safety and health are to be met by the employer.

The employees' representatives have to be nominated and elected in accordance with the provisions of Article 6 of the Labour Code. In all establishments with 50 or more employees, safety and health at work committees have to be established; in establishments with fewer than 50 employees, these are termed safety and health at work groups.

Harmonisation with EU legislation is one driver of improved health and safety at work in the country. A second driver is the Strategy on Safety and Health at Work 2008–2012. It shaped the national policy framework for workers' health, taking into account the relevant international labour conventions, changes in the national legislation and the occupational health and safety situation in the country. The main aim — in line with the Community strategy 2007–2012 on health and safety at work — was defined as reducing work accidents by 25% and strengthening health protection and promotion in the workplace. A gradual decrease in the rate of work accidents has been observed since 2000, but unfortunately the number of fatal work accidents was increasing until 2008. Fatal accidents decreased considerably in 2009 for the first time. Since then, this trend has continued.

2.2 Finland

In Finland, the most important economic sectors are the service industries, manufacturing and agriculture. Whereas average wages have increased in recent years, the overall take-home pay has decreased as fewer hours are now being worked in total. The gender balance of the working population is more or less equal, with only about 2% more men in work than women. Unemployment is highest among young people (17.7% among 15- to 24-year-olds) and the number of migrant workers in the labour market has increased (now about 5% of all workers) along with the number of older workers.

The Finnish Ministry of Social Affairs and Health is responsible for legislation on health and safety. The employer is responsible for ensuring the health and safety of its employees, as stated in the Occupational Safety and Health Act. The employer has to offer healthcare services and services addressing work-related

risks. A national health and safety strategy was established in 1998, which focused on the promotion of working ability, the prevention of accidents and diseases, the prevention of musculoskeletal disorders, and the promotion of mental well-being. When health and safety activities are established, they have to be based on the prevention of risks, conducted at all levels of the organisation and evaluated. Employers are obliged to follow the strategy and the authorities have a duty to support companies (e.g. by providing tools, methods and support with evaluation).

The employer designates a management representative who is in charge of health and safety issues. The employees elect their representative every 2 years (in the private sector) or 4 years (in the public sector). A health and safety committee has to be established which consists of at least two members, one employee and one employer representative. The employer must ensure that the representatives get enough time off from their daily work to perform health and safety tasks.

2.3 Germany

Germany remains one of the most industrialised countries in the EU. The manufacturing industry contributed 26.2% of GDP in 2011 (1) compared with an EU average of 20% (Eurostat 2012). This is followed by public services (17.8%) and trade, traffic and accommodation and food services (15.9%), while the share of construction (4.5%) and agriculture (0.9%) are relatively small. In 2010, about 73.6% of all employees worked in the service sector, 24.4% in manufacturing and construction and 2.0% in agriculture (Eurostat 2011). In 2007–2008, the German national economy was affected by the financial crisis; GDP dropped by 5.1% in 2009 but recovered quickly and grew 4.2% in 2010, and another 3.0% in 2011.

Since 2007, the unemployment rate in Germany has been around 8%. In December 2012, the official unemployment rate issued by the Federal Agency for Employment (Arbeitsagentur) was 6.7% (national standard, Arbeitsagentur 2013) which equals 5.2% in International Labour Organization standards (2). There are two specific national features of the German health and safety infrastructure: federalism, which leads to a horizontal sharing of powers, and a dual system shared between the state and the Statutory (obligatory) Accident Insurance organisation.

German health and safety legislation applies at a national level and is issued by the federal parliament (laws) and government (ordinances). The responsible authority is the National Ministry for Labour and Social Affairs (3). The Ministry is supported

in all fields of health and safety by the Federal Institute for Occupational Safety and Health (BAuA) (4). The *federal states (Länder)* are responsible for the practical enforcement of all health and safety legislation. They employ labour inspectors and define the practical rules and strategies of enforcement. They work together in a State Committee on Occupational Safety, Health and Technology (LASI) (5).

Another specific feature of the German health and safety infrastructure is the strong role of the Statutory Accident Insurance (Deutsche Gesetzliche Unfallversicherung, DGUV) (6). DGUV is the umbrella organisation for the institutions for statutory accident insurance and prevention (BGs) and the public-sector accident insurers. Altogether, the BGs employ more labour inspectors than all *Länder* together, namely some 3,500 in comparison with 3,000 (Lißner and Zayzon 2011). They can also issue their own rules on prevention, which are binding for the member companies.

The German Occupational Health and Safety Act (ArbSchG) transposes the EU framework Directive (89/391/EEC) into national law. Employers are responsible for health and safety, including risk evaluation, documentation of the risk assessment, workers' information on health and safety, and health monitoring. Often, members of the middle management (such as line managers, supervisors and foremen) play a strong role in health and safety, for example when conducting risk assessments or organising training of workers, and these duties are delegated through an internal agreement.

Basic principles of health and safety monitoring are regulated by the German Safety at Work Act (Arbeitssicherheitsgesetz, ASiG) and rule V2 of the Statutory Accident Insurance Institutions (DGUV V2). Health and safety monitoring is carried out in establishments by occupational physicians and the *Fachkraft für Arbeitssicherheit* or *Sicherheitsfachkraft* (SIFA) which means 'safety experts' or health and safety expert. After 12 weeks of training in health and safety organised by the BGs (7), a qualified worker can become a safety expert. Alternatively, the employer might contract an external prevention service. According to the *Unternehmermodell* (literally 'entrepreneur model'), employers in small enterprises may receive training and fulfil certain duties of the SIFA. Medical monitoring is most frequently performed by external services and only large companies tend to employ their own occupational physicians (*Betriebsarzt*).

In establishments with at least 20 employees, *Sicherheitsbeauftragte* (health and safety assigned persons/health and safety delegates) must be nominated by the employer. They act at a workplace level, alongside their 'normal' job, and should not be members of the management

1 Federal Statistical Office of Germany: <https://www.destatis.de/DE/ZahlenFakten/GesamtwirtschaftUmwelt/VGR/Inlandsprodukt/Tabellen/Gesamtwirtschaft.html?nn=50700>

2 <https://www.destatis.de/DE/ZahlenFakten/GesamtwirtschaftUmwelt/Arbeitsmarkt/Arbeitsmarkt.html>

3 <http://www.bmas.de/portal/16702/startseite.html>

4 <http://www.baua.de>

5 <http://lasi.osha.de>

6 <http://www.dguv.de>

7 http://www.dguv.de/inhalt/medien/bestellung/fach/documents/dguv_rep01_2010.pdf

board. The main tasks of a health and safety delegate are to support the employer, to disseminate information about health and safety in the company and to be a person of trust within the company. A health and safety delegate does not officially represent the workers. Training, typically 3 days, is required in accordance with Rule BGR A1 of the Statutory Accident Insurance Institutions and provided by the different accident insurance bodies and some external providers.

Paragraph 11 of ASiG obliges the companies to establish an occupational safety committee (*Arbeitsschutzausschuss*, ASA) in each establishment with more than 20 employees (full-time equivalent). The committee shall discuss all aspects of health and safety in the establishment and meet four times a year. Members of the committee include the employer or its representative, the safety experts, the occupational physicians, safety delegates and two representatives of the works council, as well as further experts and (management) representatives as needed.

The basic information rights of workers with regard to health and safety are laid down in health and safety legislation; more extensive consultation rights are laid down in the legislation concerning works councils. For many aspects of working conditions, such as working time, supervision of workers with automated systems and prevention of occupational accidents and diseases, including risk assessments, the works council has the right of co-determination⁽⁸⁾. This means in practice that no party can overrule the other, and an agreement between employers and employees has to be reached. In addition, works councils have various information rights.

2.4 Italy

The Italian labour market is characterised by low employment rates, low participation of women in the labour market and high youth unemployment. According to the latest Eurostat statistics, the EU-27 unemployment rate in October 2012 was 10.7%. Italy was just above this level, with an unemployment rate of 11.1%⁽⁹⁾. In 2011, the employment level in Italy was 56.9%, compared with an EU-27 average of 64.3%. This phenomenon is partly related to the low participation of women in the labour market; in 2011, 48.5% of women of working age were categorised as inactive (not seeking work). However, the economic crisis brought about some interesting changes. The unemployment rate for women rose from 7.9% in 2007 to 9.7% in 2011 and the inactivity rate decreased from 49.3% to 48.5% during the same period. The Italian labour market is also characterised by remarkable age differences in the level of participation and job opportunities. The levels of youth unemployment have worsened as a result of the recession; in

2011, youth unemployment rates soared to 20.5% against the average of 8.5% for those aged 15 to 64.

In 2012, almost half of all workers (48%) were employed in the service sector, followed by 21% in manufacturing, 19% in trade, 8% in construction and 3% in agriculture. Since 2008, there has been a significant reduction in employment in construction (down by 9%) and manufacturing (down by 5%). Additionally, there are significant geographical differences in employment; almost 52% of all workers are concentrated in the north of Italy while 21% are in the central regions and 27% in the south⁽¹⁰⁾. Additionally, Italy is characterised by an exceptionally high level of non-standard employment relations and atypical contracts.

The legislative framework on health and safety in Italy has been built up over time. It is based upon layers of regulations and laws at different levels: the constitution, the civil code and a series of presidential and legislative decrees. Additionally, the national legislation provides only general principles, and regions may or may not legislate on this matter. Therefore, it is impossible to provide a coherent national picture for the whole country.

The legislative basis for health and safety obligations is the DLgs 626/94, which adheres to the European Framework Directive (89/391/EEC) and other directives. The DLgs No 81/2008 (unified text with the DLgs No 106/2009) is the reference document that covers the health and safety management system for organisations and sets out the functions of labour inspections.

The Italian Surveillance Authority for Occupational Health and Safety (the labour inspectorate, which is part of the Ministry of Labour) and the regional health agencies (ASLs) of the national health service are responsible for inspection and monitoring. These bodies cascade responsibilities through regional and provincial directorates located at different levels.

According to legislative requirements, employers are compelled to set up a prevention and protection service (SPP) within the organisation to:

- a) identify risk factors and carry out risk assessments;
- b) identify and develop adequate preventative measures and safety procedures; and
- c) provide information on occupational risks and health and safety procedures.

The SPP comprises a manager responsible for running it (called the RSPP) one or more employee representatives for health and safety (called the RLS) and an authorised occupational health doctor. Members of the SPP can be employed by the company or can be external consultants, except for companies with more than 200 employees, or companies with more than

8 Section 87 of the Works Constitution Act, see: <http://www.verdi.de>

9 Eurostat, News release euroindicators, 170/2012 — 30 November 2012.

10 Istat data downloaded 18 July 2012 from dati.istat.it

50 employees in the healthcare and mining sectors. In companies with more than 15 employees, employers are required to organise a meeting at least once a year with members of the SPP. In this meeting, the employer or the head of the prevention service presents the risk assessment documents, trends in accidents and occupational illnesses, criteria for risk prevention, information activities and training programmes on safety and accident prevention at work.

It is worth highlighting that in Italy the primary duty holder is the employer. However, unlike in many other countries, the employer is always a person within the company (the company director or a senior manager) rather than the legal entity of the company. Therefore, in SMEs it is relatively straightforward to identify the 'employer' as the director or general manager. In companies with multiple or autonomous units, the duty holder will depend on the structure of the company.

Employers must carry out the risk assessment together with an authorised occupational health doctor and discuss the content of the risk assessment document with employee representatives. The risk assessment must cover all risks or hazards related to technical equipment, chemicals or work environment, as well as risks for specific groups of workers, such as women and older workers, pregnant workers, migrant workers and workers employed on non-standard employment contracts. According to the Italian legislation, the risk assessment must be carried out at least every 4 years, and updated every time there is a significant change in work organisation or processes, or following a specific request from the authorised occupational doctor. Employers are always required to record their risk assessment in a document called the DVR (*documento di valutazione del rischio*), which comprises the results of the risk assessment on measurement of risks and protective measures to be taken.

2.5 United Kingdom

The UK has a relatively high employment rate of 70.5% compared with an EU average of 64.6%⁽¹¹⁾. In recent years there has been a shift from manufacturing and heavy industry to a service-based economy and a smaller average organisational size. In 2012, 80% of employees worked in the service sector, 10% in manufacturing, 7% in construction and the rest in agriculture, energy and water supply.

There has been an increasing trend towards part-time work (20% of employees worked part time in 2012) and a growing proportion of women in the workplace (in 2012, just under 50% of people in employment were women).

Economically, the UK has fared worse than many other OECD countries since 2008, with its first double-dip recession since the 1970s and its longest recession on record. Gross domestic

product is still 4% below the level reached at the start of the recession. However, the labour market has remained remarkably resilient with the numbers employed growing to a new record high and unemployment at 7.8%, well below the EU average of 10.7%.

The Health and Safety at Work Act (1974) (HSWA) forms the core of the regulatory framework in the UK. The Health and Safety Executive (HSE) is the national regulator for health and safety in England, Scotland and Wales, and shares enforcement and inspection activity with local government authorities. The number of health and safety inspections has declined in recent years and the chances of an inspection at an establishment are now just one in every 45 years. This decline is set to continue, as the coalition government has announced that proactive inspection activity by the HSE and local authorities is to be reduced by a third.

Much of UK health and safety legislation originates from the EU, including the Management of Health and Safety at Work Regulations (1999), which require duty holders to carry out risk assessments. The regulations specify that employers should appoint one or more 'competent persons' with sufficient training, experience or knowledge to assist in this task. Where the employer has five or more employees, it is required to document its risk assessments. The regulations also require that employees be provided with adequate health and safety training on being recruited and on being exposed to new or increased risks because of changes to responsibilities, new equipment or technology or a new system of work.

The Safety Representatives and Safety Committees Regulations (1977) established a system of safety representatives appointed by trade unions. Where the employer recognises the trade union, the employer must consult with the union safety representatives on a number of health and safety activities. However, union membership has declined significantly in recent decades; fewer than one-third of employees now belong to a union. In response to this, the Health and Safety (Consultation with Employees) Regulations (1996) were established, which require employees to consult directly or through a representative elected by employees on certain health and safety matters.

The number of new cases of self-reported ill health has fallen in recent years, as have employer- and self-reported non-fatal injuries. The number of fatal injuries to workers has also fallen over the last decade, although this has levelled off in the last 3–4 years. Despite these improvements, health and safety regulation in the UK is not viewed positively by the current government, which has taken steps to reduce funding to the HSE and relieve the alleged burden of health and safety on businesses. As well as cuts to inspection activity, the HSE's business plan for 2012–2015 sets out reductions in expenditure on information and communications by 50%.

¹¹ Source: Eurostat, national statistics offices, June to September 2012.

3. Approach to management of health and safety

In this chapter, we look at the substantive responses to questions about how health and safety was managed in the workplace. The questions focused on whether or not a specific health and safety policy existed, if so what impact it had and the extent to which managers were committed to implementing the policy.

3.1 Existence of a policy

All of the interviewees from the UK and Bulgaria and nearly all from Italy said that their establishment had a health and safety policy which set out responsibilities for health and safety throughout the management structure, reflecting national legislation.

In Finland, most interviewees referred to their own systems or plans, which they tended to review annually together with an external service provider. Few mentioned a documented policy. In some establishments, there were no policies, management systems or action plans, but there were some written guidance and checks carried out by an external service provider. In other establishments (mostly large establishments and those involved in industry-type work such as logistics, storage and production), systems and plans were very comprehensive and many of the checks were conducted internally.

About half of the interviewees in Germany reported that they had a documented policy or a management system in place, reflecting the fact that such a document is not a legislative requirement in that country.

Practice also tended to vary by sector. For example, quite a number of German establishments, mainly from the public services sector, reported that they stick to *BG* guidelines even though they do not have their own policy or management system. In Italy, there was a noteworthy difference between private and public organisations: the latter were less likely to have a certified policy or a management system for health and safety.

In the UK, the management representative of a large university talked about a policy setting out roles and responsibilities in the organisation for health and safety, in addition to an action plan which they reviewed on an annual basis. He also referred to a system in place for ensuring that risks were effectively managed, including training of relevant staff and auditing of checks. In contrast, the management representative of a large public sector hospital referred to the existence of a policy but not a 'standard' management system, as all departments face different risks and have to tackle these as they see fit.

3.1.1 Impact of the policy

Most respondents thought that their health and safety policy had a positive impact on their establishment. Generally, respondents were fairly equally divided between those who felt it had some impact and those who felt it had a large impact.

Impact was generally measured in one of two ways. Some respondents made reference to the attitudes or behaviours of managers and employees, such as regular updates and checks taking place in the establishment. This could be positive or negative. For example, a management representative from a micro-sized retail establishment in the UK felt the policy or management system put in place by an external company had 'practically no impact' on his company, as it made little difference to the way things were done.

Others referred to health and safety outcomes to assess impact, such as a lack of accidents or low accident rates, although, as we shall see in Chapter 7, most respondents said that they did not have access to comparative data to place such measures in context.

Some respondents explained why they thought the impact was not as high as it could have been. In Bulgaria, some respondents complained about employees disregarding rules concerning the use of protective devices such as helmets, dust masks and ear plugs.

3.1.2 Line management involvement

Both management and employee respondents tended to think that the involvement of line managers and supervisors in the management of health and safety was quite high, particularly among those in production roles. Involvement was generally thought to be lower in areas of work where the risks were fewer, such as administration.

High involvement was linked mainly to actions such as health and safety induction (Bulgaria); taking responsibility for teams/units on health and safety issues, involvement in risk assessments, and choosing and implementing follow-up actions (Finland); reviewing health and safety training needs, and taking responsibility for conducting risk assessments (UK).

However, in Italy, some interviewees, particularly from public sector establishments, expressed their frustration at the lack of interest or collaboration from managers, which impacted negatively on workplace culture among employees.

Employee representatives also tended to rate management involvement positively, but in larger establishments with multiple functions or departments they were more likely to state that it depended on the manager in question. In more than one establishment, involvement was considered lower

amongst line managers and supervisors who worked in low-risk areas, such as the office-based functions of human resources and administration. A minority of the employee representatives rated involvement as 'quite low', either because

they were aware that some managers took a 'back seat' on health and safety or because they did not believe managers held much responsibility for health and safety activities.

4. Levels of concern with health and safety risks

The original ESENER asked if a series of specified health and safety issues were a concern in the respondent's workplace. The list covered:

- dangerous substances (e.g. dusts, chemical, biological);
- accidents;
- noise and vibration;
- musculoskeletal disorders;
- work-related stress;
- violence or threat of violence; and
- bullying or harassment.

The interviews with the survey respondents found that there was significant variation in the way survey recipients had interpreted and answered the question, with some saying that an issue was a 'concern' if the issue existed and had a high underlying risk of harm, and others saying that something was a concern, and in particular a major concern, only if the risk was difficult to control. For example, if there were dangerous chemicals on site but they were stored correctly and could be accessed only by those who had received training on how to use them, some respondents would identify this as a 'major concern' because the potential for a major incident existed, whereas others said this was of only 'some concern' because the situation was controlled.

The difference in interpretation apart, there was consensus among both employee and employer respondents about which issues constituted a potential concern, although in Italy it emerged that, in organisations with high standards of health and safety, managers showed a higher degree of concern than employee representatives. In contrast, in organisations with lower standards of health and safety, employee representatives usually showed greater concern than those from management.

4.1 Dangerous substances

Generally, dangerous substances were more of a concern to production than service sector establishments, although there were some exceptions. For example, in Bulgaria, dangerous substances were highlighted as a concern in two hotels, a school, a hospital in which care was taken in the use and preparation of cleaning products, and a newsprint retail establishment which had put in place a dust aspiration system.

In the UK, most establishments said that they held chemicals of some sort, but these were usually thought to be well managed through correct storage and labelling and regular COSHH⁽¹²⁾ assessments. In a large physics research centre, dangerous

¹² Control of Substances Hazardous to Health (COSHH) Regulations 2002.

substances were considered a major concern, as radioactive chemicals were often present during experiments and could not always be predicted.

4.2 Accidents

Again, the risk from accidents was more often cited as a concern in production establishments (such as a mining equipment manufacturer and a roof renovation establishment) than in those in the private or public service sector. Some of those who rated accidents as an important issue did so not because of the frequency of occurrence but because of the potential consequences of any accident.

Many of the interviewees talked about their good record on accidents, and some rated the issue as of only 'some' concern for this reason. However, in most countries a few felt that accidents should always be considered a concern since there was always a risk of them occurring, no matter how many preventative measures were put in place. In more than one establishment in the UK, the management representative talked of concern that accidents in the organisation were under-reported.

Accidents are based on a risk rating register that's conducted ... [this] also includes near misses, and near misses are more of a major concern because they're not being reported.

Management representative,
medium-sized UK construction consultancy

In a couple of the UK establishments, the management representatives rated accidents as a major concern because of the impact these could have on finances and lost time.

They're things that shouldn't happen. Essentially people should be able to come into work and leave in the same way.

Management representative, large
publicly funded UK research centre

4.3 Noise and vibration

Most respondents were more concerned about the risk from excessive noise, rather than the risk from vibration. Generally, respondents felt that either the risk from noise was being managed, with sufficient preventative measures in place, such as protective ear equipment and noise assessments, or it was of no or minimal concern (e.g. in an office-based workplace).

4.4 Musculoskeletal disorders

The risk of musculoskeletal disorders (MSDs) was a more widespread concern than some of the other risks identified in the question.

Although some respondents talked about how the use of technical equipment in their establishments had reduced the need for physical labour, the risk of MSDs was still felt to be fairly widespread. For example, in Finland, in office-based establishments, MSDs were said to present a problem because people were sitting and working at a computer; in the healthcare sector they were an issue because of lifting of patients; and in producing establishments they were an issue because of the use of heavy machinery. In the UK, respondents pointed to the potential MSD risks from the use of display screen equipment in office-based environments and manual handling tasks in workplaces such as hospitals, care homes and warehouses.

However, in many cases, MSDs were not thought to be a major concern because preventative measures were in place, such as workplace assessments, massages for staff, training in ergonomics or the use of adjustable desks and chairs or lifting and handling equipment.

4.5 Work-related stress

Concern about work-related stress was fairly widespread across all countries and sectors, although the level of concern varied.

Several causes of stress were mentioned, such as tight deadlines, high workloads, the generally poor economic situation and working patterns such as shift work.

In some countries, such as Finland and the UK, the level of concern about stress was high, partly because existing preventative controls were thought to be ineffective. For instance, in the UK, some management representatives saw the actions taken by their organisation to deal with stress, such as stress awareness training and provision of counselling services, as evidence of a problem rather than as preventative measures. One management representative told how, despite the availability of training, some managers in his establishment still lacked confidence to handle stress amongst their employees.

However, in other countries, such as Bulgaria, existing preventative measures were thought to be keeping stress levels under control.

We divide the work between the employees and we take care to ensure the deadlines are realistic. Where we get more work we increase the number of staff.

*Management representative,
small Bulgarian insurance establishment*

In Italy, employee representatives tended to be more concerned about work-related stress than management representatives and saw it as a new area of risk which was difficult to manage and assess. In a minority of cases, their views were in stark contrast to those of the management representatives.

For example, in a large public healthcare establishment, the management representative had no concern about work-related stress because a risk assessment had found low levels of stress. In contrast, the employee representative was highly concerned; he said that stress was still a 'taboo' topic and described the way in which the risk assessment was carried out as 'simply a joke'.

4.6 Violence or the threat of violence

Violence at work was not considered a concern by most interviewees, as they had not experienced an incident.

A few respondents thought it was of some concern, largely because of the potential impact of an incident and because they had put safeguards in place. Two respondents (one from a small public school and one from a municipality) thought it was of major concern because colleagues had been threatened with violence in the workplace. The potential threat of violence was also of some concern in a number of establishments dealing with the public. These included those in the health and social care sector, emergency services and transport sector. Where the risk was a concern, some establishments had installed protective systems such as lockable lift doors and emergency buttons in the workplace or identifying customers who had been violent in the past. No respondents mentioned violence between members of staff in the establishment as a risk.

4.7 Bullying or harassment

Most management and employee representatives felt bullying was of little or no concern in their establishments. However, in a few cases, management and employee representatives held differing views.

In a medium-sized manufacturing establishment in Finland, the management representative stated that there had been no cases of bullying or harassment, whereas the employee representative said that there had been cases. In one medium-sized establishment from the public services sector in Germany, the management representative assessed the issue of bullying as a major concern whereas the employee representative considered it of no concern at all. Finally, whereas most management representatives in the UK thought bullying or harassment were either no concern or only some concern, employee representatives were more likely to describe the issue as serious or major. This was partly because they were more likely to be aware of cases of bullying or grievances made against managers; some of the management representatives explained that these issues were dealt with by the organisation's human resources department rather than themselves.

5. Approach to risk assessments

A series of questions focused on the process of risk assessments and looked at:

- whether or not risk assessments took place;
- who conducted any assessments;
- what prompted an assessment;
- what was covered by a risk assessment;
- what actions were taken as a consequence of an assessment; and
- whether or not employee representatives had a say in the conduct of a risk assessment and in deciding on any follow-up actions.

5.1 Whether or not risk assessments take place

Risk assessments or other similar checks were carried out in almost all establishments, apart from, for example, a few service sector establishments in Germany, although, in two of these, risk assessments were about to be introduced.

In organisations with more advanced health and safety systems in Italy, additional safety checks and auditing processes were also performed much more frequently. Some management representatives (and a few employee representatives) explained that the legislation of risk assessments looked good on paper but did not provide effective management of hazards in the workplace, largely because it was impractical and bureaucratic. Often the statutory risk assessment procedure was considered a 'tick box exercise' and it was felt that organisations that wanted to achieve high health and safety standards would need to implement additional internal policies.

Yes, absolutely all sites have the risk assessment document, although to be honest this is just a document to make the legislator happy. Our [internal] risk assessment policies and documents are dynamic in the sense that there are always things to check and to change as this work is a moving object in a dynamic environment. We are constantly working to improve our assessment capacity ... The real problem is that as soon as you finish your risk assessment document, it is already history. We have issues to cover and situations that arise every single day, so we need to have flexible procedures and documents that are 'alive'.

Management representative,
large Italian energy establishment

Similarly, in some larger UK organisations, management representatives described complex programmes of checks operating

at a number of different levels and carried out by a range of individuals. For example, in a large manufacturing establishment, the interviewees described monthly management 'walk arounds' in each area, workplace inspections carried out every two months by union safety representatives, and reviews and audits carried out by external providers. In a large council, the employee representative believed the complicated system of checks confused staff about who was responsible for what.

I think there's a lack of clarity about who's responsible for doing the risk assessment, whether it's line managers of particular areas or whether it's wandering around once a year having a look at things.

Employee representative, large UK council

5.2 Who conducts any risk assessments that occur

In most of the countries studied, risk assessments and workplace checks tended to be carried out by internal staff in larger establishments but external experts tended to get involved in smaller workplaces, generally accompanied by an appropriate member of staff.

In Italy, there were some risk assessments that required external consultants, either because the company did not have sufficient internal expertise or because legislation required certification from recognised experts. On the other hand, in the UK, risk assessments were usually conducted in house. However, the management representatives from some of the small UK establishments told how the programme for risk assessments had initially been set up by an external consultant and some of those from larger establishments told how their approach to risk assessments was evaluated by an external organisation. Many from the large establishments also mentioned that risk assessments related to specific pieces of equipment (such as portable appliance testing) were often carried out by external experts as required by the law.

Where internal staff undertook the assessment, the assessors had generally been trained in the process and/or had been provided with guidance to ensure that they were competent for the task.

Risk assessments are carried out by our own staff. We provide annual training on different health and safety issues for the staff carrying out the risk assessment; they use guidance, brochures, etc.

Management representative,
small Bulgarian construction establishment

5.3 What triggers a risk assessment

Risk assessments were generally carried out either on a regular basis or prompted by a significant change in staffing, workplace layout or organisation of work. Risk assessments were less often conducted in response to requests from employees, because management respondents said that such requests were fairly rarely received. However, respondents said that, if employees did ask for an assessment, one would be carried out.

In more complex workplaces, different work areas could be checked at different frequencies. For example, the areas where production operatives worked in a Finnish mining equipment manufacturer were checked daily or weekly, with comprehensive risk assessments conducted several times a year. For employees working in the administration function of the same establishment, risk assessments focusing on ergonomic issues were conducted regularly but far less often.

5.4 What is covered by a risk assessment

Equipment and the working environment were routinely considered in risk assessments in nearly all establishments, and management representatives told of portable appliance, noise and lighting tests being performed. In production establishments, tests were extensive and included checks on equipment, dust, heat radiation, vibration, moving parts of machinery and so on.

Everything that could be a risk for the safety and health of the employee is routinely considered in these checks.

Management representative, large Bulgarian thermoelectric power station

Fewer establishments looked at the way in which work is organised and working hours, although this was generally considered in sites where patterns varied substantially and employees could work long hours at a stretch.

Supervisor–employee relationships were generally not considered part of a risk assessment in most of the establishments, and many management representatives thought them outside the scope of health and safety. However, in a small public school, the management representative told how this issue was not yet covered by risk assessments but should be:

Supervisor–employee relationships are not subject to these checks, but I think they should be. The good relationships contribute to positive results. There are different interests: of students, parents, teachers, external organisations. It is difficult to work with people — addressing the psychosocial factors is important for eliminating or reducing stress.

5.5 What actions are taken as a consequence of an assessment

Management representatives gave a range of examples of changes made, particularly to equipment or the working environment, as a result of a risk assessment. Examples of changes to equipment included the purchase of new vehicles, instruments and computers. Examples of changes to the working environment included providing air conditioning or aspiration systems for dust reduction, placing anti-slip materials on floors and adding aluminium-framed windows to reduce noise.

The checks found insufficient lighting in some workplaces so we added additional lighting. There was a requirement for the establishment to renew the electricity supply system, and we have partially done this. We are trying to replace the old equipment with new ones; e.g. for example, we have new light motor lorries. The new ones are safer and quicker.

Management representative, medium-sized Bulgarian newsprint retail establishment

Changes to the way in which work was organised were made less frequently.

Respondents also reported that training had been provided as a follow-up to checks, such as training on work-related stress for teachers and fire and earthquake safety training for hospital staff. However, where training was offered, it was not always clear whether this was as a follow-up to a risk assessment or part of a more general training offer, for example in response to their obligations under health and safety legislation.

Employee representatives tended to agree that the required actions had been taken, although in some cases they reported that these had been delayed or resisted by managers on account of the costs involved.

5.6 Role of employee representatives in assessing risks

Nearly all of the employee representatives said they had a say on when and where risk assessments were carried out, and were involved in the process. However, some employee representatives felt they did not have the expertise to make a significant contribution.

I do not have the technical expertise but the safety manager always explains to everyone why things need to be done, how they will be done etc... When they did the risk assessment on noise and vibration I was there but even though they explained

the process I felt I did not have the technical expertise to judge. But it is important to be involved anyway.

Employee representative, medium-sized
Italian manufacturing establishment

A number of employee representatives said that it was not necessary for them to be involved, either because there was already a comprehensive programme of checks in place or because the establishment was small enough for employees to be able to openly discuss health and safety concerns with managers. However, they could be involved if they wanted to.

Most employee representatives also said they were involved in deciding about any actions required following a risk assessment or could be if they wanted. For some, this was a continuation of their involvement with the initial assessment. In Finland, any changes were also generally discussed with the employees concerned. However, in a few cases, the employee representatives said that their involvement was fairly nominal; for instance, an employee representative from a large public healthcare establishment in Italy said he was involved only in the sense that he had to sign the DVR (as required by the legislation).

6. Drivers of and barriers to management of health and safety

In this chapter, we look at the responses to questions about why establishments think about addressing health and safety concerns and the constraints they face in so doing. Again, the questions required responses to a specified series of reasons and barriers.

6.1 Reasons for addressing health and safety

6.1.1 Legal obligations

Fulfilment of their legal obligations was considered a major driver for addressing health and safety in most establishments.

For example, in one German establishment, the (management) interviewee made it clear that the main driver behind their approach to health and safety was the law and that all other reasons were secondary.

If somebody would ask me something, I would say, this is not a reason to take up health and safety issues. As I've already said, I orientate myself on what is prescribed by law. If an employee says he needs a golden chair to feel better at work, I would not care for that... Of course, if a client should say I should do this or that, otherwise he would stop shipping, I would think about it, and that's why I said this was a minor reason, not a major reason. But in principle, nobody has a say in what I should do additionally for my employees.

Management representative, micro-sized German logistics company

In the UK, in line with other evidence (Lancaster et al. 2003), some saw this as the main reason, above all the others, and a minority were specific about their urge to avoid prosecution.

With the legal ones, you have to do it, whereas the other ones, you have to make a balanced decision on those elements, and that's why I would put them as minor. Yes, we'd love to do everything we could to keep everyone in the business and give everyone everything they want, but at the same time, we've got to consider if we spend all the money on it... so you've got to have that balance.

Management representative, UK large housing association

6.1.1.1 Pressure from the labour inspectorate

The existence of a labour inspectorate, rather than any direct pressure from it, was also generally thought to be an important reason for addressing health and safety. Although very few respondents had ever had visits from an inspectorate, most wanted to ensure that they did not have one in the future and therefore wanted to comply with their legal obligations.

A minority of respondents thought that the labour inspectorate was not a reason at all for addressing health and safety.

This is not a reason at all. We address health and safety issues because of our employees, not because of the labour inspectorate.

Management representative, medium-sized Bulgarian municipality

6.1.2 Requests from employees or their representatives

Nearly all of the management representatives responded that requests from employees or their representatives was a reason for addressing health and safety, but there were mixed views on whether this was a major or minor reason. Some respondents who said it was a major reason said so in a hypothetical sense: they would respond to such requests if they were made but had never actually had one. In all of the establishments, examples of such requests were rare.

If there's a problem then we try and deal with it, but we're not getting the hassle from [employees] so we're not driven by it.

Management representative, large UK publicly funded research centre

6.1.3 Staff retention and absence management

Our interviewees also generally thought maximising the retention of staff and minimising absence to be reasons for taking health and safety seriously. However, there were mixed views on the importance of these reasons. Some respondents did not see the link between staff retention and, to a lesser extent, absence management on the one hand and managing workplace health and safety on the other. Some thought that, if they did not act, absence, for example, could be higher, so it was important, whereas others with high staff retention and/or low absence rates thought it only a minor reason.

6.1.4 Economic or performance-related reasons

In some countries (such as Bulgaria and Finland), management representatives tended to think that economic reasons were an important rationale for addressing health and safety, as, for example, any accidents could damage the establishment financially and a good approach to occupational safety and

health and risk prevention had a positive impact on the establishment's economic results.

However, in other countries, economic reasons were less likely to be considered important drivers, particularly among larger establishments or those in the public sector. These respondents tended to interpret the question as relating to the costs of implementing effective health and safety procedures rather than the costs of failure to implement them. They tended to think that their health and safety budgets had not been constrained by their organisation's financial performance and therefore economic reasons were not important drivers (positively or negatively) for taking action on health and safety.

6.1.5 Requirements from clients or concerns about the organisation's reputation

Maintaining their reputation with clients was also a reason for addressing health and safety issues in nearly all the establishments interviewed, with most management representatives thinking it a major reason. Respondents from the private sector were more likely to be concerned about reputational damage and tended to think that a poor reputation would be bad for business and make it difficult for them to attract or retain customers or clients.

6.2 Difficulties in addressing health and safety

Respondents were also asked about whether or not they faced any of a specified list of difficulties in addressing health and safety issues in the workplace.

6.2.1 A lack of resources such as time, staff or money

Responses to this question were mixed, with no clear patterns across the five countries or different types of workplaces, apart from a lack of time being a more commonly cited difficulty than money.

- In Bulgaria, management representatives from production establishments tended to consider a lack of resources a major difficulty because they lacked the financial resources and time required. By contrast, respondents from private and public service establishments considered this no difficulty at all, saying that whenever something was required it was provided.
- In Finland, interviewees generally stated that a lack of resources such as time, staff and money was a minor difficulty or no difficulty at all when it came to addressing health and safety. Most considered a lack of time and staff as a greater difficulty than a lack of money.

- German interviewees gave a similar response, with those from smaller service sector establishments more likely to consider this a major difficulty than those from larger establishments, and respondents from publicly funded establishments generally reporting no difficulties at all in this respect.
- In Italy, management representatives from producing establishments generally considered a lack of resources to represent either a minor difficulty or no difficulty at all, arguing that health and safety was given priority.
- Views in the UK varied according to the size and type of the respondent's establishment. Lack of time was a crucial factor in micro and small establishments and also in public service sector and voluntary organisations. However, most of the representatives from large private sector establishments believed they had no problems at all with resources. None of the representatives stated that there was insufficient money to address health and safety.

6.2.2 A lack of awareness

Generally, a lack of awareness was not considered a significant difficulty in Bulgaria and Finland, mainly because employees had been given a lot of information about health and safety.

However, in Germany and Italy, concerns about a lack of awareness were more widespread. Awareness of health and safety issues was felt to be particularly low amongst those involved in administrative activities in Germany. In Italy, a couple of establishments' management representatives lamented a lack of awareness of health and safety amongst middle managers.

Maybe not from my side and those involved in health and safety, but there is a lack of awareness amongst the middle managers—those that are between the directors and the employees. There is more awareness now compared to a few years ago but I still need to work on it. This is due to the fact that they still focus on the job itself first, while 'the quality of job' is an abstract concept for them.

Management representative, large private social services establishment

In the UK, respondents generally felt that a lack of awareness presented some level of difficulty as, despite the measures put in place to make staff aware, such as training, use of notices and posters, some employees did not pay enough attention to the health and safety information provided.

6.2.3 A lack of expertise

Respondents generally did not believe that a lack of expertise presented a difficulty in dealing with health and safety in their organisation. Expertise was available either in the establishment or through an external health and safety provider or agency.

6.2.4 A lack of technical support or guidance

Similarly, respondents generally felt that they had the technical support required for working with different machines and/or under different conditions. Respondents tended to think they were able to offer the required level of guidance themselves, or knew how to access it easily.

6.2.5 The culture within the establishment

Most respondents did not consider the culture within their establishment a difficulty, and a number thought they had a positive health and safety culture. In Finland, respondents said that they had a very open culture where issues on health and safety could be freely discussed.

How could it be that culture is a problem? ... We do not have a problem here; the use of PPE [personal protective equipment] is part of the basic education.

Management representative,
medium-sized Finnish rescue unit

However, a few respondents mentioned that, despite their efforts to improve health and safety, some employees still chose not to comply with health and safety procedures.

The employees are aware of the risks, protective devices are provided, but not all the employees use them (e.g. dust masks, ear plugs) and the managers are not able to ensure that every employee uses the protective devices.

Management representative, large Bulgarian private
road construction establishment

I feel the health and safety culture is not high, as some employees are not disciplined. They are informed of the risks, but do

not strictly follow the rules. For example, smoking is forbidden in the establishment, but we had to enforce it with high fines.

Management representative, medium-sized
Bulgarian newsprint retail establishment

Similarly, in the UK, a couple of the management representatives mentioned how some staff had become 'stuck in their ways' and were resistant to change.

In the few places where a lack of an appropriate culture was reported to be a problem, this was because the company worked with external workers who lacked training in safety behaviour and tended to ignore rules at the site; in other cases, the main issue was reported to relate to an ageing workforce and older workers' perceived resistance to change established behaviours.

6.2.6 The sensitivity of the issue

As indicated in the report on the technical responses to the questionnaire, this question was designed to see whether there were some sensitive topics, such as psychosocial issues, which were difficult to address. However, this was not picked up by most respondents, who tended to answer the question more generally and did not consider health and safety a sensitive issue.

In Finland, where the intent behind the question was picked up more clearly, the sensitivity of the issue was considered to be a minor difficulty in almost all establishments because of the common use of 'early intervention' programmes designed by external providers to detect psychosocial issues, such as bullying, stress and alcohol problems. In some cases, management had received training to run these programmes.

7. Worker involvement and participation in health and safety

Employee respondents were asked a series of questions about their view of how health and safety was managed in the workplace and their involvement. Issues covered included the existence of health and safety committees, whether or not employees were regularly informed about health and safety issues, and managers' commitment to dealing with health and safety.

A second set of questions covered the facilities available to health and safety representatives to enable them to influence workplace health and safety procedures and practice.

7.1 Health and safety committees

Most establishments had a functioning health and safety group (usually in smaller workplaces) or committee (usually in larger ones) involving management and employee representatives meeting on a regular basis (for instance quarterly). In some large establishments, there was a health and safety committee for each area or department, which fed into a higher-level committee. The exception to the rule was Italy, where only two of the employee representatives stated there was a permanent committee or working group consisting of members of the management and representatives of the employees dealing with safety and health in their establishment.

Employee representatives generally said that there were practically never controversies related to safety and health between themselves and management, if they occurred at all. In the few cases where disputes were reported, they tended to be in the public service sector and relate to environmental issues such as air conditioning and kitchen and toilet hygiene.

7.2 Are employees in this establishment regularly informed about safety and health in the workplace?

In most establishments across the five countries, employee representatives said they were regularly informed about safety and health at the workplace, but what was meant by this varied significantly, particularly in the degree of proactivity shown by their employer.

In some cases, information was sent by text and email, uploaded onto the intranet (with a notification that there was

something new) and disseminated in regular staff meetings (in many of the establishments, health and safety issues were a regular agenda item in meetings). In other cases, information was available on notice boards or online but the employees had to actively find it.

In Finland, some employee representatives thought the employer could be more proactive in providing information, whereas others were happy with what was provided, even in cases where this was just information on a notice board. In a small publishing establishment, the respondent felt the need to caveat a positive response by mentioning that employees should be more proactive in seeking information, as there was no real demand for the information and little discussion of it. In a medium-sized software establishment, the interviewee said there was no regular information, which she blamed in part on the decision to outsource health and safety support.

The few employee representatives who were not happy about the provision of information were concerned that information was provided only on certain occasions rather than regularly or that it was insufficient in content or communicated inadequately.

7.3 Management's reaction to issues raised by employees

The majority of employee representatives in all countries agreed that their management gave proper consideration to health and safety issues raised by employees or their representatives. For the majority of interviewees, 'proper consideration' was taken to mean showing an interest in employee issues, taking them seriously and also acting upon these or at least providing a response 'proportional' to the problem.

There were a few exceptions. In Italy, one respondent complained that his organisation did the bare minimum to comply with legislative requirements and employees did not feel comfortable raising health and safety issues. A second believed the level of consideration was patchy, with large discrepancies across divisions and little attention to issues where employees were on non-standard employment contracts. In a large public healthcare establishment, the interviewee felt there were major problems with the buildings and poor controls on safety behaviour amongst external workers. Although these issues were often raised by employees, they were not dealt with effectively.

One employee representative in Bulgaria felt that management had not taken sufficient consideration of employees' concerns about the level of work-related stress.

The problems with stress at work are ignored; this is an important issue for the employees.

Employee representative,
Bulgarian retail micro-establishment

7.4 Time off for employee representatives

Almost all employee representatives stated that they were provided with sufficient time to perform their health and safety duties adequately. One Bulgarian respondent clarified what was meant by this:

For me, performing tasks adequately means conducting this particular work to the required standard and in time.

Employee representative, small
Bulgarian transport establishment

In some cases, for instance in Finland, fixed hours were allocated to health and safety tasks, varying from a few hours a week to full time. However, most interviewees across the five countries said that they were able to be flexible about the hours they dedicated to health and safety (even where there were fixed agreements) and would be able to put in additional time if required. In the UK, too, representatives praised their management for their flexibility and said that the amount of time required varied substantially, depending on the tasks they were required to cover.

7.5 Provision of information to employee representatives

Nearly all employee representatives stated that managers in their establishments provided them with the necessary information to carry out their health and safety tasks (e.g. about risk assessments or new legislation) and that this was received on time and without them having to ask for it. Ways of receiving the information included email and in-house post. Some explained that they were allowed to buy additional information if required without requiring permission first. However, in Finland, representatives reported that they often had to ask for information, or at least actively collect it (for instance using the intranet), to help them perform their role.

7.5.1 Access to training

Almost all employee representatives had received some training on health and safety. Most commonly, this covered fire safety and accident prevention; less frequent topics were ergonomics, dangerous substances such as chemical, biological, radiation and dust hazards, and psychosocial risks such as violence, bullying or harassment, work-related stress or (least

often) discrimination. However, not everyone was happy with the amount or quality of the training they had received.

The interviewees were equally divided between those who thought the training received was sufficient and those who felt that more training was desirable. Those who felt that more training was desirable were often from public service and large private service establishments, even though the latter group was generally provided with more training than others.

Those who stated that they had not received sufficient training pointed to several reasons for this, including financial difficulties, a lack of information on the courses and the fact that some courses were not suitable. One employee representative who had not received any training felt that the courses available were not suitable for him.

The financial difficulties are the main reason, but also often the courses are not suitable for the people working in the office; they are more suitable for the staff of manufacturing enterprises.

Employee representative,
medium-sized Bulgarian municipality

In Germany, views on whether or not the training received was sufficient were mixed. It was interesting to observe that satisfaction with the training received did not necessarily correlate with the quantity of training received; some employee representatives who had never received training, or at least not for a long time, were nonetheless satisfied that what they had received was sufficient. Some were clearly not aware of what kind of training they needed.

In Italy, some respondents considered the training they had received was insufficient, largely because the quality of the training was poor. The courses were considered old-fashioned and interviewees complained that they focused solely on legislation.

I would say that I do not need more training but different training, not a tick box exercise. They need to give more space to the creativity of teachers. But maybe this is a topic that it is difficult to make interesting, I do not know. I only know that I have enough of the same stuff year after year.'

Employee representative, medium-sized
Italian manufacturing establishment

In the UK, although employee representatives generally believed that the training they had received was sufficient, more than one mentioned that they would like to learn more about discrimination and work-related stress.

By and large, the most commonly cited reason for not having sufficient training was a lack of information about available courses and, to a lesser extent, financial constraints.

8. Occupational safety and health and organisational performance

The final questions considered in the study related to the establishments' performance both on a range of occupational safety and health measures, such as absence and accidents, and on more general business outcomes.

Respondents had difficulty with these questions because either they did not have access to the necessary data or they did not feel able to compare themselves with other similar organisations to assess whether they were above or below average. Where respondents did have data or were able to estimate the position, they generally felt that their health and safety performance was average or better than average. This may reflect a desire on the part of the respondent to provide a positive response, or that the sample of establishments for this study was biased towards those with a more positive record.

In addition to doubts about the reliability of these judgements, some respondents felt that the data could not be adequately considered in isolation and stressed the importance of taking

into account their general position and context in interpreting the data. For example, a couple of respondents from small or micro establishments explained that their absence rates were low partly because there was insufficient work for employees, who sometimes had to take periods of unpaid leave.

Similarly, where they felt able to make a judgement, respondents took a fairly positive view on their organisation's economic performance, at least in the private sector. Public sector respondents tended to be more pessimistic, referring to budget cuts as a result of public sector austerity campaigns, but still tended to report average or above average performance levels. Thus, in the UK, for example, many of the management representatives from the public sector rated the current economic situations of their establishments as 'quite bad', and pointed to the government's funding cuts or, in the case of the universities, to reduced student numbers, following the introduction of tuition fees. Despite this, most felt that they were performing relatively well compared with other similar organisations, although this was usually based on an instinctive feeling rather than hard evidence. In contrast, many of those from the private sector rated their current situation as quite good; although many also did not know how they compared against similar establishments, they believed they did so favourably.

9. Summary and conclusions

This report looks at the substantive interview responses given to a series of questions in the 2009 ESENER among employer and employee health and safety representatives in 90 establishments in five EU countries. The interviews were conducted primarily to assess the interviewees' understanding and interpretation of some of the survey questions, with a view to developing the design of the 2014 survey. In so doing, the interview also reviewed the interviewees' responses to the questions which covered, inter alia, the establishments' overall approach to health and safety and the factors affecting their approach; the main health and safety concerns in the workplace; how risk assessments are carried out; and the involvement of employees in the management of workplace health and safety.

The qualitative responses provide some additional insights to the overall survey results. While the survey data present the overall picture, the interviews open a window on how workplace health and safety is managed in practice. However, it is important to stress that the findings presented in this report supplement and add to the survey findings; they should not replace them. By definition, the survey provides a representative picture of the health and safety across the EU, whereas the data from these interviews represent a snapshot of the situation in a relatively small number of establishments in five European countries.

Health and safety policies mean different things in different workplaces and their form and content can be influenced by both the national context (particularly the prevailing legislative framework) and the local context (including workplace size and sector and overall approach to management), as well as the interaction between the two. Thus, whereas the national context might, for example, be the key influence on whether or not an organisation has a written health and safety policy in the first place, its form, content and impact appear likely to be influenced by more local factors.

10. References

Lancaster, R., Ward, R., Talbot, P. and Brazier, A., *Costs of compliance with health and safety regulations in SMEs*, HSE Research Report 174, 2003.

That said, most of the workplaces visited had some form of written document which set out the responsibilities for health and safety in the workplace. Managers tend to assess the impact of such policy documents in one of two ways. One way was to look at the attitudes or behaviours of their managers and employees towards health and safety and, for example, whether or not they understood their responsibilities and took them seriously. Some respondents reported that a lack of awareness about health and safety among employees or a lack of middle management engagement were factors inhibiting their ability to tackle health and safety in their workplace. Another approach was to look at health and safety metrics and indicators, such as accident rates and absence levels. However, we also found that some respondents said they did not have access to accurate data on such indicators and most lacked comparative data to place such measures in context. Those that did generally reported that their performance was better than average, indicating either an unwarranted degree of optimism or that the sample is biased towards 'better' health and safety establishments.

Another way in which health and safety is managed differently across the establishments surveyed is the extent to which external staff or organisations get involved in, for example, conducting risk assessments. In some countries, such as Italy, assessments appeared to be largely conducted by experts from outside the workplace or the organisation as a whole; in others, such as in the UK, assessments were conducted in house (albeit with external help). However, across the sample, employee representatives felt they could get involved if they wanted to, although some felt they lacked the expertise to make a meaningful contribution.

Perhaps inevitably, given the nature of the respondents, employee representatives appeared to be fairly well involved in the management of health and safety in their workplaces, or at least were able to be involved if they so desired. It is also interesting to note that most of the time their responses to the questions were similar to those of the management representative. It is, therefore, questionable if having such a dual response approach adds significant value to the survey process.

Lißner, L. and Zayzon, R. 'Country report Germany', in Walters, D. (ed.), *Final report: New and emerging risks and their consequences for labour inspection*, Project VC/2009/0571 commissioned by DG Employment, EC, 2011, pp. 129–130.

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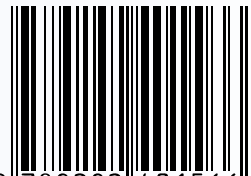
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