Prevalence and strategies for prevention

Joint report from EU-OSHA and Eurofound

EU-OSHA seminar on psychosocial risks in Europe Brussels, 16 & 17 October 2014







Prevalence and strategies for prevention

- Working conditions and psychosocial risks in Europe (EWCS, EurWORK and other Eurofound research)
- Policy interventions and initiatives
- Management of psychosocial risks in European establishments (ESENER)
- Organisational interventions
- Conclusions







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Prevalence and strategies for prevention

25% of workers experience work-related stress

25% of workers report that work affects their health negatively







Prevalence and strategies for prevention

Job content (monotonous, repetitive and complex tasks / skills mismatch / restructuring)

Work intensity (high speed, deadlines, job done) and autonomy (changing tasks, methods of work and speed of work)

Working time arrangements and work-life balance (working hours, regularity, fit between work and social commitments)

Social environment (relationships, adverse social behaviour, conflicts)

Job (in)security

25% of workers experience work-related stress

25% of workers report that work affects their health negatively



Prevalence and strategies for prevention

Job content (monotonous, repetitive and complex tasks)

• Example: "monotonous job" is reported by 45% of workers

Work intensity (high speed, deadlines, job done)

• Example: "high speed" is reported by 59% of workers

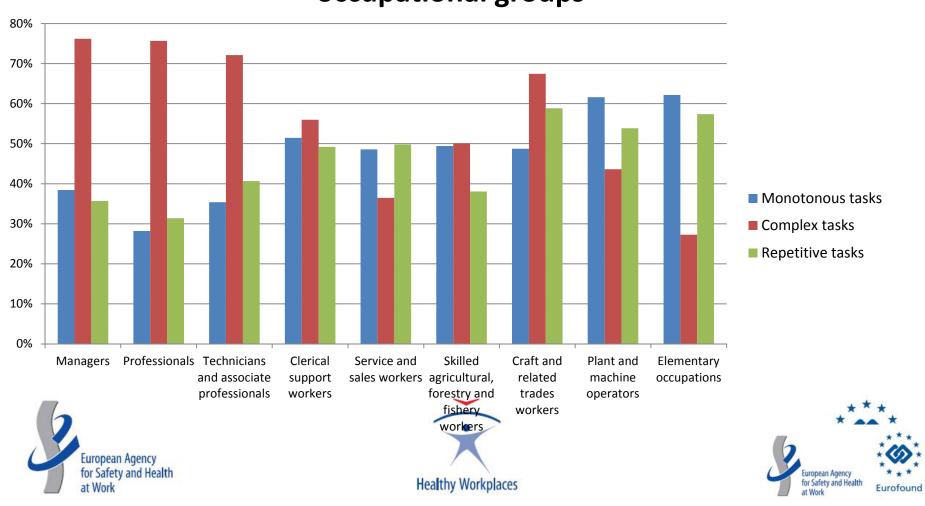






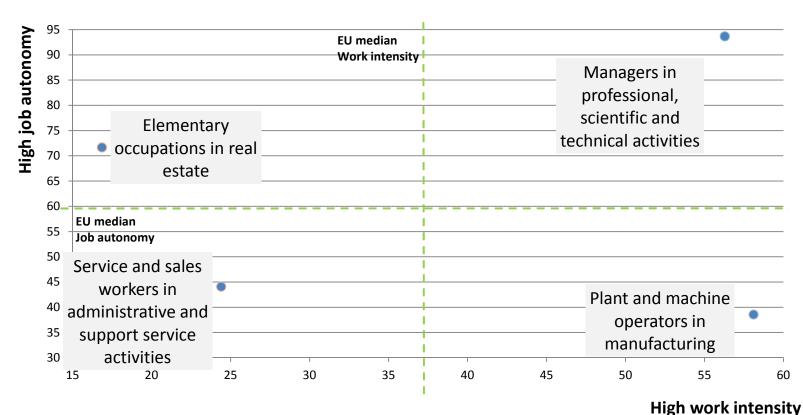
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Job content-related risks are distributed differently across major occupational groups



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Plant and machine operators and managers are occupations with high work intensity but they differ in their work autonomy









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Working conditions related to psychosocial risks are associated with the health and well-being of European workers



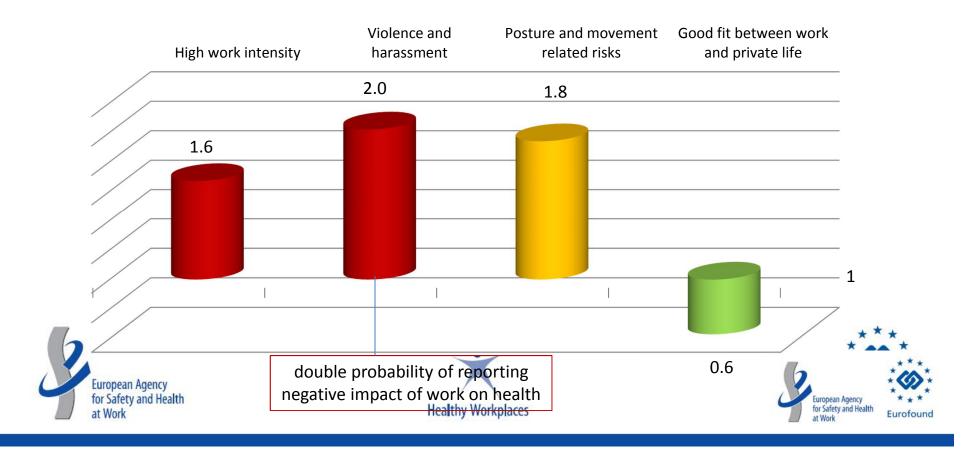




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Violence and harassment is highly associated with negative general health outcomes, even at a higher level than physical risks

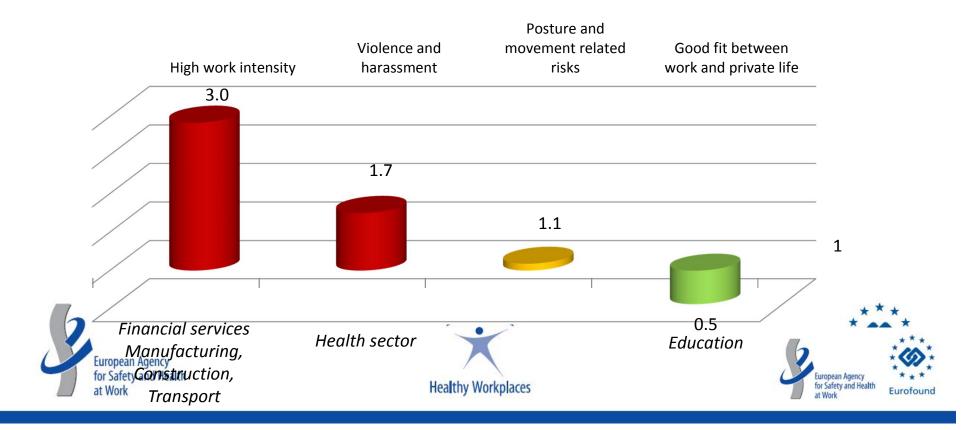
Relative probability of a worker reporting that work affects their health negatively



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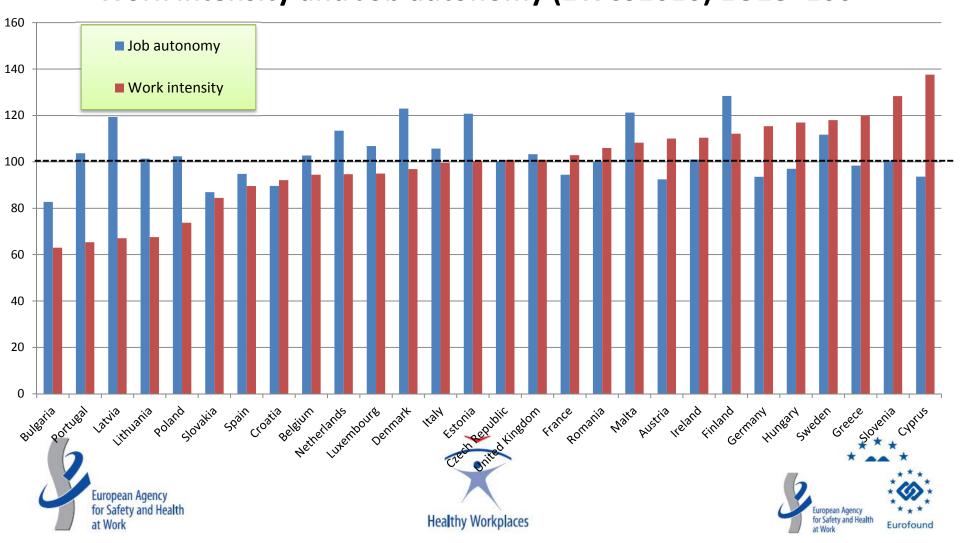
High work intensity increases the probability of workers experiencing "stress" always or most of their working time

Relative probability of reporting work-related stress



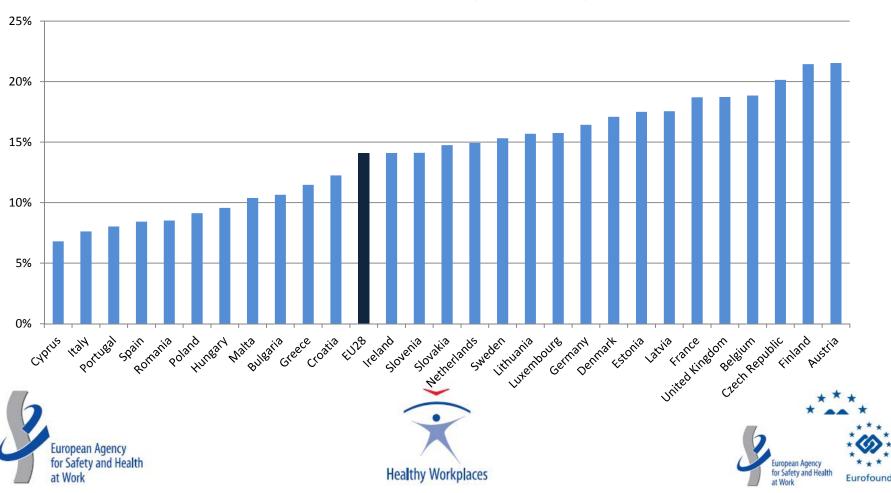
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Work intensity and Job autonomy (EWCS2010) EU28=100



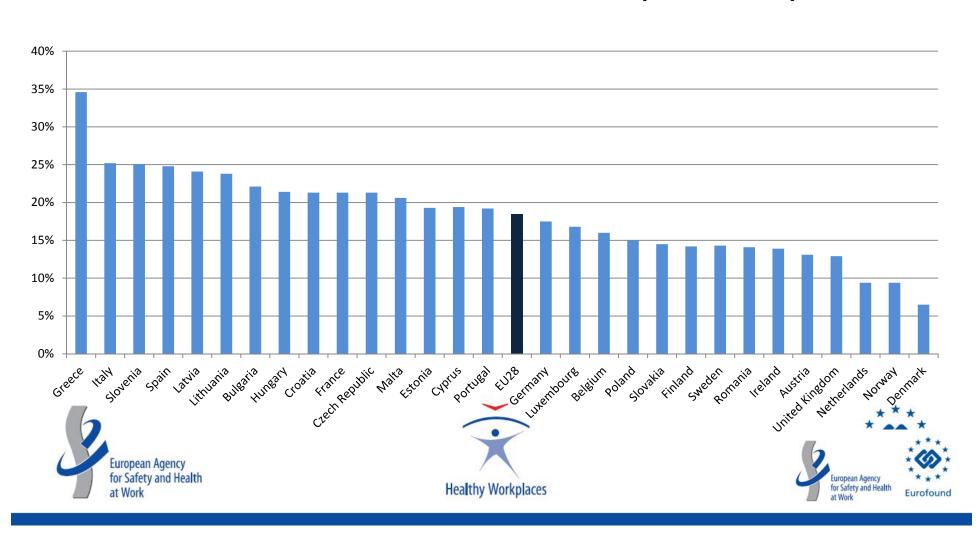
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Percentage of workers experiencing "adverse social behaviour" (violence and harassment) by country (EWCS2010)



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Poor "work-life balance" (EWCS2010)



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Differences between groups of workers

- Working conditions of workers are determined by the occupation and the economic sector
- Main gender differences are related to working time and career prospects
- Age differences are mainly related to the level of job insecurity (employability), work intensity and career prospects (better for young workers)







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Some **recent trends**:

- Physical violence is decreasing while harassment remains stable.
- Increase in job insecurity (mainly in Baltic countries and southern Europe)
- Reduction of employees working long hours
- No significant increase in work intensity, except in workplaces affected by the crisis (IE, UK, ES)







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How can we achieve the health and satisfaction of workers (therefore making work sustainable)?

- Avoiding high levels of work intensity
- Consideration of the relevance of violence and harassment
- Improving work-life balance
- Reducing job insecurity
- Providing tools to cope with difficulties relating to job content
- Recognition of the complexity of factors playing a role
- Gender







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Policy at EU level

- Framework Directive (89/391) on the introduction of measures to encourage improvements in the safety and health of workers at work
- Social Partners Framework Agreement on Work-related Stress, 2004
- Social Partners Framework Agreement on Violence and Harassment at Work, 2007
- Multisectoral and sectoral agreements
- SLIC inspection campaign, 2012







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Social dialogue and role of social partners

- Social dialogue and improvement of working conditions
- Framework agreements
- Joint efforts through collective agreements or based on / influencing national legislation (e.g. Belgium, France, Denmark, Finland, Netherlands, Sweden, UK)
- Others more widespread: guidelines, declarations, conferences or web-based tools







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France

Social context and agreements

- 2008 national interprofessional agreement on stress
- Speed-up of bargaining process influenced by suicides
- Issues of work organisation and subjective factors
- 2013 agreement on restructuring
- 2013 social partner agreement and branch-level agreements (prevention, awareness and support)







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Legislation, labour inspection & other governmental approaches

- Some keep the text very broad, no specific mention of psychosocial risks
- Some generally mention the need to take psychosocial risks into account, but do not specify how exactly
- Obligation to do a psychosocial risk assessment included
- Possibility to include psychosocial expert/psychologist
- Definition of stress and psychosocial risks included in legislation
- Broader framework, approach supported by other actions







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Austria: Legislation & non-binding guidance from the ministry

- 2013 legislation change: psychosocial risks as a possible source of harm included in the legislation.
- Aspects to be covered: design of tasks, working environment & work organisation
- guidance from the ministry on how to approach these aspects.
- Certain part of the risk assessment can be done by psychologist
- Free support from the national accident insurance for work can be requested







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Psychosocial aspects tackled in ESENER

1. Management of psychosocial risks

Level of concern, measures taken, procedures in place

2. Key drivers and barriers

— Why are there appropriate measures and procedures in some workplaces, but not others?

3. Workers' participation and psychosocial risk management

Formal or direct participation, impact and resources

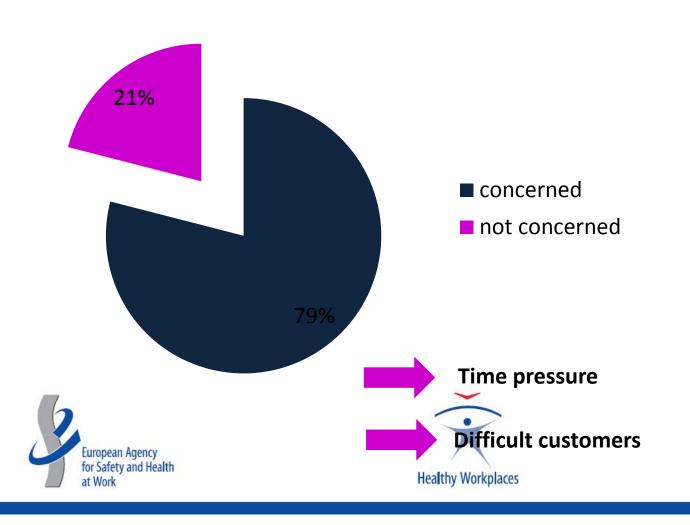






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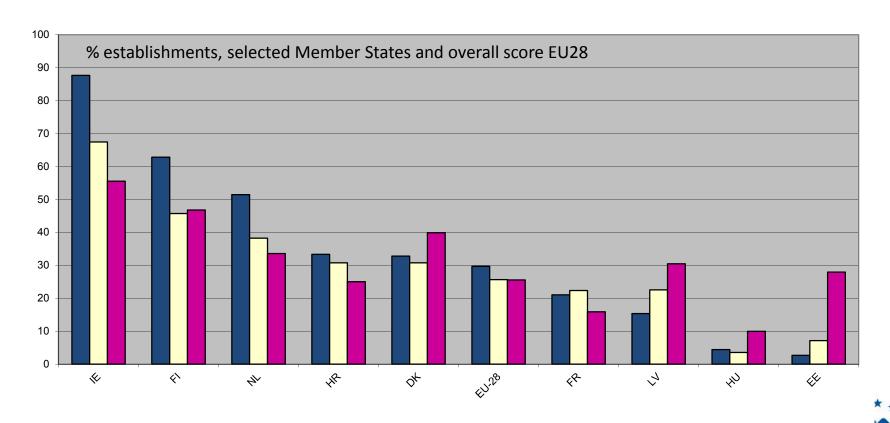
Managers' concern about work-related stress





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Procedures implemented to deal work-related stress









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Drivers

- Good general OSH management and reported concern for work-related stress
- The main drivers reported by managers:
 - Requests from employees
 - Desire to reduce absenteeism
 - Legal obligations







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Barriers

- Lack of technical support and guidance and lack of expertise
- Lack of resources
 - higher number of measures in place than those not reporting this barrier
- Sensitivity of the issue
 - more measures in place than those not reporting this barrier

Conclusion:

Reported barriers very much depend on the different stages of the companies implementing psychosocial risk management

Healthy Workplaces

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Worker participation

- Workplaces that have formal worker representation are more likely:
 - to report management commitment to safety and health
 - to have preventive measures in place for both general OSH and psychosocial risks
 - to involve employees (consultation and participation) in the process of OSH and psychosocial risk management
- Workplaces that have formal worker representation and a high level of management commitment to OSH are more likely to report that their organisation's OSH and psychosocial risk

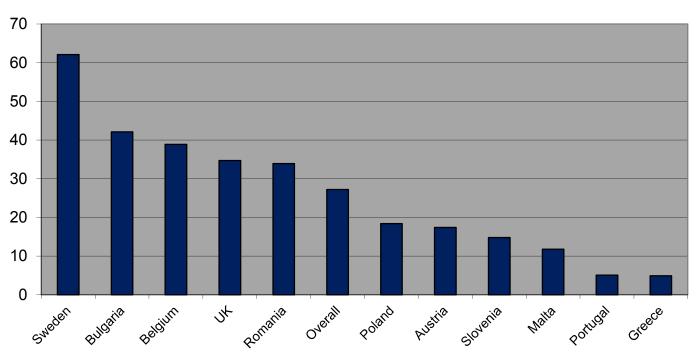
management are effective

Healthy Workplaces

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General and specialist OSH worker representation & high management commitment to OSH

% establishments, selected Member States and overall score EU28









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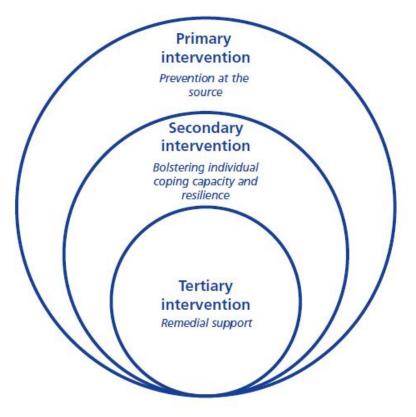
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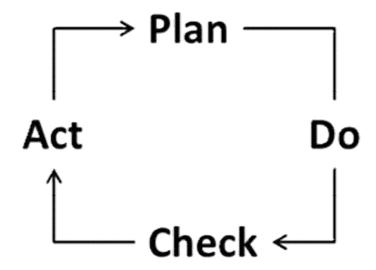






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Workplace interventions: procedures, measures and processes









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Conclusions:

- Differences between countries, sectors, size of companies, groups of workers, etc.
- Guidance and support needed
 - Readiness for change
 - Effective interventions
 - Information on resources
- Worker participation and management commitment crucial
- Social Dialogue also on sectoral level
- Legislation and non-binding guidance

Successful approaches as models







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Thank you!





