

European Week for Safety and Health at Work

2002

Working on stress

PREVENTION OF PSYCHOSOCIAL RISKS AND STRESS AT WORK IN PRACTICE



European Agency
for Safety and Health
at Work

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A great deal of additional information on the European Union is available on the Internet.
It can be accessed through the Europa server (<http://europa.eu.int>).

Cataloguing data can be found at the end of this publication.

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1



INTRODUCTION

Background

Work-related stress is the second most common work-related health problem in the European Union, after back pain, affecting nearly one out of every three workers. Stress at work can happen in any sector and in any size of organisation; it can affect anyone at any level.

Psychosocial risks such as violence and bullying can lead to stress at work. 4% of the working population report that they have been victims of actual physical violence from people outside the workplace. Many more will have suffered from threats or insults. 9% of workers in Europe report being subject to bullying. Statistics like this are enough reason to take action.

However there are more reasons for tackling psychosocial risks. Across Member States a common set of European directives aimed at preventing health and safety risks in the workplace apply. Through these directives, employers are responsible for ensuring that employees are not harmed by work, including through exposure to psychosocial risks and work-related stress. It has been estimated that work-related stress costs Member States at least 20 billion euro annually. The cost should not be considered just in hard terms of how many euros are lost by organisations. The socio-economic costs are very considerable; psychosocial risks hurt society and individuals.

Annex 1 gives information on Agency publications where further information can be found on psychosocial risks and work-related stress, including definitions.

Sharing good practice

An important role of the Agency is to make information available to support and promote the prevention of psychosocial risks and work-related stress. This includes stimulating the sharing of information to solve common problems.

This publication and the Agency's website aim to show that work-related stress and psychosocial risks can be solved in many ways. They provide real examples of how companies and organisations have made interventions and sought to reduce stress at work.

Box 1 Risk assessment

Before good practice information is applied, an assessment of the risks present in the workplace should be carried out and reference made to relevant national legislation. A risk assessment is a careful examination of what could cause harm to people, so that you can decide whether you have taken enough precautions or need to do more to prevent harm. The aim is to make sure that no one gets hurt or becomes ill. If a risk assessment is not carried out before implementing good practice information, there is a danger not only that risks may not be controlled but also that there may be a waste of resources.

Each workplace is different. Therefore work practices and solutions to problems must be matched to the particular situation by carrying out an assessment of the risks at the actual workplace concerned (see box 1). Nevertheless psychosocial risks are rarely unique and solutions can be transferred across various sectors and sizes of enterprises, and Member States.

The practical examples

The 20 examples of good practice on prevention of psychosocial risks and stress presented here are all award winners or commended entries in a European competition, run as part of the European Week for Safety and Health at Work 2002. The aim of this Agency initiative is to support the dissemination of good practice information about psychosocial risks and work-related stress and promote the application of 'practical solutions' in workplaces in Member States and across Europe.

The examples come from 13 EU Member States and include small and medium-sized enterprises, large companies and intermediary organisations operating in very different sectors. Psychosocial risks tackled include violence and bullying; other examples illustrate how stress at work has been reduced and how post-traumatic stress can be mitigated. Some examples aim to tackle psychosocial risks at source through implementing organisational measures; others help at the individual worker level by providing coping strategies. Box 2 illustrates the different levels of intervention. Each example describes the nature of the problem, the solution applied and the results. There are some comments about the key features of each example and areas where the good practice could be further developed.

Box 2

Level of intervention

Interventions aimed at psychosocial issues at the workplace can be divided into three categories:

- individual level;
- individual–organisational interface level; and
- organisational level

Interventions at the organisational level tackle the root causes of stress at work; interventions are directed, for example, towards changes in the structure of the organisation or physical and environmental factors. Individual level interventions often are aimed at reducing stress among those who already have symptoms. They aim to increase the individual's ability to tackle stress through, for example, relaxation techniques or other coping strategies.

At the individual-organisational interface level, interventions might be aimed, for example, at improving relationships between colleagues and managers at work or improving the 'person–environment fit'.

As an example, preventive actions concerning violence at work can take place at three levels: design of workplaces, work organisation and training.

Interventions should always be tailored to the problem in hand. In circumstances where it is impossible to eliminate completely the source of risk, for instance violence from criminal persons, efforts should go towards reducing risk by good management. In many instances, a combination of efforts at different levels will be the most effective solution.

The cases should inspire owners, managers and workers about what could be achieved in their workplaces. They are not intended to be definitive or to provide detailed technical guidance. Not all elements of all cases were successful and these short summaries present the best features to demonstrate what can work in practice and how to achieve it. Some enterprises developed their own solutions using in-house expertise. Others found it useful and cost-effective to use consultants with expert knowledge and practical experience in preventing work-related stress. The majority included the involvement of employees and their representatives to identify problems and develop solutions; this is crucial to success, as workers have firsthand experience of the work situation. Box 3 illustrates the features of successful stress prevention initiatives.

Box 3

Success factors in stress prevention initiatives

1. **Adequate risk analysis**

A baseline should be established through risk assessment. Surveys can be part of this process, but surveys should not be undertaken unless there is a clear intention of taking timely action on the results.

2. **Thorough planning and a stepwise approach**

Clear aims should be set and target groups identified, as well as identifying tasks, responsibilities and allocating resources.

3. **Combination of work-directed and worker-directed measures**

Priority must be given to collective and organisational interventions to tackle risks at source. Worker-directed measures can complement other actions.

4. **Context-specific solutions**

Employees' on-the-job experience is a vital resource in identifying problems and solutions. Outside expertise may sometimes be necessary too.

5. **Experienced practitioners and evidence-based interventions**

Only competent outside expertise should be used.

6. **Social dialogue, partnership and workers' involvement**

Involvement and commitment from employees, middle and senior management is crucial for every stage of an intervention.

7. **Sustained prevention and top management support**

Sustainable improvement is not possible unless management is ready to make changes. Risk management should become a principal of the way business is done.

A table in Annex 2 lists the country of origin of the example, its title, whether it won an award (if not, it received a commendation from the judging panel), the issue targeted, the relevant sector and an assessment of the level of intervention.

What the judges were looking for:

In selecting the examples the judging panel for the Agency competition looked for solutions that showed:

- Tackling risks at source;
- Real improvements;
- Sustainability over time;
- Good consultation between management and the workforce;
- Compliance with relevant legal requirements, preferably going beyond minimum requirements; and
- Possibility of transfer to other workplaces, preferably including those in other Member States and to SMEs.

Acknowledgements

The Agency would like to thank its network of Focal Points in Member States (competent authorities, or bodies nominated by them, responsible for occupational health and safety) for assessing and nominating good practice examples for the Agency award scheme. The competition would not have been possible without their assistance. The Agency also thanks the experts who made up the judging panel for their input. Last but not least, many thanks to the organisations who are featured in this publication for their initiative!

European Agency for Safety and Health at Work

November 2002



2.



PRACTICAL SOLUTIONS

2.1

INTRODUCTION OF A HEALTHY AND SUCCESSFUL WORK ORGANISATION AT A CALL CENTRE



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Issue

The development of a call centre, to include from the outset, the planning of a holistic preventive strategy on stress at work. These preventative measures included the design of the work environment and work resources, and ensuring adequate job rotation and varied work.

Problem

Psychosocial risk factors are common in call centres, as the work can be monotonous and demanding with little scope for control. It is seen that the longer the time spent on the telephone, the more likely the occurrence of mental strain.



Solution

A holistic approach was taken. The planning stage was based on quantitative and qualitative findings of a work assessment. This planning established the frequency and difficulty of various activities. A software tool was used to identify when stress may occur to help plan work in advance. Work would then involve a mixture of easy and more demanding tasks to keep mental demands at an appropriate level. Manufacturers of office hardware and software and furniture producers were consulted, as well as relevant trade associations. Staff were consulted once the call centre was set up.

The following organisational measures were adopted:

- Participation: involving staff in decision making is very important. Assigning work resources is harmonised in cooperation with the staff council and workers;
- Job rotation: a system of rotation between staff at the same hierarchical level;
- Task completion: arrangements to ensure that a staff member deals with a case from the time it arrives at the call centre until a decision is taken on it;
- Scope: attempts were made to broaden scope as much as possible so that staff can choose which task to do and when, as long as there were adequate staff. Staff allowed freedom in what they say: there are no scripts on the screen. They can also become product experts; and
- Short break system: after every hour worked, staff can take a 10 minute break away from the screen and they are encouraged to leave their desk. This is to help reduce stress on voice and ears as well as giving a change in posture.

Preventative measures include voice training, stress management and relaxation as well as improvements to the work environment such as air-conditioning, height-adjustable desks etc.



Results

The preventive measures are considered to have been very effective. Use of the software tool and other prospective analyses did not show any indication of the effects of inappropriate strain or stress. After the call centre was opened, the measures were reviewed after three and then twelve months. No indication of increased stress levels or effects of inappropriate strain were identified.

There is a high degree of job satisfaction and motivation. Commitment to the organisation is high. The economic success of the call centre is partly based on good working conditions.

Comments

Stress prevention is 'designed in' at the planning stage in this intervention. This holistic approach tackles stress at work at a number of levels in this growing sector – from the physical environment (chairs, desks etc) to work systems. The results are then monitored to ensure their effectiveness.

There is good involvement from social partners and staff, once they have been recruited. The effort to make tasks more meaningful, for example, by employees following a case from receipt to decision, is commendable. The principals in this intervention can be transferred to other enterprises, and not just call centres.



2.2 SIMPLE STEPS TO PREVENT STRESS AT WORK: EFFECTIVE EMPLOYEE INVOLVEMENT IN RISK MANAGEMENT

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Issue

Commissioning an extension to the ATC chemical process technology demonstration plant by the Applied Technology team in a petrochemicals company.

Problem

Plant commissioning is recognised as a very demanding time for all concerned as the commissioning team strive to overcome the inevitable technical challenges. The size of the operator team was increased while there were staff reductions made in other areas. The new staff were less experienced and the site staff reductions led to considerable job insecurity.

The Applied Technology team had already taken steps to eliminate physical hazards and improve safety culture. They then wished to take action to prevent avoidable stress by identifying and mitigating any work-related sources of stress arising from the commissioning project.

Solution

A project team was formed, which included the project manager and representatives of the two main groups working on the project: the day support

team of engineers, project leaders and chemists and the shift operations team who operate and maintain the plant. The aim was to get the cooperation of a cross-section of the workforce to prevent work-related stress. A chartered psychologist briefed them on stress. They then identified likely sources of stress that might arise from the commissioning project. The day and operations team members then worked separately to prioritise their stressors, as it was considered that these might differ due to their distinct role and tasks.

Stressors were then sorted by (a) relevance to the project (b) whether currently well controlled and (c) whether likely to cause stress. For each of the two teams, this yielded a set of 'top five' stressors on which there was a consensus about their potential to cause harm. Examples of the top-five stressors from each group included high workload, job insecurity, demands for unnecessary detail and pressure from senior managers.

The team then worked together to complete the risk assessment process. They identified how or why each stressor caused harm, and shared ideas about what organisational and individual actions would mitigate the effects of the top-five stressors, and identified relevant, practical control measures. This involved discussing some very personal issues, such as the effects of job insecurity on other family members.

"It was a really open debate between all involved: day and shift teams" – Shift Technician

The proposed control measures were recorded and later shared and endorsed at a second workshop attended by the whole team.

The most striking example of a stressor which was effectively identified and controlled, was 'unnecessary detail'. This stressor, specific to the demands of plant commissioning, referred to the effects of other people not specifying the amount of technical detail they required, and the timescales involved. As a result, staff worked long and hard to promptly produce detailed technical information, which was often not required.

At the second workshop, where the stress prevention project team's top five stressors were shared and endorsed by the whole Applied Technology team, a phrase was coined which became the watchword for dealing with unnecessary detail. This phrase 'the minimum requirements' is now used by all team members to challenge others on the level of detail and deadlines attached to work they require. Adoption of the 'minimum requirements' concept has had lasting benefits for managing workload amongst the Applied Technology team. It has also changed how some team members deal with work-life balance issues.

Results

The stress prevention project was evaluated to judge its effectiveness by interviewing a sample of people from the Applied Technology team, including the project manager, day and shift team members. These interviews focused on how the project had impacted upon their perceptions and personal experience of stress, and whether and how their behaviour or the behaviour of others had changed. Their quotations have been used to illustrate the effectiveness of the project.

In summary, this relatively simple, low cost stress prevention project was conducted by a cross-section of employees, with minimal external input. The project's design and execution exceeds the requirements of UK legislation and regulatory guidance on preventing risks to health and safety arising from psychosocial hazards at work.

Framing stressors as a hazard to be controlled, just like the more familiar process and chemical hazards, was a logical extension to existing risk assessment processes, and opened a mature debate about otherwise delicate topics such as the effect of management style on others.

The project normalised discussion of stress and stressors amongst the team, and facilitated team spirit and open communication.

"It was enormously beneficial for team bonding, and discussing human issues, which we don't do often" – Technologist

The project costs were low. Apart from staff time, the main cost was external input from a chartered psychologist to explain the nature and symptoms of stress. The project manager firmly believes that the project led to a deeper level of communication, sharing of feelings about work, and enhanced trust. Team members also hold this belief, for example:

"the whole team is now more open about confronting the issue of stress, and more likely to support and challenge colleagues under stress" - Technologist

"... my opinion is that it has helped to head off undue stress arising from the project – I'd firmly advocate that others do something like this – being proactive rather than reactive" – Stress Prevention Project Team Member

Since the stress prevention project, the Applied Technology team have had a perfect health and safety record, with no stress-related absence. The project's simplicity and low cost means this approach is particularly suited to SMEs, who may be constrained by shortage of time, money and internal expertise.

Comments

This intervention succeeded in taking a preventative and holistic approach to stress at work at the beginning of a project. It shows how at the design stage, future hazards can be identified and removed or reduced. The effects should be sustainable. It also illustrates how employees can be involved in the risk assessment and management process. The cost was low and the method straightforward so this initiative would be appropriate for others including SMEs. The initiative also illustrates appropriate use of an external expert – the chartered psychologist – to assist the team in the risk assessment process.



2.3

STRESS PREVENTION AND WELFARE PROGRAMME IN THE CHEMICAL INDUSTRY



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Issue

Stress prevention in a large enterprise involved in the manufacture of chemical, plastic and agricultural products.

Problem

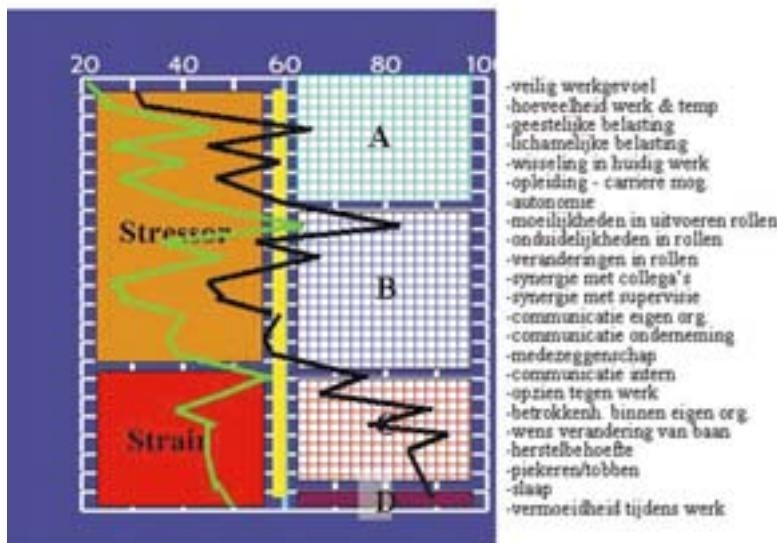
Maintaining a proactive programme of work-related stress prevention, as part of a health and safety philosophy of continual improvement, and reduction of work-related sickness absence.

Solution

A questionnaire is the main tool used on a regular basis to identify stress at an early stage and to decide the measures needed to tackle it at source and monitor the results. Completion of the questionnaire is voluntary. The package of completed questionnaires can be assessed in various ways, by department, by type of job etc. Overall company results are obtained and broken down by department. Comparisons are made with the results from previous years. The main focus of the programme is to identify problems and determine the interventions needed for each department. The results are incorporated into the overall risk assessment process and risk reduction plan.

Four dimensions of the working environment are covered by the questionnaire: general work characteristics, working relationships and communication, psychosocial aspects and fatigue. The enterprise uses shift working and

Lijndiagram: procentuele welzijnsscore



particular attention is paid to any issues relating to shift rosters, night working, hours and overtime and related ill health effects. The enterprise also provides periodic medical examinations for all night shift workers.

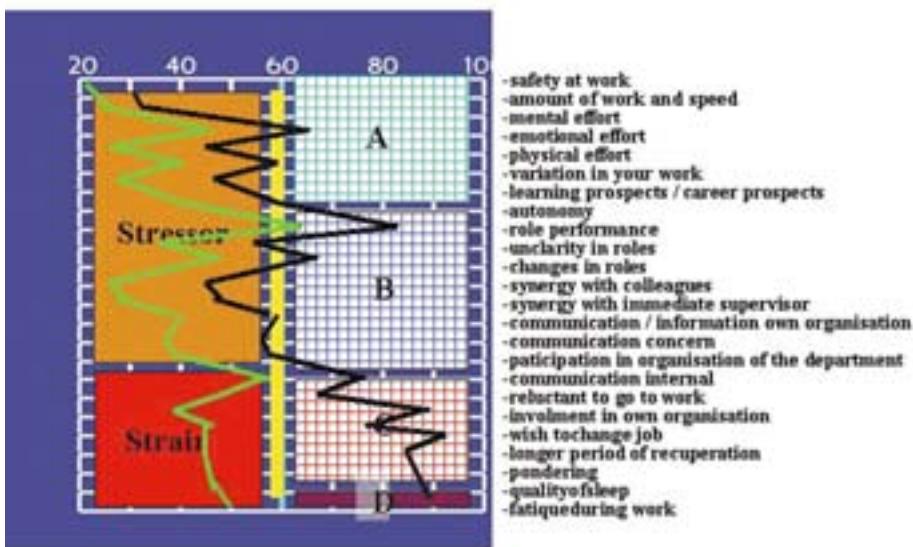
Health and safety personnel used the results to help them carry out risk assessments in the individual departments. The survey results and the actions needed are discussed within each department. Those involved in these discussions include the departmental operations leader, company medical service representatives, safety and health personnel and a works council representative. Priorities for action are set and responsibility for actions assigned with an agreed timetable. Where particular problems are identified for particular groups of staff, work shops have been set up to investigate the issues further with the staff concerned. For example this was done with the security and fire staff.

During interventions, attention has been given to issues such as improving the planning of work, team working and clarity of roles. Issues such as providing for continuous learning have been dealt with through incorporation within a 'people's strategy'.

The questionnaire also includes a strictly confidential staff well-being section. Individuals with low score may be referred to the company medical officer. The programme also covers provision of support to staff for non work-related problems. However, the main emphasis of the programme is identification of problems and prevention at the organisational level.

WELL-BEING score / - individual

- DPT/ plant
- Site



The involvement of the works council is an important part of the process. The implementation programme is set out within an agreement with the works council. Each department has to attend the works council on an annual basis to report on what measures they have taken to implement the risk reduction plan arising out of the results of the survey for their department. The works council receives regular reports on the overall progress for discussion. The works council has taken up some specific issues such as work pressure.

Group level results are made to all staff via the intranet and are also written up into the occupational health service annual report.

Results

Stress is now actively discussed in the enterprise, including within the works council. Absenteeism rates are low - at around 3-4% per year. The programme contributes to the company's reputation as a good employer.

Comments

It is very important that work-related stress intervention is not seen as a one-off exercise, but is part of an ongoing programme that is monitored. Systems must be in place to ensure the confidentiality of any individual data collected.

2.4 STRESS PREVENTION IN AN OLD PEOPLE'S HOME

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Introducing a stress prevention programme for 42 staff working in a nursing home for the elderly. The elderly residents may have reduced mental and physical capacity, and the work of employees involves providing basic care support with feeding, hygiene tasks and medication as well as emotional support. This creates a physical and mental workload for staff.

Problem

Staff had felt considerable mental and physical strain, and there was a high absenteeism rate from stress-related conditions such as depression and anxiety. In addition there was a high level of minor accidents, and it was also recognised that there was a need to tackle certain organisational problems. The home had been designed for residents who were relatively independent, however the dependency level of residents had increased and they were requiring a much greater level of support, both physical support including manual handling and emotional support.



Solution

Workers, managers and specialists were involved via the safety and health committee. Management and health and safety trade union representatives of the workers examined the incidence of ill health problems and decided that a study was needed to identify sources of stress, and potential measures that could be taken to prevent them and improve the work and its organisation. The help of the local workplace accident insurance organisation was engaged.

The programme involved:

- risk assessment, including questionnaires to all staff, and analysis of the work and working conditions and interviews carried out on a voluntary basis.
- Identifying proposals for improvement
- Implementing the proposals on a gradual basis.

The following stress factors were identified:

Stress factors identified in the analysis of work and working conditions

General working conditions

- Opportunities for professional progress
- Information about the company
- Assignment of breaks and holiday periods
- Organisation of the work teams
- Unforeseen absences from work or sick leave
- Salary levels

Conditions for carrying out the work

- Physical conditions of work
- Work load

Job content

- Unforeseen events or existing changes
- Possibility of taking decisions

Immediate environment

- Type of supervision received

Stress factors identified in the workers survey

- Work load
- Scarcity of means and resources
- Fast work rate
- Lack of information
- High level of responsibility
- Intense mental effort required by the work
- Little possibility of progressing within the company
- Unforeseen events and/or changes of plans
- Uncertain future within the company
- Lack of conveniences in changing rooms and washrooms
- Insufficient skills
- Physical conditions, risks and physical effort required

The following measures were brought in:

- Improved nursing and nursing auxiliary staffing levels during peak hours: 7:30 to 11:30 and 17:30 to 21:30. This has enabled a reduction in workloads, improvements in organising shifts and absence and contingency cover.
- Staff training in coping with situations experienced in the old people's home, such as death, pain and the terminally ill.
- Specifying functions and responsibilities of nursing auxiliaries: for example, for dispensing, assistance with medication, and assistance and back-up in providing treatment.
- Establishing a communication protocol for those situations that, in the opinion of the workers, could pose risks to their health and safety, so that they effectively reach the Safety Committee and, in emergency cases, go directly to the Prevention Service for a prompt solution. Training courses are held in matters of safety and prevention of occupational risks.
- Providing hoists for lifting and handling bed-ridden patients and training workers in their use.
- Introducing a degree of discretion in carrying out some tasks, under the guidelines set by the department of medicine, to certain groups of workers to improve autonomy and decision-making.
- Clearly defining and explaining the content of all functions and responsibilities, including setting it out in a collective agreement.
- Promoting worker participation through meetings, enabling them to contribute suggestions, ideas and opinions.



Results

Prior to the study in 1998, the frequency index for sickness absence was 18%. Following the intervention it dropped to 2% in 1999, and has stayed around the same level: 2.5% in 2000 and 3% in 2001. There has been an improvement in staff morale and working relations as well as improved relations between staff and residents.

Comments

Where the causes of stress are multifactorial: e.g. a combination of staffing issues, work loads, work organisational issues and physical working conditions, all of these causes need to be tackled together for an intervention to be effective.

2.5

JORVI HOSPITAL'S MODEL FOR PLANNING WORK ROTAS AUTONOMOUSLY



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Issue

A pilot development project for the planning of work rotas in a hospital physiotherapy department. Physiotherapy services are provided for patients in the hospital's departments and the physiotherapy outpatient clinics. Physiotherapy services are provided for patients in all branches of medicine in the hospital.

The physiotherapists at Jorvi Hospital work 'informal' rotas, and regularly have Saturdays and Sundays free. Under the old work rota practice, rotas were planned in three-week periods. Traditionally, work rotas operated from Monday to Friday, 08.00-16.00. A supervisor (nurse-manager) planned employee worksheets, and entered work rotas using computerised software for worksheets.

Problem

The workload of physiotherapists had increased due to a large rise in the number of physiotherapy referrals. The outpatient clinic, in particular, was much busier. Activity in the inpatient wards had also become more urgent because convalescent periods for patients in wards were now shorter. In such cases, the inflexible use of rotas can cause problems for employees, and reduce the availability of physiotherapy services. Physiotherapists usually work during periods when ward activity is busiest (08.00-16.00). They must compete for

patients' time with other carers, research and therapeutic staff. Physiotherapy is a therapeutic activity in which patients play a key role as active learners. A patient must be able to be actively involved in the therapy session.

A more flexible use of work rotas could provide more opportunities for meetings, and exchanges, between physiotherapists and the families/relatives of patients. Staggering the physiotherapy rotas would reduce problems arising from the problem of cramped physiotherapy rooms. It was found that the work of physiotherapists could lend itself to much more flexibility than under the planning system currently used.

Work in the healthcare sector is mentally and physically tiring. In person-to-person work, such as physiotherapy, the mental stress level of the workload has increased. Physiotherapy is preponderantly a female profession. The chief responsibility for the family and the home still lies with women. By increasing the flexibility of employees and the ability to influence work rota autonomy, greater compatibility between work and family life would be facilitated, and both the well-being of employees and their work management could be improved.

Solution

The objectives of the Jorvi Hospital Physiotherapy Department's development project were to:

1. Carry out an experiment in planning work rotas whereby the employees' control over when they worked (work rota autonomy) would be increased so that each employee could plan their working times and compile a work list within a framework set by a supervisor.
2. Evaluate the impact on the well-being of employees and their work management by increasing their control over when they work.
3. Monitor how increasing physiotherapists' work rota autonomy has an impact on productivity, work content and the availability of services.

A special Jorvi model for work rota autonomy was developed during the project. It included two steps: one allowing employees to plan and implement rotas based on work rota autonomy; and the other, training employees to plan and compile work rotas.

The availability of physiotherapy services was guaranteed between 08.00 and 16.00. The work rota experiment also allowed services to be provided between 07.00 and 08.00 and between 16.00 and 18.00. In order to ensure good communication, employees were obliged to plan their work rotas so they could take part in joint meetings and training sessions held in their department and unit. Work rotas were implemented using the computerised system.

The nurse-manager checked rota lists no later than one week before they were due to begin and, if necessary, increased the workforce during periods when it was inadequate. The employees were allowed to change their work rotas within the above limitations, providing that they obtained the prior approval of the Nurse Manager.



The physiotherapists were given a one and a half hour training session to plan work rotas. The training covered the Working Hours (Restriction) Act and the general collective agreement for municipal employees. All physiotherapists involved in starting up the work rota experiment took part in the training sessions.

Results

The Jorvi Hospital work rota autonomy experiment was conducted in accordance with the rules on working hours in force in the European Community, Finland's labour legislation regulations, and existing collective bargaining agreements. The practical implementation of the experiment and the impact of factors influencing the planning and implementation of work rotas was monitored for a whole year. The experiment's impact on the availability of physiotherapy services was studied by means of questionnaires and interviews with patients and hospital staff, which took place before and after the work rota experiment.

The physiotherapists said that above all, the work rota experiment increased their potential impact on their own work, work productivity, work management, and desire to work. Employees found that the experiment improved the compatibility between work and leisure. The new work rota was found to be a bonus from a family point of view. The experiment was found to have reduced the mental stress of work.

Use of the new work rota by physiotherapists gave better access to treatment for patients. Their need to make special arrangements in order to attend clinics as physiotherapy outpatients was significantly reduced. In 2001, physiotherapists cared for a significantly larger number of outpatients referred from different specialists than they did in 2000.

Planning rotas based on the Jorvi work rota autonomy model did not give rise to additional expenses on the part of the employer regarding working time arrangements.

As both the employer and all the physiotherapists attached to Jorvi Hospital wanted to continue using the work rota autonomy model, the model was adopted permanently by the department.

Based on the positive experience and results of the work rota autonomy model for Jorvi Hospital, a joint development project is under way between Jorvi Hospital and Espoo City's Department of Social Affairs and Health, with the aim of developing work models based on work rota autonomy for carers working three shifts.

Comments

This is a good example of a 'focused' intervention, targeting the specific issue of work rotas. Work rotas are a key topic in the health service. The intervention showed an improvement in the service provided to clients at the same time as allowing staff more flexibility. More patients were treated. Employees were fully involved in the planning and implementation of the project; the impact was then measured. The initiative gave staff a better work/life balance. These targeted improvements were possible without having to carry out any expensive or disruptive redesign of the entire work environment. This example was a pilot; its success will result in its wider application. There is potential for this initiative to be transferred to other sectors using work rota systems.

2.6

TRAINING FOR MANAGERS ON MANAGEMENT STYLES TO REDUCE STRESS AT WORK



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Issue

Stress prevention in refractories, mining and quarrying industry

Problem

There was a concern to tackle stress by a number of mining and quarrying companies, who were not sure how to evaluate or tackle the problem.

Solution

A number of companies within a mining group, with the support of *Versicherungsanstalt des österreichischen Bergbaues* (Austrian Mining Insurance Office – 'VadöB'), decided to pool resources to investigate the problem. An occupational stress survey was carried out among the employees in all the companies to evaluate the problems in order to provide a basis for intervention action. At the same time objective data on workplace stressors was analysed: i.e. noise, workload, monotonous work, repetitive work, time pressure etc. and indicators of problems such as overtime rates, accident, ill health and absenteeism rates. These results were also linked to additional social insurance data. The survey and other data and the analyses of the data have been kept in an electronic database. This allows for bench-marking and monitoring of change.

Possibilities for interventions were then identified. The occupational health department were particularly concerned that the stress evaluation should lead

to positive action, as it can be particularly counterproductive to raise and investigate the causes of stress and then do nothing to tackle them.

One issue identified was the lack of awareness among managers and supervisors that they could contribute to stress reduction, for example through better work planning or modified management style. They needed help in understanding the work organisational and management causes of stress, and in identifying what they could and should do to reduce stress. Good management principles were identified and managers were informed, trained and motivated to use them. Awareness raising and training to improve employee participation and feedback, for example, in work planning was also part of the process. As a consequence, the company suggestions scheme was redesigned as a communication system within the integrated management system.

Feedback about the results of the evaluations and information sheets about work-related stress was provided to employees, e.g. via the company Internet, and information was included in the company management manual.



Results

Improved health and motivation of staff will improve performance. The database will allow monitoring and evaluation of the results.

Comments

This example involved an initial survey of employees to assess the problem. Individual confidentiality is very important when carrying out these types of surveys. Particularly when the group of employees is small, care must be taken to ensure that individuals cannot inadvertently be identified through questions about age, sex and department, for example. Effective surveys ask about perceived causes of stress at work, including organisational issues and are not focused only on individual health and lifestyle. Training, as in this case, should be targeted at a real problem and should be part of a wider intervention programme to tackle causes.

2.7

STRESS PROGRAMME IN PROGRESS AT THE SWEDISH NATIONAL LABOUR MARKET BOARD



Swedish National Labour Market Board

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Issue

Developing a comprehensive programme to prevent stress at work in a public sector labour market board.

Problem

The Swedish National Labour Market Board (AMS) continuously monitors the development of sickness absence throughout the National Labour Market Administration (AMV). During the past five years or so, sickness absence has been rising by one or two percentage points annually. A large proportion of sickness absence is due to stress-related disorders.

Solution

At the start of 2002, in an attempt to reverse this negative trend, AMS, launched a comprehensive programme consisting of three different sub-projects. These are expected to continue up to and including, the first quarter of 2003 and will involve some 800 employees.

The aim of these projects is to create a positive work environment and a workplace atmosphere that will benefit the health, motivation and involvement of employees, thereby also improving efficiency at work.

The concrete targets defined include reducing sickness absence by two percentage points during the project period at the employment offices taking part, and maintaining this reduced sickness absence rate thereafter. In addition, significant improvements are to be achieved in the results of customer surveys and the internal attitude survey (the Workplace Survey).

Sub-project 1 (the Stress Profile project)

The purpose of this project is to identify factors, both positive and negative, which influence staff as regards work-related stress and sickness absence, as well as perceptions of the psychosocial work environment. Identification of these factors is proceeding locally at each of the six participating employment offices. The analytical process involves all employees, including management, with some support from the project team.

Sub-project 2 (executives and personnel management)

Experience from elsewhere has shown that managers find the handling of complicated personnel issues and rehabilitation cases as very time-consuming, difficult and, consequently, stressful. They feel that they do not know enough to be able to meet all the demands made on them in this respect, which of course impacts on their managerial role in relation to their subordinates.

Sub-project 3 (Stress prevention at the individual level)

Sub-project 3 is based on the assumption that stress prevention measures at the individual level, if they are to have any lasting effect, must be geared to the work; that the manager is committed to the activities; that employees acquire greater self-insight and a clarification of their responsibility for their own health.

Solution

At this point, seven activities have been completed in all units. The health care activities completed include muscular relaxation, massage and water aerobics.

The project leader has conducted a follow-up of each unit taking part. This has revealed that the employees to have appreciated the initiatives. The medical examination at the beginning of the project has brought home to many employees the importance of considering their own health in order to feel well and in this way to reduce their stress.

This sub-project also employs the stress module, mentioned earlier, as a measuring instrument. In addition, a number of interviews will be conducted with the employees, to establish the effects of this working approach. Physiological measurements (blood fats and the stress hormone cortisol) have been used to determine whether or not the initiatives have been effective.

Results

The project team is in the middle of analysing and drawing conclusions from the initiatives already undertaken. Since partly the same criteria/measurements are being used in the follow-up of all three sub-projects, comparisons can be made between different types of activities aimed at improving the psychosocial work environment and reducing stress-related sickness absence.

The intention is that initiatives with proven beneficial effects will be further tested in other units. If they are found to be of universal value they will be transferred to all areas.

Comments

It is important to tackle root causes of stress at work as well as to help individuals cope better with any stress they are experiencing.

2.8

ATHENS 2004 OLYMPIC GAMES - MANAGING STRESS AND PSYCHOSOCIAL RISKS



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Issue

Including psychosocial risks in the management system for the organisation of the 2004 Olympic and Paralympic Games.

Problem

The ATHENS 2004 Organising Committee for the Olympic Games is a labour-intensive company, which currently employs 1,100 multi-national employees. During the Games there will be approximately 4,000 employees and 60,000 volunteers under its command. The human resources represent a crucial asset for the success of the 2004 Olympic Games. However it is recognised that stress, violence and health-related psychosocial risks like tobacco, alcohol, drugs and HIV/AIDS are psychosocial factors which may cause physical and mental health problems for the workforce. The consequences could be: occupational accidents, high staff turnover, increased absenteeism, reduced motivation, decreased satisfaction and creativity and public relations problems, which are major threats to the organisation performance.

Solution

ATHENS 2004 developed an integrated 'plan-do-check-act' occupational safety and health management system to address work-related psychosocial risks.

Particular factors to be considered include the work situation, the short time span of the company and the personal characteristics and different cultures of the individuals hired by the company. The main elements of the above system are the following:

- The occupational safety and health policy statement encompasses work-related psychosocial problems in its scope;
- Availability of all necessary resources for the safety and well-being of the workforce;
- Effective management structure with responsibility and accountability for delivering the policy which is supported by staff involvement and adequate communication at all levels;
- Counselling, treatment and rehabilitation are used in preference to disciplinary action;
- Establishment of a common understanding of the company's vision, values, beliefs and positive culture which promote workers involvement and commitment at all levels;
- Implementation of the policy using a planned and systematic approach, with a view to minimising risks including those arising from psychosocial factors; and
- Active monitoring and measurement of performance against an agreed standard, based on assessment, to reveal when and where improvement is needed.

Specific actions have been taken to deal with stress, violence and the other mentioned health-related psychosocial problems. These are the following:

Policy and Participation

- Involvement of all parties concerned (including workers and managers) in the development of the policy and prevention measures;
- Employment of a full time safety engineer and occupational doctor;
- Employment of two psychologists to provide consultation to workers facing problems which are related to psychosocial factors;



'Working Area'

- All existing legal or regulatory requirements are taken into consideration;
- Examination of successful policies and practices in similar workplaces for possible inclusion in the policy or for guidance;
- All health-related programmes are gender specific as well as sensitive to race and sexual orientation. This includes targeting both women and men explicitly in recognition of the different types of risks for men and women workers;
- All medical information regarding an employee is absolutely confidential;
- Private health care insurance system covers all employees; and
- Treatment of all workers whether with or without health-related problems in an equal and non-discriminatory manner including job application, hiring, training, advancement, discharge, as well as other conditions and privileges of employment

Training, Education, Information and Communications

- Provision of education and training to increase awareness, knowledge and understanding of psychosocial problems at work with the aim to change attitudes and behaviour;
- Distribution of self-assessment questionnaires to all workers in order to identify the attitude of the personnel towards the above mentioned psychosocial risks;
- Provision of information and guidance to workers about the occupational risks associated with psychosocial factors and the available services and programmes within or outside the workplace aimed at preventing those problems;
- Interpersonal and communication skills are used as a mean of diffusing potentially threatening violence situations;
- Wide dissemination of the occupational safety and health policy, strategy and procedures through means such as notice boards, e-mail, special meetings, induction courses and training sessions;



'Employees Induction Course'

- Provision of adequate training to fill the gap between current job requirements and worker's skills; and
- Provision of adequate refresher training and updating opportunities for knowledge and skills.

In 18 months, 120 internal or external training courses were delivered and each worker participated in at least two of those. The topics presented included the following:

- Addressing psychosocial problems at work
- Project management
- Team building and management
- Time management
- Leadership
- Negotiations skills
- Greek lessons for foreign workers

Workload, Design and Content

- Adequate planning of staffing requirements;
- Assignment of tasks according to experience and competence;
- Tasks are clearly defined and skills are properly utilized;
- Participation at all levels in decision-making, people-oriented leadership and effective two-way communication;
- There are career development opportunities for all workers within the company;
- Assignment of clear roles, avoiding role conflict and ambiguity;
- Jobs are matched to physical and psychological skills and abilities;
- Regular assessment of time requirements and assignment of reasonable deadlines;
- Supportive relationships and social contacts between supervisors, managers and all workers are encouraged;
- Provision of adequate recognition and feedback about work;
- Maintenance of a workplace that is free of physical and psychological violence;
- There is transparency and fairness in procedures for dealing with employees' complaints;
- The workers are encouraged to discuss any conflicting demands between work and home;
- Arrangement of working teams in relation to the workload;
- Rotation of staff on particularly demanding jobs;
- Provision of a suitable and healthy physical working environment (lighting, equipment, air quality, noise, posture);
- Provision of adequate, clean toilet facilities and staff break areas;
- Free transportation for all the workers to and from the workplace and the nearest metro or bus stations;
- Provision of alarm systems, security screens, protective barriers and security guards deterring unauthorised entrance; and
- Ensuring of good relationships between smokers and non-smokers at the workplace by adopting a comprehensive approach to deal with issues of



'Internal Sport Tournament' - developing good relationships between colleagues

tobacco at work, including the designation of smoking areas and the proper installation of ventilation where the workplace is not smoke free;

Also several internal sport tournaments and contests with various prizes have been organised aiming to establish good relationships between all the workers.

Results

The system focuses on prevention rather than treatment because prevention is less expensive, has a greater impact, reaches more people and is feasible in any working environment. The accident statistics within ATHENS 2004 show that this occupational health and safety management system is having an effect.

By the end of 2002 all workers will receive a questionnaire in order to measure whether their awareness of psychosocial issues has been increased.

So far, high levels of motivation and good relations among the entire workforce have been achieved.

Comments

This case describes the design and implementation to date of a management system for prevention of psychosocial risks. It is designed for a time-limited company employing people from many nationalities and background. Although Olympic Games organisation is a 'one-off' for most countries, the system could be transferred to the organisation of other large-scale events such as other sports and entertainment occasions. It could even have relevance for large construction projects.

2.9 PREVENTION OF STRESS AND BURNOUT AMONG TEACHERS

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Issue

Teaching children with serious social and emotional problems in an education and treatment centre.

Problem

The children can be aggressive and violent, which places heavy demands and emotional strain on their teachers. This can result in stress, anxiety, tiredness, depression and burnout.

Solution

Teachers are given systematic continuous training and development on how to manage the risk. All staff and managers have an annual development plan.

Training starts with the induction for new staff. They receive communication skills training and learn how to identify areas for improvement for themselves and others by giving constructive feedback. Opportunities for feedback are given and senior staff ensure that this is taking place. This 'reflection' with colleagues continues at all stages of development. New staff are also introduced to the safety representative, psychologist, counsellor and principal. The principal ensures that these meetings take place.

Role-playing is used as a method to learn how to develop responses to help prevent problems with children. Professional actors and drama teachers are used.



An open and respectful environment is created so that colleagues can express their views and others can then consider these views positively.

Following a physical confrontation, there is discussion with colleagues and managers. If there is a physical assault on staff, someone will always send for the principal or deputy principal. The staff member has also the option of seeing a crisis psychologist.

Results

There has been a reduction in the number of physical confrontations between children and staff. Staff absence has also been reduced. Teachers are less frustrated and more satisfied; there is less sickness absence. Children are happier and less aggressive.

Comments

This is a priority sector for taking action on psychosocial risks. It is an example of where the risk of violence cannot be completely removed, so the need for good management is consequently high. Role-playing is an innovative method to help develop responses and coping strategies. It is useful to also examine the scope for task redesign to reduce psychosocial risks.



2.10 MANAGING STRESS FOLLOWING CRITICAL INCIDENTS IN AIR TRAFFIC CONTROL WORK

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Issue

Preventing post-traumatic stress following critical incidents in air traffic control work.

Problem

A lot of attention has been paid to stress in the work of air traffic controllers, but this has mainly been related to the mental or cognitive workload involved in carrying out their work under considerable pressure without making errors. Much less attention has been paid to supporting air traffic control staff that have been involved in or witnessed a 'critical incident' and may suffer stress or trauma related to this. Critical incidents may be actual aviation accidents or near-miss accidents. An example of the reaction the experience can cause is:

'... near the end of a night shift I was controlling the flight. On take-off the aircraft suffered what is known as a bird-strike, which is when the engines suck in a flock of birds. The pilot initially reported that an engine was on fire. From the tower I could see that the aircraft was unable to gain altitude and was continuing in line with the runway. In a second call the pilot confirmed that engine no 1 was on fire and that no 2 had lost power, and that he was still flying over the city at low altitude. He finally managed to extinguish the fire, achieve maximum power in engine no 2 and make an emergency landing. Despite the crew's satisfaction at the happy outcome of the event, in the next few days I began to suffer recurring nightmares in which I saw the plane crashing over the city...' (extract from an air traffic controller's report).



As well as nightmares, reactions may take the form of inability to remember certain aspects of the incident, flashbacks, irritability, difficulty concentrating, difficulty getting back to work, etc. Even people who manage to react calmly and effectively during a critical incident may suffer negative reactions after the event.

Solution

Support to staff through Critical Incident Stress Management, CISM, is needed to reduce both the immediate experience of stress and any long term effects.

The technique aims to encourage employees to understand what is happening to them during and after critical incidents rather than remain in shock and confusion. It uses peer and specialist support. After a critical incident, CISM provides one-to-one discussion with affected staff, group debriefing and defusing.

The programme and its introduction involves the following:

- An information stage, involving publicising the objectives of the programme with the target population (in the case of the NAV, the air traffic controllers and aeronautical information and communications specialists) by means of clarification sessions, posters, articles in specialist magazines, mail shots, films, CD-ROMs, etc.
- Raising the awareness of the administration also takes place at this stage by means of clarification meetings.
- Training two key managers - the project manager and the national coordinator. Since there was no similar programme in Portugal, training took place in Canada.
- Recruiting sufficient volunteers - CISM team peers - and providing them training course (at least a weeks training is needed) to provide support to all workplaces. 32 volunteers to cover 400 staff.
- Selecting three health professionals, who need sufficient knowledge and training in both CISM and air traffic services.
- Having a service available at all times, so a sufficient number of team members is needed to enable this.
- Providing sessions within 24 hours of the incident.
- Ensuring that the peers can determine when the people they are helping require another type of (professional) help.
- Provision of support as necessary to the peers themselves, as they may sometimes require psychological support due to a build-up of the emotional burden.
- Implementation.

The techniques made available to staff following incidents include:

- One-to-one sessions, where the staff member is able to talk through what happened and their experiences with a member of the CISM team. The

session may be repeated, with the same team member if the person feels the need. This is probably the most frequently used technique in air traffic services.

- Group debriefing sessions which work through the following stages:
- Introduction.
- Facts.
- What they thought at the time of the incident.
- What they felt.
- The symptoms they had.
- Demonstration by the CISM team that all such reactions are normal.
- Reaffirmation of the total support and availability of the team.
- A defusing technique used in a 60 minute session with a small group of 2/4 which works through the following stages:
- Introduction (presentation, rules of the game and guarantee of complete confidentiality).
- Facts, thoughts, reactions and symptoms (verbalisation).
- Support

Results

Post-traumatic stress contributes to sickness absence and turnover among air traffic controllers. There are high recruitment and training costs for air traffic controllers. These costs can be markedly reduced where a critical incident programme is in place.

Comments

Where critical incidents occur, there will be the potential for a significant stress reaction in affected workers. This makes it particularly important for action to be taken to reduce the likelihood of post-traumatic stress problems. It is also important that this form of critical incident stress management should be part of a wider stress prevention programme that looks at the other causes of stress in the work. Knowledge in the area of critical incident stress management is developing all the time and programmes should therefore review the services they offer in the light of new information.



2.11

PROGRAMME FOR A SAFER HOSPITAL: 'SAFE CARE'



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Issue

The introduction of the 'Safe Care' plan is intended primarily to reduce the number of verbal and physical incidents to staff in hospitals. The basic objective is to introduce a zero-tolerance policy on aggression and violence by means of, for example, fixed arrangements with the regional police and the Public Prosecutor's Department, whereby it is even possible to deny aggressive visitors and patients access to the hospital.

Problem

A recent survey in 130 general hospitals shows that over half of hospital staff report being threatened with weapons. Of the 200,000 doctors and nurses working in the hospitals, 90% have suffered mental and physical violence, 78% have experienced sexual intimidation, and 51% of doctors and nurses therefore consider that hospital security is inadequate.

Last year 300 incidents were recorded at the Westfries Gasthuis hospital in Hoorn. The feeling of insecurity among the staff is growing. The 'Safe Care' plan was developed for that reason. The Westfries Gasthuis hospital was used as the first test location for the project.

Solution

Firstly, there is consultation with the management of the hospital concerned on project planning, tasks and responsibilities, and the outline conditions for participation. The memorandum arising from these consultations forms the

basis of a plan of action. If the hospital establishment and the project organisers reach agreement, the project can go ahead.

The following are conditions for participation:

- Each establishment must start the project from scratch. There must be no other projects under way with the same aim as 'Safe Care'. It is thereby possible to take a genuine zero measurement. The plan of action is written on the basis of that measurement.
- Each establishment must make available the necessary resources (a project leader, time to take the zero measurement, internal launch conference) to implement the project.
- The establishment must be prepared to cooperate in transferring knowledge to other establishments.

The executive/management board and works council must agree to the plan of action.

Once agreement is reached, a start is made on implementing the plan of action. The project plan of the Westfries Gasthuis hospital is used as a basis for the plan. The duration of the project is approximately one year.

The plan of action is presented at the launch meeting. Following the presentation, a forum discussion is held with the project leader and representatives of the police, the Public Prosecutor's Department and the executive board. A working party composed of various members of staff from the at-risk departments is also formed. A survey showed that most incidents occur in reception/switchboard, accident and emergency and psychiatry, and at the weekend, in the evening and at night.

A zero measurement is carried out using the following data:

- Incident reports
- Examination of measures already taken in order to prevent incidents. These may be measures in the field of organisation, design of buildings, and training.
- Results of surveys and interviews of staff in at-risk departments.

The working party first draws up a risk inventory. Using colours, the least safe areas are mapped on the hospital floor plans. The staff and the project leader colour in the rooms using the appropriate colour, and this is used as a basis for discussion on how improvements could be made:

- Red: high risk of aggression and violence, area contains valuable goods attractive to criminals;
- Yellow: no considerable risk of aggression and violence, area contains goods which are attractive but not valuable; and
- Green: No valuables: chance of aggression is small.

Each member of staff carries an alarm. The alarm can be activated as soon as there is any form of threat. Security staff will be on the scene in a matter of minutes. The seriousness of the situation is then assessed and in the first

instance security staff attempt to bring the situation under control. If that is not possible, the police can be called.

A 'card system' is used which breaks down the types of aggression as follows:

- Verbal aggression: swearing, threatening behaviour, non-serious threats, sexual intimidation.
- Serious threats: serious threatening, pestering, following, threatening families, threatening with an object, attempting to injure, attempting to strike or kick a person, discriminatory remarks.
- Physical violence: assault, including sexual assault, smashing furniture, throwing objects, preventing individuals from leaving the room, pushing, pulling, or spitting, biting or scratching, striking, kicking or head-butting, inflicting injury.

In the event of verbal aggression, the doctor/nurse attempts to calm the patient/visitor and then records the incident. If it is not possible to calm the individual concerned, assistance is sought by means of an alarm button. The incident is then recorded.

In the event of serious threats, the alarm button is pressed immediately; security staff intervene, record the incident and give the threatening individual a 'yellow card'. In the case of a yellow card, the incident is reported to the police.

In the event of physical violence, the alarm button is pressed immediately; security staff intervene, record the incident and give the threatening individual a 'red card'. In the case of a red card, security staff report the incident to the



police and the individual concerned is brought before the assistant public prosecutor. The latter then takes a decision on the matter and either a settlement is reached or a summons is issued. The perpetrator can also be banned from entering the hospital other than to receive emergency or psychiatric care and is handed a letter to that effect. A ban on entering the hospital is possible because of an agreement with the Public Prosecutor's Office.

There is close cooperation with the police. For example, advance notice can be given that those involved in a fight are on their way to hospital. The hospital can then take steps so that the fight does not start up again in the hospital.

Cameras are activated when the alarm buttons are pressed. The cameras are watermarked and the images cannot be tampered with and therefore the Public Prosecutor's Department can use the images as evidence.

By means of a moving screen at reception, visitors can be kept informed of sudden events. It is thereby possible, for example, to inform visitors of an emergency that will delay a planned appointment. This helps visitors understand the reasons for any delay and thereby it should make them less frustrated.

Staff training is carried out in various areas: customer relations, dealing with aggression and self-defence training. A group of staff has been trained in trauma counselling. They can be called in to assist the 'victims' following an incident.

Once every six weeks the 'Safe Care' project features on the agenda of management and staff consultative meetings in the at-risk departments. Normally a police representative is present to whom the staff can put questions. For example, 'What do I do with weapons or drugs which I find on a patient?' Feedback is also given to the police after each incident in which they are involved. Topics of discussion are, for example, how did the alarm system work, how long did it take for the police to arrive on the scene, and what happened to the perpetrator.

The rest of the organisation is also given training about the 'Safe Care' plan.

There are posters and flyers describing the project at GPs, dentists, physiotherapists, community centres, police stations and the hospital. Attention is also regularly drawn to the project through newspapers. Thus, everyone is aware of the measures that have been taken.

Results

A recent survey shows that physical violence at the Westfries Gasthuis hospital has fallen by 30% since the measures were taken under the 'Safe Care' plan. Verbal aggression has fallen by 27%. The Westfries Gasthuis hospital is now an important spearhead in the Hospital Health and Safety Agreement¹. At present

¹ Hospital Health and Safety Agreement

Employer and employee organisations and the government have reached multi-year agreements in the Hospital Health and Safety Agreement. The agreements are intended to improve working conditions, reduce absence from work and promote the reintegration of employees.

nine suitable locations across the country are being sought in which to implement 'Safe Care'. The idea is to take three large, three medium-sized and three small hospitals. It will thereby be possible to gain experience and determine whether differences exist in the number and type of reports in the various regions.

While the appropriate locations of pilot establishments are being sought, the project is still under development. At present, work is under way on a quality mark for 'Safe Care'. It is intended that this quality mark should be displayed at every entrance to establishments where 'Safe Care' is being implemented.

Comments

Two examples are included in this booklet of initiatives to reduce violence at work in the healthcare sector. There is much concern about this growing problem in the sector. There is a range of ideas in these examples that could be transferred to other interventions.

This is an example of a zero tolerance policy on violence at work, where both management and workers' representatives agree a plan of action. A range of preventative measures has been applied from changes in the physical environment to improved systems. An innovative colour mapping system is used to identify priority departments and locations and then agree how the risk of violence can be reduced. A yellow and red card system is used with perpetrators, and those who carry out physically violent attacks can be banned from entering the hospital, unless it is for emergency or psychiatric treatment.

2.12 THE MANAGEMENT OF VIOLENCE AGAINST STAFF IN THE HEALTHCARE SECTOR

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Issue

The prevention and management of violence in the healthcare sector.

Problem

Violence and aggression towards staff is becoming more and more prevalent in the modern health care sector. In the year 2000 there were 12 reported incidents of violent or abusive behaviour towards staff in the Mid-Western regional hospitals. By 2001 this number had increased more than five fold to 64. This increase merely reinforced the feedback that was coming from staff in relation to this problem. Staff were expressing feelings of stress, frustration, fear and also vulnerability.

The management of the hospitals recognised that it had both a legal and moral responsibility to protect its employees and to provide them with a safe working environment. To this end the Risk Management Department together with the hospitals' health and safety executive set about developing a structure to systematically address violence in the workplace.





Staff feedback system

Solution

A small multidisciplinary working group was set up to bring forward recommendations for action. From the outset, there was a recognition that the organisational management of aggression and violence is a difficult and complex matter especially within a healthcare setting. Also, health care organisations owe (in some cases) a duty of care to the perpetrators of the episode of violence.

Management commitment and visible leadership was paramount if any progress was to be made.

At this time a new incident reporting policy and form was also being developed and promoted to encourage an open reporting policy for all incidents and near misses within a no blame culture. All incidents were logged on an electronic database that was used to produce flexible management information on a monthly and quarterly basis.

The main recommendation related to the need to develop a comprehensive framework and programme for the management of violence and aggression within the healthcare workplace. The programme needed to look at a range of responses covering anticipation, prevention, intervention, support and evaluation to be effective.

It was agreed that a formal risk management framework of risk identification, analysis, control and evaluation was the best way forward.

The Violence Management Framework recognises that the starting point in all cases must be an assessment of the risks. It is essential that the measures proposed have a balance between genuinely preventive measures, protective, treatment and security measures.

Aggression and violence have to be managed in the same way as all other occupational hazards – hazards must be identified, risks must be evaluated, control measures must be put in place and evaluated for their effectiveness.

A draft staff booklet was developed that sets out to promote the policy for managing this hazard.

It must be recognised that within the health services that there are occasions when staff are required to intervene in aggressive and violent situations often with behaviourally disturbed clients. In such circumstances these staff require specific training to eliminate the risk of injury to either the staff or clients.

Results

Fourteen staff throughout the hospitals have been trained as trainers in delivering an accredited programme of 'Non-Violent Crisis Intervention'. This programme delivered by a worldwide leader in behaviour management as it applies to crisis management combines accepted concepts regarding violent behaviour into a didactic system that gives all staff easily understood models to use when confronted with anxious, hostile or violent behaviour. The trainers have commenced delivering training programmes to multidisciplinary frontline staff.

A comments and complaints policy was launched in November 2001. This policy is underpinned with customer care training and the implementation of other initiatives. Key attention has focused on communication and improving waiting facilities in areas such as the emergency department and out-patient clinics.

A formal method of risk assessment is now in use throughout the hospitals. Training in its use is ongoing.

Health and Safety consultants have worked with a multidisciplinary team in the Emergency Department in undertaking a major risk assessment exercise within the department. High risk items were identified related to the issue of violence and aggressive behaviour towards staff. This has resulted in the following actions:

- 'Non-Violent Crisis Intervention' training programme
- Increased security presence
- Information in the department relating to policy towards abusers
- Provision of personal and panic alarm systems
- Increased CCTV coverage
- Closer working relationship with the Gardai (Police). A liaison officer was appointed to work closely with hospital staff
- Three successful prosecutions of offenders through the courts
- Attention to ergonomics of the department from the point of view of prevention and safe work practice.

The promotion of public awareness on this issue through articles published in the local media

A formal evaluation process has not as yet been undertaken as the work is still at the implementation stage. It is intended to ascertain both quantitative and qualitative feedback from staff by means of incident reporting analysis, questionnaires, focus groups and interviews.

Waiting time information for patients



Nonetheless a number of important changes are already evident:

- The number of incidents reported for the first six months of 2002 has again increased sharply to 59. If the trend continues this will be almost double the 2001 number. Incident reporting in all other categories has increased dramatically in the period 2000-2002.
- The hospital has doubled the funding it receives from the Department of Health & Children in 2002 for health and safety matters.
- Three offenders were successfully prosecuted through the court system.
- The multidisciplinary team approach to risk assessment is being explored in other complex areas (e.g.. operating theatres).
- There is growing confidence in the power of using an evidence base such as incident reporting to highlight areas of concern and the need for changed practice.

Comments

When improved reporting systems are implemented, often there can be an increase in the number of incidents being reported. Risk assessment and management are the main components of this initiative. There was a focus on higher risk areas. Sometimes it may be appropriate to use external expertise if local health and safety competence needs support. A range of control measures was applied, involving changes to the workplace and development of new systems. In interventions such as this, it is important to consult employees and their representatives at all stages.

2.13 PREVENTING WORK-RELATED VIOLENCE IN THE RETAIL SECTOR

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Issue

Prevention of work-related violence in a chain of large, retail department stores. The main items on sale to the public are fashion clothing and accessories, cosmetics and products for use in the home

Problem

The issue of violence to shop workers had been highlighted by national retail trade organisations. Also, this chain of department stores ran a series of one-day risk assessment and accident investigation training courses for store managers. One of the increasing concerns raised at these meetings was the increase in concern about workplace violence. Changes in working practices had also increased the risk, for example the introduction of evening and early morning shifts meant that staff were travelling to and from work during less social hours. In addition there had been a particular incident where a staff member involved in loss prevention (e.g. a shoplifting incident) had been attacked and received threats at her home address.



Two main risks were identified: 1) violent crime relating to handling cash and merchandise; 2) contact with angry customers. Customers may be under the influence of drugs or alcohol. There are two main issues: 1) minimising the incidence of violence to staff, and, 2) minimising the effect and after effects on staff should incidents occur.

Solution

Personal safety campaign and development of a regional support team:

The company health and safety committee discussed the problem and a task group was then set up to look at the issue and whether action being taken was sufficient. Members of the task group came from different parts of organisation. Previous preventative measures had fallen into disuse. They carried out risk assessments, looking at incident reports and using questionnaires and interviews to consulting staff and managers. Existing training materials were also reviewed.

This resulted in a plan to provide a framework for preventing violence to staff. Development is over the longer term. A holistic approach is being taken, where travel to and from work is covered and contract workers such as cleaners are included. Elements include:

- Risk assessment – environmental and task based risk. Includes checklists, guides, training, and gathering best practice solutions
- Staff training and communication – includes contract cleaners. All managers and head office made aware of the campaign, including by sending a letter to everyone introducing the campaign. Line managers gave briefings to all staff. And everyone was issued with a guidance booklet. Training is provided



and special training is given to loss prevention staff, who intervene in cases of theft etc. Training video developed.

- Provision of adequate resources – separate, central budget set-up
- Working with others, such as local crime prevention schemes or police forces
- CCTV and alarm systems. Survey is carried out to identify the needs. Can include installation in an employee's own home, if it is felt there is a risks arising from work
- Information, consultation and feed back from staff – actively seeking ideas for improvements from staff
- Response to an incident - procedures developed covering: what to do when an incident occurs; employee support professional counselling; post-incident support from specially trained regional support teams
- Regional support schemes – in addition to providing post-incident support, their role includes: providing risk assessment support to local managers, sharing best practice solutions developed across the company, maintaining the network of contacts with external organisations such as the police
- Incorporation of violence prevention issues into induction for new employees
- Provision of personal attack alarms

The long-term nature of the problem is recognised and a next stage of training is envisaged, for example.

Results

This is an ongoing intervention, which will be monitored overtime. Figures on incident rates are not yet available. Results to date are in terms of positive feedback from the staff and management.

Comments

The use of devices such as personal alarms must be carefully assessed according to the particular situation. They will only be effective as part of a wider, holistic prevention plan.

2.14

IMPLEMENTATION OF A PREVENTION PLAN FOR RISKS RELATING TO THIRD PARTY VIOLENCE IN AN URBAN PUBLIC TRANSPORT COMPANY



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Issue

Provision of an urban public transport system, operating over 16 routes, transporting 14,500,000 people in 2001, with 335 staff.

Problem

Staff who are in contact with the company's customers are experiencing third-party violence. This is mainly violence against people (verbal and physical attacks), but includes material damage (broken windows). Such violence causes

a deterioration in working conditions and a state of permanent strain for the staff concerned.

Solution

The implementation of a prevention plan for risks relating to third-party violence, including:

- Human and material resources as set out in the company agreement of 4 March 1999: "Accord sur la sécurité des personnes et des matériels à la SEMTA Transports Publics Amiénois" [Agreement on the safety of staff and vehicles of SEMTA, the Amiens Urban Public Transport Company];
- Assistance in the case of an attack or serious incidents involving the company's employees, including legal support and counselling;
- Involvement of the company with the Amiens suburban authority; the company has joined the watchdog committee, in which different partners participate (the City of Amiens and its metropolitan authority, the national and municipal police, judicial authorities, sponsors of social initiatives, education authorities, a psychotherapist, and others);
- Close collaboration with elected staff representatives and the members of the Comité d'Hygiène, de Sécurité et des Conditions de Travail (CHSCT) [committee for health and safety and working conditions]. A quarterly statistical review is prepared containing detailed reports of attacks on staff and material damages. A detailed presentation is made of new prevention and safety measures;
- Transparent communication with all the company's staff, who are informed in real time of incidents happening on the network through messages on the radio and information put up on notice boards. At the same time a report of the incident is sent to the relevant public authorities.

Results

Since 2002, the preventive measures that have been adopted have begun to show positive results, both in terms of the number of attacks observed and the frequency of broken windows. These preventive measures for risks relating to third-party violence concern more specifically:

- strengthening of inspection teams by assigning assistants to the ticket inspectors;
- gradual installation of CCTV cameras on all buses;
- tight control over areas prone to stone-throwing by the safety coordinator and intervention officers who get to know these districts and go and meet





The costs include:

- human resources: including 18 intervention officers throughout the network, a prevention officer with outreach responsibilities in schools, external trainers for stress management and problem situations, a psychotherapist who is responsible for psychological monitoring;
- rapid intervention resources: e.g. radiotelephony, locating vehicles using GPS location-tracking technology, the installation of CCTV cameras in buses and the fitting of features for driver-conductors (protective coatings on the side windows of buses, and protective cabins for drivers, separating them from the public).

The benefits may be illustrated by:

- a collective indicator: the absence, for 18 months, of days of industrial action because of third-party violence and the lack of cooperation between the social partners (social partners are now getting involved by signing collective agreements for example on flexible and reduced working time);
- an individual indicator : “what has changed is ..., now our concerns are taken into consideration”.

These factors show that the social dialogue within the company has also benefited from the implementation of this prevention plan for risks relating to third-party violence.

Comments

Public transport is a priority sector for reducing violence at work. This initiative illustrates how effective partnerships can help tackle violence at work, including innovative outreach activities in local schools. Social partners and workers were actively involved to find solutions that have wider benefits beyond improved safety; industrial relations have improved as well.

the associations in them, and who recently participated in an Anti-Aggression Week;

- greater involvement of the judicial authorities in speeding up cases and easing all stages of the judicial proceedings following the systematic filing of a complaint.

This prevention plan for risks relating to third-party violence within this urban public transport company has been presented as an example of good practice to others. References to reports and forum debates:

2.15 'WORK CULTURE AGREEMENT' TO TACKLE HARASSMENT, BULLYING AND DISCRIMINATION

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Issue

Introducing measures on harassment, bullying and discrimination in public transport and mobility services – buses, trams, car parks, customer-relations etc.

Problem

There was a concern to take action in this area for a number of reasons:

- European surveys had raised awareness of the issue of harassment;
- the need to ensure effective compliance with legislation in this area;
- the need to protect the increasing number of women and foreign workers in the services from harassment and discrimination;
- concern about the often hidden nature of the problem;
- the principle that a good workplace culture and relations and a satisfied workforce is needed to provide an effective and customer-friendly service.

Solution

It was decided that action in this area needed to be underpinned by a collective agreement, especially given the need to cover internal work culture issues, introduce a fair and informed approach and cover difficulties in reporting, investigation of complaints etc.

The 'work culture' agreement was developed and introduced as part of a general approach of developing effective human resource management. The agreement was developed in partnership with trade unions and the Equal Opportunities Commission, and involved working with the entire workforce.

The Work Culture Agreement includes the following elements and principles:

- It applies to all staff (managerial, executive, manual and non-manual workers).
- The working position and personal situation of offenders are irrelevant, and so are the victim's.
- Every employee is required to respect the personality and dignity of every other worker.
- Every employee has the right to respect for his/her own personality and dignity
- It covers sexual harassment, bullying and discrimination
- It sets out the forms of conduct deemed to be infringements of contractual obligations and hence disciplinary matters (as well as potentially constituting grounds for civil or criminal action):
- The meaning of expressions and the definitions of the prohibited forms of conduct are specified in the text, and are consistent with the definitions contained in the relevant European Union guidelines.
- It sets out procedures to follow in the event of a complaint or infringement:
 - An informal procedure (personal action by the victim).
 - A formal procedure (where such action was unsuccessful or not feasible).
- The victim may ask the partners mentioned above (management, trade union, Equal Opportunities Commission or the human resources department) for assistance in approaching the Work Culture Commission.
- It establishes a Work Culture Commission, a body whose members are people external to the undertakings, who have no connection with the hierarchy and are not susceptible to influence.
- The Work Culture Commission is a joint body (with three members appointed by the undertaking and three members appointed by the union); it appoints a retired magistrate [judge or public official] as its chairperson and seventh member.
- The Work Culture Commission acts in accordance with its own rules of procedure; it decides in each individual case when to meet; and its rulings are arrived at by majority vote.
- The independent, joint Equal Opportunities Commission carries out monitoring of the implementation of the agreement.
- The agreement makes no provision for funding, but it does provide for the development of information and training policies.



ACCORDO DI CLIMA

Premesso

- che l'ambiente nel quale operano ATM e SATTI sta vivendo trasformazioni epocali quali la multiculturalezza e la multietnicità ed il crescente livello quantitativo delle donne occupate nel mondo del lavoro;
- che tali tendenze sono destinate ad accentuarsi;
- che i problemi connessi alle situazioni di cui sopra debbono essere governati;
- che è opportuno costituire un quadro di valori ed una documentazione culturale, formativa e preventiva che, all'occorrenza, sia atta a ripetere forme di prevenzione.

Tra ATM, SATTI, FILT COIL, FIT CISL e ULTRASPORTI

Si conviene quanto di seguito:

Results

Implementation of the agreement is still in progress and one problem encountered is how to really engage the confidence of people in the system so that they feel able to report incidences. Additional communication and training is felt to be important to help overcome this. Nevertheless the agreement has made interpersonal relations clearer and more transparent, and has sent out a clear message about the attitude and values of the service both to existing employees and to potential new recruits.

Comments

It is important to set out procedures and actions to be taken with regards to complex issues such as harassment and bullying in a clear and comprehensive policy, that is developed and introduced with the participation of employees and their representatives. However, a policy will not be effective unless it is actively implemented and its effectiveness monitored and reviewed.

2.16

GUIDELINES ON PREVENTION OF PSYCHOLOGICAL VIOLENCE AND INTERVENTION MEASURES



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Issue

The preparation of guidelines that demonstrate a zero-tolerance policy towards bullying, harassment and discrimination in a company.

Problem

Outokumpu is involved in the base metal industry, where the percentage of male employees is 80%. An increasing number of women are employed in manufacturing tasks that involve new working methods. Changes in the work ethos often lead to discussions and differences in views between older and younger employees. These issues have the potential to lead to unacceptable behaviour or discrimination at any level.

Statistically speaking, sick days attributable to psychological violence were relatively few in number, and had remained roughly stable from year to year. However this was because employees will often cite the resulting health problem rather than the cause.

The professional staff of an employee health centre found out about some instances of bullying. An incident arose involving sexual harassment. The matter was addressed; but, the way in which it was dealt with led to the belief that there was a need for concrete guidelines and a model for handling instances of bullying, sexual harassment and discrimination at work. Management strongly

supported the idea of developing a model to successfully prevent bullying at work and to resolve potential situations as soon as they arose.

Solution

The triggers for bullying were first identified. The potential causes include:

- unresolved disputes;
- fear of change;
- competition among individuals; and
- lack of clarity concerning responsibility and authority.

A working group was set up to address the issues, which included representatives of the employer, various employee groups, the employee health service, and safety representatives. A psychologist from the Finnish Institute of Occupational Health provided expert advice. The working group looked closely at other available mechanisms and models for tackling this issue. The group drew up a set of guidelines, "We won't tolerate moral harassment", to distribute to staff in the form of a booklet in May 2001.

The booklet provides an explicit model for how to react in situations where bullying occurs. The model details the role of supervisors and how they should act. The booklet identifies the role of the employee health service as a professional organisation that offers helps to the employer to discharge the responsibilities. A campaign about bullying at work was run concurrently.

Training sessions were also arranged for supervisors, shop stewards, safety representatives, and the employee health service. The training laid special emphasis on recognising the warning signs, dealing with the issue immediately, and the practical measures for resolving it.

Victims of bullying contacted the employee health service and related incidents that had happened a long time ago, but had never been dealt with. An 'ethos of silence' had prevailed, and only very flagrant incidents ever became public knowledge. Speaking about bullying openly helped the staff concerned to address the issue and get over the torment they had suffered for years.

Special attention was given to the issue of bullying in a weekly bulletin distributed to all members of staff. In addition, the guidelines were



**Me eneme hyväksy
HENKISTÄ VÄKIVALTAA**

- ✓ työssä kiusaamista
- ✓ sukupuolista häirintää
- ✓ syrjintää



incorporated into the company's general regulations, which already contain other guidelines and policies. These regulations bind everyone to act in an agreed manner. A contractual model was also prepared for problem situations that arise, when the issue leads to the use of intervention measures. The contractual model was drawn up in cooperation with the chief shop steward.

In the year since the mechanism was introduced, recourse to the contractual model was necessary on three occasions. This shows that the mechanism was necessary, and that it has been possible to prevent situations before they got out of hand. The people adversely affected were relieved by the resolution of their situation, and felt reassured that they were not left to face their problems on their own. In the long run, the issues could have led to additional sick days, a deterioration in working conditions, and even sackings.

Results

The cost of paying for a booklet and subsequent training sessions is low by comparison with sickness absence and poor working conditions and industrial relations. Learning how to address the issue of bullying also taught employees and management to work better together. This in turn leads to improved productivity.

Comments

It is necessary for all groups to agree what constitutes acceptable and unacceptable behaviour and for this to form part of the terms and conditions. Improvements to the work environment will often, at the same time, reduce the causes of bullying behaviour. So the most effective interventions will seek to improve the work environment as well as implementing procedures to deal with unacceptable behaviour as and when they arise.

2.17

'WORK POSITIVE' - PILOTING THE USE OF A WORK STRESS AUDIT TOOL SUITABLE FOR SMEs

Midland Health Board

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Further details of the health Board case study are given at
<http://www.hsa.ie/pub/publications/wpsjhops.pdf>

Issue

The Midland Health Board (a regional health service body) wanted to build a stress prevention programme for its staff into the overall organisational strategy in order to improve quality of working life. As part of this process, a need was identified for an organisational stress audit tool. The national Health and Safety Authority wanted to develop and pilot a simple, easy-to-use risk assessment tool that followed the risk assessment/risk management approach and was suitable for self-administration by SMEs as well as larger organisations. They wanted to develop a tool that did not require professional staff to administer it and that was simple to analyse.

case study



St Joseph's Hospital, Longford, The Republic of Ireland

St Joseph's Hospital is a long-term residential and day care hospital for the elderly. The hospital had a change of management three years ago and will be joined by a new Director of Nursing in March 2002. 164 employees were targeted at the hospital. Work Positive provided a morale boost for the staff as well as the opportunity for consultation, assisted senior management recognition of the changes needed within the hospital, therefore facilitating the implementation of these changes.

Although the Health Board employs a large number of staff, it is split up into various independent functions, so it can be viewed as a series of smaller enterprises: various hospitals (acute, psychiatric and geriatric), various community health centres, and regional departments.

Solution

The Health Board teamed up with the Health and Safety Authority to carry out a joint initiative. The plan was to develop the tool and pilot its use within the Health Board.

The Health and Safety Authority, together with the Health Education Board in Scotland commissioned the development of a resource pack 'Work Positive – Prioritising Occupational Stress' for organisations on managing stress, to include a prescriptive risk assessment method within a health and safety framework. The system includes a structured framework for communication and consultation, within which to identify, prevent and manage work-related stress. Piloting the tool took place in 14 organisations, including the Midland Health Board. As part of this process, researchers from the main project visited the organisations where the interventions took place to assess how well the tools worked and how easy they were to use.

Work Positive is a 5-step process for managing workplace stress, as follows:

Step One: Raising awareness, demonstrating and generating commitment.

Step Two: Benchmarking.

Step Three: Identification of risks, using the risk assessment questionnaire.

Step Four: Identifying and implementing solutions.

Step Five: Evaluating the solutions and reviewing the risks.

This process is integrated in a resource pack containing a benchmarking tool, a risk assessment questionnaire, guidance material (for managers and employees, and for implementation - for risks assessor(s) / programme manager.), instructions for application, guidance on risk reduction, case studies and an analysis package.

Within the Health Board itself, a small hospital in a rural town was chosen for the pilot scheme, where previously little attention had been paid to the issue of stress:

- A letter was sent to all staff informing them of the project, its objectives and the steps that would take place.
- Health and Safety Authority inspectors gave workshop sessions to all staff where basic information on stress at work and the sort of actions that could be taken to prevent stress, both at the individual and organisational level. The management organised staff cover for those attending the sessions.
- All staff were sent a questionnaire that was completed anonymously. This identified three main priority issues.
- Focus groups were held with staff, with the involvement of the Board's health promotion officer, to validate the findings and prioritise the issues.

The main stress issues identified were:

- The start time for care assistants meant that they were excluded from the morning meetings of nursing staff, consequently they were not receiving information about the patients they were caring for.
- Shift patterns were inconsistent and staff felt they lacked a feeling of control concerning the work systems.
- There was a lack of showering facilities and welfare facilities on-site.

Solutions to these priority issues were then proposed and agreed:

- Changing the start time for of care assistants so that they were able to attend the second half of the nurses meeting. This was also agreeable to the nursing staff, who felt that the new system would help them also. It was phased in on a pilot bases and rolled out gradually. This change allowed more of a partnership approach between the professional and care staff
- Consulting an expert in shift work to workout new patterns and assist those workers work out their issues within the system.
- Building two showers in a disused area of the hospital.

Other complementary interventions included:

- The Health Promotion Service providing a range of lifestyle and wellness programmes for staff, including information sessions about healthy eating, weight management, exercise and stress management.

The results of this pilot phase within the Health Board, together with the results of pilots in other organisations have been fed back into the overall development of the 'Work Positive' resource pack. The tools have been modified and further developed as a result and the results of the individual pilot interventions have been written up as case studies and are now included as part of the resource pack materials.

Results

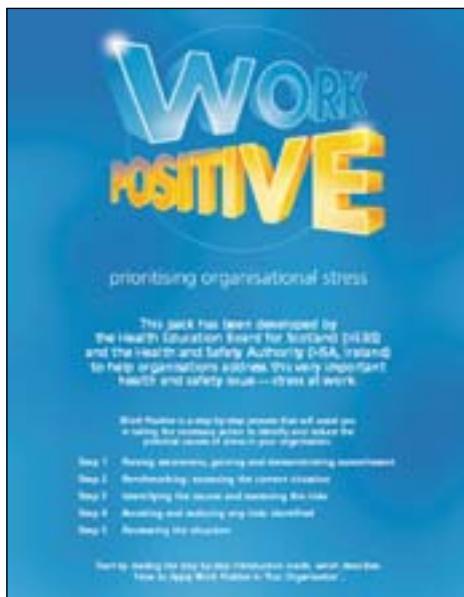
Since this initiative, levels of social engagement with the workplace have dramatically increased – activities which occur outside the working week are highly attended, work activities too have increased and participation in focus groups and group approaches to change have increased.

The Health Board is extending its activities in order to progress its aim to build a stress prevention programme into its overall organisation strategy. Staff have been consulted on ways to move forward and it is in these consultations that the agreement has been reached to roll out this project across the entire health board area's 16,000 employees. The same *Work Positive* stress audit tool will be applied across the entire health service so that long, medium and short-term solutions will be planned and built into a detailed implementation plan, which will be devised locally. The implementation plans will outline the problems, identified solutions, performance indicators, methods for implementation, responsibility, timeframe, and costs involved. The implementation plan will be included in the Health Board's annual service plan, as a means of building the stress prevention programme into the overall organizational strategy. Staff partnership is very important in taking the whole issue forward. Agreement on the plans will be sought from management and staff.

Effectiveness in the Health Board will be judged later in 2002, for example, in terms of retention of care staff, however, the indications are that staff retention is high within this highly mobile group.

Comments

This partnership between employer and Authority came about by planning an activity, the results of which would be of benefit to both. The organisation is very large. They have first successfully introduced a programme into one part of the organisation, with support, before extending the programme to the whole organisation.



2.18

GiGA – ‘THE JOINT INITIATIVE FOR HEALTHIER WORK’ – AND ITS REGIONAL INFORMATION CAMPAIGN ON WORK-RELATED STRESS AND BULLYING

**Gemeinschaftsinitiative Gesünder Arbeiten
e.V.**



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Issue

How to promote awareness and workplace action on healthier working conditions, and tackle work-related stress and bullying, involving key partners.

Problem

Surveys of employees and businesses in North Rhine-Westphalia showed the following findings:

- An increase in occupational stress factors (heavy burdens of responsibility, pressure of time, excessive demands, bullying).
- Employees and businesses considering that these problems have little or nothing to do with health and safety at work. Many of them relate health and safety only to traditional safety measures, such as the wearing of protective shoes, protective goggles, protective helmets, etc.

Therefore action was needed to raise awareness of the issues and the measures that could be taken.

Solution

A regional information campaign was planned, involving a number of partners, on stress at work and bullying. In the first instance a feasibility study was carried out to decide upon the best way to approach the issue. The main initiator was an NGO (the Joint Initiative for Healthier Work GiGA), but a key part of the organisation was to involve partners in the North Rhine-Westphalia region effectively.

The various partners included employers, trade unions, insurance organisations etc in a public/private partnership.

The complete campaign programme is planned to run over three years

The broad aims of the campaign are to promote learning from others and create networks:

- to raise awareness among key actors - employers, trade unions and accident and sickness insurers - as well as among those who help to form public opinion, namely journalists writing in newspapers, magazines and specialised journals, news agencies, radio and television news and current affairs teams, etc.
- to support the development of the holistic approach among the various actors, in particular employees, employers, managers, works councils, health and safety officers and company doctors in small and medium-sized enterprises (SMEs).

The main campaign methods being used are:

- high impact publicity and media coverage;
- information provision;
- provision of advise and practical assistance;
- identifying and publicising good practice examples;
- creating networks.

Specific activities have included:

- a best practice award for SMEs;
- a telephone helpline for bullying victims. In first week of bullying helpline, received more than 5,000 calls;
- a hotline for all health & employment issues;
- information on GiGA homepage;
- campaign launch by Minister for Labour;
- phone-in with Minister on bullying.

The North Rhine-Westphalia bullying helpline

This has been established as a cooperative venture with *C@II NRW*, the citizens' service centre of the North Rhine-Westphalian State government and *KomNet*.

The existing advisory services on bullying at work were formed into a network, which was launched, in February 2002, as the North Rhine-Westphalian bullying helpline (*MobbingLine NRW*). Callers can obtain expert advice via the helpline, Monday to Thursday, 5 to 8 p.m.

A manual to support the helpline counsellors was produced by the joint initiative and its partners (the protestant church in the Rhineland and Westphalia, the catholic dioceses of Aachen and Essen, the Local General Sickness Fund (AOK) for the Rhineland and KomNet, the Skills Network for Health and Safety at Work in North Rhine-Westphalia). It enabled them to provide information and assistance on both the problem and where to go for further help, e.g. self-help groups, doctors, psychologists, advice bureaux or lawyers. The launch of the bullying helpline was accompanied by an extensive media campaign. In the first week alone, the bullying helpline received more than 5000 calls. At present, calls and e-mails are coming in at an average rate of 200 per week.

Some work-related stress campaign initiatives:

- Information material aimed at younger age groups on the subject of stress, for use in schools. This comprises a special information pack with a poster motif and prize competition.
- An information folder on user-friendliness in computer software, explaining the risks and the background to the problem and giving details of a quality seal for user-friendly software. A test for users is offered on the homepage of the Joint Initiative.
- Web information on ergonomic risks, stress and *Gesünder am PC* (healthier workstations).
- A business theatre group performing a play which deals with stress, and a performing artist offering anti-stress balls to spread the message at public events and trade fairs etc.

Results

The campaign is being assessed through: contacts resulting from newspaper advertisements, website hits, information material distributed, and telephone enquiries, emails and written enquires received.

Cooperative partnerships and the creation of networks are providing positive, cost-effective results. By using the information structures of its affiliated businesses, the campaign is able to make a strong impact.

Comments

Networking and involving key actors are important elements of successful campaigns. For this type of campaign, there is increasing awareness of the need to bring it into the classroom or to a broad public at events etc. A mixture of awareness raising and positive support measures is important.

The advertisement features a black and white photograph of two people in an office setting. One person is holding a sign with the phone number '01803 100113'. The text 'Gesünder Arbeiten in NRW:' is at the top, followed by 'MobbingLine NRW' in large letters, and 'Allein unter Kollegen? Wir helfen weiter.' Below that are the website 'www.gesuender-arbeiten.de', the text 'Gemeinschaftsinitiative Gesünder Arbeiten NRW.', and a phone icon with the number '01803-100 113'.

2.19

INTERMEDIARY STRATEGY FOR PREVENTION OF WORKPLACE BULLYING



Health and Safety Authority

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Issue

The hazard targeted in this intervention is workplace bullying. It was recognised that there was a need for a countrywide system to tackle workplace bullying.

Problem

A number of problems were identified: for example, there was no apparent government agency to which complainants could report, there were no best practice standards in place and there was very little interaction between government or non-government agencies to coordinate activities. There was also a lack of relevant recent research into the prevalence of the problem in Ireland. Differing views were held on the definition of bullying so, what was considered bullying in one organisation was not in another. The myriad statutory obligations on both employers and employees were also unclear as to how they were relevant to bullying.

The task of the Health and Safety Authority (HSA) was to prepare a report on these issues to the Minister and then to implement the findings.

Solution

The first step in addressing the issue at national level involved setting up a task force to make recommendations to the Minister for Labour Affairs, Minister Tom Kitt, T.D.

The HSA set up this task force, with representatives of each government department, and also from the social partners. The group produced a comprehensive report giving recommendations to government. The task force operated independently but under the auspices of HSA. The task force came up with the now accepted definition of bullying as 'repeated inappropriate behaviour... which could reasonably be regarded as undermining the individual's right to dignity at work'

Public opinion was invited via the national media from all interested parties. In all, 256 submissions were received and analysed and included in the overall report. HSA also hosted nationwide workshops and seminars on the topic. This resulted in approximately 1000 people giving their views directly.

After the report was launched in April 2001, another year was spent implementing the recommendations of the report. The first recommendation was that 'Dignity Charters' be produced and disseminated to organisations as statements of intent. The second was that codes of practice, aligning all related areas of employment law be developed, produced and disseminated through HSA. HSA should undertake a central coordinating function to provide advice and assistance to complainants through a phone line and the codes and other guidance material.

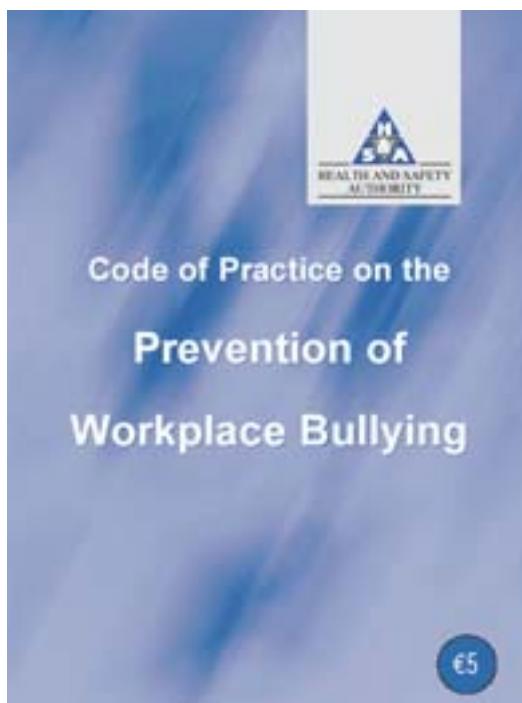
All of these elements of the overall programme are now in place.

Results

The results of the project can be judged against the initial criteria for the original decision to create a task force. The three following questions were to be addressed:

1. What is the extent of the problem currently in Ireland?
2. What are the most effective systems that might address this problem currently?
3. How can we get a coordinated state response up and running?

The answer to the first was elicited by getting research done by the Economic and Social Research Institute (ESRI). Key findings indicated that 7 % of those surveyed record themselves as being bullied in the past six months of the survey. Women reported levels 1.8 times higher than male respondents. The highest level of bullying reporting was found in the public administration/defence areas (14%), education (12%), and health/social work (10%). The nature of bullying was found to be strongly related to tenure, with temporary and casual workers more at risk, particularly for males.



The second area needing addressing concerned the best way of addressing the problem. Legislation was considered but it was decided not to pursue this option. Instead the decision was taken to use industrial relations machinery already in existence. Codes of practice were developed which are quasi-legal in status and provide a best practice template for employers and managers. These codes have a section on preventive practices and procedures as well as having investigative procedures outlined in line with those of the Labour Relations Commission (LRC).

The coordinated state response was provided through the Anti-Bullying Response Unit of the HSA. This unit points people in the direction of other state agencies where appropriate and gives advice and information. It was also decided to give safety inspectors a role to seek an 'anti-bullying policy' from employers with over 100 staff as part of the risk assessment.

The cost of the entire programme has been in the region of 150,000 Irish punts and the ongoing cost of running the unit is approximately 70,000 euro annually.

The service is free so the only measurable benefit is to each individual caller and a non-fiscal one – there are currently 200 live cases where complainants are seeking redress at enterprise level and the authority is doing or has carried out its role in terms of eliciting an anti-bullying policy from the employer, or ensuring they produce one for the complainant to then utilise. Callers per week average at 35, and thus far 16,000 charters have been disseminated as well as 10,000 codes of practice.

Comments

This is an example of a government-initiated countrywide strategy for tackling bullying at work, which has involved government and social partners in its development. Social partners were involved from the outset, and this is an important factor in achieving success.

2.20

MODEL DESIGNED BY A SAFETY DISTRICT FOR HANDLING BULLYING CASES

Occupational Safety and Health inspectorate of Uusimaa

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Issue

How a safety district authority dealt with bullying, discrimination and other mistreatment cases.

Problem

The number of bullying, discrimination and other mistreatment complaints reported by employees in the Uusimaa district had been rising since the mid-1990s. These problems were often challenging for managers and employees to address and solve. Sometimes when the problems became serious they were passed onto the industrial safety units, employee health services or the labour protection authorities. The cases proved to be very demanding and time-consuming to deal with. Therefore even the inspectors needed a method for investigating and resolving cases.

Solution

The industrial safety district developed a common methodology for handling bullying cases. The method can be used by inspectors to investigate individual complaints, but also allows them identify the general shortcomings in the psychosocial work environment that gave rise to the bullying, and what the

employer must do to prevent similar cases reoccurring. The method can also be used when the inspectorate are called in to a workplace, to assist them with the introduction of measures that monitor and prevent bullying. It is suitable for use within workplaces and by employee health services as well as by inspectors.

The method includes a recognition stage, a fact-finding phase, a stage to define organisational defects or shortcomings and an implementation phase. A key component of the method is a questionnaire. Questions are aimed at identifying problems, and facts or key issues of a particular case, and also at evaluating what action is needed. It covers both the organisational level and the individual level.

The development work was done as follows: information was collected from several inspectors according to their experiences with dealing with cases. This information was then analysed and a model developed. A joint seminar was organised to inform the district's inspectors about the method and its use.

Example

Using the method in a general intervention

The Uusimaa industrial safety district office received a request to intervene regarding bullying and poor social relations on the passenger ships of a shipping company. Despite an initial visit to raise awareness and identifying appropriate actions for the company, the situation disimproved. An inspection was then made, with the aim of applying the model and providing the employer with the necessary means to take preventive action.

During the *fact-finding* phase staff representatives, the industrial safety committee and other staff were interviewed in order to determine the facts about particular cases that had been reported and the actions of the employer when the cases arose. They also looked in general at the incidence of bullying; which was found to be widespread among staff and supervisors and resulted in sickness-related absenteeism.

In the *defining the defect* or shortcomings phase, it was noted that there were no measures or agreed procedure in place handling bullying. There was no information available about what was appropriate behaviour etc., and supervisors did not recognise their responsibility to treat each other and their subordinates in an appropriate manner, or the need to intervene to prevent bullying.

In the *bringing about change* phase individual incidents were not initially addressed. Instead, the following steps were agreed with the employer:

- Shipping company to draw up clear instructions to prevent and handle bullying.
- Supervisors and the industrial safety body to be trained to use the operational model; compliance with measures contained in model to be monitored.
- Shipping company to take immediate steps to recognise hazards in the psychosocial working environment recognised with the help of the 'principles of a functioning work community model' and risk assessment instructions.

- An assessment to be made of the risks, and a plan of action drawn up with the people responsible, plus a timetable for correcting shortcomings.

Following the success of this intervention, it was introduced on other passenger vessels in the company. The district inspectors then implemented a specific project for well-being on passenger ships in order to transfer it to other shipping companies. Policy models were made, rules drawn up and supervisors trained. Performance reviews and induction measures were tightened up. In addition, work counselling was given to staff in especially problematic work units.

Using the method in an individual case

The district safety inspectorate intervened in a bullying complaint. Employee P had complained after being reprimanded and transferred to another post. But in the *fact-finding* phase, through interviews with staff, it was found that he had been abusive towards another work colleague and the employer's actions were found to be justified. The background to the case was that a new employee, K, had joined a group. She was soon bullied by certain others in the group. She reported the matter to her immediate supervisor in the department, who did nothing. She was threatened, called contemptuous names, and her job tasks were interfered with. On one trip, as K was driving the group's car, employee P threw an empty bottle at K.

The inspectorate then went on to define the general organisational *defects* behind the incident. There were interpersonal conflicts between two separate departments that sometimes worked together. Defects were pinpointed in the organisation and management of work, cooperation, and information flow. The two bosses managing and supervising the work of the departments did not plan how their employees should work together and did not intervene immediately when problems arose in the working environment. Consequently, employees could act however they saw fit while working together without any supervision, which in turn prompted a worsening of problematic behaviour, power struggles and conflict between employees.

Based on this, the employer was given instructions on the *changes to be implemented*. The employer, in consultation with staff, incorporated bullying into its risk assessment and safety activities programme, began joint regular consultations between supervisors of departments and employees, drew up joint procedures for travel work, refined induction methods, and started an in-house training programme for supervisors and employees.

Results

The effectiveness of the model has been tested and it has been further developed in a variety of workplaces over a period of two years, with roughly 20 inspectors in the Uusimaa industrial safety district taking part.

The mechanism has helped to promote effective cooperation between management and employees and the preconditions necessary for ongoing development.

Comments

Investigation of individual cases by inspectors can be used to help bring in general prevention policies. In addition, if there is a mechanism in place, a proactive approach can be taken to transfer solutions from one organisation to others.

PROCESS FOR HANDLING MISTREATMENT



3.



ANNEXES

ANNEX 1. SOURCES OF FURTHER INFORMATION



More information about preventing psychosocial risks and work-related stress is available from the Agency's European Week 2002 website <http://osha.eu.int/ew2002/> where the full text of all Agency publications can be downloaded free of charge. Fact Sheet 30, *Accessing information on stress at work* from <http://osha.eu.int/ew2002/>, guides users on what information can be found on the Agency website.

AGENCY PUBLICATIONS

Reports

- *Research on work-related stress*, European Agency for Safety and Health at Work, 2000, ISBN 92-828-9255-7.
- *How to tackle psychosocial issues and reduce work-related stress*, European Agency for Safety and Health at Work, 2000, ISBN 92-9191-009-0.

Fact sheets

Fact sheets provide concise information on a range of issues and are available in all 11 official Community languages.

- Fact sheet 8: *Research on work-related stress* –

summary of an Agency report

- Fact sheet 22: *Work-related stress*
- Fact sheet 23: *Bullying at work*
- Fact sheet 24: *Violence at work*
- Fact sheet 30: *Accessing information on stress at work* from <http://osha.eu.int/ew2002/>
- Fact sheet 31: *Practical advice for workers on tackling work-related stress and its causes*
- Fact sheet 32: *How to tackle psychosocial issues and reduce work-related stress – summary of an Agency report*

Magazine

Magazine 5: *Working on stress*

Campaign material

European Week for Safety and Health at Work 2002

The Agency has produced an information pack consisting of posters, leaflets, fact sheets and post cards to promote the Week and its theme 'Working on stress', available at <http://osha.eu.int/ew2002/>

Additional information on other Agency publications is available at the Agency website <http://agency.osha.eu.int/publications/>

ANNEX 2. OVERVIEW OF PRACTICAL EXAMPLES

| COUNTRY | AWARD | TITLE | ISSUE | SECTOR | INTERVENTION LEVEL* |
|-------------|-------|--|-----------------------|------------------------------|---------------------|
| Germany | ✓ | Introduction of a healthy and successful work organisation at a call centre | stress | call centre | ALL |
| UK | ✓ | Simple steps to prevent stress at work | stress | petrochemical manufacturing | ALL |
| Netherlands | ✓ | Welfare and stress prevention programme | stress | chemical manufacture | ALL |
| Spain | ✓ | Stress prevention in an old people's home | stress | healthcare | ALL |
| Finland | ✓ | Model for planning work rotas autonomously | stress | healthcare, work rotas | O / IO |
| Austria | | Management training to reduce stress | stress | mining/quarrying | O / IO |
| Sweden | | Stress programme at the National Labour Market Board | stress | national labour market board | I / IO |
| Greece | | Managing stress and psychosocial risks | stress | olympic games | ALL |
| Denmark | ✓ | Stress and burnout prevention for teachers | stress | education | IO |
| Portugal | ✓ | Critical incident stress management | post traumatic stress | air traffic control | I |
| Netherlands | ✓ | 'Safe Care' - Programme for a safer hospital | violence | healthcare | ALL |
| Ireland | | Management of violence against staff | violence | healthcare | ALL |
| UK | | Preventing work-related violence in the retail sector | violence | retailing | ALL |
| France | ✓ | Prevention plan for risks relating to third party violence in an urban transport company | violence | public transport | I / IO |
| Italy | | 'Work Culture Agreement' | bullying | public transport | IO |
| Finland | | Guidelines on prevention of psychological violence and intervention measures | bullying | base metals | O/IO |
| Ireland | | 'Work Positive' - stress audit tool suitable for SMEs | stress | intermediary, healthcare | ALL |
| Germany | ✓ | GiGA - 'Joint Initiative for Healthier Work' | stress/bullying | intermediary | ALL |
| Ireland | ✓ | Intermediary strategy for prevention of bullying | bullying | intermediary | ALL |
| Finland | | Model for handling bullying cases | bullying | intermediary | ALL |

* "KEY TO INTERVENTION LEVEL
(assessed by Agency; introduction, box 2, gives details)"

I INDIVIDUAL

IO INDIVIDUAL - ORGANISATION

O ORGANISATION

ALL ALL LEVELS

European Agency for Safety and Health at Work

Prevention of psychosocial risks and stress at work in practice

Luxembourg: Office for Official Publications of the European Communities

2002 — 79 pp. — 16,2 x 22,9 cm

ISBN 92-9191-012-0



In order to encourage improvements, especially in the working environment, as regards the protection of the safety and health of workers as provided for in the Treaty and successive action programmes concerning health and safety at the workplace, the aim of the Agency shall be to provide the Community bodies, the Member States and those involved in the field with the technical, scientific and economic information of use in the field of safety and health at work.



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