



# Management of occupational health and safety in European workplaces — evidence from the Second European Survey of Enterprises on New and Emerging Risks (ESENER-2)

European Risk Observatory  
Executive summary

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## Executive summary

The aim of this study was to undertake a more detailed analysis of the data from the Second European Survey of Enterprises on New and Emerging Risks (ESENER-2) concerning the management of health and safety in European Union (EU) workplaces. It was commissioned by the European Agency for Safety and Health at Work (EU-OSHA) to build on the earlier findings of analyses of ESENER-1 and ESENER-2 with a view to:

- identifying measures that might foster higher levels of commitment to occupational health and safety (OHS) among establishments;
- identifying types of enterprises that are more likely to have low commitment and on which support should be focused;
- helping policy-makers to make the best use of limited resources in the prevention of health and safety risks.

To achieve this aim, our study took the following findings of previous analyses of ESENER-1 and ESENER-2 data as its starting point:

- Levels of implementation of good practice vary with establishment size and sector.
- A participative approach supported by high levels of management commitment to OHS is most strongly associated with workplace implementation of good practice in relation to prevention.
- In addition to, and independent of, these associations, there are variations in the implementation levels of good practice by country.

In essence, therefore, these earlier analyses indicated that the various local, national and international contexts in which establishments operate are influential over workplace OHS management practice. And this implies that contexts favourable to good or improved practice can be fostered. From this basis, we undertook a secondary analysis of the ESENER-2 data, as outlined below, and considered our findings against the backdrop of the wider literature on OHS management and what supports and hinders the implementation of good workplace practice.

In this report we have:

1. created composite measures of workplace practice in relation to management commitment to OHS; the management of risks to workers' safety; the management of risks to workers' health; the management of OSH in general; and the management of risks to workers' psychosocial wellbeing;
2. defined typologies of establishments among which high levels of implementation of good practice in relation to each of these measures are more likely;
3. compared these typologies to consider similarities and differences between the factors associated with high implementation levels in each area;
4. considered the further independent associations between high levels of implementation of good practice and both the presence of arrangements for worker representation and membership of countries grouped to reflect broadly similar regulatory, labour relations and other relevant contexts;
5. explored ESENER-2 measures that might be 'markers' for low commitment to OSH;
6. discussed the findings within the context of the wider literature and considered their policy implications.

## Methods

Following up ESENER-1, ESENER-2 is a Europe-wide establishment survey that is intended to provide nationally comparable information on how workplaces across Europe manage health and safety. The survey was carried out in 2014 in 36 countries: the EU-28 Member States and Albania, the former Yugoslav Republic of Macedonia, Iceland, Montenegro, Norway, Serbia, Switzerland and Turkey. It collected the views and experiences in relation to OHS risks, day-to-day health and safety management

practice and policy, worker participation and sources of support for the ‘person who knows best’ about health and safety in nearly 50 000 establishments.

Taking a lead from previous analyses of ESENER-1 and ESENER-2, we grouped measures from the ESENER-2 survey into those describing good practice in terms of our understanding of what could be regarded as measures of management commitment to OHS and the management of risks to workers’ safety, health, OHS generally and psychosocial wellbeing. Multivariate analyses were then used to consider associations between high levels of reported implementation of these groups of practices and the following: establishment characteristics; reasons for and difficulties in addressing health and safety issues; use of external sources of health and safety information; arrangements for the representation of workers; and the country in which the establishment operated.

## Findings

The findings of our analyses were consistent with those of previous explorations of the ESENER-1 and ESENER-2 data and with the wider literature. They indicated that the reported implementation of measures to manage risks suggests a hierarchy, with highest implementation levels in relation to safety, followed by health and then psychosocial risk. In addition, establishments with high implementation levels in these areas and in relation to management commitment to health and safety are generally:

- larger firms, often those that are part of a wider group (rather than an independent establishment);
- those in particular sectors (the productive and manufacturing sectors for OHS management, the services and public sector for psychosocial risk management, and the productive and public sectors for management commitment to OHS);
- aware that they need to manage a combination of traditional (i.e. safety), health and psychosocial risks;
- of the view that meeting workforce expectations and maintaining or increasing their productivity are major reasons for addressing health and safety (with fulfilling legal obligations and avoiding fines and sanctions also associated with high levels of OHS management and maintaining their reputation also associated with high levels of psychosocial risk management);
- those that use external sources of OHS information;
- those that have made OHS someone’s main task and provided that person with OHS training.

In addition, and independent of these other associations, high levels of implementation of good practice were strongly associated with arrangements for worker representation and with the establishment’s country of operation. Specifically:

- Establishments in which the combination of arrangements for the representation of workers and high management commitment to OHS were present were over seven times more likely to have high levels of implementation of good OHS management practice and almost five times more likely to have high levels of implementation of good psychosocial risk management practice than establishments without this combination of factors.
- Establishments from the British Isles and Nordic and southern/Latin groups of countries were more likely than those from elsewhere in the EU to have high levels of implementation of good practice.

The ESENER-2 data show that reported levels of the implementation of a whole range of individual measures related to workplace OHS management are generally high, and, in fact, higher than various other studies show is likely to be the case among establishments in the EU generally. As is the case in most telephone surveys in which respondents are asked to self-assess their own activities, the two main reasons for this are, first, that the sample is most likely to represent the ‘better end’ of the population as a whole (i.e. the proportion of the population that is most committed), and second, when these participants are asked to self-assess their performance they are also more likely to subjectively over-rate it than to under-rate it. However, even among this sample, substantial minorities of respondents indicated that their establishment did not carry out risk assessments (23 %) or provide any OHS-related

training (6 %). Such establishments were generally micro or small enterprises, operating in the services sector, and had low levels of implementation of OHS and psychosocial risk management measures.

## Conclusions

The findings of our analyses are consistent with previous research. They suggest that the majority of establishments report implementing many of the arrangements for health and safety management that would be expected among those that were compliant with EU and national level regulations in this regard. However, they also indicate that there is room for improvement in relation to both the implementation of these measures across all workplaces and the use of best practice in workplace operation.

Again in keeping with previous findings, our analyses also suggest that good OHS management practice is supported by the will and capacity of employers to deliver a competent participatory approach to OHS management:

- in which arrangements for worker participation and engagement play an important role;
- that is based around assessing workplace risk and implementing systems to manage the risks thus identified;
- within a regulatory framework that provides the parameters within which this can be done.

These key findings also relate to the core requirements of current EU regulation on OHS. As has been well-established in previous studies, establishments with the capacity to devote resources to these matters are more likely to have both higher levels of good practice on OHS and to understand OHS as fundamental to their business success. This also provides an important link to EU policy on OHS. And it is encouraging to note how recent EU policy has sought to further support the implementation and operation of such approaches in all EU Member States. Recent EU statements are indicative of this. The EU Strategic Framework on Health and Safety at Work 2014-2020 identifies challenges for OHS in the EU as including:

- improving the implementation of existing health and safety rules, in particular by enhancing the capacity of micro and small enterprises to put in place effective and efficient risk prevention strategies.

As is abundantly clear from the analysis in this report, there are enterprises within the EU that are doing this already, but there remains room for significant improvement. This is especially so in relation to smaller firms, and our findings therefore lend some support to the direction of current EU policies. They also provide a useful position from which to undertake future evaluations in this respect.

The framework also calls for strategies:

- to improve the prevention of work-related diseases by tackling new and emerging risks without neglecting existing risks.

Our analysis of the ESENER-2 data in relation to the management of psychosocial risks shows that there are areas of good practice that have been adopted in some enterprises in relation to new and emerging risks, but here, again, strong indications are provided of the need for further improvements, as well as lessons to be learned concerning the coordination of efforts to manage new risks with those aimed at more well-established concerns on OHS. In general, our findings suggest that a constellation of good practice in participative management of OHS can be extended to effectively embrace emerging risks while at the same time addressing existing risks.

The Strategic Framework indicates that such challenges should be addressed with several inter-related strategies including further consolidation of national health and safety strategies, through for example, policy coordination and mutual learning, requiring practical support for small and micro enterprises to help them to better comply with health and safety rules, as well as improvement of enforcement by Member States, and simplifying existing legislation, where appropriate, while preserving a high level of protection for workers' health and safety. The ESENER-2 analysis suggests that these policy considerations have some salience in relation to current practices, as well as providing an important baseline with which to gauge the future impact of these strategies.

Other important EU policy developments, such as the establishment of the European Pillar of Social Rights, adopted in June 2017, and the Communication of the European Commission in January 2017 on the Modernisation of EU Occupational Safety and Health Legislation and Policy, also envisage high levels of protection for workers from risks to health and safety at work and urge Member States and employers to go beyond minimum requirements to get as close as possible to an accident-free and casualty-free working environment. Again, they argue that this means not only applying the rules, but also establishing ever-improving health and safety policies with the help of risk assessments and dialogue with workers and workplace suppliers, all of which should be supported by guidance and feedback. The evidence from ESENER-2 analysed in the present report relates directly to many of these aspirations and provides a baseline against which to measure their development.

Therefore, it is possible to discern a degree of synergy between current policy and the practice identified in the analysis of ESENER-2, which offers evidence of opportunities on which to build and consolidate improvements. At the same time, it also needs to be acknowledged that there are elements of change in the structure of the EU economy that are not effectively measured in the analysis of the data collected in ESENER-2 and these too have an impact on the presence of preconditions for the delivery of good practice. As we point out several times in the report, it is likely that most of the data collected in ESENER-2 have come from respondents in relatively stable and successful organisations. The analysis of such data does not provide substantial information concerning the health and safety conditions of work in those parts of the economy that are less stable and successful and which, according to other economic analyses, are a growing presence in the EU overall. Future studies will need to take this into account if they are to provide a more complete picture of OHS practice in the EU.

Overall, however, the present report and its analysis provides an important comparative picture of the state of play in relation to OHS management in the Member States of the EU and an indication of the current contexts, in terms of nation, sector and size, that help to determine it.

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