

# Psychosocial risk prevention – strategies and legislation | Croatia

## National report

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# 1 Introduction

This report examines national approaches to work-related psychosocial risks (PSRs) in Croatia with a focus on legislative and non-legislative measures as well as success factors and challenges concerning the national and sectoral approaches taken to enhance PSR prevention. It is part of a larger study on the strategies and legislation on PSR prevention at work in a selection of EU Member States, namely Belgium, Denmark, Estonia, Spain, Croatia and Austria.

Methodologically, this report relies on data gathered through desk research and semi-structured interviews. During September 2024, five interviews were conducted: one with the Croatian Institute of Public Health, one with the National Council of Safety at Work, one with a representative of an employers' association and two with OSH experts. To ensure confidentiality, only the names of organisations are disclosed when explicit consent was provided.

## 2 Country context

### 2.1 PSR trends at national level

The evolution of PSRs in the workplace in Croatia over the past 20 years mirrors broader trends observed across the EU. This evolution has been influenced by changes in the working environment, legislation and a growing awareness of mental health issues. However, there is a lack of national data that provides insights into prevalent PSRs and how they have evolved across different economic sectors and groups of workers. However, the 2021 European Working Conditions Survey (EWCS), conducted by Eurofound, provides insights into PSRs in Croatia, and shows that the most prominent PSR in Croatia is work involving direct interaction with customers, pupils and patients (52%), followed by working at a very high speed (40%) (Eurofound, 2023).

**Table 1: Health and wellbeing at work, Eurofound 2023 (%)**

Psychosocial risk factors	EU	HR
Work involving dealing directly with customers, pupils and patients	47	52
Working at very high speed	49	40
Working to tight deadlines	49	35
Prevalence of unsocial working hours	32	34
Prevalence of work intensity	38	28
Difference between usual hours and expected hours per week (% more hours than expected)	32	24
Exposure to emotionally disturbing situations	23	17
Job insecurity	12	16
Discrimination at work	12	13
Adverse social behaviours	15	13
Verbal abuse	11	9
Physical violence	7	7

Source: Eurofound, 2023

PSRs related to physical violence have been exacerbated by recent events, including **the COVID-19 pandemic**, rapid **digitalisation** and two major earthquakes that struck Croatia in 2020 (Löw et al., 2023;

Romic et al., 2021; Kadović et al., 2022). These factors significantly affected the mental health of the impacted populations, leading to prolonged stress, heightened anxiety and increased rates of depression (Kovačić Petrović et al., 2023). A recent mini-review (Koren et al., 2023) by Croatian authors has also identified PSRs related to the COVID-19 pandemic and digitalisation, such as the fear of contagion, isolation and stigmatisation, demands arising from rapid digitalisation, job insecurity, heightened risk of violence at work or home, and work–life imbalance, among others. Additionally, several local studies have highlighted that Croatian workers have experienced significant work-related stress (Kadović et al., 2022) and burn-out (Alexandrova-Karamanova et al., 2016). The workers most affected by the pandemic were healthcare workers.

In response to the COVID-19 crisis, EU-OSHA commissioned the 'Flash Eurobarometer – OSH Pulse' survey throughout 2022, focusing on occupational safety and health (OSH) in post-pandemic workplaces. The findings revealed that 38% of employees in Croatia reported an increase in work-related stress due to the pandemic, compared with the EU average of 44% (OSH Pulse, 2022).

The European Survey of Enterprises on New and Emerging Risks (ESENER 2019), another survey conducted by EU-OSHA, provides valuable insights into OSH management in workplaces in Croatia. The survey showed that the two most mentioned PSRs were having to deal with difficult customers, patients, pupils (56.5%) and pressure due to time constraints (38.5%). Compared to the European average (11.1%), fear of job loss was scoring a bit higher with 13.7%. The survey revealed that 15% of surveyed establishments reported having an action plan to prevent work-related stress — a much lower percentage than the EU average of 33%. Additionally, 58% of establishments had a procedure in place to handle potential cases of bullying or harassment (versus the EU average of 45%), and 45% had a procedure for addressing threats, abuse or assaults by customers, patients, pupils or other external parties in establishments with at least 20 employees (EU average 51%). Overall, these results highlight areas where Croatia is making progress, as well as aspects that require further attention to ensure a safer and healthier workplace environment, with the introduction of action plans to prevent work-related stress being the most pressing need.

To sum up, while trends in Croatia regarding the increase of PSRs are similar to those observed in other EU Member States, there remains a significant national data gap in identifying PSRs, vulnerable groups of workers and sectors. In terms of PSR management, compared to other EU Member States, Croatia needs to invest additional efforts in improvement, except in the case of addressing bullying and harassment in the workplace.

## 2.2 Main national stakeholders involved in OSH governance and PSR prevention

In Croatia, a wide range of stakeholders is involved in the design and implementation of policies and regulations on OSH. This section offers a brief description of the main actors, their roles and responsibilities.

The **Ministry of Labour, Pension System, Family and Social Policy** (Ministarstvo rada, mirovinskoga sustava, obitelji i socijalne politike) is the primary governmental body responsible for creating and enforcing regulations related to OSH. This ministry plays a key role in developing and implementing policies and laws aimed at ensuring safe and healthy working conditions, as adopted by the Government of the Republic of Croatia. Among its duties, the ministry oversees health protection and workplace safety and develops and implements national strategies and action plans in these areas. Additionally, the ministry monitors the enforcement of occupational health and safety laws through labour inspections to ensure compliance with these regulations in practice.

While the Ministry of Labour, Pension System, Family and Social Policy holds primary responsibility for regulating occupational safety, the **Ministry of Health** (Ministarstvo zdravstva) plays a critical role in addressing the health aspects of the working environment. Collaboration between these ministries is essential to ensure effective worker protection, as the duties of the Ministry of Health complement the work of the Ministry of Labour, Pension System, Family and Social Policy. Specifically, the Ministry of

Health's responsibilities include regulating health assessments for workers, promoting health programmes within workplaces, ensuring the prevention of factors contributing to PSRs (such as excessive workloads or poor management practices), and monitoring health issues that arise from workplace conditions, including PSRs, such as occupational diseases and accidents.

The **National Council for Occupational Safety** is another body that plays a significant role in enhancing the OSH system in the Republic of Croatia and undertakes tasks assigned to it by the government. It was established in 2000 as an advisory body to the government and comprises three representatives nominated by the Minister of Labour, Pension System, Family and Social Policy, as well as two employers' representatives and two workers' representatives, nominated by their respective representative associations (OG No. 27/2019). The council's primary duties include monitoring, analysing and evaluating the OSH system and policies, providing recommendations and proposing any necessary changes. Its work involves assessing the effects of the Occupational Safety and Health Act (OG No. 71/14, 118/14, 154/14, 94/18, 96/18), which is the main legislation governing OSH in Croatia, along with related implementing regulations and special laws. By monitoring the impact of these regulations on workplace safety and health, the council can propose adjustments to improve effectiveness and ensure alignment with international standards. Additionally, the council reviews and provides opinions on drafts of regulatory impact assessments and proposals for new regulations in the field of OSH.

The **Division for Occupational and Sports Medicine at the Croatian Institute of Public Health** covers a broad range of activities focused on monitoring and promoting workers' health. This includes maintaining detailed registries, for example, for occupational diseases, accidents at work and so on. Additionally, it is responsible for health surveillance and monitoring the exposure of specific worker groups throughout Croatia. It also coordinates and oversees the work of occupational medicine practices across the country, providing expert guidance and support. It plays an essential role in educating both the professional community and the general public on matters related to occupational health, offering valuable resources and raising awareness.

Moreover, the division conducts research and programme activities aimed at protecting workers' health and preserving their ability to work, including efforts to manage workplace stress. It provides professional support in drafting strategic and legal documents and offers expert opinions on workers' health protection. Its cooperation with both international and national institutions and participation in various projects highlight its commitment to enhancing workplace health and safety standards in Croatia (Division for Occupational and Sports Medicine, 2020). While the division's work primarily focuses on general OSH, it endeavours to incorporate PSR prevention and management into its efforts, by providing PSR counselling and support to workers among other things (see section 3.2).

One of the key bodies responsible for enforcing PSR legislation in Croatia is the **Labour Inspectorate**, which became part of the State Inspectorate in 2019 (OG No. 115/18, 117/21, 67/23, 155/23). The Labour Inspectorate is responsible for ensuring compliance with all regulations concerning OSH. The Labour Inspectorate's primary functions include enforcing legislation, conducting workplace inspections, investigating accidents, offering advisory services, promoting safe work practices and collaborating with other governmental bodies. However, there is a lack of publicly available data regarding its activities, particularly concerning the regulation of PSRs in practice. Since the Labour Inspectorate was integrated into the State Inspectorate in 2019, audit findings and other assessments have not been made publicly accessible.

The **social partners**, which include trade unions, employer organisations and professional associations, play a vital role in designing and implementing OSH legislation in Croatia. Their active involvement reflects the broader European practices of collaborative governance and underscores their importance in ensuring that workplace safety standards, including the management of PSRs, are effectively addressed. The social partners are frequently consulted during the drafting of laws and regulations related to OSH through the National Council for Occupational Safety.

Croatia's tripartite system, which brings together representatives from the government, employers and workers through various committees and councils, ensures that multiple perspectives are considered. This collaborative model allows the social partners to contribute recommendations and feedback on proposed laws and regulations, including those addressing PSRs. Once laws are enacted, the social partners continue to play an essential role in their implementation and monitoring. They disseminate

information about new regulations, provide compliance training for their members and assess the effectiveness of legislation in practice. This continuous feedback loop, whereby the social partners report on how laws function on the ground, facilitates legislative revisions and updates where necessary.

Beyond policy and legislation, the social partners engage in campaigns and initiatives aimed at raising awareness about workplace safety and the critical importance of addressing PSRs. They organise workshops, conferences and seminars to promote best practices in OSH, thereby fostering a proactive approach to worker protection. In addition, trade unions offer critical support to workers dealing with workplace safety issues and represent their interests in disputes related to safety and health concerns.

The **Croatian Health Insurance Fund (HZZO)** is another noteworthy stakeholder that oversees the mandatory health insurance system for all workers in Croatia. This fund plays a critical role in ensuring that every member of the workforce has access to healthcare services and work-related injuries and illness compensation. The health insurance system is financially supported through contributions from both employers and workers, with the majority of the financial burden falling on employers. Self-employed people are responsible for paying their own contributions.

**Occupational health and sports medicine specialists**, whose involvement is mandated for every workplace by the Occupational Safety and Health Act (Article 80) and the Ordinance on the Method and Procedure for Selecting Occupational Health Specialists (Official Gazette No. 12/14, 149/14, 53/17, 129/2017, 22/20), are unique stakeholders within Croatia's OSH system. Employers are responsible for selecting these specialists for their workers, while self-employed individuals select their own specialists. Typically, the selection of an occupational health and sports medicine specialist is based on the worker's place of employment. These specialists are responsible for examining and monitoring the health of workers who begin employment in roles classified as having special working conditions under Croatia's health protection and occupational safety regulations. They ensure that workers in potentially hazardous roles receive appropriate health evaluations and ongoing monitoring to safeguard their wellbeing and comply with safety standards. Additionally, they serve as part of the **Employer's Occupational Safety Committee**. Employers with 50 or more workers are required to establish such a committee, which acts as an advisory body dedicated to improving occupational safety (the Occupational Safety and Health Act). This committee is composed of the employer or an authorised representative, an occupational safety expert who oversees safety duties for the employer, an occupational medicine specialist selected in accordance with specific regulations, and a worker's representative for occupational safety or their coordinator. Together, these stakeholders collaborate to enhance workplace safety, identify risks, and implement effective safety and health measures, creating safer working environments for all employees.

## 3 Legislative and non-legislative measures

### 3.1 National legislative and strategic approaches to PSRs

#### 3.1.1 National PSR legislation

Croatia's accession to the EU in 2013 marked a pivotal moment in aligning its workplace safety and health standards with those of the EU. Since then, Croatian OSH legislation has been harmonised with EU directives, including aspects related to managing PSRs. While specific legislation targeting PSRs is still evolving, the overarching framework provided by the EU has driven significant improvements in Croatian law.

The **Occupational Safety and Health Act** serves as the primary legal framework for ensuring safe and healthy working conditions in Croatia. While the Act, in force since 2014, does not explicitly mention PSRs, it does make reference to them through the identification of work-related stress and establishes a guiding principle for managing such stress in the workplace. Under this Act, work-related stress is defined in Article 51 as health and psychological changes resulting from prolonged exposure to stressors in the workplace, manifesting as physiological, emotional and cognitive reactions, as well as changes in worker behaviour. The Act recognises work-related stress as a critical OSH issue, placing primary responsibility on employers to prevent and manage it.

Employers are required to implement measures to prevent workplace stress. Although the Act does not specify which measures, it is more specific on the risk factors that should be looked at, such as work



content, work organisation, work environment, poor communication and interpersonal relations. Although there are no specific measures related to workplace stress, if signs of work-related stress are observed, employers must pay particular attention to aspects such as work organisation and procedures, including working hours, degree of autonomy, alignment between worker skills and job requirements, and workload. They must also consider working conditions and the environment, such as exposure to violent behaviour. Communication factors, including clarity of job expectations, job security prospects and information about upcoming changes, are also key areas of focus, along with subjective factors such as emotional and social pressures, feelings of powerlessness and perceived lack of support.

Employees, for their part, must follow their employer's instructions for preventing, eliminating or reducing work-related stress. Additionally, both workers and their representatives are expected to cooperate with employers in efforts to address workplace stress, fostering a collaborative approach to maintaining a healthy and supportive working environment.

The Croatian **Labour Act** (Official Gazette no. 137/2004) establishes general protections that have a significant impact on mental health, including measures against discrimination and unfair treatment, which are necessary for fostering a healthy and supportive working environment. By addressing issues such as equality and fair treatment, the Act contributes to employee protection from PSRs. Notably, the Labour Act adopted in 2014 also acknowledges PSRs with regard to night shift workers.

While primarily focused on regulating employment relations, the Labour Act also contains provisions relevant to safety and health protection at work. It outlines the rights and obligations of both employers and employees regarding working conditions, working hours, breaks and other factors that indirectly relate to PSRs and impact the safety and health of workers.

The 2023 revision (OG No. 93/14, 127/17, 98/19, 151/22, 46/23, 64/23) of the Labour Act introduced specific provisions for work carried out in alternative workplaces and for remote work. Work at an alternative workplace is defined as tasks performed outside the employer's premises and agreed on by both sides, such as from the worker's home or another location. Meanwhile, remote work is described as a specific type of work carried out using information and communication technology, where the employee and employer agree on the employee's right to independently determine their work location. This location can be flexible and subject to the worker's preference, which means that many of the occupational safety obligations applicable to employees working at alternative workplaces do not extend to those engaged in remote work. This distinction underscores the importance of adapting safety and health regulations to changing work arrangements, reflecting the diverse needs and risks associated with different types of work settings.

In Croatia, PSRs are formally recognised and described in two key legal acts that have significantly broadened the scope of PSRs in legislation: the **Ordinance on the Preparation of a Risk Assessment** (OG No. 112/14, 129/19) (issued in 2014 and updated in 2019), and the **Ordinance on the Protection at Work of Workers Exposed to Statodynamic, Psychophysiological, and Other Exertions at Work**<sup>1</sup> (OG No. 73/2021) (enacted in 2021). While there is no official definition of PSRs in these documents, the ordinances contain lists and descriptions that outline what constitutes a PSR.

PSRs are referred to as 'psychophysiological strains' in the Ordinance on the Preparation of a Risk Assessment. The newer 2021 Ordinance further elaborates on these risks and introduces a new, detailed list of PSRs, categorising them into nine groups with a total of 27 distinct PSRs (see Annex 7.1). A notable difference in the 2021 Ordinance is its specific mention of work-related stress and the recognition that stress is a result of exposure to PSRs. This Ordinance also acknowledges new and emerging PSRs, such as job insecurity and challenges in balancing professional and private life, reflecting the changing nature of workplace PSRs.

In practice, both documents are essential for conducting workplace risk assessments and determining appropriate preventive measures. The Ordinance on the Preparation of a Risk Assessment primarily focuses on PSRs as they pertain to specific workplace conditions, with less emphasis on social dimensions. In contrast, the Ordinance on the Protection at Work of Workers Exposed to Statodynamic,

<sup>1</sup> 'Pravilnik o zaštiti na radu radnika izloženih statodinamičkim, psihofiziološkim i drugim naporima na radu' (NN 73/2021) [Ordinance on the protection at work of workers exposed to statodynamic, psychophysiological and other exertions at work], Articles 13 and 14 refer to PSR: [https://narodne-novine.nn.hr/clanci/sluzbeni/2021\\_06\\_73\\_1375.html](https://narodne-novine.nn.hr/clanci/sluzbeni/2021_06_73_1375.html)



Psychophysiological and Other Exertions at Work (2021) takes a more comprehensive approach. This Ordinance includes considerations such as mental workload, the social environment, interpersonal relations, respect for personal integrity, and the balance between professional and private life (see Annex 7.1). Experts interviewed emphasised the importance of these pieces of legislation for effective risk assessment and the implementation of preventive measures in workplaces.

### **3.1.2 Occupational diseases related to PSR exposure and mental health aspects**

In Croatia, work-related health issues are classified into four main categories: occupational accidents, occupational diseases, work-related diseases, and diseases aggravated by work. However, official recognition is limited to occupational accidents and occupational diseases, which means that only these two categories can be formally reported to and acknowledged by the Croatian Institute of Public Health and are documented in the Registry of Accidents at Work or the Registry of Occupational Diseases. Recognition also makes affected individuals eligible for compensation from the Croatian Health Insurance Fund, such as salary compensation during temporary incapacity to work.

#### **Occupational diseases**

According to the Croatian Law on the List of Occupational Diseases (OG No. 107/07), an occupational disease is defined as a condition that is demonstrably caused by harmful exposure within the work process and/or work environment. It can also refer to diseases that are potentially linked to harmful effects arising from work activities or environments, where the intensity and duration of such exposure are at levels known to cause health damage. These diseases are primarily caused by physical, chemical or biological hazards encountered in the workplace, with PSRs not being included.

According to the list of occupational diseases in Croatia, there are instances where a mental illness caused by chemical exposure may be recognised as an occupational disease. For example, if an individual has been exposed to a neurotoxic substance that plausibly affects their mental health, it may be classified as an occupational disease. Similarly, if a worker is exposed to certain chemical substances listed as occupational hazards, such as lead, mercury or manganese, and subsequently develops a mental or psychiatric disorder known to be linked to such exposure, it could be officially acknowledged as an occupational disease. However, work-related stress, anxiety, depression and burn-out fall under the category of work-related diseases rather than occupational diseases. As such, they are not officially recognised or eligible for compensation under the current framework.

According to the Croatian Health Statistics Yearbook, 268,244 individuals aged 20-64 years were diagnosed with neurotic, stress-related and somatoform disorders (ICD F40-48) by family medicine services (Croatian Institute of Public Health, 2023). Two thousand of these diagnoses were made by occupational medical services. This large difference arises because occupational medical services focus solely on assessing workers in medium- and high-risk jobs, whereas family medicine services provide care for all workers regardless of their job risk level. The key distinction between a diagnosis from an occupational medical service and one from a general physician lies in the context in which it is made. These diagnoses do not automatically lead to compensation in either case. Even if a disorder is identified by occupational medical services, it does not imply that it is considered a work-related condition or that it qualifies for compensation.

#### **Occupational accidents**

Acute stress reaction (resulting from exposure to traumatic event) is recognised as an occupational accident, while post-traumatic stress disorder (PTSD) and adjustment disorder can be a consequence or complication of the acute reaction to stress (in accordance with ESAW methodology (Eurostat, 2013)), making them eligible for compensation (HZJZ, 2022). This classification allows for the recognition of immediate physical injuries and certain acute stress-related reactions that occur as a result of workplace incidents. However, there are limited data available on such instances and how they have been addressed in Croatia.

### 3.1.3 National PSR strategy

Croatia's efforts to enhance workplace safety and health standards are embodied in several strategic frameworks and programmes developed over recent years. These strategic frameworks and programmes, which build upon one another, reflect Croatia's commitment to improving workplace conditions and ensuring the safety and health of all workers, while also addressing evolving challenges in mental health and occupational safety.

The aim of the **Strategic plan for the development of public health 2013-2015** (Ministarstvo zdravstva Republike Hrvatske, 2013) was to create a supportive environment for workers experiencing mental health disorders, such as depression. The plan focused on early intervention, education and fostering collaboration across various sectors to enhance Croatia's overall mental health infrastructure and support systems. Key stakeholders involved included the Croatian Institute of Public Health, regional public health Institutes, family doctors, occupational health specialists, visiting nurses and local government entities, among others. The plan also highlighted the preparation and implementation of anti-stress programmes and social skills initiatives for at-risk groups, particularly in workplace settings.

The **National plan for labour, safety at work and employment 2021-2027** was adopted<sup>2</sup> in 2021 (OG No. 131/21). This strategic document outlines the government's priorities and proposed actions in the areas of labour, occupational safety and employment for the specified period. Its key objectives include improving labour market conditions, enhancing workplace safety standards and increasing employment opportunities. The plan has been developed by the Ministry of Health in collaboration with the social partners. It is informed by a range of documents at Croatian, EU and international levels, as well as by the **National Development Strategy of the Republic of Croatia up to 2030**. (OG No. 13/2021).

The National plan for labour, safety at work and employment 2021-2027 aims to decrease the occurrence of workplace accidents and occupational diseases by implementing improved safety measures and health monitoring systems. Recognising the importance of psychological wellbeing, the plan includes initiatives aimed at addressing mental health in the workplace, particularly in relation to the prevention and management of PSRs. It highlights that PSRs can be assessed and managed as effectively as other occupational risks, emphasising the need for proactive and planned approaches to mitigate potential problems. It further emphasises the role of the social partners, including trade unions, employers' organisations and government bodies, in implementing and monitoring the effectiveness of safety and health. Moreover, research referenced in the plan underscores the economic significance of these efforts, noting that PSRs and work-related stress impose substantial costs on employers and the health and pension systems. Accordingly, the plan advocates heightened attention to be paid to the prevention of PSRs, recognising this as a vital component of workplace safety and health strategies.

Its provisions include both strengthening the role of labour inspection and compliance mechanisms to ensure that safety and health regulations are adhered to across all sectors and also encouraging the adoption of new technologies and practices that can lead to safer and more health-conscious working environments. The national plan is designed not only to meet current safety and health challenges but also to adapt to future changes in working environments and labour market dynamics, ensuring that workplace safety and health standards continue to evolve and improve.

**Strategic Development Framework for Mental Health until 2030** (Ministarstvo zdravstva, 2022) is an initiative designed to enhance Croatia's mental health care system. Its primary goals are to improve mental health services, raise awareness, and integrate mental health care into broader health and social service systems. The framework builds upon recommendations aligned with international and EU mental health strategies and seeks to meet the standards set by the World Health Organization (WHO) and the EU, while addressing specific challenges faced by Croatia's population (WHO, 2005, 2015, 2019; Health and Consumer Protection Directorate-General, 2005; Directorate-General for Health and Food Safety, 2008; Official Journal of the European Union, 2001). Developed by the Croatian Ministry of Health in collaboration with experts in psychiatry, psychology, public health and other fields, the strategy aims to bring systematic improvements to mental health care.

<sup>2</sup> National plan for labour, safety at work and employment 2021-2027: [Decision on the Adoption of the National Plan for Labour, Safety at Work and Employment 2021-2027](#), [National Plan for Labour, Safety at Work and Employment 2021-2027](#)

It establishes key objectives to be achieved by 2030, focusing on enhancing accessibility to mental health services, promoting service integration, raising awareness and preventing mental disorders, strengthening capacity, ensuring high-quality and safe care, and encouraging research and innovation. Central to the framework is the recognition of mental health in the workplace, acknowledging employment conditions, work environment and organisational factors as critical influences on mental wellbeing. It highlights that autonomy and participation in decision-making positively impact mental health, while routine jobs with limited control can be detrimental. Work-related stress is identified as a major determinant of mental health, with PSRs including excessive workloads, long hours, limited task control, insufficient social support, poor interpersonal relations, challenges in balancing work and family, job insecurity and workplace harassment. The framework also underscores the impact of unemployment, noting that it significantly raises the likelihood of depressive episodes among unemployed people compared with those who are employed.

A key focus is on creating healthy working environments that support mental wellbeing, reduce stress, and facilitate the reintegration of individuals with mental health challenges through tailored employment programmes. To achieve these goals, the framework proposes specific measures, such as developing programmes to address PSRs and mitigate outcomes such as work-related stress, with a particular emphasis on preventing burn-out and promoting work-life balance. Education and training for the social partners on the importance of healthy working conditions and their impact on mental health is another central component of this strategy (see Annex 7.2). With these initiatives, the framework seeks to identify and tackle workplace PSRs, enable early recognition of mental health issues, reduce stigma and preserve mental health through these targeted initiatives.

### 3.2 Measures supporting the implementation of PSR legislation

The implementation and promotion of legislation related to PSRs in the workplace in Croatia have been supported by various measures over the past two decades, with a particular emphasis on educational initiatives and the development of assessment tools. However, many of these measures have a focus on mental health protection and supporting the individual rather than on first creating a framework to prevent and manage PSRs in the workplace.

The **Division for Occupational and Sports Medicine at the Croatian Institute of Public Health**, particularly its department that focuses on PSRs, provides its own information to ensure the prevention and management of PSRs in the workplace. One of its key resources is an online platform<sup>3</sup> that provides access to educational materials, such as leaflets, a PSR assessment questionnaire<sup>4</sup> and proposed measures for PSR prevention in the workplace.<sup>5</sup> Since 2017, the department has also conducted ongoing training sessions on PSRs and workplace stress for OSH professionals, workers and employers. These sessions address topics such as identifying and preventing workplace stress, coping strategies for stress in professional and personal contexts, and improving the wellbeing and quality of life post-pandemic. Notably, the department also provides assistance for workers experiencing psychological challenges after recovering from COVID-19. All interviewees involved in this area acknowledged these activities as valuable contributions.

The division has published guidelines in the form of a manual specifically designed to support risk assessment in small and medium-sized enterprises (SMEs) and micro-sized enterprises (MSEs) (Richter et al., 2008). Available online, this manual outlines the essential requirements for assessing PSRs in the workplace. It provides general information on identifying and evaluating PSRs, offers a checklist to measure key risk factors — stress, mental fatigue, monotony and psychological saturation — and presents practical solutions to mitigate PSRs and workplace stress. The manual, originally developed in Germany, has been translated from German to ensure accessibility for Croatian employers and workers. By following the recommendations outlined in these guidelines, employers ensure compliance with relevant Croatian legislation on OSH.

Furthermore, the Croatian Institute of Public Health launched the **‘Company Friend of Health’** (Tvrtka prijatelj zdravlja) project initiative in 2019. While this project primarily adopts a health-promotion

<sup>3</sup> Croatian Institute of Public Health - Department of Public Health, *Psychosocial risks*.  
<https://www.hzzzsr.hr/index.php/psihosocijalni-rizici/>

<sup>4</sup> HZJZ, PSR questionnaire: [https://www.hzzzsr.hr/wp-content/uploads/2016/12/HSE\\_dodana-skala-1.pdf](https://www.hzzzsr.hr/wp-content/uploads/2016/12/HSE_dodana-skala-1.pdf)

<sup>5</sup> HZJZ, PSR prevention: <https://www.hzzzsr.hr/index.php/psihosocijalni-rizici/mjere-prevencije/>

approach, it also incorporates elements of mental health protection and PSR prevention. As an ongoing initiative, it forms part of the broader 'Healthy Living' project, which aims to improve health standards within companies by fostering a supportive working environment and encouraging healthy lifestyle practices.

For a company to earn the 'Company Friend of Health' label, it must meet specific criteria. The process begins with a visit from a team of experts from the Croatian Institute of Public Health who evaluate the company's working environment across seven key areas: worker health protection in the workplace, nutrition, promotion of physical activity, smoking bans, alcohol consumption bans, environment, and mental health. Following this evaluation, the project offers tailored training sessions for the company's employees, covering topics such as mental health in the workplace, substance abuse (including alcohol and gambling), and other health-related issues. The intensity and content of each educational module are customised to fit the needs of the specific company and the recommendations derived from the initial evaluation. After completing the evaluation and training process, the company receives the 'Company Friend of Health' certification, which is valid for two years. To maintain this designation, companies must undergo re-evaluation and demonstrate their continued commitment to health-promoting practices.

Another initiative, the **Mental Health Toolkit for Human Resources Managers in the Workforce (MH4HRM)**<sup>6</sup>, is an innovative project financed through the Erasmus+ programme, which began in December 2023. The initiative seeks to empower human resource (HR) departments and other stakeholders involved in workplace health protection by providing them with the necessary knowledge, skills and tools to effectively manage employees' mental health challenges.

The project's objectives include deepening awareness of the common mental health difficulties encountered in workplace settings (including those related to the use of digital tools), understanding their impact on work processes and the broader working environment, and providing actionable information to improve the management of these challenges within companies. Among other objectives, the approach includes training for HR managers to recognise PSRs and address mental health issues at an early stage.

The Croatian Institute of Public Health is a key partner in this project and is responsible for developing a 60-hour educational programme tailored for HR professionals and other stakeholders in workplace health protection. Key deliverables include the creation of a web and mobile platform, an online educational programme, and microlearning videos and podcasts focused on mental health in the workplace.

### 3.3 Impact of the COVID-19 pandemic and digitalisation on approaches to PSRs

The recent COVID-19 pandemic has brought significant changes to work practices, including remote work and altered work environments, which have posed new challenges. The response to these challenges has intensified the conversation around mental health support and adaptive working conditions in Croatia, although tangible changes have been limited.

One of the most significant changes, as discussed in the chapter on national legislation, is the 2023 revision of the **Labour Act** (OG No. 151/22, Article 17, Article 17a, Article 17b) that introduced specific provisions to address the changing nature of remote work. These updates aimed to adapt to modern work practices, especially those influenced by the pandemic and digitalisation of work. The law now defines the terms under which remote work can be performed, emphasising a mutual agreement between employers and employees. It also ensures that employers remain responsible for safeguarding the safety and health of employees, even in a remote work setting. This includes providing adequate work equipment, adhering to regulations on maximum working hours and rest periods, and taking steps to prevent work-related illnesses and injuries at home.

The impact of the pandemic has gone beyond just legal provisions; it has reshaped perspectives on workplace mental health. According to one interviewee, the adoption of the **Strategic Development Framework for Mental Health up to 2030** was accelerated in part by the changing work organisation

<sup>6</sup> <https://www.hzzzs.hr/index.php/vijesti/>

brought on by the pandemic. The pandemic highlighted the importance of mental health and its protection in Croatian workplaces, leading Croatia to act on it by developing a new strategy. The need for greater awareness of PSRs drove all stakeholders to consider mental health more prominently in their workplace safety agendas. Interviewees emphasised that the most notable impact of the COVID-19 crisis has been a marked increase in awareness regarding mental health and PSRs in the workplace.

Overall, while the pandemic and digitalisation trends have catalysed shifts in Croatia's approach to PSRs, fostering greater recognition of mental health challenges, there is still room for improvement. Nevertheless, these adaptations represent important steps towards better legislative and organisational measures to protect workers' wellbeing in a changing work landscape.

### 3.4 PSR prevention activities implemented by social partners

As previously mentioned, the social partners in Croatia, including trade unions, employers' organisations and professional associations, play a significant role in the prevention and management of PSRs. Their involvement primarily centres on supporting the creation and implementation of legislation, facilitated through the country's tripartite system, and including the social partners as key members of the National Council for Safety at Work. However, the activities of the Croatian social partners are reported by interviewees to be less organised and more fragmented compared to some other EU Member States looked at within this overall study.

One interviewee reported that one of the most significant activities undertaken by the social partners was the signing of key EU sectoral social partner agreements on behalf of Croatia, namely the Framework Agreements on Work-related Stress (EU-OSHA, 2004) and Harassment and Violence at Work (EU-OSHA, 2007).

Beyond their legislative engagement, the social partners in Croatia are involved in various campaigns and activities aimed at promoting PSR prevention and awareness in the workplace. These activities include workshops, round-tables and seminars designed to educate both employers and employees about the potential impacts of workplace stress and other psychosocial strains. For example, the Croatian Employers' Association, one of the largest employer organisations in the country, has organised workshops focused on stress management and achieving a better work–life balance. Similarly, the Croatian Chamber of Commerce has conducted multiple workshops and webinars for its members on stress at work.<sup>7</sup> In addition, the Croatian Chamber of Commerce is a partner in the Interreg Central Europe 2021–2027 project 'Burnout Prevent' (Hrvatska gospodarska komora, 2024), which only commenced in April 2024 and therefore detailed data on its outcomes are not yet available.

Trade unions are especially prevalent in Croatia, with a total of 636 (Ministarstvo rada, mirovinskoga sustava, obitelji i socijalne politike, 2025) registered unions actively engaged in various initiatives to address workplace challenges. These unions have organised numerous activities focused on mental health (Sindikat grafičara i medija), stress management (Sindikat državnih i lokalnih službenika i namještenika Republike Hrvatske, 2022; Hrvatski sindikat pošte, 2022; HST, 2024) and combatting workplace bullying. In 2024, the Women's Section of the Union of Autonomous Trade Unions of Croatia led targeted efforts to address workplace harassment against women (EU-OSHA, 2007). Additionally, the section collaborated with The Women's Network of Croatia and the Centre for Education, Consulting, and Research to formally request the Croatian government to strengthen protections and improve the position of women facing gender-based violence, abuse and sexual harassment in the workplace (SSSH, 2024).

These examples underscore the importance of the social dialogue and collaboration among the social partners in driving new initiatives and addressing overlooked areas in Croatia, such as the protection of vulnerable worker groups, including women.

<sup>7</sup> Some examples of workshops can be found here: <https://www.sdlisn.hr/upravljanje-stresom-na-radu/>; <https://www.hup.hr/radionica-upravljanje-stresom>; <https://www.hgk.hr/zupanijska-komora-pula/odrzana-radionica-najava>; <https://www.hgk.hr/besplatno-predavanje-na-temu-stres-na-rukovodecim-pozicijama-najava>; <https://hgk.hr/hrvatska-gospodarska-komora/radionica-u-zk-osijek-kako-coaching-moze-umanjiti-ili-izbaciti-stres-najava>



## 4 Success factors and challenges addressing PSRs

### 4.1 Assessment of the impact of PSR measures on PSRs

There are currently no comprehensive evaluations in Croatia to assess the impact of measures and policies aimed at addressing PSRs, and academic research on their effectiveness remains very limited. Consequently, this chapter relies on insights gathered from the interviews with stakeholders, who shed light on the impact of PSR prevention measures.

One of the most significant developments in recent years that has had a major impact on Croatia is the **increased recognition of PSRs in national legislation**. According to the representative from the National Council for Safety at Work, the Occupational Safety and Health Act, the Ordinance on the Preparation of a Risk Assessment, and the Ordinance on the Protection at Work of Workers Exposed to Statodynamic, Psychophysiological, and Other Exertions at Work have collectively raised awareness and **prompted employers to take PSRs more seriously**. This legislative framework has led to an increased focus on the implementation of stress prevention measures by employers.

**Action plans and national strategies**, such as the Strategic Development Framework for Mental Health up to 2030 and the National plan for labour, safety at work and employment 2021-2027, were highlighted by interviewees as significant steps towards a more comprehensive approach to PSR prevention in Croatia. According to one interviewee, these strategies help ensure ongoing efforts to improve workplace environments and protect workers from PSRs, thereby **making changes more sustainable over time**. While there is still work to be done to ensure that PSR measures are better implemented across all workplaces in Croatia, such action plans and national strategies represent a positive step in the right direction.

According to two interviewees, these legal changes and implementation of action plans and strategies were influenced significantly by the shifts brought about by the **COVID-19 pandemic and digitalisation of work**, which underscored the critical importance of mental health. Since then, Croatia's policy landscape has begun to develop to better address these issues. This is particularly evident in the inclusion of provisions for remote work within the **revised Labour Act**, reflecting a broader awareness of changing work dynamics and the necessity to adapt policies to meet emerging psychosocial and occupational health needs, especially in a remote working environment.

With regard to measures, although the interviewed stakeholders did not mention any concrete implementation measures, they emphasised the importance of training programmes, workshops and seminars conducted by the Croatian Institute of Public Health (OSH department) and the social partners. According to them, these initiatives play a crucial role in **raising awareness and helping employers take the first steps in their organisations to address PSRs** and enhance worker safety. Educational activities and seminars also facilitate the exchange of good practices, which is especially valuable for employers across Croatia who may still lack the knowledge and practical understanding of how to implement PSR-related legislation at company level. An interviewee from the Croatian Institute of Public Health highlighted that the most impactful measures are those that address the root causes of PSRs, rather than just treating their symptoms.

Overall, Croatia is still in the early stages of integrating PSRs as a significant component of its national policy approach and making PSR prevention and management a routine aspect of workplace life. However, progress is evident through legislative changes, implementation strategies and practical measures aimed at raising awareness and fostering safer, more supportive working environments. These changes are gradually paving the way for a more inclusive approach to addressing PSRs in Croatian workplaces, setting the groundwork for long-term improvements and a cultural shift in how PSRs are managed and prioritised.

### 4.2 Assessment of success factors and challenges

This section explores the success factors and challenges associated with the legislative and non-legislative measures aimed at addressing work-related PSRs and mental health issues. The insights provided below were mostly obtained through stakeholder interviews and thus reflect the different experiences and views of different stakeholders.

At national level, Croatia's legislative framework on occupational health and safety establishes a foundational structure for managing PSRs. While it represents a step in the right direction, interviewed stakeholders expressed concerns that the **current legislation remains general and insufficiently** tailored to fully address the specific and changing nature of PSRs.

A significant challenge identified is the absence of a precise, legally recognised **definition of PSRs**. One interviewee explained that although a theoretical definition — based on Cox and Griffiths' seminal work from the 1990s — is used in educational and training contexts, it is not formally incorporated into Croatian law. This gap leaves too much room for interpretation, potentially putting workers at a disadvantage while giving employers considerable leeway in determining which PSR they choose to address, and how, within their organisation.

On a more positive note, the **inclusion of a list of PSRs in national legislation** has been acknowledged as a successful step in Croatia's approach to addressing these risks in the workplace. This list provides a more concrete framework for identifying and categorising PSRs, raising awareness among employers and helping to shape workplace interventions. However, OSH experts stress the need to build further on this progress. Specifically, they advocate the inclusion of mental health issues caused by PSRs in the official list of occupational diseases, making them eligible for compensation. Without this level of recognition, the list's potential impact remains limited, and the opportunity to fully support affected employees is not realised.

The lack of clarity and specificity of legislation often leads organisations to overlook or deprioritise the management of PSRs, as they may perceive existing regulations as inadequate or unclear in covering these risks comprehensively. Therefore, the **practical implementation** of the legislation remains a major challenge.

According to one interviewee, while the introduction of stress-related provisions within the Occupational Safety and Health Act has led some employers to initiate stress prevention activities, the level of engagement varies widely. Larger and more ambitious companies tend to pay closer attention and invest more resources into these measures, while others merely document their efforts. Even among the more enthusiastic companies, interest often wanes due to the absence of effective monitoring and enforcement mechanisms. This lack of consistent application is particularly prevalent in SMEs.

**Training and education initiatives for OSH professionals, employers and workers** have met with some success in raising awareness and understanding of PSRs. However, there remains a critical need to complement these efforts with more practical tools to facilitate real change in the workplace. According to the representative of the Croatian Institute of Public Health, an OSH expert and the employers' association representative, in order to achieve more comprehensive implementation, employers, particularly at the level of SMEs, require concrete support, including **guidance on how to implement PSR prevention measures effectively** to encourage their adoption. SMEs face substantial obstacles in implementing PSR prevention measures due to limited resources, in terms of both personnel and finances. According to one interviewee, this makes them heavily reliant on external support. Improving access to information on the benefits of PSR prevention and management, such as enhanced worker satisfaction and reduced turnover, is also crucial for engaging these smaller organisations.

Moreover, the reach of existing measures is limited due to many initiatives not extending beyond Croatia's largest cities.

Additionally, according to one interviewee, there is a pressing need for measures that are specifically **tailored to the unique needs of different sectors and vulnerable worker groups** in Croatia. While some sectors, such as IT and healthcare, are more prominent and thus benefit from more extensive measures and greater policy-level awareness, other sectors remain underrepresented.

The effective **involvement of various stakeholders is crucial** in creating legislation and implementation measures that address the diverse needs of the workforce. Employer representation from different sectors is essential to reflect their specific challenges. However, one interviewee noted that while there is a system that recognises the social partners and involves them in legislative processes through working groups, this process has recently become less effective. **Rather than fostering genuine dialogue, the involvement of the social partners often seems more about fulfilling procedural obligations.** Stakeholders reported that they are theoretically included in



discussions on drafting laws and bylaws but, in practice, they are frequently limited to commenting on predetermined solutions, with little opportunity for real engagement or influence. Moreover, smaller enterprises often lack robust representation.

This lack of a meaningful dialogue presents a challenge to creating effective and sector-specific PSR prevention measures. True collaboration and active participation from the social partners are critical to developing policies that reflect the needs of different sectors and worker groups, ensuring that no one is left behind in PSR management and workplace safety efforts.

Another major barrier to putting legislation into practice, as already mentioned, is the lack of enforcement. There is a **lack of tailored risk assessment tools** specifically designed to address PSRs, as well as **limited enforcement measures**. Several interviewees emphasised the need for **better involvement of labour inspectors**. Furthermore, they stated that the number of labour inspectors is insufficient to cover the entire country effectively. One interviewee also suggested that inspectors should have clear indicators that are also communicated to companies to be able to identify problematic situations within companies.

Another challenge that was mentioned is the **lack of mandatory participation of occupational health specialists and occupational psychologists in risk assessments**. Currently, occupational health specialists and occupational psychologists are only included in these assessments if an employer chooses to involve them. According to interviewees, the involvement of these specialists has been proven to be beneficial, as their expertise significantly enhances the depth and accuracy of risk assessments. Their specialised knowledge allows for a more targeted and comprehensive approach to PSR prevention, helping to identify, mitigate and manage PSRs more effectively.

The final challenge identified during the interviews is the **lack of comprehensive national data**. One interviewee emphasised that more data would enable stakeholders, including employers, government bodies and the social partners, to identify trends, assess the impact of PSRs on workers and implement tailored strategies that address sector-specific challenges. For example, data on stress-related sick leave or cases of mobbing could provide valuable insights into which industries and worker groups are most affected, guiding resources and preventive measures to where they are needed the most.

Moreover, the challenges identified in Croatia's legislative and non-legislative approaches to PSRs also highlight a broader issue: a **focus on promoting mental health and individual-level interventions** rather than on structural or organisational changes. For example, initiatives such as the 'Company Friend of Health' certification primarily emphasise mental health promotion through workshops, counselling and awareness campaigns targeting individual workers. While these efforts are valuable, they can unintentionally shift responsibility for managing PSRs onto employees rather than addressing systemic issues, such as work organisation or management practices that contribute to workplace stress.

Overall, Croatia has made progress in recognising and addressing PSRs in the workplace through its legislative framework and the inclusion of PSRs in national policies. However, stakeholders note that current legislation remains general, lacks a precise legal definition of PSRs and leaves room for inconsistent implementation. Effective monitoring, tailored risk assessment tools, support for SMEs and meaningful engagement with the social partners are necessary to ensure the widespread adoption of PSR measures. Comprehensive data collection on PSRs is also critical for creating evidence-based policies and targeted interventions.

## 5 Conclusions

In conclusion, while grappling with a rise in work-related PSRs, Croatia has made notable progress over the past decade in tackling PSR prevention and management in the workplace in strategies and national approaches. The increased awareness of workplace mental health challenges, driven largely by the COVID-19 pandemic and digitalisation, has underscored the necessity of an open dialogue on mental health and more targeted legislation to address PSRs. Croatia's legislative measures, supported by non-legislative tools and resources, provide the foundation to start this process. However, continued efforts are needed to refine, adapt and implement these measures effectively to ensure they create meaningful and widespread impacts.

The incorporation of PSRs into key legislative acts, notably the Occupational Safety and Health Act of 2014 and related ordinances, has laid the groundwork for recognising PSRs as legitimate workplace concerns. This legal framework has compelled employers and other stakeholders to address PSRs. Nevertheless, interviewed stakeholders suggest that merely having laws in place does not ensure their effective implementation. Moreover, some stakeholders mention that some aspects of emerging challenges related to digitalisation could be addressed more comprehensively. Collecting **robust data** is also important to ensure that legislation is in tune with PSR trends and challenges in Croatia.

A key step forward has been the mandatory inclusion of PSRs in workplace risk assessments, prompting employers to take these risks more seriously. However, it seems that the quality and depth of these assessments often vary, with a tendency for larger companies to conduct more comprehensive evaluations and implement stronger prevention measures. SMEs, on the other hand, frequently seem to lack the resources and expertise to implement effective PSR strategies. Therefore, **targeted support for SMEs and simplified tools are essential** to bridge the gap in PSR management.

With regard to the situation of occupational diseases, the lack of mental health diagnoses such as anxiety, depression and burn-out, being recognised as occupational diseases does not give any possibilities for workers to claim compensation due to respective PSR exposure in the workplace and its consequences.

A notable challenge lies in the current **focus on mental health promotion and individual-level interventions**, such as counselling and workshops. While these efforts are valuable for raising awareness, they do not adequately address structural and organisational factors contributing to PSRs as required by law. The individual focus fails in sufficiently tackling systemic issues such as workload management, organisational culture or workplace policies.

According to interviewees, the **involvement of occupational health specialists and occupational psychologists** in risk assessments has proven beneficial where it has been implemented. Unfortunately, their participation is not mandatory for all assessments, which represents a missed opportunity. The inclusion of their expertise would significantly enhance the quality and effectiveness of PSR prevention strategies across diverse workplaces.

In terms of enforcement, **providing labour inspectors with sufficient personnel and resources** is crucial to ensure that legislation translates into meaningful workplace practices. Enhanced enforcement would ensure consistent implementation of PSR measures throughout Croatia.

Engaging multiple stakeholders and **fostering social dialogue** is one of the most critical factors in promoting the uptake of PSR legislation and policies. Social dialogue plays a key role in improving the relevance and acceptance of PSR measures and ensuring that the needs of different sectors and vulnerable worker groups are addressed. Trade unions and employer organisations have been instrumental in raising awareness and advocating better working conditions. To further improve social dialogue, it is essential to **ensure that the participation of the social partners in decision-making processes is not merely a formality but that their opinions are genuinely taken into consideration**. Additionally, it is vital to **ensure the robust representation of smaller enterprises**, which are often overlooked in such discussions.

Through continued refinement, engagement and targeted support, Croatia can build on its progress and further strengthen its approach to preventing and managing PSRs, ultimately creating healthier and more supportive workplaces.

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