

Safety and health at work is everyone's concern. It's good for you. It's good for business.

Second European Survey of Enterprises on New and Emerging Risks (ESENER-2)

First findings

EU-OSHA's second Europe-wide establishment survey aims to assist workplaces to deal more effectively with safety and health and to promote the health and well-being of employees. It provides cross-nationally comparable information relevant for the design and implementation of new policies in this field.

Background

The European Agency for Safety and Health at Work (EU-OSHA)'s second European Survey of Enterprises on New and Emerging Risks (ESENER-2) asks those 'who know best' about safety and health in establishments about the way safety and health risks are managed at their workplace, with a particular focus on psychosocial risks, i.e. work-related stress, violence and harassment. In summer/autumn 2014 a total of 49,320 establishments — across all activity sectors and employing at least five people — were surveyed in the 36 countries covered: the 28 EU Member States (EU-28) as well as Albania, Iceland, Montenegro, the Former Yugoslav Republic of Macedonia, Serbia, Turkey, Norway and Switzerland.

Developed with the support of governments and social partners at the European level, ESENER-2 aims to assist workplaces across Europe by better understanding their needs for support and expertise as well as identifying the factors that encourage or hinder action. ESENER explores in detail four areas of occupational safety and health (OSH):

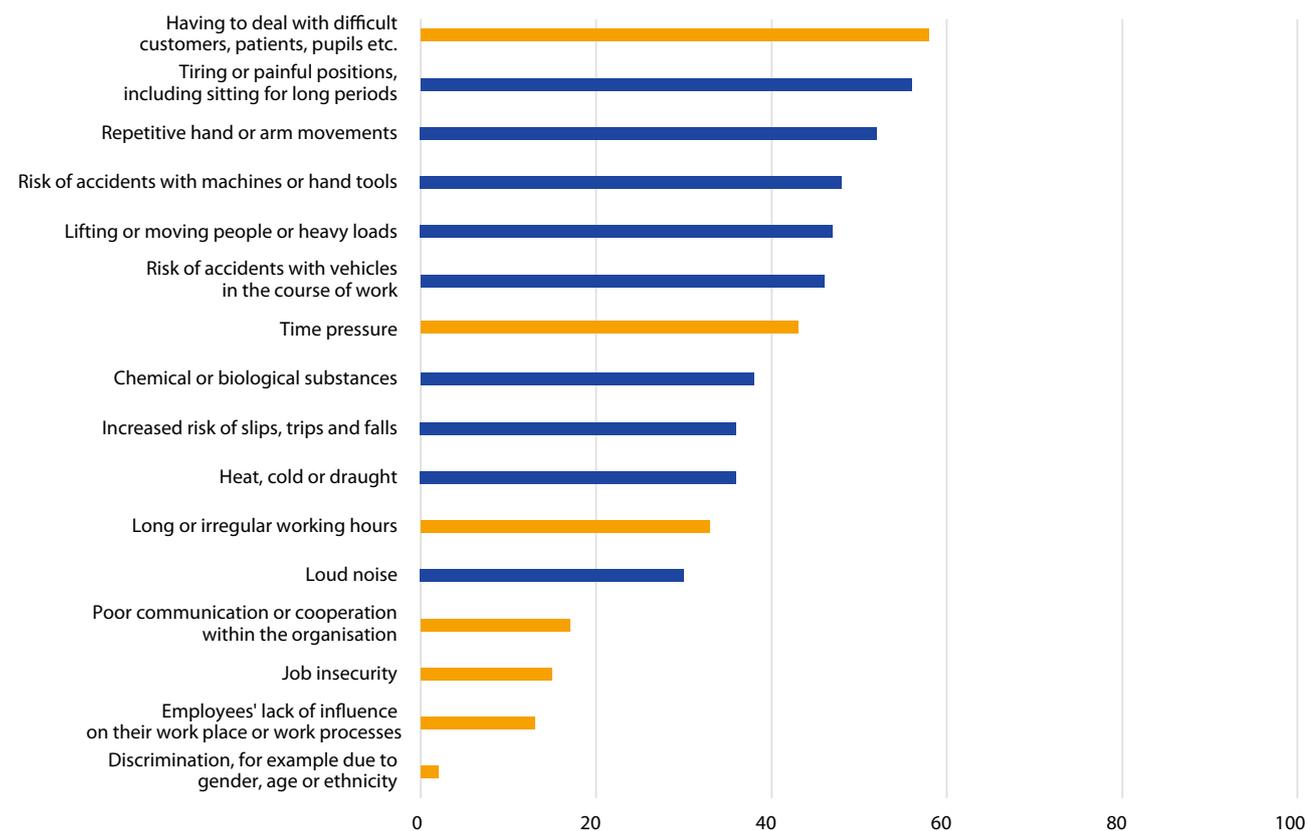
1. The general approach in the establishment to managing OSH.
2. How the 'emerging' area of psychosocial risks is addressed.
3. The main drivers and barriers to the management of OSH.
4. How worker participation in OSH management is implemented in practice.

This report presents a selection of the main findings of ESENER-2. More detailed results and analyses will be presented in the summary and overview reports, to be published later in 2015.

Main findings

European workplaces are constantly evolving following changes in economic and social conditions. These new situations pose new challenges that require action to ensure high levels of safety and health at work. ESENER-2 provides interesting information on some of these changes:

- Regarding the ageing society, 21 % of establishments in the EU-28 indicate that employees aged over 55 account for more than a quarter of their workforce. By country, the highest proportions are found in Sweden (36 %), Latvia (32 %) and Estonia (30 %) as opposed to Malta (9 %), Luxembourg (9 %) and Greece (10 %).
- 13 % of establishments in the EU-28 report that they have employees working from home on a regular basis, with the highest proportions in the Netherlands (26 %) and Denmark (24 %) as opposed to Italy (4 %) and Cyprus (5 %).
- 6 % of establishments in the EU-28 report having employees who have difficulties understanding the language spoken at the premises. This figure ranges from 16 % in Luxembourg and Malta and 15 % in Sweden to the lowest proportions (around 2 % of establishments) in Slovakia, Romania and Poland, among others. Outside the EU-28, the highest proportions are reported in Iceland (26 %) and Norway (17 %).
- In the context of societal change, ESENER-2 findings reflect the continued growth of the service sector. The most frequently identified risk factors are having to deal with difficult customers, pupils or patients (58 % of establishments in the EU-28), followed by tiring or painful positions (56 %) and repetitive hand or arm movements (52 %).

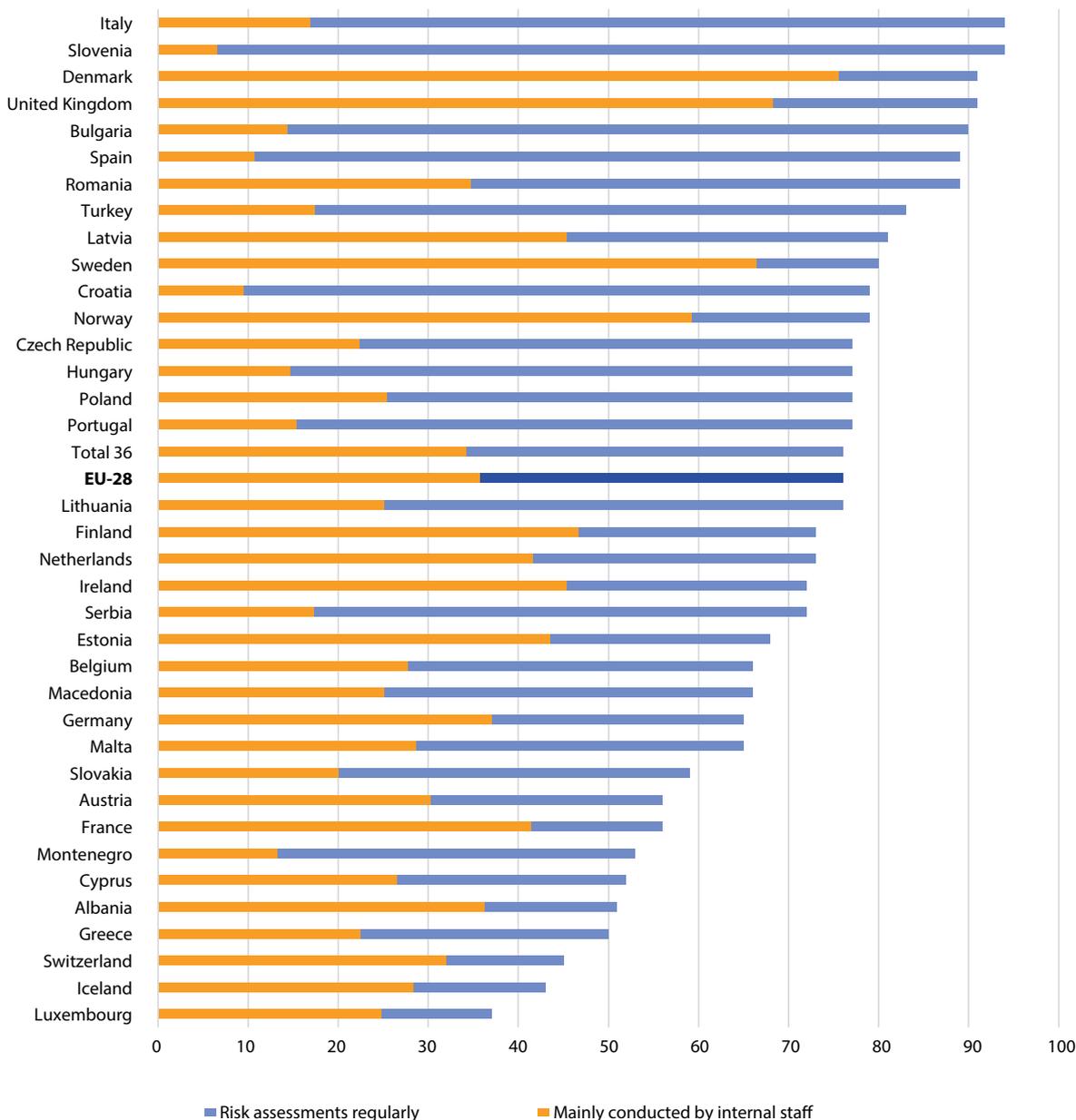
Figure 1: Risk factors present in the establishment (% establishments, EU-28).

Base: all establishments in the EU-28.

Note: psychosocial risk factors shaded in orange.

- Psychosocial risk factors are perceived as more challenging than other risks; almost one in five of those establishments reporting dealing with difficult customers or experiencing time pressure indicate that they lack information or adequate tools to deal with the risk effectively.
- Specifically among those establishments that report having to deal with difficult customers, patients or pupils, 55 % of those employing 20 or more workers report having a procedure in place to deal with possible cases of threats, abuse or assaults by clients, patients or other external persons (EU-28 average). This proportion rises to 72 % among establishments in education, human health and social work activities.
- These findings lead to the survey's results on **risk assessment**, the cornerstone of the European approach to OSH, as specified in the [EU Framework Directive on Safety and Health at Work \(Directive 89/391/EEC\)](#). ESENER-2 indicates that 76 % of establishments in the EU-28 carry out risk assessments regularly. As expected, there is a positive correlation with establishment size, whereas by country the values range from 94 % of establishments in Italy and Slovenia down to 37 % in Luxembourg.
- Interestingly, as shown in Figure 2, there are significant differences when it comes to the proportion of establishments where risk assessments are conducted mainly by internal staff. The country ranking changes significantly, being topped by Denmark (76 % of establishments), the United Kingdom (68 %) and Sweden (66 %). The lowest proportions are found in Slovenia (7 %), Croatia (9 %) and Spain (11 %).
- This does not conclude anything about the quality of these risk assessments — in some countries there may be a legal obligation to contract OSH services for such tasks — but in principle, and under the assumption that those controlling the work are in the best position to control the risks, all enterprises should be able to carry out a basic risk assessment with their own staff only.
- The majority of surveyed establishments in the EU-28 that carry out regular risk assessments regard them as a useful way of managing safety and health (90 %), a consistent finding across activity sectors and establishment sizes.

Figure 2: Workplace risk assessments carried out regularly and risk assessments conducted mainly by internal staff, by country (% establishments).

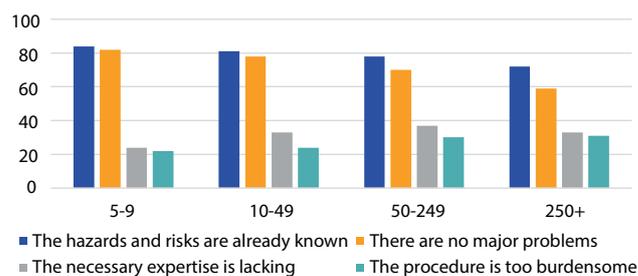


Base: all establishments, all 36 countries.

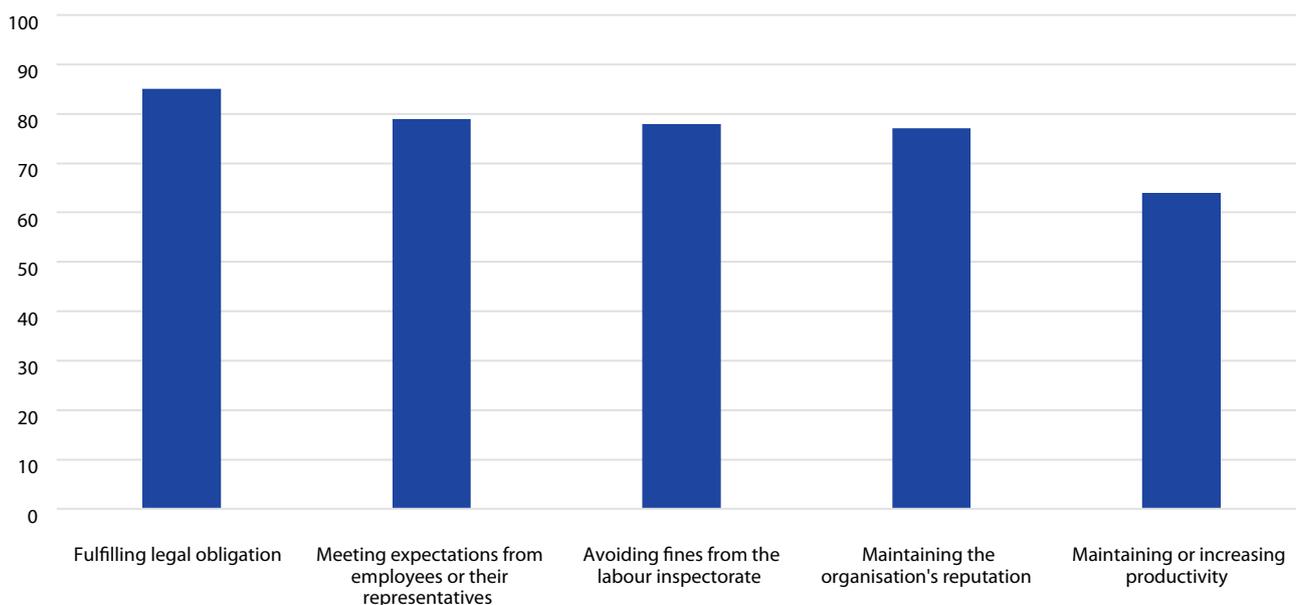
Note: data on risk assessments conducted mainly by internal staff asked to those establishments that report carrying out risk assessments regularly. Percentages in the chart recalculated with respect to the total base of all establishments.

- Looking at those establishments that do not carry out regular risk assessments, the main reasons given for not doing so are that the risk and hazards are already known (83 % of establishments) and that there are no major problems (80 %). These results represent 24 % of the surveyed establishments but still prompt the question of whether these establishments, particularly the smallest ones, actually have fewer problems or they are simply less aware of workplace risks. Interestingly, and focusing on the smallest size classes, they report less frequently than their larger counterparts that the procedure is too burdensome.

Figure 3: Reasons why workplace risk assessments are not carried out regularly, by establishment size (% establishments, EU-28).



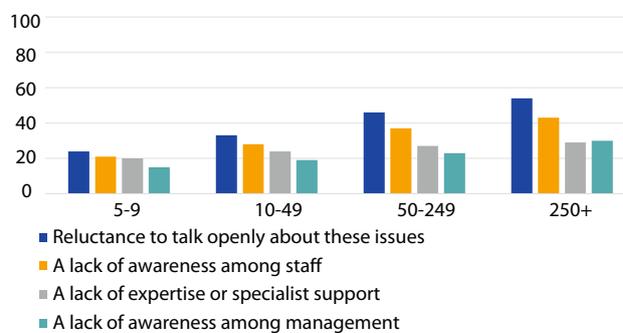
Base: establishments in the EU-28 that do not carry out risk assessments regularly.

Figure 4: Major reasons for addressing safety and health (% establishments, EU-28).

Base: all establishments in the EU-28.

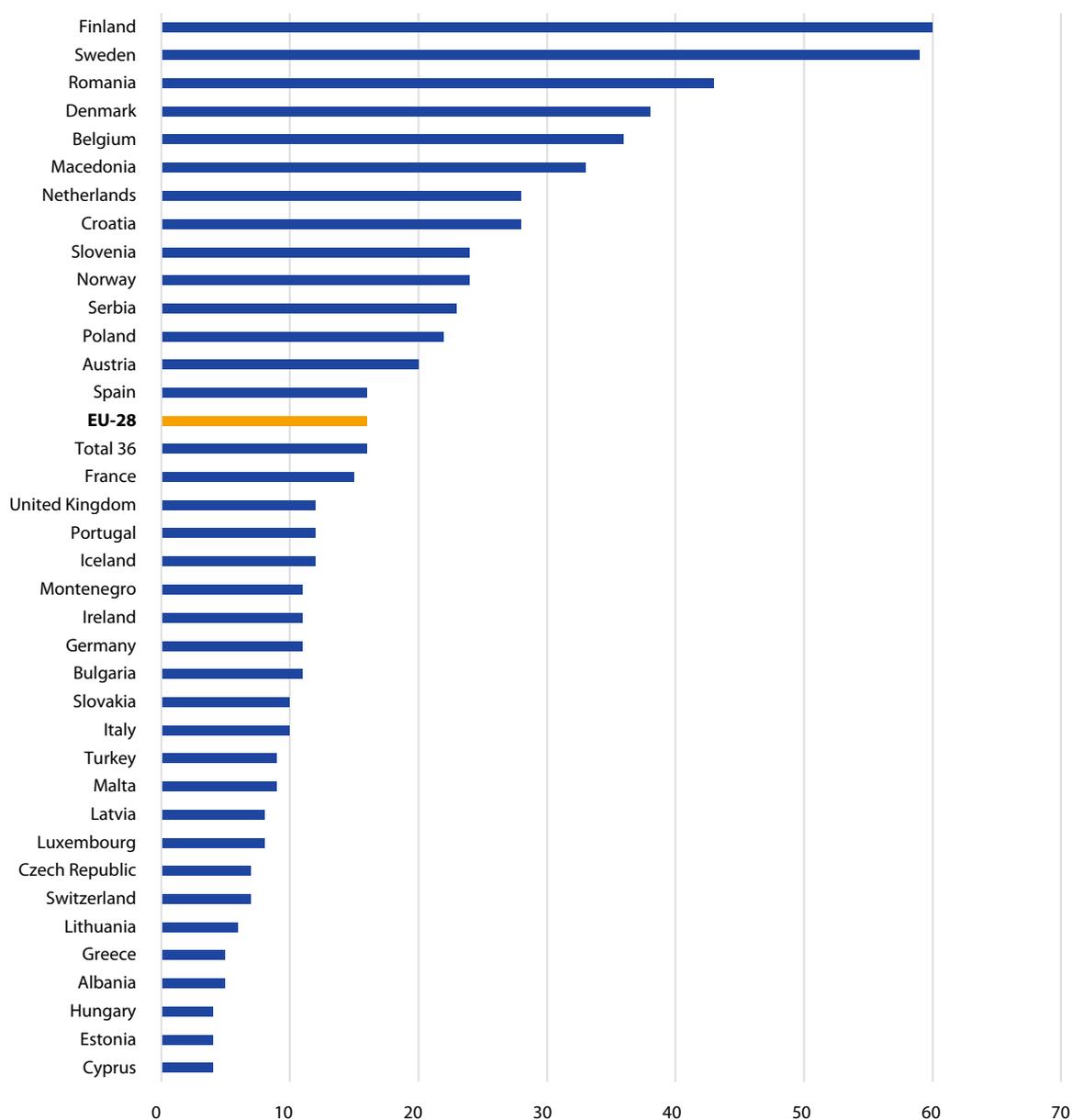
- Moving on to the **reasons that motivate enterprises to manage OSH**, fulfilling the legal obligation is reported to be a major reason by 85 % of establishments in the EU-28. There is a positive correlation with establishment size, whereas by country the proportions range from 68 % of establishments in Denmark to 94 % in Portugal. In some countries, particularly those that joined the European Union in 2004 and some of the candidate countries, the driver most frequently reported to be a major reason to address safety and health is maintaining the organisation's reputation.
- The second most important driver for action on OSH is meeting expectations from employees or their representatives. ESENER-2 shows that more than four in five establishments that carry out risk assessments regularly in the EU-28 (81 %) report involving their employees in the design and implementation of measures that follow a risk assessment.
- As shown above, some of the **psychosocial risk factors** are present in a significant proportion of establishments in the EU-28, namely having to deal with difficult patients, customers and pupils and time pressure. In the face of these findings, ESENER-2 shows that a reluctance to talk openly about these issues seems to be the main difficulty for addressing psychosocial risks (30 % of establishments in the EU-28). This, as with all the other difficulties, is reported more frequently as the establishment size increases.
- Slightly over half of all surveyed establishments in the EU-28 (53 %) report having sufficient information on how to include psychosocial risks in risk assessments. As expected, this

proportion varies more by establishment size than by sector, and varies particularly by country, the highest figures coming from Slovenia (75 %) and Italy (74 %) as opposed to Malta (35 %) and Slovakia (40 %).

Figure 5: Difficulties in addressing psychosocial risks, by establishment size (% establishments, EU-28).

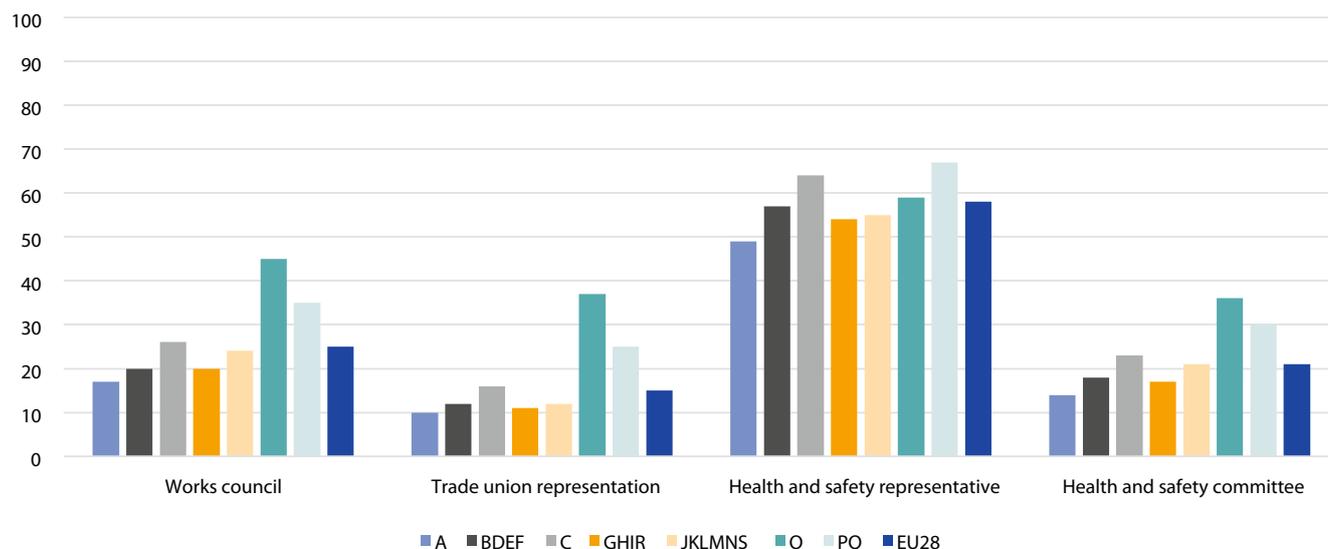
Base: establishments in the EU-28 that report the presence of at least one psychosocial risk factor.

- The use of safety and health services reveals occupational health doctors (68 %), generalists on safety and health (63 %) and experts in accident prevention (52 %) to be the most frequently used. Focusing on psychosocial risks, the use of a psychologist is reported by only 16 % of establishments in the EU-28. Interestingly, though, there are important differences by country: in Finland and Sweden around 60 % of the establishments report using a psychologist, be it in-house or contracted externally.

Figure 6: Use of a psychologist, in-house or contracted externally, by country (% establishments).

Base: all establishments, all 36 countries.

- Finally, as regards **employee participation**, and focusing on those establishments that report having used measures to prevent psychosocial risks in the three years prior to the survey, 63 % of establishments in the EU-28 indicate that employees had a role in the design and set-up of such measures. These findings vary by country, from 77 % of establishments in Denmark and Austria down to 43 % in Slovakia. Owing to the nature of psychosocial risks, it would be expected that measures in this area would bring direct worker involvement and an especially high degree of collaboration from all actors at the workplace.
- Concerning forms of employee representation, a safety and health representative was the most frequently reported figure: 58 % of establishments in the EU-28, the proportions being highest among establishments in education, human health and social work activities (67 %), manufacturing (64 %) and public administration (59 %). As expected, these findings are largely driven by establishment size.

Figure 7: Forms of employee representation, by activity sector (% establishments, EU-28).

Base: all establishments in the EU-28 — size depending on national thresholds for these representation forms.

NACE Rev. 2 sections: **A:** agriculture, forestry and fishing; **B, D, E, F:** construction, waste management, water and electricity supply; **C:** manufacturing; **G, H, I, R:** trade, transport, food/accommodation and recreation activities; **J, K, L, M, N, S:** IT, finance, real estate and other technical scientific or personal service activities; **O:** public administration; **P, Q:** education, human health and social work activities.

Survey methodology

- Interviews were conducted in the summer and early autumn of 2014 in establishments with five or more employees from both private and public organisations across all sectors of economic activity except for private households (NACET) and extraterritorial organisations (NACE U).
- Thirty-six countries were covered: all 28 European Member States, six candidate countries (Albania, Iceland, Montenegro, the Former Yugoslav Republic of Macedonia, Serbia and Turkey) and two European Free Trade Association (EFTA) countries (Norway and Switzerland).
- In total, 49,320 establishments were surveyed — the respondent being ‘the person who knows best about health and safety in the establishment’. By country, the samples ranged from about 450 in Malta to 4,250 in the United Kingdom (see national sample sizes at: <http://www.esener.eu>).
- The national reference samples were boosted — funded by the respective national authorities — in three countries: Slovenia, Spain and the United Kingdom.
- Data were collected through computer-assisted telephone interviewing (CATI).

- Fieldwork was carried out by TNS Deutschland GmbH and its network of fieldwork centres across Europe.
- Samples were drawn according to a disproportionate sample design which was later redressed by weighting.
- Efforts have been made to build samples that provide the necessary quality and ensure cross-national comparability.
- The questionnaire was developed by a team comprising experts in survey design and in OSH (particularly psychosocial risks), together with EU-OSHA staff.
- More information on the methodology of ESENER can be found at: <http://www.esener.eu>.

Further information

This report is a first look into the ESENER-2 findings, and conclusions should be interpreted with caution. More detailed results and analyses will become available at: <http://www.esener.eu>, and later in 2015 the ESENER data set will be accessible via the UK Data Archive (UKDA) of the University of Essex at: <http://www.esds.ac.uk/findingData/snDescription.asp?sn=6446&key=esener>.

Further analyses will be carried out throughout 2015–2016 and will be published in 2017.

Project management: Xabier Irastorza, European Agency for Safety and Health at Work (EU-OSHA)

***Europe Direct is a service to help you find answers
to your questions about the European Union***

**Freephone number (*):
00 800 6 7 8 9 10 11**

(*) The information given is free, as are most calls
(though some operators, phone boxes or hotels may charge you).

More information on the European Union is available on the Internet (<http://europa.eu>).

Luxembourg: Publications Office of the European Union, 2015

ISBN: 978-92-9240-608-0

doi: 10.2802/113548

© European Agency for Safety and Health at Work, 2015

Reproduction is authorised provided the source is acknowledged.

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work.

The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1996 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments and employers' and workers' organisations, as well as leading experts in each of the EU-27 Member States and beyond.

European Agency for Safety and Health at Work (EU-OSHA)

Prevention and Research Unit
Santiago de Compostela 12, 5th floor, 48003
Bilbao, Spain
Tel: (+34) 944 358 400
Email: information@osha.europa.eu

<http://osha.europa.eu>



Publications Office