

Worker participation in the management of occupational safety and health: qualitative evidence from ESENER 2

European Risk Observatory
Summary

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Executive summary

This report presents a qualitative study of worker representation on occupational health and safety (OSH) in the European Union (EU) and is a follow-up to the second European Survey of Enterprises on New and Emerging Risks (ESENER-2). It considers current practices within the EU and what these suggest about the influences that determine them. The study focuses on the representation of workers' interests in safety and health as experienced by the representatives themselves, by their fellow workers and by their employers and managers. It is based on in-depth interviews with participants in 143 different establishments of various sizes, consisting of equal proportions of small (between 10 and 49 employees), medium (between 50 and 249 employees) and large (more than 250 employees) establishments. These establishments are situated in seven EU Member States (Belgium, Estonia, Greece, the Netherlands, Spain, Sweden and the United Kingdom), representing a range of different regulatory and industrial relations contexts. The majority of the interviewees were selected from the population of respondents who had participated in ESENER-2 and who had agreed to be contacted for follow-up investigations. They were drawn equally from three sectors: private manufacturing, the public sector and private services. Their analysis was supported by a review of the literature and additional interviews with key informants in relevant organisations, as well as by a further quantitative analysis of relevant ESENER-2 data.

Key findings

The results of the secondary quantitative analysis of ESENER-2 broadly confirmed what had been expected based on the review of the research literature. The results add further empirical evidence to support the well-established association between the presence of arrangements for worker representation on safety and health and that of management arrangements for safety and health. That is, they demonstrate not only the existence of arrangements for worker representation in many European workplaces but also the existence of a large number of worker representatives who contribute to the operation of these arrangements, which are associated with best practices in relation to OSH management more generally.

The results therefore also corroborate and are consistent with the more detailed quantitative findings of ESENER-1. While, for various reasons having to do with the survey methods, they probably overestimate the presence of representatives in comparison with the more conservative estimates of most national surveys, the trends demonstrated are similar in national and European surveys in all the countries that were studied. However, these positive findings need to be considered alongside the evidence of the decline in worker representation on OSH in some countries; this is happening at the same time as a continuing decline in organised labour, to which it is probably related. As a result, while worker representatives and joint arrangements represent a significant contribution to the resources for preventive OSH in the EU, there is nevertheless a substantial proportion of workers who are not represented on OSH in their workplaces despite the statutory entitlements to such representation that exist in all Member States. Furthermore, many workers, such as those in smaller firms, are not covered by these statutory entitlements. In both situations, it appears that the proportion of workers without representation is increasing.

Some of the reasons for this partial and incomplete cover of workers with representation and joint arrangements can be found in the nature of the legislative measures on worker representation on OSH in many EU Member States. As previous research has shown, these are, in practice, facilitatory rather than compulsory, and they are seldom the subject of intervention or enforcement action by regulatory inspectorates. The measures rely on the influence of trade unions, workers' organisations in workplaces and employers for their implementation and operation. This report confirms that this is still the case in most EU Member States. Our qualitative findings further indicate that, with the possible exception of Sweden, there is very limited, if any, contact between regulatory inspectors and worker representatives in nearly all the establishments studied; there is even less indication of any regulatory intervention in support of worker representation.

This is only part of the story, however, as our review and analysis of quantitative evidence also indicate that, in at least some countries in these changing times, there has been not only a reduction in representative arrangements but also a parallel increase in other methods of consultation; in particular, employers increasingly claim to have adopted some form of direct consultation with workers on OSH matters. These changes hinted at the possibility of qualitative changes that might be taking place in the practice of representation, raising a host of questions that the quantitative data could not answer. They concerned, for example, the quality of representation, its operation, support for it and its character within establishments, as well as the qualities of the individuals and institutions involved and their means of engagement with representation on OSH. Such questions were the focus of the qualitative analysis, which, in turn, addressed patterns of representation and their relationship with risk management arrangements, support for representation and, finally, experiences of representing workers on OSH in establishments where there were no formal arrangements in accordance with statutory requirements on such matters.

Our study found strong qualitative evidence that confirms and corroborates previous research. Despite differences in statutory provisions and labour relations institutions, in most countries where some, if not all, of the preconditions for the effectiveness of worker representation identified in previous research are in place there was evidence of its continued effectiveness. Specifically, where there is a strong legislative steer; employer/management commitment to participatory approaches to OSH; supportive worker and union organisation inside and outside the establishment; and well-trained and well-informed worker representatives, there is robust evidence of autonomous worker-centred approaches to OSH among representatives and their representative institutions and a positive relationship between these approaches and the arrangements employers make to manage OSH in these establishments. Representatives in such establishments behaved in ways identified in previous research when engaging with managers, using the available regulatory support for their activities and seeking information and support to help them do so. This was the case in Belgium, the Netherlands, Spain, Sweden and the United Kingdom, and to a lesser extent in Greece and Estonia.

However, cases in which these practices were highly prominent were not in the majority among the 143 establishments. Indeed, they were exceptional. We have not attempted to quantify their presence in the different countries because we were not dealing with a representative sample and, therefore, such a quantification would be misleading. However, examples of worker representatives being able to operate in this way seemed to be more numerous in Sweden and possibly also in Belgium and the Netherlands. This may reflect, in part, the resilience of the trade union presence in establishments in these countries, as well as the continued national statutory support for organised labour institutions in workplaces, such as works councils and joint safety and health committees. More broadly, it may also be related to the resilience of corporatist institutions and path dependency in the varieties of capitalism represented by the political economies of these countries.

However, we found much that was of interest with regard to the effects of the changes that have taken place since the introduction or extensive revision of statutory measures on worker representation on OSH in the countries we studied. In many cases, there was evidence of the emergence of a different approach from that which previous research has found to be effective. In particular, the strong influence of managerial arrangements for OSH into which arrangements for worker representation on OSH appear to have been incorporated to varying degrees was evident in a substantial proportion of cases. Even when representation had not been incorporated into such systems, the guiding hand of managers was nevertheless often apparent in the arrangements made for worker representation on OSH and in their operation. This was true even in many cases where workplace organised labour institutions had quite a strong presence.

In all these situations, the behaviour of the representatives was often quite different from the so-called knowledge activism previously identified by some researchers as representing the most effective form of engagement of worker representatives on OSH. Indeed, their behaviour was more typically described as their being ‘the eyes and ears of safety managers’, both by managers and by the representatives themselves. A key finding from our qualitative research, therefore, is that a change may have taken place since the implementation of regulatory provisions that were largely based on pluralist assumptions

about the conduct of industrial relations and the capacity of organised labour inside and outside establishments to support the autonomy of worker representatives in their dealings with managers in regard to OSH.

The determinants of practice

Worker representation on OSH is strongly affected by its context, which influences both the processes and practices it involves as well as their outcomes. Previous studies have categorised such contextual determinants as:

- those within the establishment that have a direct influence on the presence and operation of arrangements for worker representation on OSH and on how representatives act;
- other internal determinants that influence the quality of representation on OSH more indirectly; and
- other determinants that operate largely from outside the workplace and act even more indirectly but are important in terms of how worker representation is both constructed and construed within workplaces.

Internal determinants include:

- establishment size and sector;
- knowledge held by employers, managers, workers and their representatives about regulatory requirements on worker representation;
- risk profiles of the establishment and the commitment of managers to introducing and supporting participatory arrangements for safety and health to address these;
- the relationship of these arrangements with those of the employer addressing OSH management more generally;
- institutional arrangements for worker representation on OSH in the workplace;
- the extent to which OSH is explicitly addressed in collective agreements in the establishment, or in other agreements made between employers and worker representatives;
- the extent to which representation on OSH is prioritised by organised workers in the establishment; and
- the awareness of OSH among workers.

Many of these determinants also help to influence which people are selected or appointed as worker safety and health representatives or committee members, what special skills they possess and their access to the training they may be entitled to receive. The determinants also influence the means that are used in practice to operationalise the various functions and entitlements given to representatives and/or committee members by statute or otherwise, that is, to enable them to carry out their roles.

There are also more indirect determinants of the presence and role of worker representation on OSH in establishments, such as:

- those relating to the organisation of employment within the establishment (e.g. the use of temporary or agency employees, contractors and subcontractors, and so on); and
- the organisation of work (e.g. shift patterns, the internal organisation of the labour process and work intensity).

These factors affect the presence and role of arrangements for worker representation, as do the extent of trade union membership and the role of representation on OSH within broader provisions for labour relations and collective bargaining in the establishment.

Other determinants, operating from outside an establishment, influence the ways things are done within it. For example, macro-economic factors related to the labour market influence job security, job flexibility

and the labour market power of individual workers, and this may have a bearing on the nature and extent of the arrangements that employers are prepared to make for representative participation, as well as on the ways in which representatives carry out their roles. Other external influences include the presence or absence of preventive services; the nature of external trade union support and commitment to worker representation on OSH; the nature of sector- or national-level agreements on procedures for collective bargaining and the extent to which these, or other agreements at these levels, refer to OSH; and the business position of the establishment in relation to its buyers and suppliers. Finally, although regulatory requirements on worker representation on OSH can be seen as a determinant operating within establishments, they have a wider role as elements of a nexus of regulation that applies to both OSH matters and labour relations. The effects of these regulatory requirements are, in turn, influenced by the compliance priorities and strategies of the agencies responsible for their administration and enforcement, which may be further dependent on the prevailing climate for governance, regulation and labour relations, as well as on the public perception of the risks subject to such regulation.

The following section briefly outlines what our findings suggest regarding the influence of some of the key elements of the determinants outlined above and the ways in which their influence has developed and changed since statutory measures on worker representation on OSH were introduced.

Workplace size and sector

Allowing for the heterogeneity of establishments overall and the differing national contexts, the research found the expected influence of workplace size on arrangements for representing workers on OSH. There was a greater prevalence of direct methods of consultation with workers in smaller establishments and little sign of formal arrangements for representation in these establishments. There was also a stronger sense of social cohesion and close personal relations between managers and workers in some smaller establishments. In the relatively few cases where formal arrangements were in place, managers had introduced them in conformity with certification standards and/or the demands of clients on which the organisation depended for its business. They were almost never the result of the demands of workers within the establishment and they did not usually include elected worker representatives. More often, they were arrangements for regular works safety meetings, or, occasionally, they involved the appointment of a workers' 'safety representative' by managers. In many of these smaller establishments, work — including arrangements for OSH — was subject to a greater extent to the influence of external determinants resulting from the nature of business relationships with clients than seemed to be the case in larger organisations. One exception to this pattern was found in Sweden, where comparatively high levels of trade union membership meant that nearly all of the smaller establishments had trade union members working in them and, as a result, had in place formal arrangements in accordance with statutory requirements.

The influence of the risk profiles of the establishments on both the presence of representative arrangements and their operation was less obvious. There were substantial differences in the presence and practice of arrangements for worker representation between manufacturing establishments and those engaged in public or private services; however, to explain these differences solely as responses to different risk profiles would seriously misrepresent the situation. While risk profile undoubtedly played a role in influencing the ways in which workers were represented on OSH, this was in combination with a variety of other features including, for example, different ways of organising work and employment, different external pressures in relation to resourcing and different expectations among workers, who might, for example, be predominantly manual workers, administrative workers or care workers, with different levels of qualifications, skills and professionalisation. These features acted to help determine the extent to which workers in different establishments were given responsibility for OSH management and the autonomy they were allowed in this regard. There were also different management and industrial relations institutions and traditions in the sectors, which further influenced the ways in which workers were represented on OSH at the establishment level. Finally, the power and presence of organised labour within workplaces had an influence. All these factors acted in concert with the risk profiles of the

establishments to influence the presence and operation of arrangements for worker representation on OSH.

A further sector- and size-related feature was the different arrangements that existed among establishments for involving external prevention services. These have also been discussed in previous research, which has demonstrated what the effects of national regulatory context, risk profile, workplace size and sector are on the availability, nature and uptake of prevention services. Some of these differences were reflected in the experiences reported in our study, as were differences in the rights of the representative institutions within establishments to influence the employer's choice of such services. Generally, representatives reported mixed experiences in relation to their contact with prevention services. Some representatives seemed to have had little say in the appointment of the providers of these services but were satisfied with the personal contact they had had with them. In some cases, external preventive services had conducted risk assessments without the representative's involvement, but the representative had subsequently been consulted on the results of these activities by management. Overall, the mixed experiences reported would seem to support extending the statutory requirements found in some Member States with regard to cooperation between preventive services and institutions for worker representation to all Member States, especially in relation to the right to veto the provider chosen to deliver such services.

Relations with safety management systems within establishments

A well-established and significant direct determinant of practice on worker representation is its relationship to the arrangements made by employers to manage OSH in the establishment, and this was clearly the case in the establishments studied here. There are, however, some disturbing developments. One of the products of the process-based regulation of OSH in the Member States of the EU has been the increasing adoption of management systems approaches to OSH, especially among larger organisations. As is well documented, these systems are widely accepted by employers as providing the framework for their compliance with regulatory requirements to manage risk competently and with the appropriate expertise — such as is provided in the now long-standing transposition of EU measures such as the EU Framework Directive 89/391. A further product of these measures seems to have been the widespread use of safety and health practitioners of one sort or another to help to operationalise the arrangements made for OSH in larger organisations. Therefore, both systems for managing safety and health and people designated as responsible for monitoring their operation were commonly present in the larger organisations studied in all sectors, and in the private manufacturing sector in particular. In many of these cases, not surprisingly, worker representatives who were dealing with OSH worked in close cooperation with the safety practitioners whose job it was to ensure the operation of arrangements for OSH management. The nature of this working relationship varied among establishments, as did the way in which it influenced the role of worker representatives. In some cases, such as those reported in detail from Sweden, good practice in this relationship required both managers and representatives to have a clear understanding that there were common procedures for the operation of safety management in the establishment and that both parties needed to use them competently. At the same time, it was acknowledged that such relationships allowed room for different perspectives on OSH issues, and consultative procedures were in place to resolve any conflict that might arise from these differences. In some of cases relating to the involvement of the works council in OSH activities, a similar approach was reported to be taken in the Netherlands. However, alongside these examples, there were many others in which the relationship between the representatives, the arrangements for managing safety and the managers operating them was less balanced. In these cases, widely reported from all the countries we studied, representatives functioned as part of the system for managing safety, usually following the lead of the responsible safety practitioners and often reporting to them. Questions arise with regard to why this was so and what has determined developments in this direction, as well as whether or not such developments have resulted in the effective representation of workers' OSH interests.

In many of the cases we studied, it appeared that the proximal reasons for the ways in which worker representation fitted into arrangements for OSH management had quite a lot to do with the personalities of the key players involved. For example, it was clear that some safety managers and prevention advisers believed themselves to have been instrumental in shaping the nature of the arrangements in place. Safety representatives and works councils had responded to their initiatives by fitting into these systems in roles and functions largely determined by the direction of the safety manager or prevention adviser, who assumed control over the whole operation of the system thus created. In these cases, representatives tended to defer to the perceived superior knowledge and expertise possessed by the safety practitioner, often turning to them as their major source of information and advice on OSH in the establishment.

However, it is also clear that there were other determinants that enabled safety managers and prevention advisers to assume these positions and exercise such control. A more in-depth qualitative analysis than was possible in this study of the relationships involved in risk prevention within workplaces and the contexts in which it occurs is required before definitive conclusions about these underlying determinants can be arrived at. However, when the information we have obtained from these cases is combined with the wider research presented in recent research literature on the structure and organisation of work today, public perception of risk and the role of regulation, as well as on the nature and role of power in workplace relations, the character of these determinants seems fairly clear. While the prominence of OSH management arrangements is, in part, explained as a combination of employers responding to process-based regulatory requirements by adopting OSH management systems and the appointment of specialists to deliver the OSH competence that is also a statutory requirement, in many cases the incorporation of worker safety representatives into these arrangements was arguably also influenced by the particular character of the OSH management systems in question. In our study, these were often dominated by behaviour-based approaches that militated against an autonomous role for worker representatives. This occurred particularly in cases where there was also a reduced presence of organised labour both within and outside establishments, and where organisational and structural changes in the nature of both work and employment reduced opportunities for representation. In these situations, the influence of wider changes in public understanding of both collective action at work and regulating OSH could also be seen.

Influence of union membership and other arrangements for collective bargaining in establishments

Trade union membership within establishments has both a direct and an indirect influence and is an important determinant of arrangements for worker representation on OSH. In some countries, such as the United Kingdom and Sweden, it directly affected the kinds of arrangements in place. In all countries, unions and the wider arrangements for collective bargaining that they have usually helped to create have an indirect but nevertheless important influence on the form and practice of worker representation on OSH. The research literature, as well as trade union rhetoric, suggests a 'preferred model' in which worker safety and health representatives ideally operate from within the workers' collective organisation in establishments; the representative is supported by the organisation's prioritisation of OSH in collective agreements with employers, as well as by the activities of the other representative institutions in the establishment. In this model, representatives are trained and informed by trade unions using worker-centred education techniques that combine an understanding of the representative role with that of technical and legal matters relating to OSH.

We found that, in establishments in virtually all of the countries we studied, where there was a strong presence of organised labour (whether through union organisation or through works councils) and OSH issues were prioritised, there was usually effective representation of these issues to management. However, the way in which such representation occurred varied across a spectrum ranging from conflict to consensus and, as the previous subsection suggests, the cases we studied provided quite strong evidence of its moderation by the arrangements for OSH management put in place by employers. An extreme consequence of this was the virtually complete incorporation of the safety representative's role

into the safety management system, but more balanced forms of cooperation were evident in some cases. In Sweden, for example, testimonies from both safety representatives and their managers made clear that, while consensus on OSH was the stated objective of dialogue between representatives and managers, they respected each other's entitlement to different perspectives on the nature of OSH problems and the best solutions. This was largely because of the strength of the trade union organisations within the workplace and sector. It was also because the role of trade unions continued to be acknowledged in society in general, resulting in an acceptance of norms regarding worker representation. This remained influential in the cases we studied, despite the significant erosion in trade union density in Sweden in recent decades. Equally important in this respect was the legitimacy afforded in Sweden to the autonomous actions of safety representatives in exercising their statutory rights to stop dangerous work and to appeal to the regulatory agency when, in their view, employers failed to take appropriate measures on OSH.

Essentially the same patterns were observed in countries where, unlike in Sweden and the United Kingdom, trade unions were not mandated by statute to represent workers on OSH. In countries such as the Netherlands (where works councils take on this role), Belgium (where it is the role of a joint committee) and Spain (where safety delegates operate alongside union delegates), the cases we studied demonstrate that in situations in which workplace worker organisation is strong, the representative role on OSH is supported by trade unions both inside and outside the workplace. Where the worker organisation sought to prioritise actions on OSH among its concerns, there was little difference between practice and outcomes in these cases and in those in countries, such as the United Kingdom and Sweden, where trade union involvement was more direct. There were also other situations, albeit less common, where conflict between workers' interests and those of managers was openly acknowledged and where strong collective organisation, supported by trade unions, sought to represent and protect workers' interests. It would appear that strong collective arrangements were helpful in enabling representatives to achieve the protections that they sought for workers in such scenarios.

A further finding on the influence of institutional arrangements for labour relations on arrangements for representation on OSH relates to the role of collective agreements. The early research literature on worker representation on OSH often pointed to the potential benefits of including details of arrangements for OSH representation in such agreements at both establishment and sector level. This would enable such details as entitlement to take time off for representative activities and training to be spelled out, and would make it possible to jointly determine provisions that might go further than the statutory requirements. However, in the cases we studied there was little knowledge of such agreements and it appears that, even if they existed at some level, they were in the main perceived to have limited influence on workplace practices.

Significantly, in many cases from across all countries and sectors, workplace organisation (whether trade union or otherwise) did not have a strong presence, and it was in these situations that worker safety and health representatives were most likely to be absorbed into employers' arrangements for safety management. In other cases where weaknesses in collective organisation were evident, representatives had not been incorporated into management arrangements. Instead, they had been marginalised by managers with safety and health responsibilities and, at the same time, they often struggled to maintain a profile in the eyes of their fellow workers, who questioned their relevance. In such situations, the representatives were aware of the limitations of their effectiveness and often frustrated by their inability to make their presence felt. The absence of support from an effective union organisation in the workplace, combined with a lack of involvement of regulatory inspectors with the establishment, left them with few resources at their disposal or little ability to influence OSH arrangements.

However, it was not only in cases where there was little worker organisation in the workplace that representatives were incorporated into employers' arrangements for OSH. There were cases in nearly all countries where it appeared that, although there was workers' collective organisation in the establishment, representation on safety and health functioned more or less separately from it, with the OSH representative working more closely with the safety manager or prevention adviser than with the union or worker organisation in the workplace. Furthermore, in these workplaces systematic approaches

to safety management had been adopted, often along lines required by certification standards. Moreover, this was a situation that the interviewees — whether representatives, workers or safety managers — generally found to be acceptable. We think this is an interesting development that requires further study. It is not possible to judge from the cases studied how widespread this trend is, or the extent to which it reflects a decline in trade union influence or the consequences of an acceptance of the dominant ‘expert’ approach to OSH on the part of trade unions. Whatever the cause of this trend, however, it represents, as we have already pointed out, a set of relations with regard to OSH that are a far cry from the ‘knowledge activism’ that previous research has claimed characterises more effective forms of representative engagement with OSH.

Overall, therefore, we conclude that the cases studied confirm that collective organisation, within and outside workplaces, remains an important determinant of effective representation on OSH. However, the interviews suggested that such organisation was by no means ubiquitous across the establishments studied, and the lack of organisation often left representatives feeling unsupported, marginalised and even, in some cases, vulnerable. In other cases, including some in which institutions for collective representation of workers’ wider interests were present, those relating to OSH were largely subsumed into the safety and health management systems in the establishment. In such cases, the capacity of worker representatives to deliver autonomous representation of workers’ separate interests in OSH was reduced.

Influences of the employment contract

Many of the structural and organisational changes associated with a diminished role for collective representation within workplaces in the current economic climate in the EU also serve to change the nature of the risks that are faced by workers and, arguably, increase their vulnerability. Quite a large body of research demonstrates that increased outsourcing of work, increasing use of external contractors, rising numbers in micro and small firms, temporary and migrant labour, zero hours contracting and so on create situations in which new and emerging risks take on greater significance. Furthermore, the workers who experience these risks and the work situations in which they occur may be less accessible to conventional forms of protection, whether through collective representation or regulatory inspection. Further research indicates that, in most EU Member States, as elsewhere, the power of organised labour has been substantially eroded and resources for inspection reduced, with a parallel reduction in enforcement actions. In addition to these changes in the organisation of employment, equally well-documented changes have led to work intensification and to the introduction of more demanding work patterns, as well as to greater accountability and surveillance of performance. All of these have been seen to contribute to important increases in time off work resulting from mental and emotional stress and fatigue, as well as to other harms associated with increased psychosocial risks.

It would be surprising if these developments had not been felt by workers, managers and employers in the cases we studied since, as the national reports detail, they are a significant element of the changes that have occurred in the wider economic and regulatory profiles of the countries from which they were drawn, and, indeed, their effects were reported in the interviews. For example, some representatives reported difficulties when dealing with contractors and their workers or, conversely, in accessing the client employer when it was they who were working for a contractor. Representatives also reported difficulties when trying to represent the interests of workers from temporary employment agencies, casual workers and others who worked largely beyond the reach of the conventional institutional nexus of labour relations procedures created by the employment contract. In addition, they reported frustration caused by lack of consultation and inability to influence planning of work as a result of decisions taken by employers to meet the price and delivery demands imposed by clients or buyers. With regard to psychosocial risks, while there is widespread and growing recognition that these are a significant problem in all sectors, there remains a paucity of solutions that emphasise the representation of workers. The main reason for this is that root causes of psychosocial risks, which are found in the way in which work is organised by establishments, largely lie beyond the remit of the safety management system and, therefore, beyond what is regarded as the legitimate remit of most safety and health representatives.

This is not to say that there were no examples of good practice in relation to these challenges. For example, Swedish provisions extend the remit of safety and health representatives not only to workers who have the same employer as the representatives, but also to the employees of contractors. There were also examples of cases where representations had been made on behalf of workers who were not covered by the standard employment contract. In relation to psychosocial risks, there were some examples among the cases studied of effective management involving representatives, and even cases where representatives and sometimes their trade unions had taken successful unilateral initiatives to address psychosocial risks.

However, generally, the effects of the changes that have occurred in the nature of work and employment on the representation of the safety and health interests of workers were quite difficult to measure. They had occurred over a period of time and were often accepted by workers and their representatives as aspects of employment over which they had no influence. Indeed, the insecurity that they generated in relation to employment often served to reinforce the feeling among workers and representatives that they were matters that were beyond the reach of representation — a feeling that may have been further reinforced by the declining influence of organised labour. Many of the consequences of change were also frequently regarded as lying outside the specific remit of both safety management and representation on OSH. This observation gives pause for some reflection, since it seems that challenges to workers' health and well-being that have resulted from changes in work and employment in recent decades have often not been understood by the affected workers or their managers as having anything to do with 'occupational safety and health'. A possible explanation for this might be found in the significant change that the meaning of this term has undergone in recent times.

Change in what is valued

Even if at first they might seem a little distant from worker representation on OSH at the establishment level, two further changes in the way in which OSH is understood in wider public discourse are relevant. On the one hand, as already pointed out, 'occupational safety and health management' has become almost synonymous with 'safety management' in the lexicon of the practices and procedures that employers are obliged to follow under process-based regulatory requirements. Emerging risks of restructuring and reorganisation mainly originate in a variety of forms of employment degradation and work intensification, which occur at some distance from the set of activities embraced by concepts of 'safety management'. As a result, the focus on proximal events, such as physical incidents, behavioural patterns, housekeeping standards and safe working practices, as well as safe plant and workplace standards and measurements, effectively excludes scrutiny of structural and organisational elements of modern work practice that affect the working conditions and well-being of workers. When worker representatives are incorporated into this system by safety managers, it also reduces or entirely removes the potential of representative participation on OSH to identify and intervene in the prevention and monitoring of these emerging risks. In practice, this has led to a host of potential OSH issues that are products of the ways in which work and employment are organised and of how employers conduct business in response to cost-efficiency and competitiveness pressures, which are regarded by representatives and managers alike as existing beyond the influence of worker representation on OSH.

On the other hand, at the same time as these developments have taken place, and related to them in some respects, quite a profound change has occurred in public discourse about safety and health at work in some countries. As the structure of work has changed from an industrial to a service-based economy, the influence of organised labour has been reduced, and neo-liberal political prescriptions have become increasingly accepted as the norms of public discourse, greater individualisation has occurred in many elements of the employment relationship, with a parallel growth in management prerogatives. As a result, as many researchers have noted, there has been not only an erosion of organised labour and employment rights for many workers, but also an increase in the extent to which they have been made individually responsible in relation to OSH matters. These changes have been more strongly apparent in some EU Member States than in others and have attracted greater analysis in these countries too. In the United Kingdom, for example, a combination of media influence and neo-

liberal political strategies have served to trivialise OSH issues in the public eye, directing public perception of workplace risks away from the damage they can cause and instead towards the supposedly harmful effects of regulation on personal freedoms. Of course, the wider intent of these developments is considerably greater than changing the nature and purpose of safety and health regulation and its enforcement. They are part of a way of thinking that is intended to achieve cultural change in British society in keeping with neo-liberal precepts, in accordance with which an effort has been made to influence prevailing societal norms regarding the freedoms and responsibilities of individuals in economic and social life.

In the United Kingdom, worker representation on occupational safety and health currently takes place within this context, and it would certainly be surprising if this had not had an effect on how such representation is perceived and practised in British workplaces. Indeed, in many respects the representation of the collective interest in protecting workers from harm would seem to be profoundly out of step with the dominant discourse in the media and in political thinking about the value of regulating OSH. Determining how widespread these changes in the values of public discourse on OSH in EU Member States were more generally was beyond the remit and resources of this study. However, if, as the British literature makes plain, in the United Kingdom such approaches have been conveniently exploited by current governance in support of economic policies to stimulate business growth, it seems highly likely that broadly similar patterns will be nascent in other countries where the aim of national economic policy is the same. Clearly, organised worker resistance to these processes is inconvenient at all levels. It is surely not lost on some employers that one small way in which this can be avoided at the establishment level is by incorporating worker representatives into OSH management systems that are operated by safety managers or prevention specialists – as had been done in many instances reported in our study, both in the United Kingdom and elsewhere.

The impact of economic crises

Many of the wider trends in work and employment noted in this study operate on a global scale and are widely seen as the consequences of globalisation of the economy more generally. As is universally acknowledged, the trajectory of economic globalisation has not proceeded without a hitch. It was subject to a particularly serious crisis in 2009, an event that affected every Member State in the EU, but which led to more profound changes in the political economies of some Member States than in those of others. Two of the more profoundly affected Member States were included in this study and it is instructive to examine the extent to which respondents in these countries perceived their arrangements for worker representation on OSH to have been influenced by these developments.

In Spain, the worker representatives perceived the economic crisis to have had two main effects: companies prioritised their concerns about production and costs over dealing with demands from representatives for OSH improvements; and companies were generally less willing to accede to such demands. Interviewees claimed that the stress created by insecure employment and increased workloads had negatively affected workers' health. Representatives suggested that the greatest barrier to the improvement of OSH outcomes in Spain now is companies' need to improve production and productivity to keep abreast of global competition. They argued that this pressure had made employers more demanding of their workers, in terms both of more and more extra hours over longer periods of time and improved productivity.

Similarly, in Greece revised legislation since the crisis in 2009 has resulted in substantial changes to collective bargaining; respondents in the study saw these changes as being generally unfavourable to trade unions and workers. Labour market features such as job insecurity, job mobility, flexible working patterns, subcontracting and so on had increased. Privatisation of several public organisations had also begun, and civil servants' jobs had become less secure. Restructuring and downsizing placed additional workloads on employees and reduced the time available for representative activities on OSH matters. This resulted in hard-pressed unions and their representatives not prioritising OSH matters and the formation of health and safety committees being discouraged. In some of the Greek cases that focused

on large public sector services, such as hospitals or municipal administrations, there were reduced OSH personnel, and the budget for OSH was also reduced. Worker representatives in these organisations felt that there was little room to play their role, and a strong focus on cost savings everywhere made worker representatives and management reluctant to demand more resources for OSH issues. Management commitment to OSH was affected, since the available means were not sufficient to sustain standards that had been in place prior to the crisis. In the Greek establishments that had worker representation, job insecurity was reported by several trade unions. In these situations, established trade unions remained active despite the economic crisis, but labour issues were the priority for worker representatives in many companies.

In most of the north-western European countries in the study, the crisis was perhaps not experienced quite as sharply as in Spain or Greece. However, the processes of post-crisis reforms in these countries were in many cases the same as those of work restructuring and reorganisation, with reductions in protective regulation, trade union rights and the resourcing of regulatory enforcement occurring, albeit at different rates, in all the countries in the study. As a result, many embattled trade unions and workplace worker organisations indicated that they had little time to focus on OSH, because their primary focus was on the very survival of their jobs and their workplace organisation. In short, all of these processes threaten what previous research has established as a precondition for effective worker representation on OSH in accordance with statutory models and are therefore of serious concern.

Concluding remarks

This was primarily a qualitative study and has aimed to provide a detailed analysis of the processes that explain its empirical findings. As with all qualitative studies, it has not set out to provide robust or representative quantitative analysis. Caution is therefore warranted before claiming too much for the quantitative representativeness of the patterns of worker representation and participation on OSH that we have identified in our cases. That said, we have nevertheless studied and compared a very rich and varied range of practices on worker representation in this study and we discuss how many of their features can be linked to the influence of underlying determinants in the workplace and beyond. These linkages remain valid despite caveats relating to quantitative representativeness.

We have undertaken a comparative study and we have noted differences between regulation and institutional arrangements for worker representation in various countries in Europe. However, what stands out in our findings is not the differences between countries but the similarities between them in workplace practices and the relations that determine them. This applies to both the nature of support or preconditions for effective worker representation on OSH in different countries and the factors that undermine them, which would appear to be converging towards a changed situation with regard to the representation of workers on OSH in European countries generally.

In this respect, we think this study goes further than previous research in demonstrating the effects of changes that have taken place since regulatory provisions on worker representation on OSH were first introduced. While our findings confirm much that is already known from previous studies, they are distinguished by the rich and varied forms of worker participation on OSH that they describe. Furthermore, they show that arrangements for representative participation identified by previous research to be effective are now in evidence only to a reduced extent, or not at all in many establishments. If we accept that our sample probably included a larger than average proportion of cases in which respondents believed that they had something positive to say about their arrangements for worker participation on OSH, the fact that it shows such a limited presence of arrangements deemed to be effective in previous studies might be considered a surprising finding.

However, perhaps this is not so surprising after all, as our findings also confirm the existence of strong connections between the nature of the practices that appear to predominate in approaches to worker participation on OSH today and prominent features of the current organisation of work and employment. These features characterise not only labour relations, safety management and the organisation of work and employment within establishments, but also other equally important determinants of the position

and practice of worker representation on OSH, which exert an influence from outside establishments. These include patterns and trends in the content and enforcement of regulation not only on OSH specifically but also on labour relations, working conditions, labour standards and, more widely, the freedoms of business. They also include long-term changes in the sectoral composition of work, increased outsourcing and patterns of fragmentation in the organisation and management of work, growth in numbers of small and micro enterprises, temporary and migrant employment, and generally more insecure work. In parallel, in many countries, there has been not only a major decline in trade union density, but also a reduction in levels of industrial action by organised workers, and related developments. What seems to be the most obvious consequence of these wider changes is a deepening of management hegemony, widespread if not universal, and the decline of oppositional, pluralist ideology and arrangements for worker representation on OSH.

We therefore conclude that the patterns we have seen in the practice of worker representation on OSH in the cases studied and the parallel changes occurring in all of these determinants are related. The latter changes are emblematic of those that have occurred more widely across political economies and which now predominate in the Member States of the EU. We further conclude that it is these changes and the political support for them that have led to the reduced presence of preconditions previously identified as important for the effective operation of worker representation on OSH. Under these circumstances, our study provides some evidence of a growing divergence between statutory provisions and current workplace practices.

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 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

