

Psychosocial risks in Europe

Prevalence and strategies for prevention

Joint report on psychosocial risks between Eurofound and EU-OSHA

International conference “How can we achieve the health
and satisfaction of workers through better organisation of
work and better leadership?”

Brdo (Slovenia), 13 October 2014



Psychosocial risks in Europe

Prevalence and strategies for prevention

Eurofound

EU-OSHA

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Prevalence and strategies for prevention

- Working conditions and psychosocial risks in Europe (EWCS, EurWORK and other Eurofound research)
- Management of psychosocial risks in European establishments (ESENER)
- Policy interventions and initiatives
- Organisational interventions
- Conclusions

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Psychosocial risks in Europe

Prevalence and strategies for prevention

25% of workers
experience work-
related stress

25% of workers
report that work
affects their health
negatively

Psychosocial risks in Europe

Prevalence and strategies for prevention

Job content (monotonous, repetitive and complex tasks / skills mismatch / restructuring)

Work intensity (high speed, deadlines, job done) and autonomy (changing tasks, methods of work and speed of work)

Working time arrangements and work-life balance (working hours, regularity, fit between work and social commitments)

Social environment (relationships, adverse social behaviour, conflicts)

Job (in)security

25% of workers experience work-related stress

25% of workers report that work affects their health negatively

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Prevalence and strategies for prevention

Job content (monotonous, repetitive and complex tasks)

- Example: “monotonous job” is reported by 45% of workers

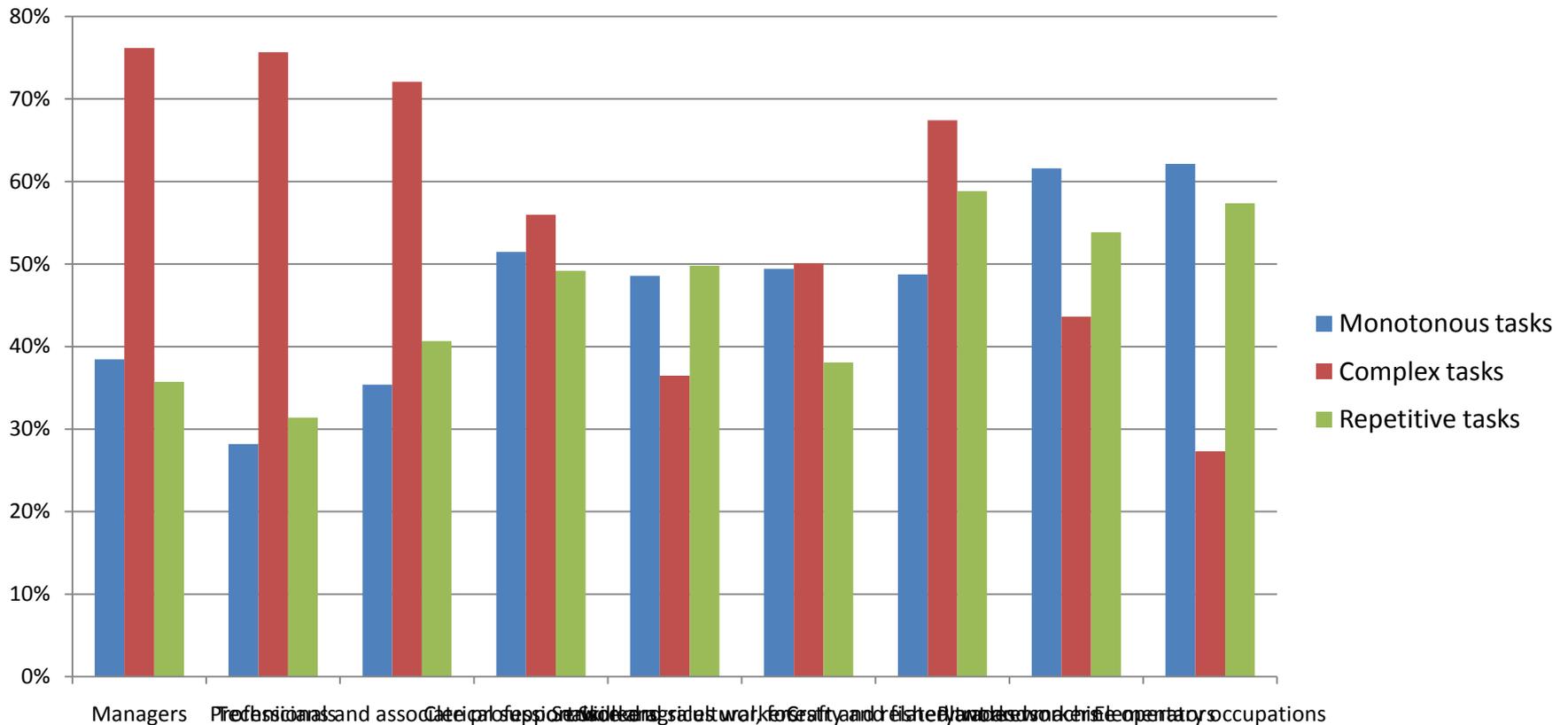
Work intensity (high speed, deadlines, job done)

- Example: “high speed” is reported by 59% of workers

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Prevalence and strategies for prevention

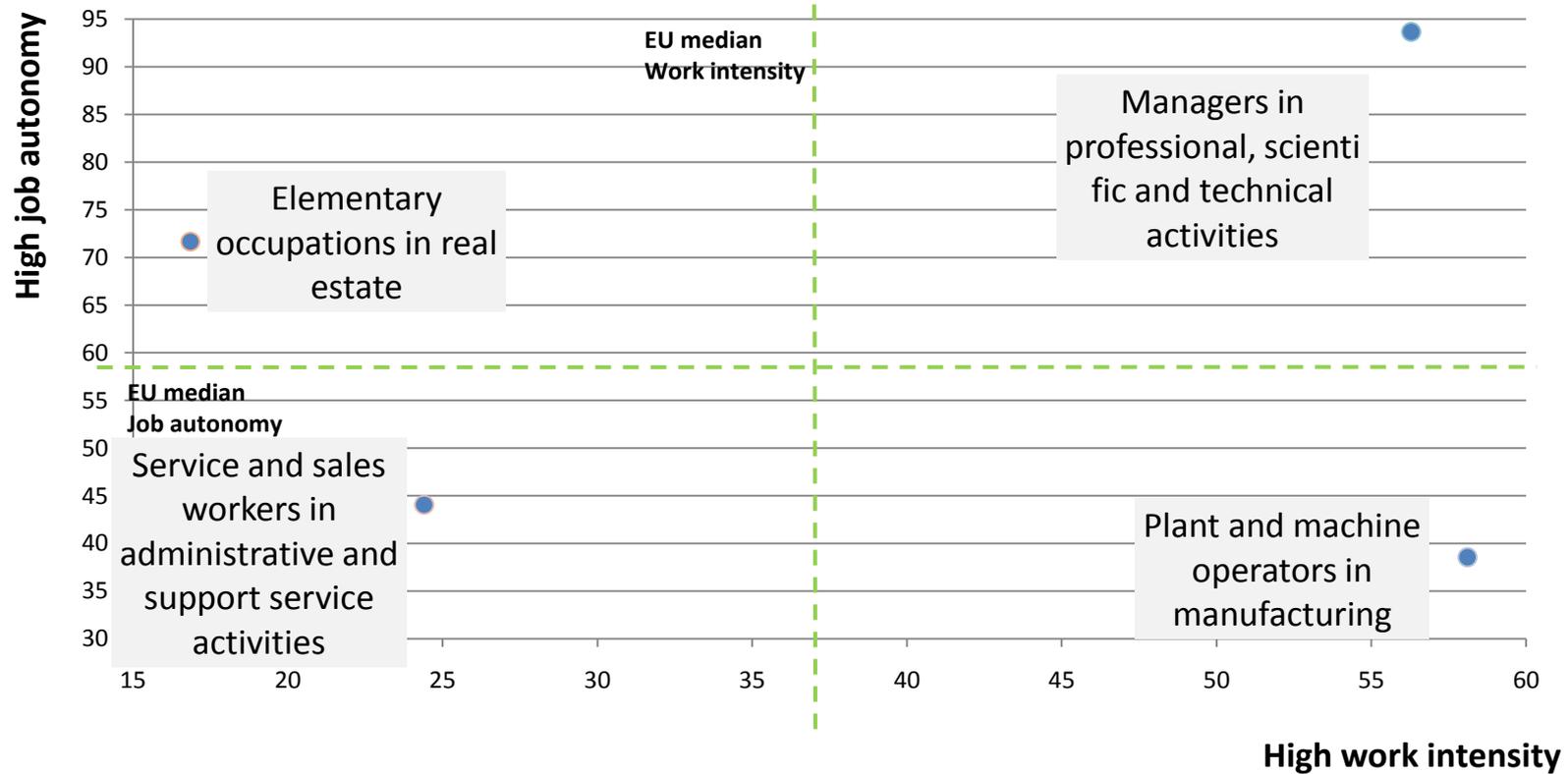
Job content-related risks are distributed differently across major occupational groups



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Prevalence and strategies for prevention

Plant and machine operators and managers are occupations with high work intensity but they differ in their work autonomy



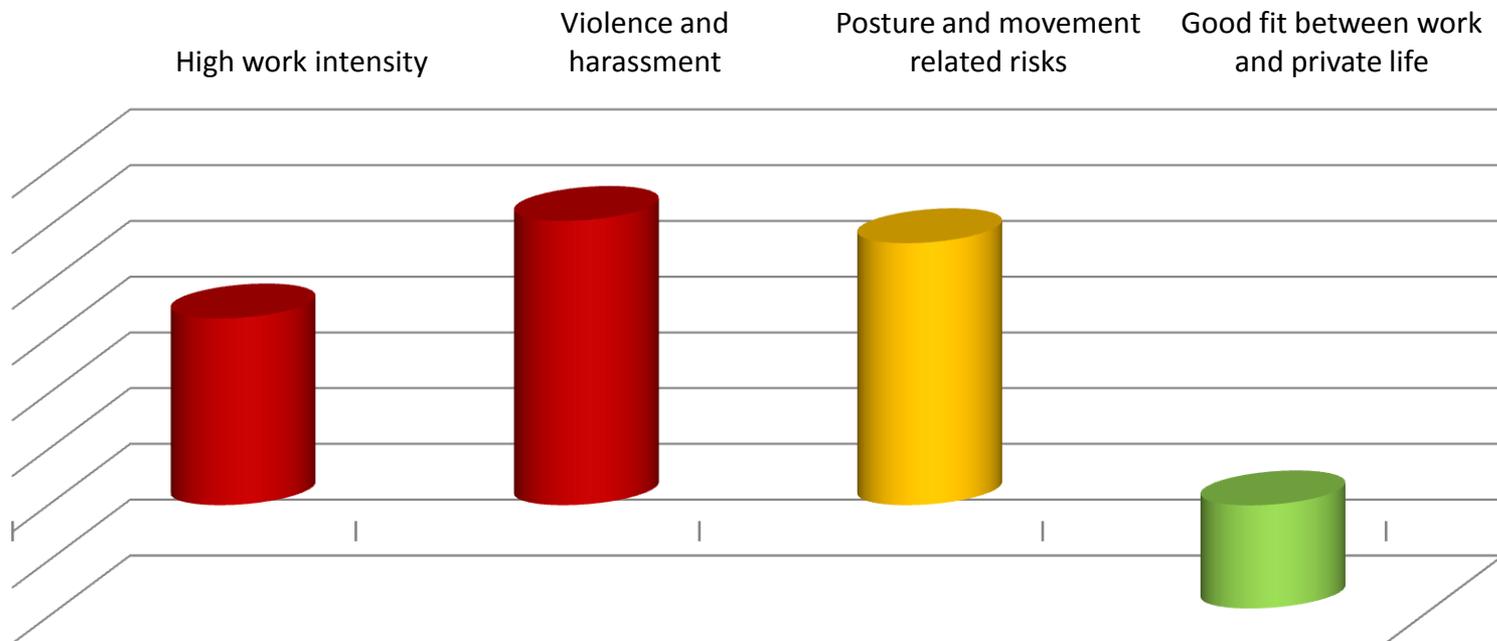
Working conditions related to psychosocial risks are associated with the health and well-being of European workers

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Prevalence and strategies for prevention

Violence and harassment is highly associated with negative general health outcomes, even at a higher level than physical risks

Relative probability of a worker reporting that work affects their health negatively

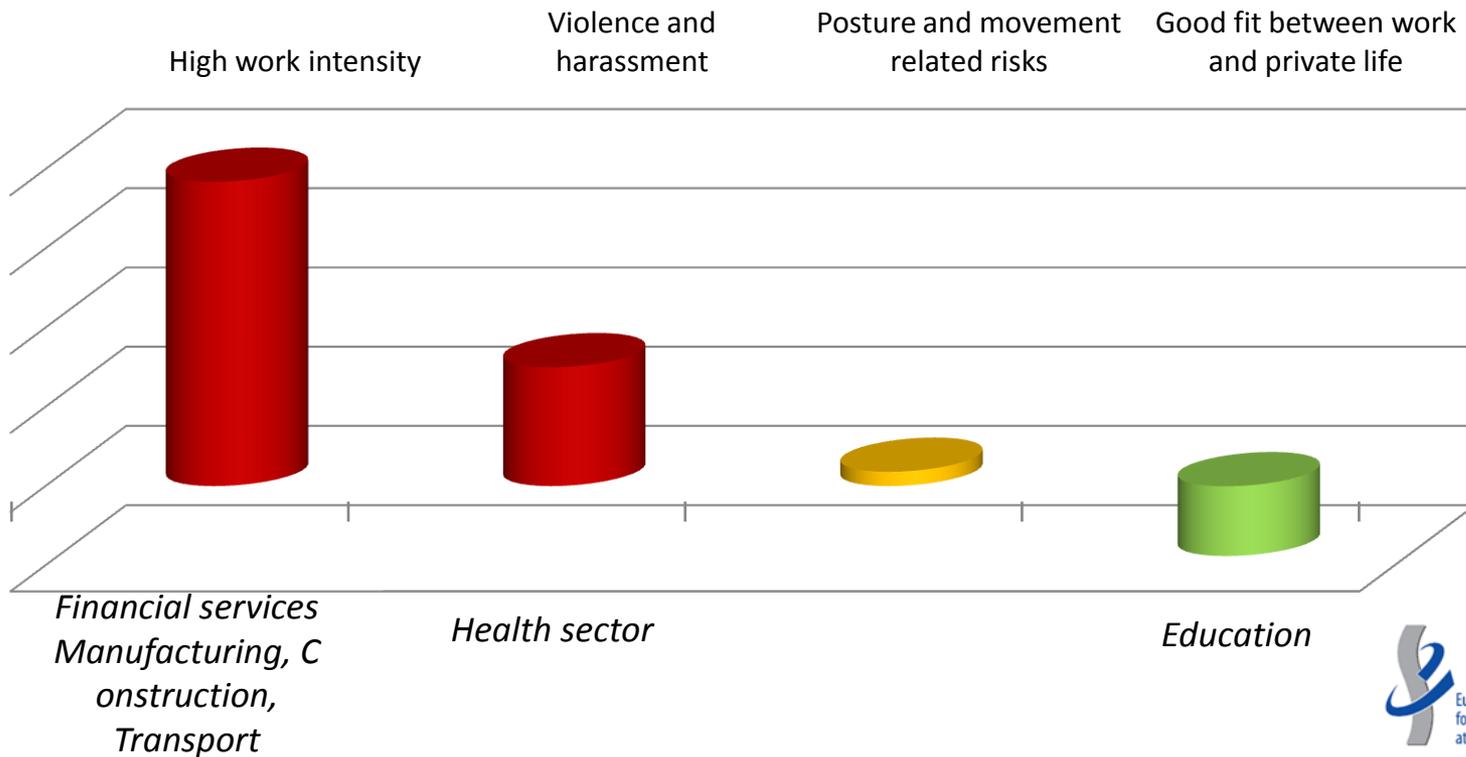


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High work intensity increases the probability of workers experiencing “stress” always or most of their working time

Relative probability of reporting work-related stress

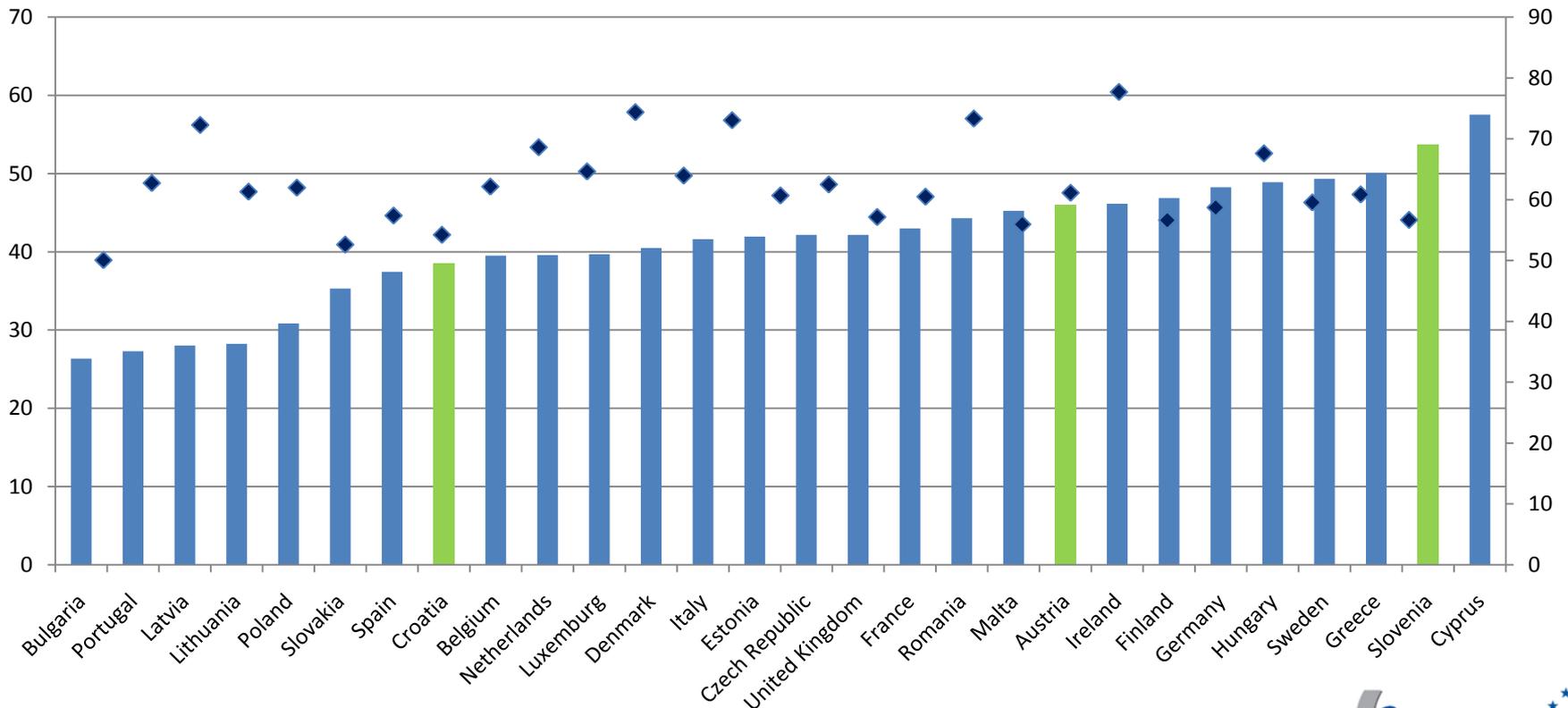


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Prevalence and strategies for prevention

In Slovenia, levels of work intensity are comparatively high, while workers' autonomy is at average EU28 level

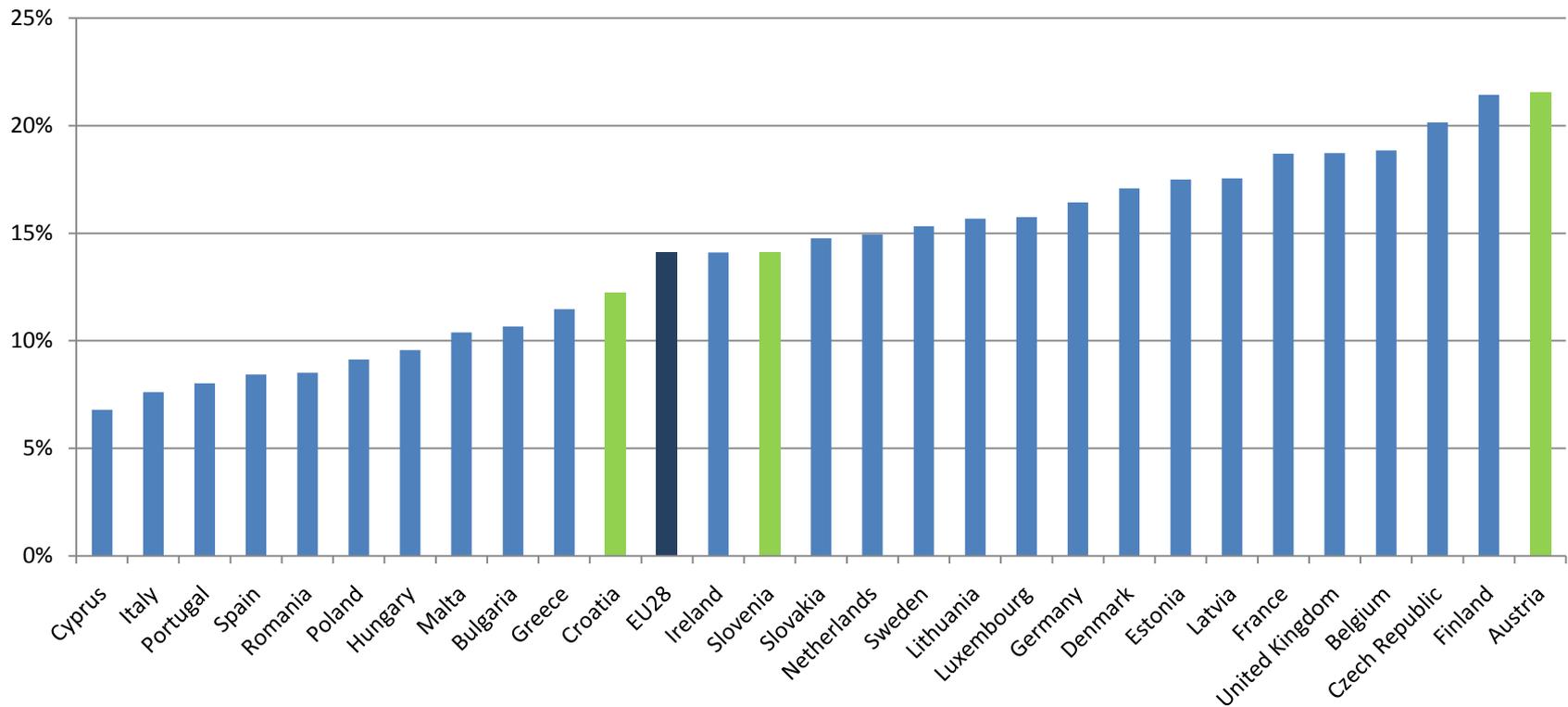
■ Work intensity ◆ Job autonomy



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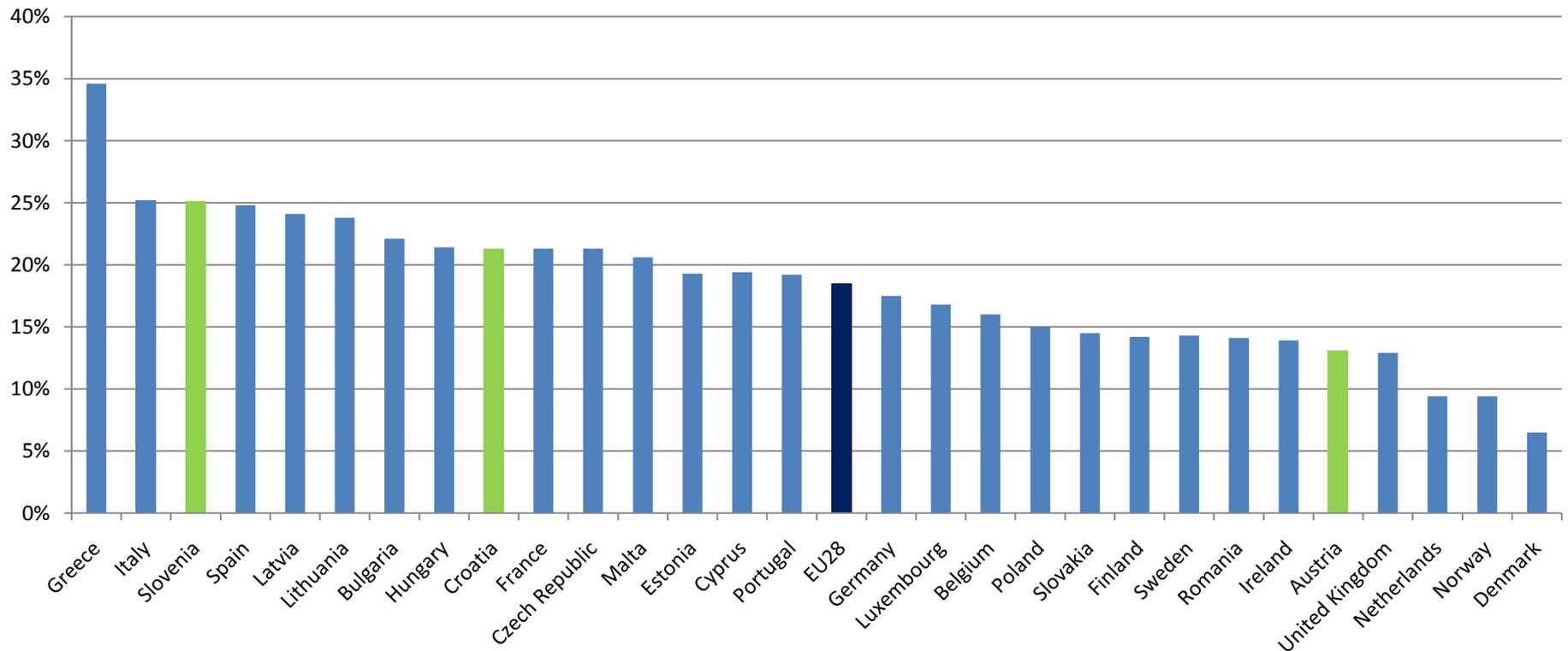
Percentage of workers experiencing “adverse social behaviour” (violence and harassment) by country



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One out of four workers in Slovenia reports poor “work-life balance”, a higher share than in the EU28 (on average)



Differences between groups of workers

- Working conditions of workers are determined by the occupation and the economic sector
- Main **gender** differences are related to working time and career prospects
- **Age** differences are mainly related to the level of job insecurity (employability), work intensity and career prospects (better for young workers)

How can we achieve the health and satisfaction of workers
(therefore making work sustainable)?

What should be tackled to achieve the health and satisfaction of workers?

- Avoiding high levels of work intensity
- Consideration of the relevance of violence and harassment
- Improving work-life balance
- Reducing job insecurity
- Providing tools to cope with difficulties relating to job content
- Recognition of the complexity of factors playing a role

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Some recent trends:

- Physical violence is decreasing while harassment remains stable.
- Increase in job insecurity (mainly in Baltic countries and southern Europe)
- Reduction of employees working long hours
- No significant increase in work intensity, except in workplaces affected by the crisis (IE, UK, ES)

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Policy at EU level

- Framework Directive (89/391) on the introduction of measures to encourage improvements in the safety and health of workers at work
- Social Partners Framework Agreement on Work-related Stress, 2004
- Social Partners Framework Agreement on Violence and Harassment at Work, 2007
- Multisectoral and sectoral agreements
- SLIC inspection campaign, 2012

Social dialogue and role of social partners

- Social dialogue and improvement of working conditions
- Framework agreements
- Joint efforts through collective agreements or based on / influencing national legislation (e.g. Belgium, France, Denmark, Finland, Netherlands, Sweden, UK)
- Others more widespread: guidelines, declarations, conferences or web-based tools

France

Social context and agreements

- 2004 national interprofessional agreement on stress
- Speed-up of bargaining process influenced by suicides
- Issues of work organisation and subjective factors
- Government emergency plan and top priority in the national occupational health plan 2010-2014
- 2013 social partner agreement and branch-level agreements (prevention, awareness and support)

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Legislation and labour inspection

- Some keep the text very broad, no specific mention of psychosocial risks (Poland, Spain, Luxembourg and others)
- Some generally mention the need to take psychosocial risks into account, but do not specify how exactly (Austria, Finland, France, Greece, etc.)
- Obligation to do a psychosocial risk assessment included (Belgium, Bulgaria, Germany, Italy, etc.)
- Possibility to include psychosocial expert/psychologist (Belgium, Austria)
- Definition of stress and psychosocial risks included in legislation (Hungary, Lithuania, Slovakia)
- Broader framework, approach supported by other actions (Austria, Luxembourg, Sweden, Finland, Ireland and many more)

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Slovakia

- Protection against psychosocial risks well implemented in legislation
- Well defined, in this detail unique in European legislation
- But still very little supporting activities in terms of guidance or labour inspectorate activities (see ESENER and overall conclusions -> more guidance support needed)
- See Austria, for example, on how to take next steps with regard to guidance and support.

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Psychosocial aspects tackled in ESENER

1. Management of psychosocial risks

- Level of concern, measures taken, procedures in place

2. Key drivers and barriers

- Why are there appropriate measures and procedures in some workplaces, but not others?

3. Workers' participation and psychosocial risk management

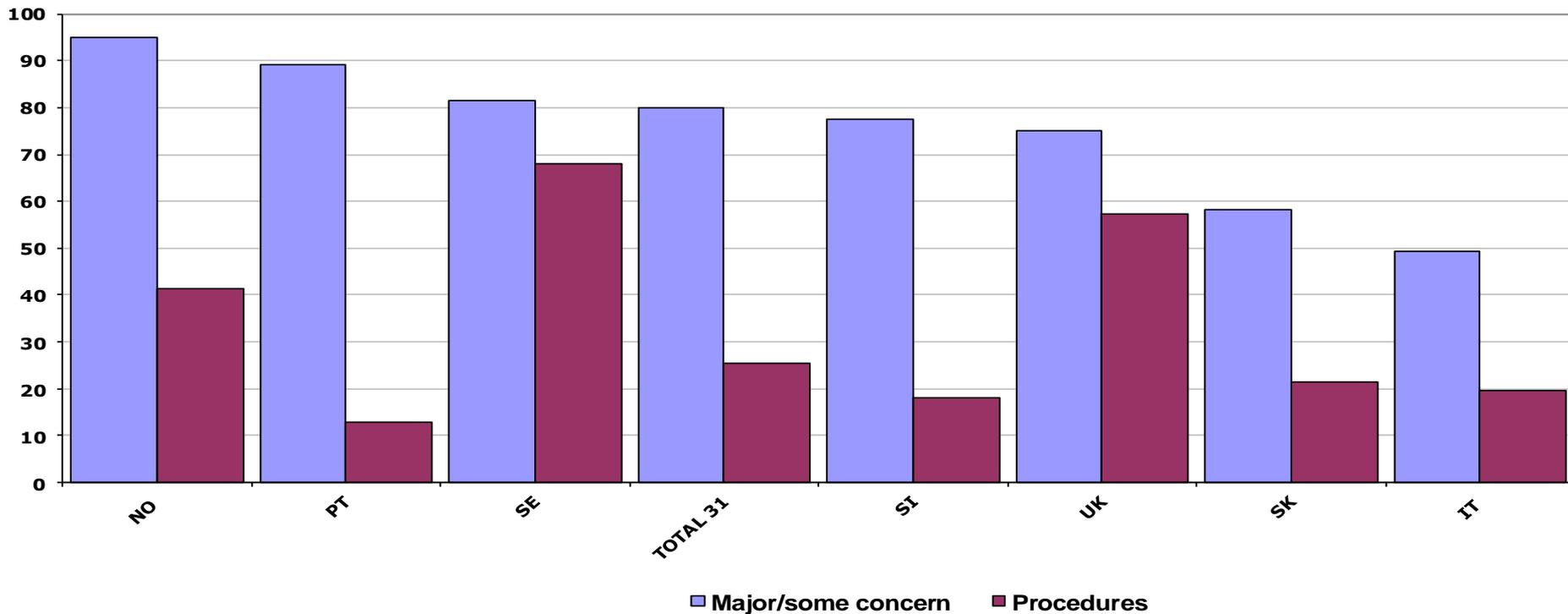
- Formal or direct participation, impact and resources

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Concern about work-related stress and existence of procedures to deal with it

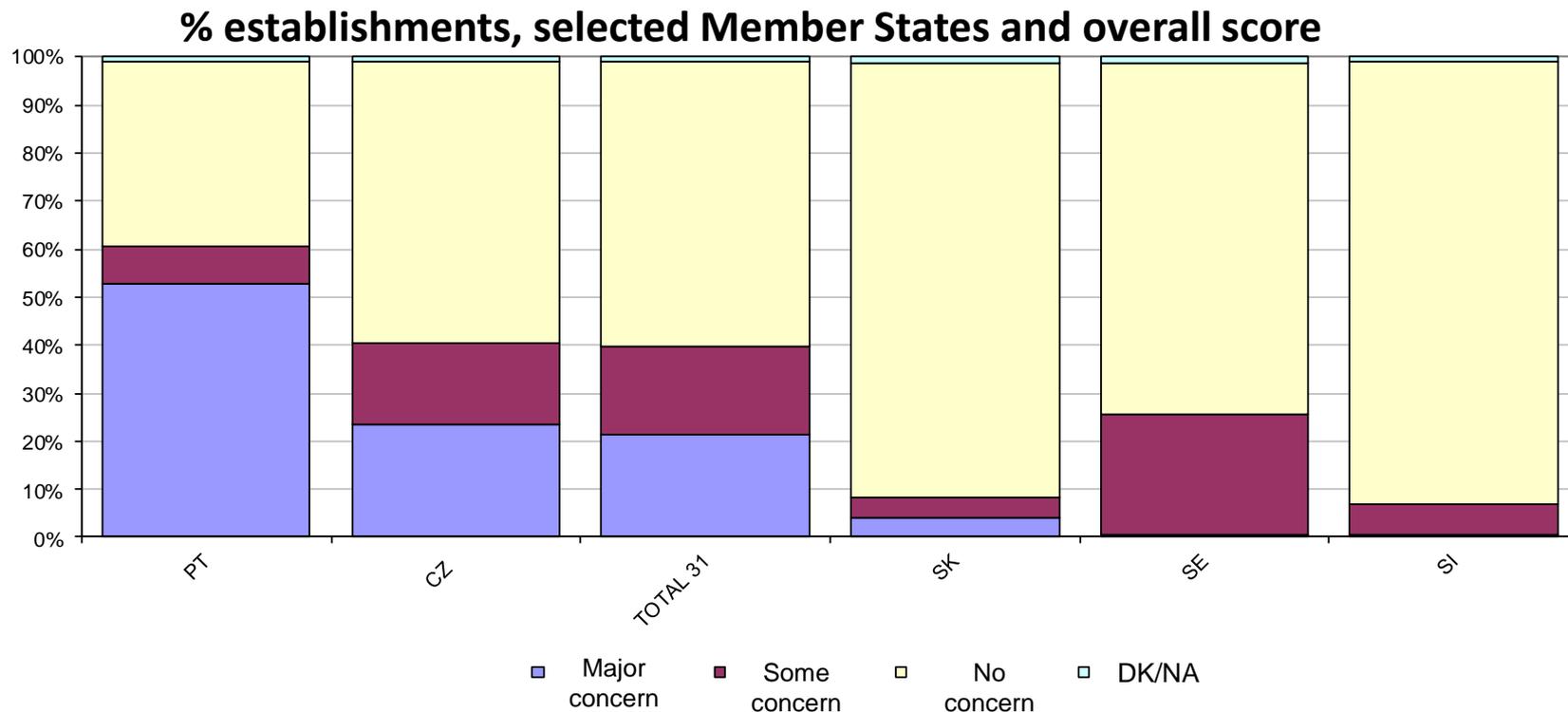
% establishments, selected Member States and overall score



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Prevalence and strategies for prevention

Concern regarding bullying or harassment

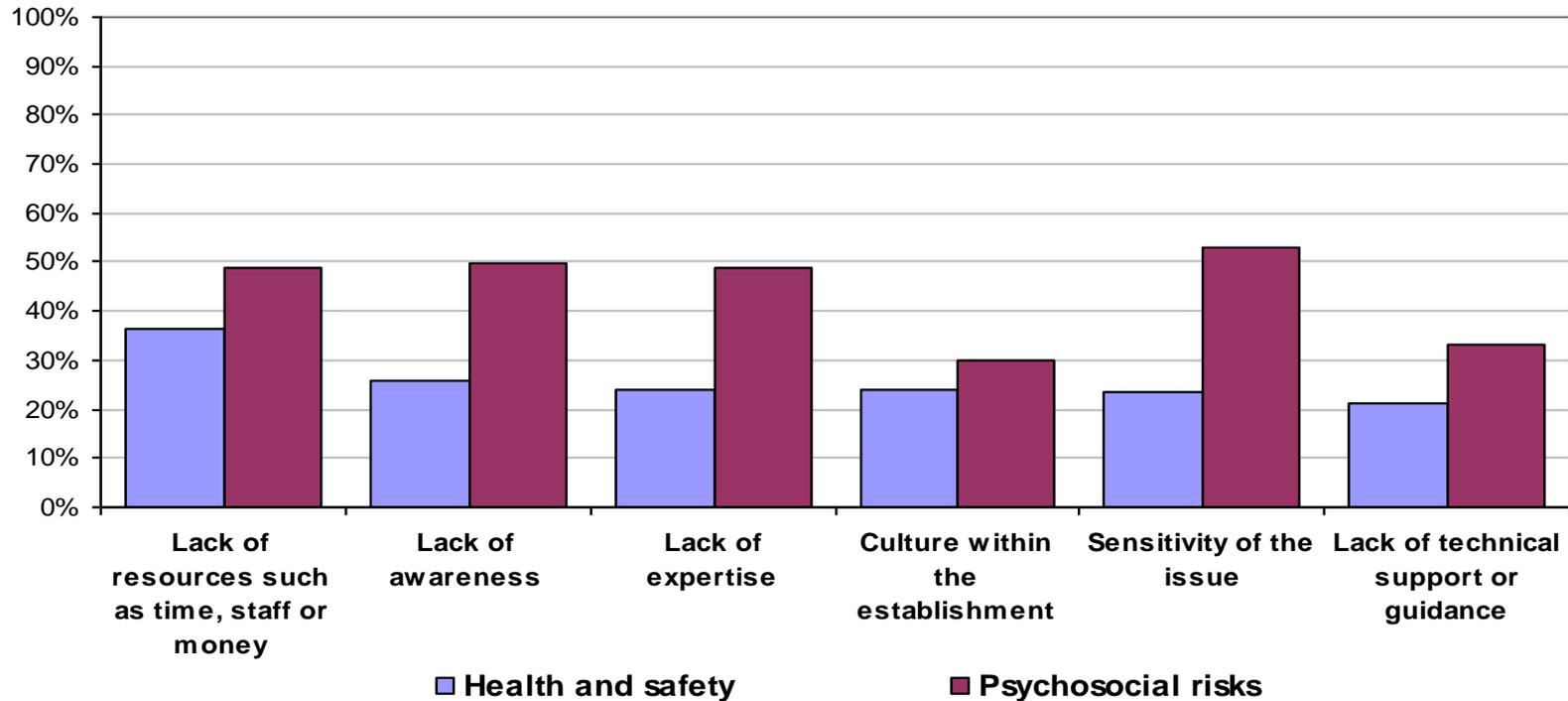


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Prevalence and strategies for prevention

The main obstacles to managing psychosocial risks (as reported by managers)

% establishments, selected Member States and overall score



Drivers

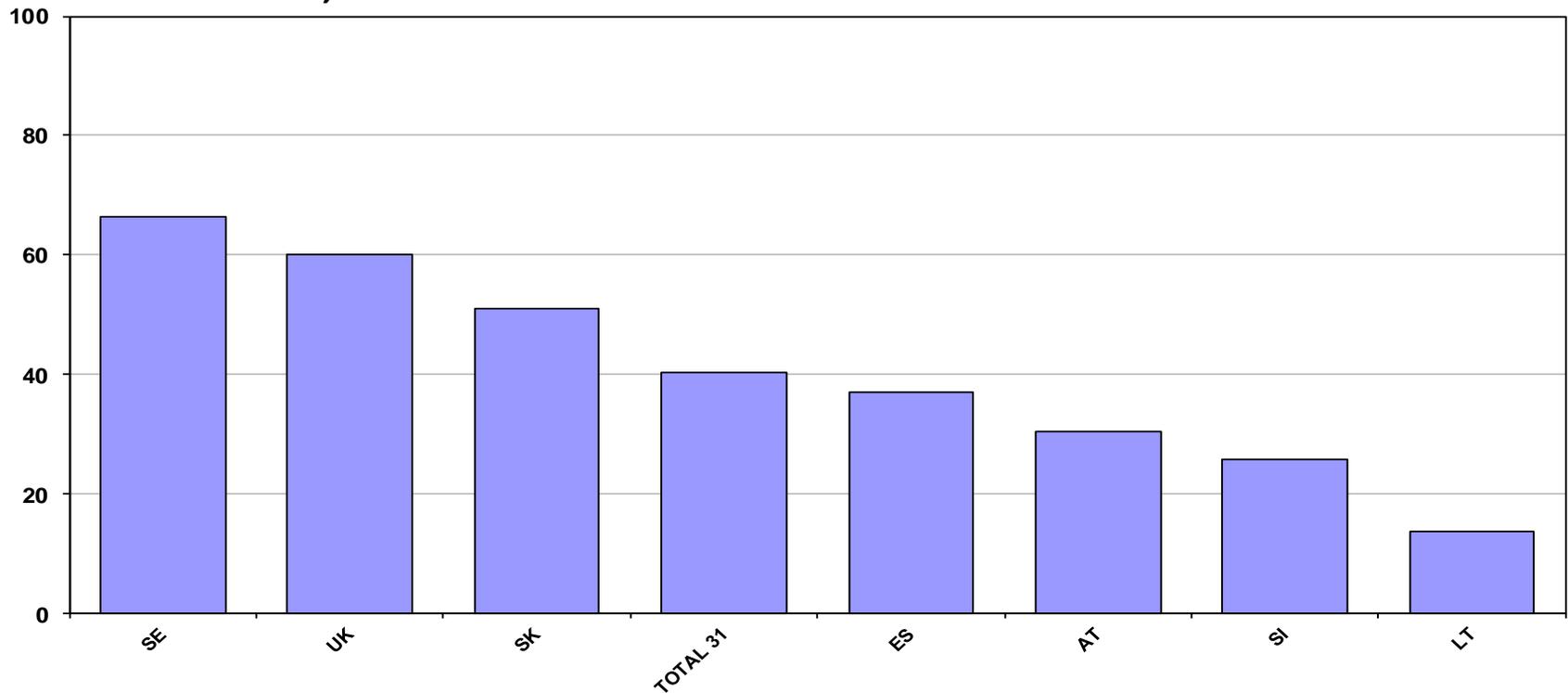
- **Good general OSH management and reported concern for work-related stress**
- **The main drivers reported by managers:**
 - Requests from employees
 - Desire to reduce absenteeism
 - Legal obligations

Psychosocial risks in Europe

Prevalence and strategies for prevention

Health and safety issues raised regularly in high-level management meetings

% establishments, selected Member States and overall score



Worker involvement

- **Workplaces that have formal worker representation are more likely:**
 - to report management commitment to safety and health
 - to have preventive measures in place for both general OSH and psychosocial risks
 - to involve employees (consultation and participation) in the process of OSH and psychosocial risk management
- **Workplaces that have formal worker representation and a high level of management commitment to OSH are more likely to report that their organisation's OSH and psychosocial risk management are effective**

Conclusions

Improvement of psychosocial risk management in European enterprises:

- Ensuring that **establishments implement a systematic approach** and a broad range of preventive actions across all countries and sectors (by sharing experiences and promoting solutions)
- **Provision of practical guidance**, as well as supporting the evidence of an impact of psychosocial risks on absenteeism and accidents at work
- Promoting **business case** related to psychosocial risks

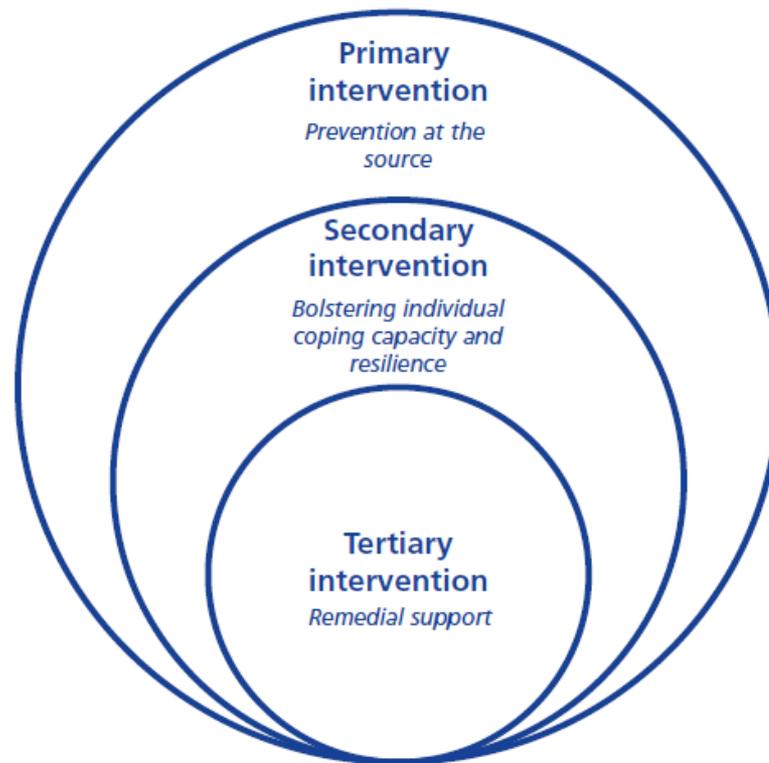
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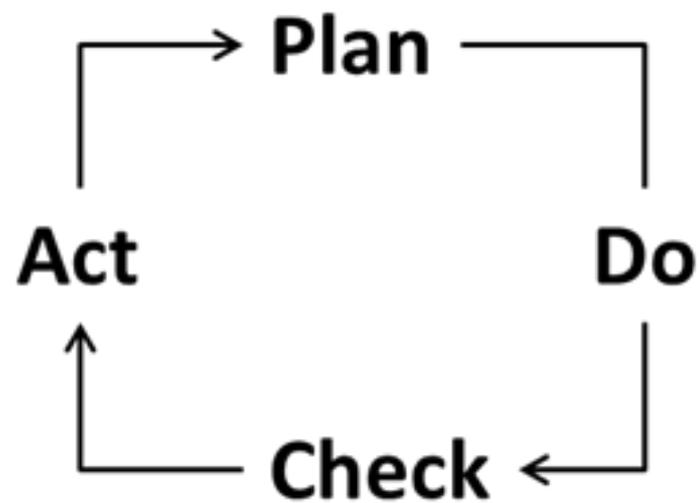
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Holistic prevention

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Source: Adapted from WHO, 2010a

What works and what doesn't – examples from practice

- Building on policies
- Supervisors and managers are key for success in every area
- No tolerance for harassment at work
- The importance of positive resources

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- In the context of the ageing workforce and taking into account EU policy objectives, the health and well-being of European workers are fundamental, and therefore strategies for the improvement of working conditions, including reduction of high levels of work intensity and violence and harassment.
- Gender differences still exist in relation to working time and career prospects. Women's participation in the labour market has to go hand in hand with maintaining and improving working conditions.
- Increasing recognition of the importance of psychosocial risks must continue as well as policy initiatives, including social dialogue, employee participation and practical guidelines to be implemented at company level.
- Specific risks, specific groups of workers.
- Measures to prevent psychosocial risks are best implemented on the basis of the traditional risk management framework. Companies are more successful in preventing psychosocial risks if OHS management is already in place.

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Thank you!