

STUDY

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HEALTH AND SAFETY AT WORK IN THE PUBLIC SECTOR IN EUROPE: NEW CHALLENGES

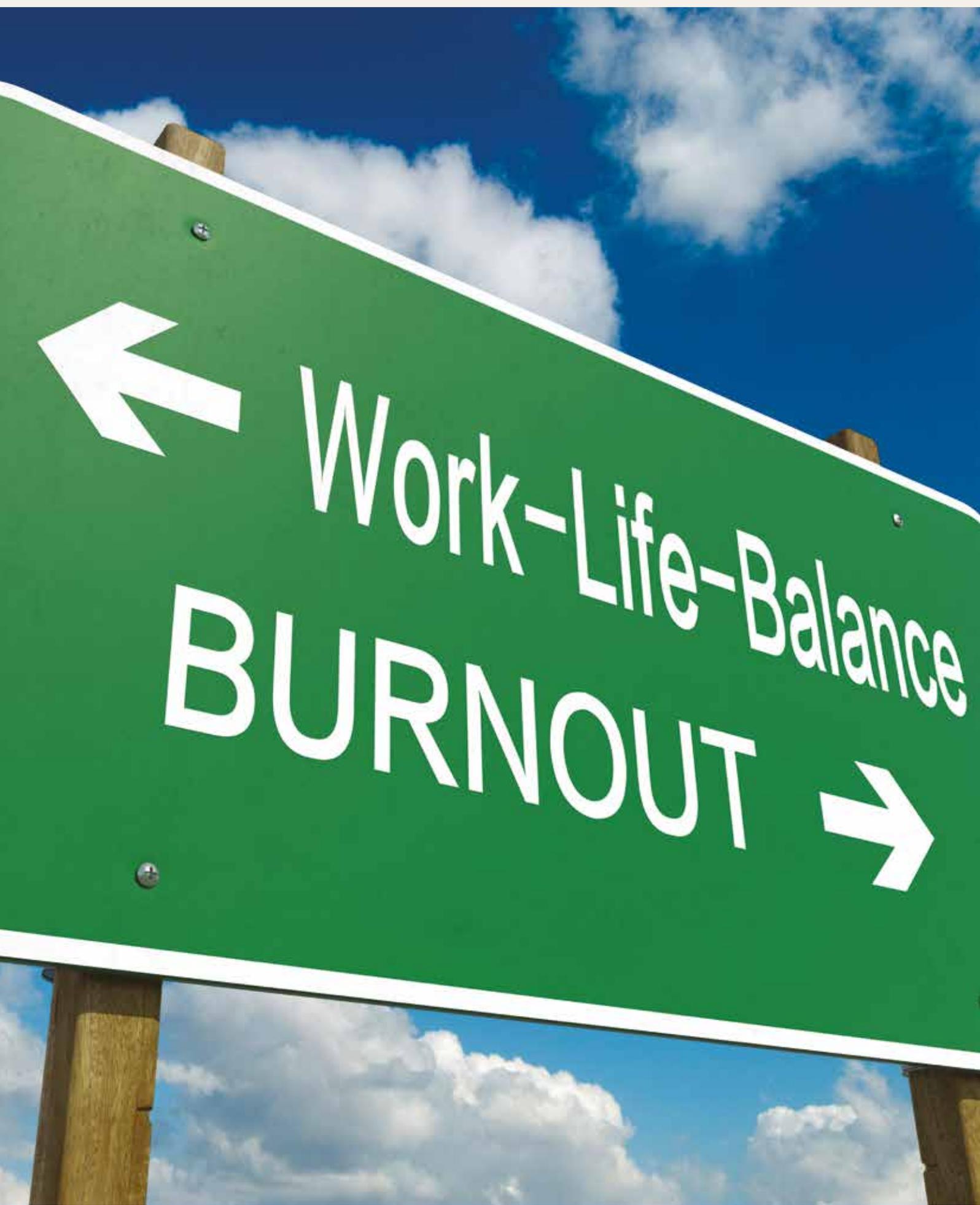
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Work-Life-Balance
BURNOUT

INTRODUCTION – Changes in labour market

In the last decades, the world of industry and work itself have significantly changed due to the financial and economic global crisis. Indeed, on the one hand, in globalized markets companies adopt new ways to organising work by using new flexible forms of employment with the only purpose of increasing productivity and, on the other hand, digitalization and new technologies are extending working hours. Such transformations have radically changed working patterns and paces.

In very little time, the effects of these changes brought tensions on the workplace, which have spilled over even into workers' private life, giving rise to psychosocial risks. As workers feel under pressure to meet the demands of modern working life and its rhythms, new typologies of occupational risks – such as work-related stress – different from the traditional ones, started to spread even throughout highly developed countries.

As part of occupational health issues, tackling stress at work can lead to an improved Occupational Safety and Health (from now on referred to in the text simply as “OSH”), with consequent economic and social benefits for companies, workers and society as a whole.

This paper aims to focus on new emerging risks, in particular on psychosocial ones, describing their genesis, outlining the regulatory framework and examining how public administrations in Italy, Spain, Belgium, and Germany address them. The methodology adopted consists of a qualitative research conducted through remote semi-structured interviews with public administrations' consultants and officers in charge of OSH in the public sector in the above-mentioned target countries. Other sources of information were consulted in outlining the research background, including EU legislation, studies, statistics and surveys by EU institutions and agencies and scientific literature as well.

1. Health and safety at work in the EU regulation

Article 153 of the Treaty on the Functioning of the European Union (TFEU) defines the tasks of the EU in the field of occupational safety and health (OSH), which should support and complement the activities of the Member States on the “improvement in particular of the working environment to protect workers’ health and safety; working conditions; social security and social protection of workers”. Workers’ right to healthy and safe working conditions is also enshrined in Article 31 of the EU Charter of Fundamental Rights, which was proclaimed in 2000 and became legally binding on the EU with the Treaty of Lisbon in 2009.

The European Parliament and the Council, within the constraints of their competencies, may adopt measures designed to encourage cooperation between the Member States, excluding any harmonisation of their laws and regulations. At the same time, in the field of workers’ health and safety, the European Parliament and the Council may adopt “by means of directives, minimum requirements for gradual implementation, having regard to the conditions and technical rules obtaining in each of the Member States”.

The role of the European Union in OSH issues consists in preventing accidents and diseases linked with the working activities (i.e. both those taking place during the working activities and those only arising lately). This is done by minimising, as far as it is reasonably practicable, the causes of hazards inherent in the working environment, to protect the physical and mental health of workers.

Preventing risks and taking action to make workplaces safer and healthier is urgent in order to improve working conditions and to promote the competitiveness as well. Indeed, workplace accidents and work-related diseases seriously affect the entire national and European economic system, due to the loss of workdays, decreased overall business productivity and increased health care and social costs. According to the European Risk Observatory Report published in 2009, work-related stress accounted in Europe for between fifty and sixty percent of all lost working days.

1.1. THE LEGAL FRAMEWORK

The first European regulatory action concerning occupational safety and health (or OSH) was taken in 1989 with the European Framework Directive 89/391/EEC on Safety and Health at Work, which still represents a fundamental milestone in the improvement of the preventive culture and the national law about health and safety at work. This Council Directive lays down minimum requirements for national legislations while allowing stricter provisions. It applies both to the private and public sectors but certain

specific public services whose characteristics inevitably conflict with the Directive – such as the police, the armed forces or specific activities in the civil protection services – are not included. The Directive requires employers to ensure the health and safety of their employees by carrying out risk assessments at work, introducing measures to mitigate identified risks, developing an overall safety policy and providing appropriate training to staff.

Even though the Framework Directive on Safety and Health at Work does not refer explicitly to “work-related stress” or “psychosocial risks”, it provides for employers to ensure workers’ health and safety in every aspect related to work. It requires employers to plan a work organisation, which does not endanger the workers’ health, especially regarding the workplace design, the selection of work equipment and the organisation of production activities. It also requires them to develop a coherent overall prevention policy covering technology, organization of work, working conditions, social relations and the influence of factors related to the working environment.

Based on that Framework Directive, a series of subsequent Directives govern specific issues related to safety and health at work, such as the minimum requirements for the workplace, the personal protective equipment, the display screen equipment and the manual handling of loads. In 2004, the European Commission published Communication Nr. 2004/62 concerning the practical implementation of the provisions of these Directives.

1.2. THE POLICY FRAMEWORK

As for the Unions side, in 2004 the EU-level cross-industry social partners formally signed a framework agreement on work-related stress. They acknowledged that «tackling stress at work can lead to greater efficiency and improved occupational health and safety, with consequent economic and social benefits for companies, workers and society as a whole» (see ETUC, UNICE, UEAPME, CEEP, 2004, Framework Agreement on Work-related Stress). Therefore, the agreement aimed at increasing awareness of employers, workers and their representatives about work-related stress and drawing their attention to signs that could indicate problems related to such issues.

EU action on OSH has been pursued over the recent decades within a strategic policy framework, which includes two key components: the first one is realising a comprehensive body of legislation covering the most significant occupational risks and providing common definitions, structures, and rules that are adopted by the Member States to their different national circumstances. The second key element, which comes out since the early eighties, consists of a series of multiannual action programmes, followed by

European strategies (covering 2002-06, 2007-12, 2014-20), to identify priorities and common objectives, provide a framework for coordinating national policies and promote a holistic culture of prevention.

The aim of the Community strategy on health and safety at work (2002-2006) was to reiterate the three prerequisites for a safe and healthy workplace: consolidating risk prevention culture, better application of existing law and a global approach to well-being at work, taking account of changes in the workplace and the emergence of new risks, especially those of a psychosocial nature. The subsequent Community strategy 2007-2012 proposed to: guarantee the proper implementation of EU legislation and support SMEs in the implementation of the legislation in force (e.g. by disseminating guidelines, good practices at local level and simple tools to facilitate risk assessment); adapt the legal framework to changes in the workplace and simplify it, particularly in view of SMEs; promote the development and implementation of national strategies; encourage changes in the behaviour of workers and encourage their employers to adopt health-focused approaches; promote health and safety at international level. Since the problems associated with poor mental health constitutes the fourth most frequent cause of incapacity for work, the Commission stressed the importance of negotiations between the social partners on preventing violence and harassment at the workplace and encouraged them to draw conclusions from the assessment of the implementation of the European framework agreement on work-related stress.

The European Commission recently adopted a new Strategic Framework on Health and Safety at Work 2014-2020, which identifies key challenges and strategic objectives for OSH. This new Framework aims at ensuring that the EU continues to play a leading role in the promotion of

high standards for working conditions both within Europe and internationally, in line with the Europe 2020 Strategy. The Strategic Framework identifies the following as the three major OSH challenges: improve implementation of existing health and safety rules, in particular by enhancing the capacity of micro and small enterprises to put in place effective and efficient risk prevention strategies; improve the prevention of work-related diseases by tackling new and emerging risks without neglecting existing risks; take account of the ageing of the EU's workforce. Psychosocial risks fall within the new and emerging risks, thus being once again acknowledged as one of the hardest challenges to be addressed nowadays.

The European Commission cooperates with both the European Agency for Health and Safety at Work (EU-OSHA) and the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in order to disseminate information on OSH and to increase awareness.

In recent years, the European Agency for Safety and Health at Work (EU-OSHA) has paid particular attention to the issue of work-related stress, acknowledging that it is one of the biggest health and safety challenges in Europe. In 2009, EU-OSHA launched the European Survey of Enterprises on New and Emerging Risks (ESENER), which is the first Europe-wide survey on health and safety at the workplace. The survey was directed at managers, as well as at health and safety representatives, and covered private and public sector establishments with ten or more employees in the 27 EU Member States (including data for Croatia although it was not a Member State of the EU at the time of the fieldwork for ESENER-1 in 2009, as Croatia joined the EU on 1 July 2013). Despite focusing on a wide range of workplace risks, ESENER paid particular attention to the area of psychosocial risks, including stress.

2. Work-related stress and psychosocial risks

The International Labour Organisation (ILO) defined psychosocial risk factors in 1984, in terms of “interactions between and among work environment, job content, organizational conditions and workers’ capacities, needs, culture, personal extra-job considerations that may, through perceptions and experience, influence health, work performance and job satisfaction”. Moreover, the ILO stated that psychosocial risks include job and employment insecurity, high demands, work intensity, emotional demands, lack of autonomy, poor social relationships, and poor leadership.

These risk factors are potentially related to stress, depression and stress-induced illnesses, such as burnout, which are an increasing OSH concern. The Burnout Syndrome can be described as a state of physical and mental exhaustion that results from prolonged exposure to emotional and interpersonal psychosocial risks on the job. It may occur when there is a disconnection between the organization and the individual with regard to the main areas of working life: values, fairness, community, reward, control and workload. The working conditions leading to stress, such as job insecurity, violence, and harassment at work are linked to the way work is designed, organised and managed, as well as to its economic and social context.

With regard to national studies focusing on psychosocial risks, it is noteworthy that in 2008 the French Ministry of Labour has launched a research project consisting in setting up a “college of expertise on the follow-up of psychosocial occupational risks”. This college of expertise carried out several reviews of scientific literature and, in 2011, completed a final report under the title “Measuring the psychosocial factors of occupational risks in order to control them”. According to this report, psychosocial risks are defined «as the risks to mental, physical and

social health arising from the conditions of employment and the organizational and relational factors which may affect mental functioning» (see Gollac M., Bodier M., 2011, «Mesurer les facteurs psychosociaux de risque au travail pour les maîtriser. Rapport du Collège d’expertise sur le suivi des risques psychosociaux au travail, faisant suite à la demande du Ministre du travail, de l’emploi et de la santé»).

Although there is not one generally accepted the definition of stress, Eurofound remarks that «there is broad consensus that it involves an imbalance between perceived demands and the resources to cope with them» (see Eurofound, 2010, Work-related stress). The 2004 Framework Agreement on work-related stress signed by the cross-industry social partners defines stress as «a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them. The individual is well adapted to cope with short-term exposure to pressure, which can be considered as positive, but has greater difficulty in coping with prolonged exposure to intensive pressure» (see ETUC, UNICE, UEAPME, CEEP, 2004, Framework Agreement on Work-related Stress). Although stress cannot be considered a disease, a prolonged exposure to it may reduce effectiveness at work and may even cause diseases. Other common causes determining work-related stress include lack of control over work and lack of support from colleagues and management.

Stress at work has an impact not only at the individual level, with health effects ranging from coronary heart disease to depression, but also at the organisational level, with increased workers’ absenteeism, reduced output, and high

staff turnover, as employees tend not to stay in stressful work environments. Therefore, it is also in the interest of companies to tackle stress at work: both to enhance employees' mental well-being and to improve organisational efficiency and productivity.

According to recent estimates (see European Commission, 2014, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU Strategic Framework on Health and Safety at Work 2014-2020), investments in OSH can produce high ratios of return, averaging the percentage of 2.2, and in a range between 1.29% and 2.89%. Health and safety at work are nevertheless perceived by many enterprises as a cost rather than a profitable investment, thus some of them aim at reducing spending by disregarding OSH standards. The decrease in public spending, furthermore, compromises the capacities of labour inspectorates and other OSH services in terms of delivery.

Due to historical reasons, every country considered in this paper has different sociological, institutional and economic structures, which consequently affect productive activity and OSH management. Therefore, in each Member State, we must consider different kinds of occupational risks as long as it may be different the way work is designed and organised, especially in the public sector, which is significantly influenced by institutional and political differences from one country to another.

According to EU-OSHA, the consequences of stress include, at the organisation level, absenteeism, high staff turnover, poor time-keeping, disciplinary problems, harassment, reduced output in carrying out some tasks, accidents, errors, and increased costs from compensation or

health care. At the individual level, work-related stress can effect emotional reactions (irritability, anxiety, sleep problems, depression, hypochondria, alienation, burnout, family relationship problems); cognitive reactions (difficulty in concentrating, remembering, learning new things, making decisions); behavioural reactions (abuse of drugs, alcohol, and tobacco; destructive behaviour); physiological reactions (back problems, weakened immunity, peptic ulcers, heart problems, hypertension). Moreover, available evidence shows that psychosocial risks (such as job insecurity, low control, high demands, effort-reward imbalance) and work-related stress are associated with health-related behavioural risk, including heavy alcohol consumption, being overweight, less frequent exercise, increased cigarette smoking and sleep disorders.

3. Towards new working patterns

3.1. MORE INSECURE CONTRACTS

Globalisation has given rise to considerable new openings for economic development, but also to the danger of global competitive processes, placing pressure on working conditions and respect for fundamental rights. Indeed, the raising of worldwide competition introduced by the market globalisation has been associated with an increase in low-quality jobs, as employment patterns changed towards greater flexibility in the work process, more part-time and temporary employment, independent contracting of staff and precarious contracts.

Due to the current economic recession, that is raising the pace of organizational change and restructuring, workers are increasingly experiencing precarious work, reduced work opportunities, fear of losing their jobs, massive layoffs, unemployment, and decreased financial stability, with serious consequences for their mental health and wellbeing. The First findings of the Sixth European Working Conditions Survey highlighted that, in 2015, 16% of employees 'agree' or 'strongly agree' that they might lose their job in the next six months. The instabilities and lack of confidence to invest in workers, as pointed out by pluriennial studies on this matter, may give rise to job insecurity and increase the work-related stress. At the same time, employees with insecure contracts usually perform more hazardous works, in poorer conditions and receive less formation and training in the field of health and safety at work.

Latest studies are pointing out a significant correlation between non-standard employment and mental health. The ILO defines non-standard employment as a form of work that «deviates from the “standard employment relationship”, understood as work that is full-time, indefinite, as well as part of a subordinate relationship between an employee and an employer» (see ILO, 2016, Non-standard employment around the world: understanding challenges, shaping prospects). As far as «it consists of working extended or atypical hours or trying to hold down multiple jobs, non-standard employment can result in clashes of schedules, raised stress levels, higher risk of injury, both at work and outside work, and have a substantial negative impact on an individual's work–life balance».

3.2. LONG WORKING HOURS

Another trend due to the latest changes in the occupational market is the shift from “blue-collar” to “white-collar” employment, with more workers required to have higher and cross-functional skills and greater autonomy in carrying out the tasks assigned. According to the First findings of the Sixth European Working Conditions Survey, in 2015 even though the majority of the workforce (58%) report being satisfied with the working time in their main paid job, 21% of employees report an increase in their working hours and 11% report that their job prevents them from devoting time to their family ‘always’ or ‘most of the time’.

Beyond any implication concerning the Working Time Directive – Directive 2003/88/EC, which requires Member States to guarantee a limit to weekly working hours, a minimum daily rest period, a paid annual leave and other minimum standards applicable to all workers – it is worth noticing that long working hours affect workers' health as they may cause mental fatigue, sleeping disorders, inability to concentrate and consequently lower output in carrying out some tasks.

3.3. THE (MASSIVE) SPREAD USE OF NEW TECHNOLOGIES AND DIGITAL NETWORKS

The emergence of information and communication technology (ICT) has revolutionised every aspect of work, as ICT is a driver for innovation both in manufacturing and commercial activities and in public and business services as well. If on the one hand the diffusion of digital tools, such as mobile IT devices, represents a huge innovation, improving productivity and competitiveness in several assets, on the other hand, it can lead to radical and disruptive changes in working patterns, such as an increase in the workload, working overtime, longer working hours, fragmented spare time.

Not only is the extension of daily working hours threatening proper work-life balance, but also such a threat is likely to represent a serious lack of regularity in working times, for instance, due to an inadequate planning of work shifts or to the interference of working into spare time. Indeed, the emergence of the internet and the new technologies have led to many changes and innovations in work processes, making the work-life boundaries more and more difficult to be identified. Many companies are introducing project management platforms where employees can access work, chat with teams and share files all from a home computer or smartphone/tablet (as, for instance, with teleworking, smart working, etc.).

Especially due to the massive spread of smartphones, which allow you to receive work related emails even beyond the statutory working hours, workers have become reachable anywhere and at any time. This turns out to be a threat to their work-life balance as workers might feel compelled to immediately read and reply to the emails received during their spare time, as responding quickly at any time may be perceived as a sign of good performance. Hence, many experts argue the importance of investigating the ICT impact on OSH because of its pervasiveness across most sectors, including the public one, many different types of jobs and across all EU Member States.

Indeed, the First findings of the Sixth European Working Conditions Survey pointed out that 45% workers report to have worked during their free time in order to meet work demands in the last 12 months, with 3% doing this on a daily basis, 7% several times a week and 13% several times a month.

4. New emerging risks at work: how to tackle them?

A 2014 joint report on psychosocial risks in Europe from Eurofound and EU-OSHA argued that risks are differently distributed by sector, occupation, company sizes and groups of workers (see Eurofound, EU-OSHA, 2014, Psychosocial risks in Europe. Prevalence and strategies for prevention). So when planning campaigns and other initiatives, the target group and the most pressing aspects should, therefore, be carefully considered.

With regard to age differences, the First findings of the Sixth European Working Conditions Survey pointed out those young workers are more exposed to work intensity, shift work, adverse social behaviour and job insecurity than other workers. Workers over the age of 50, on the other hand, report better work–life balance and lower work intensity, but likewise lower prospects for career advancement and inadequate training provision.

Gender differences too are relevant in exposure to psychosocial risks: for instance, women face more difficulties in relation to handling angry clients and career prospects. A growing number of studies show that women face increased burnout risk. This can be explained by the fact that several psychosocial factors related to burnout and work-related stress may be more frequent for women (e.g. the double role that they have to play at home and at work, the risk of sexual harassment at work and gender-based discrimination reflected in lower wages and higher job requirements). On the other hand, the Sixth European Working Conditions Survey has pointed out that men are exposed to longer working hours (more than 48 hours), while women more frequently work very short hours (fewer than 20 hours). Longer hours and working under more

irregular time schedules might have implications for men reporting slightly poorer work-life balance than women.

There are different possibilities in tackling psychosocial risks, including the reorganisation of work, appropriate staffing and worker replacement in case of sick leave for dealing with work intensity and monotonous work. In order for interventions to have an impact upon psychosocial working conditions and the health and well-being of employees, such interventions should be designed to follow a structured process.

In general, social dialogue between employee representatives and management in companies has been shown to be a key element for implementing improvements in working conditions. Both formal and informal forms of employee participation have a strong role to play in the management of OSH and, in particular, of psychosocial risks. Involving employees pays off and leads, not only to the application of a broader range of measures but also to their improved effectiveness.

At the national level, legislation, social partners, and labour inspection can contribute significantly to the implementation of OSH management and psychosocial risks prevention. However, initiatives at the national or sectoral level are not developed to the same extent in all EU Member States, which can be explained by the different traditions of social dialogue and different governmental approaches, often related to the importance given to psychosocial risks in general in each country. It is therefore for the Trade Unions too to increase awareness of OSH issues and to enhance the dialogue with employers to take action to mitigate risks in working environments.

5. Good practices from selected public administrations in Europe

In order to collect four good practices implemented by the public administrations of EU Member States, four semi-structured interviews have been conducted with national experts of each country, which are listed below. Three of the good practices collected aim at tackling psychosocial risks, such as work-related stress, whereas the good practice from Belgium addresses a specific physical risk. This risk consists of the toxic gases and vapours which might be inside the containers to be inspected by customs, thereby constituting a threat to the health of customs officers.

The interviewed experts are:

- for SPAIN - Florentino Alonso Arenal, Sub-Director General for Labour Relations – Directorate General for Civil Service;
- for BELGIUM - Brenda Sanctorum, Counsellor at Finance Federal Public Service – General Administration of Customs and Excises - Administration of Research and Investigation;
- for GERMANY - Tiana-Christin Schuck, Prevention Consultant – German Social Accident Insurance Institution of the Federal Government and for the railway services (UVB) - Department of Psychology and Health Management, Protection, and prevention;
- & Martina Nethen-Samimy – German Social Accident Insurance (DGUV) - Health and Safety Department, Regulations and Rules Unit;
- for ITALY - Cristina Di Tecco, Psychologist of Work and Organisations – National Institute for Insurance against Accidents at Work (INAIL) - Department of Medicine, Epidemiology, Occupational and Environmental Hygiene, Laboratory for psychosocial risks and the protection of vulnerable workers;
- & Benedetta Persechino, Researcher – National Institute for Insurance against Accidents at Work (INAIL) - Department of Medicine, Epidemiology, Occupational and Environmental Hygiene, Laboratory for psychosocial risks and the protection of vulnerable workers.

Special thanks to each of the experts mentioned for their valuable cooperation.

5.1. SPAIN

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Interview with Florentino Alonso Arenal, Sub-Director General for Labour Relations, Directorate General for Civil Service

The Spanish organisational framework

1. How is the prevention of occupational hazards organised in the Spanish public sector? Is there a specific office or a single person within the public administration in charge of OSH management for the public sector's employees?

After the Framework Directive 89/391/EEC on health and safety at work was transposed into Spanish law in 1995 with the “Law on occupational risks’ prevention”, the specific OSH management inside the General State Administration (Administración General del Estado) is now defined and organised by the Royal Decree n. 1488/1998 which implements the above-mentioned law into the General State Administration. This Royal Decree binds each ministry and agency employing more than 500 workers to set up a “Prevention service”.

In smaller bodies, a “designated worker” must be appointed in charge of OSH tasks. Both the “Prevention services” and the “designated workers” are coordinated by the Directorate General for Civil Service (Dirección General de la Función Pública), in which it is established a Sub-Directorate General for Labour Relations (Subdirección General Adjunta de Relaciones Laborales) in charge of such coordination.

The Royal Decree also outlines the system of workers’ representation in the specific field of OSH management, through the “Representatives for prevention” (Delegados de Prevención) and the “Health and safety Committees” (Comités de Seguridad y Salud), jointly with the general system of representation and participation.

2. In the field of safety and health at work, what tasks is the Sub-Directorate General for Labour Relations in charge of?

The Directorate General for Civil Service carries out any task in the field of OSH through the Sub-Directorate General for Labour Relations, where there is an added Sub-Directorate General responsible for the occupational risks’ prevention. The Royal Decree n. 67/2010 points out its tasks, which are: being at the head of the “Negotiation and participation Body” (Órgano de negociación y participación), permanently monitoring the preventive action in OSH, coordinating the preventive action in OSH, promoting and managing the research and training activities as well as other general actions, and producing reports and answering questions in this field.

5. Good practices from selected public administrations in Europe

3. Is there a single individual or a department in charge of OSH management in the public sector as a whole?

The abovementioned Sub-Directorate General is the department responsible for such function.

A good practice from Spain

4. In 2003, a management system for the prevention of occupational risks was adopted, setting out the “Procedure n. 601 - Procedure for the determination of the risk assessment methodology”. In 2013, the system has been updated by adding an explicit reference to psychosocial risks and attaching a check-list model of risk factors related to stress. What public administrations and, approximately, how many public servants is the “Procedure n. 601” applicable to?

The “Procedure n. 601” applies to the General State Administration, which means about 250.000 public employees.

5. What are the specific criteria for the assessment of psychosocial risks within the General State Administration?

The general criteria for the risk assessment are defined in the “Procedure n. 600” of the management system for the prevention of occupational risks. Moreover, the “Procedure n. 601” states that the specific methodology to be outlined for this risk assessment must be discussed with workers’ representatives.

With regard to the specific assessment of psychosocial risks, we strictly comply with the criteria and procedures set out by the National Institute for Safety and Health at Work (Instituto Nacional de Seguridad e Higiene en el Trabajo).

6. What are the provisions contained in the checklist model attached to the “Procedure n. 601”, in short? What issues does the check-list model address in order to identify the stressors at work?

The check-list model is meant to be a guide for the early recognition of stressors in every single work unit and aims at identifying as many psychosocial factors as possible by examining the specific work content performed therein, as well as the work design and organisation.

Here is the content of the checklist model:

1. PHYSICAL ENVIRONMENT/ERGONOMICS:
(see the risk assessment)

2. TIMELINE AUTONOMY:

- Public servants cannot determine the sequence of tasks in performing their work.
- Public servants cannot decide when to take a break or briefly absent themselves from work.
- Working tasks require working very quickly.

3. PARTICIPATION/CONTROL

- Public servants do not take part in assigning tasks nor can select the working method.
- There is not any system by which discussing work-related issues.
- The work pace is given by external factors as the working process or dealing with the public.
- Public servants do not control nor receive information about the quality of their own work.

4. WORK DEMANDS/ WORKLOAD

- Public servants have to stay intensely focused during most of their working time (more than half).
- There is a considerable imbalance in the distribution of the workload among workers.
- Work requires keeping a high emotional control.
- Work implies a high level of responsibility.
- Public servants can never look away from their work.

5. WORK CONTENT

- Work does not allow workers to apply their knowledge nor to learn anything new.
- Routine and irrelevant work.
- Working tasks do not allow workers to take a proactive approach and take initiatives.

6. ROLES: TASKS AND RESPONSIBILITIES

- The tasks of each role are not defined and frequently overlap.
- Public servants are not informed about the goals and the way work must be performed.

7. SOCIAL ENVIRONMENT

- Working tasks do not allow the communication with other people.
- Conflicts among workers are frequent and display clearly.
- It is very difficult to get help and support from colleagues, when necessary.
- It is very difficult to get help and support from the line manager, when necessary.

8. ACKNOWLEDGEMENT AND FUTURE PERSPECTIVES

- There are no possibilities for promotion and/or career development.

9. TRAINING AND INFORMATION

- Public servants do not have the information and/or the means required to carry out their work.
- Access to training is very difficult for any public servant.

10. WORK SHIFTS/ NIGHT WORK

- Night work requires a high level of attention.
- Public servants do not take part in determining the work shifts.

7. How should the check-list model be used and who should use it?

The check-list model is designed to be used by the Risk prevention services' operators (Técnicos de los Servicios de Prevención) – technical staff provided with a specific training in labour psycho-sociology – as an ordinary screening tool for identifying risk situations which make it necessary to carry out a further risk assessment.

8. Did the bodies representing the workers concerned get informed or consulted or involved in drafting and implementing the "Procedure n. 601"?

In the context of the management system for the prevention of occupational risks within the General State Administration, workers representatives must be informed and consulted about any procedure before it is approved. Moreover, Representatives for prevention attend the risk assessment process cooperating with the Risk prevention services' operators; and so do the Health and safety Committees.

9. What is the outcome of the check-list model adopted by the General State Administration?

A check-list model is an important tool, which assists the Risk prevention services' operators and ensures a much more homogeneous approach to psychosocial risks assessment within the General State Administration. All the same, this risk management process is still very hard as far as it is so hard taking objective measurements when assessing this kind of risks, as well as it is so hard applying those preventive measures, which affect the administration organisation. On the other hand, the methodologies adopted by the other administrations are heterogeneous, which hinders the comparison of these different models.

5.2. BELGIUM

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Interview with Brenda Sanctorum, Counsellor at Finance Federal Public Service - General Administration of Customs and Excises - Administration of Research and Investigation

The Belgian organisational framework

1. How is the prevention of occupational hazards organized in the Belgian public sector? Is there a specific office or a single person within the public administration in charge of OSH management for the public sector's employees?

The Common Service for Prevention and Protection at Work for the Belgian federal government (CSPPW) was founded in 2005 and is part of the Federal Public Service (FPS) Public Health. This common service is responsible for the welfare of all federal employees of the affiliated governmental institutions*, including the FPS Finance.

The common service for prevention and protection at work consists of a central cell called "Empreva" ("emploi prevention – preventie arbeid" = labour prevention) and a number of entities, which are the Internal Services for Prevention and Protection at Work (ISPPW) of each affiliated FPS / governmental institution. Empreva (the central cell) consists of a medical department, a multidisciplinary department, and an administrative department, which is responsible for the coordination and administration. The medical department, with prevention-occupational physicians, provides health surveillance of federal employees. The multidisciplinary team supplies, to the internal preventive services of the affiliated federal services, advice and support on ergonomics, industrial hygiene, psychosocial aspects of labour and occupational safety.

As to the application of the legislation on health and safety, the ISPPW's and Empreva have a supportive and advisory task on the health and safety policy of the affiliated governmental institutions.

Since the European legislation on welfare (including health and safety) has been translated to the level of each Member State, in Belgium, as in any other Member State, each employer is responsible for structural and systematic approach to health and safety at work. As each FPS is considered to be an independent employer, each single FPS is responsible for the health and safety of its own employees and has to provide for a health and safety policy. As different situations require different approaches, each FPS

5. Good practices from selected public administrations in Europe

should develop its own specific policy with assistance and support of the ISPPW and Empreva.

** FPS Chancellery of the Prime Minister, FPS Personnel and Organisation, FPS Budget and Management Control, FPS Information and Communication Technology (Fedict), FPS Foreign Affairs, Foreign Trade and Development, Ministry of the Interior, FPS Mobility and Transport, FPS Employment, Labour and Social Dialogue, FPS Social Security, FPS Health, Food Chain Safety and Environment, Ministry of Justice, SPF Economy, PME, Classes moyennes and Energy, SPF Finances, PPS Social Integration, Centre for Research in Veterinary and Agrochemical (CODA), Pension Service for the Public Sector (PDOS), Belgian Health Care Knowledge Centre (KCE), Federal Agency for Medicines and Health Products (FAMHP).*

A good practice from Belgium

As part of the container fumigation procedure, harmful gases are at source inserted into the containers in order to prevent or destroy fungi, parasites, etc. It is a targeted process, that in principle is officially regulated. However, it has been found that to reduce costs, many of the containers that have been fumigated abroad have not been degassed after fumigation. Evaporation of goods is another possible phenomenon, which consists of an emission of possibly harmful substances that are released by certain goods and/or packaging materials. Toxic fumes may emerge as a result of leakage from containers that are loaded with chemicals or other harmful products. Sometimes toxic gases and vapours are got into containers because of chemical or biochemical reactions in the container for example oxidation of iron and rotting of fruit. Finally, the container itself can be the cause of toxic gases and vapours, for instance leaking coolant of a reef-er. This means that every closed container lacking any available information might contain high levels of toxic gases and vapours.

All these toxic gases and vapours are a real threat to the health of customs officers charged with the physical verification of containers. As the employer is legally responsible for the health and safety of the employees at work, the FPS Finance and more specific the customs department, had to develop a policy to protect their officers from this potential health risk.

That is why in 2011 the Belgian Administration of Customs and Excise has defined a Mission that clearly outlines the technical standards and requirements for gas measurement in the containers and has developed a Roadmap

which sets the standard procedure for first line verification operations. Both these measures aim to prevent custom officers from the risks related to the containers verification procedures.

2. Can you please tell us what the Roadmap consists of and what it states?

The roadmap is a kind of decision tree for first line verification officers, to perform an administratively correct and safe physical check of a container as concerned toxic gases and vapours.

The roadmap consists out of 3 parts:

PART 1:

The administrative conditions to be fulfilled to start the verification:

- Goods present
- Declarant or representative of declarant invited to be present
- Verifying officer present
- Acceptable gas measuring certificate (complying with the standards of the mission)

PART 2

The situations that can occur according to the measuring report, taking into account the measuring results and the advice of the measuring company:

- Stop
 - On hold
 - Start
- and the actions to be taken in case of stop or on hold:
- Forced ventilation + re-measuring
 - Natural ventilation + re-measuring
 - Other (for example use of personal protective equipment)

PART 3

Directions on a final visual check of the container, for indications of toxic gases or vapours to be present:

- outside (stickers, smell, taped vents, ...) and
 - inside (smell, body effect, remnants, ...)
- and possible actions to be taken in case of serious doubt:
- Counter measuring
 - Natural ventilation without re-measuring
 - Natural ventilation + re-measuring
 - Forced ventilation + re-measuring
 - If necessary emergency procedures

3. How many workers are required to apply the Roadmap approximately? (i.e. how many officials are actively involved in container traffic?)

In Belgium, we have approximately 350 officers directly involved in physical verification of containers. About another 250 officers are indirectly involved in physical checking of containers. They are for instance charged to supervise the unloading of containers prior to the actual physical verification of the cargo.

4. In compliance with the Roadmap, when physical verification of a container takes place, a preliminary gas measurement with closed doors should always be performed. Who is supposed to bear the cost of such a gas measurement? Is it a cost to be borne by the declarant or by the customs?

According to the Union Customs Code, the declarant pays for the gas measurement and all other costs related to the verification, such as transport to ventilation zone, cost charged for stay at the ventilation zone, re-measuring of the container after ventilation and, if necessary, personal protective equipment.

5. Is there any kind of sanction for the customs officials not abiding by the Roadmap procedure for verification operations?

If we notice customs officers are not following the prescribed procedures, we contact their team leaders and we ask them to discuss with the officers the reason/s why they did not follow the procedure (to check if there are problems with the procedure itself, that makes it impossible or extremely difficult to follow the procedure). We also ask the team leader to warn the officer once again about the dangers of toxic gases and vapours in containers and to tell them once again what the consequences might be for personal health.

The team leader decides whether or not to take sanctions or to refer to the problem in the development/evaluation circle of the involved official.

6. Did the Administration of Customs and Excise involve, consult or just inform the representative organisations of the workers affected by the Roadmap in carrying out the measure and in its implementation?

The basis of our strategy is communication and cooperation. We have a national working group and a local working group. So officers from the field were involved in developing the policy. Major stakeholders were also involved in this process. It is no use to create a policy that for some reason cannot be followed by officers and/or stakeholders (such as the logistic sector, association of port-related companies, declarants, gas measuring companies). Nor it

makes sense to implement a policy without the approval of the associations representing the health and safety of the employees (ISPPW, doctors of FPS Public Health, unions).

We keep the communication lines open and this permanently allows us to make improvements in terms of health and safety, but also in terms of efficiency. Once the basic policy has been set up, we involve, consult and/or inform the parties, depending on the importance and type of amendment we are implementing. We constantly provide for information on the internet and on the intranet, but also in meetings, information sessions and if necessary on personal or company level.

7. What are the results observed by monitoring the implementation of this measure? Has its application resulted in decreasing accidents, injuries, and diseases due to toxic gases and vapours?

This is a difficult question to answer. Not all effects of exposure to high levels of toxic gases and vapours are immediately visible. Some effects might even turn up after several years, for example, cancer and damage to the central nervous system. Moreover, from a scientific point of view, some (toxic) gases and/or vapours, might have health effects that are not known yet. The human body is very complicated, and gases and vapours can work on very different body parts (organs, blood, brains, lungs). Some effects are chronic, and people do not see immediately the link with gases and vapours in containers. Some effects are accumulative (complaints come up after multiple exposures to high levels of various toxins), sometimes toxins might be cross reacting, sometimes environmental factors have an influence on the effect of toxic gases and vapours (temperature, humidity) and last but not least, for some toxins, not every person reacts the same. Taking into account all these various elements it is difficult to set a reference point and even more difficult to make conclusions on the results of our gas policy.

Of course, there are short-term effects that are immediately visible, like a headache, tearing eyes and breathing problems. Before we implemented our gas policy officers paid little attention to inconveniences that came up after verifying containers, no one had any idea of the possible consequences of exposure to high levels of toxic gases and vapours. So nearly no one reported possible inconveniences, ailments or diseases, except for extreme situations with clear symptoms.

However, the problem was there and we needed to take action to prevent our officers suffering from inconveni-

5. Good practices from selected public administrations in Europe

es, ailments or diseases. What we certainly did reach is that officers are aware of the risks now and that they are much more careful when they need to open a container. Officers take precautions and try to prevent getting caught by toxic gases and vapours. From this point of view, the policy definitely is an improvement.

5.3. GERMANY

Interview with Tiana-Christin Schuck, Prevention Consultant - German Social Accident Insurance Institution of the Federal Government and for the railway services (UVB) - Department of Psychology and Health Management - Protection and prevention;

& Martina Nethen-Samimy - German Social Accident Insurance (DGUV) - Health and Safety Department - Regulations and Rules Unit

The German organisational framework

1. How is the prevention of occupational hazards organized in the German public sector? Is there a specific office or a single person within the public administration in charge of OSH management for the public sector's employees?

In Germany, health and safety at work is managed by the Ministries of Labour and Social Affairs at both federal and Land level, in accordance with the federal structure of Germany. The statutory (social) accident insurance institutions – whose peak-level association is the German Social Accident Insurance (Deutsche Gesetzliche Unfallversicherung, DGUV) both for the industrial (Berufsgenossenschaften, BG) and public (Unfallkassen, UK) sectors – are legally bound to develop accident prevention regulations, which are worked out by expert committees and approved by the Federal Ministry for Labour and Social Affairs (BMAS). Each of the 16 Länder is responsible, through its labour inspection authorities, to implement and control the compliance with national regulations on OSH.

(source: Country Profile of Occupational Health System in Germany edited by the World Health Organization, pages 17-24, http://www.euro.who.int/__data/assets/pdf_file/0010/178957/OSH-Profile-Germany.pdf).

2. What does risk assessment consist of in Germany?

The risk assessment is an occupational safety obligation (cf. Labour Protection Act). It is designed as a continual improvement process with the aim of improving occupational safety and health and preventing accidents and work-related health risks. The focus is therefore on working conditions.

Among other matters, the Labour Protection Act sets forth that risk assessments must include mental stress, but the instrument applied to perform this task is not stipulated. The Checklist is one option.

A good practice from Germany

In 2014 the Federal Agency for Family and Civil Society Tasks (Bundesamt für Familie und zivilgesellschaftliche Aufgaben - BAFzA) kicked off a project on the risks assessment for mental stress. The German Social Accident Insurance Institution of the Federal Government and for the railway services (Unfallversicherung Bund und Bahn - UVB), which has supported the BAFzA in this project, has developed a risk assessment for mental stress with the help of a short questionnaire, the so-called mental stress checklist, in combination with a discussion circles system as a continuous improvement process.

3. What is the “Mental Stress Checklist”?

The “Mental Stress Checklist” is a short questionnaire aiming to assess mental stress at the workplace, which was sent to every employee of the BAFzA individually. It contains 19 questions to which one must answer “Rather yes” or “Rather no”, with the aim of detecting the presence (or not) of one or several of the 19 mental stress factors listed.

The mental stress factors are the following:

1. Incomplete tasks
2. Lack of variety
3. Bad workplace design
4. Lack of information about the tasks
5. Inadequate qualifications
6. Danger of injury or illness
7. Unfavourable working environment
8. Increased emotional pressure
9. Lack of room for manoeuvre: time
10. Lack of room for manoeuvre: procedure
11. Lack of information concerning the development of the body
12. Disturbances
13. Time or deadline pressure
14. Lack of feedback/acknowledgement
15. Unclear decision-making structures
16. Arranged overtime
17. Lack of prompt time off compensating for overtime
18. Lack of opportunity to work in collaboration with colleagues
19. Negative social atmosphere

4. How is the “Mental Stress Checklist” applied?

Employees are questioned as experts in the context of their own workplace. Indeed, they are the best qualified to assess whether they are working under time/deadline pressure, for instance. This is also why the employees' gender or age is not provided, but the questions focus instead on task-specific matters for so-called specific target groups. Employees respond to the questionnaire anonymously and in writing. In the event of at least half the respondents in a specific target group identifying at least one mental stress factor at their workplace, the stress factor in question will be considered as existent. For example, if 60% of employees in one target group respond "Rather no" to the question "Are you able to work without time or deadline pressure most of the time?", the conclusion will be that time/deadline pressure is a risk in the activity at hand.

In 2003, on the basis of a scientific analysis of the "Mental Stress Checklist", the Technical University of Dresden proved that the existence of stress factors can be assessed on the basis of this instrument.

5. In addition to the Checklist, what measures are meant to involve employees in the risk assessment for mental stress?

In addition to the Checklist, circles of employees ("discussion circles") are set up. Complementary measures were: additional written questionnaires concerning stress factors in the case of 50 % of "Rather no" answers, the inclusion of the body's occupational health management department, and on occasion, interviews with management representatives.

6. What happens after the mental stress factors have been identified?

The UVB recommends that "discussion circles" be set up because employees often have ideas as to how to prevent risks. These "discussion circles" are discussions held in groups/groups of colleagues composed of respondents from the target groups, during which they discuss the identified risks. For example, questions such as the following are raised and discussed: What does "time or deadline pressure" mean in our case? How does it come to light? Why is there a time or deadline pressure? How could it be prevented or at least reduced? What can be done to help employees deal with time or deadline pressure better? These discussions will permit the design of sensible, target-group specific, needs-based measures to improve working conditions.

As soon as a risk factor has been sufficiently clearly identified, (improvement) measures must be applied. The aim is to prevent or at least reduce risk factors. In addition, the

effectiveness of these measures must be evaluated and the entire process must be documented.

7. What stress factors have been identified by using the Checklist?

In the 20 target groups, the "Rather no" response was given by employees to the following questions:

Tasks:

- 1.4. Information concerning the task (work area)
01 target group
- 1.6. Free of high danger of injury – 04 target groups
- 1.7. Free of unfavourable working conditions
04 target groups
- 1.8. Free of high emotional pressure – 10 target groups
- 1.10. Influence of the procedure to follow
01 target group
- 1.11. Information concerning development
10 target groups

Work organisation:

- 2.1. Free of disturbances – 09 target groups
- 2.2. Free of time pressure – 08 target groups
- 2.3. Sufficient feedback – 09 target groups
- 2.4. Clear decision-making structures
09 target groups

Social:

- 3.1. Collegial collaboration – 01 target group

Conclusion:

The survey was carried out closely following the full restructuring of the Agency due to the cancellation of civil service, which can explain the responses to questions 1.8/1.10/1.11/2.3/2.4.

The social structure of the Agency is fine. Indeed, one group of field service workers mostly answered "Rather no" to this question (which goes hand in hand with the nature of the matter).

8. Do you know what measures have been introduced to prevent accidents due to the identified risk factors?

The measures introduced are multi-faceted and cannot all be listed. The most important ones are:

- Introduction of regular meetings
- Development of knowledge databases
- Improvements to departments with more personnel
- Safe driving training sessions for field service workers
- Further training (e.g. on how to deal with difficult custom-

5. Good practices from selected public administrations in Europe

ers/time management/communication)
Team training

9. Did the implementation of the Checklist succeed in improving the assessment and management of the mental stress risks?

Improvements have been noted in all areas. An evaluation will be performed in approximately 5 years.

5.4. ITALY

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Interview with Cristina Di Tecco, Psychologist of Work and Organisations - National Institute for Insurance against Accidents at Work (INAIL) - Department of Medicine, Epidemiology, Occupational and Environmental Hygiene - Laboratory for psychosocial risks and the protection of vulnerable workers;

& Benedetta Persechino, Researcher - National Institute for Insurance against Accidents at Work (INAIL) - Department of Medicine, Epidemiology, Occupational and Environmental Hygiene - Laboratory for psychosocial risks and the protection of vulnerable workers

A good practice from Italy: the detection of risks perception realized within the INSuLa project

A major part of the INSuLa project ended in 2014, has been a national survey on health and safety risks perception and on the general level of awareness related to the implementation of Decree 81/2008, transposing the Health and Safety Framework Directive (89/391/EEC). This survey has been carried out with the involvement of all the stakeholders of the Italian prevention system. INSuLa is structured in a leading project, focusing on a wide and representative sample of employees (in total 8.000, 14,9% of which working in the public sector) and employers (1.010 including both public and private sector) and in three specific projects focused on the other prevention actors (especially doctors competent for the health surveillance of workers, workers' health and safety representatives, Prevention and safety at work services - SPSAL, which are situated within each Local health service - ASL).

1. How has the survey questionnaire been designed?

The questionnaire has been developed through an accurate analysis of the relevant scientific literature and a benchmarking analysis of the most important European surveys on this topic (EWCS, ESENER etc.). In selecting the factors to be considered, a workshop featuring a debate among national social partners and some international ex-

perts took place. For each prevention actor involved an ad hoc multi-choice questionnaire has been set up.

The most important feature analysed therein is the health and safety system provided by Decree 81/2008 and its implementation, which is a question asked to each actor interviewed (employees, employers, doctors competent for the health surveillance of workers, managers responsible for the protective and preventive service - RSPP, workers' health and safety representatives, Prevention and safety at work services - SPSAL). All the different questionnaire models have a common part, in which some questions are addressed to all actors interviewed, and a more specific part based on the peculiarities of the single actor concerned, in order to outline an overall view of the Italian health and safety system.

2. What is the questionnaire focused on and what questions have been specifically developed to measure workers' perception of health and safety risks in the workplace?

As stated above, the main point examined by interviewing all prevention players is the health and safety at work legislation and its implementation; with regard to the leading project, the questionnaire for employees includes item related to the perceived health and safety at work, as risk perception; exposure to risk factors; working conditions; impact on physical and mental health. With reference to health and safety risks, employees were asked to tell about the health and safety risks existing in the workplace (including all the different types of OSH risk factors encompassed within Decree n. 81/2008), the knowledge of their entity, the fear of getting sick or injured and they were even required to express an opinion on the personal exposure to accidents and the other health and safety risks.

A specific area on working conditions surveys in depth the work context and the work content which potentially affect employees' health and safety, as well as how workers feel about working such as job satisfaction and the sense of belonging. The health status of the respondent, both physically and psychologically, is also examined. In particular, respondents are asked, for example, to evaluate their general health, reporting whether or not they have suffered, in the previous 12 months, from specific health problems, such as, for instance, backache, hearing problems, cardiovascular disorders or insomnia, and whether or not they have had symptoms attributable to depression.

3. What results did the survey deliver specifically with regard to the perception of psychosocial risks, such as work-related stress?

The workers interviewed (8,000 employees) reported they mostly felt exposed to the work-related stress risk, which is followed by the display screen equipment risk and the physical and biomechanical risks. This result reflects the total sample, whereas there are significant differences among economic/productive sectors and company sizes. Considering the sectoral breakdown of the survey results, for example, the health services sector is the one with the highest average score for work-related stress risk, whereas the one with the lowest average score is the construction sector, in which other kinds of risks proved crucial.

4. What are the findings on the symptoms, as e.g. depressive disorders?

The findings revealed that the majority of employees declare to have a “good” or “very good” health status, not only in the total sample but in all the sub-groups deriving from socio-demographic and business variables. The overall percentage of employees who reported to have a “decent”, “good” and “very good” health status is more than 96,8% and in the group of young people (16-24 years old) this percentage is even 100,0%. However, generally speaking, a deterioration in the health status data can be pointed out for women, as well as for ageing workforce.

The tendency of interviewed workers to depressive disorders has been measured taking as reference period the two working weeks prior to the survey-performing, by asking how often they had low interest in doing things or felt sad, through validated indicators taken by the Patient Health Questionnaire (PHQ-2). The majority of the total sample reported that they had never had low interest or pleasure in doing things in the reference period, whereas around 30% of the sample declared they had felt in such a situation only over a few days. Very similar results are showed as well for the question concerning sadness or desperation. Nevertheless, the in-depth analysis of socio-demographic variables shows that much more male workers than female ones reported they had never had low interest or pleasure in doing things and had never felt sad or desperate in the two weeks before the interview.

5. Were the public servants representative organisations involved in selecting the issues and features to be examined through the questionnaire? How?

In the phase of selection of the issues to be studied, representative organisations both of employers and workers have been involved as advisory board for the project, making a fundamental contribution in picking the points to be addressed.

6. The INSuLa project originally aimed at creating a permanent system monitoring employment conditions and allowing, over time, to adapt the survey. Has this permanent detection system eventually been established?

This project has been essential to the creation of a permanent system for detecting the health and safety at work risks perception, which provides for information on the working life quality and allows, over time, to adapt the survey to the changes in the world of work and to the needs of the main actors involved in the prevention system. Consequently, with reference to the years 2016-2018, the mapping and monitoring at the national level of employees’ and employers’ perception of OSH risks were included among the mandatory research activities entrusted to the National Institute for Insurance against Accidents at Work (Istituto Nazionale per l’Assicurazione contro gli Infortuni sul Lavoro, INAIL).

Another good practice from Italy: the INAIL methodology for the work-related risk assessment and management

The methodological path set up by INAIL in 2010 has been borrowed from the Health and Safety Executive (HSE - the British government body responsible for the OSH) Management Standards Model and its “Indicator tool” has been validated in Italy through a process involving more than 75 organizations from different production sectors and more than 6.300 employees.

The main aim was to provide a systemic path which allows both employers and the company prevention players with a “step-by-step” guide to managing work-related stress risk, involving the same basic principles and processes as all types of risk assessment covered by the current regulatory framework, through a simple and, at the same time, rigorous approach to the use of validated instruments.

7. In short, how has the integrated methodological path for assessing and managing work-related stress been designed?

The INAIL proposal is an integrated and scientifically sound methodological path, based on a holistic and participatory approach which provides the coordinated and integrated involvement of workers and all prevention players. This methodological path is the outcome of a research activity conducted by the INAIL Department of Medicine, Epidemiology, Occupational and Environmental Hygiene (Dipartimento di Medicina, Epidemiologia e Igiene del

5. Good practices from selected public administrations in Europe

Lavoro e Ambientale, DiMEILA). This research, thanks to the collaboration with a dense network of national and international partners, led to the development of a proposal for assessing and managing the work-related risks that are sustainable, modular and easy-to-use for the enterprises. The path is based on the paradigm of the risk management applied to the health and safety at work and so it is a dynamic and continuous process which, beginning with the detection and measuring/estimation of the risk, identifies the sources, strategies and actions essential to managing and preventing it.

It consists therefore of a cyclic methodological process composed by four principal phases, each one essential and strongly recommended, in order to achieve a correct detection and management of work-related stress risk: preparatory phase; preliminary assessment phase; in-depth assessment phase; phase for planning the subsequent actions (monitoring and response). For each phase specific instruments and/or documents shall be provided, supporting the enterprises which make use of the INAIL methodology, available on an online platform freely accessible upon registration.

8. The so-called “in-depth assessment” – consisting of the assessment of the employees’ risk perception which is useful for the detection and characterisation of the work-related stress risk and its causes – provides for a questionnaire-indicator tool. This questionnaire-indicator tool is composed of 35 questions concerning the working conditions recognized as potential causes of work-related stress. How have these potential drivers of work-related stress been grouped?

The questionnaire-indicator tool has been developed by the HSE on the basis of the Management Standards Model and both the English version and, afterward, the Italian one has been validated. The Management Standards are a key area for the work organisation and, when they are not accurately managed, this may bring health and wellbeing problems for workers, affecting the company productivity levels as well.

The six Management Standards cover six key areas of work design, namely:

1. Demands;
2. Control;
3. Support;
4. Relationships;
5. Role;
6. Change.

These areas are meant to be matching with some benchmarks, defined as ideal conditions, which are to be achieved as to effectively manage the work-related stress risk. The questionnaire consists of 35 items concerning the 7 dimensions which are measured by two alternative sets of answers: a scale of frequency (from 1 = never to 5 = always) and a Likert scale of agreement (from 1 = strongly disagree to 5 = strongly agree). Thanks to the validation and standardisation process, the factor-based structure of the English version has been confirmed and the threshold values have been calculated for each single dimension measured with the sample used for reference. This allows the enterprises to analyse their own results by comparing them and the Italian benchmark values through the online platform.

9. Has the validation process of the questionnaire even involved public servants? If this is the case, what public administration did they work for?

The validation sample included 6.378 Italian employees working for 65 enterprises. More than a third (36%) belonged to the public sector. Hospitals, Local Agencies, Ministries, Universities, Regions, and schools were included.

10. Did the INAIL have the opportunity to participate in any project aimed at implementing the methodological path to public bodies? What are the main findings of these projects?

The INAIL’s DiMEILA recently participated, as leading partner, to the project “Monitoring and response plan for the optimisation of the work-related stress assessment and management”, funded under the CCM 2013 programme of the Italian Ministry of Health. This project has been a testing time for the state of implementation of the obligation to carry out a risk assessment (as set out in the 2014-2018 National Prevention Plan), as well as for the efficiency and the impact of the INAIL methodology. Furthermore, it has been an opportunity to develop and test integrated tools recalibrated on the basis of the company and sector characteristics, included the healthcare sector ones. By monitoring the companies (conducted by both INAIL and Italian Regions), the sectors of health, welfare and the public one have been identified as the sectors at greater risk of work-related stress. Within this project, the collaboration with the University of Bologna allowed the integration and experimentation of new tools in addition to the standard ones proposed by the INAIL methodology, which are designed taking into account the specific features of the health sector. The aim is to develop the meth-

odology by customising and putting it into the company context in order to detect and address the specific needs and peculiarities of each work environment. In the same vein, an ongoing collaboration between the INAIL's DiMEI-LA and the Italian Region Sardinia aims at supporting the Region in assessing and managing the work-related stress risk by experimenting additional and integrative tools and by evaluating the entire methodological system. This project also aims at improving and developing solutions specifically oriented to the public administrations' needs.

6. Bibliography

- ETUC, UNICE, UEAPME, CEEP, 2004, **Framework Agreement on Work-related Stress**, signed by European Trade Union Confederation (Etuc), Union of Industrial and Employers' Confederations of Europe (Unice), European Association of Craft Small and Medium-Sized Enterprises (Ueapme), European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest (Ceep), 8 october 2004.
- Eurofound, 2016, **Sixth European Working Conditions Survey – Overview report, Publications Office of the European Union, Luxembourg.**
➤ http://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1634en.pdf
- Eurofound, 2016, **Developments in working life in Europe: EurWORK annual review 2015.**
➤ http://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1631en.pdf
- Eurofound, 2015, **First findings: Sixth European Working Conditions Survey. Résumé.**
➤ http://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1568en.pdf
- Eurofound, EU-OSHA, 2014, **Psychosocial risks in Europe. Prevalence and strategies for prevention, Publications Office of the European Union, Luxembourg.**
➤ <https://osha.europa.eu/en/tools-and-publications/publications/reports/psychosocial-risks-eu-prevalence-strategies-prevention>
- Eurofound, 2010, **Fourth European Working Conditions Survey: Contribution to policy development.**
➤ http://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1004en.pdf
- Eurofound, 2010, **Work-related stress.**
➤ http://www.eurofound.europa.eu/sites/default/files/ef_files/docs/ewco/tn1004059s/tn1004059s.pdf
- European Commission, 2014, **EU Occupational Safety and Health (OSH) Strategic Framework 2014-2020.**
➤ <http://ec.europa.eu/social/main.jsp?catId=151>
- European Commission, 2014, **Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU Strategic Framework on Health and Safety at Work 2014-2020.**
➤ <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0332>
- European Commission, 2011, **Commission Staff Working Paper. Report on the implementation of the European social partners' Framework Agreement on Work-related Stress.**
➤ http://www.europarl.europa.eu/registre/docs_autres_institutions/commission_europeenne/sec/2011/0241/COM_SEC%282011%290241_EN.pdf
- European Commission, 2007, **Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work.**
<http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52007DC0062&from=EN> ➤
- European Commission, 2004, **Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee Of Regions on the practical implementation of the provisions of the Health and Safety at Work Directives 89/391 (Framework), 89/654 (Workplaces), 89/655 (Work Equipment), 89/656 (Personal Protective Equipment), 90/269 (Manual Handling of Loads) and 90/270 (Display Screen Equipment).**
<http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52004DC0062&from=EN> ➤
- European Parliament, 2013, **Occupational health concerns: stress-related and psychological problems associated with work.**
[http://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/507455/IPOL-EMPL_ET\(2013\)507455_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/507455/IPOL-EMPL_ET(2013)507455_EN.pdf) ➤
- EU-OSHA, 2016, **EU OSH Strategic framework.**
https://oshwiki.eu/wiki/EU_OSH_Strategic_framework ➤
- EU-OSHA, 2014, **Scoping study for a foresight on new and emerging occupational safety and health (OSH) risks and challenges.**
<https://osha.europa.eu/it/tools-and-publications/publications/reports/scoping-study-for-a-foresight-on-new-and-emerging-osh-risks-and-challenges/view> ➤
- EU-OSHA, 2013, **Psychosocial risks and workers health.**
https://oshwiki.eu/wiki/Psychosocial_risks_and_workers_health ➤
- EU-OSHA, 2013, **Standardisation and certification.**
https://oshwiki.eu/wiki/Standardisation_and_certification ➤
- EU-OSHA, 2010, **European Survey of Enterprises on New and Emerging Risks: Managing Safety and Health at Work, Publications Office of the European Union, Luxembourg.**
https://osha.europa.eu/en/node/6745/file_view ➤
- Gollac M., Bodier M., 2011, **Mesurer les facteurs psychosociaux de risque au travail pour les maîtriser. Rapport du Collège d'expertise sur le suivi des risques psychosociaux au travail, faisant suite à la demande du Ministre du travail, de l'emploi et de la santé.**
http://travail-emploi.gouv.fr/IMG/pdf/rapport_SRPST_definitif_rectifie_11_05_10.pdf ➤

- ILO, 2016, **Workplace stress: a collective challenge**, Geneva.
 ➤ http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_466547.pdf
- ILO, 2016, **Non-standard employment around the world: Understanding challenges, shaping prospects**, Geneva.
 ➤ http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_534326.pdf
- ILO, 1984, **Psychosocial factors at work: recognition and control**. Report of the Joint ILO/WHO Committee on occupational health – ninth session, Geneva (published in 1986).
 ➤ http://www.who.int/occupational_health/publications/ILO_WHO_1984_report_of_the_joint_committee.pdf
- Leka S., Griffiths A., Cox T., 2005, **Work-related stress: The risk management paradigm**, in Antoniou A., Cooper C., 2005, **Research companion to organisational health psychology**, Edward Elgar, Northampton, UK, 174.
- Prause M., Weigand J., 2016, **Industry 4.0 and Object-Oriented Development: Incremental and Architectural Change**, *Journal of Technology Management & Innovation*, vol. 11, no. 2, Santiago, jun. 2016.
 ➤ http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0718-27242016000200010
- The Sainsbury Centre for Mental Health, 2007, **Mental health at work: developing the business case**.
 ➤ <http://www.impact.ie/wp-content/uploads/2015/07/Mental-Health-at-Work.pdf>

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The European Confederation of Independent Trade Unions (CESI) defends the interests of over five millions of workers towards the European Institutions and represents more than 40 trade union organisations in 28 EU and accession countries. Since 2005, CESI has been a recognised social partner and, in this capacity, is regularly consulted within the framework of social dialogue at European level.

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