European Agency for Safety and Health at Work

European Risk Observatory Report

European Survey of Enterprises on New and Emerging Risks

Managing safety and health at work

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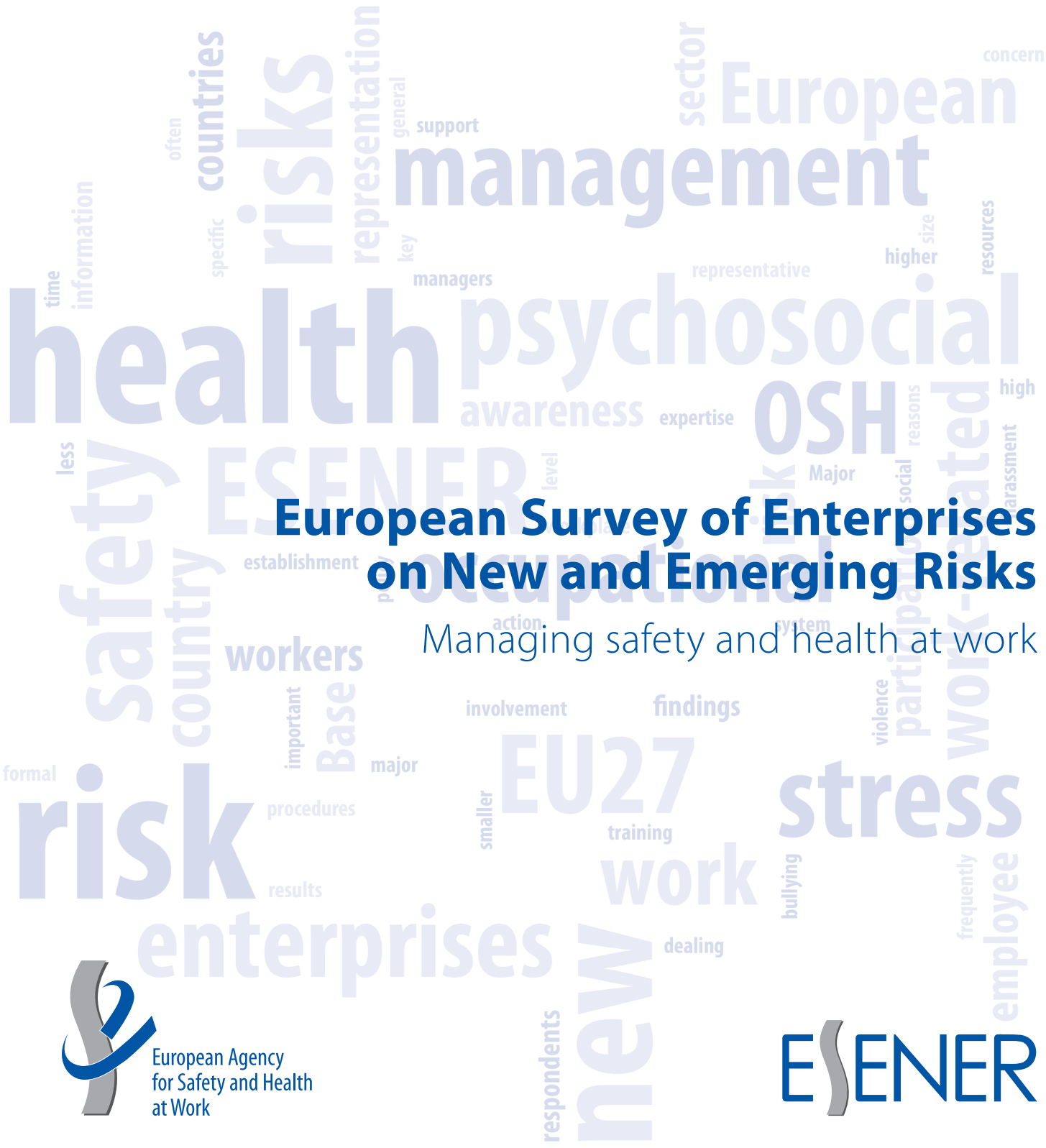

European Agency for Safety and Health at Work

ESENER

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Country codes

Abbreviation (alphabetical order)	Country
AT	Austria
BE	Belgium
BG	Bulgaria
CH	Switzerland
CY	Cyprus
CZ	Czech Republic
DE	Germany
DK	Denmark
EE	Estonia
EL	Greece
ES	Spain
FI	Finland
FR	France
HR	Croatia
HU	Hungary
IE	Ireland
IT	Italy
LT	Lithuania
LU	Luxembourg
LV	Latvia
MT	Malta
NL	Netherlands
NO	Norway
PL	Poland
PT	Portugal
RO	Romania
SE	Sweden
SI	Slovenia
SK	Slovakia
TR	Turkey
UK	United Kingdom

Foreword

EU-OSHA's European survey of enterprises on new and emerging risks helps fill a very important information gap in the world of health and safety at work. Data have been available for many years on work-related accidents and ill-health through surveys directed at workers and through reporting systems. However, we know very little about the way in which health and safety risks are managed in practice; particularly those that are 'new and emerging', such as work-related stress, violence and harassment.

A better understanding of the way in which enterprises tackle all aspects of health and safety is particularly important at this time, as employers face several important new challenges. Companies are under even more pressure to remain competitive in a time of recession and therefore have to use resources efficiently and in a targeted way. This may have an impact on developing prevention strategies as well as staffing levels. At the same time, work-related stress, violence and harassment present a new and increasing challenge for enterprises. Therefore, an understanding of workplaces' needs for support and expertise, of the factors that encourage action and of those that hinder it, is essential for the design of effective interventions.

A key role of EU-OSHA is to provide information that will contribute to the formulation and effective implementation of measures designed to improve the working environment as regards the protection of the health and safety of workers. ESENER is set to play a key part in helping the Agency to fulfil this role, not only through presentation of the findings in this report, but also through the follow-up studies, independent research and campaigns that will draw on its data in the years ahead.

Jukka Takala

Director

European Agency for Safety and Health at Work

Executive summary

Through the Framework Directive 89/391/EEC and its individual directives, European Union legislation provides the framework for workers in Europe to enjoy high levels of health and safety. Implementation of these provisions differs from one country to another and their application at the workplace varies according to sector, category of worker and size of organisation. The key question that ESENER addresses is how workers' health and safety is safeguarded in practice – with the aim of identifying factors that facilitate or encourage enterprises to take effective measures and those that impede or discourage such action. This type of information is vital to the development of effective policies – whether regulatory, guiding or supportive – and in order to be prepared for the challenges to come. One of the main challenges facing employers today – clearly identified in the Community Strategy – is the increasing importance of 'emerging' risks, such as stress, violence and harassment.

EU-OSHA's European survey of enterprises on new and emerging risks (ESENER) explores the views of managers and workers' representatives on how health and safety risks are managed at their workplace. From the range of workplace risks, the survey places particular focus on the growing – and relatively new – area of psychosocial risks. These risks, which are linked to the way work is designed, organised and managed, as well as to the economic and social context of work, result in an increased level of stress and can lead to serious deterioration of mental and physical health.

Workers' involvement is a further aspect of the management of safety and health at work that is described by ESENER. With a separate interview directed at health and safety representatives, the survey investigates how this legal obligation is put into practice in European workplaces.

Involving close on 36,000 telephone interviews, ESENER covers private and public sector establishments with ten or more employees in the 27 EU Member States, as well as Croatia, Turkey, Norway and Switzerland. The survey asks respondents about the measures taken at the workplace, the main drivers for taking action and the most significant obstacles. Questions cover management of health and safety in general, management of psychosocial risks and also the participation of workers. This report describes a number of interesting findings revealed by the survey.

The findings from ESENER suggest that European enterprises are on the whole positively engaged in the management of health and safety. However, there are important differences between countries, size of enterprise and sector, with respect to establishments' levels of awareness, management commitment, preventive actions taken and involvement of employees. Some overall conclusions may be drawn on the basis of the survey findings:

- Formal OSH policies are more frequent in larger establishments and, by country, in Ireland, the United Kingdom, the Netherlands and the Nordic[1] countries compared to southern European countries, the newer Member States and the candidate countries. This might be due to differences in the awareness, knowledge and tradition of dealing with OSH in these countries.

- Enterprises that do not have an OSH policy, or do not carry out risk assessments or similar measures, cite as the key reasons that these are not necessary or that they lack the necessary expertise. These factors appear to be more frequent among smaller enterprises and in certain countries. Interestingly, legal complexity is not reported to be a major obstacle for the adoption of OSH policies.

- Risk assessments or similar measures are more likely to be carried out by enterprises having a health and safety representative and in larger establishments as well as in the more hazardous sectors. Employee representation appears to be a key driver for addressing OSH issues.

- More than one third of establishments – particularly the smaller ones – outsource risk assessments to external providers. There are, however, important country differences, with very low outsourcing being reported in Denmark, the United Kingdom, Sweden and Estonia, even among the smaller establishments.

- While most of the measures taken to follow up risk assessments centre on more traditional issues (equipment, work environment and training), a significant proportion are also directed at work organisation issues, which could suggest an increasing concern with new and emerging risks typical of the modern work environment.

[1] Refers in this report to Denmark, Norway, Finland and Sweden

- Larger enterprises make most use of health and safety services; particularly the more traditional expertise such as safety experts and occupational doctors, compared with more modern OSH specialists such as ergonomists and psychologists. However, the range of expertise used varies considerably between countries.

- In about 40% of establishments OSH issues are regularly raised at high-level management meetings, while line managers' involvement in OSH management is reported to be very high or quite high in the majority of establishments (75%).

- Accidents, musculoskeletal disorders (MSDs) and work-related stress are the principal OSH concerns for European enterprises. Violence and especially bullying and harassment are reported to be a major concern in a fairly large number of enterprises.

- Causes of sickness absence are only analysed by half of the respondents; principally the medium and large establishments and those in the health and social work sector.

- Management of psychosocial risks is more frequent in the health and social work sector and in larger establishments. Southern European countries – except Spain – show less awareness and are less likely to take action to manage psychosocial risks.

- Time pressure, lack of employee control in organising their work, and job insecurity are the key psychosocial risk concerns reported by managers.

- More formalised procedures to manage psychosocial risks appear widespread in only a few countries, such as Ireland, the United Kingdom, the Netherlands and the Nordic countries. They also tend to be more widely used in large establishments and in the public, financial intermediation, education, and health and social work sectors.

- Establishments generally deal with psychosocial risks by providing training and by implementing changes in work organisation, rather than by establishing policies or procedures. Only about half of the respondents inform employees about psychosocial risks and their effect on health and safety.

- Fulfilment of legal duties and requests from employees appear to be the main drivers for addressing both OSH in general and psychosocial risks.

- The most important barriers to addressing psychosocial risks in establishments are the perceived sensitivity of the issue, together with lack of awareness and lack of resources.

- Managers recognise that employee participation is a key success factor both for OSH and for psychosocial risk management and, therefore, the role of the social partners remains crucial for the implementation of effective measures.

- Employee participation, whether formal (through works council or shop floor trades union) or informal (direct involvement), is associated with better quality management of health and safety in general and psychosocial risks in particular.

This first analysis of ESENER data shows that, in general, European employers are committed to effective management of OSH. However, within the overall positive picture, it is important to identify the circumstances or characteristics that are associated with better management of OSH and to take account of those that stand in its way. The identification of these factors – and how they vary between countries and types of enterprise – is essential for efficient targeting of interventions. Small and medium-sized enterprises in particular need support mechanisms tailored to their specific circumstances and requirements – especially as regards the management of psychosocial risks. Management of work-related stress, violence, bullying and harassment fits clearly within the EU framework of OSH management as set out in the 1989 Directive. Although ESENER shows that a significant number of employers are taking an integrated approach, there is still a long way to go before psychosocial risks are effectively managed, which is essential if Europe's workplaces are to be ready for the challenges ahead.

Participation of workers is a legal obligation – and a key success factor – in the management of OSH; ESENER not only provides further evidence of this, but highlights its even greater importance in the context of psychosocial risk management. The crucial role of social partners in the implementation of effective practices in this area was given an important boost through the European framework agreements on work-related stress (2004) and on harassment and violence at work (2007), both signed by the European social partners.

This report represents the first step in the dissemination of ESENER findings; further, in-depth analyses will be published in 2011. Although the results of the survey have provided some immediate, clear messages as illustrated in this report, much of the information that will be most important to policy makers will only come to light following more detailed analyses. Researchers will play a key role in interpreting the data produced by ESENER, not only through the secondary analyses commissioned by EU-OSHA, but also through independent research. The 36,000-interview ESENER dataset is accessible free of charge to researchers via the United Kingdom Data Archive (UKDA) of the University of Essex at http://www.data-archive.ac.uk/Introduction.asp. Furthermore, as the most important provider of information on safety and health at work at the European level, EU-OSHA will use the results of ESENER to focus its campaigns more effectively on the key issues for enterprises.

Introduction 1

1.1. New and emerging risks

As our society evolves under the influence of new technology and of shifting economic and social conditions, so our workplaces, work practices and production processes are constantly changing. Working environments have changed considerably during the last ten years and are continuing to evolve as a result of the following trends:

- New technology, such as the ever-growing importance of information and communication technology;
- Growth in the service sector, with the attendant increase in ergonomic and psychosocial risks;
- Increase in part time and temporary jobs;
- New employment trends, including the increase in self-employment, outsourcing and increased employment in SMEs;
- Demographic change and the ageing of the working population;
- The need to maintain employability through training and greater interest in autonomous work;
- Changing management structures – organisations becoming flatter, smaller and leaner;
- Increasing participation of women in the workforce;
- Increasing work intensity and work load.

New work situations bring with them new and emerging risks and challenges for workers and employers, which in turn demand political, administrative and technical approaches that ensure high levels of safety and health at work.

An 'emerging occupational safety and health (OSH) risk' is any occupational risk that is 'new' or is 'increasing'. By 'new' is meant that:

- the risk did not previously exist and is caused by new processes, new technologies, new types of workplace, or social or organisational change; or,
- a long-standing issue is newly considered as a risk due to a change in social or public perception (e.g. stress, bullying); or,
- new scientific knowledge allows a long-standing issue to be identified as a risk.

A risk is 'increasing' if the:

- number of hazards leading to the risk is growing, or the
- likelihood of exposure to the hazard leading to the risk is increasing (exposure level and/or the number of people exposed), or the
- effect of the hazard on workers' health is getting worse (seriousness of health effects and/or the number of people affected).

The need to identify new and emerging risks, so that they can be acted upon as soon as possible, is emphasised in the 2007-2012 Community strategy on health and safety at work 'Improving quality and productivity at work'.

Through its 'European Risk Observatory', EU-OSHA aims to provide the latest information on research concerning emerging OSH risks and so encourage more effective and better-planned research and prevention.

1.2. Monitoring OSH in Europe

In Europe there exists a wide variety of approaches to monitoring OSH, ranging in focus from the company level to national overview. The different approaches at national level include monitoring health outcomes, describing the workplace

environment, and describing the infrastructure and the level of prevention at national and at enterprise level. 'Traditional' data collection approaches, based on outcomes such as accident and disease data, have been complemented by new initiatives that combine data sources and monitor the infrastructure and resources at different levels. These initiatives strive to give as complete a picture as possible of OSH.

The main OSH monitoring initiatives at European level are the European Working Conditions Survey, carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) and the European Union Labour Force Survey, run by Eurostat. The aim of the first is to provide an overview of the state of working conditions throughout Europe and to indicate the nature of changes affecting the workforce and the quality of work. Among the topics covered by the survey are work-related health risks and health outcomes. The second initiative is a quarterly EU household survey that provides comparable data on employment and unemployment in the Member States. In 1999 and 2007 a set of questions (ad hoc module) was added on accidents at work and work-related health problems.

In addition to these surveys, Eurostat compiles the European statistics on accidents at work (ESAW) and the European occupational diseases statistics (EODS).

Most initiatives depend on workers' surveys or official registers; a lack of European monitoring systems at the employer level has been identified (Bakhuys Roozeboom, Houtman, & Van den Bossche, 2008).

1.3. An establishment survey on OSH

EU-OSHA's Europe-wide establishment survey on new and emerging risks (ESENER) explores the views of managers and workers' representatives on how health and safety risks are managed at their workplace, with a particular focus on psychosocial risks (phenomena such as work-related stress, violence and harassment). The changes taking place in the world of work give rise to emerging psychosocial risks, which are linked to the way work is designed, organised and managed, as well as to the economic and social context of work. Increased levels of stress and can lead to serious deterioration of mental and physical health. A recent international review of psychosocial risk surveillance systems (Dollard et al., 2007) highlighted the lack of an establishment level survey at the European level and this was also identified by the PRIMA-EF (Psychosocial risk management – European framework) project (Bakhuys Roozeboom, Houtman, & Van den Bossche, 2008; Leka & Cox, 2008). PRIMA-EF also highlighted the need for further assistance to European workplaces to deal with psychosocial risks, as well as the need to support stakeholders and policy makers in developing and implementing policy initiatives in this area (Leka et al., 2008; Natali et al., 2008).

In asking managers and health and safety representatives about how OSH is managed in practice, ESENER aims to assist workplaces across Europe to deal more effectively with health and safety and to promote the health and well-being of employees. It provides policy makers with cross-nationally comparable information relevant for the design and implementation of new policies in this field. The survey, which involves approximately 36,000 interviews and covers 31 countries (27 European Member States, Norway, Switzerland, Croatia and Turkey), has the support of governments and social partners at European level. For EU-OSHA, this project represents one of its most important initiatives to date and is expected to provide valuable information for use over several years.

Through the Framework Directive 89/391/EEC and its individual directives, European Union legislation provides the framework for workers to enjoy high levels of health and safety at the workplace. Implementation of these provisions differs from one country to another and their practical application varies according to sector, category of worker and size of enterprise. The increasing importance of 'emerging' risks, such as stress, violence and harassment, poses a challenge for policy makers in their development of effective prevention measures.

ESENER aims to identify important success factors and to highlight the principal obstacles to effective prevention. The survey investigates what enterprises do in practice to manage health and safety; what are their main reasons for taking action; and what support they need. As well as looking at management of OSH in general, the approach taken by enterprises to the

management of psychosocial risks is also examined. Emerging risks of this type present enterprises with a significant challenge and require efficient measures on the part of policy makers. It is expected that the results of the survey will improve the effectiveness of preventive actions by helping to ensure that they are comprehensive, targeted, and that they focus on the key issues.

Involvement of workers is a further aspect of the management of safety and health at work that is described by ESENER. With a separate interview directed at health and safety representatives, the results paint a comprehensive picture of the nature and extent of worker involvement in OSH management. The results also highlight the importance of worker involvement as a factor in the successful implementation of preventive measures at the workplace level. The results of the survey provide some immediate, clear messages; however, much of the information that will be most important to policy makers will only come out following more detailed analyses. With approximately 45 'content' questions in the management interview and a further 35 in the health and safety representative interview, researchers will play a key role in interpreting the data produced by ESENER. To this end, the 36,000-interview ESENER dataset is accessible free of charge to researchers via the UK Data Archive (UKDA) of the University of Essex at http://www.data-archive.ac.uk/Introduction.asp. The survey will provide researchers with comparable data that will enable better analyses to be made of, for example, approaches to prevention, attitudes to safety and health, or involvement of workers across Europe, by sector or size class. The methodology and specifications used by ESENER are in line with those used in the European establishment surveys of Eurofound.

Although ESENER's main benefits to workplaces are expected to arise through the interventions of policy makers, enterprises are free to use the survey questions directly at workplace level to set a benchmark and to compare their own OSH management practices with those at other enterprises.

As the most important provider of information on safety and health at work at the European level, EU-OSHA will use the results of ESENER to focus its campaigns more effectively on the key issues for enterprises. The 2008-2009 European campaign already benefited from up-to-date information on how enterprises carry out risk assessment, and support of this kind will make an important contribution to the Agency's forthcoming campaigns.

1.4. Survey structure

The ESENER management representative survey is structured in eight sections (see Table 1) while the employee representative survey comprises six sections (see Table 2). The questions in the employee representative survey partly reflect the employee representatives' views on the issues asked in the management survey as 'mirror questions' and also explore additional perspectives on OSH and psychosocial risk management and the resources available to the health and safety representative to carry out their tasks. Both questionnaires can be found in Annexes 2 and 3 and may be accessed online (master and all 41 national versions) at: http://www.esener.eu

This report presents the main findings from the management survey and highlights any key findings where differences are observed between the results from the management and the employee representative surveys. Detailed results from interviews with health and safety representatives will be presented in a separate report following further analysis of the data.

Table 1: Management representative survey structure

Section 1	Introductory questions - background information
Section 2	General health and safety in the establishment
Section 3	Health and safety risks in the establishment
Section 4	Management of psychosocial risks in the establishment
Section 5	Barriers for psychosocial risks management and existing support
Section 6	Formal employee representation in OSH issues
Section 7	Background information on the establishment
Section 8	Contact for employee representative interview

Table 2: Employee representative survey structure

Section 1	The role of the employee representative in OSH management
Section 2	Resources and training of the employee representatives in OSH issues
Section 3	General health and safety management
Section 4	Occupational health and safety and psychosocial risks
Section 5	Psychosocial risks management
Section 6	Drivers and barriers for psychosocial risks management

1.5. Methodology[2]

The survey was conducted in spring/summer 2009 among establishments with ten or more employees in the 27 EU Member States, as well as in Croatia, Turkey, Norway and Switzerland. It covers both private and public organisations from all sectors of activity except for agriculture, forestry and fishing, private households and extraterritorial organisations. Micro-enterprises with less than ten employees and establishments in the agriculture and fishing sector were excluded for practical reasons, including their insufficient coverage in many address sources and the costs associated with the very large samples that would be required. Samples for the survey were drawn according to a disproportional sample design which was later redressed by weighting. The survey is representative of close to two thirds of employment in the set of countries covered. Due to differences in the quantitative importance of the excluded sectors and the size composition of the national economies, this share varies from country to country.

Data was collected through computer-assisted telephone interviewing (CATI). In each establishment surveyed, the highest ranking manager responsible for the coordination of health and safety at work was interviewed. The survey was introduced among potential respondents as a survey aiming to assist workplaces to deal more effectively with health and safety, which is one of its main aims. This approach to defining the respondent and the topic ensured that the respondent was a person really involved in safety and health issues in the establishment. The alternative, more neutral, choice of the human resources manager as respondent and without reference to health and safety would, especially in large establishments, have resulted in many inaccurate or missing answers.

In addition to the management interview, an interview with the workers' health and safety representative was attempted wherever a formally designated representative with specific responsibility for the safety and health of workers existed. As a general rule (with some country exceptions), the first choice for this additional interview was the spokesperson of the employees' side in the health and safety committee. Where such a committee did not exist, the health and safety representative was selected for this interview. Where neither a health and safety committee nor a health and safety representative existed, evidently no health and safety interview could be carried out.

A total of 28,649 managers and 7,226 health and safety representatives were interviewed in the 31 countries covered. Per country, between about 350 (Malta) and 1,500 establishments were surveyed. The number and share of interviews conducted with health and safety representatives varies considerably between countries (see Annex 1, Table A.3). Throughout this report, comparisons between results from the management and the health and safety representative interviews refer only to those establishments for which both types of interview exist.

All results shown in this report are weighted results. Due to the large differences in the size of national economies, EU-27 averages tend to reflect the situation in the larger Member States more than that in the smaller ones. For more information on the methodology of the survey, see Annex 1 and the technical report available from the website http://www.esener.eu.

This report provides insight into the first results from bivariate analysis of the data. Results from multivariate analyses are beyond the scope of this report, for which the Agency has commissioned four separate studies for publication in 2011 involving a more complete exploration of the data.

[2] See also Annex 1

1.6. Results

Report structure

This overview report is divided into the following main chapters:

- **OSH Management:** examines what managers do to monitor health and safety at the workplace, what are their major concerns, what resources are used, whether policies are in place and whether workplace checks are carried out.

- **Psychosocial risks and their management:** explores understanding, prioritisation, assessment and management of psychosocial risks with regard to issues such as work-related stress, violence and harassment. Such risks, which are linked to the way work is designed, organised and managed, as well as to the economic and social context of work, result in an increased level of stress and can lead to serious deterioration of mental and physical health.

- **Drivers and barriers for OSH and psychosocial risk management:** focuses on the factors that can encourage enterprises to actively manage health and safety in general and psychosocial risks in particular and those that discourage or impede such action.

- **Employee participation:** describes the extent of employee participation and how it is implemented in practice through the views of both manager and employee representatives.

Data presentation

- The charts presented in this report show two averages: one for EU countries and one for the total number of countries surveyed. Where comparisons with the average are made in the report text, this refers to the EU average.

- All data used in the text of this report are rounded values. Due to differences in the rounding procedures between software types, slight differences of up to one percentage point between the graphic figures and the values mentioned in the text might appear.

OSH management | 2

In the European Union, the EU Framework Directive on safety and health at work (Directive 89/391/EEC) is the basic legal act that sets out general principles concerning the prevention and protection of workers against occupational accidents and diseases. It contains principles concerning the prevention of risks; the protection of safety and health; the assessment of risks; the elimination of risks and accident factors; and the informing, consultation and balanced participation and training of workers and their representatives. The Framework Directive gave rise to a series of 'daughter directives' applying its general principles to specific areas and aspects of health and safety.

Under the Framework Directive, employers are obliged to manage occupational risks in a preventive manner and to establish health and safety procedures and systems to do so. The directive requires a systematic, integrated, proactive and participative approach to OSH management with the aim that enterprises ensure continuous improvement in the safety and health of workers. Preventive measures must be integrated into all activities at all hierarchical levels and the main tool to be used in the OSH management process should be risk assessment. The directive obliges employers to evaluate the risks to the safety and health of workers and – following their evaluation – to take appropriate technical and/or organisational measures to assure an improvement in the level of OSH. In addition, employers have to monitor the effectiveness of the measures and adapt them to changing conditions and technical progress. Workforce participation in the management of health and safety and adequate training in OSH are also legal requirements of the Directive, designed to ensure the effectiveness of prevention measures. EU Member States have transposed the Directives' provisions into their national legislation, with stricter provisions in some cases, reflecting that the Directives set a 'minimum standard'.

A wide variety of hazards can be found at the workplace, ranging from the more 'traditional' mechanical, chemical, biological and physical to the 'new' psychosocial hazards, such as stress, bullying, harassment and violence. While a general risk assessment can be carried out with basic competence – typically supported by guidance or tools – some hazards can require specialist expertise, especially as regards risk assessment and the development of prevention measures. Support is available from specialists covering a broad range of disciplines, such as occupational medicine, occupational (or industrial) hygiene, public health, safety engineering, chemistry, ergonomics, toxicology, epidemiology, environmental health, industrial relations, sociology and occupational health psychology.

With appropriate support and guidance, even the smallest enterprises should be able to manage OSH effectively without recourse to specialist external services. Many guidelines, tools and sources of advice are available both at national level and at international level from various types of provider. The Programme on Safety and Health at Work and the Environment (SafeWork) of the ILO, in co-operation with the International Occupational Hygiene Association (IOHA), has identified key OSH management system (OSH-MS) elements. Even though ILO Guidelines (ILO-OSH, 2001) are not legally binding and not intended to replace national laws, regulations and accepted standards, they provide a unique international model, compatible with other management system standards and guides.

The ILO Guidelines encourage the integration of OSH-MS with other management systems and state that OSH should be an integral part of business management. While integration is desirable, flexible arrangements are required depending on the size and type of operation. Ensuring good OSH performance is more important than formality of integration. As well as being a top-level management issue, it is emphasised that OSH also needs to be a line management responsibility so that it is fully integrated in the organisation (ILO-OSH, 2001).

A recent study from EU-OSHA identifies the five building blocks for an effective OSH management system (EU-OSHA, 2009a):

1. Obtaining the support and involvement of all stakeholders

2. Setting measurable goals, following a baseline hazard assessment

3. Focusing on staff safety when implementing the system

4. Communicating progress and 'room for improvement'

5. Working towards continual improvement.

Another recent report by EU-OSHA (2009b) on OSH management emphasises the importance of risk assessment as the cornerstone of the European approach to OSH and the starting point of a suitable risk management process. According to the report, the basic success factors for effective risk assessment are:

- detailed risk assessment and accurate assessment of the problem/situation;
- strong motivation on the part of management/ leadership;
- support from top management to ensure all necessary resources are available;
- involvement of relevant actors;
- good analysis/knowledge of effective solutions, best practice and available scientific or technological innovations;
- trust and cooperation between the parties involved;
- absence of significant obstacles to the adoption of the preventive or protective measures.

While risk assessment is the basic tool for risk management, a key success factor is the existence of a clear, genuine commitment on the part of top management to the improvement of health and safety; indeed, it is recognised as a key factor for the implementation of actions to address OSH issues (Israel et al., 1996; Leka et al., 2008). This commitment, however, also needs to be communicated to employees as an important part of the development of a positive safety culture at the workplace. A written safety policy is an obvious first step in demonstrating commitment, but this should be backed up in the day to day behaviour and attitudes of top managers. Development of a positive safety culture is also dependent to a high degree on the active involvement of line managers. This implies an open, two-way information flow between top managers and employees through supervisors. The results of successful safety management can be seen in safety climate measures and accident rates (Salminen & Seppälä, 2005).

In its examination of OSH management, ESENER collected data on the following aspects:

- Commitment to OSH management, through questions about a documented OSH policy and the involvement of top-level and line management.
- Measures taken, such as the extent and focus of workplace checks as part of a risk assessment or similar measure, whether employees' health and safety is monitored and if measures are taken to support employees' return to work following a long-term absence.
- The use of expertise, advice, or information from health and safety services (whether internal or external), the use of OSH information from different bodies and labour inspectorate visits.
- Identification of which types of workplace risk are of greatest concern to employers.

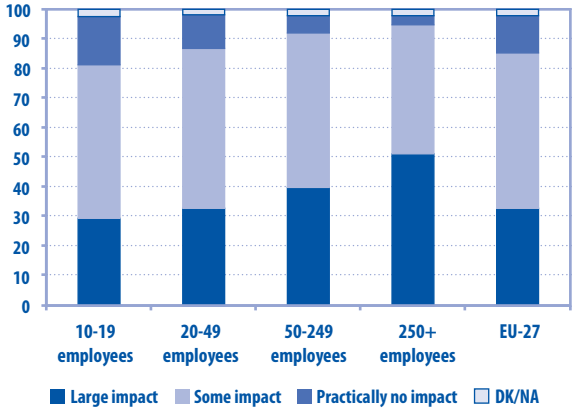
2.1. Commitment to management of OSH

The importance of implementing formal OSH procedures and management systems is recognised in the literature (e.g. EU-OSHA, 2009a) and the importance of a documented policy as evidence of top-level management commitment has already been mentioned. In view of this, management representatives were asked about the existence of a documented OSH policy, established management system or action plan at their establishment and also – if they had one – what impact they considered it to have. Figure 1 shows findings across all countries surveyed.

A documented OSH policy, established management system or action plan exists in the majority of establishments in the EU (76%) with higher incidence noted in larger establishments, as may be expected. Between countries there is a significant variation, with particularly high levels in Ireland, the United Kingdom, Spain and Bulgaria and lower figures (below 50%) in Luxembourg, Turkey and Greece. The prevalence of a documented policy may be influenced by the regulatory and institutional environment – for instance being less important where legislation is highly prescriptive (as opposed to goal-setting), or where enterprises' arrangements with institutions such as insurers are very formal and regulated; these issues could be examined as part of a further, in-depth analysis of the data.

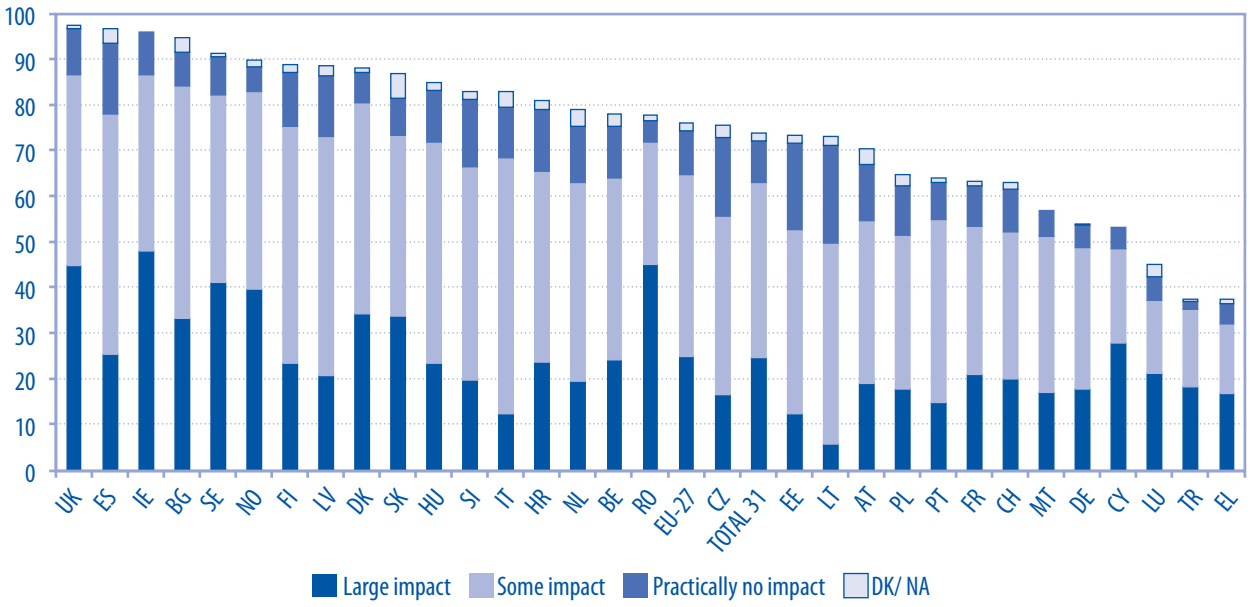
About a third of those having a documented policy in place judge that it has a large impact on health and safety in their establishment; about half that it has some impact; and just one in eight that it has practically no impact. A closer analysis (see Figure 2) shows that the larger an establishment, the more likely it is to judge the documented policy as having a large impact. Conversely, 16% of establishments with 10 to 19 employees ascribe practically no impact to these measures compared with only 3% of establishments with 250 or more employees. This picture is true for all sectors of activity, with only small differences between them.

Figure 2: Impact of the policy, management system or action plan on health and safety, by establishment size (% establishments, EU-27)



Base: establishments with a documented policy, management system or action plan on health and safety.

Figure 1: Documented policy, established management system or action plan on safety and health and its impact, by country (% establishments)



Base: all establishments.

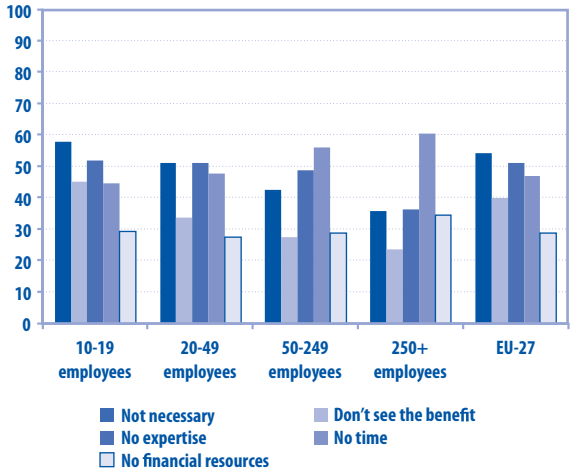
Note: question on impact asked only to those establishments having a documented policy, established management system or action plan on health and safety.

While these figures are interesting, it is arguably more important to focus on the one in four establishments that do not have a documented policy, management system or action plan. When asked why this was,[3] just over half of these respondents said that a documented policy is not necessary on account of the health and safety risks in their establishment. The prominence of this response raises the question of whether it is in fact linked to an absence of risks or is actually associated with a lack of awareness. In a similar vein, 40% of the respondents with no documented policy, management system or action plan stated that they do not see the benefit of having one. Again, there is an apparent lack of knowledge regarding the importance of this type of basic preventive measure. These reasons are given more frequently among smaller establishments (see Figure 3), which is likely linked to larger enterprises' general tendency to rely more on formal systems and procedures, however there is evidence that OSH tends to be given a lower priority among SMEs (Bradshaw et al., 2001; Vassie, Tomas & Oliver, 2000).

A lack of expertise to develop a documented policy, management system or action plan was cited as a reason by half of the establishments not having one (see Figure 3), but with considerable variation between countries (ranging from 65% in Germany and 60% France to just 4% in Slovenia and 11% in Denmark) and a significant inverse correlation with company size. This result indicates that a substantial proportion of enterprises are aware of the need to take action, but do not consider themselves competent to do so – particularly among the smaller enterprises, as may be expected. A recent European project reported similar findings and presented stakeholders' calls for more assistance to enterprises in this area (Natali et al., 2008).

Insufficient resources, such as a lack of time (47%) or, to a lesser extent, money (29%) are further reasons given for not having a documented OSH policy. In contrast to the three reasons mentioned above, a lack of time becomes more prevalent with increase in the size of establishment, whereas a lack of financial resources does not change significantly with company size. These results suggest that knowledge-related barriers (lack of awareness, lack of expertise or don't see the benefit) become more important as company size decreases, whereas resource-related barriers (lack of time or financial resources) are more important in the larger enterprises.

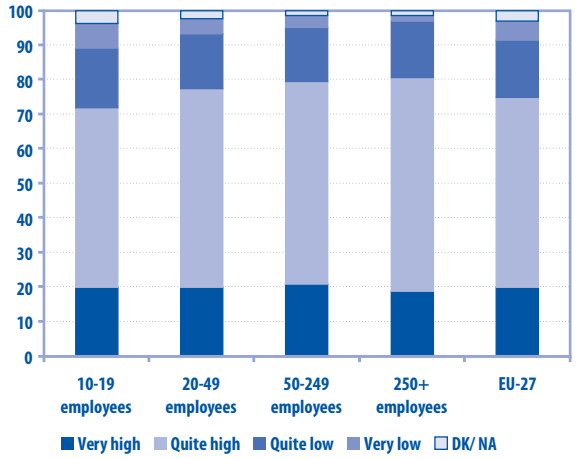
Figure 3: Major reasons for not having developed a documented policy, management system or action plan, by establishment size (% establishments, EU-27)



Base: establishments with no documented policy on health and safety.

As explained above, the existence of a formal OSH policy can be a strong indicator of commitment from top-level management, particularly if it is perceived as having an impact. A policy in itself, however, does not guarantee an effective management of OSH (Leka & Cox, 2008a); what is more important in this respect is the implementation of such a policy through appropriate measures. This is explored in the next section.

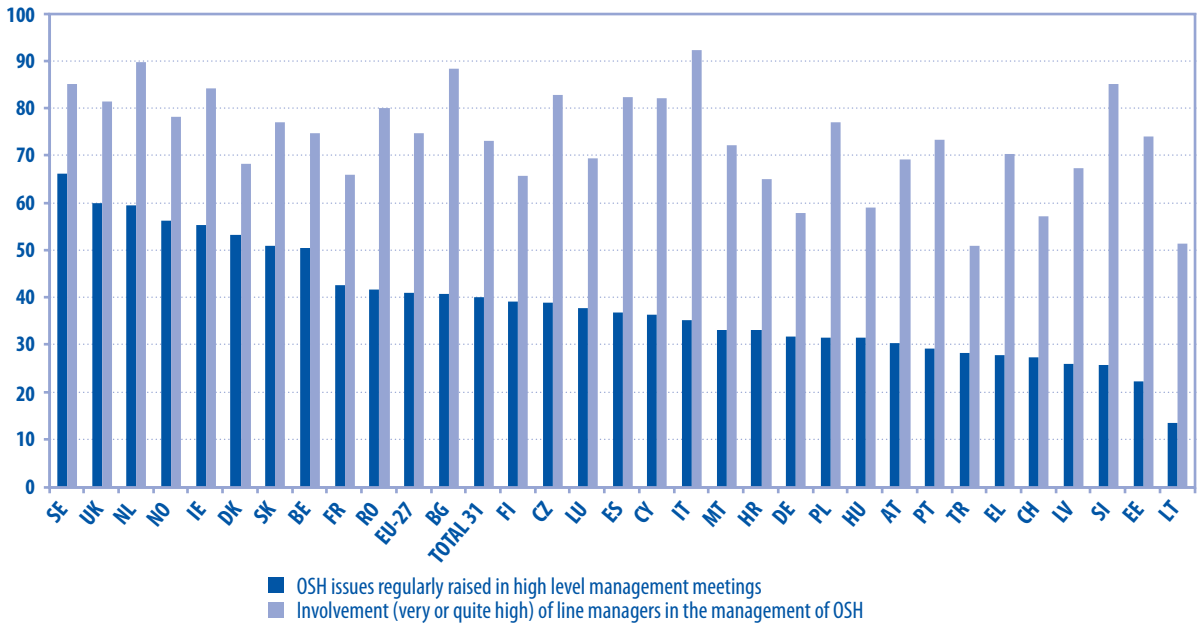
Figure 4: Degree of involvement of the line managers and supervisors in the management of health and safety, by establishment size (% establishments, EU-27)



Base: all establishments.

[3] Respondents could indicate more than one reason

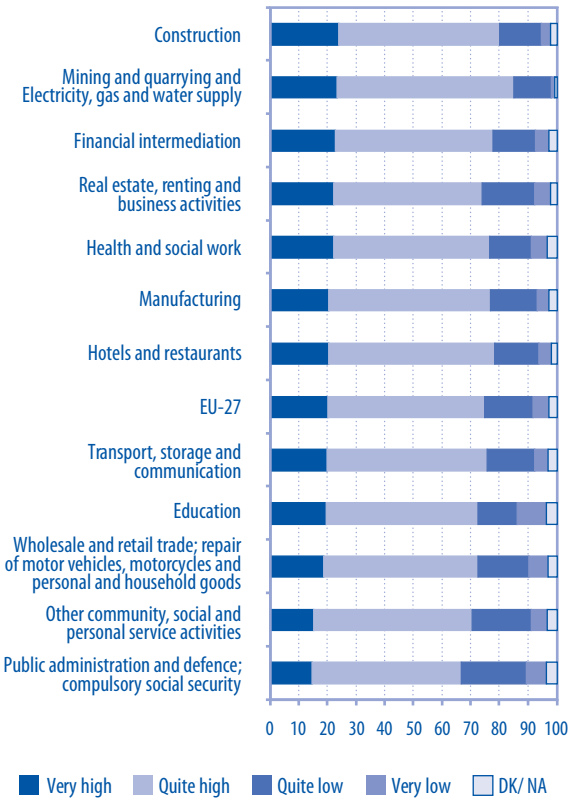
Figure 5: OSH issues regularly raised in high-level management meetings and degree of involvement (very or quite high) of line managers in the management of health and safety, by country (% establishments)



Base: all establishments.

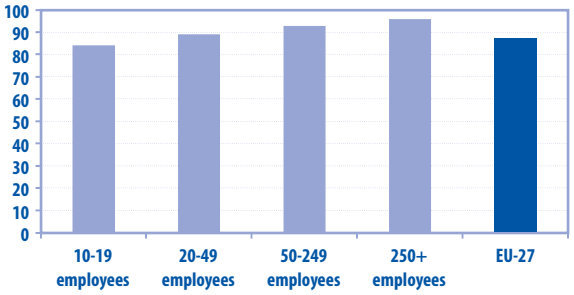
Involvement in OSH of both high-level and line level management was examined. As regards the former, managers were asked whether OSH issues are raised in high-level management meetings. Approximately 40% of establishments said that they are raised regularly; more so in medium and large establishments, as well as those in Sweden (66%), the Netherlands and the United Kingdom (60%), and seldom in Lithuania (14%) and Estonia (22%). On average, about 15% of establishments in the EU reported that such issues are practically never are raised, which suggests a low level of prioritisation of OSH issues among establishments in many countries. As regards line manager involvement, it is promising that three quarters of managers judged it to be either high or very high (see Figure 4). This is a key factor for the effective implementation of OSH practices (Yarker, Lewis & Donaldson-Feilder, 2008) as they play a key part in the development of a positive safety culture at workplace level. However, line manager involvement is not a substitute for commitment to OSH from the top-level management, and the large difference in the degree of involvement between the two management levels could be investigated in follow-up analyses. The highest levels of line manager involvement either high or very high, were reported in Italy (92.4%), the Netherlands (89%) and Bulgaria (88.4%) (Figure 5).

Figure 6: Degree of involvement of the line managers and supervisors in the management of health and safety, by sector (% establishments, EU-27)



Base: all establishments.

Figure 7: Risk assessment or similar measure, by establishment size (% establishments, EU-27)



Base: all establishments

2.2. Measures taken for OSH management

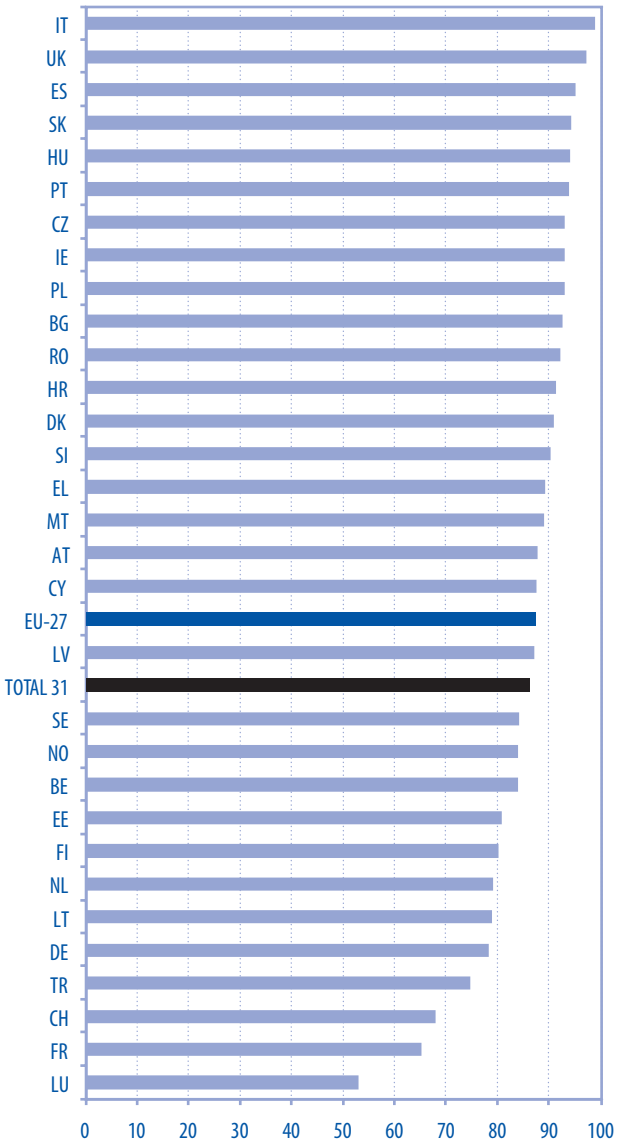
Risk assessments are the cornerstone of health and safety management at the workplace; they should cover all aspects of work and be carried out or reviewed whenever there is a change in procedure, equipment or working environment. A risk assessment is a systematic examination of all aspects of the work undertaken to consider what could cause injury or harm, whether the hazards could be eliminated, and if not what preventive or protective measures are, or should be, in place to control the risks (European Commission 1996).

These systematic checks should consider potential sources of accidents or health dangers ranging from the nature and positioning of the work equipment and the environment in the room to less tangible aspects such as the work organisation or problems in the relationship between line managers and employees.

Risk assessment is a 'formal procedure' in that there are clear guidelines setting out the key steps and there is a legal obligation to make a written record. However, in order to be able to explore more 'informal' procedures that are likely more prevalent among smaller establishments, ESENER asked whether workplaces are 'regularly checked for safety and health as part of a risk assessment or similar measure'.

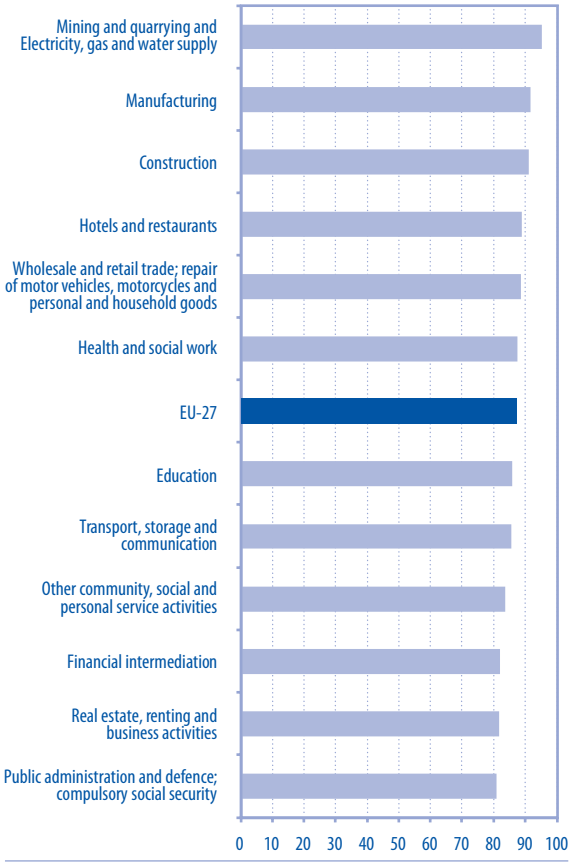
Partly as a result of the broad framing of the question used to explore this issue, the overwhelming majority of respondents stated that such checks are carried out in their establishment (87%). As would be expected, there is a positive correlation with company size, but the difference between the smallest and largest size classes is small (approximately ten percent). Similarly, differences between countries are small; with establishments in Italy (99%), United Kingdom (97%) and Spain (95) reporting the highest levels (see Figure 8).

Figure 8: Risk assessment or similar measure, by country (% establishments)



Base: all establishments

Figure 9: Risk assessment or similar measure, by sector (% establishments, EU-27)



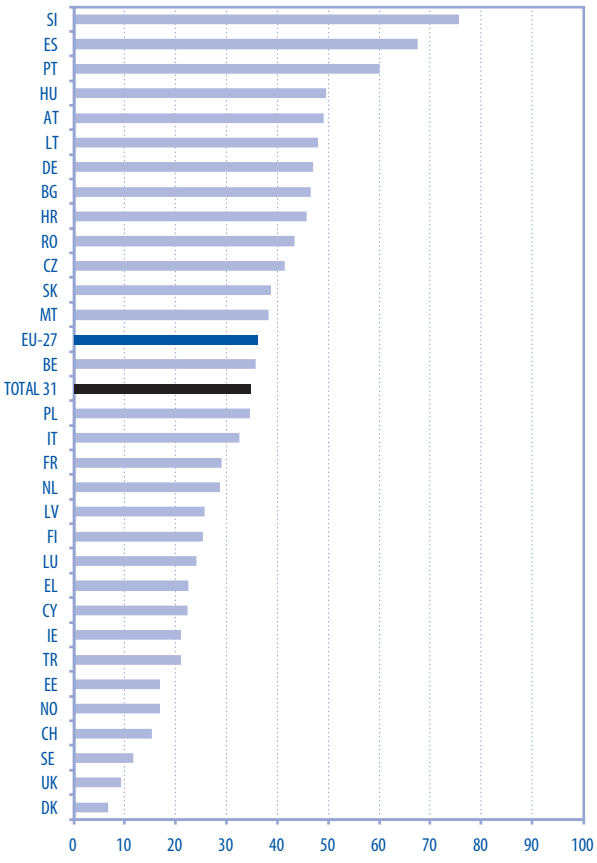
Base: all establishments

The presence of a health and safety representative has been associated with better OSH performance (Menendez, Benach & Vogel, 2009, p. 30), and this is supported by the survey results. Slightly higher levels of workplace checks are reported among enterprises that have a health and safety representative, particularly among those in the smaller size classes.

By sector of economic activity, the highest shares – over 90% - correspond to the most hazardous ones, such as mining (99%), manufacturing (91%) and construction (91%), as expected.

In principle, all enterprises should be able to carry out a basic risk assessment using only their own staff – and be able to identify situations where outside expertise needs to be called in. In practice, however, many companies rely on external consultants to carry out risk assessment and to take care of OSH management; indeed, in some countries there can be a legal obligation to contract OSH services. While the use of specialist input is essential to manage risks that exceed the competence found in the enterprise, it is important to recall that the principle underlying risk assessment is that those controlling the work are in the best position to control the risks. In this context, the link between outsourcing and ownership of the risk management process has been established (Leka, Cox & Zwetsloot, 2008). The issue of ownership of the OSH management process is also addressed in Chapter 4, which explores barriers and drivers for OSH management.

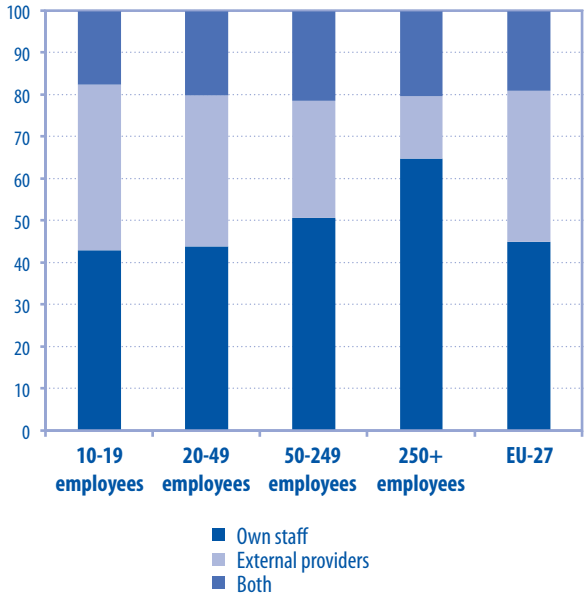
Figure 10: Risk assessment or similar measure normally contracted to external service providers, by country (% establishments)



Base: establishments carrying out regular health and safety checks of workplaces

ESENER asked management representatives whether risk assessment or workplace checks are mostly conducted by their own staff or are normally contracted to external service providers. Across the EU, 36% of establishments reported that they outsource risk assessments to external providers; however, between countries the figure varies widely (Figure 10). The large differences between countries are a result of a number of factors, such as whether there is a well-established custom of outsourcing OSH, the availability of support, guidance and advice, and the influence of the regulatory or institutional set-up in relation to OSH.

Figure 11: Risk assessment or similar measure normally contracted to external service providers, by establishment size (% establishments, EU-27)



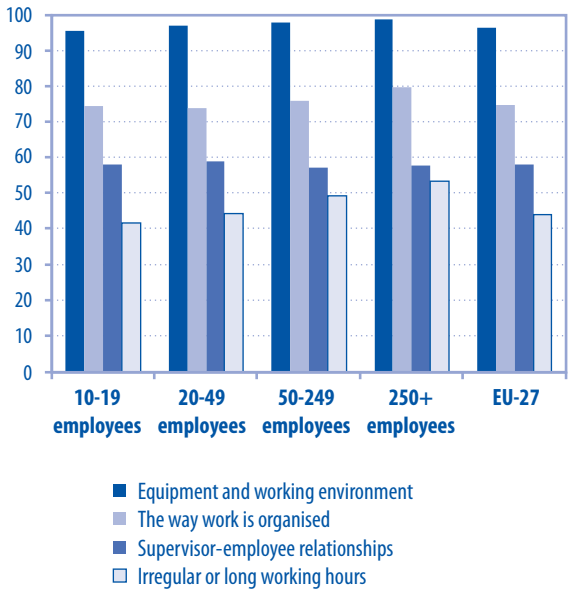
Base: establishments carrying out regular health and safety checks of workplaces

When broken down by size class (Figure 11), it is clear that the smaller the establishment, the more likely it is to outsource risk assessment to external providers. If this breakdown is at the country level, however, it is apparent that in some cases (e.g. Denmark) outsourcing is the exception even among the smallest enterprises. This confirms that, given the right circumstances, companies with as few as ten employees are capable of carrying out risk assessment without recourse to outside help.

In considering these country differences and the circumstances behind them, it is useful to recall the evaluation of the implementation of the Framework Directive and its first five individual Directives (European Commission, 2004). This stated that 'there is no systematic access by enterprises to protective and preventive services, especially SMEs; that in many Member States there is a problem with quality of external services; and that existing protective and preventive services appear to have a reduced capacity to deal with occupational risks through a multidisciplinary approach'.

Risk assessment should be carried out when work is undertaken and whenever there is a change in that work (whether in the tasks, tools or environment) that could affect the risks. To address this issue, which can tell us something about the quality of risk assessment, ESENER asked on which occasions risk assessment or workplace checks are carried out. 72% of all establishments or 83% of those carrying out any risk assessment said that checks are carried out at regular intervals, without any specific cause. The larger the establishment, the more likely it is that checks are carried out at the request of employees, which reflects the higher prevalence of health and safety representatives among larger establishments. A change in staffing, layout or work organisation was also a more frequently cited reason among larger companies.

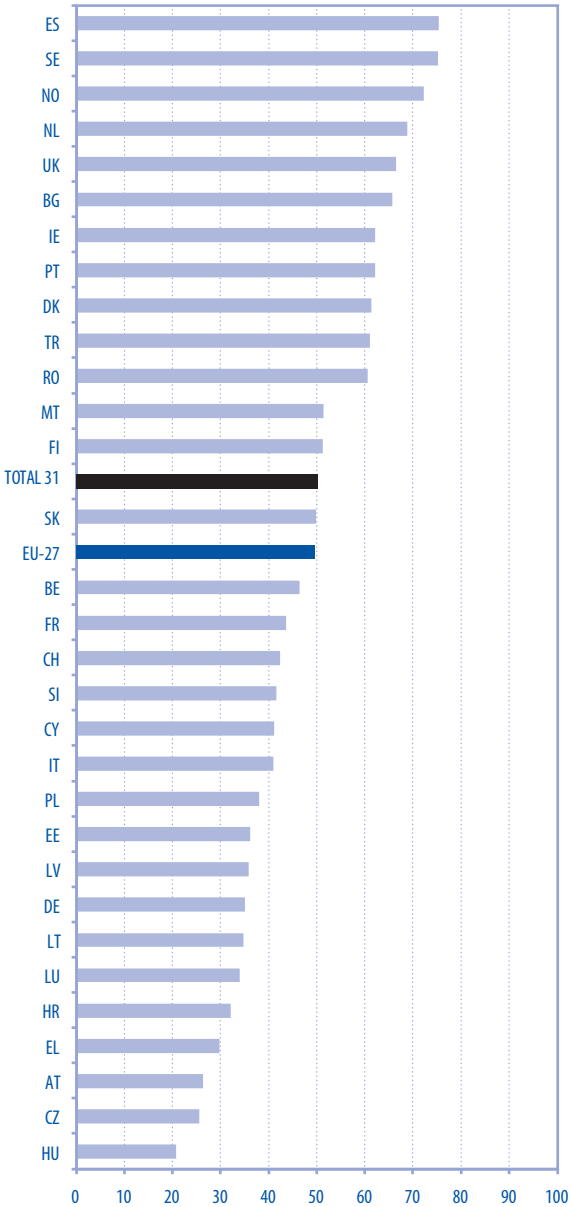
Figure 12: Areas routinely considered in risk assessments or similar measures, by establishment size (% establishments, EU-27)



Base: establishments carrying out regular health and safety checks of workplaces

The areas most frequently covered by these checks are 'equipment and the working environment' (96%) and 'work organisation' (75%) (Figure 12). The less 'traditional' risks, such as supervisor-employee relationships and irregular or long working hours – two factors which are especially relevant for psychosocial issues such as stress, bullying or harassment – are covered less frequently.

Figure 13: Sickness absence monitoring, by country (% establishments)



Base: all establishments.

Carrying out a workplace check is an essential action, but it is of no use if appropriate actions are not taken to address the problems identified. According to the survey, these follow-up actions mostly centre on changes to equipment and the working environment (84%) and provision of training (80%). A significant proportion of establishments (63%) also report focusing on work organisation issues, which suggests a promising level of concern with issues that are characteristic of the modern work environment (Leka, Cox & Zwetsloot, 2008).

Respondents who reported not carrying out checks were asked about the reasons for not doing so. While it is important to bear in mind when interpreting these results that they represent a relatively small subgroup of establishments (12%), analysis of the reasons why companies do not carry out checks is essential. Nearly three quarters of these respondents consider that workplace checks are not necessary because they do not have major problems (compared with just over half who said that a policy is not necessary).[4] Smaller companies were more likely to give this reason, which again raises the question of whether smaller enterprises actually have fewer major problems or are simply less aware about workplace risks.

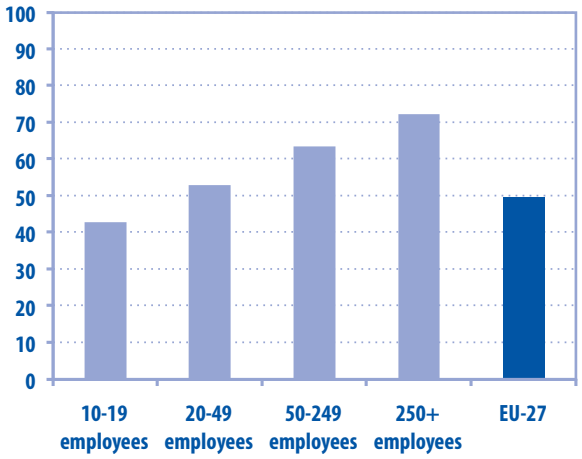
Other reasons given for not carrying out checks were a lack of necessary expertise (41%), that risk assessments are too expensive or time consuming (38%) and that the legal obligations on risk assessment are too complex (37%). It is interesting to highlight here that complexity of legal obligations is the lowest category reported. Lack of necessary expertise was a factor more relevant for establishments in the public sector (54%) than for establishments in the private sector (37%).

An essential part of successful risk management is monitoring the effectiveness of the measures taken so that the risk assessment and the wider OSH management approach can be reviewed and revised. The sickness absence rate can be an important indicator of the effectiveness of a firm's preventive measures and analysis of absence figures over time, or by specific work characteristic (such as task or location), can be a valuable element of a proactive OSH policy. It must be recognised, however, that this type of indicator is less useful for small companies where sickness absence may be too infrequent to be analysed usefully – and indeed

[4] This comparison refers to two sets of respondents: the 3,152 that do not carry out risk assessments and the 5,848 that do not have a policy. However, the percentages are the same if looking only at the 1,873 establishments that are present in both groups.

this is reflected in the results, with medium sized and large enterprises reporting significantly higher levels (Figure 14). Overall, half of the respondents reported routinely analysing the causes of sickness absence, with respondents from Spain, Sweden and Norway reporting highest rates (Figure 13), together with those in the health and social work sector (Figure 15).

Figure 14: Sickness absence monitoring, by establishment size (% establishments, EU-27)

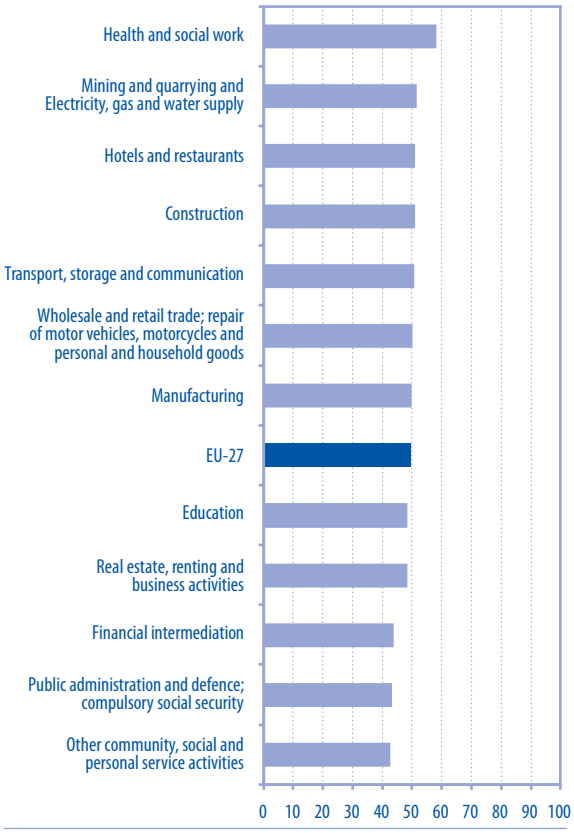


Base: all establishments.

Also in the context of monitoring, 67.5% of respondents reported that the health of employees is checked through regular medical examinations. This was highest in Poland, Spain, Slovenia and Hungary, which in the case of Poland, Slovenia and Hungary corresponds to an above-average use of occupational health doctors (see Section 2.3). Again, this measure was more widespread among larger establishments.

Another measure that is associated with a comprehensive and integrated approach to OSH management is the provision of systematic support to employees returning from a long-term sickness absence. Especially in the case of absences of several weeks or months, it can be difficult for the employee concerned to recover their pace of work, especially if the working environment has undergone significant changes in the meantime. The range of support measures offered by firms was not mapped by ESENER, but typical examples would be specific training measures, shorter working times or a slower pace of work, or regular consultation with these employees. All in all, follow-up measures to support employees returning from long-term sickness absence were reported by close to two thirds (64%) of establishments in the EU. Respondents in the Netherlands, the United Kingdom and Denmark reported the highest levels and those from Slovenia and Lithuania the lowest. By activity, establishments in health and social work sector also reported higher scores. Unsurprisingly, as they are more likely to use formal systems and procedures in general, medium sized and large establishments reported providing support more frequently than small ones.

Figure 15: Sickness absence monitoring, by sector (% establishments, EU-27)



Base: all establishments.

2.3. Sources of expertise, advice or information

Effective OSH management – and in some cases the ability to carry out a risk assessment – depends on the availability of appropriate expertise, advice and information, which in turn is linked to higher awareness in relation to OSH issues (EU-OSHA, 2009a). ESENER asked establishments about the types of health and safety expertise used, whether in-house or external, and about the main sources of information they drew

upon. Table 3 shows the distribution of the use of health and safety services across countries.

On average, the most widely used services in the EU (see Table 3) – whether in-house or contracted out – are safety experts (71%), ranging from 93% in Italy to 15% in Denmark. An occupational health doctor is used by 69% of the establishments, being most popular in Finland (97%) and least in Denmark (13%). Use of a general OSH consultancy averaged 62% in the EU, with the highest level in Italy (86%) and lowest in Turkey (19%).

Use of the more specialist expertise – psychologists and ergonomists – is markedly lower than for the more general services described above and with greater variation between countries. Only 28% of establishments report using an ergonomics expert, ranging from 77% in Finland to 7% in Greece. Psychologists are used even less widely, with an average of only 16%, with the highest level in Sweden (65%) and lowest in Greece (4%).

While a comprehensive analysis of the variations in use of services between countries is beyond the scope of this report, some general observations can be made. Enterprises in Norway, Sweden and particularly Denmark are among those making most use of specialist expertise (ergonomist, psychologist), but make below average use of general services (safety experts, occupational health doctor, general OSH consultancy). Finland would also be in this group were

Table 3: Health and safety services used, by country (% establishments)

Safety expert 71%		Occupational health doctor[5] 69%		General OSH consultancy 62%		Ergonomics expert 28%		Psychologist 16%	
Italy	93	Finland	97	Italy	86	Finland	77	Sweden	65
Slovakia	87	Hungary	97	Spain	82	Sweden	68	Finland	51
Latvia	87	Belgium	94	Hungary	80	Spain	59	Denmark	48
Czech Republic	86	Portugal	94	Slovakia	73	Norway	57	Belgium	42
Spain	85	Slovenia	93	Latvia	73	Denmark	53	Netherlands	31
Slovenia	79	France	92	Bulgaria	73	Belgium	44	Norway	31
Portugal	77	Poland	92	Slovenia	72	Ireland	37	Romania	29
Lithuania	76	Italy	92	Estonia	72	Bulgaria	34	Spain	27
Belgium	76	Romania	87	Ireland	72	Netherlands	34	Croatia	23
Poland	74	Luxembourg	86	Portugal	71	Italy	34	Slovenia	16
Germany	72	Croatia	85	Netherlands	69	UK	28	Bulgaria	16
Bulgaria	72	Netherlands	83	Poland	66	Cyprus	27	Poland	16
UK	72	Sweden	81	UK	66	Portugal	26	Italy	15
Greece	72	Bulgaria	78	Lithuania	65	Germany	19	Ireland	14
Croatia	71	Spain	68	Belgium	65	Estonia	19	Luxembourg	14
Austria	71	Estonia	66	Romania	62	France	18	France	13
Ireland	71	Germany	66	Finland	61	Poland	18	Slovakia	13
Romania	67	Austria	62	Germany	60	Luxembourg	17	Portugal	13
Hungary	64	Malta	56	Denmark	56	Malta	17	Latvia	12
Sweden	56	Norway	54	Norway	55	Romania	16	Hungary	12
Finland	56	Czech Republic	44	Sweden	52	Croatia	16	Malta	11
Netherlands	54	Slovakia	44	Malta	50	Latvia	16	Austria	10
Malta	53	Ireland	42	Austria	49	Slovakia	16	Switzerland	10
Cyprus	50	Latvia	41	Croatia	41	Switzerland	15	United Kingdom	9
France	48	UK	33	Czech Republic	40	Czech Republic	13	Czech Republic	8
Switzerland	48	Turkey	28	Switzerland	39	Turkey	13	Estonia	7
Luxembourg	47	Greece	21	Cyprus	36	Slovenia	13	Cyprus	7
Norway	38	Cyprus	20	Luxembourg	33	Lithuania	11	Germany	7
Turkey	23	Lithuania	15	Greece	24	Austria	11	Turkey	6
Estonia	21	Switzerland	13	France	20	Hungary	8	Lithuania	5
Denmark	15	Denmark	13	Turkey	19	Greece	7	Greece	4

Base: all establishments.

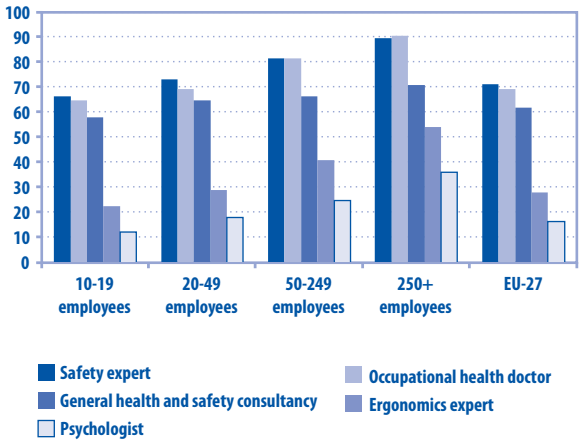
[5] The use of a specific occupational health doctor is also determined by the general health system in the country. In some countries, regular health checks might be routinely carried out by the public health services so that there might be no need for specific OSH doctors in the enterprises.

it not for its first place as regards use of occupational health doctors. At the other end of the spectrum are the countries making greatest use of the general services, but not employing the more specialist ones very often; countries in this group include Portugal and Slovenia.

Larger enterprises consistently reported using all types of OSH services more often, as would be expected given that they generally have greater resources (Figure 16).

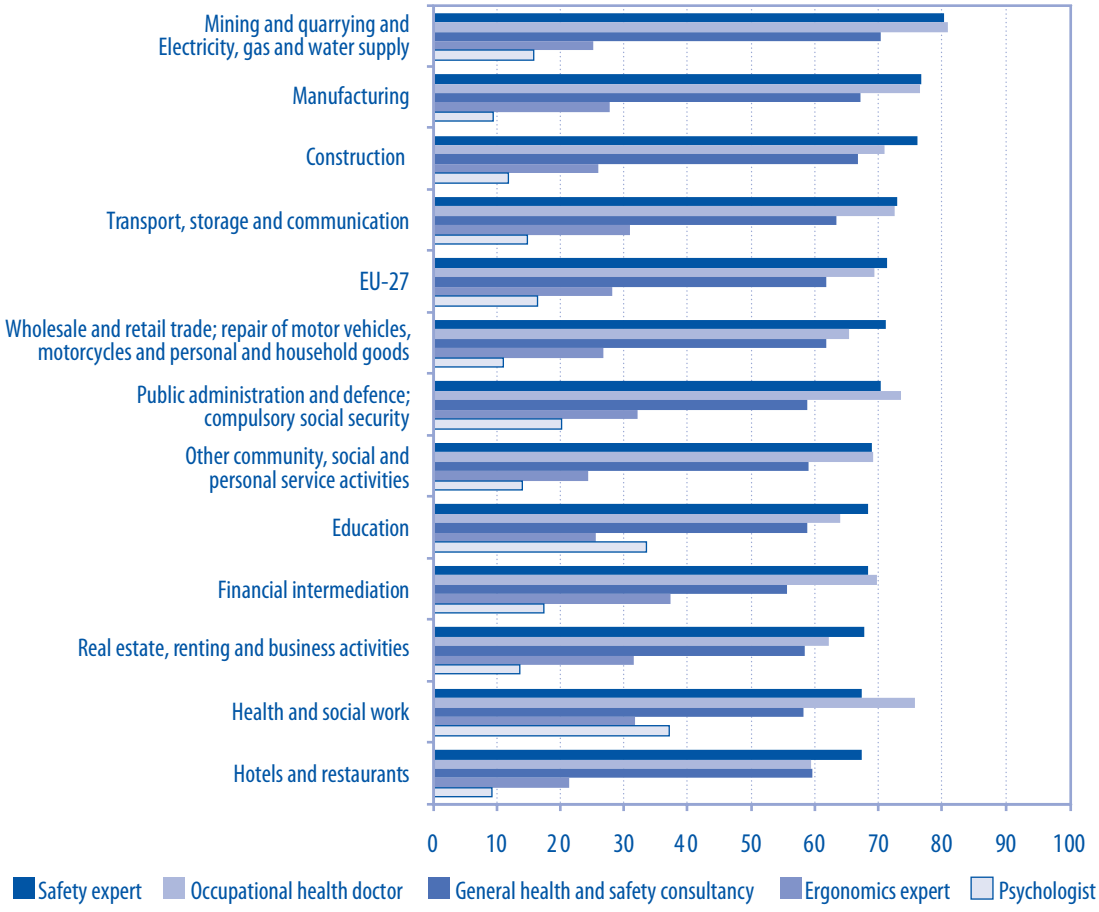
As regards distribution across sectors, psychologists show the greatest variation, with their highest level of use corresponding to the education and the health and social work sectors (see Figure 17). This is not surprising due to the nature of work in these sectors and the known prevalence of psychosocial risks (Eurofound, 2007).

Figure 16: Use of health and safety services, by establishment size (% establishments, EU-27)



Base: all establishments.

Figure 17: Use of health and safety services, by sector (% establishments, EU-27)



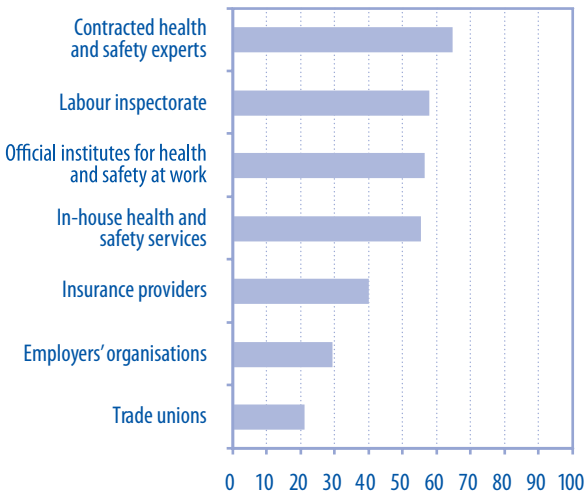
Base: all establishments.

The importance of having appropriate information, guidance and advice available to enterprises has been mentioned already – particularly in relation to the competence required for risk assessment and the tendency to outsource management of OSH. In this context, ESENER explored to whom companies turn for this type of support. Respondents were asked whether they had used health and safety information from a selection of different types of bodies and institutions.

Contracted health and safety experts were the main source of such information, closely followed by the labour inspectorate, official institutes and in-house services. Employers' organisations and trades unions are only cited half as often, but still represent important sources of information – particularly in the case of unions if one considers that this question was directed at a representative of management (Figure 18). Unsurprisingly, given their higher probability of contact with formal bodies and their generally higher level of commitment to OSH, larger establishments are more likely to use any of these sources of information compared with smaller ones.

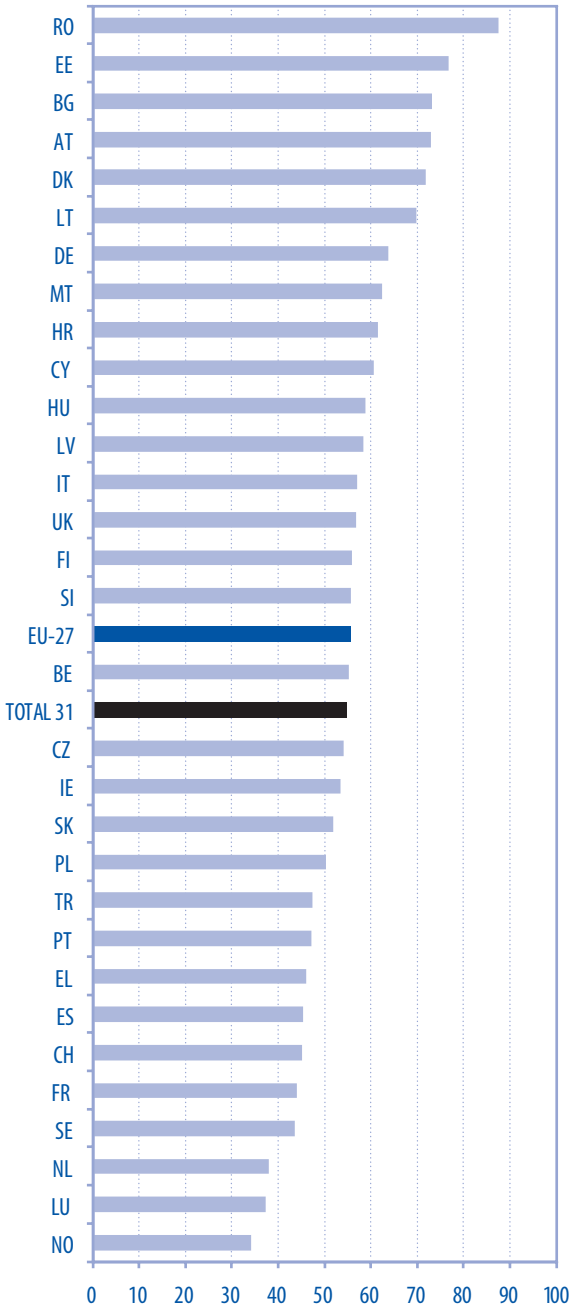
Use of information from contracted health and safety experts was reported most frequently in Spain, the Czech Republic and Slovenia, which corresponds to the high levels of outsourcing in these countries mentioned in Section 2.2. The labour inspectorate is generally regarded as one of the most important providers of information, playing a particularly important role compared to other providers in several countries, including

Figure 18: Use of OSH information from different bodies (% establishments, EU-27)



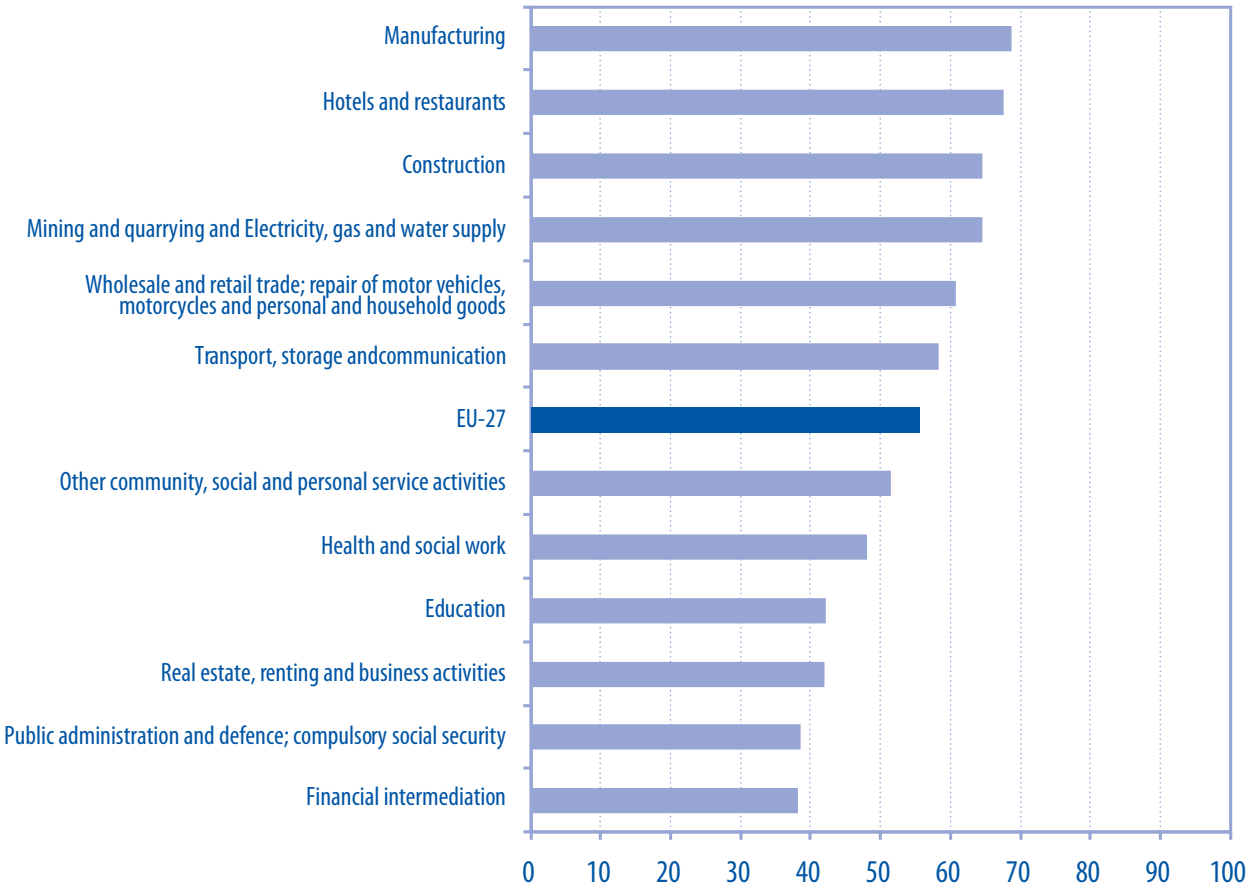
Base: all establishments.

Figure 19: Visit from the labour inspectorate in the last three years, by country (% establishments)



Base: all establishments.

Figure 20: Visit from the labour inspectorate in the last three years, by sector (% establishments, EU-27)



Base: all establishments.

Sweden, Lithuania, Latvia and Denmark. Employers' organisations were most often used as sources of information in Ireland, Norway and Sweden, whereas trades unions were used most frequently in Sweden, Norway and Belgium and significantly more in the public rather than private sector (37% versus 17%). Establishments in Germany, Lithuania and Finland reported more frequent use of information from official institutes for health and safety, particularly when compared with those in Austria and Switzerland, where no institute of this type exists.[6] It is worth noting the comparatively important role played by the insurance providers in these two countries.

While they are an important source of information, the primary role of the labour inspectorate is enforcement of the legal provisions. As such, the possibility of being inspected for workplace health and safety conditions can represent a strong motivation to take action. ESENER asked whether the establishment had received a visit from the labour inspectorate for this purpose within the last three years. Establishments were most likely to have received such a visit in Romania (87%) and Estonia (76%) and least in Norway (34%). The variation between most countries is not particularly wide (see Figure 19), but it is interesting that the relatively high likelihood of a visit in Romania and Estonia corresponds to a high use of information from the inspectorate in these countries (see above). Among sectors, the greatest number of visits is linked to those with high-risk occupations, namely manufacturing, mining and construction. In addition to these, the hotels and restaurants sector also features (see Figure 20).

[6] In these two countries the question was therefore related to university and research institutes dealing with health and safety matters and is thus not directly comparable with results from the remaining countries.

Table 4: Use of OSH information from different bodies, by country (% establishments)

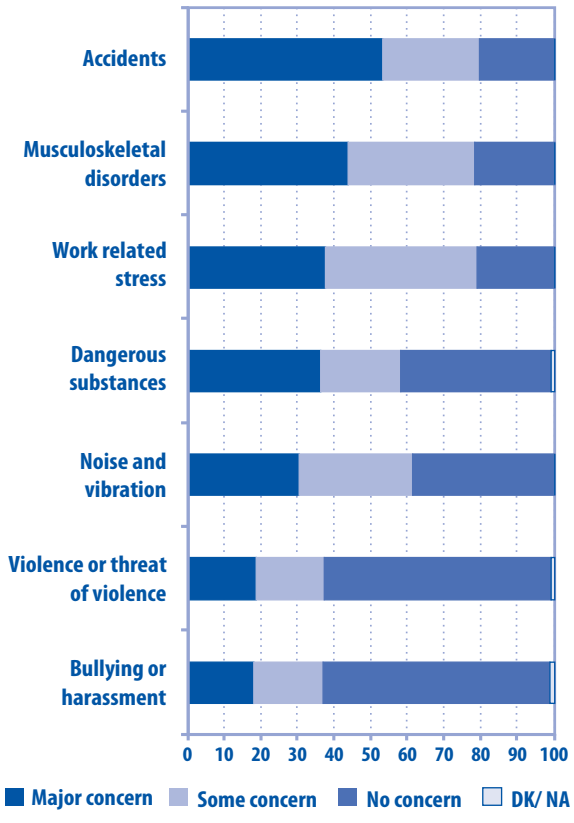
	Contracted OSH experts	Labour inspectorate	Official OSH institutes	In-house OSH services	Insurance providers	Employers' organisations	Trade unions
EU-27	65	58	56	55	40	29	21
AT	41	40	13	48	49	26	25
BE	78	65	64	76	54	44	42
BG	70	75	32	72	39	27	18
CH	48	50	13	49	69	40	16
CY	36	58	50	44	43	33	29
CZ	83	62	49	53	49	16	15
DE	60	41	84	45	40	21	11
DK	57	74	65	59	10	39	38
EE	33	80	73	35	28	16	7
EL	33	33	39	37	27	13	17
ES	87	49	53	61	34	42	36
FI	81	65	77	72	59	37	37
FR	47	49	37	49	26	25	26
HR	72	41	51	46	32	27	23
HU	66	61	53	44	30	24	13
IE	76	85	64	72	73	59	25
IT	76	50	39	49	19	24	21
LT	51	91	78	67	50	27	16
LU	36	58	57	41	25	28	19
LV	45	80	70	62	55	33	21
MT	50	39	65	56	50	28	11
NL	75	52	63	40	33	48	22
NO	65	55	42	66	31	52	50
PL	70	69	40	64	53	20	24
PT	82	66	59	60	55	21	13
RO	57	86	55	77	42	27	18
SE	36	77	38	59	21	52	63
SI	83	41	47	41	22	17	17
SK	64	58	47	41	33	36	20
TR	26	37	58	50	36	22	13
UK	65	77	64	69	62	37	14

Base: all establishments.

2.4. Concern about workplace risks

Managers were asked whether different OSH risks represent a major concern, some concern, or no concern at all in their establishment. As shown in Figure 21, accidents, MSDs and work-related stress are of moderate or major concern in about 80% of establishments; accidents have the highest proportion of major concern. Of less widespread concern are dangerous substances and noise and vibration, which is to be expected given that they are mainly relevant only for the producing industries (by sector, results are highest in mining and quarrying, electricity, gas and water supply). While violence or threat of violence, together with bullying and harassment, were least often reported to be a concern, the fact that one in five considers them to be of major concern reflects the growing importance of psychosocial risks.

Figure 21: OSH issues that represent major, some or no concern (% establishments, EU-27)



Base: all establishments.

By sector, MSDs are reported as a concern most frequently in health and social work. Work-related stress is also reported frequently as a major concern in health and social work, but also in the education and public administration sectors. Finally, violence or the threat of violence is reported more frequently as a major concern by managers in education and in health and social work. These results are in line with findings from workers' surveys in Europe (Eurofound, 2007).

Smaller establishments are less likely to report that any of the risks is a concern, which again raises questions of whether there are fewer risks present in these firms or whether they are simply less able to recognise them.

By country, and starting with the 'traditional risks', accidents are more frequently reported to be of some or major concern by establishments in the Czech Republic, Turkey, Portugal and France, as it is the case for dangerous substances and noise and vibration, while MSDs appear to represent a higher concern in Norway, Spain and France. In contrast, Hungary reports the lowest shares of establishments reporting any of the OSH issues considered to represent some or major concern. Slovakia also reports low percentages for dangerous substances, noise and vibration and MSDs, whereas Estonia and Denmark present low shares of establishments reporting that accidents represent some or major concern.

Regarding psychosocial risks – work-related stress, violence or threat of violence, and bullying or harassment – Portugal, Norway, Turkey and Romania show high levels of concern for all three risk types, whereas the opposite is true for countries such as Hungary, Finland, Sweden, Denmark and Slovenia. In general, concern is highest about work-related stress compared with the other two risk types, with broad variations between countries, following a similar pattern for all three risks.

2.5. Summary of findings

Commitment to OSH management

A documented OSH policy, established management system or action plan can be an important indicator of commitment on the part of management to managing health and safety. According to ESENER, three quarters of establishments in the EU (76%) have such a policy,

with a higher incidence noted in larger establishments, as may be expected. Between countries there is a significant variation, with levels ranging from nearly total coverage in countries such as United Kingdom, Spain, Ireland and Bulgaria, to less than 40% in the case of Turkey and Greece. Among the establishments that have such a policy, the great majority believe that it has an impact; only 15% attribute no impact to it.

The absence of a policy, management system or action plan suggests very low commitment to OSH management; and this is the situation in 25% of the firms surveyed. Smaller establishments indicate that such a policy is not necessary due to the risks in the establishment or that they lack the expertise to develop one. For larger establishments, the main reason for not having a policy, management system or action plan is a lack of time.

Nearly half of enterprises discuss OSH at high-level management meetings and three quarters of them report a high degree of involvement by line managers and supervisors. Once again, these practices are more common in larger firms and the levels vary considerably between the countries.

Measures taken to manage health and safety

Formal risk assessment underpins the European approach to prevention, but in order to capture more informal practices, establishments were asked about 'workplace checks carried out as part of a risk assessment or similar measure'. Establishments reported overwhelmingly that they do carry out such checks, with relatively small differences found between countries, company size classes or sectors. Much greater variation was found between countries and size classes when looking at those firms that carry out their risk assessment checks in-house rather than contracting them out. In principle, all firms should be able to carry out risk assessment without recourse to outside contractors and ESENER shows that in some countries this is the norm even for the smallest enterprises. Among the small proportion of companies not carrying out workplace checks, the main reason given was that risk assessment is not necessary because they do not have major problems. It is worth highlighting that the oft-cited complexity of legal provisions was the least common reason. The measures taken to follow up risk assessment are mostly technical (equipment and workplace) or training-based, but a substantial proportion also address organisational issues.

Half of the establishments monitor health and safety using sickness absence rates and two thirds through regular medical examinations for employees. Unsurprisingly, both approaches are more common among larger establishments. Two thirds of enterprises employ follow-up measures to support employees returning to work after a long-term sickness absence.

Sources of expertise, advice or information

Establishments need to be able to call on expert help or obtain information and advice – whether in-house or from outside – when carrying out and following up risk assessment. OSH services with a more general expertise (safety expert, occupational health doctor, general OSH consultancy) are used far more widely than specialists (psychologist, ergonomist), although the variations between countries are very wide. When seeking information, most companies turn to contracted OSH experts, the labour inspectorate or official institutes, or they use in-house services. To a lesser extent, companies also rely on insurance providers, employers' organisations and – particularly in the public sector – on trades unions. The results indicate that in countries where risk assessment is mostly carried out by establishments themselves, greater use is made of the specialist services compared with the more general ones.

On average, half of establishments have received a visit from the labour inspectorate during the last three years, particularly those in high risk sectors and in hotels and restaurants.

Concern about workplace risks

As might be expected, accidents, musculoskeletal disorders and work-related stress are the key concerns for managers. Although reported only half as often, it is noteworthy that violence and especially bullying and harassment are reported to be a major concern in a fairly large number of enterprises. In general, smaller establishments report less often that any risks are a major or some concern, which again raises questions about their level of risk awareness.

Psychosocial risks and their management | 3

Psychosocial hazards are defined as those aspects of the design and management of work, and its social and organisational contexts that have the potential for causing psychological or physical harm (Cox & Griffiths, 2005). In particular, work-related stress, violence and harassment are now widely recognised as major challenges to occupational health and safety. The concern about these risks is growing due to the magnitude of the problem (Eurofound, 2007; EU-OSHA, 2007), the cost in terms of human suffering and the EU economy, and the perceived additional difficulties in dealing with these 'emerging', less tangible risks.

The estimates for the economic impact of psychosocial risks vary across Member States, but they all point to very high costs: for instance, a recent study concluded that the 'social cost' of just one aspect of work-related stress (job strain) in France amounts to at least two to three billion euros, taking into account healthcare expenditure, spending related to absenteeism, people giving up work, and premature deaths (Trontin et al., 2010). Levi (2002) estimated that in the EU-15, the cost of stress at work and the related mental health problems was on average between 3% and 4% of gross national product, amounting to €265 billion annually. The public health impact of work-related psychosocial risks is significant enough that the European Commission has included 'workplace settings' as one of the five priority themes in the *European Pact for Mental Health and Well-being*.[7]

Although there exists a reasonable consensus in the literature on the nature of psychosocial hazards (see Table 5), it should be noted that new forms of work give rise to new hazards – not all of which are yet represented in scientific publications. A number of models exist in Europe and elsewhere for the assessment of risks

Table 5: Psychosocial hazards

Psychosocial hazards	
Job content	Lack of variety or short work cycles, fragmented or meaningless work, under-use of skills, high uncertainty, continuous exposure to people through work.
Workload & work pace	Work overload or under-load, machine pacing, high levels of time pressure, continually subject to tight deadlines.
Work schedule	Shift work, night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours.
Control	Low participation in decision making, lack of control over workload, pacing, shift work, etc.
Environment & equipment	Inadequate equipment, suitability or maintenance; poor environment such as lack of space, poor lighting, excessive noise.
Organisational culture & function	Poor communication, low levels of support for problem solving and personal development, lack of definition of, or agreement on, organisational objectives.
Interpersonal relationships at work	Social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support.
Role in organisation	Role ambiguity, role conflict, and responsibility for people.
Career development	Career stagnation and uncertainty, under-promotion or over-promotion, poor pay, job insecurity, low social value to work.
Home-work interface	Conflicting demands of work and home, low support at home, dual career problems.

Source: Adapted from EU-OSHA, 2000

[7] http://ec.europa.eu/health/ph_determinants/life_style/mental/index_en.htm

associated with psychosocial hazards and their impact on the health and safety of employees and the healthiness of organisations (in terms of, among other things, productivity, quality of products and services and general organisational climate).

Psychosocial risk management is among employers' responsibilities as stipulated in the EU Framework Directive on safety and health at work (Directive 89/391/EEC), which obliges employers to manage occupational risks in a preventive manner and to establish health and safety procedures and systems to do so. Psychosocial risks can and should be included in general risk assessment carried out by employers. While risk assessments for work-related stress clearly focus on psychosocial hazards, it is important to note that physical hazards can also affect workers' experience of stress (Cox, 1993).

People experience stress when they perceive that there is an imbalance between the demands made of them and the resources they have available to cope with those demands (EU-OSHA, 2000). Although the experience of stress is psychological (through the individual's appraisal of the situation), stress also affects people's physical health. Common factors in work-related stress include lack of control over work, excessive demands, insufficient resources being made available to cope, and lack of support from co-lleagues and management.

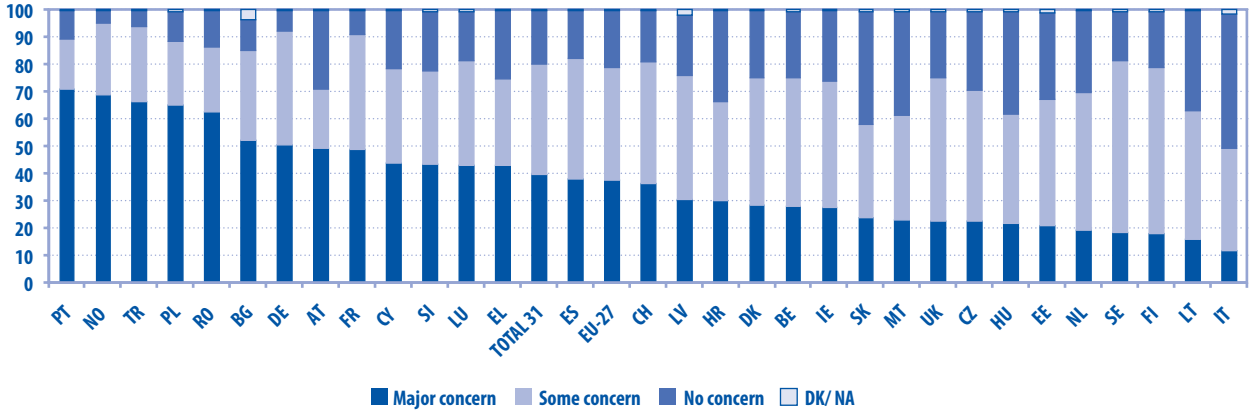
Work-related violence refers to incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being and health (adopted by European Commission in 1995). 'Third party violence' refers to violence from people such as clients, customers, patients, pupils, etc. It can take the form of actual threats and physical assaults, but may also be psychological in nature (Di Martino, Hoel, & Cooper, 2003).Bullying or harassment occurs when one or more workers or managers are abused, humiliated or assaulted by colleagues or superiors.

The psychosocial risk management process needs to incorporate a risk assessment; an evaluation of existing practices and support; and the development, implementation and evaluation of an action plan. In addition to these elements, which are common to effective OSH management in general, the management of psychosocial risks should pay special attention to the workers' active involvement in the process. This has been recognised in the European framework agreements on work-related stress (2004) and on harassment and violence at work (2007), which have been signed by the European social partners. As with OSH in general, the successful management of psychosocial risks requires that it be integrated in the daily work processes and not treated as a separate project (Leka & Cox, 2008).

There has been, in recent years, a growing movement at European, national and organisational level to develop measures and programmes to effectively manage and prevent psychosocial risks (Eurofound, 1996; WHO, 2003; and ILO, 2004). The Commission for the Social Determinants of Health (2008) recommended that while OSH policies remain of critical importance, the evidence strongly suggests the need to expand explicitly the remit of occupational health and safety to include work-related stress and harmful behaviours. The above-mentioned commission concluded that 'Through the assurance of fair employment and decent working conditions, government, employers and workers can help to eradicate poverty, alleviate social inequities, reduce exposure to physical and psychosocial hazards, and enhance opportunities for health and well-being' (Commission on Social Determinants of Health, 2008).

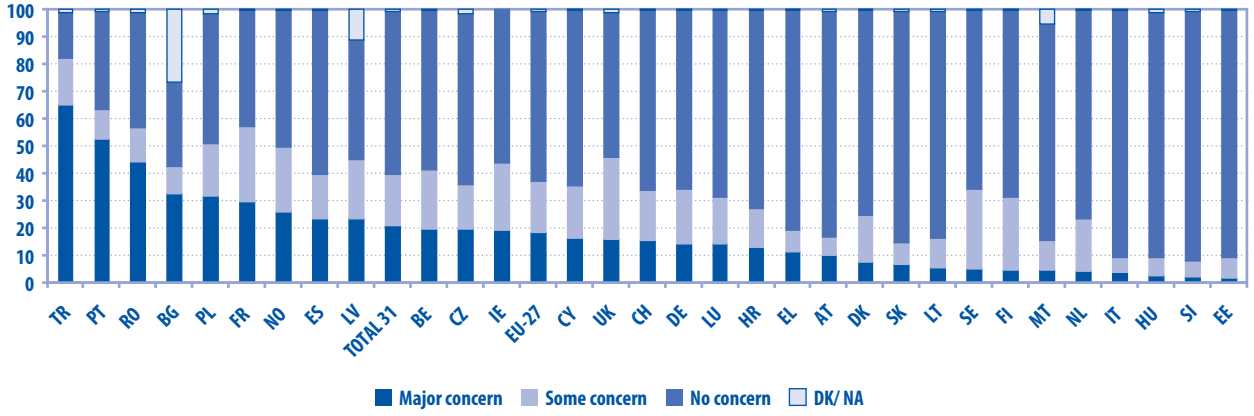
In conclusion, there is a well-established and extensive scientific literature about work-related psychosocial risks, and many surveys have provided ample evidence of the high levels of reported exposure to stress, violence and harassment. The available evidence suggests that psychosocial risks are a serious concern, that their causes and consequences are well known, and that they are best prevented in the same way as other workplace risks. However, their practical management remains a challenge for most organisations, and little is known about how enterprises actually tackle these risks. Therefore, ESENER sought to investigate how well psychosocial risks are covered within the general framework of OSH management in European workplaces. This section describes the degree of concern expressed by managers regarding these risks, and what they see as the main causes behind psychosocial problems at work. The survey then explored what procedures are in place, what measures are taken to deal with these risks, and to what extent workers are involved in the process. As with other aspects covered by ESENER, these issues will be analysed and described in much more depth in subsequent analyses published by EU-OSHA.

Figure 22: Concern regarding work-related stress, by country (% establishments)



Base: all establishments.

Figure 23: Concern regarding violence or threat of violence, by country (% establishments)



Base: all establishments.

3.1. Concern about psychosocial risks

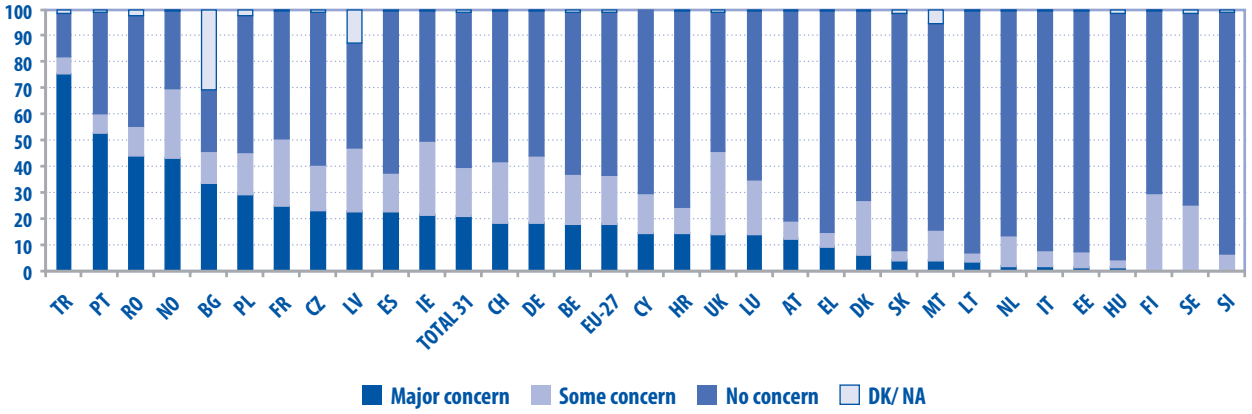
As mentioned earlier, ESENER explored managers' concern regarding various types of health and safety risk. This section presents in greater detail the results corresponding to psychosocial risks (work-related stress, violence or threat of violence, and bullying or harassment).

Figure 22, Figure 23 and Figure 24 show that by country Portugal, Norway, Turkey and Romania show high levels of concern for all three risk types compared to other countries. In general, concern is highest about work-related stress compared with the other two risk types, with broad variations between countries, following a similar pattern in each case. It is interesting to recall that Sweden, Finland and Denmark – all with low levels of 'major concern' – are the countries where most use is made of psychologists among the contracted services (see Section 2.3 above).

When comparing the levels of concern among establishments in the different size classes, a steady increase is clear as enterprise size grows. It is interesting to note, however, that this increase is relatively small; particularly in the case of 'major concern'. In comparison, 'major concern' for more 'traditional' risks (particularly MSDs and accidents) shows a greater increase as size of enterprise grows.

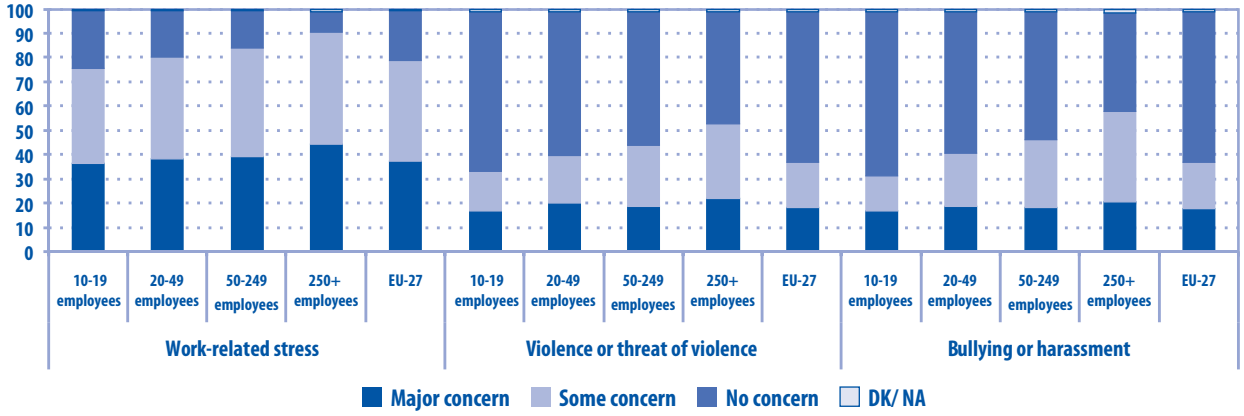
When examined by sector, all of the psychosocial risks are of greatest concern in health and social work, followed by education and then public administration. This reflects similar findings in other national and international surveys and in the scientific literature. The sectors other community, social and personal services activities, and electricity, gas and water supply, stand out as having high

Figure 24: Concern regarding bullying or harassment, by country (% establishments)



Base: all establishments.

Figure 25: Concern regarding work-related stress, violence or threat of violence, bullying or harassment, by enterprise size (% establishments EU-27)



Base: all establishments.

levels of concern regarding violence and bullying and harassment compared to their levels of concern about work-related stress. This difference is also true for the hotels and restaurants sector as regards violence.

Having asked managers about health outcomes related to psychosocial risks, the survey than asked them whether any of ten possible causes were a concern in their establishment. The causes are listed below; the figure in brackets indicating the average share of EU establishments indicating that the cause is a concern:[8]

- Poor communication between management and employees (27%);
- Poor co-operation between colleagues (25%);
- Problems in supervisor-employee relationships (19%);
- Lack of employee control in organising their work (19%);
- Discrimination (for example due to gender, age or ethnicity) (7%);
- An unclear human resources policy (14%);
- Time pressure (52%);
- Job insecurity (27%);
- Long or irregular working hours (22%);
- Having to deal with difficult customers, patients, pupils, etc. (50%).

[8] For the order in which these items were asked, please refer to the questionnaire in Annex 2

Looking at the distributions by country (Table 6), the variations between the majority of them are relatively small (most falling within a 20% range). It is notable that the distributions for the first five items listed above, in which the individual could be said to have a greater influence, as well as item 6 (unclear HR policy) have a very similar pattern of distribution; all being cited most frequently as a concern by establishments in Czech Republic, Turkey, Portugal and France. The distribution for time pressure is clearly different, with Sweden, Norway, Finland and Denmark occupying the top places. Sweden and Finland also appear high on the table for long or irregular working hours, although establishments in the Czech Republic are again the most prevalent. Establishments in the Czech Republic and Portugal are also the most likely to indicate concern about job insecurity as a cause of psychosocial risks, followed by Ireland; a result which may reflect the strong impact of the economic crisis in that country at the time of the survey.

In the same way as for concern about psychosocial risks above, most of the causes are identified as a concern more frequently with increasing size of enterprise, with differences of up to 20% between smallest and largest. The notable exceptions are 'having to deal with difficult customers, patients, pupils, etc.' and 'discrimination', which are indicated at about the same frequency by all size classes.

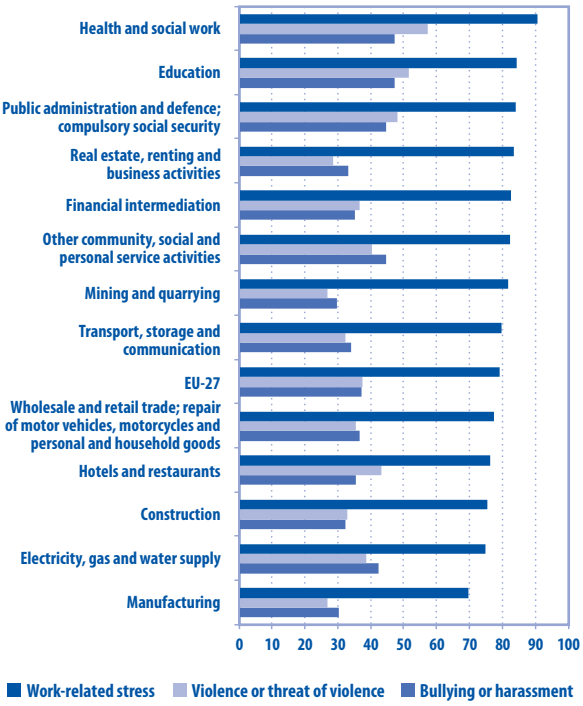
Between sectors, the largest difference in levels of concern corresponds to dealing with difficult customers, patients, pupils, etc., which is highest in health and social work, hotels and restaurants, and education – again to be expected from other surveys.

Table 6: Psychosocial risk factors, by country (% establishments)

Time pressure	SE	NO	FI	DK	DE	CY	PT	CH	LU	BE	AT	NL	CZ	EE	SK	FR	IE	EL	LV	SI	UK	BG	RO	MT	PL	ES	TR	HR	LT	HU	IT
	80	73	71	69	67	67	64	64	57	57	57	55	55	54	53	53	52	52	51	50	49	49	44	44	43	43	42	42	41	37	31
Poor communication between management and employees	CZ	PT	SE	DK	BE	FR	TR	IE	FI	CH	UK	CY	LU	NL	RO	DE	NO	AT	EE	BG	SK	SI	HR	LT	IT	MT	EL	PL	LV	ES	HU
	65	42	38	38	38	38	38	37	36	34	32	31	30	30	29	26	24	23	23	19	17	17	17	17	17	16	15	15	14	13	12
Poor co-operation amongst colleagues	CZ	PT	TR	FR	DK	BE	SE	LU	CY	RO	CH	IE	BG	DE	UK	NL	IT	NO	EL	LT	FI	LV	PL	MT	AT	EE	HR	SK	ES	SI	HU
	62	42	41	35	32	32	31	31	30	30	26	25	25	24	23	22	22	21	21	21	19	19	19	18	17	14	14	12	12	11	10
Lack of employee control in organising their work	CZ	TR	PT	FR	CY	RO	LV	SE	LT	EL	BE	BG	IE	CH	EE	LU	MT	DE	NL	PL	IT	UK	FI	DK	ES	NO	HR	AT	SK	SI	HU
	62	44	37	31	30	29	28	24	24	23	21	21	20	19	18	17	17	16	16	16	15	14	13	13	13	12	12	10	10	10	4
Job insecurity	CZ	PT	IE	HU	TR	BG	SK	FI	RO	UK	DK	PL	LT	SI	CY	CH	FR	LV	EL	SE	HR	DE	EE	IT	LU	BE	NL	AT	NO	ES	MT
	44	43	42	40	39	38	37	35	33	32	31	31	27	26	25	25	25	25	24	23	23	22	20	20	19	19	19	18	16	13	11
Having to deal with difficult customers, patients, pupils etc.	CZ	EL	LV	IE	PL	CY	EE	UK	LT	DE	PT	LU	BG	SE	CH	FR	BE	AT	SI	DK	ES	RO	MT	TR	FI	HU	NO	NL	HR	IT	SK
	79	67	67	64	58	56	56	56	55	53	53	53	51	50	48	48	47	47	47	45	45	44	44	43	42	42	41	41	41	35	32
Problems in supervisor-employee relationships	CZ	TR	PT	FR	RO	CY	IE	CH	BG	FI	DE	BE	LU	SE	DK	AT	LV	LT	NL	EL	UK	PL	SI	IT	EE	SK	MT	ES	HR	HU	NO
	60	36	31	30	28	27	24	23	22	20	20	20	19	18	18	17	17	17	16	16	16	16	14	14	13	11	11	11	9	4	3
Long or irregular working hours	CZ	SE	TR	CH	FI	DE	IE	PT	FR	LV	NO	CY	LU	BE	NL	RO	AT	UK	EE	DK	SI	MT	ES	SK	PL	HR	EL	BG	LT	HU	IT
	42	32	31	30	28	27	27	26	26	26	25	25	24	24	24	24	23	22	21	19	17	17	15	13	12	12	11	11	10	7	7
An unclear human resources policy	TR	PT	CZ	RO	CY	LV	FR	BG	LT	IE	SE	BE	FI	DK	EL	NO	EE	DE	CH	LU	MT	UK	ES	AT	NL	SK	PL	HR	IT	SI	HU
	39	33	33	24	22	22	21	19	18	16	15	15	14	14	14	13	13	11	11	11	11	10	10	9	9	9	8	8	8	7	4
Discrimination (for example due to gender, age or ethnicity)	CZ	TR	PT	CY	RO	FR	BE	BG	CH	EL	UK	IE	DE	HR	SE	FI	DK	LU	AT	NL	SK	LT	NO	LV	PL	ES	EE	SI	HU	IT	MT
	29	23	20	18	15	12	8	8	6	6	6	5	4	4	3	3	3	3	3	3	3	3	2	2	2	2	1	1	1	1	0

Base: all establishments

Figure 26: Concern regarding work-related stress, violence or threat of violence, bullying or harassment, by sector (% establishments, EU-27)



Base: all establishments.

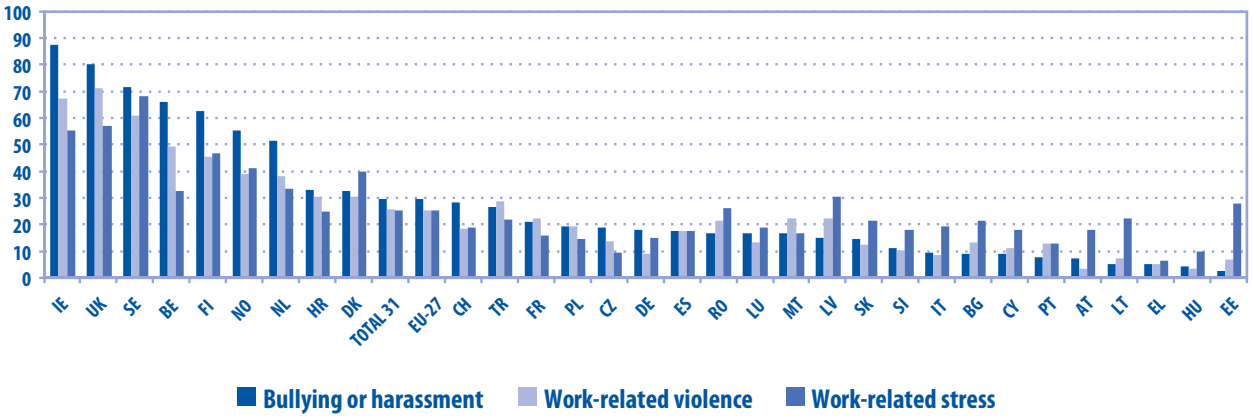
3.2. Procedures in place to deal with psychosocial risks

In its examination of how enterprises manage psychosocial risks, ESENER collected data on the following practices:

- Whether there are procedures in place to deal with work-related stress, bullying or harassment, and work-related violence.
- Whether measures have been taken to control specific psychosocial risks.

Procedures can be considered to represent a more 'formal' or system-based way of dealing with risks, whereas the individual measures that an enterprise takes may be regarded as more 'ad-hoc' or reactive in nature. It would be reasonable to expect smaller enterprises to rely more on the latter approach – dealing with problems as they arise – compared with larger firms that are more likely to take a proactive, systems-based approach to risk management. Research supports this assumption, with formal procedures shown to be less prevalent in smaller enterprises (e.g. Bradshaw et al., 2001), and ESENER data confirms this.

Figure 27: Procedures to deal with work-related stress, bullying and harassment and work-related violence, by country (% establishments)



Base: all establishments.

This section shows that while between 25% and 30% of establishments report having procedures to deal with psychosocial risks, they are considerably more likely to have taken one or more measures in the last three years (ranging from 25% to 58%).

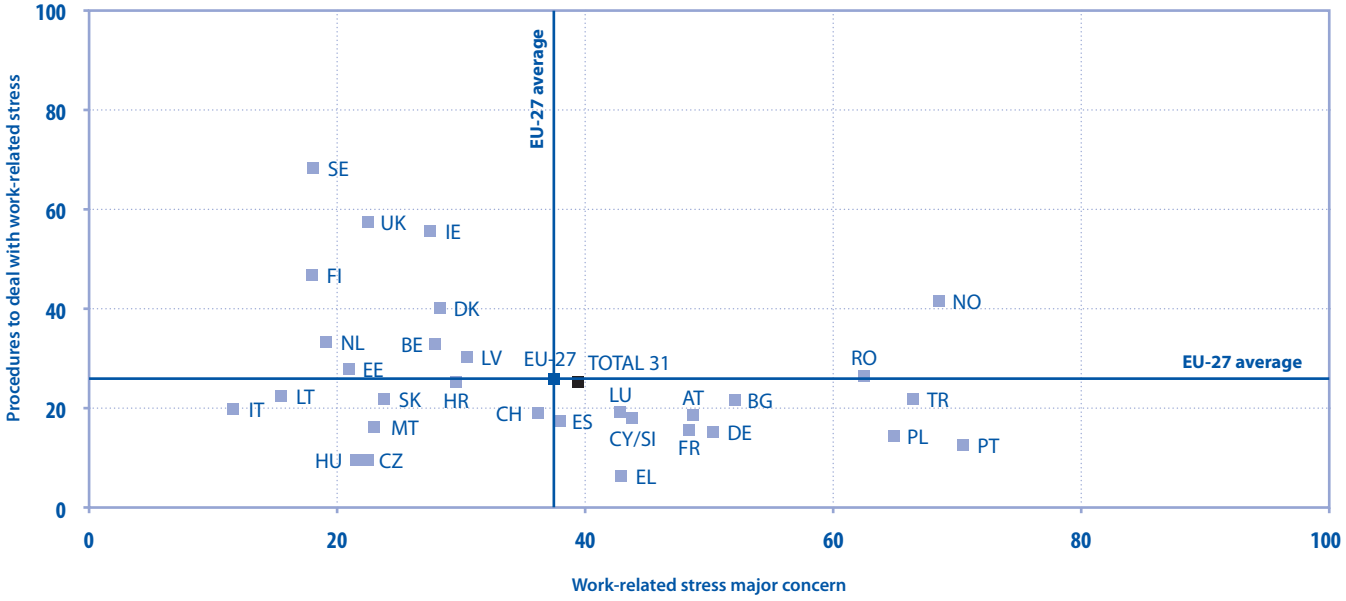
There is substantial variation between countries in the prevalence of establishments with procedures in place, but in the case of all three psychosocial risks (work-related stress, bullying or harassment and work-related violence) the highest frequencies are found in the United Kingdom, Ireland, Sweden and Finland. In the case of the United Kingdom and Ireland, this could be due to raised awareness following the introduction of structured guidelines on management of stress (e.g. Management Standards for Work-related Stress; Mackay, 2004). It is interesting to note that while establishments in the Czech Republic and Portugal were among the most frequent to identify causes of psychosocial risks (especially those relating to the individual), they are well below the average when it comes to preventive procedures.

Building on this, it is interesting to compare the information on the existence of procedures to deal with psychosocial risks at work with the findings on the concern that psychosocial risks represent at the workplace (see 3.1). For instance, focusing on work-related stress and plotting the information by country, Figure 28 shows that Norway is the only country where establishments report not only higher than average shares of major concern for work-related stress, but also of having procedures to deal with work-related stress with above average frequency. Meanwhile, Sweden, the United Kingdom, Ireland and Finland, among others, have a lower than average share of establishments reporting work-related stress as a major concern, but the share of establishments with a procedure for work-related stress is higher than the average.

In contrast, Portugal, Turkey and Poland are among those countries where a higher than average share of establishments show major concern for work-related stress, but where the percentage of establishments with a procedure to deal with it is below the average. Finally, in other countries like Italy, the Czech Republic and Hungary, establishments report lower than average shares for both work-related stress as a major concern and having a procedure in place to deal with it.

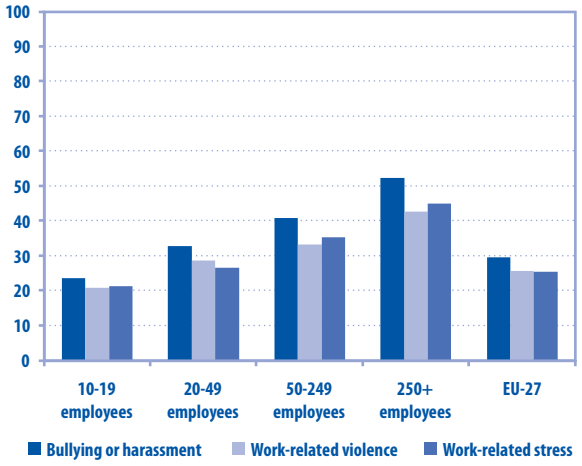
As expected, procedures for work-related stress, bullying and harassment and work-related violence were consistently reported more frequently in larger

Figure 28: Concern regarding work-related stress and existence of procedures to deal with work-related stress, by country (% establishments)



Base: all establishments.

Figure 29: Procedures to deal with work-related stress, bullying or harassment and work-related violence, by establishment size (% establishments, EU-27)



Base: all establishments.

establishments. Although procedures for bullying and harassment are the most common, their prevalence only reaches 50% even among large establishments. Among smaller establishments, this percentage falls to 30% (see Figure 29).

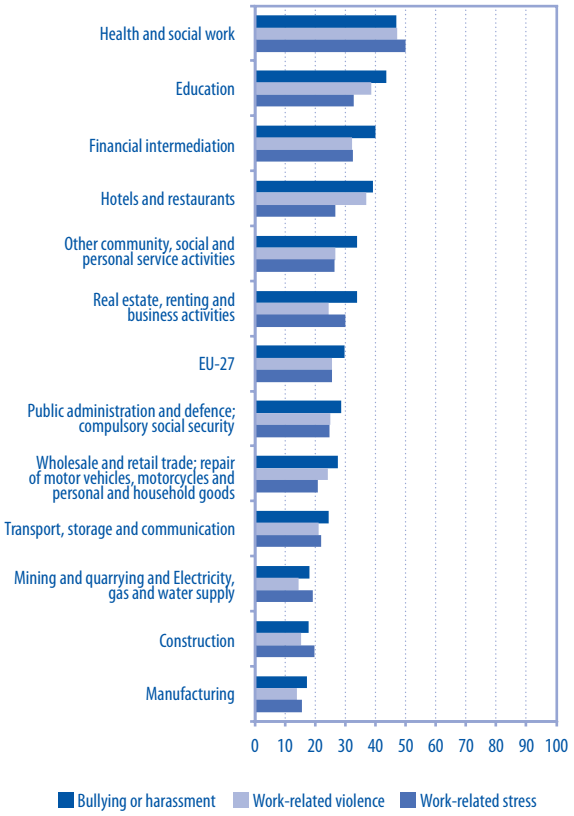
Figure 30 shows that there are sector differences in the existence of procedures to deal with work-related stress, violence and bullying. As expected – and in line with the findings on concerns about psychosocial risks – procedures are most common in health and social work, education, financial intermediation and hotels and restaurants. Published research has also found a higher prevalence and implementation of programmes to deal with psychosocial risks in these sectors (e.g. Cox, Randall & Griffiths, 2002).

It is notable that while concern was found to be high in the public administration sector, procedures are not nearly so prevalent.

3.3. Measures taken to deal with psychosocial risks

In terms of measures implemented to deal with psychosocial risks over the past 3 years, different types were explored on the basis of the literature on possible interventions to address psychosocial risks and their focus at organisational or individual level (e.g. Cox, Griffiths & Rial González, 2000; Leka et al., 2008).

Figure 30: Procedures to deal with work-related stress, bullying or harassment and work-related violence, by sector (% establishments, EU-27)



Base: all establishments.

Of the six measures investigated, provision of training (58%) is the most frequently reported, followed at some distance by changes in work organisation (40%), redesign of the work area (37%), confidential counselling (34%), changes to working time arrangements (29%) and finally, set-up of a conflict resolution procedure (23%).

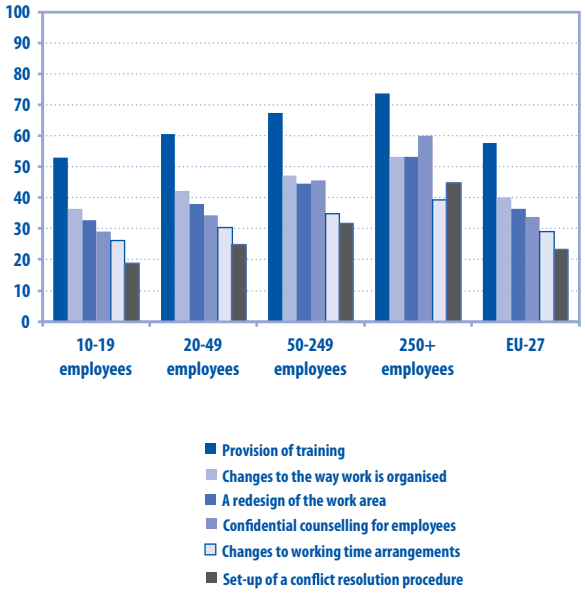
By country, measures to manage psychosocial risks at work are taken most widely in Finland, Romania and Turkey and are least likely to be implemented in Croatia, Slovenia, Hungary and Greece. While the high prevalence in Finland and low prevalence in Hungary and Greece is similar to that for procedures, it is remarkable how different the levels are between procedures and measures for the other countries. In the case of Portugal, there are high levels of concern about psychosocial issues and higher than average prevalence of measures to manage them; however procedures are used by a below average number of establishments.

Table 7: Measures to deal with psychosocial risks (in the last three years), by country (% establishments)

	EU-27	AT	BE	BG	CH	CY	CZ	DE	DK	EE	EL	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	NO	PL	PT	RO	SE	SI	SK	TR	UK
Provision of training	58	39	66	55	55	42	56	65	54	35	31	45	63	52	27	32	64	45	60	43	63	47	68	59	63	64	84	61	41	55	56	67
Changes to the way work is organised	40	28	40	45	39	38	45	44	56	34	27	29	59	39	15	24	41	28	49	38	47	39	41	50	36	50	56	52	22	23	49	48
A redesign of the work area	37	30	42	55	39	43	34	38	48	26	27	24	56	34	26	18	39	25	53	28	52	33	40	41	32	50	74	38	30	40	50	41
Confidential counselling for employees	34	36	47	53	44	29	17	51	54	22	13	9	65	46	18	18	25	19	39	46	42	28	51	32	29	28	37	44	13	18	19	30
Changes to working time arrangements	29	20	37	24	25	20	34	30	30	23	14	18	45	33	12	19	35	20	30	28	34	26	25	28	25	22	46	39	11	21	44	38
Set-up of a conflict resolution procedure	23	17	36	31	28	30	20	24	28	21	12	11	34	27	12	15	36	10	25	22	28	17	25	25	20	18	38	37	12	15	36	32

Base: all establishments.

Figure 31: Measures to deal with psychosocial risks in the last three years, by establishment size (% establishments, EU-27)



Base: all establishments.

All types of measure are more widely adopted as the size of establishment increases, although the differences between size classes are not so great as for procedures to deal with psychosocial risks, reflecting their relative 'convenience' for small firms.

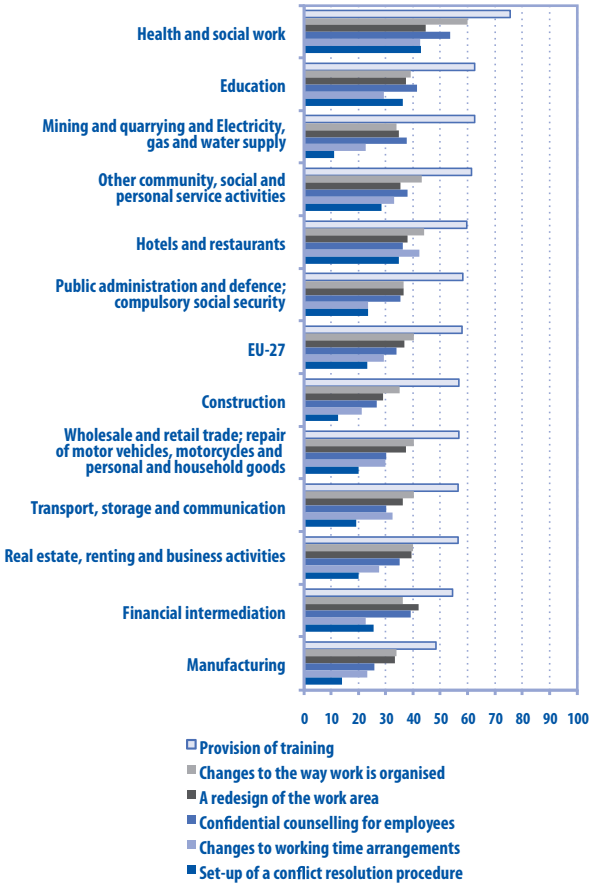
Health and social work stands out as the sector in which most measures are taken, which reflects the high level of psychosocial risks in combination with a high level of awareness of these risks in this sector. This was also the case for this sector in relation to procedures to manage psychosocial risks (see previous section); by comparison, few measures are taken in the manufacturing sector.

Respondents who had indicated that their establishment had taken measures to manage psychosocial risks were asked about their effectiveness. 75% of the respondents reported that they were very effective or quite effective; by sector, this was most often the case in health and social work.

Workload and working hours are a key psychosocial risk factor in Europe (Eurofound, 2007) and this is supported by managers' reporting of time pressure as the primary psychosocial concern (see Section 3.1, above). In this

context, ESENER explores whether establishments take action when individual employees work excessively long or irregular hours. Overall, 40% of respondents report that their establishment does take action of this type, with those from large establishments, Finland, Switzerland and Sweden doing so more frequently.

Figure 32: Measures to deal with psychosocial risks in the last three years, by sector (% establishments, EU-27)



Base: all establishments.

A key factor in the successful management of psychosocial risks is appropriate employee consultation and involvement (e.g., Cox, Griffiths & Rial González, 2000; Leka et al., 2008). ESENER explores this issue through four questions: whether employees are informed about psychosocial risks and their effect on health and safety; whether they are informed about whom to contact in case of work-related psychosocial problems; whether they are consulted regarding measures to deal with psychosocial risks; and whether they are encouraged to participate actively in the implementation and evaluation of the measures (see also Chapter 5 on employee participation). Only 53% of the respondents reported that they inform employees about psychosocial risks and their effect on health and safety, but substantially more (69%) inform them about whom to contact in case of work-related psychosocial problems. Respondents from larger establishments and from Romania, Poland and Spain (Figure 33) report higher frequencies.

As with previous items, establishments in the health and social work sector feature first in terms of the information provided to employees about psychosocial risks and their effects.

Among establishments where one or more measures have been taken,[9] 54% of managers reported consulting employees regarding measures to deal with psychosocial risks and 67% encouraging them to participate actively in the implementation of the measures. Again, these are reported more often in the health and social work sector. The percentage share of establishments reporting that employees have been consulted increases with establishment size, but quite modestly: from 52% in establishments of 10-19 employees to 69% in the larger establishments. When compared to the levels of measures taken to deal with psychosocial risks, this figure is quite a low; particularly as it is an issue for which staff participation (well beyond simple consultation) is essential for the success of any preventive measures (Leka et al., 2008).

3.4. Summary of findings

Concern about psychosocial risks

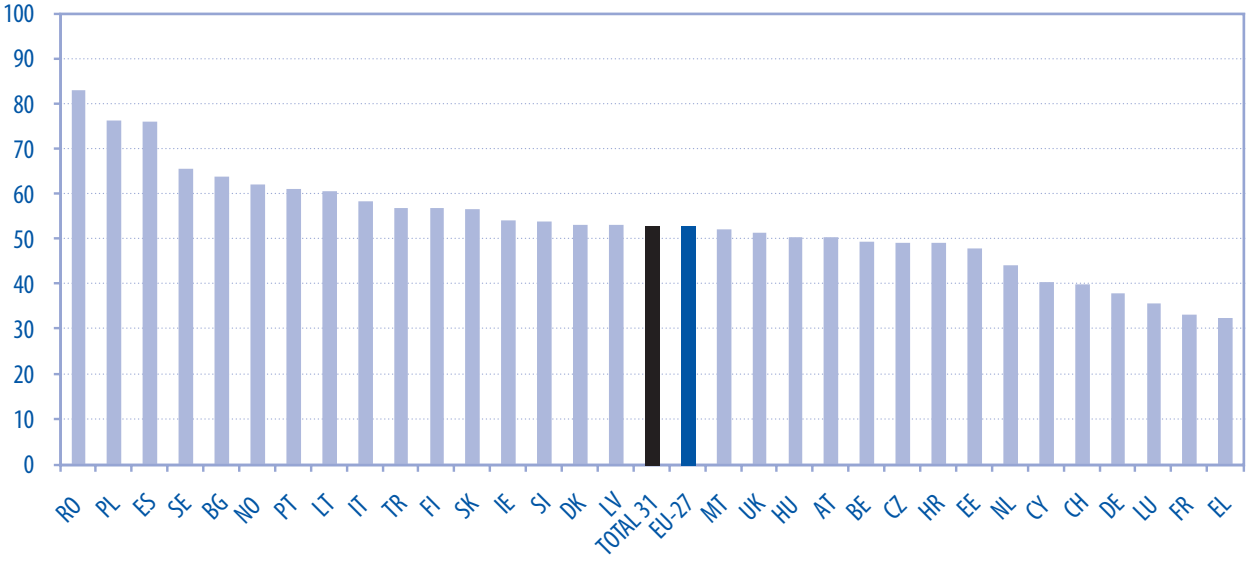
Work-related stress is a significant concern for managers in all countries surveyed. While some countries register equally high levels of concern for violence and for harassment, the average across all countries is much lower, with very wide variation among countries.

All types of psychosocial risk – stress, violence and harassment – are of greatest concern in the health and social work sector, followed by education and then public administration.

Managers indicate time pressure to be the most important cause of psychosocial risks, followed at some distance by job insecurity, poor cooperation between colleagues and poor communication between management and employees.

[9] Only asked in those establishments that had taken measures to deal with PR; procedures to deal with PR; taken action if employees work excessively long or irregular hours; informed employees about PR and their effect on H&S; or informed employees about whom to address in case of work-related psychosocial problems.

Figure 33: Inform employees about psychosocial risks and their effects on health and safety, by country (% establishments)



Base: all establishments.

'Formal' procedures to manage psychosocial risks

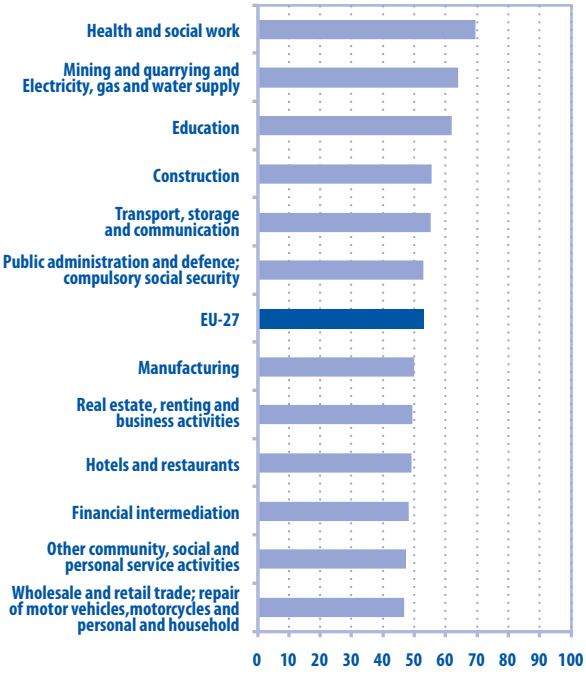
Procedures to deal with bullying or harassment exist in 30% of EU enterprises and almost as many have procedures in place to tackle violence or work-related stress. There is wide variation between countries, with Northern European countries generally having much higher prevalence. Interestingly, many of the countries where procedures are most common rated well below average on the concern about psychosocial risks.

Unsurprisingly, larger companies are more likely to have procedures in place to deal with psychosocial risks, as are those in the health and social work, education, financial intermediation, or hotels and restaurants sectors.

'Ad-hoc' measures to manage psychosocial risks

Being 'ad hoc' or reactive, measures to deal with psychosocial risks are more common than the 'formal' or systematic procedures mentioned above; particularly in the case of smaller enterprises. Of the six measures investigated, provision of training was the most frequently reported, followed at some distance by changes in work organisation, redesign of work area, confidential counselling,

Figure 34: Inform employees about psychosocial risks and their effects on health and safety, by sector (% establishments, EU-27)



Base: all establishments.

changes to working time arrangements and finally conflict resolution procedure. All are more likely to be taken by establishments in the health and social work sector. Three quarters of those who had taken measures judged them to be effective, although only half report that they inform employees about psychosocial risks and their effect on health and safety.

ESENER

Drivers and barriers for OSH and psychosocial risk management

4

This section focuses on the factors that motivate or encourage establishments to manage OSH and psychosocial risks and those that impede or discourage it. A better understanding of the drivers and obstacles for preventive action is essential for the development of better policies and interventions.

Conceptually (see Leka et al., 2008), management of OSH and particularly the new area of psychosocial risks is motivated by a number of closely related drivers or forces of change (e.g. rationality, economic usefulness, orientation towards values and norms, compliance with laws and regulations, etc.).

Previous research identified increased awareness and prioritisation, management commitment and employee involvement as the key success factors in OSH and psychosocial risk management (Leka et al., 2008). Logically, the absence of these factors, together with lack of resources, can act as barriers to OSH management.

In its examination of drivers and barriers, ESENER collected data on the following areas from the management representative survey:

- Reasons for addressing health and safety and their importance
- Difficulties in addressing health and safety and their importance
- Difficulty of tackling psychosocial risks compared with other OSH issues
- Factors making it particularly difficult to deal with psychosocial risks
- Sources and needs for support and information on dealing with psychosocial risks

In addition, two questions relevant to this issue were asked to employee representatives:

- Willingness of the management to introduce measures for tackling psychosocial risks
- Adequacy of the measures taken in the establishment for managing psychosocial risks

4.1. Drivers for OSH management

Six potential drivers for OSH management were explored by ESENER; they are listed together with overall prevalence in Table 8. Research indicates that a strong legal framework is often associated with greater awareness and the implementation of policies and practices to deal with OSH issues (Ertel et al., 2008) and this is borne out by the survey results, with fulfilment of legal obligation clearly identified as the most important driver. Examples can also be found in the literature of labour inspectorate pressure resulting in more action taken by enterprises in OSH (e.g., Cox et al., 2009).

The results also support the research finding that reduction of sickness absence is a strong motivator for enterprises to address OSH (Zwetsloot & van Scheppingen, 2007), but according to ESENER, this factor is not as strong a motivator as requests from employees, or requirements from clients or concerns about the organisation's reputation.

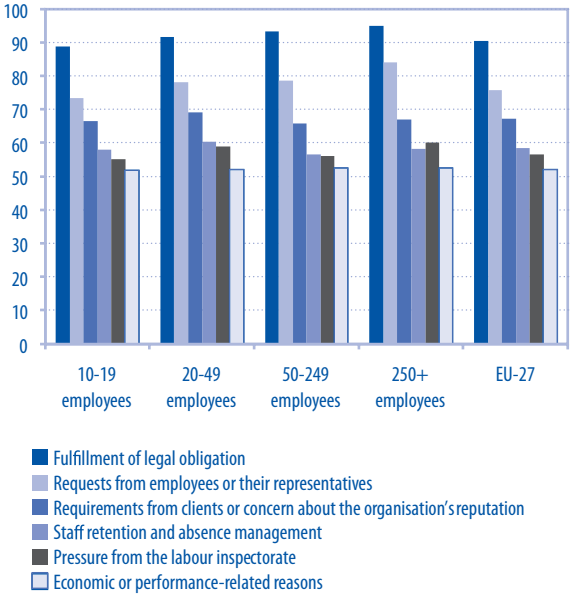
Table 8: Major reasons for addressing health and safety in the establishment (% establishments, EU-27)

Fulfilment of legal obligations	90%
Requests from employees or their representatives	76%
Requirements from clients or concern about the organisation's reputation	67%
Staff retention and absence management	59%
Pressure from the labour inspectorate	57%
Economic or performance-related reasons	52%

Base: all establishments.

Examining the results by size class, it is interesting to note that while the fulfilment of legal obligation and requests from employees increase with company size, the remaining reasons do not change significantly. This difference could be explained by the fact that larger enterprises are likely to be under more scrutiny (e.g. from labour inspectorates) and are more likely to have formal representative structures through which workers can request action.

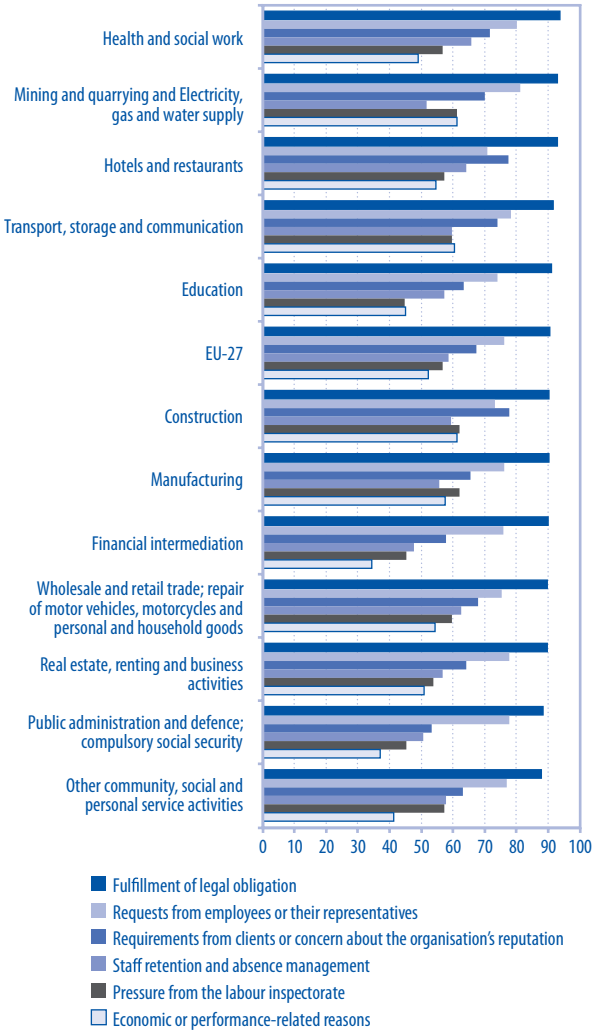
Figure 35: Major reasons for addressing health and safety in the establishment, by establishment size (% establishments, EU-27)



Base: all establishments.

Fulfilment of legal obligations is the most important driver not only because of its high overall prevalence (91%), but also because this is the case in all countries (with only six countries deviating more than 10% from the average and in no case by more than 20%). In contrast, there is a large variation between countries in the importance of staff retention and absence management as a driver of OSH management, with Finland and Norway registering over 90%, while Italy and Poland are below 40% and Croatia on just 10%. The drivers described as economic or performance related reasons, and requirements from clients, are notable for their prevalence in Turkey, Romania, Portugal and Finland. Finally, pressure from the labour inspectorate is also cited most frequently as a driver in Turkey, Romania and Portugal, but in first place in this regard is Germany on 80%.

Figure 36: Major reasons for addressing health and safety in the establishment, by sector (% establishments, EU-27)



Base: all establishments.

Between the different sectors, there is relatively small variation in terms of pressure from the labour inspectorate and requests from employees as drivers (Figure 36). The remaining drivers are more sector specific, with staff retention being particularly important in health and social work, hotels and restaurants, and wholesale and retail trade, etc. Requirements from clients or concern about reputation are important drivers in the hotels and restaurants and the construction sectors. The high importance of this motivation in hotels and restaurants is not surprising as most workplaces in this sector are highly transparent towards clients and a good reputation among clients is vital for establishments in this sector.

Table 9: Major reasons for addressing OSH, by country (% establishments)

	Fulfilment of legal obligation	Requests from employees or their reps	Client requirements or concern about organisation's reputation	Staff retention and absence management	Pressure from the labour inspectorate	Economic or performance related reasons
EU-27	91	76	67	59	57	52
AT	90	71	46	52	26	56
BE	94	88	70	72	58	47
BG	85	54	46	50	28	50
CH	85	73	62	64	35	51
CY	73	80	73	71	60	61
CZ	77	57	71	45	59	53
DE	90	77	64	62	80	59
DK	89	90	48	81	47	43
EE	80	82	55	67	50	58
EL	70	82	68	71	46	63
ES	96	80	74	60	59	54
FI	96	96	77	93	48	78
FR	91	83	65	68	43	43
HR	75	23	12	10	16	15
HU	97	81	78	76	58	65
IE	87	67	62	48	52	46
IT	92	73	56	33	57	35
LT	74	70	74	54	55	68
LU	81	75	62	51	30	38
LV	75	71	74	56	49	61
MT	89	72	67	53	50	61
NL	88	86	62	87	31	40
NO	91	89	64	91	43	60
PL	86	62	76	37	45	55
PT	96	85	83	70	64	78
RO	96	91	83	77	68	83
SE	81	86	64	86	57	62
SI	84	55	41	49	39	46
SK	89	85	72	75	61	72
TR	88	82	89	83	74	84
UK	95	66	70	47	50	39

Base: all establishments.

4.2. Barriers for OSH management

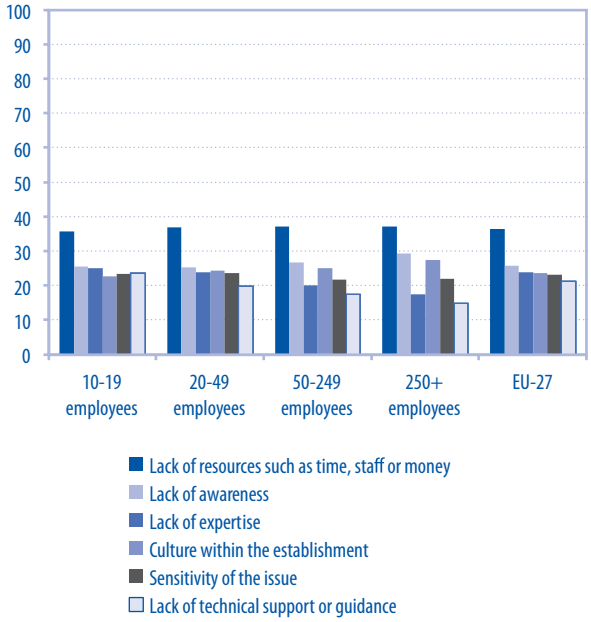
The survey also explores the main difficulties in dealing with health and safety in establishments. The issues examined, together with their overall prevalence, are presented in Table 10.

Table 10: Main difficulties in dealing with health and safety in the establishment (% establishments, EU-27)

A lack of resources such as time, staff or money	36%
A lack of awareness	26%
A lack of expertise	24%
The culture within the establishment	24%
The sensitivity of the issue	23%
Lack of technical support or guidance	21%

Base: all establishments.

Figure 37: Major difficulties in dealing with OSH, by establishment size (% establishments, EU-27)



Base: all establishments.

A lack of resources such as time, staff or money is clearly identified as the most important barrier. However, a breakdown of the results by size shows that for larger enterprises a lack of awareness and the culture within the establishment become more important barriers, while a lack of expertise and a lack of technical support or guidance become less important. These differences may be explained by the fact that the culture tends to be easier to manage in a small enterprise and that expertise and technical support are more easily accessed by larger firms. A lack of resources and the sensitivity of the issue do not change significantly between size classes.

All of the barriers show a gradual but very wide variation in prevalence between countries, with the highest and lowest being separated by around 60% in all six cases. Also worth noting is the high degree of consistency in the countries reporting highest prevalence, with Romania, Portugal, Cyprus, Turkey and Greece accounting for the top five places for all barriers except a lack of resources (for which Cyprus is substituted by Latvia). At the other end of the scale there is less uniformity, but Croatia, Finland, Slovakia and Czech Republic stand out as having low prevalence across all the barriers.

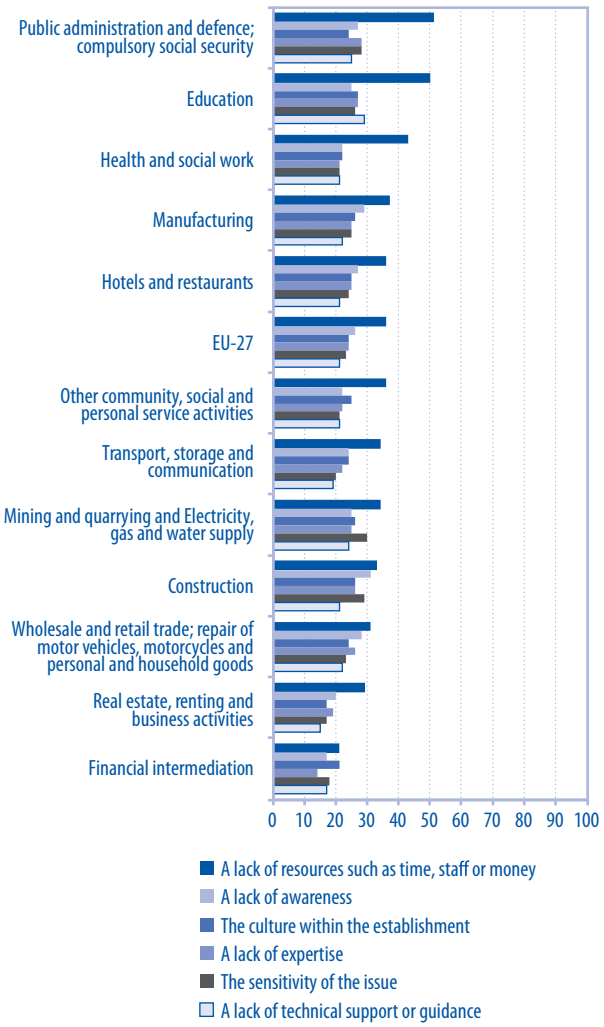
Sector-specific results show that a lack of resources is especially relevant in public administration, in education and to a lesser extent in health and social work. This could be related to the difficulty that can be found in the public sector when it comes to contracting expertise that is not available through the internal OSH service. A lack of awareness and the sensitivity of the issue both stand out as barriers that are more important in the construction sector.

Table 11: Major difficulties in dealing with OSH, by country (% establishments)

	Lack of resources (time, staff, money)	Lack of awareness	Lack of expertise	Culture within establishment	Sensitivity of the issue	Lack of technical support or guidance
EU-27	36	26	24	24	23	21
AT	19	13	10	7	7	10
BE	35	21	20	18	17	20
BG	32	14	19	16	8	14
CH	32	25	21	21	14	16
CY	50	51	50	48	60	52
CZ	24	10	9	7	3	7
DE	36	26	26	22	20	19
DK	28	6	6	10	5	4
EE	50	21	18	16	19	20
EL	51	49	48	35	43	46
ES	27	29	21	23	28	17
FI	21	9	8	11	5	7
FR	48	29	31	28	29	34
HR	30	8	5	5	3	7
HU	35	9	8	6	5	8
IE	28	16	15	18	14	14
IT	40	27	29	32	37	21
LT	36	14	13	10	9	14
LU	25	22	16	16	17	14
LV	60	18	19	21	17	18
MT	33	11	11	17	11	11
NL	22	14	6	13	10	9
NO	37	15	13	9	7	10
PL	48	36	37	35	21	35
PT	61	61	57	61	68	53
RO	74	69	54	65	71	62
SE	26	11	9	9	4	5
SI	26	14	5	9	8	6
SK	23	8	5	7	8	7
TR	55	45	55	39	55	47
UK	23	14	13	13	11	10

Base: all establishments.

Figure 38: Major difficulties in dealing with OSH by sector (% establishments, EU-27)



Base: all establishments.

4.3. Drivers for psychosocial risk management

The survey also explored drivers for the management of psychosocial risks by establishments. All establishments that reported the existence of procedures and the implementation of measures to deal with psychosocial risks were asked for the major reasons for addressing psychosocial risks in the establishment. The same drivers that were explored for OSH management were also covered here (see Table 12).

Table 12: Major reasons for addressing psychosocial risks in the establishment (% establishments, EU-27)

Fulfilment of legal obligations	63%
Requests from employees or their representatives	36%
Requirements from clients or concern about the organisation's reputation	26%
A decline in productivity or in the quality of outputs	17%
Pressure from the labour inspectorate	15%
High absenteeism rates	11%

Base: establishments with procedures and/or measures in place to deal with psychosocial risks.

As with OSH management, the most important factor prompting establishments to deal with psychosocial risks is fulfilment of legal obligations (63%). The incidence of the next most important reason, requests from employees or their representatives, is substantially lower (36%) and the remaining reasons are lower still. This difference in prevalence between fulfilment of the legal obligations and the other drivers is even more marked than it is for OSH management; however, it should be borne in mind that the two populations are not directly comparable because questions on drivers for psychosocial risks were only put to those who had taken measures or had procedures in place.

Fulfilment of legal obligations varied widely in prevalence between countries, ranging from Spain at 85% to Greece on 30%. Other countries where this driver was cited frequently include Bulgaria and Ireland. It is curious that in the case of OSH management, establishments in Ireland mentioned this driver well below the average. Fulfilment of legal obligations was stated least frequently in Greece, Slovakia and Cyprus.

With respect to the second-placed driver, requests from staff or their representatives, Finland, Sweden and Denmark score highest in comparison to Italy, Slovakia and Croatia, which scored lowest. Again, these differences are probably due to the industrial relations practices, particularly as regards the openness of establishments to requests from employees (or their representatives). A closely related factor may be the more 'consensus-oriented' culture of the Nordic countries (see e.g. Hyde et al., 2006).

Table 13: Major reasons for addressing psychosocial risks, by country (% establishments)

	Fulfilment of legal obligations	Requests from employees or their representatives	Requirements from clients or concern about organisation's reputation	A decline in productivity or in the quality of outputs	Pressure from the labour inspectorate	High absenteeism rates
EU-27	63	36	26	17	15	11
AT	44	36	11	10	4	5
BE	71	44	29	16	21	15
BG	77	42	35	39	20	15
CH	47	39	33	26	10	13
CY	35	30	27	24	24	17
CZ	44	43	39	34	19	8
DE	53	42	22	19	22	11
DK	41	58	16	21	13	23
EE	36	53	34	26	19	9
EL	30	35	19	24	6	10
ES	85	37	30	18	16	14
FI	59	63	28	23	17	27
FR	59	40	29	12	11	11
HR	60	23	15	15	11	6
HU	62	31	22	6	12	2
IE	78	34	27	23	24	20
IT	65	20	10	8	6	2
LT	53	53	46	31	23	12
LU	42	39	33	21	9	18
LV	57	44	47	35	18	10
MT	40	31	19	20	7	13
NL	49	43	18	21	8	23
NO	69	40	12	17	7	25
PL	70	24	52	15	17	9
PT	68	25	29	18	15	8
RO	74	37	32	28	13	12
SE	47	59	25	13	14	20
SI	63	20	19	14	11	10
SK	33	35	26	17	16	9
TR	62	56	56	48	34	33
UK	71	33	23	13	16	13

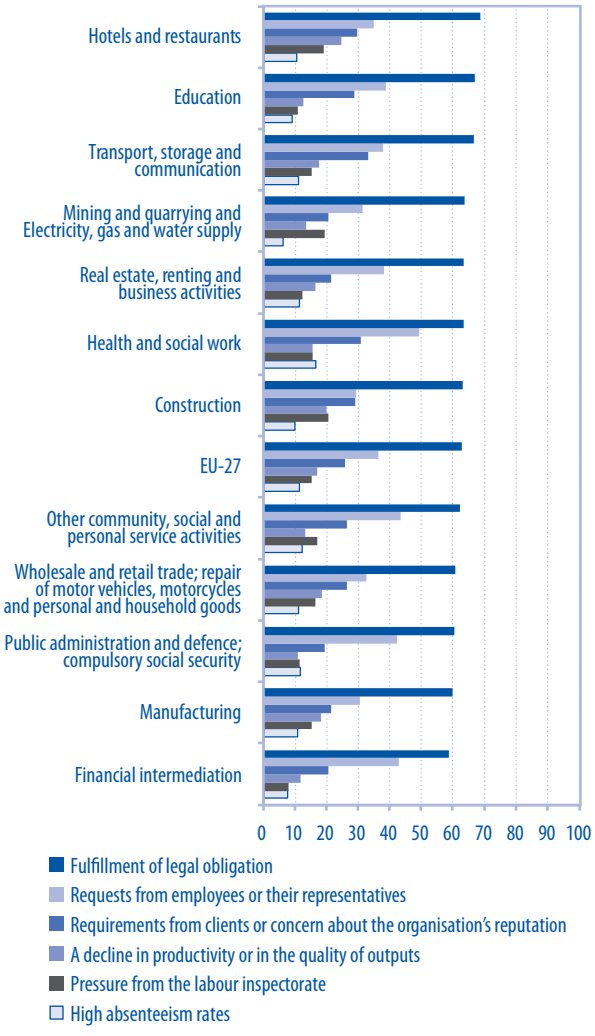
Base: establishments with procedures and/or measures in place to deal with psychosocial risks.

It is interesting to note that, while absenteeism is often cited as a main concern for enterprises and is a widely used measure for organisational health, it was cited as a main reason for addressing psychosocial risks at work by only 11% of surveyed establishments in the EU-27, within a relatively narrow range of 5% to 25%. The similar driver 'staff retention and absence management' was cited as a driver for OSH management by a much higher proportion of companies (57%), which could imply that managers tend to see a clearer connection between absenteeism and general OSH preventive measures than psychosocial preventive measures.

Sector-specific results (see Figure 39) show that requests from employees or their representatives is the commonest driver for addressing psychosocial risks in health and social work (49%) and least common in construction (29%). This might be related to the higher prevalence of psychosocial risks in this sector (e.g., Eurofound, 2007). A decline in productivity was stated as a driver most frequently by respondents in the hotels and restaurants sector (25%).

The driver 'requests from employees' is more common for the management of psychosocial risks in the public sector (44%) than in the private sector (35%) and also in larger companies. This finding could be linked to the higher prevalence of worker representation in the public sector and in larger establishments.

Figure 39: Major reasons for addressing psychosocial risks, by sector (% establishments EU-27)

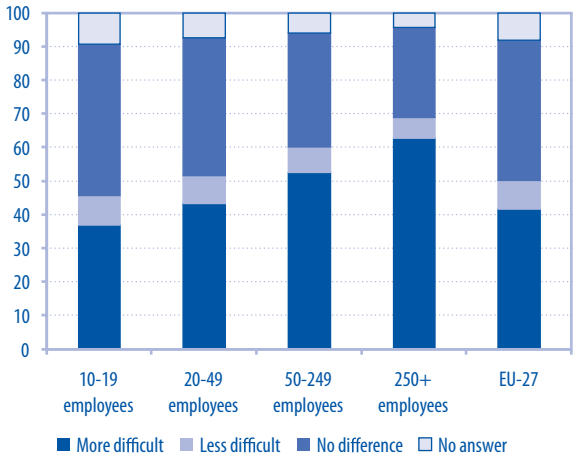


Base: establishments with procedures and/or measures in place to deal with psychosocial risks.

4.4. Barriers for psychosocial risk management

According to 42% of management representatives (and 40% of employee representatives), it is more difficult to tackle psychosocial risks compared with other safety and health issues. Contrary to expectations, this opinion is more widespread among larger companies (Figure 40). This result may indicate that the specific (i.e. person-oriented) culture in small companies makes it easier to tackle these issues, but it might also suggest that larger enterprises deal with psychosocial risks more frequently than smaller businesses and, as a result of their experience, they are more aware of the difficulties.

Figure 40: Compared to other safety and health issues, how difficult it is to tackle psychosocial risks, by establishment size (% establishments, EU-27)



Base: all establishments.

Table 14 shows that the most important factors making dealing with psychosocial risks particularly difficult are the sensitivity of the issue; a lack of awareness; a lack of resources (time, staff or money; and a lack of training and/or expertise. It is interesting to note the contrast with barriers to management of OSH risks in general, where sensitivity of the issue was among the least important.

The perceived sensitivity of the issue, and problems related to establishment culture, were both reported to a higher degree as a problem in larger establishments.

A lack of resources is a more pronounced barrier in the public sector (59%) than in the private sector (47%), particularly among establishments in education (61%). In contrast, a lack of awareness is an important barrier in financial intermediation (61%), but far less so in health and social work (41%). A lack of training or expertise is also a particularly important barrier in the financial intermediation sector.

In relation to country differences, lack of resources is more common in Turkey, Portugal, Lithuania and Poland and less common in the Netherlands, Austria and Italy. Lack of technical support or guidance is a more common barrier in Turkey, France and Poland rather than in Hungary, the Netherlands and Slovakia.

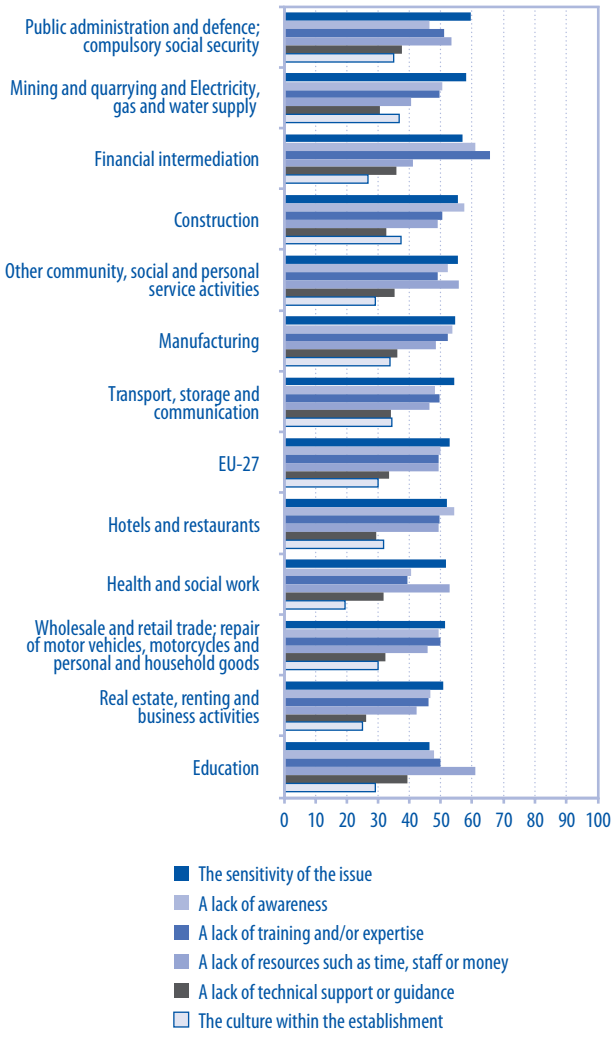
Table 14: Factors that make dealing with psychosocial risks particularly difficult (% establishments, EU-27)

The sensitivity of the issue	53%
A lack of awareness	50%
A lack of resources such as time, staff or money	49%
A lack of training and/or expertise	49%
A lack of technical support or guidance	33%
The culture within the establishment	30%

Base: establishments considering the management of psychosocial risks to be more difficult than the management of health and safety risks in general.

Information or support from external sources to deal with psychosocial risks at work is used by 38% of establishments on average, but much more so among large ones (55% in the largest size class compared with 7% in the smallest). By country, greatest use of externally sourced information or support is made in Sweden, Slovakia and Belgium and least in Estonia, Greece and Germany. More use is made in the health and social work sector (53%), compared with manufacturing (33%) and construction (33%). When asked whether additional information or support is needed, 35% of management representatives (public sector: 45%; private sector: 32%) stated that it is. This is most pronounced in Cyprus, Latvia and Portugal and least pronounced in Austria, the Netherlands and Switzerland. As regards sectors, the need for additional support is most frequently reported by establishments in education (45%).

Figure 41: Factors that make dealing with psychosocial risks particularly difficult, by sector (% establishments, EU-27)



Base: establishments considering the management of psychosocial risks to be more difficult than the management of health and safety risks in general.

Table 15: Barriers for tackling psychosocial risks, by country (% establishments)

	The sensitivity of the issue	Lack of awareness	Lack of resources -time, staff, money	Lack of training and/ or expertise	Lack of technical support or guidance	The culture within the establishment
EU-27	53	50	49	49	33	30
AT	18	40	35	30	24	9
BE	49	43	41	47	32	31
BG	50	45	54	45	40	34
CH	44	42	50	50	25	23
CY	55	52	45	59	50	50
CZ	35	48	48	36	25	21
DE	59	51	54	55	27	18
DK	68	46	41	47	16	35
EE	61	65	63	68	52	16
EL	35	54	53	54	48	37
ES	46	44	43	41	26	39
FI	62	50	41	48	24	28
FR	50	51	61	58	52	34
HR	39	45	57	50	29	30
HU	21	21	45	16	9	14
IE	61	56	43	48	36	28
IT	58	46	38	50	32	31
LT	43	51	63	57	47	17
LU	42	38	38	54	38	23
LV	53	41	59	52	29	21
MT	43	29	57	43	29	33
NL	54	48	34	33	15	39
NO	49	43	52	47	20	27
PL	52	53	62	47	52	26
PT	54	48	65	54	49	43
RO	55	47	57	43	39	36
SE	61	53	42	51	23	42
SI	38	38	41	25	21	20
SK	22	44	49	33	19	18
TR	76	75	80	81	78	59
UK	58	61	42	54	32	36

Base: establishments reporting psychosocial risks to be more difficult to tackle than other health and safety issues.

In establishments where information or support from external sources to deal with psychosocial risks at work has not been used, 43% of management representatives report that information of this type would be helpful for their establishment (public sector: 53%; private sector: 41%), the figures being highest among establishments in public administration (61%), health and social work (58%) and education (54%).

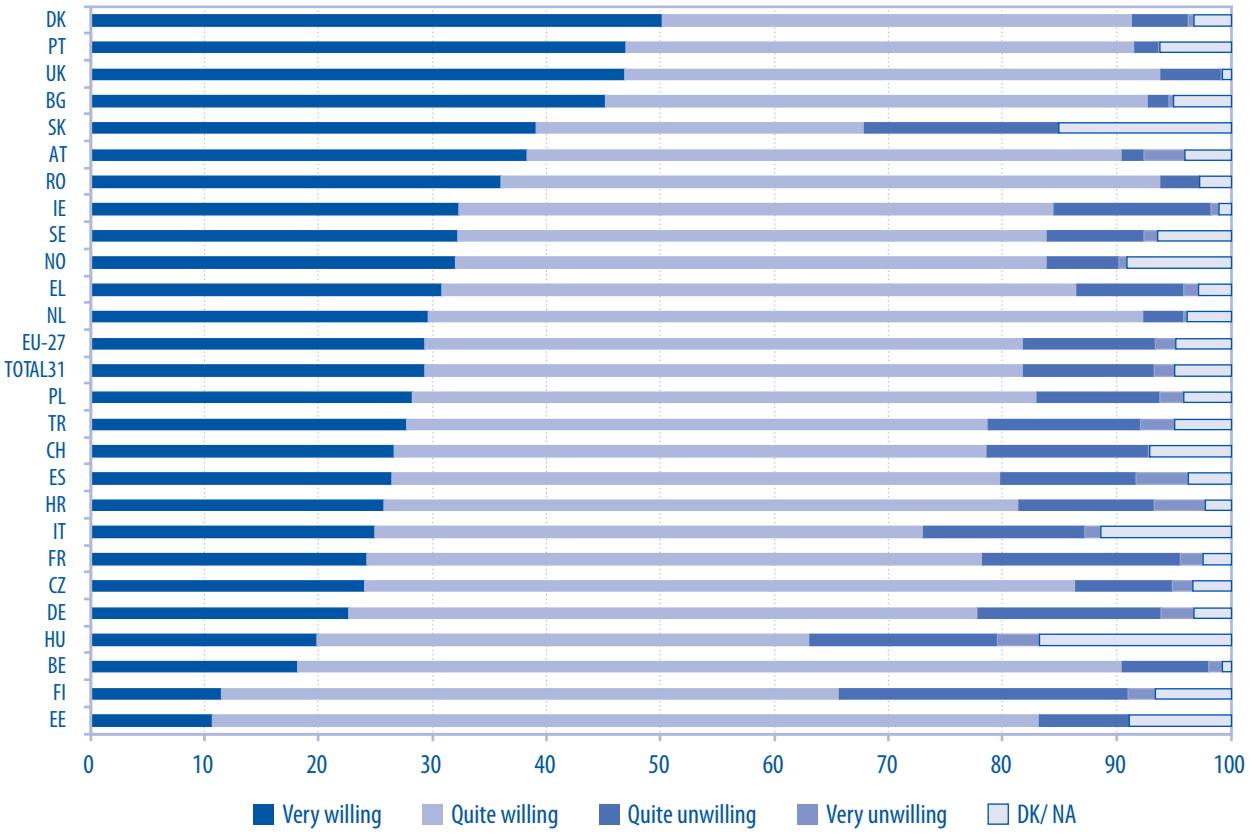
Concerning the areas in which this information or support would be most useful, the most frequently reported need is on how to design and implement preventive measures (91%), followed by how to include psychosocial risks in risk assessments (83%) and how to deal with specific issues such as violence, harassment or stress (77%).

4.5. Employee representative views on drivers and barriers

Questions from the management survey on drivers and barriers for OSH management in general and for psychosocial risk management in particular were supplemented with two questions from the employee representative survey. The employee representatives for safety and health issues were asked how willing (or unwilling) the management is to introduce measures for tackling psychosocial risks and whether they consider the measures the establishment has taken for managing psychosocial risks to be sufficient.

As regards the first question, 29% of employee representatives state that management in establishments is 'very willing' and 52% 'quite willing' to introduce such measures. In terms of

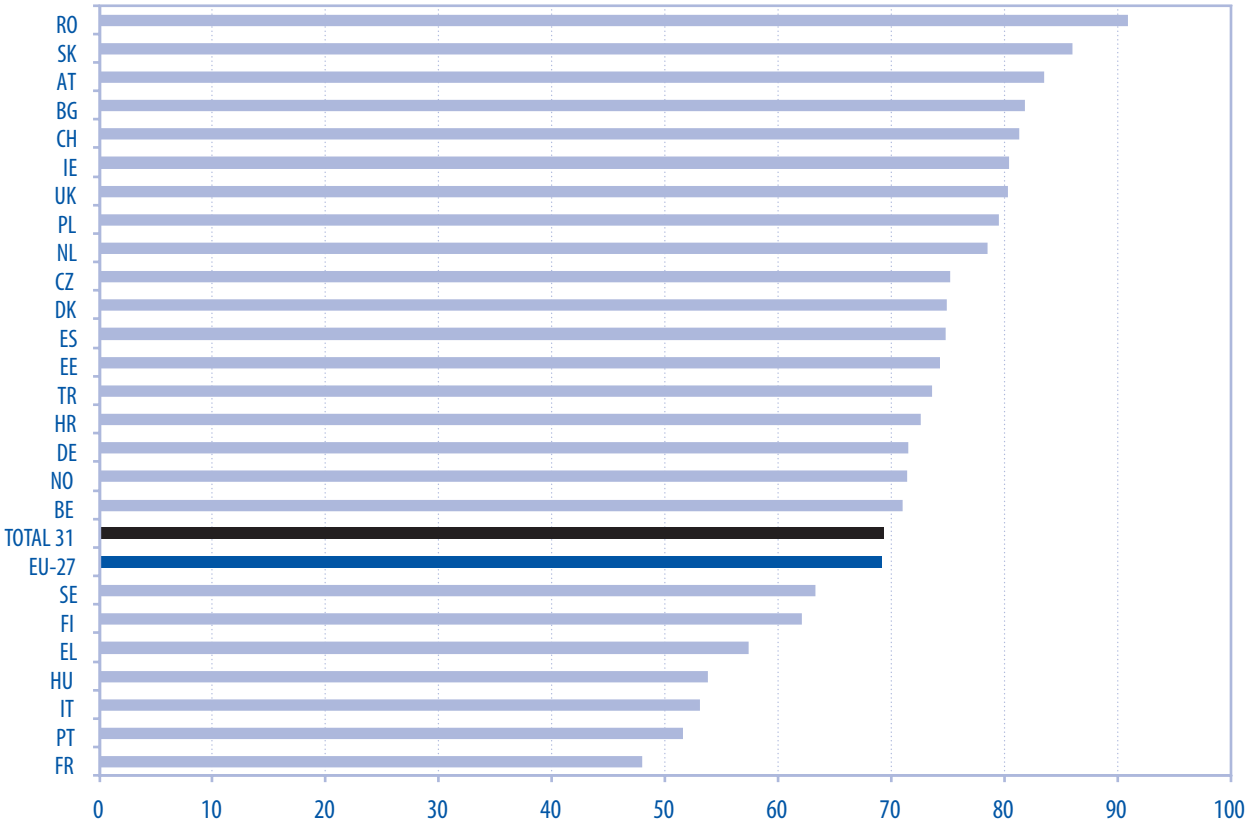
Figure 42: Willingness by companies (assessed by employee representatives) to introduce measures for tackling psychosocial risks, by country (% establishments)



Base: all establishments.

Note: only those countries with more than 30 responses.

Figure 43: Measures for managing psychosocial risks considered to be sufficient (assessed by employee representatives), by country (% establishments)



Base: all establishments.

Note: only those countries with more than 30 responses.

country-specific results, the proportion of employee representatives stating that their establishment is 'very willing' to introduce measures for tackling psychosocial risks is highest in Denmark and lowest in Estonia (see Figure 42).

A high proportion of employee representatives (69%) consider that the measures taken by the establishments to manage psychosocial risks are sufficient. Figure 43 shows the respective results by country.

When interpreting this overall positive result regarding the willingness of the management to introduce measures to deal with psychosocial risks, it must be borne in mind that this reflects only the situation in those establishments where health and safety representatives from the employees' side exist (and could successfully be interviewed). Employee representation is associated with higher levels of engagement in psychosocial risk management (Ertel et al., 2008). For establishments where no such representative exists, no assessment is available on whether the measures the establishment has taken for managing psychosocial risks at work are sufficient.

4.6. Summary of findings

The concept of drivers and barriers for OSH management and for psychosocial risk management is per se multidimensional, which means that establishments' willing to act on OSH depends on a variety of factors (e.g. rationality, economic usefulness, orientation towards values and norms, compliance with laws and regulations). However, there are a number of overriding factors which are important drivers for good quality management of OSH and psychosocial risks.

The fact that the fulfilment of legal duties and requests from employees were shown to be the main reasons for addressing health and safety (OSH in general as well as psychosocial risks in particular), demonstrates the importance of a stable legal (regulatory) framework in the domain of OSH and related enforcement activities (see, e.g., Ertel et al., 2010). Similar findings have been reported by Miller and Haslam (2009). Other important factors are company size, which is closely linked to the availability of OSH resources and with employee participation; and socio-political and cultural factors, including traditions of strong industrial relations and social dialogue. In general, problem awareness, particularly on psychosocial risks, is higher in the EU-15 than in the newer Member States.

The main barriers for OSH management, irrespective of company size, are a lack of resources, followed by a lack of awareness. Smaller enterprises tend to indicate more often a lack of expertise and a lack of technical support or guidance as significant obstacles. Candidate countries report all of the barriers more frequently while Southern European countries report lack of awareness and expertise, establishment culture and the sensitivity of the issue as barriers more frequently.

In the case of psychosocial risks management, the sensitivity of the issue is identified as an important barrier to a far higher degree than in the case of management of OSH in general. In terms of sector-specific results, there is often an apparent 'polarity' between health and social work and education on the one hand and financial intermediation on the other. Further analyses could focus on sector-specific cultures and on comparison of the relative importance of a combined set of drivers and barriers (e.g., economic, social, cultural, and political).

Information or support from external sources to deal with psychosocial risks has been used by 38% of establishments; larger companies, unsurprisingly, reported being more active in this respect than smaller companies. More information or support is most needed in the areas of design and implementation of preventive measures; inclusion of psychosocial risks in risk assessments; and dealing with specific issues such as violence, harassment or stress. This echoes the need for support in the design and implementation of interventions that has been identified as a priority area in psychosocial risk management (Leka et al., 2008). Similarly, despite the availability of different European models (see for example, Leka et al., 2008) psychosocial risk assessment is also an area demanding further attention.

In general, employee representatives in charge of health and safety issues reported a high level of willingness from management to introduce measures to manage psychosocial risks. In addition, the majority considered the measures taken to be sufficient. However, this overall positive finding reflects the feedback of the employee representative only in those establishments where an employee representative responsible for health and safety issue exists and it was possible to interview them.

Employee participation 5

Worker participation in the industrial relations system is an essential facet of (and contributes to) industrial democracy: 'Worker involvement serves, at the same time, two major objectives: to make social rights effective in order to strengthen democracy and social understanding, and to support companies in achieving economic competitiveness (…) The social right to information and consultation – at the very least – for workers in their workplaces can be seen to wind like a red thread through the history of the European Union' (ETUI-REHS, 2009, p.53). As regards occupational health and safety, there is evidence – although research on this area is still limited – 'that workplaces where trade unions are present are safer and have better occupational health outcomes' (Menendez, Benach & Vogel, 2009, p. 30).

In terms of the psychosocial work environment, managerial style is of increasing importance, particularly against the background of new patterns of work and widespread reorganisation. In this context, and related to the issue of worker involvement, research results show that workplace conflict resolution through discussion (as opposed to the use of managerial authority to resolve workplace conflict) is beneficial for workers' health in terms of lower levels of stress, lower sickness absence and better general health (Hyde et al., 2006). On the whole, participation is an important resource in this context.

In line with relevant discussions in Europe on quality of work and industrial relations (e.g. Baglioni, 2002), a distinction was made in the ESENER questionnaire between 'informal (or direct) participation' (in the sense of information and involvement of employees in issues related to OSH) and 'formal participation' through representation by works councils and shop floor trades unions. This distinction is relevant because the two types differ in terms of the extent of the participation and the degree to which it is regulated. Informal or 'direct' participation may occur in all types of establishments, regardless of size, sector, etc., whereas formal or institutional participation requires formal bodies to be set up in line with national legal frameworks and social traditions; logically, this is closely related to company size.

In the questionnaire directed to the management side, ESENER explored participation in terms of the different types of formal employee representation; information provided to employees; and participation of staff in health and safety measures. While the indicators on formal participation apply equally to psychosocial risks and to health and safety in general, questions on informal participation focused on psychosocial risks.

In addition, relevant questions from the survey with the health and safety representatives will be analysed. These shed light on the importance of health and safety issues in the discussions with the management; on the resources available to the health and safety representatives for their work; and on the nature of employees' requests for tackling psychosocial risks in the establishment.

Please note:

It is important to keep in mind that the universe for each of the two types of interview is not the same. For the management interviews, the universe normally (if not further constrained by an additional filter) comprises all establishments with ten or more employees. The universe for the health and safety representative interviews, however, is narrower and consists only of those establishments where an eligible type of employee representation in OSH matters was identified (in the course of the interview with the manager). The latter were defined for the survey as establishments with a health and safety committee, or a health and safety representative with representative (and not merely technical) health and safety tasks. In countries where health and safety committees and/or health and safety representatives with representative (and not only technical) functions do not exist (Slovenia, the Netherlands), works council or shop floor trade union representation members in charge of health and safety issues were included instead.[10]

The origin of the data presented in the text, figures and tables is clearly indicated (see e.g. figure and table footnotes).

[10] See Methodological Annex, Table A.6 for these country exceptions and for the hierarchy of choice applied in each country for the definition of the eligible respondent for the health and safety representative interview.

5.1. Formal participation of employees in health and safety issues – types and prevalence

For the formal representation of employees in matters related to safety and health at the workplace, two types of institution are relevant in European establishments:

General workplace employee representation

Works councils or recognised workplace trade union representatives are the primary bodies of general employee representation in European establishments. The main task of both bodies is the representation of employees and their interests in all issues directly affecting their working conditions. Safety and health at the workplace is an important aspect of the working conditions at the establishment and is usually among the major fields of work for the employee representation.

Specific health and safety committees or health and safety representatives

Alongside such general forms of workplace representation (or in the absence of them), specific persons or committees can exist at the workplace level with the task of representing the views and needs of employees in all matters concerning OSH (namely, health and safety representatives and health and safety committees).

Health and safety representatives are normally the most basic form of formal participation of employees in health and safety matters and size thresholds for their set-up tend to be considerably lower than those for the set-up of a general employee representation. In contrast to bodies of general employee representation, the set-up of health and safety representatives is often not just an option or a right, but is a legal requirement for enterprises above a certain size. The rights and tasks given in law to these representatives differ considerably between countries. While in some countries their tasks are of a rather technical nature, in others the health and safety representatives have a more prominent role in discussions and negotiations with the management about health and safety issues.

Often, national legislation also requires the establishment in larger enterprises of a health and safety committee, comprising representatives from both the employer and the employee side. These committees usually operate in addition to the health and safety representative infrastructure and are responsible for dealing with all kinds of health and safety issues arising at the workplace. The members of this committee representing the employee side are usually members of the general employee representation (where present), the health and safety representative(s) and possibly further employees involved in health and safety matters.

General employee representation at the workplace

About four out of ten establishments (41%)[11] in the EU-27 sample indicated that they have general workplace employee representation. Representation in the form of a works council was found to be considerably more frequent (35%) than representation in the form of a recognised shop floor trade union body (19%). In some countries, only either works council or shop floor trade union representation exists,[12] whereas in others, both forms of general employee representation are possible and indeed were often found to coexist, especially in larger workplaces. In these cases, health and safety duties can either be shared between the works council and the trade union body or be attributed to one of these bodies (by national legislation or by a company level agreement).

[11] Incidences of general employee representation are somewhat higher than those measured in the European Company Survey 2009 (ECS 2009) carried out by the European Foundation for the Improvement of Living and Working Conditions. This is most likely due to the method chosen for selection of a manager in charge of the coordination of occupational safety and health as the respondent for the interview. ESENER shows that in some countries health and safety tasks are sometimes delegated to the person who deals with health and safety also on the part of the employee representation. Therefore, establishments that do not have employee representation are less likely to have someone feeling responsible for the issue and willing to give an interview.

[12] In Cyprus, Malta and Sweden works councils were not asked for since recognised workplace representation in these countries is with shop floor trade union representations only. Recognised shop floor trade union representatives were not asked for in Austria, German and Luxembourg since in these countries representation at the workplace level is with works council type bodies only. In the remaining 25 countries included in the survey, both types of representation were asked for. For both shop floor trade union and works council representations, the base for the figures presented above is all EU-27 countries, including those where the respective question was not asked (because of the non-existence of the body in the country).

The existence of general employee representation at the workplace is closely correlated with the size of the establishment: while just over a quarter of establishments in the smallest size-class with 10 to 19 employees has a relevant representative body, they exist in the vast majority (more than 90%) of establishments with 250 or more employees (see Table 16).

Table 16: General employee representation at the workplace, by establishment size (% establishments EU-27)

	General employee representation*
10-19 employees	28%
20-49 employees	46%
50-249 employees	75%
250 or more employees	91%
EU-27	41%

Base: all establishments (management interviews).

*Note: works council or trade union.

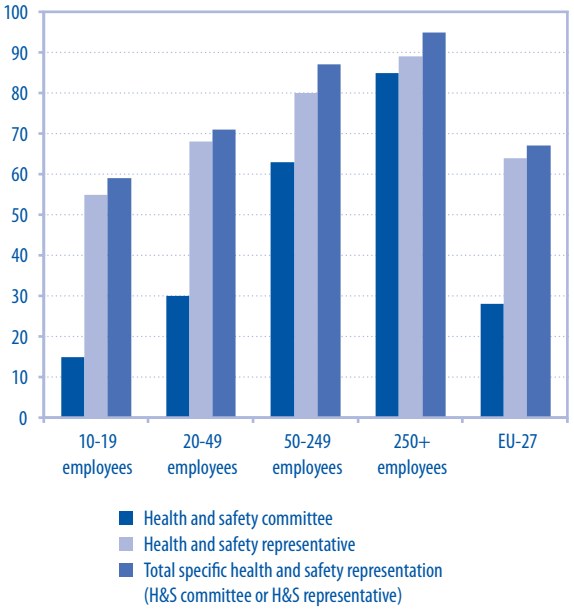
In terms of sector-specific results, general formal participation in the EU is most widespread in education (60%) and in public administration (59%) and significantly below average in the wholesale and retail trade (32%) and in the hotels and restaurants sector (29%). Generally, in establishments of the public sector, employee representations are found much more often than in the private sector (61% vs. 37%). In terms of regions, the highest density of workplace employee representations was found in the Nordic countries, with more than 60% coverage among establishments with ten or more employees. In Greece and Portugal, in turn, barely one in ten establishments has such a general representation.

Specific health and safety representation at the workplace

The share of establishments with a specific representation of employees in health and safety issues – be it in the form of a health and safety representative or a health and safety committee with an employee representative sitting on it – is considerably higher than for general employee representation. Two thirds (67%) of establishments reported having such a representation in place.

This high incidence is mainly owing to the widespread existence of health and safety representatives – these are to be found in close to two thirds (64%) of establishments with ten or more employees. At 28%, health and safety committees were found to be considerably less widespread. In general, they are present only in workplaces where there is also at least one health and safety representative, but there are exceptions to this rule. In middle-sized and large establishments, both forms of health and safety representation are usually in place in parallel, as Figure 44 indicates.

Figure 44: Establishments with a specific health and safety representation in place, by establishment size (% establishments, EU-27)



Base: all establishments (management interviews).

As far as sectors of activity are concerned, only relatively small differences appear. Incidences of institutionalised health and safety representation (health and safety committee or representative) range from 59% in the hotels and restaurants sector to slightly above 70% in the manufacturing industries and the health and social services sector. These (moderate) differences can partly be explained by differences in their size composition – establishments in the hotels and restaurants sector are smaller on average than those of the manufacturing sector.

Formal workplace employee representation with OSH responsibilities – synthesis

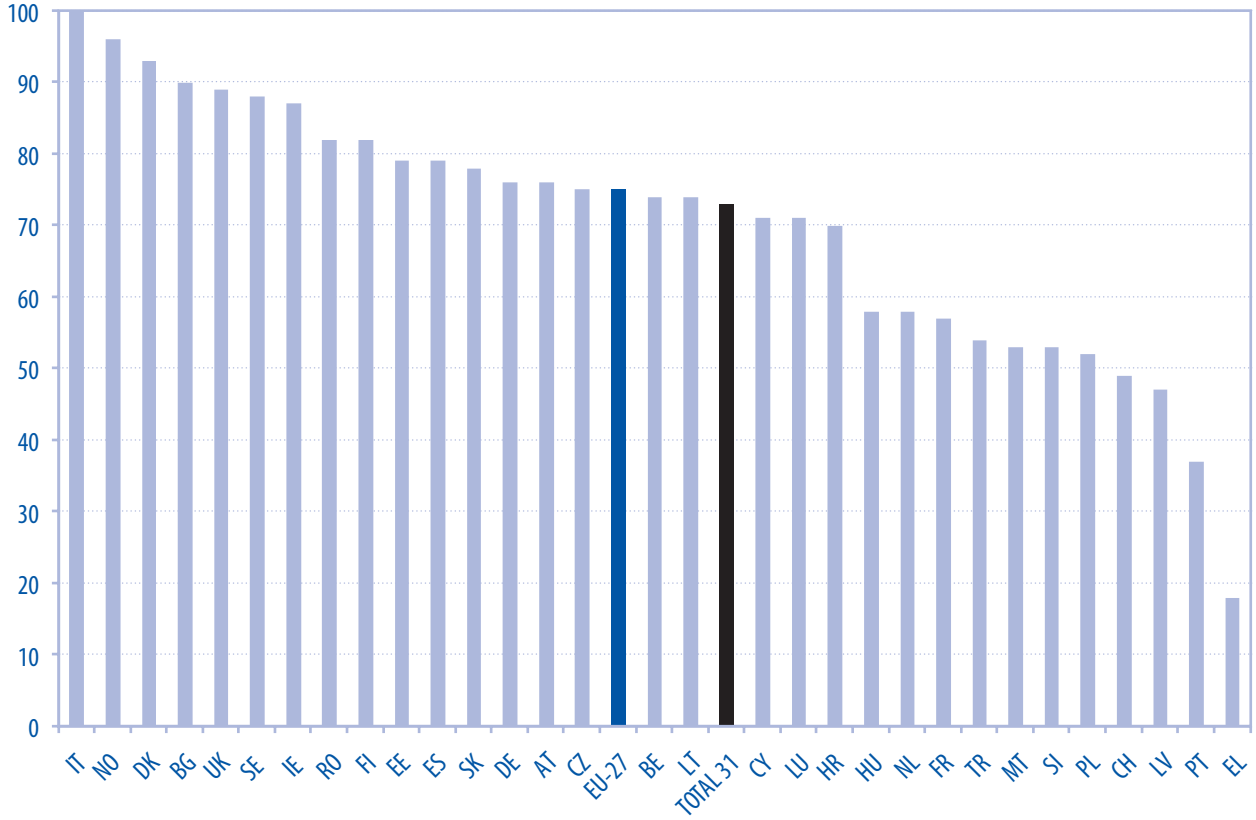
Figure 45 and Table 17 show the existence of any type of formal employee representation with relevance for safety and health issues by country. The percentages indicate the share of establishments where at least one of the following bodies of representation exists:

- a works council
- a recognised workplace trade union representative
- a health and safety representative
- a health and safety committee

On average, a broad majority of three quarters (75%) of establishments in the EU have at least one of these forms of formal representation in place. There are however quite accentuated country differences:

- In Italy, all managers indicated having at least one of these types of representation in place. This extremely high value is mainly due to the almost total coverage of health and safety representatives (98%), whereas health and safety committees (16%) or general bodies of employee representation (40%) are considerably less prevalent.
- Greece has by far the lowest incidences, for both the bodies of general employee representation (10%) and those of specific health and safety representation (15%). In total, just 18% of the Greek establishments with ten or more employees have any of these types of employee representation in place.

Figure 45: Formal representation of employees by general employee representatives (works council and/or workplace union representation) or specific health and safety representatives (health and safety representatives or health and safety committees), by country (% establishments)[13]



Base: all establishments (management interviews).

[13] In the Netherlands and Switzerland, health and safety representatives – the most common, but in terms of influence on the management usually also the most limited of the mapped bodies – were not asked for because according to expert advice these bodies do not exist there. In these two countries, therefore, only general employee representative bodies and health and safety committees were mapped. Similarly, health and safety committees were not asked for in Slovenia and Luxembourg because they were considered not to exist in these countries. See Methodological Annex, Table A.6 for the types of health and safety representative bodies mapped in the survey.

- Portugal is another country where formal representation is clearly below the EU average, with less than four out of ten establishments (37%) having such representation. In Portugal general employee representation is weak, with just 9% of establishments within the universe having a works council or trade union representation at the workplace, in comparison specific health and safety representatives are considerably more common and can be found in a third of establishments.

In this overall view, the sectors of activity with the most complete coverage of formal representation relevant for health and safety are 'health and social services' (82%) and 'education' (81%), while lowest coverage is found in the 'hotels and restaurants' sector (67%).

As regards size-classes (see Table 17), close to two thirds (65%) of the smallest establishments in the sample have any type of representation in the defined sense. This share rises continually with size; establishments with 250 or more employees have practically full coverage (97%).

Table 17: Formal workplace employee representation with OSH responsibilities, by establishment size (% establishments, EU-27)

	Any type of formal employee representation in health and safety issues*
10-19 employees	65%
20-49 employees	80%
50-249 employees	93%
250 or more employees	97%
EU-27	75%

Base: all establishments (management interviews).

*Note: works council, recognised trade union representation, health and safety committee or health and safety representative.

It is important to keep in mind that between countries, as well as between the different types of representative institutions comprising this indicator, there can be substantial differences in the opportunities and the power to exert influence on the health and safety situation in the establishment. A high incidence of formal employee representation does not necessarily imply that employees' views are taken more into consideration in these countries, especially if the incidence is mainly determined by a broad coverage of only health and safety representatives. The functions of the latter vary largely and their influence in decision processes regarding health and safety is in some countries rather limited. However, even where their influence is limited, the setting up of such a structure is nevertheless an important first step towards the consideration of employees' views on health and safety.

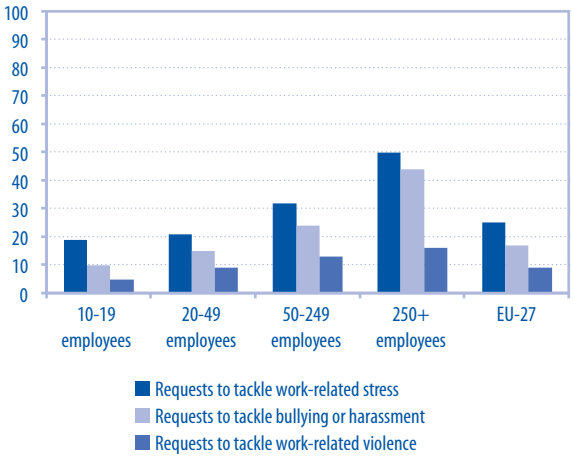
5.2. Formal participation of employees in health and safety issues – employee requests to deal with psychosocial risks

As discussed previously, psychosocial risks like stress, bullying or harassment are often related to aspects of work organisation or to employee-management relationships and raising concerns about these issues with a line manager or higher management can be a very sensitive issue insofar as it tackles hierarchical work relationships. The existence of an employee representative with knowledge and competencies regarding OSH in general and psychosocial risks in particular is therefore an important advantage in dealing with these risks effectively.

In the survey, the employee OSH representatives were asked whether in the last three years they had received any requests from employees to deal with stress, bullying or harassment, or violence in the establishment. The answers provide both an indication of the areas in which these psychosocial risks are especially prevalent and also information on the role of the employee representation in the management of these risks.

Among the psychosocial risks mapped in the survey, requests related to work-related stress were found to be the most common, with a quarter of representatives having received such

Figure 46: Employee requests to deal with psychosocial risks, received by health and safety employee representatives (in the last three years), by establishment size (% establishments, EU-27)

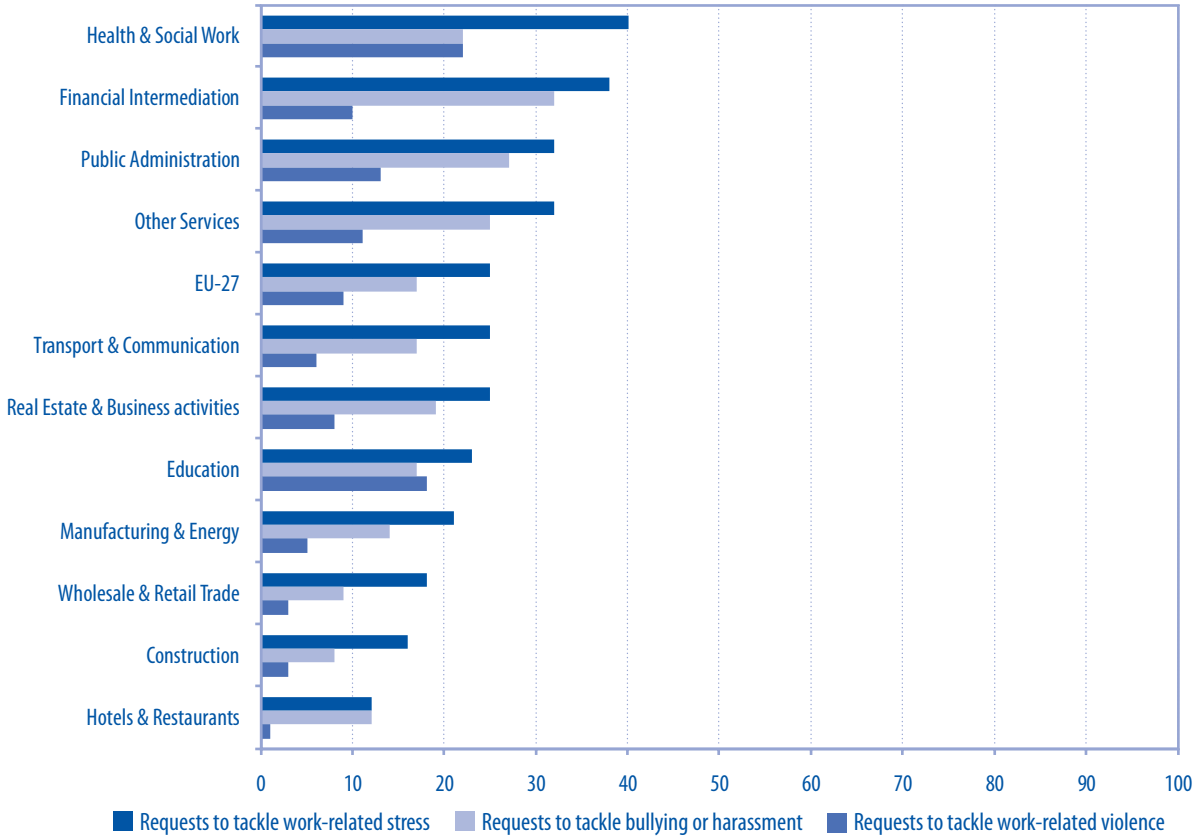


Base: establishments with a health and safety employee representative (health and safety representative interviews).

requests. Requests to tackle the issue of bullying or harassment were brought forward by employees in 17% of establishments with a formal representative structure for OSH issues in place, whereas requests of employees to tackle the problem of work-related violence were the least widespread (9%). Representatives in large establishments have received requests for any of these three psychosocial risks much more frequently than those of smaller establishments, which is to some degree expected due to the higher probability of having any incidence of stress, bullying, harassment or violence in larger establishments. At the same time it shows that, the larger an establishment is, the more important is a health and safety representation for employees to articulate their concerns (see Figure 46).

In terms of sectors of activity (see Figure 47), the results of the employee representative interviews clearly show where concerns about psychosocial risks are most important:

Figure 47: Employee requests to deal with psychosocial risks, received by health and safety employee representatives (in the last three years), by sector (% establishments, EU-27)



Base: establishments with a health and safety employee representative (health and safety representative interviews)

- Employee requests to deal with work-related stress were most often received by representatives from the health and social work sector (40%) and from financial intermediation (38%). They were least reported from representatives of the hotel and restaurant sector (12%) and from construction (16%).

- Requests to tackle bullying or harassment were most frequently reported from representatives in financial intermediation (32%), public administration (27%) and other social and community services (25%). In contrast, this topic was hardly raised by employees in construction (8%) and in wholesale and retail trade (9%).

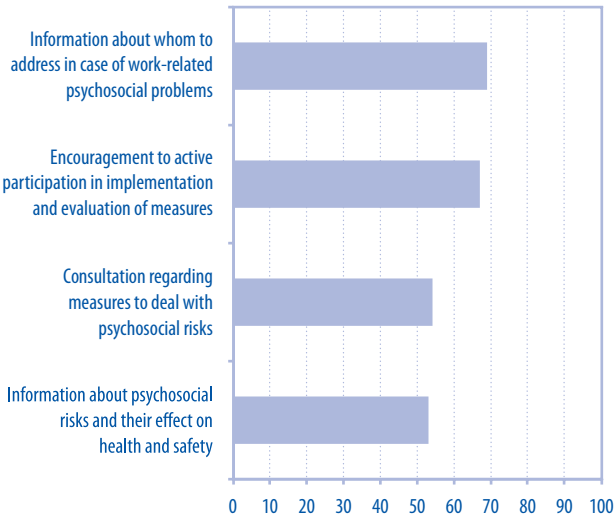
- Regarding work-related violence, health and social work (22%) and education (18%) are the sectors with by far the highest share of requests. In turn, work-related violence was hardly raised at all in hotels and restaurants (1%), in construction and in wholesale and retail trade (3% each).

All three types of psychosocial risks mapped in the survey play a much larger role in the work of representatives in the services sector as compared to the producing industries. For concerns related to work-related violence, this prevalence in the services sector is quite obvious: work-related violence by definition stems from clients, pupils etc., and contacts with these groups are an essential part of many areas in the services, but much less so in the producing industries.

5.3. Direct participation of employees in measures on psychosocial risks – types and prevalence

In addition to questions on formal participation, the questionnaire directed at management contains four questions related to the direct participation of employees in safety and health measures, all related to the specific field of psychosocial risks. Two of the questions are about information provided to employees, an issue that can be considered as a basic pre-condition for proper direct involvement of employees in OSH measures. A third question is related to the bundle of measures implemented for dealing with psychosocial risks and asks whether employees were consulted regarding the measures to be taken. The fourth question, finally, goes a step further and asks whether employees were encouraged to participate actively in the implementation and evaluation of the measures taken for the prevention and management of psychosocial risks.

Figure 48: Forms of direct participation of employees in the management of psychosocial risks (% establishments, EU-27)



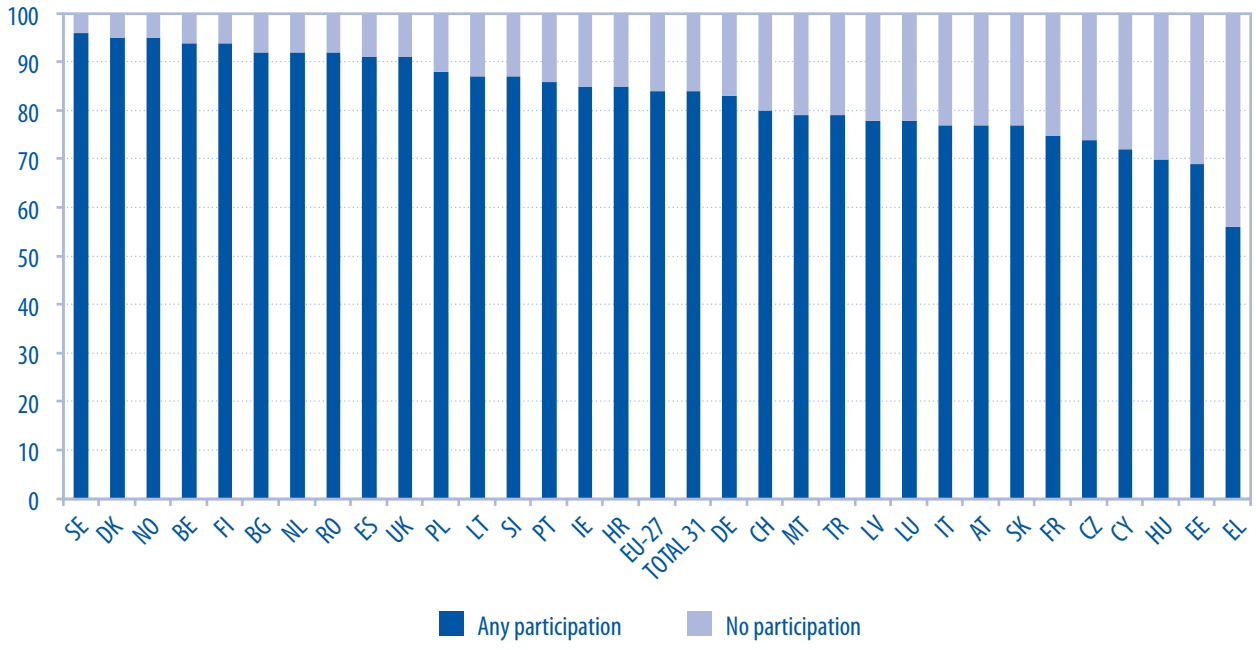
Base: measures of information: all establishments (management interviews); consultation and encouragement to active participation: establishments applying any measure for psychosocial risk management (management interviews).

As shown in Chapter 3 (Psychosocial risks and their management), managers indicate that information on psychosocial risks and their effects on health and safety is provided to employees in just over half (53%) of establishments within the EU and information on whom to address in case of psychosocial problems is provided in slightly more than two thirds (69%) of them.

In a slight majority (54%) of those establishments where any measures for the management of psychosocial risks have been taken,[14] the managers stated that employees were consulted regarding the measures. In 41% of establishments, no such consultation took place. Direct participation in this sense is positively correlated with the size of the establishment, but this correlation is weaker than for formal representation,

[14] Measures to tackle psycho-social risks were broadly defined for this purpose, ranging from e.g. the existence of procedures for dealing with stress, or the information on who to address in case of psycho-social problems, to measures taken to prevent employees from working excessively long or irregular hours. In the EU-27, the broad majority of 93% establishments with ten or more employees indicated taking at least one of these measures.

Figure 49: Direct employee participation, by country (% establishments)



Base: all establishments (management interviews).

with incidences ranging from 52% in the smallest size-class (10 to 19 employees) to 65% in establishments with 250 or more employees. In terms of sectors, consultation practices are least widespread in hotels and restaurants (49%) and most widespread in health and social work (73%) and education (62%).

Where measures for the management of psychosocial risks are in place, it is essential that employees are aware of these measures and are encouraged to participate in their implementation. This is usually, although not always, the case: about two thirds (67%) of the managers stated that their employees are encouraged to participate in the implementation and evaluation of the measures. However, in about three out of ten (29%) of establishments, this is not the case. There is only a very small (positive) size correlation with this form of direct participation, with values ranging from 66% in the smallest to 71% in the largest size class. Sector differences are also not very pronounced, although health and social work (80%) stands out with above average emphasis on encouragement to participate in the measures. Values were lowest in public administration (61%).

Taking all four measures together – information on psychosocial risks and their health effects, information on who to address in case of problems, consultation and encouragement of active participation – it is possible to show direct employee participation in the management of psychosocial risks in a country profile (see Figure 49). On average, more than eight out of ten establishments in the EU apply at least one of these participatory measures. The countries with the most frequent application of at least one of these four investigated measures are Sweden, Denmark, Norway and Finland. Country differences in these direct forms of participation are, however, relatively small.

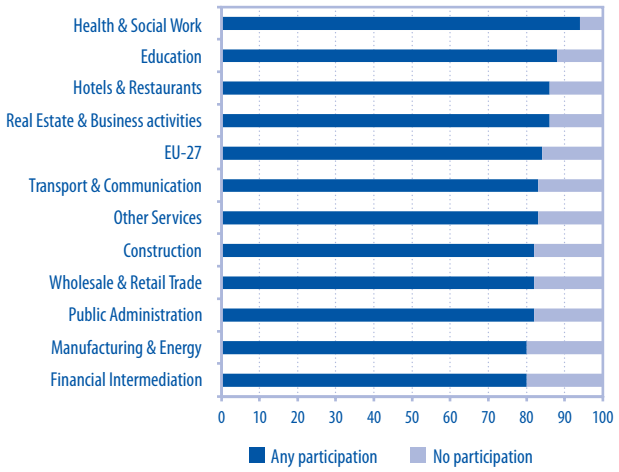
Overall, this quite a positive picture, but it should be noted that having at least one of the above four measures of information or direct participation in place can be considered to be a minimal requirement. Furthermore, the managers' opinion on which this indicator is based[15] may not necessarily be shared by the employees with regard to the quality of information, the effectiveness of its communication, or the consideration given to the views of the consulted employees.

In terms of sector-specific results (see Figure 50), direct participation in the management of psychosocial risks as measured by these four indicators is above average in health and social work (94%), but sector

[15] For those establishments in which an employee representative for health and safety exists and could be interviewed, comparisons between management and employee representative interviews regarding information provided to employees about psychosocial risks and their effects on health and safety revealed moderate differences between the views of both groups. While 61% of managers from this sub-sample stated that employees were informed, only 54% of the employee representatives from the same establishments did so.

differences are quite small. In-depth analyses to come later might pursue the question of whether there are, for specific sectors, consistent patterns of association (e.g. high problem awareness in terms of OSH in general and psychosocial risks in particular, high levels of psychosocial risk management procedures in combination with high level of employee participation, etc.).

Figure 50: Direct employee participation, by sector (% establishments, EU-27)



Base: all establishments.

5.4. Impact of formal participation of employees in the management of health and safety risks

So far, we have looked at the measured incidencesof different types of formal employee representation. In the following section, correlations between the existence of a formal employee representation and the application of measures for the management of health and safety risks will be analysed. The intention is to show whether or not formal employee participation has an influence on the (overall) quality of occupational health and safety in companies.

Figure 51 shows that indeed all measures to manage general OSH risks which were mapped by the questionnaire are more commonly applied in establishments where there is a general formal employee representation in place (works council or shop floor trade union representation).[16] Differences between establishments with an employee representation and those without any such representation are especially large for 'regular analyses of the causes for sickness absences', as well as for 'support measures offered to employees returning from long sickness absences'. Furthermore, the existence of an OSH policy, management system or action plan is positively correlated with the existence of employee representation; while 71% of the establishments without a formal employee representation have such a policy, management system or action plan, this rises to as much as 84% for those establishments where formal on-site employee representation exists.

Employee representation also has a positive effect on managements' OSH awareness and ownership. While the managers of more than half (53%) of establishments with employee representation stated that OSH issues are regularly raised in management meetings, this was the case for just a third (33%) of establishments not having such a representation.

Figure 51: Health and safety management measures, by existence of a formal employee representation (% establishments, EU-27)

Base: all establishments (management interviews).

[16] Comparing establishments with and without a specific type of health and safety representation (health and safety committee or health and safety representatives) with each other, results are very similar to the analysis by general employee representation described above.

Both the application of measures to manage OSH risks and the existence of formal employee representation are clearly correlated with the size of the establishment. Results for these findings therefore need to be analysed for each size-class individually in order to see whether differences are really related to the presence of employee representation or whether they are actually just a size effect. Table 18 shows

Table 18: Formal participation of employees and measures taken for OSH management (% establishments, EU-27)

		10-19	20-49	50-249	250 +	EU-27
MM155 Existence of an OSH policy, management system or action plan (yes)	average	72	79	83	87	76
	with ER	82	85	85	88	84
	without ER	69	74	77	78	71
	difference	13	11	8	10	13
MM161 Performance of a risk assessment	average	84	89	93	96	87
	with ER	89	91	94	96	91
	without ER	82	88	91	94	84
	difference	7	3	3	2	7
MM152 Regularly analysing causes of sickness absences	average	43	53	64	72	50
	with ER	56	62	66	74	62
	without ER	38	45	55	56	41
	difference	18	17	11	18	21
MM153 Support measures for employees returning from long sickness absence	average	57	67	78	87	64
	with ER	68	74	80	88	74
	without ER	53	61	72	79	56
	difference	15	13	8	9	18
MM154 Regular monitoring of employees' health	average	64	69	74	80	68
	with ER	73	75	77	81	75
	without ER	61	64	67	74	62
	difference	12	11	10	7	13
MM158 OSH issues regularly raised in management meetings	average	35	43	57	66	41
	with ER	46	53	61	68	53
	without ER	30	35	44	48	33
	difference	16	18	17	20	20
MM159 High involvement of line managers in OSH	average	72	77	80	81	75
	with ER	79	82	81	81	81
	without ER	69	73	74	76	71
	difference	10	9	7	5	10

Base: all establishments (management interviews).

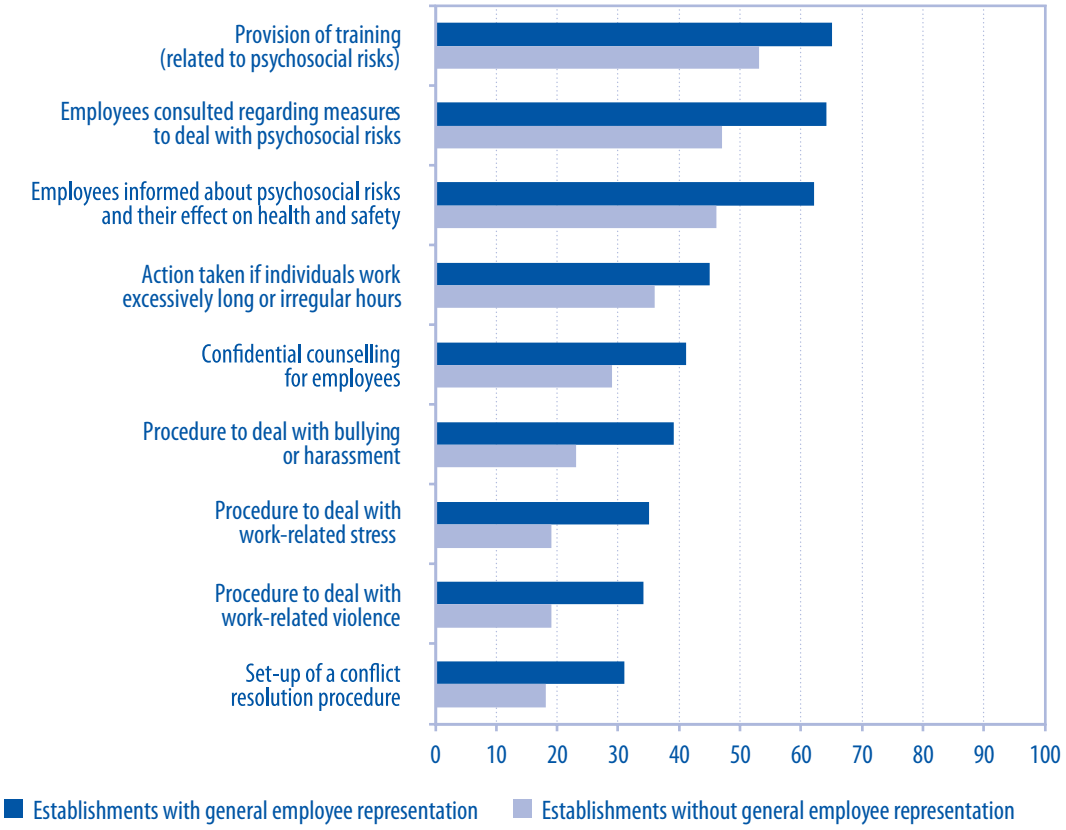
that in each of the size-classes the OSH performance of establishments is better in those where there is employee representation, thus confirming the findings described above. The impact of the existence of employee representation tends to be particularly large in the smaller workplaces. In large organisations, differences are smaller for most of the measures.

As well as providing indications that measures for managing OSH risks are more likely to be taken in establishments with formal employee representation, ESENER suggests that this is also a factor in the success of measures taken. In this regard, for example, 38% of managers in establishments with representation consider their OSH policy to have a large (positive) impact, compared to only 28% in establishments not having formal employee representation. The presence (and involvement) of employee representation is clearly a factor in ensuring that such OSH policies and action plans are put into practice.

5.5. Impact of formal participation of employees in the management of psychosocial risks

Due to the sensitive nature of work-related psychosocial risks (see Section 4.4), measures taken in this area require an especially high degree of collaboration on the part of all actors at the workplace. Barriers to raising issues related to psychosocial risks, for example, tend to be higher than those related to traditional risks such as work accidents, dangerous substances, etc. For the management of psychosocial risks at the workplace, direct participation of employees and the availability of institutional channels for confidential counselling in case of problems are therefore likely to be even more important than for the management of the more traditional risks.

Figure 52: Psychosocial risk management measures, by existence of a formal employee representation (% establishments, EU-27)



Base: all establishments.

Note: 'Employees consulted regarding measures to deal with psychosocial risks': establishments where measure(s) to deal with psychosocial risks have been taken.

Table 19: Formal participation of employees and measures taken for the management of psychosocial risks (% establishments, EU-27)

		10-19	20-49	50-249	250 +	EU-27
MM250 Existence of a procedure to deal with work-related stress	average	21	27	35	45	26
	with ER	31	34	37	47	35
	without ER	18	20	30	26	19
	difference	13	14	7	21	16
MM251 Existence of a procedure to deal with bullying or harassment	average	24	33	41	53	30
	with ER	33	40	43	54	39
	without ER	20	27	33	37	23
	difference	13	13	10	17	16
MM252 Existence of a procedure to deal with work-related violence	average	21	29	33	43	26
	with ER	31	36	36	44	34
	without ER	17	23	27	30	19
	difference	14	13	9	14	15
MM253.3 Confidential counselling for employees	average	29	34	46	60	34
	with ER	34	39	48	62	41
	without ER	28	31	38	45	29
	difference	6	8	10	17	12
MM253.4 Set-up of a conflict resolution procedure	average	19	25	32	45	23
	with ER	27	30	35	46	31
	without ER	16	21	24	29	18
	difference	11	9	11	17	13
MM253.6 Provision of training (related to psychosocial risks)	average	53	61	67	74	58
	with ER	60	65	68	74	65
	without ER	50	57	66	66	53
	difference	10	8	2	8	12
MM256 Interventions if individuals work excessively long or irregular hours	average	36	42	49	53	40
	with ER	40	44	50	54	45
	without ER	34	39	47	44	36
	difference	6	5	3	10	9
MM259 Information on psychosocial risks and their effect on health and safety	average	49	54	61	67	53
	with ER	62	60	63	68	62
	without ER	44	49	56	61	46
	difference	18	11	7	7	16
MM266 Employees consulted regarding measures	average	52	55	59	65	54
	with ER	64	64	63	67	64
	without ER	47	48	49	51	47
	difference	17	16	14	16	17

Base: MM250 to MM259: all establishments.

MM266: establishments where measure(s) to deal with psychosocial risks have been taken.

Regarding formal participation, Table 20 shows evidence that the presence of a works council or recognised trade union representation has a (positive) influence on the management of psychosocial risks; all measures of psychosocial risk management explored in the survey are more likely to be taken if the workplace has employee representation. Differences are especially large for the development of procedures to deal with work-related stress, bullying or harassment, or work-related violence and for information and consultation activities.

The positive correlation between the existence of employee representation and the application of the different measures is again independent of the size-class of the establishment,[17] as Table 19 shows. In contrast to OSH risks in general, differences in the management of psychosocial risks tend to be most accentuated in the largest size-classes.

5.6. Impact of direct participation of employees in the management of psychosocial risks

There are promising approaches involving participatory activities for psychosocial risk management at the workplace, e.g. in Germany (Satzer, 2009). Participation is, however, not a static concept and in order to interpret the results of this survey (as well as the results of other surveys) properly, its conditions and dynamics have to be taken into account. In the case of psychosocial risks, ESENER allows us to analyse participation not only via formal channels of employee representation, but also provides some questions dealing with the direct involvement of employees in various measures taken to deal with psychosocial risks.

While the previous section has shown the effect of formal employee representation on likelihood of taking measures to manage psychosocial risks, this section explores the influence of direct participation – not only on the likelihood of taking measures, but also on the types of measure taken. ESENER explored this direct involvement by asking about the involvement of employees in risk management: *'What about the role of employees: Have they been consulted regarding measures to deal with psychosocial risks?'* The hypotheses behind this question were that (1) establishments where employees have a say in the choice and shape of measures might apply a different portfolio of measures than those where OSH decisions are made in a rather hierarchical manner ('top down'); and (2) that the measures chosen and implemented in close cooperation between management and employees tend to be more successful than those where decisions are made unilaterally by the management, without consultation of employees.

Table 20 shows that the portfolio of measures to tackle psychosocial risks indeed differs between establishments where employees participate in the choice of measures and those where they are not invited to do so. However, differences in the 'rank order' of the various measures are relatively small; provision of information and training are among the three most frequently applied measures in both groups, although information ranks lower in establishments where employees are not involved in OSH decisions. Among the other measures, some differences in the rank order also exist, but they do not alter the priorities very much.

A comparison of the incidences reveals some more pronounced differences. It shows that all measures are considerably more likely to be applied by firms that consult their employees on the measures to be taken.[18] Furthermore, establishments where employees are consulted on this tend to apply a much broader range of measures (on average 5.2 measures per establishment out of the 11 measures mapped in the interview) than those not consulting their employees (3.2 measures per establishment). In both absolute and relative terms, differences in the application of the various measures are most accentuated for the provision of information about psychosocial risks and their effects,[19] followed by the set-up of procedures to deal with violence, stress and bullying or harassment and the set-up of conflict resolution processes. Each of these measures is applied about twice as frequently by establishments consulting their employees than by those designing

[17] The effect also shows up if additionally controlling for country effects in a multi-variate logit regression model.

[18] There is evidently a considerable positive correlation between consultation practices and the existence of formal employee representation. Differences in the application of measures on psychosocial risks can, however, not fully be explained by this correlation. Differences appear also if analysing the application of measures separately for establishments with formal representation and for those without. Within both groups, more measures are taken if employees are consulted.

[19] For the measure 'Provision of information about psychosocial risks and their effects', the large difference between the groups is not surprising since proper information about psychosocial risks is almost a pre-condition for the active involvement of employees in the set-up of measures on how to deal with them.

Table 20: Measures taken for managing psychosocial risks, by consultation of employees (% establishments, EU-27)

	Employees consulted on measures to take	'Rank' of the measure	Employees NOT consulted on measures to take	'Rank' of the measure
Provision of information about psychosocial risks and their effects	73%	1	37%	3
Provision of training	70%	2	54%	1
Changes to work organisation	51%	3	35%	4
Interventions in case of long or excessive working hours	48%	4	38%	2
Redesign of work area	46%	5	33%	5
Confidential counselling for employees	44%	6	29%	6
Procedure to deal with bullying or harassment	40%	7	22%	8
Procedure to deal with stress	38%	8	14%	11
Procedure to deal with work-related violence	36%	9	18%	9
Changes to working time arrangements	36%	9	27%	7
Set-up of a conflict-resolution procedure	33%	11	16%	10

Base: all establishments (management interviews).

their measures without the participation of employees. This finding suggests that employees give these measures a higher priority than the management itself.

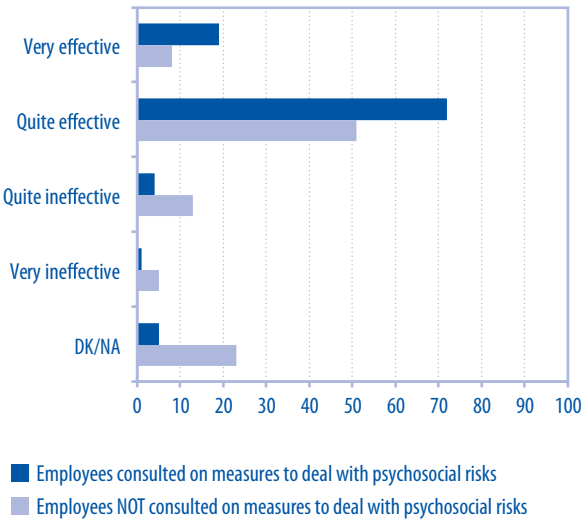
What about the success of the measures? Are the measures defined and implemented in cooperation with employees also more effective? Unfortunately, it is not feasible to define objective measures of the effectiveness of OSH measures in the context of a (telephone) survey, especially with regard to psychosocial risks. Theoretically, the number of registered incidences of bullying, harassment or stress within a certain reference period could be asked for and compared, e.g. between establishments applying a broad variety of measures and those applying only few measures, but this type of quantification can easily lead to erroneous conclusions. The application of measures to inform employees about psychosocial risks or the set-up of confidential counselling procedures, for example, might significantly raise the number of psychosocial problems registered in the workplace, while in fact being an important step towards an improvement of the situation and not a sign of an aggravation of the problem. For ESENER, it was therefore decided to avoid this type of seemingly objective measure and to ask managers instead about their (subjective) personal evaluation of the success of the bundle of measures applied at their establishment.

Unsurprisingly, the majority of managers generally consider their measures to be effective; among

the EU countries, all in all 14% of the managers applying any of the measures considered these to be 'very effective' and another 62% 'quite effective'. Only a minority was not satisfied with the measures taken and classified them as 'quite ineffective' (8%) or even 'very ineffective' (2%). Comparing the assessments of establishments where employees participated in the choice of measures with those where they did not shows a strong positive correlation between the involvement of employees and the effectiveness of measures. Overall, a vast majority of 91% managers from establishments with employee involvement in the set-up of measures considered the measures to be (very or quite) effective, while only a much smaller share of 59% of managers from establishments without this kind of employee participation did so.[20]

The results of ESENER on both formal and informal forms of participation of employees in the management of occupational safety and health and in particular of psychosocial risks clearly show that involving employees pays off and leads not only to the application of a broader range of measures, but also to their improved effectiveness.

Figure 53: Effectiveness of the measures taken for the management of psychosocial risks, by existence of a formal employee representation (assessment on part of the managers, % establishments, EU-27)



Base: all establishments (management interviews).

5.7. Resources available to bodies of formal participation (in health and safety issues)

In order to be able to properly represent the health and safety needs and interests of employees, the formally designated or elected health and safety representatives need to have the necessary resources at their disposal. The most important resources in this context are the knowledge necessary to deal properly with the requests of the employees; sufficient time to do so; and finally, easy access to employees at their workstations. Last, but not least, adequate representation requires the power and opportunities for raising health and safety issues with the management.

In the survey, the availability of these resources was mainly mapped through the interviews conducted with health and safety representatives (members of the health and safety committee or health and safety representatives). In the first place, this was the spokesperson for the employee side within the health and safety committee or – in absence of such a committee – the designated health and safety representative. Although establishments that do not have a designated health and safety representative are perfectly able to manage OSH effectively, those that do have one are more likely to have knowledge about health and safety risks and measures or time to tackle them.

Time available for health and safety duties and access to workplaces

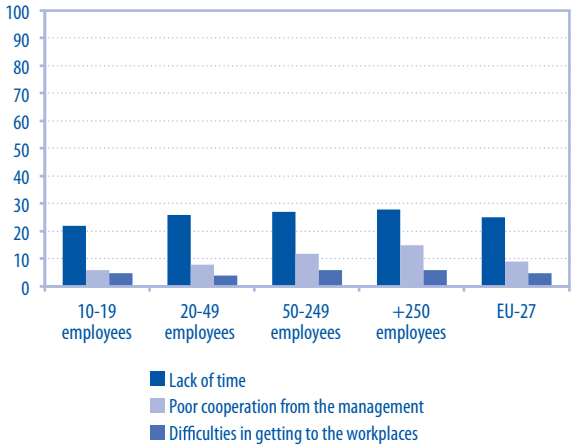
Sufficient time off from the normal work duties is essential for proper fulfilment of the duties attributed to any type of health and safety representative. Most of the representatives interviewed for the survey do not complain about a lack of time; only 16% (EU-27 only) said they do not get sufficient time. There is no significant difference between the size-classes in this regard, with the share varying between 12% and 20% according to the size of the establishment. Surprisingly, complaints about a lack of time were least often stated by representatives from the smallest categories of establishments (10 to 49 employees). Regarding sectors of activity, differences are also quite moderate; there does not

[20] Among managers not consulting their employees on the measures, many could not or did not want to answer the question on their effectiveness. However, even if restricting the analysis to respondents with valid answers, effectiveness is clearly evaluated more positively by those managers where consultation takes place.

seem to be a specific problem with lack of time in any of the sectors. In terms of countries, health and safety representatives from Malta (66%), France (32%), Croatia (32%), Cyprus (29%) and Norway (28%) were reporting a lack of time in a clearly above average share, though the figures for Malta and Cyprus[21] should be interpreted with care in view of the small number of interviews with health and safety representatives carried out in these countries.

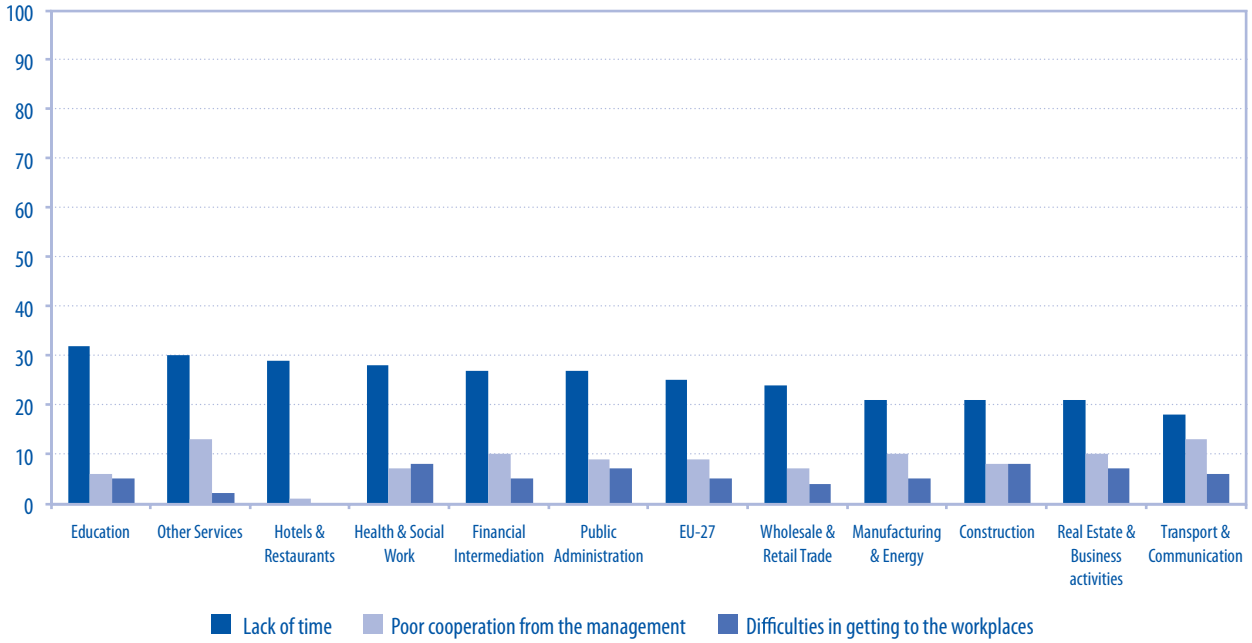
In a separate multi-punch question, OSH representatives were asked more specifically about difficulties they might face in contacting employees over issues related to safety and health. The most frequently cited difficulty was a lack of time, mentioned by a quarter (25%) of OSH representatives. Lack of time for contacting employees is not necessarily the same as the general time to carry out the health and safety duties analysed above. While the latter refers only to the time available to the representative, the former implies a lack of time on two sides: that of the representative to properly exert this specific task and/or lack of time on part of the employees to be contacted for OSH matters. Regarding size-classes (see Figure 54) there is no major difference,

Figure 54: Difficulties faced by health and safety representatives in contacting employees for issues related to safety and health, by establishment size (% establishments, EU-27)



Base: establishments with a health and safety employee representation in place (interviews with health and safety representatives).

Figure 55: Difficulties faced by health and safety representatives in contacting employees for issues related to safety and health, by sector (% establishments, EU-27)



Base: establishments with a health and safety employee representation (interviews with health and safety representatives).

[21] Results for Malta are based on n=61 interviews with health and safety employee representatives, those for Cyprus on n=50 interviews.

with representatives from larger workplaces stating slightly more often a lack of time for the contact with employees in OSH matters than those of smaller ones. However, by sector (see Figure 55), education, other social and community services and hotels and restaurants stand out with the highest rates (around 30% each) of representatives complaining about a lack of time for the contacts with employees.

A further possible barrier – difficulties in getting access to the workstations (e.g. due to transport problems) – was hardly mentioned. All in all, just 5% of the OSH representative mentioned this hindrance, with slightly elevated rates (8%) in the education and construction sectors. For establishments in the construction sector, the access problems are evident in view of the often numerous and distant construction sites where employees work. For education, the problem is probably mostly related to difficulties in accessing teaching personnel outside their teaching hours.

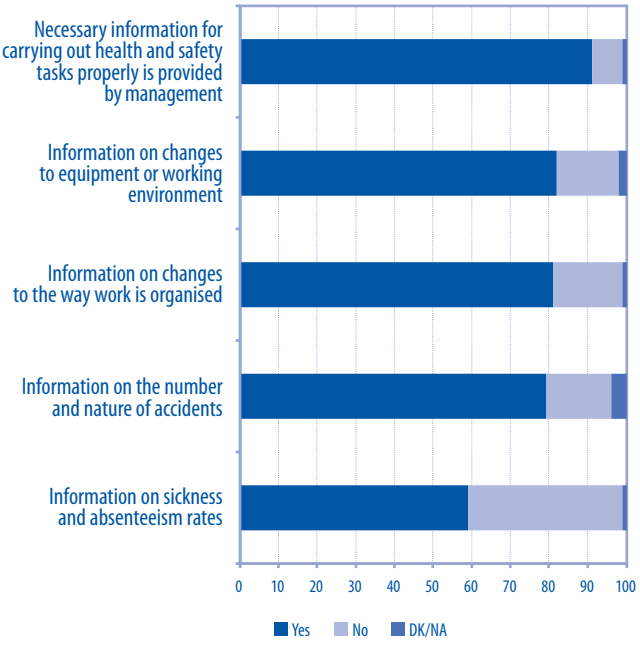
Health and safety representatives' opportunities to raise OSH issues and cooperation of management

When asking representatives about difficulties in contacting employees for issues related to safety and health, 'poor cooperation from the management' was named only rarely, with just 9% of interviewed OSH representatives complaining about this. Results for all sizes of workplaces are clearly positive, suggesting that having a structure for employee OSH representation usually implies a will to improve the OSH situation and to not hinder the practical work of the representatives. It is however somewhat surprising that poor cooperation on the management's part is more often reported from larger establishments (15% in establishments with 250 or more employees) than from the small ones (6% in establishments with 10 to 19 employees and 8% in those with 20 to 49 employees).

Other indicators from the HSR interview also back the generally positive picture regarding the cooperation between OSH representatives of the employees' side and the management:

- 91% of OSH representatives said that they are provided with the information necessary for carrying out their OSH tasks properly; only 8% do not feel sufficiently informed (Figure 56). A lack of information was mentioned more frequently than average by representatives from French workplaces (19%) and also from those in some Nordic countries (16% in Finland, 15% in Sweden). Also, establishments in financial intermediation (15%) and public administration (14%) stand out with somewhat higher rates of health and safety representatives stating a lack of information. Both these country and sector differences are however only moderate and should not be over-emphasised.

Figure 56: Information provided to health and safety employee representatives (% establishments, EU-27)



Base: establishments with a health and safety employee representation (interviews with health and safety representatives).

- Among those who get information on these topics, 88% confirm receiving this in time and without having to ask for it; only 12% state otherwise.

- About 80% of OSH representatives are regularly kept informed on the number and type of work-related accidents; about changes in the work organisation; and on changes made to the equipment or work environment. However, 16% to 18% (depending on the topic) are not informed about these topics, though they are important for the work of an OSH representative.

- On sickness and absenteeism rates, again a majority (59%) of OSH representatives are kept informed. However, a large share of 40% do not get this information, though sickness rates can be an important indicator of the health and safety situation.

The degree of involvement of the health and safety representatives in the risk assessment process is an important measure of OSH management and of the degree of cooperation between management and health and safety representatives. Here again, ESENER points to a high degree of cooperation, with 81% of the representatives having a say in the decisions on when and where to carry out risk assessments in the establishment and 87% being involved in the choice of follow-up action.

Most managers consider health and safety as an important field of discussion with the general employee representation (works council or trade union), with 42% saying that the issue is very important (as compared to other issues discussed), another 41% classifying it as quite important, only 12% seeing it as quite unimportant and 3% as not important at all. Larger establishments are more likely to tackle health and safety as an important topic in their negotiations with the employee side than smaller ones.

Within this overall positive picture, the opinions of management and OSH representatives do not always coincide. Asked about controversies between management and the employee representatives with regard to OSH issues, 11% of the representatives of the employee side stated that such controversies occur often and 28% at least sometimes. However, a clear majority of 61% of representatives state that such controversies practically never occur. This view coincides quite well with that of the managers who were asked the same question:[22] 13% estimated that such controversies arise often, and 37% sometimes.

Training measures granted to employee representatives in charge of OSH

To be well informed and trained about all issues relevant for the health and safety situation in an establishment is essential for effective performance of the representative tasks. Even in firms where there are all kinds of specialists dealing with health and safety issues, the training of the employees' OSH representatives is essential since they might also bring ideas into the discussion which are not in the focus of the specialists (e.g. because the employer opposes them for cost or any other reasons).

The survey results show that most of the employee health and safety representatives receive some kind of training on relevant issues. Only 6% of the representatives interviewed stated that they themselves, or their health and safety representative colleagues, did not receive training on any of the issues mentioned in the survey question (see Table 21).

Table 21: Issues on which employee representatives have received training (% establishments, EU-27)

Prevention of accidents	79%
Fire safety	78%
Ergonomics	57%
Chemical, biological, radiation or dust hazards	48%
Work-related stress	46%
Violence, bullying or harassment	44%
Discrimination (e.g. due to age, gender, race or disability)	39%
None of these trainings	6%

Base: establishments with a health and safety employee representation (interviews with health and safety representatives).

Training coverage varies considerably by topic, with the most frequently granted being related to the most immediate health and safety dangers. Close to eight out of ten health and safety representatives received training in the prevention of accidents (79%) or in fire safety (78%). Training on measures to prevent or combat the less 'tangible' psychosocial risks – such as work-related stress (46%), violence, bullying or harassment (44%) or discrimination (39%) – is in turn considerably less widely granted. Also, training on ergonomics – a field important especially for the medium- and long-term prevention of health hazards – is not standard for health and safety representatives, but is granted only to just above half (56%).

[22] The question was directed only to managers in establishments with formal employee representation (works council or shop floor trade union representative). For a proper comparison, only the answers of those health and safety representatives were taken into account where general employee representation (works council or union representation) exists.

Among those representatives who received training on any of these fields, two thirds (66%) considered the training they or their colleagues received to be sufficient. About a third (34%) considered that additional training would be desirable. Among the – very few – representatives that had not received training in any of these fields, 83% felt that they would need training on one or more of the mentioned health and safety issues, while 17% claimed not to need any such training.

The list of issues on which employee representatives would need (additional) training (Table 22) is clearly headed by work-related stress – a topic mentioned by 80% of the representatives who see a need for (more) training. Other issues where (more) training is often considered necessary are knowledge about ergonomics (65%) and the handling of violence, bullying or harassment (63%). This shows that many of the health and safety representatives recognise the importance of psychosocial risks and are eager to learn more about ways to prevent or tackle them in their establishment.

Table 22: Issues on which employee representatives would need (additional) training (% establishments, EU-27)

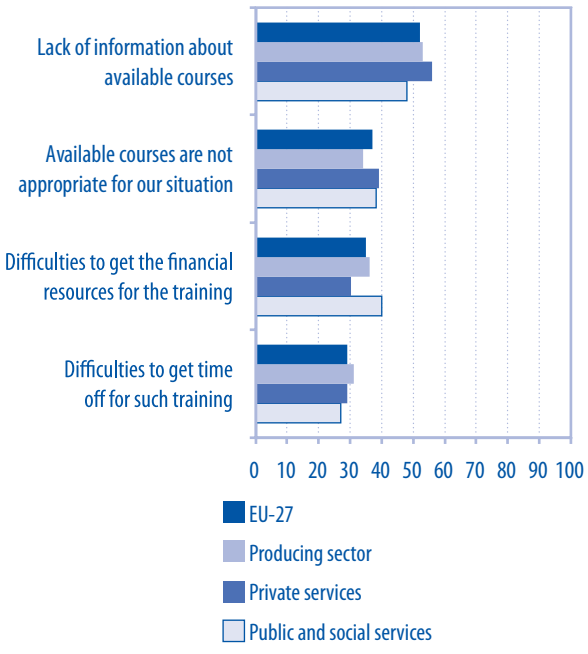
Work-related stress	80%
Ergonomics	65%
Violence, bullying or harassment	63%
Prevention of accidents	61%
Discrimination (e.g. due to age, gender, race or disability)	55%
Chemical or biological, radiation or dust hazards	46%
Fire safety	41%

Base: establishments with health and safety representatives claiming to need (additional) training in any of these fields (health and safety representative interviews), regardless of whether they have already been offered training or not.

Various reasons are given for why no, or insufficient, training is provided on (any of) these issues. Just over half (52%) of the representatives concerned (those who had received either no or not sufficient training) identified the lack of information about available courses as the main reason. 37% felt that the available courses were considered as not being appropriate for the situation in the establishment and a similar share (35%) had difficulties in getting the financial resources for the training. Difficulties in getting time off for the training was the least frequently named obstacle (29%). It is worth noting that financial resources were most often named as a hindrance in the public and social services – a sector made up largely by public or non-profit organisations. The unsuitability of the available courses is considered a barrier slightly more often in the services than in the producing sector.

These results suggest that improved information about the range of available training courses and a better adaptation of training measures to the practical situation at the workplace could contribute to a further improvement of the level of OSH knowledge among employee representatives in charge of these issues. Since the OSH representatives are important disseminators of this knowledge at the workplace, investments in improved training – including the provision of financial resources for interested workplace representatives – would be worthwhile.

Figure 57: Main reasons for receiving no or not sufficient training on health and safety issues (multiple responses possible)



Base: establishments with a health and safety employee representation and where health and safety representatives received no or not sufficient training on OSH issues (health and safety representative interviews).

5.8. Summary of findings

In line with relevant discourses in Europe on quality of work and industrial relations, a distinction was made in the ESENER questionnaire between informal, direct, participation (in the sense of involvement of employees) and formal participation of employees through representation by works councils and/or shop floor trade union representation, or by a specific health and safety representation (health and safety committee or health and safety representative). This distinction is primarily relevant because both types of participation differ in terms of the extent of the participation and the degree to which it is regulated.

Comparing both types of employee participation by country, it is striking that for the category formal participation, the variation across countries is much greater than for informal (or direct) participation, with the Nordic countries having the highest levels in both categories. Clearly, formal participation is more closely related to national, i.e. legal, political, social and cultural, traditions than is informal participation.

The interviews with health and safety representatives have shown that, where specific channels of formal health and safety participation exist, these are usually provided with the necessary resources to fulfil their tasks properly. This indicates that the set-up of an internal OSH infrastructure is considered by a majority of employers (who have such a structure in place) not just as a 'paper exercise', but that it is backed by the will to act. Nevertheless, in a small but significant minority of workplaces with a health and safety representative infrastructure, the responsible persons are not sufficiently supported by their management. Also, it is important to stress that this overall positive result about the resources available to health and safety employee representatives and about the cooperation of the management does not refer to all establishments, but only to those having such a representation in place.

It may be hypothesised that in these times of economic crisis and continual restructuring, the relevance and the impact of formal (i.e. legally based) participation of employees is greater than less binding forms of participation. At the same time, there can be no doubt that a combination of high levels of formal and informal participation (in the sense of social dialogue) is certainly indicative of a good quality of work relations, including quality of OSH management in general and psychosocial risk management in particular (Ertel et al., 2008). According to ESENER, this is often the case particularly for the Nordic countries. By the same token, establishments that are low on both types of participation are more likely to have poorer management of OSH. In-depth analyses to follow will focus on the prevalence and combination of both types of participation at sector level to account for specific profiles according to the respective work cultures.

The provisions of the Framework Directive on health and safety at work, which started to be implemented through national legislation nearly 20 years ago, aim at guaranteeing high levels of protection for Europe's workers. ESENER set out to explore how these provisions are put into practical effect at the workplace, focusing in particular on how enterprises are responding to the 'new' risks in the psychosocial arena, such as stress, harassment and violence.

While recognising the limitations of a survey that aims to give a comparative picture across 31 countries, it is fair to say that ESENER represents a uniquely rich source of data on how companies manage OSH and psychosocial risks; on what motivates and hinders them; and on how they involve their employees. This descriptive report presents an initial overview of the results following a preliminary analysis of the data. Many of the most interesting findings from this project will only come to light following the in-depth analysis of the data, which has already started and is due for publication in early 2011.

Management of health and safety

Overall, the survey paints a positive picture of enterprises' engagement in OSH management, with consistently high levels of workplace checks reported across all countries, sizes of enterprise and sectors. The picture becomes much more varied, however, when different aspects of OSH management are examined. Commitment from top-level management is widely regarded as an important success factor in health and safety and in this context there is considerable variation between countries in the existence of a documented policy or the extent to which OSH is discussed in management meetings. 'Ownership' of the risk assessment process – implying that checks are carried out by the company itself – can also be linked with management commitment. Given their greater resources, it might be expected that in-house risk assessment is more common among larger companies; however, ESENER shows a wide divergence between countries. While the level of outsourcing can depend to a high degree on the national context, the figures for Denmark and the United Kingdom show that – given the right circumstances – even the smallest establishments are capable of carrying out their risk assessments in-house.

A relatively small but important proportion of establishments do not have a documented policy on health and safety or do not carry out workplace checks. ESENER found that the main reasons for not having taken these actions appear to be linked to a lack of knowledge or awareness about workplace risks. Many enterprises – particularly the smaller ones – state that such actions are not warranted because they do not have significant risks or problems; however, some published research and data show that this is may not be the case – particularly for smaller enterprises.

In order to provide better support for companies, it is necessary not only to know what their needs and weaknesses are, but also what are the sources that they rely on for guidance, advice and expertise. The survey highlights the importance of the labour inspectorate and official institutes, in addition to in-house or contracted OSH expertise, in providing these types of support. Employers' organisations and trades unions also play an important role in this respect, particularly in larger enterprises and in countries with a strong tradition of social partnership.

Psychosocial risks

It is notable that work-related stress is cited as a concern by managers almost as often as accidents and musculoskeletal disorders. Violence and harassment are mentioned only half as often, but nonetheless represent significant concerns. All of these psychosocial risks are of greatest concern in the health and social work, education and public administration sectors, which has been documented widely in published research.

The variation between countries in the extent of preventive measures taken is much wider for psychosocial risks than for OSH risks in general, with Northern European establishments generally more likely to take action. Reactive or 'ad hoc' measures, such as training or work area redesign, are more likely to be taken than systematic or 'formal' ones, such as the establishment of policies and procedures. It is interesting that countries with high levels of concern about psychosocial risks are not necessarily the most likely to have procedures in place to deal with them. In general, it is the Nordic countries, the United Kingdom and Ireland where companies are most likely to have procedures in place to deal with stress, harassment or violence.

Drivers and barriers

Information on what motivates enterprises to take preventive action and on what holds them back can contribute greatly to the effectiveness of policies and actions.

The factors affecting a company's decision to take preventive action are multidimensional and include rationality, economics, values and norms and compliance with the law. ESENER found that fulfilment of legal obligations and requests from employees were the most important drivers for promotion of health and safety in general, but that fulfilment of the legal obligations is particularly relevant to action on psychosocial risks.

With respect to the main barriers to enterprises' action, ESENER found the most frequently reported to be a lack of resources and a lack of awareness. For smaller establishments in particular, a lack of expertise and of technical support or guidance was also a significant factor. When asked about which types of support and information are most needed, replies focused on design and implementation of preventive measures and on how to include psychosocial risks in the risk management process.

Workers' involvement

The participation of workers in the management of OSH is not only a legal obligation under the Framework Directive, but is also a key success factor for effective preventive action – particularly in the case of psychosocial risks.

'Formal' participation (health and safety representative nominated by the union or works council) is far more varied between countries than 'informal' participation (involvement of employees), with highest prevalence of both types found in the Nordic countries.

ESENER coincides with previous published literature in showing that the presence of a health and safety representative (particularly of the 'formal' type) is associated with better management of OSH.

Next steps

Many of the issues explored in ESENER are closely linked with the context in which enterprises operate. The regulatory framework can, for example, impact directly on the existence of policies (a policy is essential in a goal-setting environment, but not so important when provisions are highly prescriptive); or on the use of externally contracted services (in some countries, this is a legal requirement for certain enterprises); or on the prevalence and characteristics of worker participation (for example, setting thresholds for health and safety representatives and committees, giving legal protection and rights to representatives). The support context – institutions and resources – affects awareness, competence (for example, through training, guidance and tools), as well as capacity (availability of outside expertise).

All of these issues need to be considered in greater depth than is possible in this report for the full potential of ESENER to be realised. 2011 will see the publication of follow-up studies focusing on success factors for management of OSH; management of psychosocial risks; participation of workers; and drivers, barriers and actions in prevention of psychosocial risks.

In addition, the full dataset from the survey is available at the UKDA[23] for further independent research.

[23] UK Data Archive http://www.data-archive.ac.uk

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Annex 1

Survey methodology and technical remarks

European Agency for Safety and Health at Work

ESENER

Questionnaire development

For ESENER 2009, two types of questionnaires were developed: a management (MM) questionnaire directed at the highest-ranking manager responsible for the coordination of health and safety issues at the establishment and a questionnaire with the health and safety representative (HSR) of the employee side. The questionnaires were divided into two parts, one dealing with occupational safety and health management in general and the other dealing with the management of psychosocial risks.

Both questionnaires were developed in close cooperation between the European Agency for Safety and Health at Work, TNS Infratest Sozialforschung and the following multi-national experts in health and safety and psychosocial risk research:

- Dr. Stavroula Leka, Aditya Jain, Prof. Dr. Tom Cox and Prof. Dr. Amanda Griffiths from the Institute of Work, Health & Organisations (I-WHO) in Nottingham, UK
- Michael Ertel and Dr. Eberhard Pech of the Federal Institute of Occupational Safety & Health (BAuA), Berlin, Germany
- Dr. Irene Houtman, Maartje Bakhuys Roozeboom and Seth van den Bossche of TNO Quality of Life – Work & Employment, Hoofddorp, Netherlands
- Dr. Maria Widerszal-Bazyl and Dr. Dorota Zolnierczyk-Zreda, Centralny Instytut Ochrony Pracy – Panstwowy Instytut Badawczy (CIOP-PIB), Warsaw, Poland
- Lilia Bratoeva and Prof. Dr. Rumyana Gladicheva, Institute for Social Analyses and Policies (ISAP), Sofia, Bulgaria
- Dr. Krista Pahkin, Dr. Maarit Vartia and Prof. Dr. Kari Lindstrom, Finnish Institute of Occupational Health (FIOH), Helsinki, Finland
- Prof. Dr. Sergio Iavicoli, Istituto Superiore per la Prevenzione e la Sicurezza den Lavoro (ISPESL), Rome, Italy
- Dr. Elpidoforos Soteriades, CIBS 'Cyprus Institute of Biomedical Sciences' Nicosia, Cyprus
- Members of the European Risk Observatory Advisory Group of the European Agency

Questionnaires were developed in English and then translated into the respective national languages by professional translators. A multi-step translation procedure, including several checks and back-translations of all national language versions, ensured the quality of the national questionnaire versions.

Universe and sample

The unit of enquiry for the survey was the establishment, i.e. the local unit in the case of multi-site enterprises. The survey data are representative of establishments with 10 or more employees from all sectors of activity, except for 'agriculture, forestry and fishing' (NACE Rev. 2 'A') which were excluded for practical reasons as well as 'private households' (NACE 'T') and 'extraterritorial organisations' (NACE 'U') which were excluded due to their low quantitative importance as regards the universe of the survey. The survey covers both private and public organisations. For addresses from the public sector, in some countries additional address sources had to be used.

In 15 of the 31 countries, interviews could be conducted directly by using the addresses from the address registers. In the remaining 16 countries, a special screening procedure had to be applied in order to transform company-related samples into establishment samples. In the case of multi-site companies, the screening procedure served to identify the eligible establishments belonging to that company and to randomly select one of them for interview.

In total, the universe comprises some 3.3 million establishments with about 150 million employees in the 31 countries. Table A.1 below shows the size of the universe for each of the countries involved. Figures are partially based on estimations made by TNS Infratest since exact statistical information about the universe is not available for some of the countries.

The sampling for ESENER was done on the basis of a matrix where the universe in each country was divided into ten cells defined by five size-classes and two main sectors of activity (the 'industries' sector covering NACE Rev.2 codes B to F and the 'services'

Table A.1: Size of the universe

Country	Establishments (in '000)	Employees (in '000)
Belgium	54	3,072
Bulgaria	37	1,641
Czech Republic	79	3,154
Denmark	34	2,115
Germany	564	27,842
Estonia	13	471
Ireland	20	1,359
Greece	57	1,637
Spain	282	10,015
France	327	18,629
Italy	300	11,221
Cyprus	5	178
Latvia	17	697
Lithuania	24	1,080
Luxembourg	4	238
Hungary	69	2,439
Malta	2	111
Netherlands	96	4,968
Austria	48	2,262
Poland	176	8,213
Portugal	83	2,541
Romania	119	5,240
Slovenia	13	611
Slovakia	42	1,345
Finland	27	1,677
Sweden	74	3,297
United Kingdom	445	20,362
Subtotal EU-27	**3,011**	**136,415**
Croatia	18	892
Turkey	179	7,661
Norway	37	2,763
Switzerland	68	1,849
Subtotal 4 additional countries	**302**	**13,165**
Total all 31 countries	**3,313**	**149,580**

sector covering NACE Rev. 2 G to S). When setting the targets for the sampling matrix, care was taken to ensure a sufficiently high number of net interviews in each cell. To this end, larger establishments were deliberately over-represented in the net sample. A weighting procedure was then applied to correct this disproportionate sample structure (see below). Table A.2 shows the sector and size distribution of the (unweighted) final net sample.

Table A.2: Distribution of the net sample over the cells of the sampling matrix (unweighted)

Sector	1. Producing Industries NACE Rev.1.1 C-F NACE Rev. 2 B-F	2. Service Sector NACE Rev.1.1 G-O NACE Rev. 2 G-S
10–19 employees	10%	15%
20–49 employees	11%	16%
50–249 employees	12%	17%
250–499 employees	5%	5%
500 + employees	4%	5%
	42%	**58%**

80% of the units in the (unweighted) net sample are private organisations, 20% belong to the public sector. While 70% of the units are single independent companies or organisations, 30% are part of multi-site enterprises.

Net sample: Number of interviews per country

In total, interviews were carried out in 28,649 establishments in 31 European countries. The number of interviews per country ranges from about 343 in Malta, the smallest EU economy, to 1,500 interviews in the largest economies. In all establishments, a management interview was carried out. In addition to the management interview, the health and safety representative of the employee's side – if one existed – was to be interviewed. During the fieldwork period it was possible to conduct health and safety representative interviews (HSR interviews) in 7,226 establishments. For these, interviews with the management and the health and safety representation are available and allow a direct comparison of their views at the level of the single establishment. However, due to large national

Table A.3: Number of completed interviews per country

Country	MM-Interviews	HSR-Interviews
Belgium	1,069	232
Bulgaria	501	228
Czech Republic	1,015	180
Denmark	1,005	520
Germany	1,510	498
Estonia	501	191
Ireland	506	165
Greece	1,000	130
Spain	1,566	373
France	1,497	391
Italy	1,501	504
Cyprus	510	50
Latvia	506	120
Lithuania	520	82
Luxembourg	500	107
Hungary	1,031	211
Malta	343	61
Netherlands	1,009	206
Austria	1,034	166
Poland	1,500	360
Portugal	1,005	49
Romania	518	131
Slovenia	529	78
Slovakia	503	62
Finland	1,000	685
Sweden	1,000	520
United Kingdom	1,500	302
Subtotal EU-27	**24,679**	**6,602**
Croatia	500	125
Turkey	1,500	129
Norway	951	242
Switzerland	1,019	128
Subtotal candidate countries	**3,970**	**624**
Total all 31 countries	**28,649**	**7,226**

differences in the incidence of formal health and safety representation at establishment level, and as a result of variations in their willingness to participate in the interview, the number of interviews with health and safety representatives varies largely from country to country, ranging from 49 in Portugal to 685 in Finland. For countries with a very low number of HSR interviews, results on the country breakdown should be interpreted with caution.

In an effort to raise response rates for both the MM and the HSR interview, fieldwork was supported by official recommendation letters issued by EU-OSHA and supported by employer and trade union federations (BusinessEurope and ETUC). These letters were sent out to target persons (by mail, online or fax) on request after the first telephone contact had been made.

Table A.5 shows response rates for the MM interviews. Response rates of countries applying the screening procedure (marked with * in the table) are not directly comparable to those of the other countries since the screening procedure implies a two-step sampling approach for those units which are part of a multi-site company.

Response rates in the countries are in line with – and in several countries even above – what can be expected according to previous experiences with CATI b2b surveys in the countries. The large discrepancies in response rates are mainly due to national differences in the willingness to participate in business-to-business telephone surveys.

Table A.4: Response rates MM interviews, by country

Country	MM-Interviews
Belgium*	27%
Bulgaria*	37%
Czech Republic*	25%
Denmark	28%
Germany	18%
Estonia*	56%
Ireland*	43%
Greece*	59%
Spain	18%
France	41%
Italy	18%
Cyprus*	19%
Latvia	36%
Lithuania*	24%
Luxembourg	14%
Hungary*	23%
Malta*	48%
Netherlands	16%
Austria	22%
Poland	15%
Portugal*	24%
Romania*	44%
Slovenia*	32%
Slovakia*	21%
Finland	47%
Sweden	47%
United Kingdom	24%
Croatia*	14%
Turkey*	34%
Norway	17%
Switzerland	22%

* The response rates of these countries marked with * are not directly comparable to those of the others because a screening procedure has been applied in these countries.

Establishment and employee proportional weighting of the data

The establishment- and employee-proportional weighting of the data was performed separately for each country on the basis of a 15-cell matrix defined by 5 size-classes and 3 sectors of activity.

In order to reproduce real quantitative proportions between the countries for cross-national analysis, an additional 'international weighting' was used to adjust the national sample sizes. International weighting was based on the total number of establishments (for establishment-proportional weighting) and of employees (for employee-proportional weighting) in each country, taking into account the definition of the universe. Since the size of the countries and thus their relative share in the weighted sample varies enormously, the overall results tend to reflect the situation in the larger countries.

In the analysis of establishment-related data, generally two perspectives are possible, both of which can be of interest, depending on the research questions: The establishment-proportional analysis and the employee-proportional analysis. The data of the survey allow for both types of analyses. Employee- and establishment-proportional data provide different results wherever there is a strong correlation between the issue to be investigated and the size of the establishment. For example, 68% of the establishments (with 10 or more employees) in the EU-27 have an eligible health and safety representation at the local unit. Equally, 82% of the employees (who work in establishments with 10 or more employees) in the EU-27 are employed in establishments with a health and safety representation. This difference in incidences results from the fact that HSR representations at establishment level are found more frequently in larger establishments than in smaller ones.

Generally speaking, analyses with employee-proportional weighting would be likely to show larger incidences than the establishment-weighted analysis wherever the analysed phenomenon is concentrated on larger firms. If differences between both types of analyses are in

Table A.5: 15-cell weighting matrix

Sector	1. Producing Industries NACE Rev. 1.1. C-F NACE rev. 2 B-F	2. Private Services NACE Rev. 1.1. G-K & O NACE Rev. 2 G-N & R-S	3. Public Services NACE Rev. 1.1. L-N NACE Rev. 2 O-Q
10–19 employees			
20–49 employees			
50–249 employees			
250–499 employees			
500 + employees			

turn only small, this indicates a high probability that the phenomenon shows up independently of the variable 'size'. In a breakdown of results by size-classes, there is practically no difference between an establishment- and an employee-proportional analysis of the data since the differentiation by size-classes minimises the size effect described above. This is one of the reasons why on some occasions, where figures are supposed to be heavily influenced by the variable 'size', results are differentiated by size-classes.

The survey results presented in this report are always weighted results (the only exception being the figures in this methodological annex). Although in some cases the employee-proportional perspective will certainly be an interesting and important supplement for the further interpretation of the results, this report concentrates on the establishment-proportional weighting in order to improve the readability of the text.

Health and safety representative Interviews

As a general rule, the respondent of first choice for the HSR questionnaire was the spokesperson of the employee's side within the health and safety committee. Health and safety committees are working groups dealing with all safety and health issues coming up in the establishment. They are usually composed of representatives from both the management and the employee side. Where a general employee representation exists at the local level of the establishment, one or more of its members normally participate in the health and safety committee. In addition to these, or in the absence of a general employee representation at the establishment, further persons representing the employee's side in health and safety matters can be part of the health and safety committee. In establishments where no designated health and safety committee exists, another health and safety representative was chosen for the HSR interview.

The types of health and safety representative existing at the establishment were mapped in the management interview. Details of the bodies foreseen for the health and safety representative interviews are documented in the MM master questionnaire and in the respective national questionnaire versions.

As Table A.7 shows, the incidence of health and safety representations in establishments varies widely between countries. In the unweighted sample, measured incidences range from just 27% in Greece to 100% in Italy.

Table A.6: Hierarchy of choice for interviews with health and safety representatives, by country
(For national language terminology of the bodies and persons selected see documentation of national language questionnaires)

Country	1st Choice*	2nd Choice**	3rd Choice***
Belgium	Health and Safety Committee	Health and Safety Representative	
Bulgaria	Health and Safety Committee	Health and Safety Representative	
Czech Republic	Health and Safety Committee	Health and Safety Representative	
Denmark	Health and Safety Committee	Health and Safety Representative	
Germany	Health and Safety Committee	Health and Safety Representative	
Estonia	Health and Safety Committee	Health and Safety Representative	
Ireland	Health and Safety Committee	Health and Safety Representative	
Greece	Health and Safety Committee	Health and Safety Representative	
Spain	Health and Safety Committee	Health and Safety Representative	
France	Health and Safety Committee	Health and Safety Representative	
Italy	Health and Safety Committee	Health and Safety Representative	
Cyprus	Health and Safety Committee	Health and Safety Representative	
Latvia	Health and Safety Committee	Health and Safety Representative	
Lithuania	Health and Safety Committee	Health and Safety Representative	
Luxembourg	Health and Safety Committee	Health and Safety Representative	
Hungary	Health and Safety Committee	Health and Safety Representative	
Malta	Health and Safety Committee	Health and Safety Representative	
Netherlands	Health and Safety Committee	Works Council member in charge of OSH	
Austria	Health and Safety Committee	Health and Safety Representative	
Poland	Health and Safety Committee	Health and Safety Representative	
Portugal	Health and Safety Committee	Health and Safety Representative	
Romania	Health and Safety Committee	Health and Safety Representative	
Slovenia	Works council member in charge of OSH	Health and Safety Representative	Trade Union member in charge of OSH
Slovakia	Health and Safety Committee	Health and Safety Representative	
Finland	Health and Safety Committee	Health and Safety Representative	
Sweden	Health and Safety Committee	Health and Safety Representative	
United Kingdom	Health and Safety Committee	Health and Safety Representative	
Croatia	Health and Safety Committee	Health and Safety Representative	
Turkey	Health and Safety Committee	Health and Safety Representative	
Norway	Health and Safety Committee	Health and Safety Representative	
Switzerland	Health and Safety Committee		

*Spokesperson of the employee side within the health and safety committee.

**2nd choice applies only where 1st choice does not exist at the establishment.

***3rd choice applies only where 1st and 2nd choice representation do not exist at the establishment.

Table A.7: Incidence of establishments with an employee representation eligible for the HSR interview and response rates for the HSR interviews, by country

Country	MM-Interviews	Among them: Establishments with HSR	In % of establishments with an MM interview	Among them: establishments with HSR Interviews	In % of establishments with HSR
Belgium	1,069	795	74%	232	29%
Bulgaria	501	440	88%	228	52%
Czech Republic	1,015	801	79%	180	22%
Denmark	1,005	929	92%	520	56%
Germany	1,510	1,268	84%	498	39%
Estonia	501	418	83%	191	46%
Ireland	506	441	87%	165	37%
Greece	1,000	268	27%	130	49%
Spain	1,566	1,255	80%	373	30%
France	1,497	872	58%	391	45%
Italy	1,501	1,501	100%	504	34%
Cyprus	510	336	66%	50	15%
Latvia	506	197	39%	120	61%
Lithuania	520	377	73%	82	22%
Luxembourg	500	298	60%	107	36%
Hungary	1,031	633	61%	211	33%
Malta	343	180	52%	61	34%
Netherlands	1,009	557	55%	206	37%
Austria	1,034	872	84%	166	19%
Poland	1,500	926	62%	360	39%
Portugal	1,005	452	45%	49	11%
Romania	518	429	83%	131	31%
Slovenia	529	347	66%	78	22%
Slovakia	503	369	73%	62	17%
Finland	1,000	841	84%	685	81%
Sweden	1,000	898	90%	520	58%
United Kingdom	1,500	1,374	92%	302	22%
Subtotal EU-27	**24,679**	**18,074**	**73%**	**6,602**	**37%**
Croatia	500	351	70%	125	36%
Turkey	1,500	506	34%	129	25%
Norway	951	920	97%	242	26%
Switzerland	1,019	336	33%	128	38%
Subtotal candidate countries	**3,970**	**2,113**	**53%**	**624**	**30%**
Total all 31 countries	**28,649**	**20,187**	**70%**	**7,226**	**36%**

Annex 2

Management representative (MM) questionnaire

European Agency for Safety and Health at Work

ESENER

Establishment **S**urvey of **E**nterprises on **N**ew and **E**merging **R**isks 2009

Management (MM) Questionnaire

International Master Version for all 31 Countries covered by the ESENER 2009

PLEASE NOTE:

Questions (which are to be read out) are printed in ***bold face.***

All answers which must not be read out are marked with two fences: ##.

If multiple answers are allowed, answers are numbered: _01), _02), _03) etc.
Otherwise only one single answer is to be given.

Instructions to the interviewers are printed in boxes and in italics.

Instructions to the programmers are printed in italics.

Instructions to the translators are printed in italics in green letters.

Not all questions have to be answered by each respondent. Filters are set out both after the answer categories (exit filters "go to") and before the questions (entry filters). If there is no filter the question which immediately follows is to be asked.

Due to the deletion of questions between the pre-test and the final versions of the questionnaire, there are gaps in the question numbering.

Contact phase

Note:

Questions in this section can be adapted to the sample management system of the national institutes responsible for data-collection.

Programmer:

- *Insert* ***country code*** ..... (country)
- *Insert* ***ID-number*** *of the establishment (from sampling source)** ..... (idnum)
- *Insert code for* ***interview-type****:* ***1 = MM****, 2 = ER* ..... (int_type)
- *Insert two-digit* ***NACE-Code from sampling source*****:* ..... (nace)

Final ESENER Master Questionnaire

Programmer:

**** Make sure that MM and ER-interview from the same establishment have identical ID-numbers!!!***

***** The sector of activity will not be asked in the interview, but will be added from the information contained in the address source (NACE code)!!!***

MM001

Good morning / afternoon. My name is ... from <INSTITUTE> in <location of institute>. We are conducting a survey on behalf of the European Agency for Safety and Health at Work, which is the official European body responsible for information on occupational safety and health. The survey aims to assist workplaces across Europe to deal more effectively with health and safety and to promote the health and well-being of employees. All data will be treated with absolute confidentiality and the results will be totally anonymous.

For this interview I would like to talk to the most senior manager who coordinates safety and health activities in <u>this</u> establishment.

Interviewer: Stress as necessary:

- Emphasise again strict confidentiality of responses
- 20 to 25 minute interview
- The survey is conducted on behalf of the European Agency for Safety and Health at Work. The Agency is an autonomous body of the European Union that provides information to improve health and safety at work.
- The questions are about health and safety policies and practices in your establishment.
- Good health and safety at work is an increasingly important issue and is a key factor in the success of the European economy. Participation in the survey will help to improve the information and assistance given to workplaces to improve the safety and health of workers.

The respondent is this person	( )	go to FILT050
Respondent tries to put through to another person	( )	go to MM002
Refused	( )	END (definitive non-response)

Final ESENER Master Questionnaire

MM002

Interviewer: Tick what applies.

Telephone is answered by a new respondent	( )	start with MM001 again
Line busy / not answered	( )	END (try again later).
Back to original person or switchboard	( )	go to MM003

MM003

May I have this person's full name and extension?

Interviewer: If necessary:

I would like to talk to the most senior manager who coordinates safety and health activities in this establishment.

Mr ( ).....Ms ( )

Name: _____

Direct telephone number (including city code): _____

Information obtained	( )	go to MM004
Call the present number (switchboard) again later on	( )	go to MM004
Refused	( )	go to END (refused)

MM004

What do you think would be the best time to call again?

Date:
Time:
Don't know / No answer ( )

MM005

Thank you for your help. Good bye.

Interviewer: End call ( ) END (try again later).

Final ESENER Master Questionnaire

Special Screening Questions (asked in some countries only)

FILT050 (Filter before question MM050)
If country = BE, BG, CZ, EE, IE, EL, CY, LT, HU, MT, PT, RO, SI, SK, HR, TR: Go to MM050
If country = DK, DE, ES, FR, IT, LV, LU, NL, AT, PL, FI, SE, UK, CH, NO: Go to MM100

MM050 *(=MM100 in countries without screener)*

May I first of all check: Is the establishment at this address a single independent company or organization with no further branch-offices, production units or sales units elsewhere in {country}*?

Or is it one of a number of establishments at different locations in {country} belonging to the same company or organization?

A single independent company or organization	(1)	go to MM102
One of a number of different establishments	(2)	
## No answer	(3)	go to MM102

*)Translator:

Insert country name in national language.

MM050a

How many employees does this company have in {country}* in total? Please add up the number of employees of all local establishments.

Interviewer:

Read out categories and tick only one!

Count the number of persons. Each employee is counted as one person, regardless whether they're working full-time or part-time (= headcount).

1 to 9 employees	(1)	END (out of scope)
10 to 19 employees	(2)	
20 to 49 employees	(3)	
50 to 249 employees	(4)	
250 to 499 employees	(5)	
500 or more employees	(6)	
## No answer	(7)	END (out of scope)

*)Translator: *Insert country name in national language.*

Final ESENER Master Questionnaire

MM051

In this case we have to select one of the establishments for interview. This selection has to be made at random and has to follow statistical rules.

To this end I would like to know: How many different establishments – including the headquarters – with 10 or more employees does your company have in {country}?

Interviewer: Enter "0" if none of the establishments has 10 or more employees.

_ *) _ establishments with 10 or more employees ..... go to FILT052

Respondent has to investigate information (mm051na = 0) call again later
No answer (mm051na = 1) go to END (refused)

*) Programmer:

*Store figure in variable **mm051.***

FILT052 *(Filter before question MM052)*

If mm051 = 0: go to END (out of scope)
If mm051 = 1: go to MM053a
If mm051 > 1: go to MM052

MM052

Would you please tell me how many of these establishments have …

10 to 19 employees	__mm052a__
20 to 49 employees	__mm052b__
50 to 249 employees	__mm052c__
250 to 499 employees	__mm052d__
500 or more employees	__mm052e__
Total	_ mm052f*)_

Respondent has to investigate information (mm052na = 0) call again later
No answer (mm052na = 1) go to END (refused)

*) Programmer:

Total (mm052f) has to be calculated automatically on the basis of the entries before.

Programmer:
Compare mm052f to figure indicated in MM051:
If mm052f not equal mm051show the following text:
"Interviewer: The sum in MM052 is not the same as the total given in the previous question MM051. Please check and correct!"

Final ESENER Master Questionnaire

SEL053 *(Random selection before MM053)*

Programmer:

Step 1: Check entries for the five size classes in MM052 and select one size class as follows:

a) *If there are figures > 0 in one size class only: Select this size class and proceed with step 2.*
b) *Otherwise: select at random one of the size classes where figures > 0 are entered and proceed with step 2.*

Step 2:

- *Compute:* ***<txt_MM053>*** *= label of the size class selected in step 1a or 1b (example: if the selected size class is "20 – 49 employees" then <txt_MM053> = "20 – 49 employees").*
- *Compute:* ***<fig_MM053>*** *= figure indicated in MM052 for the number of establishments in the size class selected in step 1a or 1b (example: if the selected size class is "20 – 49 employees" then <fig_MM053> = mm052b)*

Step 3:

- *If the figure entered in MM052 for the size class selected in step 1a/b = 1 (i.e. if* ***<fig_MM053>*** *= 1): Go to MM053b.*
- *If the figure entered in MM052 for the size class selected in step 1a/b > 1 (i.e. if* ***<fig_MM053>*** *> 1): Go to MM053c.*

Note:

MM053a, MM053b and MM053c are basically identical. Only the text of the question and – if applicable – the random selection mode vary depending on the answers given in MM051, MM052 or the outcome of SEL053 (cf. step 3 in SEL053 and instructions before each of the following questions).

Programmer:

MM053a is asked if there is only 1 establishment with 10 or more employees in MM051 (i.e. if mm051 = 1).

MM053a

In this case the right unit for the interview would be the establishment with 10 or more employees

Would you please give me the telephone number of that establishment and – if possible – the name of the most senior manager who coordinates safety and health activities in that establishment.

Final ESENER Master Questionnaire

Direct telephone number (including city code): _____

Name: _____

The respondent is this person	(1)	go to MM099
Information about new respondent obtained	(2)	go to MM097
Call the present number (switchboard) again later on	(3)	go to MM096
Refused	(4)	go to END
(refused)		

Programmer:

*MM053b is asked if there is only 1 establishment in the size class selected in SEL053, step 1a/b (i.e. if **<fig_MM053>** = 1).*

MM053b
In this case the right unit for the interview would be the establishment with <txt_MM053>.
Would you please give me the telephone number of that establishment and – if possible – the name of the most senior manager who coordinates health and safety activities in this establishment.

Direct telephone number (including city code): _____

Name: _____

The respondent is this person	(1)	go to MM099
Information about new respondent obtained	(2)	go to MM097
Call the present number (switchboard) again later on	(3)	go to MM096
Refused	(4)	go to END

Programmer:

*MM053c is asked if there is more than 1 establishment in the size class selected in SEL053, step 1a/b (i.e. if **<fig_MM053>** > 1).*

Final ESENER Master Questionnaire

MM053c
In this case I would like to conduct the interview for one of the establishments with *<txt_MM053>*
For the random selection it would be helpful if you had a list of the *<fig_MM053>* establishments with *<txt_MM053>* in {country}.
Which of these establishments is located in a community the name of which starts with the letter "<?>*)" or the letter which follows next in the alphabet.
Would you please give me the telephone number of that establishment and – if possible – the name of the most senior manager who coordinates health and safety activities in this establishment.

Interviewer:
If more than one establishment in this community:
And which of these establishments is located in a street the name of which starts with the letter "<?>)" or the letter which follows next in the alphabet?*

Direct telephone number (including city code): _____

Name: _____

The respondent is this person	(1)	go to MM099
Information about new respondent obtained	(2)	go to MM097
Call the present number (switchboard) again later on	(3)	go to MM096
Refused	(4)	go to END
(refused)		

**) Programmer:*
Make a random selection of one letter between A and Z and show this letter here.

Note for the programmer:
You may use another way of random selection in SEL053 and/or MM053c if this should be more convenient for programming and handling in the interview. However, all changes of the procedure have to be agreed with TNS Infratest, Munich, beforehand.

Programmer:
MM096 is asked only if "Call the present number (switchboard) again later on" is ticked in MM053a, MM053b or MM053c.

MM096
Thank you very much. Good bye.

Interviewer / Programmer:
Quit interview and call again later at agreed time.
Start interview with MM053 then.

Programmer:
Make sure that information collected so far is stored and will be available for second call and for final data file. Add a suitable entry for the second call and begin with the appropriate version of MM053 (I.e. MM053a, b or c).

Final ESENER Master Questionnaire

Programmer:
MM097 is asked only if "Information about new respondent obtained" is ticked in MM053a, MM053b or MM053c.

MM097 *(equivalent to MM101 in countries without screener)*

Is the selected establishment the headquarters or is it a subsidiary site?

Headquarters	(1)
Subsidiary site	(2)
## No answer	(3)

MM098
Thank you very much.

Interviewer / Programmer:
Quit interview. Call telephone number given in MM053a, b or c and ask for the person named there (or for most senior person who is in charge of personnel in that establishment).
Start interview with MM001 and then directly go to MM102 after contact phase.

Programmer:
Make sure that information collected so far is stored and will be available for second call and for final data file.

Programmer:
MM099 is asked only if "The respondent is this person" is ticked in MM053a, MM053b or MM053c.

MM099 *(equivalent to MM101 in countries without screener)*

Is the establishment at this address the headquarters or is it a subsidiary site?

Headquarters	(1)	go to MM102
Subsidiary site	(2)	go to MM102
## No answer	(3)	go to MM102

Introductory questions (part of background information)

[Asked to all]
MM100
May I first of all check: Is the establishment at this address a single independent organisation, or is it one of a number of establishments at different locations in {country}* belonging to the same company or organisation?

A single independent company or organisation	(1)	go to MM102
One of a number of different establishments	(2)	
## No answer	(3)	go to MM102

** Translator: Insert appropriate country name*

Final ESENER Master Questionnaire

[If MM100 = 2]
MM101
Is it the headquarters or is it a subsidiary site?

Headquarters	(1)
Subsidiary site	(2)
## No answer	(3)

[if MM050 or MM100 = 1]
MM102a
Approximately how many employees work at this establishment?

Interviewer:

Count the number of persons. Each employee is counted as one person, regardless whether they are working full-time or part-time (= headcount).

☐☐ ☐☐☐

Codes: '99997' = 'refusal'; '99998' = 'don't know'; '99999' = 'no answer'

Programmer:

If MM102a = 1 - 9 or MM10 a >= 99997: go to END (out of scope)

[if MM050 or MM100 = 2 or 3]
MM102b
Approximately how many employees work at this establishment? Please refer to the local site only.

Interviewer:

Count the number of persons. Each employee is counted as one person, regardless whether they are working full-time or part-time (= headcount).

☐☐ ☐☐☐

Codes: '99997' = 'refusal'; '99998' = 'don't know'; '99999' = 'no answer'

Programmer:

If MM102b = 1 - 9 or MM102b >= 99997: go to END (out of scope)

[Asked to all]
MM103 (= ECS MM104)
Does this establishment belong to the public sector?

Yes	(1)	go to MM150
No	(2)	
## No answer	(3)	

Final ESENER Master Questionnaire

[If MM103 = 2 or 3]

MM106
Was this establishment founded before 1990, between 1990 and 2005 or after 2005?

Before 1990	(1)
Between 1990 and 2005	(2)
After 2005	(3)
## No answer	(4)

General health and safety management in the establishment

[Asked to all]
MM150
What health and safety services do you use, be it in-house or contracted externally?

	Yes	No	NA
_1) An occupational health doctor	(1)	(2)	(3)
_2) A safety expert	(1)	(2)	(3)
_3) A psychologist	(1)	(2)	(3)
_4) An ergonomics expert, dealing with the set up of the workstation	(1)	(2)	(3)
_5) A general health and safety consultancy	(1)	(2)	(3)

[Asked to all]
MM152
Does your establishment routinely analyse the causes of sickness absence?

Yes	(1)
No	(2)
## No answer	(3)

[Asked to all]
MM153
Do you take measures to support employees' return to work following a long-term sickness absence?

Yes	(1)
No	(2)
## No answer	(3)

Final ESENER Master Questionnaire

[Asked to all]
MM154
Is the health of employees monitored through regular medical examinations?

Yes	(1)	
No	(2)	
## No answer	(3)	

[Asked to all]
MM155
Is there a documented policy, established management system or action plan on health and safety in your establishment?

Yes	(1)	
No	(2)	go to MM157
## No answer	(3)	go to MM158

[If MM155 = 1]
MM156
In practice, how much of an impact does this policy, management system or action plan have on health and safety in your establishment? Does it have a large impact, some impact or practically no impact?

Large impact	(1)	go to MM158
Some impact	(2)	go to MM158
Practically no impact	(3)	go to MM158
## No answer	(4)	go to MM158

[If MM155 = 2]
MM157
Are there any particular reasons for <u>not</u> having developed such a policy, management system or action plan so far? Please tell me which of the following statements – if any – apply to the situation in your establishment?

	Yes	No	NA
_1) We don't see the benefit of such a policy, management system or action plan	(1)	(2)	(3)
_2) We haven't had time to develop any of these	(1)	(2)	(3)
_3) We don't have the expertise to develop these	(1)	(2)	(3)
_4) In view of our health and safety risks this is not necessary	(1)	(2)	(3)
_5) The necessary financial resources were not available	(1)	(2)	(3)

Final ESENER Master Questionnaire

[Asked to all]
MM158
Are health and safety issues raised in high level management meetings regularly, occasionally or practically never?

Regularly	(1)
Occasionally	(2)
Practically never	(3)
## No answer	(4)

[Asked to all]
MM159
Overall, how would you rate the degree of involvement of the line managers and supervisors in the management of health and safety? Is it very high, quite high, quite low or very low?

Very high	(1)
Quite high	(2)
Quite low	(3)
Very low	(4)
## No answer	(5)

[Asked to all]
MM161
Are workplaces in your establishment regularly checked for safety and health as part of a risk assessment or similar measure?

Yes	(1)	
No	(2)	go to MM169
## No answer	(3)	go to MM170

[If MM161 = 1]
MM162
Are these risk assessments or workplace checks <u>mostly</u> conducted by your own staff or are they normally contracted to external service providers?

Conducted by own staff	(1)
Contracted to external providers	(2)
## Both about equally	(3)
## No answer	(4)

Final ESENER Master Questionnaire

[If MM161 = 1]
MM163
On which occasions are these risk assessments or workplace checks carried out?

	Yes	No	NA
_1) Following a change in the staffing, layout or organisation of work	(1)	(2)	(3)
_2) At the request of employees, e.g. in case of complaints	(1)	(2)	(3)
_3) At regular intervals, without any specific cause	(1)	(2)	(3)

[If MM161 = 1]
MM164
Which of the following areas are routinely considered in these checks?

	Yes	No	NA
_1) Equipment and working environment	(1)	(2)	(3)
_2) The way work is organised	(1)	(2)	(3)
_3) Irregular or long working hours	(1)	(2)	(3)
_4) Supervisor-employee relationships	(1)	(2)	(3)

[If MM161 = 1]
MM166
Which of the following actions have been taken as a follow-up to these checks?

	Yes	No	NA
_1) Changes to equipment or working environment	(1)	(2)	(3)
_2) Changes to the way work is organised	(1)	(2)	(3)
_3) Changes to working time arrangements	(1)	(2)	(3)
_4) Provision of training	(1)	(2)	(3)

[If MM161 = 2]
MM169
Are there any particular reasons why these checks are not regularly carried out? Please tell me which of the following statements – if any – apply to your establishment?

	Yes	No	NA
_1) The necessary expertise is lacking	(1)	(2)	(3)
_2) Risk assessments are too time consuming or expensive	(1)	(2)	(3)
_3) The legal obligations on risk assessment are too complex	(1)	(2)	(3)
_4) It is not necessary, because we do not have any major problems	(1)	(2)	(3)

Programmer: Items to be randomised

Final ESENER Master Questionnaire

[Asked to all]
MM170
Has the *{labour inspectorate} visited this workplace in the last 3 years in order to check health and safety conditions?**

Yes	(1)
No	(2)
## No answer	(3)

** Translator: Please insert country-specific term from Annex 4.2e*

[Asked to all]
MM171
In your establishment, how important are the following reasons for addressing health and safety? For each one, please tell me whether it is a major reason, a minor reason or not a reason at all.

	Major	Minor	No	NA
_1) Fulfillment of legal obligation	(1)	(2)	(3)	(4)
_2) Requests from employees or their representatives	(1)	(2)	(3)	(4)
_3) Staff retention and absence management	(1)	(2)	(3)	(4)
_4) Economic or performance-related reasons	(1)	(2)	(3)	(4)
_5) Requirements from clients or concern about the organisation's reputation	(1)	(2)	(3)	(4)
_6) Pressure from the **{labour inspectorate}***	(1)	(2)	(3)	(4)

** Translator: Please insert country-specific term from Annex 4.2e*

[Asked to all]
MM172
In your establishment, what are the main difficulties in dealing with health and safety? Please tell me for each of the following whether it is a major difficulty, a minor difficulty, or not a difficulty at all.

	Major	Minor	No	NA
_1) A lack of resources such as time, staff or money	(1)	(2)	(3)	(4)
_2) A lack of awareness	(1)	(2)	(3)	(4)
_3) A lack of expertise	(1)	(2)	(3)	(4)
_4) A lack of technical support or guidance	(1)	(2)	(3)	(4)
_5) The culture within the establishment	(1)	(2)	(3)	(4)
_6) The sensitivity of the issue	(1)	(2)	(3)	(4)

Final ESENER Master Questionnaire

[Asked to all]
MM173
Has your establishment used health and safety information from any of the following bodies or institutions?

	Yes	No	NA
_1) Official institutes for health and safety at work	(1)	(2)	(3)
_2) The European Agency for safety and health at work	(1)	(2)	(3)
_3) In-house health and safety services	(1)	(2)	(3)
_4) The {labour inspectorate}*	(1)	(2)	(3)
_5) Employers' organisations	(1)	(2)	(3)
_6) Trade unions	(1)	(2)	(3)
_7) Contracted health and safety experts	(1)	(2)	(3)
_8) Insurance providers	(1)	(2)	(3)

*** Translator: Please insert country-specific term from Annex 4.2e*

[Asked to all]
MM175
Are you aware of the European Week for safety and health at work?

Yes	(1)
No	(2)
## No answer	(3)

Health and safety risks in the establishment

[Asked to all]
MM200
For each of the following issues, please tell me whether it is of major concern, some concern or no concern at all in your establishment.

	Major	Some	No	NA
_1) Dangerous substances (Interviewer: explain if necessary: e.g. dusts, chemical, biological or radioactive)	(1)	(2)	(3)	(4)
_2) Accidents	(1)	(2)	(3)	(4)
_3) Noise and vibration	(1)	(2)	(3)	(4)
_4) Musculoskeletal disorders such as pain in the back, neck, arms or legs	(1)	(2)	(3)	(4)
_5) Work-related stress	(1)	(2)	(3)	(4)
_6) Violence or threat of violence.	(1)	(2)	(3)	(4)
_7) Bullying or harassment, i.e. abuse, humiliation or assault by colleagues or superiors	(1)	(2)	(3)	(4)

Final ESENER Master Questionnaire

[Asked to all]
MM202
Several factors can contribute to stress, violence and harassment at work; they concern the way work is organised and are often referred to as 'psychosocial risks'. Please tell me whether any of the following psychosocial risks are a concern in your establishment.

	Yes	No	NA
_1) Time pressure	(1)	(2)	(3)
_2) Poor communication between management and employees	(1)	(2)	(3)
_3) Poor co-operation amongst colleagues	(1)	(2)	(3)
_4) Lack of employee control in organising their work	(1)	(2)	(3)
_5) Job insecurity	(1)	(2)	(3)
_6) Having to deal with difficult customers, patients, pupils etc.	(1)	(2)	(3)
_7) Problems in supervisor – employee relationships	(1)	(2)	(3)
_8) Long or irregular working hours	(1)	(2)	(3)
_9) An unclear human resources policy	(1)	(2)	(3)
_10) Discrimination (for example due to gender, age or ethnicity)	(1)	(2)	(3)

Management of psychosocial risks in the establishment

[Asked to all]
MM250
Does your establishment have a procedure to deal with work-related stress?

Interviewer: Read out definition if necessary:
Work-related stress is experienced when the demands of the work exceed the employees' ability to cope with or control them.

Yes	(1)
No	(2)
## Work-related stress is not an issue in our establishment	(3)
## No answer	(4)

[Asked to all]
MM251
Is there a procedure in place to deal with bullying or harassment?

Interviewer: Read out definition if necessary:
Bullying or harassment occurs when one or more workers or managers are abused, humiliated or assaulted by colleagues or superiors.

Yes	(1)
No	(2)
## These problems are not an issue in our establishment	(3)
## No answer	(4)

Final ESENER Master Questionnaire

[Asked to all]
MM252
And do you have a procedure to deal with work-related violence?

Interviewer: Read out definition if necessary: *Work-related violence occurs when one or more workers or managers are threatened, assaulted or abused by clients, patients or pupils.*

Yes	(1)
No	(2)
## Work-related violence is not an issue in our establishment	(3)
## No answer	(4)

[Asked to all]
MM253
In the last 3 years, has your establishment used any of the following measures to deal with psychosocial risks?

	Yes	No	NA
_1) Changes to the way work is organised	(1)	(2)	(3)
_2) A redesign of the work area	(1)	(2)	(3)
_3) Confidential counselling for employees	(1)	(2)	(3)
_4) Set-up of a conflict resolution procedure	(1)	(2)	(3)
_5) Changes to working time arrangements	(1)	(2)	(3)
_6) Provision of training	(1)	(2)	(3)

Programmer: Items to be randomised!

[Asked to all]
MM256
Does your establishment take action if individual employees work excessively long or irregular hours?

Yes	(1)
No	(2)
## Long or irregular working hours are not an issue in our establishment	(3)
## No answer	(4)

[Asked to all]
MM259
Do you inform employees about psychosocial risks and their effect on health and safety?

Yes	(1)
No	(2)
## No answer	(3)

Final ESENER Master Questionnaire

[Asked to all]
MM260
Have they been informed about whom to address in case of work-related psychosocial problems?

Yes	(1)
No	(2)
## No answer	(3)

[If (any of MM253_1 to MM253_6 = 1) or ((MM250 = 1) or (MM251 = 1) or (MM252 = 1) or (MM256 = 1) or (MM259 = 1) or (MM260 = 1)]
MM262
Which of the following reasons prompted your establishment to deal with psychosocial risks?

	Yes	No	NA
_1) Fulfillment of legal obligation	(1)	(2)	(3)
_2) Requests from employees or their representatives	(1)	(2)	(3)
_3) High absenteeism rates	(1)	(2)	(3)
_4) A decline in productivity or in the quality of outputs	(1)	(2)	(3)
_5) Requirements from clients or concern about the organisation's reputation	(1)	(2)	(3)
_6) Pressure from the {labour inspectorate}*	(1)	(2)	(3)

** Translator: Please insert country-specific term from Annex 4.2e*

[If (any of MM253_1 to MM253_6 = 1) or ((MM250 = 1) or (MM251 = 1) or (MM252 = 1) or MM256 = 1) or (MM259 = 1) or (MM260 = 1))]
MM263
Overall: would you say that the measures your establishment has taken to manage psychosocial risks have been very effective, quite effective, quite ineffective or very ineffective?

Very effective	(1)
Quite effective	(2)
Quite ineffective	(3)
Very ineffective	(4)
## No answer	(5)

[If (any of MM253_1 to MM253_6 = 1) or ((MM250 = 1) or (MM251 = 1) or (MM252 = 1) or MM256 = 1)) or (MM259 = 1) or (MM260 = 1)]
MM266
What about the role of employees: Have they been consulted regarding measures to deal with psychosocial risks?

Yes	(1)
No	(2)
## No answer	(3)

Final ESENER Master Questionnaire

[If (any of MM253_1 to MM253_6 = 1) or ((MM250 = 1) or (MM251 = 1) or (MM252 = 1) or MM256 = 1) or (MM259 = 1) or (MM260 = 1))]
MM267
Are employees encouraged to participate actively in the implementation and evaluation of the measures?

Yes	(1)
No	(2)
## No answer	(3)

Barriers for psychosocial risk management and existing support

[Asked to all]
MM300
Compared to other safety and health issues: Is it more difficult to tackle psychosocial risks, is it less difficult, or is there no difference?

More difficult	(1)	
Less difficult	(2)	go to MM302
No difference	(3)	go to MM302
## No answer	(4)	go to MM302

[If MM300 = 1]
MM301
Considering the situation in your establishment: Do any of the following factors make dealing with psychosocial risks particularly difficult?

	Yes	No	NA
_1) A lack of resources such as time, staff or money	(1)	(2)	(3)
_2) A lack of awareness	(1)	(2)	(3)
_3) A lack of training and or expertise	(1)	(2)	(3)
_4) A lack of technical support or guidance	(1)	(2)	(3)
_5) The culture within the establishment	(1)	(2)	(3)
_6) The sensitivity of the issue	(1)	(2)	(3)

[Asked to all]
MM302
Have you used information or support from external sources on how to deal with psychosocial risks at work?

Yes	(1)	go to MM303a
No	(2)	go to MM303b
## No answer	(3)	go to MM303b

Final ESENER Master Questionnaire

[If MM302 = 1]

MM303a
Would you need any additional information or support on this issue?

Yes	(1)	go to MM304a
No	(2)	go to MM350
## No answer	(3)	go to MM350

[If MM302 = 2 or 3]

MM303b
Would information of this type be helpful for your establishment?

Yes	(1)	go to MM304
No	(2)	go to MM350
## No answer	(3)	go to MM350

[If MM303a or MM303b = 1]

MM304
In which of the following areas would this information or support be useful?

	Yes	No	NA
_1) On how to deal with specific issues such as violence, harassment or stress	(1)	(2)	(3)
_2) On how to include psychosocial risks in risk assessments	(1)	(2)	(3)
_3) On how to design and implement preventive measures	(1)	(2)	(3)

Formal employee representation in OSH issues

[Asked to all respondents];
[asked in all countries except for CY, MT, SE]
MM350
Do you have a {works council}* in this establishment?

Yes	(1)
No	(2)
## No answer	(3)

** Translator: Please insert country specific term from Annex 4.2a*

Final ESENER Master Questionnaire

[Question to be asked to all respondents]
[asked in all countries except for DE, AT and LU]
MM351
And is there a {shopfloor trade union representation}* in your establishment?

Yes	(1)	
No	(2)	go to ***
## No answer	(3)	go to ***

*** Exit filter MM351:*
If (MM351 = 2 or 3) and (MM350 = 1): go to MM353
If (MM351 = 2 or 3) and (MM350 = 2 or 3): go to MM355
** Translator: Please insert country specific term from Annex 4.2b*

[If MM350 = 1 or MM351 = 1]
MM353
In your discussions with the employee representation, are safety and health issues: Very important, quite important, quite unimportant or totally unimportant compared to other issues you discuss with them?

Very important	(1)
Quite important	(2)
Quite unimportant	(3)
Totally unimportant	(4)
## No answer	(5)

[If MM350 = 1 or MM351 = 1]
MM354
How often do controversies related to safety and health arise between management and the employee representatives? Is this often, sometimes or practically never the case?

Often	(1)
Sometimes	(2)
Practically never	(3)
## No answer	(4)

[Asked to all respondents]
[asked in all countries except for CH; specific version MM355NL asked in the Netherlands]
MM355
Does your establishment have an internal {health and safety representative}*?

[NL: If MM350 = 1]
MM355NL
Is there a member of the {health and safety representative}* in this establishment?

Yes	(1)
No	(2)
## No answer	(3)

** Translator: Please insert country specific term from Annex 4.2c*

Final ESENER Master Questionnaire

[Asked to all respondents]
[asked in all countries except for LU and SI]
MM358
Is there a {health and safety committee}* in your establishment?

Yes	(1)
No	(2)
## No answer	(3)

** Translator: Please insert country specific term from Annex 4.2d*

Background information on the establishment

For the analysis of the data, it is very important to have some more background information on your establishment. Please tell me….

[Asked to all]
MM400
About what proportion of your employees is female?

___ %

Codes: '997' = 'refusal'; '998' = 'don't know'; '999' = 'no answer'

[if MM400 = 998 or 999]
MM400x
Could you please give me a rough estimate by means of the following categories:

None at all	(1)
Less than 20%	(2)
20% to less than 40%	(3)
40% to less than 60%	(4)
60% to less than 80%	(5)
80% to less than 100%	(6)
All	(7)
## No answer	(8)

[Asked to all]
MM401
And approximately what proportion of your workforce is aged 50 years or over?

___ %

Codes: '997' = 'refusal'; '998' = 'don't know'; '999' = 'no answer'

[if MM401 = 998 or 999]

Final ESENER Master Questionnaire

MM401x
Could you please give me a rough estimate by means of the following categories:

None at all	(1)
Less than 20%	(2)
20% to less than 40%	(3)
40% to less than 60%	(4)
60% to less than 80%	(5)
80% to less than 100%	(6)
All	(7)
## No answer	(8)

[Asked to all]
MM402
How would you rate the level of absenteeism in your establishment compared with other establishments in the sector? Is it very high, quite high, about average, quite low or very low?

Very high	(1)
Quite high	(2)
About average	(3)
Quite low	(4)
Very low	(5)
## No answer	(6)

[Asked to all]
MM403
How would you rate the current economic situation of this establishment? Is it very good, quite good, neither good nor bad, quite bad or very bad?

Very good	(1)
Quite good	(2)
Neither good nor bad	(3)
Quite bad	(4)
Very bad	(5)
## No answer	(6)

[Asked to all]
MM405
Approximately what proportion of your employees holds a nationality other than {country's}*?

___ %

Codes: '997' = 'refusal'; '998' = 'don't know'; '999' = 'no answer'

** Translator: Appropriate country name to be inserted*

[if MM405 = 998 or 999]
MM405x
Could you please give me a rough estimate by means of the following categories:

None at all	(1)
Less than 20%	(2)
20% to less than 40%	(3)
40% to less than 60%	(4)
60% to less than 80%	(5)
80% to less than 100%	(6)
All	(7)
## No answer	(8)

Contact for the ER interview

[only for countries where the Health and Safety Committee has a predefined spokesperson of the employee's side]
[If MM358 = 1 and country = FR or LV]
MM500

For our research project it is very important to also have the view of the employee representative responsible for safety and health issues at this establishment.

Therefore I would also like to interview the {spokesperson of the employee representative side within the Health and Safety Committee}*.

Would you please give me his or her full name and the extension?

## Information (name and/or telephone number) is given	(1)	go to MM507
## Don't know, but OK to interview employee representative	(2)	go to MM508
## Refused	(3)	go to MM506
## The respondent is this person	(4)	go to MM508

** Translator: Insert national term:*

FR: Le secrétaire du CHSCT (= comité d'hygiène, de sécurité et des conditions de travail)

[only for countries for which there is a health and safety committee, but no predefined spokesperson of this committee]
[If MM358 = 1]
[asked in all countries except for: FR, LV, LU, SI]
MM501

For our research project it is very important to also have the view of the employee representative in charge of safety and health at this establishment.

Final ESENER Master Questionnaire

Within the {Health and Safety committee}* you have in your establishment: Is there a spokesperson among the employee representatives side?

Yes	(1)	go to MM502
No	(2)	go to ***
## No answer	(3)	go to ***

** Translator: Please insert national term (see Annex 4.2d)*

**** Programmer: Exit filter if MM501 = 2 or 3:*

If country = DE:
If (MM501 = 2 or 3) and MM350 = 1: go to MM503d
If (MM501 = 2 or 3) and MM350 = 2 or 3: go to MM503a

All other countries: if MM501 = 2 or 3: go to MM503a

[if MM501=1]
MM502

Would you please give me his or her full name and the extension?

## Information (name and/or telephone number) is given	(1)	go to MM507
## Don't know, but OK to interview employee representative	(2)	go to MM508
## Refused	(3)	go to MM506
## The respondent is this person	(4)	go to MM508

If country = DE and (MM501 = 2 or 3 and MM350 = 2 or 3)
If country = SI: Ask MM503a if MM350 = 2 or 3 and MM355 = 2,3 and MM351 = 1
All other countries: if MM501 = 2 or 3

MM503a

In this case I would like to talk to the {health and safety representative}* in your {Health and Safety committee}**.

Int:

If there is more than one employee representative in this function: We would like to talk to the *one who has the longest standing experience in this function.*

Would you please give me his or her full name and the extension?

## Information (name and/or telephone number) is given	(1)	go to MM507
## Don't know, but OK to interview employee representative	(2)	go to MM508
## Refused	(3)	go to MM506
## The respondent is this person	(4)	go to MM508

* Translator: Insert national term according to Annex 4.2c.

** Translator: Insert national term according to Annex 4.2d.

Final ESENER Master Questionnaire

If country = DE and (MM501 = 2 or 3 and MM350 = 1)
If country = NL and (MM355NL = 1 and MM358 = 2 or 3)
If country = SI: Ask MM503d if MM350 = 1

MM503d
In this case I would like to talk to the member of the {works council}* responsible for health and safety issues.

Int: *If there is more than one employee representative in this function: We would like to talk to* the *one who has the longest standing experience in this function.*

Would you please give me his or her full name and the extension?

## Information (name and/or telephone number) is given	(1)	go to MM507
## Don't know, but OK to interview employee representative	(2)	go to MM508
## Refused	(3)	go to MM506
## The respondent is this person	(4)	go to MM508

* Translator: Insert national term according to Annex 4.2a.

Please note:
MM504 is asked wherever there is no Health and Safety Committee, but where there is a Health and Safety Representative. MM504 is asked in all countries except for CH and NL
SI: Ask if (MM350 = 2 or 3) and MM355 = 1
LU: Ask ifMM355 = 1
[All other countries: if MM355 =1 and (MM358 = 2 or 3)

MM504

For our research project it is very important to also have the view of the employee representative responsible for safety and health issues at this establishment.

Therefore I would also like to interview the {Health and Safety representative}*.

Int: *If there is more than one representative in this function: We would like to talk to* the *one who has the longest standing experience in this function.*

Final ESENER Master Questionnaire

Would you please give me his or her full name and the extension?

## Information (name and/or telephone number) is given	(1)	go to MM507
## Don't know, but OK to interview employee representative	(2)	go to MM508
## Refused	(3)	go to MM506
## The respondent is this person	(4)	go to MM508

* Translator: Insert national term according to Annex 4.2c.

[If any of MM500, MM502, MM503a/d, MM504 = 3]
MM506

Interviewer:

Try to motivate the respondent to agree in an interview with the employee representation.

- ***For this project it is very important to get the views of both sides, management and employee representatives.***
- ***Stress confidentiality of information: Employee representative will not be given any information on the interview with the management (and vice versa).***

Respondent agrees	(1)	go to MM507
Respondent maintains refusal	(2)	go to MM508
Respondent agrees to ER interview, but can't give address details of the ER	(3)	go to MM508
## The respondent is this person	(4)	go to MM508

[If any of MM500, MM502, MM503a/d,, MM504 or MM506 = 1]
MM507

Mr ..... ( ) Ms:..... ( )

Name: _____

Direct telephone number (including city code): _____

[Asked to all]
MM508

May we contact you again later if we should have any additional questions?

Yes, agrees	(1)
No, does not agree	(2)
## No answer	(3)

Final ESENER Master Questionnaire

Thank you very much for your cooperation.

Interviewer:

Quit MM interview.

If applicable: Try to get ER interview and start with information stored in ER_resp respectively MM507 for establishing the contact with the proper ER respondent.

END of MM interview.

Programmer:
Code the following variable for transmission of required information on the address availability into the ER interview (you can also choose another way to assure that this information is correctly transferred to the start phase of the ER interview):

If any of MM500, MM502, MM503a/d, MM504, MM506 = 1:
ER_info_1 (*address details are given)*
If (any of MM500, MM502, MM503a/d, MM504= 2) or, MM506 = 3:
ER_info_2 *(interview can be carried out, but address details have to be investigated)*

Programmer:
Information on the type of the ER respondent identified at the end of the MM interview is needed for the start phase of the ER interview. Therefore the following information has to be transferred to the ER interview:

If (MM500 = 1 or 2) or (MM500=3 and MM506 = 1 or 3)
compute ***ER_resp_01*** *(Official employee spokesperson of H&S Committee (HSC))*

If (MM502 = 1 or 2) or (MM502 = 3 and MM506 = 1 or 3)
compute ***ER_resp_02*** *(Informal employee spokesperson of H&S Committee (HSC))*

If (MM503a = 1 or 2) or (MM503a = 3 and MM506 = 1 or 3)
compute ***ER_resp_03*** *(Health and Safety representative of the HSC)*

If (MM503d = 1 or 2) or (MM503d = 3 and MM506 = 1 or 3)
compute ***ER_resp_06*** *(Health and Safety representative of the works council)*

If (MM504 = 1 or 2) or (MM504 = 3 and MM506 = 1 or 3):
compute ***ER_resp_08*** *(The Health and Safety representative (where there is no HSC)*

Annex 3

Employee representative (ER) questionnaire

European Agency for Safety and Health at Work

ESENER

Establishment **S**urvey of **E**nterprises on **N**ew and **E**merging **R**isks 2009

Employee Representative Questionnaire

International Master Version for all Countries

Basic information on ER Type that will be transmitted from the MM interview:

ER_resp:

Information about the occupational safety and health representative of the employees identified as respondent for the ER questionnaire *(some of the ER_resp- types are relevant for some countries only)*:

ER_resp_01:Official spokesperson of the Health and Safety Committee (HSC)
ER_resp_02:Informal spokesperson of the Health and Safety Committee (HSC)
ER_resp_03:The Health and Safety representative (HSR) within the HSC
ER_resp_06:The Health and Safety representative of the works council
ER_resp_08:The Health and Safety representative (where there is no HSC)

Contact Phase (ER001 ff.)

Programmer:
Questions in this section can be adapted to the sample management systems of the national *institutes responsible for data-collection.*

Programmer:

- *Insert **country code** (see list at the end of MM questionnaire)*.....(country)
- *Insert code for **interview-type**: 1 = MM, **2 = ER***.....(int_type)
- *Insert **ID-number** of the establishment (from sampling source):*.....(idnum)
  Make sure that MM- and ER-interview from the same establishment have identical ID-numbers!!!

Programmer:
If ER_info = 1 : Show text of question ER001a.
*If ER_info = 2 : Show text of question ER001b and insert country-specific variants for **<txt_ER001b>** See Annex 4.3a for the national language versions of the types of employee representation to be inserted in **<txt_ER001b>**.*

ER001 *(equivalent to MM001)*

a) **Good morning / afternoon, my name is ... from <INSTITUTE> in <LOCATION>. We are conducting a survey on behalf of the European Agency for Safety and Health at Work, which is the official European body responsible for information on occupational safety and health. The survey aims to assist workplaces across Europe to deal more effectively with health and safety and to promote the health and well-being of employees. All data will be treated with absolute confidentiality and the results will be totally anonymous.**

For this interview I would like to talk to <Mr/Ms> <NAME of ER from MM-interview, questions MM506>.

Interviewer: Add if necessary:

- *We have interviewed the manager responsible for Occupational Safety and Health in your establishment. On the basis of this interview we understood you were the best person to interview in order to represent the employee position on the topic.*
- *Management agreed that health and safety representative of the employees is interviewed.*
- *Confidentiality of responses: Answers will be analysed only in an aggregated and anonymised form. Data collected in this interview will not be passed on to the management and vice versa.*
- *15 minutes interview.*

b) **Good morning / afternoon, my name is ... from <INSTITUTE> in <LOCATION>. We are conducting a survey on behalf of the European Agency for Safety and Health at Work, which is the official European body responsible for information on occupational safety and health. The survey aims to assist workplaces across Europe to deal more effectively with health and safety and to promote the health and well-being of employees. All data will be treated with absolute confidentiality and the results will be totally anonymous.**

For this interview I would like to talk to the <txt_ER001b> in your establishment.

Programmer:

Show interviewer hint only if ER_resp_03 or Er_resp_06 or ER_resp_08 =1:

Int:

If there is more than one employee representative in this function: We would like to talk to the *one who has the longest standing experience in this function.*

Programmer:

Show interviewer hint to all

> *Interviewer:*
>
> *Stress if necessary:*
>
> - *Interview with the management has been carried out already*
> - *Management agreed that health and safety representative of the employees is interviewed*
> - *Confidentiality of responses. Answers will be analysed only in an aggregated and anonymised form. Data collected in this interview will not be passed on to the management and vice versa.*
> - *15 minutes interview*

The respondent is this person	( )	go to ER100
Respondent tries to put through to another person	( )	
Refused	( )	END (definitive non-response)

ER002 *(= MM002)*

Interviewer: Tick what applies.

Telephone is answered by a new respondent	( )	start with ER001 again
Line busy / not answered	( )	END (try again later).
Back to original person or switchboard	( )	go to ER003

Programmer:

*Insert country-specific variants for **<txt_ER003>**. See Annex 4.2a for the national language versions of the employee representations asked for in **<txt_ER003>**.*

ER003

I would like to talk to the *<txt_ER003>* in your establishment.

Programmer:
Show interviewer hint only if ER_resp_03 or Er_resp_06 or ER_resp_08 =1:

> *Int:*
>
> *If there is more than one employee representative in this function: We would like to talk to* the *one who has the longest standing experience in this function.*

May I have this person's full name and extension?

Mr ..... ( ) Ms..... ( )

Name: _____

Direct telephone number (including city code): _____

Information obtained	( ) go to ER004
Call the present number (switchboard) again later on	( ) go to ER004
Refused	( ) END (definitive non-response)

ER004

What do you think would be the best time to call again?

Date: _____

Time: _____

No answer..... ( )

ER005

Thank you for your help. Good bye.

Interviewer: End call ..... ( ) END (try again later).

The role of the ER in OSH management

[Asked to all]

ER102

Is there a permanent committee or working group consisting of members of the management and representatives of the employees dealing with safety and health in this establishment?

Yes	(1)	
No	(2)	go to ER104
## No answer	(3)	go to ER104

[Asked if ER102 = 1]
ER103
How often does this committee or working group meet? Is this usually several times a month, once a month, several times a year, once a year or less than once year?

Several times a month	(1)
Once a month	(2)
Several times a year	(3)
Once a year	(4)
Less than once a year	(5)
## No answer	(6)

[Asked to all]
ER107 (similar to MM354)
How often do controversies related to safety and health arise between the management and the employee representatives? Is this often, sometimes or practically never the case?

Often	(1)
Sometimes	(2)
Practically never	(3)
## No answer	(4)

Resources and training of the employee representatives in OSH issues

[Asked to all]
ER150
Do you as the employee representative for safety and health usually get sufficient time off from normal duties to perform these tasks adequately?

Yes	(1)
No	(2)
## No answer	(3)

[Asked to all]
ER153
In contacting employees for issues related to safety and health: Do you face any of the following difficulties?

	Yes	No	NA
_1) a lack of time	(1)	(2)	(3)
_2) difficulties in getting to the workplaces	(1)	(2)	(3)
_3) poor cooperation from the management	(1)	(2)	(3)

[Asked to all]
ER154
Does the management provide you with the necessary information for carrying out your health and safety tasks properly?

Yes	(1)	
No	(2)	go to ER156
## No answer	(3)	go to ER156

[If MM154 = 1]
ER155
Do you usually receive the information on time and without having to ask for it?

Yes	(1)
No	(2)
## No answer	(3)

[Asked to all]
ER156
On which of the following issues are you regularly kept informed by your management?

	Yes	No	NA
_1) On sickness and absenteeism rates	(1)	(2)	(3)
_2) On the number and nature of accidents	(1)	(2)	(3)
_3) On changes to the way work is organised	(1)	(2)	(3)
_4) On changes to equipment or working environment	(1)	(2)	(3)

[Asked to all]
ER159
On which of the following issues have you or your health and safety representative colleagues received training?

	Yes	No	NA
_1) Fire safety	(1)	(2)	(3)
_2) Prevention of accidents	(1)	(2)	(3)
_3) Chemical, biological, radiation or dust hazards	(1)	(2)	(3)
_4) Ergonomics	(1)	(2)	(3)
_5) Violence, bullying or harassment	(1)	(2)	(3)
_6) Work-related stress	(1)	(2)	(3)
_7) Discrimination (for example due to age, gender, race or disability)	(1)	(2)	(3)

[If any of ER159_01 to ER159_08 = 1]]
ER160
Is this training sufficient or would more training in any of these fields be desirable?

Training is sufficient	(1)	go to ER200
More training would be desirable	(2)	
## No answer	(3)	go to ER200

[If ER160 = 2]
ER161a
On which of the following topics would you or your health and safety representative colleagues need additional training?
[If none of ER159_01 to ER159_08 = 1]
ER161b
And would you or your health and safety representative colleagues need training on any of the following topics?

	Yes	No	NA
_1) Fire safety	(1)	(2)	(3)
_2) Prevention of accidents	(1)	(2)	(3)
_3) Chemical or biological, radiation or dust hazards	(1)	(2)	(3)
_4) Ergonomics	(1)	(2)	(3)
_5) Violence, bullying or harassment	(1)	(2)	(3)
_6) Work-related stress	(1)	(2)	(3)
_7) Discrimination (for example due to age, gender, race or disability)	(1)	(2)	(3)

[If ER160 = 2 or if none of ER159_01 to ER159_08 = 1]
ER162
Which of the following are the main reasons for receiving no or not sufficient training on these issues?

	Yes	No	NA
_1) Difficulties to get time off for such training	(1)	(2)	(3)
_2) Lack of information about available courses	(1)	(2)	(3)
_3) Available courses are not appropriate for our situation	(1)	(2)	(3)
_4) Difficulties to get the financial resources for the training	(1)	(2)	(3)

General health and safety management

[Asked to all]
ER200 (Mirror MM155)

Is there a documented policy, established management system or action plan on health and safety in your establishment?

Yes	(1)	
No	(2)	go to ER203
## No answer	(3)	go to ER205

[If ER200 = 1]
ER202 (Mirror MM156)
In practice, how much of an impact does this policy, management system or action plan have on health and safety in your establishment? Does it have a large impact, some impact or practically impact?

Large impact	(1)	go to ER205
Some impact	(2)	go to ER205
Practically no impact	(3)	go to ER205
## Don't know/no answer	(4)	go to ER205

[If ER200 = 2]
ER203
Are there any particular reasons for <u>not</u> having developed such a policy, management system or action plan so far? Please tell me which of the following statements – if any – apply to the situation in your establishment?

	Yes	No	NA
_1) Our management does not see the benefit of such a policy, management system or action plan	(1)	(2)	(3)
_2) The expertise to develop these is not available	(1)	(2)	(3)
_3) In view of our health and safety risks this is not necessary	(1)	(2)	(3)

Programmer: Items to be randomised

[Asked to all]
ER205
Are employees in this establishment regularly informed about safety and health at the workplace?

Yes	(1)
No	(2)
## No answer	(3)

[Asked to all]
ER207 (Mirror: MM161)
Are workplaces in the establishment regularly checked for safety and health as part of a risk assessment or similar measures?

Yes	(1)	
No	(2)	go to ER213
## No answer	(3)	go to ER214

[If ER207 = 1]
ER209
Do you have a say in the decisions on when and where these risk assessments or workplace checks are carried out?

Yes	(1)	
No	(2)	
## No answer	(3)	

[If ER207 = 1]
ER210
If the risk assessment or workplace check identifies a need for action: Is the necessary follow-up action normally taken?

Yes	(1)	
No	(2)	go to ER214
## Only partly	(3)	
## No answer	(4)	go to ER214

[If ER210 = 1 or 3]
ER211
And are you as health and safety representatives usually involved in the choice of follow-up actions?

Yes	(1)	go to ER214
No	(2)	go to ER214
## No answer	(4)	go to ER214

[If ER207 = 2]
ER213 (Mirror MM169, except for item 02 which is different!)
Are there any particular reasons why these checks are <u>not</u> regularly carried out? Please tell me which of the following statements – if any – apply to your establishment?

	Yes	No	NA
_1) The necessary expertise is lacking	(1)	(2)	(3)
_2) Risk assessments are regarded as too time consuming or expensive	(1)	(2)	(3)
_3) The legal obligations on risk assessment are too complex	(1)	(2)	(3)
_4) It is not necessary because we do not have any major problems	(1)	(2)	(3)

Programmer: Items to be randomised

[Asked to all]
ER214 (Mirror: MM159)
Overall, how would you rate the degree of involvement of the line managers and supervisors in the management of health and safety? Is it very high, quite high, quite low or very low?

Very high	(1)
Quite high	(2)
Quite low	(3)
Very low	(4)
## No answer	(5)

[Asked to all]
ER215
Please tell me for each of the following statements whether you agree (1), neither agree nor disagree (2) or disagree (3) with it.
(Enter for each item: Codes 1-3 for the degree of agreement, No answer = 4)

ER215_1
Health and safety is an integral part of the management philosophy in our establishment.

ER215_2
Our management is open to the introduction of preventive health and safety actions even if they go significantly beyond the legal requirements.

ER215_3
Our management gives proper consideration to occupational safety and health issues raised by employees or their representatives.

Occupational health and safety and psychosocial risks

[Asked to all]
ER250 (Mirror MM200)
For each of the following issues, please tell me whether it is of major concern, some concern or no concern at all in your establishment.

	Major	Some	No	NA
_1) Dangerous substances (interviewer hint: e.g. dusts, chemical, biological or radioactive)	(1)	(2)	(3)	(4)
_2) Accidents	(1)	(2)	(3)	(4)
_3) Noise and vibration	(1)	(2)	(3)	(4)
_4) Musculoskeletal disorders such as pain in the back, neck, arms or legs	(1)	(2)	(3)	(4)
_5) Work-related stress	(1)	(2)	(3)	(4)
_6) Violence or threat of violence	(1)	(2)	(3)	(4)
_7) Bullying or harassment, i.e. abuse, humiliation or assault by colleagues or superiors	(1)	(2)	(3)	(4)

[Asked to all]
ER252 (Mirror MM202)
Several factors can contribute to stress, violence and harassment at work; they concern the way work is organised and are often referred to as 'psychosocial risks'. Please tell me whether any of the following psychosocial risks are a concern in your establishment.

	Yes	No	NA
_1) Time pressure	(1)	(2)	(3)
_2) Poor communication between management and employees	(1)	(2)	(3)
_3) Poor co-operation amongst colleagues	(1)	(2)	(3)
_4) Lack of employee control in organising their work	(1)	(2)	(3)
_5) Job insecurity	(1)	(2)	(3)
_6) Having to deal with difficult customers, patients, pupils etc.	(1)	(2)	(3)
_7) Problems in supervisor – employee relationships	(1)	(2)	(3)
_8) Long or irregular working hours	(1)	(2)	(3)
_9) An unclear human resources policy	(1)	(2)	(3)
_10) Discrimination (for example due to age, gender, race or ethnicity)	(1)	(2)	(3)

Psychosocial risk management

[Asked to all]
ER300 (Mirror MM253)
In the last 3 years, has your establishment used any of the following measures to deal with psychosocial risks?

	Yes	No	NA
_1) Changes to the way work is organised	(1)	(2)	(3)
_2) A redesign of the work area	(1)	(2)	(3)
_3) Confidential counseling for employees	(1)	(2)	(3)
_4) Set-up of a conflict resolution procedure	(1)	(2)	(3)
_5) Changes to working time arrangements	(1)	(2)	(3)
_6) Provision of training	(1)	(2)	(3)

Programmer: Items ER300_01 to ER300_06 to be randomised

[If any of ER300_01 to ER300_06 = 1; show only items ticked with "yes" (1) in ER300]
ER301
Please tell me for each of the measures you named whether it has been very effective (1), quite effective (2), quite ineffective (3) or very ineffective (4) in helping to manage psychosocial risks. What about …

	1	2	3	4	NA
_1) Changes to the way work is organised	(1)	(2)	(3)	(4)	(5)
_2) A redesign of the work area	(1)	(2)	(3)	(4)	(5)
_3) Confidential counseling for employees	(1)	(2)	(3)	(4)	(5)
_4) Set-up of a conflict resolution procedure	(1)	(2)	(3)	(4)	(5)
_5) Changes to working time arrangements	(1)	(2)	(3)	(4)	(5)
_6) Provision of training	(1)	(2)	(3)	(4)	(5)

[Asked to all]
ER303 (similar to MM259)
Does your establishment inform the employees about psychosocial risks and their effect on health and safety?

Yes	(1)
No	(2)
## No answer	(3)

[Asked to all]
ER308
Have you in the last 3 years received any requests from employees to tackle work-related stress?

Interviewer: Read out definition if necessary:
Work-related stress is experienced when the demands of the work exceed the employees' ability to cope with or control them.

Yes	(1)
No	(2)
## No answer	(3)

[Asked to all]
ER309
And have you in the last 3 years received requests to tackle bullying or harassment?

Interviewer: Read out definition if necessary:
Bullying or harassment occurs when one or more workers or managers are abused, humiliated or assaulted by colleagues or superiors.

Yes	(1)
No	(2)
## No answer	(3)

[Asked to all]
ER310
And what about workplace violence? Have there in the last 3 years been any requests to deal with this issue?

Interviewer: Read out definition if necessary:
Work-related violence occurs when one or more workers or managers are threatened, assaulted or abused by clients, patients or pupils.

Yes	(1)
No	(2)
## No answer	(3)

Drivers and barriers for psychosocial risk management

[Asked to all]
ER400
Compared to other safety and health issues: Is it more difficult to tackle psychosocial risks, is it less difficult or is there no difference?

More difficult	(1)
Less difficult	(2)
No difference	(3)
## No answer	(4)

[Asked to all]
ER402
How willing is your management to introduce measures for tackling psychosocial risks? Is it very willing, quite willing, quite unwilling or very unwilling to tackle this issue?

Very willing	(1)
Quite willing	(2)
Quite unwilling	(3)
Very unwilling	(4)
## No answer	(5)

[Asked to all]
ER403
Do you consider the measures your establishment has taken for managing psychosocial risks to be sufficient?

Yes	(1)
No	(2)
## No answer	(3)

Thank you very much for your cooperation!

END OF THE INTERVIEW

Annex 4

Annexes to questionnaire:

- Country codes
- Specific national terminology, and
- Variable country specific text elements

European Agency for Safety and Health at Work

ESENER

Annex 4.1: Country Codes (variable "country")

Country	*Code*	*Abbreviation*
Austria	12	AT
Belgium	01	BE
Bulgaria	31	BG
Croatia	46	HR
Cyprus	32	CY
Czech Republic	33	CZ
Denmark	02	DK
Estonia	34	EE
Finland	06	FIN
France	07	FR
Germany	03	DE
Greece	04	EL
Hungary	35	HU
Ireland	08	IE
Italy	09	IT
Latvia	36	LV
Lithuania	37	LT
Luxembourg	10	LU
Malta	38	MT
Norway	52	NO
Netherlands	11	NL
Poland	39	PL
Portugal	13	PT
Romania	40	RO
Slovakia	41	SK
Slovenia	42	SI
Spain	05	ES
Sweden	14	SE
Switzerland	51	CH
Turkey	43	TR
United Kingdom	15	UK

Annex 4.2: Specific national terminology

Annex 4.2a: National terms for "Works Council"

AT: Betriebsrat bzw. Personalvertretung
BE: Ondernemingsraad or Bijzonder- of Basisonderhandelingscomité
Comité d'Entreprise ou Comité de negociation particulier ou de base
BG: Представители за информиране и консултиране на работниците и служителите
CH: Arbeitnehmervertretung
[CY: not existent]
CZ: rada zaměstnanců
DE: Betriebs- bzw. Personalrat
DK: Samarbejdsudvalg or MED-udvalg
EE: Töötajate usaldusisik or Euroopa Töönõukogu
EL: Συμβούλιο εργαζομένων
ES: Delegado de Personal, Comité de Empresa o Junta de Personal
FI: YT-toimikunta
FR: délégué du personnel ou comité d'entreprise
HR: RADNIČKO VIJEĆE
HU: Üzemi megbízott or Üzemi tanács
IE: Statutory employee representative forum
IT: Rappresentanza Sindicale Unitaria o aziendali
LT: Darbo taryba
LU: Comité mixte de enterprise ou délégation du personnel
LV: Darbinieku pilnvarotais pārstāvis or Darba padome
Уполномоченные представители рабочих or Совет рабочих
[MT: not existent]
NL: Personeelvertegenwoordiging or Ondernemingsraad
NO: Betritsutvalg
PT: Comissão de Trabalhadores
PL: rady pracowników
RO: Reprezentanții salariaților
[SE: not existent]
SI: Delavski zaupnik or Svet delavcev
SK: Zamestnanecký dôverník or Zamestnanecká rada
TR: çalışma konseyi
UK: joint consultative committee, employee forum or equivalent body

Annex 4.2b: National terms for "(shopfloor) trade union representation"

[AT: not existent]
BE: Syndicale Delegatie
Délégation Syndicale
BG: Синдикална организация
CH: Gewerkschaftsvertretung/ Répresentation syndicale/ Rappresentanza sindacali
CY: Συνδικαλιστική Εκπροσώπηση
CZ: odborová organizace
[DE: not existent]
DK: Tillidsrepræsentant
EE: Ametiühing
EL: Επιχειρησιακό σωματείο
ES: delegación sindical
FI: Ammattiosasto
FR: délégation sydicale
HR: SINDIKAT
HU: Szakszervezet
IE: Workplace union representative
IT: Organizzazione sindicale
LT: Profesinė sąjunga
[LU: not existent]
LV: arodbiedrība
профсоюз
MT: recognized union representative
NL: Bedrijfsledengroep
NO: Tillitsvalgt
PT: Comissão sindical or intersindical
PL: zakladowa organizacja zwiazkowa
RO: Sindicat
SE: facklig förtroendeman
SI: Sindikalni zaupnik
SK: Základná organizácia odborového zväzu
TR: Sendika
UK: recognised shopfloor trade union representation

Annex 4.2c: National terms for "Health and Safety Representative"

AT: Sicherheitsvertrauensperson
BE: Délégué du personnel
Werknemersafgevaardigde
BG: Представители по безопасност и здраве
[CH: not existent]
CY: Αντιπρόσωποι ασφάλειας
CZ: Zástupci pro bezpečnosti práce a ochrany zdraví
DE: Sicherheitsbeauftragte(r)
DK: Sikkerhedsrepræsentant
EE: Töökeskkonna volinik
EL: εκπρόσωπος υγιεινής και ασφάλειας
ES: Delegado de prevención
FI: Työsuojeluvaltuutettu
FR: Délégué du personnel chargé de d'hygiène, de sécurité et des conditions de travail
HR: povjerenik radnika za zaštitu na radu
HU: Munkavédelmi képviselő
IE: Safety representative
IT: rappresentante del lavoratori per la sicurezza (RLS)
LT: Darbuotojų atstovas saugai ir sveikatai
LU: Délégué à la sécurité
LV: Uzticības persona
MT: Rappreżentanti tas-saħħa u s-sigurta` fuq il-post tax-xogħol
NL: Personeelsvertegenwoordiger or member of the onderneemingsrad in charge of safety and health
NO: Verneombud
PT: Representantes em matéria de segurança e saúde
PL: Społeczny inspektor pracy
RO: Reprezentanți pentru securitate şi sănătate în muncă
SE: Skyddsombud
SI: Delavski zaupnik za varnost in zdravje pri delu
SK: Zástupca pre bezpečnost a ochranu zdravia
TR: Sağlık ve güvenlik işçi temsilcisi
UK: Safety and health representative

Annex 4.2d: National terms for "Health and Safety Committee"

AT: Arbeitsschutzausschuss
BE: FR: Comité pour la prévention et la protection au travail ou Comité de concertation de base
NL: Comité voor Preventie en Bescherming op het Werk of Basisoverlegcomité
BG: Комитети по условия на труд
CH: German: Personalkommission
French: Commission du personnel
Italian: Commissione del personale
CY: Επιτροπή Ασφάλειας
CZ: Výbor BOZP
DE: Arbeitsschutzausschuss
DK: Sikkerhedsorganisation
EE: Töökeskkonna nõukogu
EL: Επιτροπή υγιεινής και ασφάλειας
ES: Comité de seguridad y salud
FI: Työsuojelutoimikunta
FR: Le comité d'hygiène, de sécurité et des conditions de travail (CHSCT)
HR: Odbor za zaštitu na radu
HU: Munkavédelmi bizottság
IE: Safety committee
IT: Comitato per la salute e la Sicurezza
LT: Darbuotojų saugos ir sveikatos komitetas
[LU: not existent]
LV: Uzticības personu komiteja
MT: Kumitat tas-saħħa u s-sigurta` fuq il-post tax-xogħol
NL: Commissie voor Veiligheid, Gezondheid en Welzjin (VGW Commissie)
NO: Arbeidsmiljøutvalg (AMU)
PT: Comités de segurança e de saúde
PL: Komisja BHP
RO: Comitete pentru securitate şi sănătate în muncă
SE: Arbetsmiljökommittée
[SI: not existent]
SK: Komisia bezpečnosti a ochrany zdravia
TR: iş sağlığı ve güvenliği kurulu
UK: Health and safety committee

Annex 4.2e: National terms for "Labour Inspectorate"

AT: Arbeitsinspektion
BE: Contrôle du bien-être au travail
Arbeidsinspecteur
BG: Инспекторат по труда
CH: Inspection du travail
Arbeitsinspektion
Ispezione del lavoro
CY: Τμήμα Επιθεώρησης Εργασίας
CZ: Inspektorát práce
DE: Gewerbeaufsicht oder Berufsgenossenschaft
DK: Arbejdstilsynet
EE: Tööinspektsioon
EL: Σώματος Επιθεώρησης Εργασίας (Σ.ΕΠ.Ε)
ES: Inspectores de trabajo
FI: Työsuojelupiiri
FR: Inspection du travail
HR: Inspekcija rada
HU: Munkavédelmi Felügyelőség
IE: Health and safety authority
IT: Ispettori del lavoro
LT: Darbo inspekcija
LU: Inspection du travail
LV: Darba inspekcija
MT: Spettorat tax- xogħol
NL: Arbeidsinspectie
NO: Arbeidstilsynet
PT: Inspecção do trabalho
PL: Państwowa Inspekcja Pracy
RO: Inspectorat de Muncă
SE: Arbetsmiljöverket
SI: Inšpektorat za delo
SK: Inšpektorát Práce
TR: iş teftiş kurulu
UK: Health and safety inspector

Annex 4.3: Variable country specific text elements

Annex 4.3a: National language terms to be inserted for the variable text elements in <txt_ER001b> and <txt_ER003>

ATTENTION TRANSLATORS:

Text in the <brackets> that is printed in red has to be translated!

Text in the <brackets> that is printed in blue or black has to be checked for grammatical compatibility with the questionnaire text in which it is to be inserted!!!

AT (Austria)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{Sprecher der Arbeitnehmerseite im Arbeitsschutzausschuss}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ im Arbeitsschutzausschuss vertretene Sicherheitsvertrauensperson }

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{Sicherheitsvertrauensperson}

BE (Belgium)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Comité pour la prévention et la protection au travail or the Comité de concertation de base }

{spokesperson of the employees' side within the Comité voor Preventie en Bescherming op het Werk or the Basisoverlegcomité }

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{Délégué du personnel within the Comité pour la prévention et la protection au travail}

{ Werknemersafgevaardigde within the Comité voor Preventie en Bescherming op het Werk }

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ Délégué du personnel}

{ Werknemersafgevaardigde}

BG (Bulgaria)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Комитети по условия на труд }

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{Представители по безопасност и здраве within the Комитети по условия на труд }

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{Представители по безопасност и здраве}

CH (Switzerland)
If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =
{Chef oder Chefin der Personalkommission}
{le chef da la commission du personnel}
{il capo della commissione del personale}

CY (Cyprus)
If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =
{spokesperson of the employees' side within the Επιτροπή Ασφάλειας}
If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =
{Αντιπρόσωποι ασφάλειας within the Επιτροπή Ασφάλειας}
If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =
{Αντιπρόσωποι ασφάλειας}

CZ (Czech Republic)
If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =
{spokesperson of the employees' side within the Výbor BOZP}
If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =
{ Zástupci pro bezpečnosti práce a ochrany zdraví within the Výbor BOZP}
If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =
{ Zástupci pro bezpečnosti práce a ochrany zdraví}

DE (Germany)
If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =
<Sprecher der Arbeitnehmerseite im Arbeitsschutzausschuss>
If ER_resp_06: **<txt_ER001b>** and **<txt_ER003>** =
<im Arbeitsschutzausschuss vertretenes Mitglied des Betriebs- bzw. Personalrates>
If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =
<Sicherheitsbeauftragter des Betriebes>

DK (Denmark)
If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =
{spokesperson of the employees' side within the Sikkerhedsorganisation}
If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =
{ Sikkerhedsrepræsentant within the Sikkerhedsorganisation}
If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =
{ Sikkerhedsrepræsentant}

EE (Estonia)
If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =
{spokesperson of the employees' side within the Töökeskkonna nõukogu}
If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =
{ Töökeskkonna volinik within the Töökeskkonna nõukogu}
If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =
{ Töökeskkonna volinik}

EL (Greece)
If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =
{spokesperson of the employees' side within the Επιτροπή υγιεινής και ασφάλειας}
If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =
{εκπρόσωποι υγιεινής και ασφάλειας within the Επιτροπή υγιεινής και ασφάλειας }
If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =
{εκπρόσωποι υγιεινής και ασφάλειας}

ES (Spain)
If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =
{spokesperson of the employees' side within the Comité de seguridad y salud}
If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =
{delegado de prevención representado en el Comité de seguridad y salud}
If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =
{delegado de prevención}

FI (Finland)
If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =
{spokesperson of the employees' side within the Työsuojelutoimikunta}
If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =
{Työsuojeluvaltuutettu within the Työsuojelutoimikunta}
If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =
{Työsuojeluvaltuutettu}

FR (France)
If ER_resp_01: **<txt_ER001b>** and **<txt_ER003>** =
{le sécretaire du CHSCT (= comité d'hygiène, de sécurité et des conditions de travail)}
If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =
{Délégué du personnel chargé de d'hygiène, de sécurité et des conditions de travail}

HR (Croatia)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Odbor za zaštitu na radu}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ povjerenik radnika za zaštitu na radu within the Odbor za zaštitu na radu}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ povjerenik radnika za zaštitu na radu}

HU (Hungary)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Munkavédelmi bizottság}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ Munkavédelmi képviselő within the Munkavédelmi bizottság}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ Munkavédelmi képviselő}

IE (Ireland)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Safety committee}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ Safety representative within the Safety committee}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{Safety representative}

IT (Italy)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Comitato per la salute e la Sicurezza}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{rappresentante del lavoratori per la sicurezza (RLS) within the Comitato per la salute e la Sicurezza}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{rappresentante del lavoratori per la sicurezza (RLS)}

LT (Lithuania)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Darbuotojų saugos ir sveikatos komitetas}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ Darbuotojų atstovas saugai ir sveikatai within the Darbuotojų saugos ir sveikatos komitetas}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ Darbuotojų atstovas saugai ir sveikatai}

LU (Luxembourg)

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{Délégué à la sécurité}

LV (Latvia)

If ER_resp_01: **<txt_ER001b>** and **<txt_ER003>** =

{Galvenā uzticības persona}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ Uzticības persona }

MT (Malta)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Kumitat tas-saħħa u s-sigurta` fuq il-post tax-xogħol}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ Rappreżentanti tas-saħħa u s-sigurta` fuq il-post tax-xogħol within the Kumitat tas-saħħa u s-sigurta` fuq il-post tax-xogħol}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ Rappreżentanti tas-saħħa u s-sigurta` fuq il-post tax-xogħol}

NL (Netherlands)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Commissie voor Veiligheid, Gezondheid en Welzjin (VGW Commissie)}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{Personeelsvertegenwoordiger or member of the onderneemingsrad within the Commissie voor Veiligheid, Gezondheid en Welzjin (VGW Commissie)}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{Personeelsvertegenwoordiger or member of the onderneemingsrad in charge of safety and health}

NO (Norway)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Arbeidsmiljøutvalg (AMU)}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ Verneombud within the Arbeidsmiljøutvalg (AMU)}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ Verneombud}

PT (Portugal)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Comités de segurança e de saúde}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ Representantes em matéria de segurança e saúde within the Comités de segurança e de saúde}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ Representantes em matéria de segurança e saúde}

PL (Poland)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Komisja BHP}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{Społeczny inspektor pracy within the Komisja BHP

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{Społeczny inspektor pracy}

RO (Romania)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Comitete pentru securitate şi sănătate în muncă}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ Reprezentanți pentru securitate şi sănătate în muncă within the Comitete pentru securitate şi sănătate în muncă}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ Reprezentanți pentru securitate şi sănătate în muncă}

SE (Sweden)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Arbetsmiljökommittée}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ Skyddsombud within the Arbetsmiljökommittée}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ Skyddsombud}

TR (Turkey)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the iş sağlığı ve güvenliği kurulu }

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{Sağlık ve güvenlik işçi temsilcisi within the iş sağlığı ve güvenliği kurulu }

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{Sağlık ve güvenlik işçi temsilcisi}

SI (Slovenia)

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{Delavski zaupnik za varnost in zdravje pri delu}

SK (Slovakia)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

{spokesperson of the employees' side within the Komisia bezpečnosti a ochrany zdravia}

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

{ Zástupca pre bezpečnost a ochranu zdravia within the Komisia bezpečnosti a ochrany zdravia}

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

{ Zástupca pre bezpečnost a ochranu zdravia}

TR (Turkey)

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

UK

If ER_resp_02: **<txt_ER001b>** and **<txt_ER003>** =

<spokesperson of the employees' side within the Health and safety committee >

If ER_resp_03: **<txt_ER001b>** and **<txt_ER003>** =

< Safety and health representative within the Health and safety committee >

If ER_resp_08: **<txt_ER001b>** and **<txt_ER003>** =

< Safety and health representative >

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