



Eurofound

# Industrial relations practices related to psychosocial constraints at work in the steel sector



When citing this report, please use the following wording:

Eurofound (2014), *Industrial relations practices related to psychosocial constraints at work in the steel sector*, Dublin.

**Authors:** Michel Agostini, Didier Bauchiére, Philippe Beaufort, Elodie Montreuil, Liesbeth Van Crieckingen and Jörg Weingarten

**Research manager:** Peter Kerckhofs

**Research project:** Industrial relations practices related to psychosocial constraints at work in the steel sector (0282)

## Contents

Executive summary	1
Introduction	3
1. Social dialogue on psychosocial constraints at work	7
2. Comparative analysis: practices to prevent psychosocial constraints at work	15
3. Approaches towards preventing psychosocial constraints at work	23
Bibliography	29
Annexes	33



# Executive summary

## Introduction

This report looks at industrial relations practices regarding health and safety strategies in the European steel sector. The findings are based on desk research and a comparative analysis of company practices in three company case studies: ArcelorMittal in France, Rautaruukki in Finland and Salzgitter AG in Germany. The report offers a transversal analysis, examining the main findings on the role of social dialogue and company practices regarding prevention while also highlighting some specific company and sectoral features triggering psychosocial risks and their prevention. Each of the three case studies presents the company's strategies for assessing and preventing psychosocial issues at work and examines the involvement of the workers or workers' representatives. Two of the three case studies concern company pilot sites involved in addressing psychosocial constraints at work.

## Policy context

The European legal framework on occupational risks provides common principles for the EU Member States regarding measures to be taken to ensure a healthy and safe working environment in steel companies. The EU Framework Directive on health and safety at work (89/391/EEC) stipulates the responsibility of employers to provide a healthy and safe working environment – including psychosocial aspects – and the need to organise information, participation and consultation of workers on these issues. Nevertheless, the transposition of these principles into the national structures remains varied. As there are various forms of industrial relations within Europe, this variety is also reflected in the existing models of legal representative bodies on occupational safety and health – health and safety representatives, health and safety committees or combinations of these. The organisation of workers' participation on occupational safety and health through representative bodies is influenced by the national context (for example, the legal framework, history, political climate) and the social dialogue culture (for instance, cooperation in Finland, co-administration in Germany, a more formal approach in France). Differences regarding the legal occupational safety and health representative bodies are prevalent in each of the three national contexts – in terms of the denomination, role and composition of the bodies, or the form of interaction between employers' and workers' representatives.

## Key findings

While the three companies studied operate in different contexts (global, European, national, local), all are confronted with the issue of psychosocial constraints at work. While different terms may be used to refer to psychosocial issues at work (such as stress, mental health, well-being), they are commonly understood as being not only detrimental to the health of workers, but as also having an economic impact on employers and civil society. All three companies use specific (internal or external) tools for assessing and evaluating the multiplicity of psychosocial risks at work. In doing so, they all go beyond the legal requirements in their country. While the initiation of such a psychosocial risk assessment and the subsequent compilation of prevention measures takes place in a wide variety of contexts (for example, on the initiative of management, in the light of demographic change, following restructuring), tackling these aspects is part of the companies' general policy and is supported by management. Hence, the negative impacts of psychosocial problems arising at the workplace are acknowledged on both levels: the level of economic performance (productivity) and human capital.

Each of the three companies has developed specific actions to deal with, reduce or prevent the incidence and negative impact of psychosocial constraints on both workers and the company. Real investments are being made to implement awareness-raising programmes, train managers and prevent detrimental outcomes. In doing so, the companies aim to involve all workers, especially management, in addressing this issue. Finding a coherent interaction between the three different levels of prevention (primary, secondary and tertiary) can influence the effectiveness of prevention strategies.

Moreover, encouraging people to talk about their problems at work, especially psychosocial problems, is a key element in tackling the issue within the entire organisation. The research finds that achieving such a culture of free speech on

psychosocial constraints is one of the main challenges for the sector. For the professionals involved in training and prevention programmes, triggering a collective behavioural change and involving all stakeholders within the organisation constitute ongoing challenges.

Despite the diversity of preventive measures developed within the companies, some common features can be highlighted. The first of these is the central place occupied by health in prevention policies. Another feature is the fact that the preventive measures largely deal with remedial aspects and coping mechanisms. Nowadays, preventive measures – albeit to a lesser extent – also try to deal with the sources of psychosocial symptoms within the organisation: for example, by integrating ergonomic principles in workplace design or by anticipating the impact of organisational modifications. The use of risk assessment tools such as questionnaires and interviews to identify and evaluate risk factors are also a shared practice, as are indicators such as the absenteeism rate and the occurrence of musculoskeletal disorders (MSDs).

Similarly, the companies have in common the aim of involving workers or workers' representatives in the process and of utilising the structures of formal social dialogue bodies. The composition of joint employer–employee bodies on health and safety and working conditions makes them the statutory meeting and discussion forum for all stakeholders involved in the prevention of psychosocial hazards at work. These bodies play a pivotal role in discussing and assessing situations, working out solutions and monitoring their implementation. Furthermore, dedicated groups – either permanent or specific to a project or time period – are also a useful vehicle for ensuring a consistent approach and monitoring of the actions. The existence of additional social dialogue structures, both formal and informal, such as working groups and steering committees, offers a place for increased exchange of views between workers and their employer. In pursuing these channels, the case study companies underline the positive effect of workers' direct participation in managing health and safety, and in tackling psychosocial risks in particular.

### Policy pointers

In endeavouring to enhance further social dialogue on the topic of psychosocial constraints at work in the European steel sector, the case studies put forward some elements that might facilitate this effort. The case studies demonstrate that, despite the various actions already put in place, there is no one-size-fits-all solution for preventing these issues arising. Hence, key points of leverage include the search for the most optimal measures in accordance with the specificities of working conditions in the steel sector and the important role of sectoral social dialogue in addressing the issue in the long term. Fostering a shared understanding of psychosocial constraints at work – and the terminology involved – is a first step. The next step is to identify sector-specific causes – such as the heavy nature of steel production work, the characteristics of the workforce (male, older age profile), environmental concerns, the rise in technological innovations and the considerable restructuring of the European steel industry. Monitoring the impact of these factors on the work floor can improve the sectoral discussion and reflection on prevention practices. In this way, all the key prevention players at European, national or local levels – including company management, formal and informal occupational safety and health services and workers' representatives – can help to prevent psychosocial constraints at work at all levels. Such efforts can bolster the ongoing improvements to the two fundamental work-related areas which constitute two sides of the same coin: health and performance.

## Project overview

In establishing the sectoral social dialogue committee in 2006, the European Steel Association (Eurofer) and IndustriAll Global Union – both of which are Eurofound stakeholders – have contributed to improving the viability and perspectives of the European steel sector. Over the years, they have developed joint positions on employment as well as on health and safety issues. In addition, they have begun to analyse and discuss the situation and outlook for the competitiveness of the European steel industry. Moreover, the committee monitors the social, economic and employment consequences of EU policies in the steel sector. Both social partners consider it necessary to pursue this dialogue in order to bring about improvements in the industry and for its employees.

In initiating this joint task, entitled ‘Industrial relations practices related to psychosocial constraints at work in the steel sector – an analysis of three case studies’, the European social partners aim to contribute to the activities of the health and safety working group of the steel sectoral social dialogue committee. The main objective is to foster social dialogue and joint action. The activity should also facilitate a shared understanding of industrial relation practices related to psychosocial aspects at work in the steel sector.

This project is managed and financed by the tripartite European Foundation for the Improvement of Living and Working Conditions (Eurofound), an EU agency providing expertise on living and working conditions, industrial relations and managing change ([www.eurofound.europa.eu](http://www.eurofound.europa.eu)). According to Eurofound’s four-year work programme 2013–2016, social dialogue is an essential element of the European Social Model, enshrined in the Treaty of the Functioning European Union (TFEU). It has frequently played a constructive role in finding new and fair solutions and is key to addressing current and future challenges for companies and workers. With this study, Eurofound aims to contribute to the activities of the health and safety working group of the steel sector social dialogue committee. Hence, the focus of this project on industrial relations practices regarding health and safety strategies developed by the social partners will be to identify and describe steel company practices designed to reduce psychosocial risks in workplaces in the sector.

Dealing with the problem of psychosocial risks at the workplace, which includes the issue of work-related stress, has benefits for both employers and workers in the steel sector. Psychosocial risks are already (either directly or indirectly) a matter of legal and contractual activities at European level. Set against this background, the project will provide useful information to attain a shared understanding of both the issues involved and future joint actions in the steel sector.

Following agreement on the scope of this project between Eurofound, Eurofer and IndustriAll, a call for tender was launched. This process led to Consultingeuropa, a Brussels-based consortium, being contracted to provide assistance in conducting this project. Established in 2011, Consultingeuropa is an alliance of three companies:

- Project Consult GmbH (PCG) – a German labour-orientated consultancy;
- Groupe Alpha – a French consulting company, whose subsidiary SECAFI Changement Travail Santé (CTS) specialises in social dialogue, organisational reviews, occupational safety and health, and working conditions;
- GITP – a Dutch human resource (HR) consulting company, which joined this alliance early in 2013, strengthening the initiative’s transnational approach.

## Methodology

The project’s objectives were attained through the drafting of an overview report based on individual case studies in three European steel companies, supplemented by feedback from Eurofound. Table 1 presents summaries of each case study company.

Table 1: Profile of case study companies

Case study	
<b>ArcelorMittal</b> (France)	Created in 2006 following the merger of two major players in global steel, the ArcelorMittal group holds a leading position in all its principal markets. The French Montataire site was selected for this project. During the last 30 years, the site went through extensive restructuring and the number of employees fell from 4,000 to approximately 850 today. The site is considered a model for researching initiatives and developing occupational health programmes that can afterwards be extended to the national level.
<b>Rautaruukki</b> (Finland)	Rautaruukki Corporation (Ruuki) has around 9,000 employees worldwide and an extensive distribution and dealer network across 30 countries. For this project, the Finnish plant of Hämeenlinna Works has been selected. The plant has been in operation for over 40 years, with around 920 employees. Since the 1970s, the company has been taking into account its employees' well-being. The Ruukki site selected is not, like those of the other companies, a pilot site.
<b>Salzgitter AG</b> (Germany)	Today the Salzgitter Group ranks among Europe's leading steel corporations, comprising more than 200 subsidiaries and affiliated companies all over the world. The Salzgitter Service and Technik GmbH is presented as a pilot company within Salzgitter AG regarding a preventive approach to mental stress at the workplace.

A consolidated approach covering a whole continent, country or even sector is complex in the light of classic definition and methodological difficulties. The chosen methodology and level of analysis for this project are subject to some constraints. The overview report and the three case studies aim to provide an initial synopsis of the topic, making it easier to:

- understand better the industrial relations context in the various countries;
- understand the topic of psychosocial risks and identify existing practices in the panel of companies;
- exchange experiences and raise awareness among the different stakeholders;
- initiate possible further research and joint actions at sectoral level.

From January to September 2013, the project team of Consultingeuropa looked at the industrial relations and HR aspects of health and safety issues at the workplace in the steel sector. As part of this exercise, desk research was conducted on industrial relations on health and safety at work and working conditions. Similarly, research was carried out on sector-specific aspects, especially on working conditions and psychosocial risk factors at work. Interviews were also organised over two days at each of the three partner companies. Interviewees were selected jointly by the social partners and represented different relevant actors – including management, employee representatives, medical staff and workers. The main aim of these interviews (individual and collective) was to discuss the practices of the respective companies for ensuring a sustainable working environment, and to identify the role of social dialogue. Consultingeuropa's ethical guidelines guaranteed absolute confidentiality for the information gathered in the scope of this project.

The project's scope of action and the identification of steel sector practices were determined by the resources described above. This meant that it was not possible to cover the whole range of different occupations comprehensively within the company and national situations. Identification work was thus based mainly on the series of interviews conducted in the three participating steel companies.

The draft case study reports were discussed at a meeting in June 2013, with representatives from management and employee representatives of the three companies involved. The authors have updated the case study reports accordingly and provided final versions in September 2013. These case studies were drafted in connection to this overview report and are available on demand from Eurofound.

## Case study interviews

Interview guidelines were developed with a view to introducing a common focus and to facilitating the pooling of information and discussion outcomes. The interviews and their respective guidelines can be classified according to three types (in line with the variety of actors met):

- one for management and employee representatives in the field of occupational safety and health (OSH) and working conditions – the questions sought to examine the understanding of psychosocial risks and industrial relations regarding OSH and prevention practices;
- one for workers and local management – the objective here was to focus on the work activity and to identify the main psychosocial factors in the working environment;
- one for medical staff – the role of the medical service and its interaction with other actors in the company, along with practices and tools were discussed during this interview.

Details concerning the interviews at the company’s selected site are outlined in Table 2 below.

Table 2: *Details of case study interviews*

Company	Interviewees	Date of interview
<b>ArcelorMittal</b> (France)	Interviews with the medical coordinator and occupational doctor, the site director, the HR director, six employee representatives for health and safety at work and working conditions, six factory workers, the safety manager and nine mid-level managers.	25–26 March 2013 Montataire (pilot site)
<b>Rautaruukki</b> (Finland)	Interviews with the HR director, the head of health and safety, two members of the medical staff, four employee representatives for health and safety at work and working conditions, a panel of workers and a panel of middle managers.	18–19 March 2013 Hämeenlinna site (not pilot site)
<b>Salzgitter AG</b> (Germany)	Interviews with the HR director, the head of the occupational health division, a representative of the occupational health and re-entry services, two works council representatives, six workers and six middle managers.	19–20 March 2013 Salzgitter (pilot site)



# Social dialogue on psychosocial constraints at work 1

## Occupational risk prevention and industrial relations at European level

The Health and Safety at Work Framework Council Directive 89/391, adopted in 1989, requires all Member States to ensure that employees are informed and consulted about health and safety matters at the workplace, allowing them to monitor these issues and make proposals for improvements and changes. This consultation can be conducted with employee representatives rather than with the employees themselves. The Directive specifies that these representatives must have the appropriate rights and safeguards (Fulton, 2013).

In the field of occupational safety and health (OSH), European employers are all subject to the same requirements vis à vis European-level standards (in particular the EU Framework Directive 89/391/CEE<sup>1</sup>). They are also subject to, with the exception of specific provisions, their respective transpositions into national legislation. The aims of this Framework Directive are to: introduce prevention approaches in terms of objectives and methods, with a view to adapting work to humans rather than vice-versa; give priority to primary prevention; develop risk assessment as a basis for prevention plans; and discuss such subjects within employee representation bodies (Rouilleault and Rochefort, 2005). Regarding this last aspect, the Directive clearly indicates that the employer needs to inform and consult workers or their representatives and allow them to take part in discussions on all questions relating to safety and health at work (Article 11). The textboxes below give an overview of the main obligations of employers and the rights of workers, or worker representatives, provided for under the Framework Directive.

### Box 1: Obligations of employers

- The employer has a duty to ensure the safety and health of workers in every aspect related to their work. The workers' obligations in the field of safety and health at work do not affect this principle of employer responsibility.
- The employer shall implement the measures necessary for the safety and health protection of workers. This includes the prevention of occupational risks and the provision of information and training, as well as the necessary organisation and means, on the basis of the following general principles of prevention:
  - a) avoiding risks;
  - b) evaluating the risks which cannot be avoided;
  - c) combating the risks at source;
  - d) adapting the work to the individual, especially in the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view in particular to alleviating monotonous work and work at a predetermined work-rate and to reducing their effects on health;
  - e) adapting to technical progress;
  - f) replacing dangerous conditions by safe or less dangerous conditions;

<sup>1</sup> For the full text of the Directive and its amendments, see the European legislation website on: [www.eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:01989L0391-20081211:EN:NOT](http://www.eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:01989L0391-20081211:EN:NOT)

- g) developing a coherent overall prevention policy that covers technology, organisation of work, working conditions, social relationships and the influence of factors related to the working environment;
- h) giving collective protective measures priority over individual protective measures;
- i) giving appropriate instructions to workers.
- The employer shall:
  - be in possession of an assessment of the risks to safety and health at work, including those facing groups of workers exposed to particular risks;
  - decide on the protective measures to be taken and, if necessary, the protective equipment to be used;
  - keep a list of occupational accidents resulting in a worker being unfit for work for more than three working days;
  - draw up, for the responsible authorities and under national laws and/or practices, reports on occupational accidents suffered by the workers.

#### **Box 2: Rights of workers and worker representatives**

- Employers shall consult workers and/or their representatives and allow them to take part in discussions on all questions relating to safety and health at work. This presupposes:
  - the right of workers and/or their representatives to make proposals;
  - balanced participation in accordance with national laws and/or practices;
  - the consultation of workers.
- Workers or workers' representatives with specific responsibility for the safety and health of workers shall take part in a balanced way, under national laws and/or practices, or shall be consulted in advance and in good time by the employer with regard to:
  - any measure that may substantially affect safety and health;
  - the designation of workers to carry out activities related to the protection of safety and health and prevention of occupational risks;
  - information regarding the assessment of risks to safety and health at work, protective measures and occupational accidents;
  - the enlistment, where appropriate, of competent external services or people;
  - the planning and organisation of training.
- Workers' representatives with a specific role in protecting the safety and health of workers shall be entitled to the appropriate training.

Source: *EU Framework Directive 89/391/CEE*

Under this European legislative framework, an employer is obliged to provide staff with a healthy and safe environment and corresponding working conditions. Workers must be protected against occupational risks associated with occupational safety and health and working conditions. ‘As a result, legally speaking, work-related stress and psychosocial risks in general are included in the scope of employers’ duties in line with other occupational risks’ (Teissier, 2010).

The 2012 ‘European Survey of Enterprises on New and Emerging Risks’ (ESENER), published by the European Agency for Safety and Health at Work (EU-OSHA), shows that the obligations created by the Framework Directive and its national transposition (for example, for risk assessment and prevention, for workers’ participation) remain one of the major drivers (if not the main one) for corporate managers to introduce prevention policies (EU-OSHA 2012a and 2012b).

Nevertheless, the general terms of the EU provisions permit Member States some discretion in the implementation of the Framework Directive’s objectives. Across Europe, the transposition of the Directive’s principles has brought to the fore national differences in the organisation of workers’ participation in health and safety at work and working conditions (for a complete overview of these differences, see, for example, Agostini and Van Crielingen, 2013).

A survey of workers’ information, consultation and participation regarding health and safety at work and working conditions in all EU Member States can be done through various forms. In general, two main forms of industrial relations can be identified (Agostini and Van Crielingen, 2013):

- Single channel industrial relations is when the trade union is the only way for workers’ representation and collective bargaining (this is the case, for example, in Estonia, Ireland, Latvia, Sweden and the UK). Representatives are elected by workers or appointed by trade unions.
- Dual channel trade union representation comprises representation by unions and by an elected council. In general, this can take one of two forms (their power of intervention may also differ): councils composed exclusively of workers’ representatives (as in Austria, Germany and the Netherlands); or councils integrating employers’ representatives (as in Belgium, Denmark, France and Norway).

Regarding the organisation of workers’ representation on health and safety at work and working conditions, the national systems are embedded in the countries’ tradition of industrial relations – although they can differentiate from it by developing adaptive measures. Here also, two main forms can be identified:

- Health and safety representatives – the representatives are elected by the workers or appointed by trade unions, and they represent workers on health and safety at work issues.
- Specialised committees on health and safety – in general, these committees are composed of workers’ representatives and specialised services within the company and the employer. Across countries and sectors, they vary in their composition, appointment processes, intervention capacity and functioning.

In most countries (such as Finland, Spain and Sweden), the most common structure is a combination of the two forms: employee health and safety representatives with their own powers and a joint employee/employer committee. In other countries, there may be only joint committees (for example, Belgium and France) or only employee representatives (for example, Italy and the UK); elsewhere, the existing works council plays a key role (for example, Germany and the Netherlands).

What differentiates the national situations are the more or less detailed and restrictive character of the legislation and the room left for collective agreements. These reflect national developments on the topic of occupational risks and the general national structures of employee representation. Other differentiating factors among countries include the threshold in place for setting up workers' representation on occupational risks, the election or designation processes, the allocated means of intervention and the role of the trade unions.

The effectiveness of the law mainly depends on its means of application. For example, an efficient approach requires the engagement of management and trade unions on health and safety issues, the existence of operational governmental organisations and the implementation of labour inspections with controlling power and sanctions (Agostini and Van Criekingen, 2013). Considering the EU's history and scope, the approaches across countries are varied and result in differing national situations regarding social dialogue, trade union traditions, sectors and types of activity.

### Legal framework for occupational risks and workers' representation

The following boxes illustrate the differences and similarities as described above by outlining the main characteristics of the national structures on occupational risks and workers' information, participation and consultation in each of the case study countries.

#### Box 3: OSH in Finland

- Employers have a statutory duty to ensure safety and health at work. The employer is responsible for occupational safety and health at the workplace and for the costs incurred by improvements in the working environment. Occupational safety and health inspectorates monitor compliance with occupational safety and health legislation.
- According to the Occupational Health and Safety Act, the employer must nominate an OSH manager for cooperation on occupational safety and health or take the position himself/herself. OSH administration, occupational healthcare services and other expert services support workplaces in ensuring that work is safe and healthy.
- In workplaces with at least 10 employees, the employees are entitled to choose one health and safety representative (*työsuojeluvaltuutettu*) and two deputies to represent them in dealings with the employer and to maintain contact with the health and safety authorities. Non-manual staff can also decide to choose a safety representative and two deputies.
- Where there are at least 20 employees in the workplace, an occupational health and safety committee (*työsuojelutoimikunta*) should be set up. This is a joint body, although employee representatives are in a majority since its composition gives 50% of seats to representatives of blue-collar workers, 25% to representatives of white-collar workers and 25% to representatives of the employer.
- The legislation lists a number of issues that should be handled through cooperation between the employer and the employees. These include:
  - the investigation of risks and hazards at the workplace, and the results of surveys carried out by an occupational healthcare organisation;
  - workplace health promotion programmes;
  - matters relating to the organisation of work or workload;
  - training, guidance and induction on health and safety legislation;
  - statistics on the work environment and state of the workforce.

#### Box 4: OSH in France

- According to the Labour Code, the employer must comply with health and safety standards and regulations or be held criminally liable for any infringements.
- Occupational risks should be assessed by the employer and this assessment should be registered in a single written document (*document unique d'évaluation des risques professionnels*) that is accessible to workers' representatives. The document should be updated yearly.
- The Committee on Health, Safety and Working Conditions (*Comité d'Hygiène, Sécurité et Conditions de Travail*, CHSCT) is a separate committee that deals with health and safety issues. Created at every establishment with at least 50 employees, the mission of the CHSCT is to help protect the health and safety of employees and to improve working conditions. It is composed of the general manager of the establishment, the committee's chairperson and a staff delegation, one member of which is appointed as secretary. The number of staff representatives depends on the size of the workforce at the establishment. The CHSCT has access to certain resources to fulfil its mission:
  - the right to conduct research on occupational risks (for example, analysis of psychosocial risks) – this should be voted on by the health and safety committee and conducted by the committee members;
  - the right to initiate an 'alarm procedure' (*droit d'alerte*) in the case of imminent and significant danger – this procedure gives rise to a joint assessment by the health and safety committee and the company management;
  - the right to request external expertise.
- If there is no CHSCT, employee delegates fulfil the roles that would otherwise be entrusted to the committee.
- The works council (*comité d'entreprise*) may receive support from the CHSCT when it is consulted on matters pertaining to working conditions.
- Companies with more than 1,000 employees must sign an agreement with the trade unions on the issue of work-related stress.

#### Box 5: OSH in Germany

- The Health and Safety at Work Act requires employers to adopt the necessary occupational safety and health measures, taking account of any circumstances affecting the safety and health of employees in the workplace.
- Employers have been required by law to take advice on OSH-related matters from company doctors and occupational safety delegates.
- In undertakings with 20 or more employees, appointed safety delegates (specialists) must assist the employer in the prevention of accidents at work and ensure the effective implementation of statutory and regulatory health and safety provisions. These safety delegates have responsibility for monitoring OSH in their company unit or department and for supporting employers in fulfilling their OSH obligations.
- Employers also have a duty to provide their employees with statutory accident and health insurance cover.
- The works council (*Betriebsrat*), which can be set up in workplaces with five or more employees, has an important role in health and safety issues. The works council has:
  - a general responsibility to try to ensure that the health and safety provisions and accident prevention measures are observed, also to support the appropriate health and safety authorities and other bodies in their efforts to eliminate hazards by offering suggestions, advice and information;

- the right to participate in health and safety inspections and to be given details of any instructions issued by the appropriate authorities.
- The company doctor and health and safety delegates must inform the works council of any significant developments in the area of health and safety, and of any proposals they intend to make to the employer.
- In addition, in workplaces with 20 or more employees, a health and safety committee (*Arbeitsschutzausschuss*) should be set up. This is a joint employer/employee body, which includes two members of the works council. The health and safety committee should be informed and consulted on health and safety and accident prevention issues. It provides a forum in which measures to improve workplace health and safety can be developed.
- There are also individual employees with health and safety tasks (*Sicherheitsbeauftragte*) who are also members of the health and safety committee.

According to the German Occupational Safety and Health Act (*Arbeitsschutzgesetz § 5*), the employer is obliged to carry out a risk and strain assessment for every workplace and to analyse all factors (such as ergonomic, chemical or psychosocial ones) that could affect the workplace and working conditions. This analysis has to be documented and measures have to be implemented to reduce the negative impact of possible causes of risk and strain. Members of the assessment team should comprise experts on health and safety, and representatives of the management as well as of the employees (works council). Once a year – and/or after changes at the workplace (new technology or different workflow) and accidents or illness due to workplace conditions have occurred – the assessment has to be repeated. This law was implemented in 1996 and is far more beneficial than earlier regulations.

Sources: *Agostini and Van Criekingem (2013); Fulton (2013)*

### Role of social dialogue in company policies on psychosocial constraints

Another important finding of the latest ESENER study (EU-OSHA, 2012b) is the fact that employee representation bodies in the field of OSH appear to be key drivers in addressing health and safety at work and working conditions. With regard to psychosocial occupational risks management, the ESENER study points to a positive effect arising from workers' formal and direct participation in the management of health and safety and psychosocial risks. Participation can be beneficial in providing information to employees, encouraging workers to participate in the implementation and evaluation of measures, and fostering consultation on measures to deal with psychosocial risks.

The vigilance of workers and/or their representatives regarding occupational health and safety issues is, whatever the size of the company, an important factor for promoting action:

*Management commitment is associated with having a health and safety policy, as is having worker representation (especially if it is specific to health and safety). However, the effect is greatest where high management commitment is combined with both forms of worker representation. [...] Similarly, on the prevalence of measures to deal with psychosocial risks, the combination of high management commitment together with worker representation (especially if it is specific to health and safety) is strongly associated with better management of stress, violence and harassment.*

(Irastorza, 2013)

The importance of addressing health and safety at work and working conditions, especially psychosocial aspects, through social dialogue is not to be underestimated. The main levers for action in terms of psychosocial risks are to be found within a company: in how work is done and in industrial relations. This puts the focus on the conditions of employment, as well as organisational and relational factors, in terms of their possible effects on health. Consequently,

integrating the issue within the social dialogue system of the company allows for coherence in collectively assessing the various aspects of this, and facilitates the participation of workers and their representatives in the long term.

At European level, two agreements have been concluded between the European social partners and are due to be transposed in the EU Member States: one on work-related stress (October 2004), and the other on harassment and violence at work (April 2007). Although a good prevention policy can guarantee standards over and above legal obligations, these texts can be helpful for introducing joint initiatives at a number of different levels:

- National level – examples include the cross-industry agreement concluded in France in 2008 on work-related stress, followed by an agreement on harassment and violence in 2010.
- Sector level – for example, in 2008, joint recommendations on occupational stress were published by the trade union UNI Europe and the Confederation of European Security Services (CoESS), following a questionnaire-based survey among their members.
- Company level – for example, at group level, ArcelorMittal France signed a stress prevention agreement with the labour organisations in 2010, outlining the mechanisms for preventing psychosocial risks. Similarly, in 2012, the steel multinational ThyssenKrupp and representatives of the trade union IndustriAll Europe signed an agreement on health and safety for the company's elevator division, ThyssenKrupp Elevator. The agreement promotes, among other things, the importance of improving working conditions through measures to prevent and reduce stress and psychological pressures (Eurofound, 2013b).



# Comparative analysis: practices to prevent psychosocial constraints at work 2

This chapter gives an overview of the social dialogue and prevention measures found in the three case study companies. First, a detailed table presents the main company-specific elements. Second, a transversal analysis highlights some of the differences and similarities identified.

Table 3 presents a detailed overview of:

- the company-level approach based on the national legal frameworks in the three case-study companies;
- the company initiatives regarding the assessment and prevention of psychosocial constraints at work. The main determinants reflect the industrial relations' models within the different countries. Each country has its own system rooted within its specific culture and organised in normative frameworks in compliance with the national model.

Table 3: *Social dialogue and prevention measures of case study companies*

Rautaruukki, Finland	Salzgitter, Germany	ArcelorMittal, France
<b>Social dialogue culture</b>		
Many problems are resolved through discussion – whether between the employer and the employee directly, or between the employer and the employee representatives. Although the employer retains the decision-making authority, it seems that, in general, no decisions are made unless the workers' delegates agree. This acknowledged cooperation and ease of discussion appears to be a facilitating element.	The culture of co-administration provides the works council with a central role in assessing and evaluating health and safety at work and working conditions, and in implementing an action plan.	Social dialogue is more formal and institutionalised, based on the legal obligations of the employer (for example, the single document on occupational risks) and the rights of workers' representative bodies – such as the information and consultation rights of the joint health and safety committee.
<b>Representative legal bodies</b>		
<ul style="list-style-type: none"> <li>• Representation of workers is conducted through blue-collar and white-collar safety delegates. There are approximately 10 to 12 blue-collar delegates at the Hämmeenlinna site, one of whom holds the position full time. There are also four white-collar delegates, none of whom works full time in the role. These employees are allocated hours to fulfil their duties.</li> <li>• The health and safety committee – composed of employer representatives, elected workers and safety delegates – focuses on the monitoring of indicators and the evaluation of actions.</li> <li>• The department work safety committee includes the department manager and the elected employees. It reviews indicators and statistics, but is more practical and fieldwork oriented, with responsibility for identifying and determining the actions to be implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• The works council is the main body of representation on health and safety.</li> <li>• The health and safety committee is composed of occupational health representatives, safety officers, works council and HR officers from diverse companies within Salzgitter AG.</li> <li>• Works council members also take part in a cross-sector working group of the trade union IG Metall.</li> </ul>	<ul style="list-style-type: none"> <li>• The health and safety committee (the CHSCT) is the representative body on health and safety. This joint committee is involved in the identification, assessment and monitoring of health and safety and working conditions.</li> <li>• A joint agreement on work-related stress has been signed with the five trade unions represented in the company. This agreement pertains to all of the group's companies in France for a period of three years. It specifies the mechanisms put in place to take action to prevent psychosocial risks at the group level.</li> </ul>
<b>Other representative bodies or initiatives</b>		
<ul style="list-style-type: none"> <li>• Individual and group interviews are held.</li> <li>• Several committees are in place for identifying and implementing action plans: <ul style="list-style-type: none"> <li>• the safety management team committee – this is unique in Hämmeenlinna and resulted from the 2008 survey. It is a decision-making body that determines which actions should be taken. The committee is more of an operational body, defining action plans and managing implementation. It includes the company's entire management team and its safety officers.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Working groups, composed of representatives of the management, works council and other specified persons, are created for each analytical core field of the survey.</li> <li>• The working group creates a priority list to help analyse the workplaces most likely to pose problems (for example, those dealing with technical control issues and high mental demands). They then evaluate the lower stressed workplaces.</li> </ul>	<ul style="list-style-type: none"> <li>• A steering committee is in place for each of the group's industrial entities.</li> <li>• There is also a surveillance group for each site.</li> <li>• The results of questionnaire findings are presented to each of the committees in the following order: the CHSCT, the steering committee and the surveillance group.</li> </ul>

Rautaruukki, Finland	Salzgitter, Germany	ArcelorMittal, France
<b>Other representative bodies or initiatives (cont'd)</b>		
<ul style="list-style-type: none"> <li>development teams (five) – these teams work on specific projects, including well-being at work and submitting proposals to the safety management team committee for validation. Each team has five to eight members, one of whom is the plant manager. The team also has two people representing white-collar workers and three to five people representing blue-collar workers. They are all volunteers and the group is directed by an employee.</li> <li>On Mondays (at plant level), a one-hour meeting is held with the personnel representatives and managers to review all of the company's performance indicators for the past week.</li> </ul>		
<b>Terminology, concepts and company background</b>		
<ul style="list-style-type: none"> <li>The company promotes a culture that focuses on well-being at work, with great emphasis on safety.</li> <li>Psychosocial risks are included in the general considerations about safety and well-being at work.</li> <li>The company's decision to take wellness into consideration originated from the managers' awareness of these issues as early as the 1970s.</li> </ul>	<ul style="list-style-type: none"> <li>Terminology: mental strain, psychosocial stress</li> <li>The OSH approach for evaluating psychosocial stress builds on the job demand–job control model of Karasek (see pp 18 and 20).</li> <li>The demographic challenges are an important element of the OSH approach, as are the financial implications related to absenteeism.</li> <li>Anticipating the expected consequences of demographic change for the company (such as longer professional careers, different skills, ages and cultural diversities) is a key driver for OSH policy.</li> </ul>	<ul style="list-style-type: none"> <li>Terminology: psychosocial aspects, stress, well-being</li> <li>The idea is that 'profits and health are two sides of the same coin'.</li> <li>The visited site underwent intensive restructuring over the years.</li> <li>The attention of national administrative services to psychosocial risks at work has fostered a public awareness and a series of legal obligations.</li> <li>The company has undergone different structural changes (downsizing, merger), which have affected employees.</li> </ul>
<b>Place of prevention policy within the company's strategy</b>		
<ul style="list-style-type: none"> <li>The approach taken is directed by group management, then adapted locally and implemented at site level.</li> <li>The approach is part of the organisation's sustainability policy and linked to core values (responsibility, togetherness, facing challenges).</li> </ul>	<ul style="list-style-type: none"> <li>The company group Salzgitter Service and Technik GmbH has a pilot function within the group concerning the preventive handling of mental stress at the workplace; the occupational health management function is also located there. Findings and progress on OSH are communicated subsequently to other companies within the Salzgitter group.</li> <li>The four driving forces behind the OSH approach are: 1) the labour director; 2) the head of the OSH division; 3) the works council; and 4) the Universities of Heidelberg and Hannover (external experts).</li> <li>Besides the traditional company goals, occupational health management is considered to be a central issue within the group.</li> </ul>	<ul style="list-style-type: none"> <li>The Montataire site is considered a pilot site for researching initiatives and developing occupational health programmes, which are then extended to the national level.</li> <li>A group health vision approach is taken.</li> <li>The following personnel play a role in this approach: the site director (local); the national HR director; the national medical coordination team (situated on site).</li> </ul>
<b>Tools for identifying, evaluating and monitoring psychosocial constraints</b>		
<ul style="list-style-type: none"> <li>The survey at group level is mainly oriented towards the work environment and its organisation.</li> <li>In the survey at site level, certain questions on the questionnaire were developed in conjunction with the delegates.</li> <li>An anonymous questionnaire on employees' state of health is intended for review by the occupational doctor(s).</li> <li>A group code of conduct is in place.</li> <li>Indicators include internal data (absenteeism, survey results) and external data (musculoskeletal disorders or MSDs). There is no particular indicator for well-being.</li> </ul>	<ul style="list-style-type: none"> <li>Indicators have been chosen in accordance with the works council. They include sickness-related absenteeism, the survey results and the impact of medical consulting.</li> <li>Periodical employee surveys are conducted in all of the group's companies. The results are evaluated by an external institute.</li> <li>An 'Instrument for Analysis of Psychological Stress' (IAPB) assesses exposure to mental stress at the workplace – Heidelberg model.</li> <li>A Traffic Light Tool® (IT) is also in place.</li> </ul>	<ul style="list-style-type: none"> <li>A customised questionnaire is used ('psychosocial snapshot'). Analysis of the questionnaire results is then presented to the health and safety committee.</li> <li>A code of conduct on 'community vigilance' is in place.</li> <li>A single document on occupational risks is compiled.</li> <li>Indicators include survey and interview results, along with incidence rates.</li> </ul>

Rautaruukki, Finland	Salzgitter, Germany	ArcelorMittal, France
<b>Prevention measures</b>		
<ul style="list-style-type: none"> <li>Plan of action is based on the survey results. The major themes that stood out in the 2010 survey were: <ul style="list-style-type: none"> <li>information flow;</li> <li>recognition and rewards;</li> <li>management and leadership;</li> <li>efficiency and flexibility;</li> <li>job motivation;</li> <li>image of the employer.</li> </ul> </li> <li>Assistance is offered to remain in good physical condition. For example, the ‘Keep fit’ programme allows every employee over the course of their career to take advantage of a programme that helps them to stay in good physical condition (physical therapy, rehabilitation programmes).</li> <li>Assistance is provided for rehabilitation (primarily on the physical aspects of work) or even treatment for MSDs.</li> <li>A number of assistance packages are provided at preferential rates.</li> </ul>	<ul style="list-style-type: none"> <li>The programme ‘Promote health – improve attendance’ is constructed around three pillars: working conditions, leadership and communication, and visualisation.</li> <li>Awareness-raising is carried out among managers.</li> <li>Occupational health assistance is provided.</li> <li>Special training units are provided to operational managers for a total of six days.</li> <li>Recurrent training sessions are held for managers and trainees on OSH topics.</li> <li>There is advanced training on psychosomatic counselling for employees.</li> <li>A specially trained team managed by the occupational health specialist provides psychosocial assistance in cases of dramatic experiences (serious accidents).</li> <li>Partly standardised forms of communication are used.</li> <li>The internal suggestion system is used.</li> <li>Re-entry management is in place, including intensive case management.</li> <li>Psychological consultation on a low-threshold basis is offered at the plant site and outside. Specially trained consultants from other countries are used for culturally sensitive consultation.</li> <li>Social counselling services and debt counselling are offered by specialised staff.</li> <li>Counselling on addiction is provided (by medical doctors and paramedics).</li> <li>Various seminars are held at the plant site (such as stress management, relaxation, ergonomics, self-management).</li> <li>Hazard and stress management for every workplace is available.</li> <li>The health department offers special services for early detection of stress, symptoms of psychological or mental disorder.</li> <li>A physiotherapy unit offers therapy, in a group or individual setting, on yoga, stress relaxation training, ergonomics.</li> </ul> <p>Aspects of OSH are part of the management by objectives</p>	<ul style="list-style-type: none"> <li>Action plans have been established.</li> <li>Awareness-raising is fostered.</li> <li>Training and assistance is provided to managers.</li> <li>Psychological and medical assistance is provided. Collective and/or individual assistance and support is given in specific situations. ArcelorMittal runs a toll-free hotline.</li> <li>There is a toolbox for training upper-level management, shift managers, members of the CHSCT and employees on the topic of stress.</li> <li>‘Community vigilance’ information and training is offered to managers, employees and the CHSCT.</li> <li>Relaxation therapy sessions have been introduced.</li> <li>Workstation ergonomic studies have been conducted.</li> <li>There is a focus on anticipating a change in duties.</li> <li>Better communication is encouraged (for example, on sales prospects to reassure people about the future).</li> <li>A review of the efficiency of meetings is carried out.</li> <li>Assistance is provided for post-traumatic stress and there is a procedure for the return to work after a prolonged period of absence.</li> </ul>

## Shared understanding of the main concepts

In a social dialogue context, especially at transnational level, a shared terminology and understanding of the underlying concepts are prerequisites for addressing the complex issue of psychosocial constraints at work. Annex 1 provides a glossary of terms in order to promote a shared understanding of these elements.

Psychosocial risks, occupational mental risks, well-being at work, psycho-organisational risk, stress and malaise are some of the terms commonly used to designate situations that may be similar to one another but that do not necessarily overlap. Such terms sometimes refer to the risks themselves and sometimes to their impact on health. The difficulty stems from the fact that behind the term ‘psychosocial’, there may be situations with varying degrees of tangibility and

severity. The majority of guides or texts presenting psychosocial aspects at work define them through their consequences (for example, work-related stress, violence at work, work-related exhaustion). This variation in terms and meanings also exists within and across organisations and countries.

For example, looking at the three case studies conducted as part of this study, the following observations can be made:

- The term ‘work-related stress’ is mainly used at ArcelorMittal France. Based on the definition issued by the EU-OSHA, the company has established a definition of stress in the framework of a training module. The terms ‘psychosocial aspects’ and ‘well-being at work’ are also used in the various prevention initiatives.
- At Rautaruukki (Finland), ‘well-being at work’ is the term most commonly used (for example, in the code of conduct). Addressing the issue of psychosocial risks is part of the sustainable profile of the company and is dealt with through the general considerations on health and safety and well-being at work.
- The notion of ‘mental stress’ is used at Salzgitter AG (Germany). Based on the scientific model on stress by Karasek (an American sociologist whose stress model was based on the notions of job demands and job decision latitude), a preventive approach to mental stress at the workplace has been developed.

### Dual dimension: Impact on the health of workers as well as on the company

Despite the above differences regarding the terms and concepts used among the companies in the panel, all companies acknowledge the central place of health at work in understanding the concept of ‘psychosocial constraints at work’.

Although a company is anchored in society, although the way work situations are understood may differ from one person to the next, and although the symptoms of psychosocial risks are, similarly, very individual, their determinants and effects remain, at least partly, collective (Rouilleault and Rochefort, 2005). Looked at from this perspective, the social dimension plays an essential role. Implementing a risk-prevention policy for mental health is all about having in place a work organisation that allows every individual to be integrated in the workplace and to gain recognition. The case studies carried out as part of this project reflect this combination of individual-oriented actions (for example, raising awareness on a healthy lifestyle, providing training on how to deal with stress) and collective-oriented actions (for instance, shift work regulations, improving the equipment). They illustrate in practice the importance of neither focusing solely on individual aspects nor of looking solely at external sources.

According to the EU-OSHA:

*work-related stress is one of the biggest occupational safety and health challenges that we face in Europe. Nearly one in four workers is affected by it, and studies suggest that between 50% and 60% of all lost working days are related to it. This represents a huge cost in terms of both human distress and impaired economic performance.*

(EU OSHA, 2014)

According to the International Labour Organization (ILO), ‘changes in employment patterns’ have led to new risks with regard to work-related health: precarious employment, subcontracting, higher workloads or ‘work intensification due to headcount reductions’ have ‘inevitably had repercussions on working conditions’, causing for instance MSDs or psychosocial risks such as work-related stress (ILO, 2010).

Hence, psychosocial risks at work are not only detrimental to the health of workers, an aspect which in itself would justify looking for ways to prevent them, but also have an economic impact on employers and civil society. For example, the ArcelorMittal group 'Health Vision and Approach' clearly embraces this idea by stating that 'profits and health are two sides of the same coin'. All of the panel companies acknowledge the link between psychosocial risks and MSDs, and tackle them, for example, by implementing the findings of ergonomic studies.

## Industrial relations practices and social dialogue culture

The project's scope of action and the identification of practices in the steel sector were determined by the resources described above. This meant that it was not possible to cover comprehensively the whole range of different occupations within the company and different national situations. Identification work was thus based mainly on the series of interviews conducted in the three participating steel companies.

In the face of sector-specific difficulties (for example, international competition or environmental constraints) and various trends (for instance, demographic, economic, technological and organisational), the quality of social dialogue in the steel sector could play a potentially major role in reducing the aggravating psychosocial factors often noticed when major changes are announced.

Various prevention initiatives can be taken which involve one or more of the different stakeholders (such as workers, trade union and employee representatives, HR directorates and departments, OSH departments and external experts). The involvement of all actors could trigger the mobilisation of all stakeholders in addressing the organisational sources of psychosocial constraints and in fostering a culture of expression and action on these topics. In this context, it is interesting to consider the way in which these issues are addressed through the social dialogue culture in the three countries in question.

- In Finland, for example, it seems that many problems are resolved through discussion – whether between the employer and the employee directly, or between the employer and the employee representatives. Although the employer retains the decision-making authority, it seems that, in general, no decisions are made unless the workers' delegates agree. This reflects the national social dialogue tradition of cooperation that can be found in many of the Nordic countries.
- In France, social dialogue is more institutionalised, based on the legal obligations of the employer (for example, the single document on occupational risks) and the rights of workers' representative bodies such as the information and consultation rights of the joint health and safety committee.
- In Germany, the culture of co-administration gives the works council a central role in assessing and evaluating health and safety at work and working conditions, and in implementing an action plan.

The main determinants reflect the industrial relations' models within the different countries. Each country has its own system embedded within its culture and organised in normative frameworks complying with the national model.

### Assessment and evaluation

Generally speaking, it appears that the initiation of a psychosocial risk assessment and subsequent compilation of a prevention plan can take place in a wide variety of contexts.

- At Rautaruuki (Finland), for example, the company's decision to take wellness into consideration was not the result of a major event, but originated from the manager's awareness of these issues as early as the 1970s.

- At Salzgitter (Germany), anticipating the expected consequences of demographic change on the company (longer professional careers, different skills, ages and cultural diversities) is a key driver behind the occupational health and safety policy.
- At ArcelorMittal (France), the attention of the national administration services to the topic of psychosocial risks has fostered public awareness and a series of legal obligations. The company has also undergone different structural changes (downsizing and merger), which have left an impact on the employees.

Indicators are an essential element in setting up an assessment and a warning system. Measuring psychosocial risks at the workplace can be done through a variety of indicators, which can be direct or indirect, company specific or provided by governmental health agencies (for example, the MSDs indicator at Rautaruukki) or a scientific model (such as the Karasek model used at Salzgitter). Among the main categories of indicators are: indicators reflecting perceptions or actual experiences (for example, through surveys or interviews); indicators reflecting how a company is functioning (such as the absenteeism rate, turnover, quality and industrial relations); and indicators reflecting occupational health (such as work-related accidents, MSDs, addictive disorders and depression). The choice of indicators is never neutral; reaching agreement, on the most relevant indicators reflecting the real work situation, is invaluable before making a concerted effort to measure and prevent psychosocial constraints at work.

In the case studies, indicators such as MSDs and absenteeism are often mentioned.

Once the indicators have been established, the next step involves identifying the risk factors. This can be done in different ways, as there are several investigation and analysis methods available. Often, they are combined in a complementary manner. From a social dialogue perspective, involving stakeholders in compiling the method of investigation and analysis creates the conditions for a formal joint validation prior to use.

Among the methods used by the steel companies in the study is the questionnaire.

- At Salzgitter, a periodic employee survey is carried out in all group companies and evaluated by an external party.
- Similarly, Rautaruukki employees receive a survey at group level oriented towards the work environment and its organisation, along with a survey at local level. Although this questionnaire is not jointly constructed by the management and the workers' representatives, the latter play an important role in the analysis of the results. However, the questions included in the questionnaire at local level are developed jointly with the delegates.
- All of the sites at ArcelorMittal France have participated in a survey based on the in-house questionnaire – 'A snapshot of psychosocial aspects'. This questionnaire was compiled on the basis of the various scientific models available. The results were presented to the various representative bodies on health and safety (the health and safety committee or the CHSCT, the steering committee and the surveillance group).

Interviews are another method used to gain access to the real situation experienced by workers in all its complexity and to reveal psychosocial constraints causing difficulties for workers.

- For example, at Rautaruukki, annual interviews are a key step in evaluating well-being at work. These comprise group interviews of blue-collar workers with their manager and individual interviews between managers and their superior.
- At ArcelorMittal France, every worker is asked about their quality of life at work by the doctor and through a questionnaire.

## Prevention policies

With regard to prevention policies, a distinction is traditionally made between three different levels: primary, secondary and tertiary. Generally speaking, experience shows that the effectiveness of prevention schemes is dependent on the coherent interaction between three forms of prevention. Discussion between the employer and the workers' representative bodies on the actions to be put in place should therefore include specific attention to the logical combination of these three levels.

The case studies reveal the implementation of preventive measures at three levels, as follows.

- The purpose of primary protection is to eliminate risks at source. This is absolutely essential and must be given top priority from the perspective of prevention principles. The range of primary prevention measures can be broken down into four work-related categories: work organisation and processes, HR management, line management, and change management.

Examples of primary protection measures include the following: improving the work environment through applying workstation ergonomics (Rautaruukki); reviewing the efficiency of meetings (ArcelorMittal); improving IT tools and other work equipment (Rautaruukki); transparency and communication on prospects for career development and competency frameworks (ArcelorMittal); creating a replacement plan for the entire hierarchical line to help stabilise the command structure (ArcelorMittal); and anticipating changes in duties (ArcelorMittal).

- The aim of secondary prevention is to protect employees by helping them to cope with risk factors.

For example, various awareness-raising and training programmes have been developed within each of the companies: Salzgitter organises training courses for managers and supervisors to broaden their awareness of employees' stress factors; Rautaruukki has established specific training programmes for employees doing shift work; ArcelorMittal Montataire raises awareness on health and safety at work and work-related stress through the 'community vigilance' programme; ArcelorMittal also runs a managerial skills development programme to enhance stress prevention and to foster exchange on management practices and experiences.

In the context of social dialogue, it is also important to note that workers or workers' representatives with specific duties on health and safety at work and working conditions are, in most Member States, entitled to training. Training is largely considered to be indispensable for assuring the quality of the actors' interventions.

- Tertiary prevention focuses on reducing disabilities attributable to risks that individuals were unable, or did not know how, to avoid. This involves individual or collective care of employees experiencing work-related disorders.

For example, the case studies mention the following measures: medical services providing assistance for post-traumatic stress and the procedure of returning to work after prolonged absence (ArcelorMittal); and company doctors being trained to address psychosomatic disorders and to initiate further therapy. The internal medical service also offers counselling on addictive and mental disorders (Salzgitter); in addition, a rehabilitation programme is organised through the company's retirement pension insurance scheme to promote workability in the current job and to facilitate retraining to another profession (Rautaruukki).

## Actors involved

The prevention of psychosocial constraints not only involves different players – for example, internal personnel such as employees, management and medical services, along with external experts such as OSH counsellors – it also involves the coordination of their actions.

Regarding industrial relations, it is interesting to look at the place of formal social dialogue bodies. The composition of joint employer–employee bodies on health and safety and working conditions makes them the statutory meeting and

discussion forum for all stakeholders involved in preventing psychosocial risks at work. They play a pivotal role in discussing and assessing situations, working out solutions and monitoring their implementation.

Furthermore, dedicated groups, either permanent or specific to a project or time period, can also be used to assure a consistent approach and monitoring of the actions. It is important to bear in mind that these dedicated groups cannot be a substitute for management authority or for social dialogue bodies. Instead, they provide them with discussion results and analyses, as well as ensuring a long-term spotlight on the issue at hand, as illustrated by the following examples.

- At Rautaruukki, multiple committees deal with well-being at work. The Safety Committee – a legal body composed of employer representatives, elected workers and safety delegates – focuses on monitoring indicators and evaluating actions. Within the visited site, they are complemented by the safety management team committee. This operational body, established following the 2008 survey results, defines the action plan and oversees its implementation. It is composed of the entire management team and the safety delegates.

Development teams also exist to work on specific projects and submit proposals to the safety management team committee. All members are volunteers (managers, workers' representatives) and are under the direction of an employee.

- At ArcelorMittal, the joint health and safety committee (the CHSCT) is, through information and consultation, involved in the company's assessment and prevention policy. Moreover, the CHSCT members are nearly always involved in the on-site surveillance groups, as this body includes a representative of each trade union represented on the site. They are also members of the steering committees at industrial entity level, and have all been trained by the company on the topic of work-related stress and well-being.

Under legal requirements, the company also signed a 'stress prevention agreement' with five trade unions in 2010. This three-year agreement stipulated the mechanisms to be put in place to prevent psychosocial risks at the group level.

- At Salzgitter, the works council has signed an agreement on internal health management. Its members are also strongly involved in the joint health working group and participate in the analysis of the periodic employee survey. Moreover, works council members contribute to a working group of the German Metalworkers' Union (IG Metall), allowing them to exchange views with the union and with works council members from other sectors.

# Approaches towards preventing psychosocial constraints at work 3

## Lessons learnt from the comparative analysis

### Legal framework

Within the EU, there are different models of social dialogue and workers' representation. The topic of occupational health and safety and working conditions is nevertheless mostly framed in legislation that – in most cases – generally foresees workers' representation and social dialogue measures. Differences can be found in the level of detail involved, the mandatory nature of the rules and the room for collective agreements.

### Central role of health

Despite differences in the terms and concepts used among the companies in the panel, it is possible to identify similarities in the central role of 'health at work' in understanding the concept of 'psychosocial constraints at work'.

The case studies conducted as part of this project show this combination of individual-oriented actions (such as raising awareness on a healthy lifestyle, or providing training on how to deal with stress) and collective-oriented actions (such as shift work regulations, or upgrading equipment). They show in practice the importance of not focusing solely on individual aspects nor on external sources.

Reducing the occurrence and impact of these risks is thus not just a legal imperative, but also a moral and financial one. In this context, tackling psychosocial risks at work in combination with an approach towards preventing the occupational risks to which employees are exposed seems to be the optimum strategy for improving working conditions. Among the panel of companies, there is clear acknowledgement (by both company management and employee representatives) of the many different causes of psychosocial constraints at work, not just related to symptoms, disorders or diseases.

### Prevention

Companies are aware of these problems, as are the social partners, and have introduced strategies aimed at improving working conditions. The case studies conducted provide a brief presentation of the actions, tools and actors involved in the participating steel companies. It is important to bear in mind that these practices are not only set against the national framework, but also against the context and history of the company, and even the specificities of the local site.

This complexity and variety is illustrated in the case studies. Despite the existence of initiatives introduced to identify and prevent psychosocial constraints, the panel companies' experiences indicate that actions and measures to reduce these constraints at work are not always easily transferrable or in line with the expected results. The initiatives instigated at 'pilot sites' (ArcelorMittal Montataire and Salzgitter Service und Technik GmbH) can, for example, be difficult to roll out across other sites of the group. These shared difficulties also show that prevention of psychosocial constraints at work remains an ongoing process.

## Key elements in facilitating further social dialogue

National, local and sector specific variety and complexity increase the difficulty of incorporating multi-faceted issues such as psychosocial constraints at work at European sectoral level. Nevertheless, the influence of European regulations (such as directives) and of European social partners' initiatives (such as joint agreements) regarding health and safety at work and working conditions could foster joint actions. Engaging further in social dialogue, both at company and branch level, by exchanging practices and challenges, will be beneficial to all involved parties, employers and employees.

To conclude, and with the aim of fostering future joint actions in the European steel sector, the following key elements have been identified as triggers to facilitate further social dialogue on psychosocial constraints.

### Shared understanding of the issues involved

As discussed, there are a variety of terms used to discuss psychosocial factors at work in the companies studied (for example, well-being, stress, mental strain) and a variety of national contexts in which they operate (for example, company history, legislation). Therefore, it is important to agree on the wording and interpretation to facilitate further dialogue and exchange at European sector level.

The idea of interaction between workers and their work environment and working conditions is central. By identifying the specificities of imbalances that exist within the organisation of work, areas of leverage for taking preventive action can be identified. Interlinked, these imbalances build up over time, creating vicious circles and threatening to impair employees' health. Employees' exposure to these risks can be attributed to events deriving from the work organisation as well as the economic and social environment of the company and/or sector. An important prerequisite to guarantee the quality of social dialogue on psychosocial constraints at work is a shared understanding of their causes. Annex 2 presents a simple analysis framework based on scientific models on the emergence of symptoms such as work-related stress.

### Attention to the specificities of working conditions in the steel sector

The first step in any preventive action involves identifying the risk factors. Despite the heterogeneity of the steel sector (caused, for example, by the diversity in activities, functions, professions and geographical location), various studies conducted in recent years have helped to identify some sector-specific factors (see, for example, DARES, 2006; Como, 2008; Lohmann-Haislah, 2012). The three case studies in this project also help to illustrate the following characteristics that might influence exposure to psychosocial constraints at the workplace.

Firstly, the heavy nature of steel production work may include chemical and physical constraints. Over the years, the sector has been vigilant about the safety of its workers and in trying to prevent physical injuries at the workplace (for instance, by providing protective equipment and by implementing safety procedures).

The 2003 French SUMER survey points to postures and articulations, noise, vibrations due to the tools and machines used and exposure to chemical products as being among the major constraints of the metal and steel sector compared with other sectors (DARES, 2006). Similarly, according to the Italian FIOM survey:

*... the most commonly reported environmental-related risk factors for at least three quarters of the working time are exposure to noise (56.4%), vibration (38.4%) and vapours, dust and chemical substances (28.5%), particularly in the steel and metal-producing industries. Meanwhile, repetitive hand or arm movements (57%) and painful positions (27%) for almost three quarters of the working time are the most frequently reported ergonomic risk factors.*

(Como, 2008)

Consequently, it is not surprising that ergonomic improvements at the workplace are shared practices among the companies studied.

MSDs are potentially significant risks to the health of workers in the sector. It is important to bear in mind that these can include symptoms or diseases linked to psychosocial constraints at work.

*Unfavourable psychosocial aspects are seen to accentuate the effects of physical risk factors and contribute to an increased incidence in MSDs.*

(EU-OSHA, 2006)

Hence, combining the attention to safety with the health perspective is a key challenge in enhancing prevention of psychosocial risks. The three case-study companies include targeted action for MSDs in their prevention practices on psychosocial aspects at work.

From a social dialogue perspective, it is therefore important to include the policy on psychosocial constraints within the general occupational risks prevention policy. By doing so, both aspects of occupational hazards (health and safety) can be addressed jointly.

Secondly, the characteristics of the workforce mirror the archetype of industrial manufacturing mainly due to the heavy nature of the production work. Hence, the steel industry is predominantly comprised of blue-collar male workers. This ‘masculine’ work environment may not – depending on the culture of expression within the country, the company and the work units – facilitate open expression by workers of their mental and physical difficulties. In addition, the FIOM survey concludes that female workers report a higher exposure to MSDs.

The case studies highlight that, despite the awareness-raising and training efforts conducted among employees, it may remain difficult to ‘break the silence’ or to ‘install a culture in which people do not internalise suffering and stress’. Including workers’ representatives and the respective bodies is therefore important for facilitating a cultural transition towards raising and addressing difficulties at the workplace.

In addition, the demographic evolution of an ageing population and the steel sector’s specificity of an older age structure constitute possible aggravating factors regarding the occurrence of both MSDs and psychosocial risks at work:

*At the same time, the steel industry workforce is undergoing an unprecedented change. The age structure in most European steel-producing companies is such that more than 20% of the actual workforce will have left the industry in the period 2005–2015, and close to 30% will leave up to 2025.*

(European Commission, 2013)

Thirdly, the economic characteristics of steel manufacturing include a strong vertical integration of the distinct production steps. This results in organisational constraints such as: automated work processes and rhythms; the impossibility to vary deadlines; the distribution of work according to fixed teams; the need to activate different working posts to handle absences; the high level of dependency on colleagues for work; the importance of written activity reports; and the need for adapted and adequate working tools (DARES, 2006).

The 2012 stress report of the German Federal Agency for Industrial Health and Safety (BAUA) confirms the above specificities: it states that, compared with other sectors, the respondents of the steel and metal industry indicate a higher level of fixed work processes, number of units, performance and time objectives, as well as a higher degree of shift work and detailed descriptions of tasks (Lohmann-Haislah, 2012).

Given that decision-making latitude, mental workload and work-related social support are key dimensions in exposure to psychosocial risks in an organisation, the combination of these factors may have consequences for the emergence of

psychosocial constraints and requires close monitoring by the companies. The most unfavourable situation for psychosocial risks would seem to be a combination of high levels of mental workload and low levels of decision-making latitude, social support and alert systems (See Annex 2 for a simple analytical framework for psychosocial aspects at work based on four dimensions).

Fourthly, due to the importance of economies of scale for efficiency combined with the need for investments and high capital requirements, the European steel companies face a significant challenge in a globalised economy. Against this background, the European steel industry has undergone considerable restructuring, caused by privatisation, internationalisation and continued concentration. All three case study companies have been (or are being) subjected to considerable changes, mostly brought about by downsizing, mergers and acquisitions.

The current economic crisis has brought even more rapid and significant changes to the organisation, business and social models of the companies.

*The level of employment in the steel industry has diminished considerably in all European countries over the last two decades. [...] In general, competitive pressure on companies in the steel sector has not only led to numerous job losses but has also had consequences for those who have kept their jobs, mainly in terms of a greater requirement for flexibility.*

(Eurofound, 2005)

In its Action Plan for the steel industry, the European Commission states that:

*The outlook for employment in the steel sector is of serious concern and merits full political attention, not least because 40,000 jobs have been lost in recent years, due to restructuring.*

(European Commission, 2013, pp. 20–22.)

The metal and steel sector respondents to the 2012 German stress report indicate more frequently than other sectors their involvement in a company in a negative business situation (Lohmann-Haislah, 2012). Addressing this socioeconomic insecurity and preventing the negative effects on workers' health of such patterns of employment loss and rapid reorganisation is another key dimension of preventing psychosocial risks at work. In this respect, the European Commission has been warning – through various studies such as the Health in restructuring (HIRES) report – about the impact of restructuring measures on workers' health (Kieselbach, 2008).

Finally, environmental concerns and the proliferation of technological innovations are transforming the value chain and professions of the steel sector.

*Automation in the sector and the conversion of certain plants to higher added-value production has meant a requirement for higher qualifications.*

(Eurofound, 2005, pp. 6–9)

Addressing the demands of the new technologies implemented necessitates a high level of qualifications on the part of the workforce. These technologies could disrupt the traditional work organisation and professions, tasks and responsibilities of the industry. For example, the autonomy of workers based on their skills set and work procedures is likely to change considerably. Assisting and managing these changes is crucial to respond to the occupational risks on workers' health and safety and their working conditions.

### Understanding real work situations

Identifying the causal factors of psychosocial risks is done by combining various methods and tools to analyse and monitor a chosen set of indicators. The case studies highlight the use of questionnaires and interviews in identifying and assessing psychosocial aspects of work that might generate imbalances.

A collaborative approach in constructing methods of assessment and/or the tools of analysis are found to be present in the companies studied. Given that psychosocial constraints refer to work situations with a type of organisational structure, interrelational practices and conditions of employment having a negative health impact on the workforce, addressing these organisational aspects through qualitative social dialogue can play a major role in reducing the aggravating factors.

The combination of various indicators, methods and tools for investigation is important. Constraints and prevention leverages, as close as possible to the everyday work situation, could be identified for the sector and its main professions or functions. Tackling psychosocial constraints and their symptoms requires an in-depth analysis of concrete work situations. The various strategies that promote and benefit from a culture where employees directly express their views and concerns about the realities of work and possible solutions should be fostered. As part of the surveys and interviews, it might be beneficial to integrate direct observations on the work floor, or to host expression groups.

In doing so, it is important to include workers' representatives in this process. This could take place during the first stage of gathering employees' impressions and experiences, or during a later phase of identifying possible measures and the role of social dialogue bodies in handling the problems encountered.

As the European steel sector has been undergoing significant changes for several years, companies have been characterised by considerable restructuring measures and reorganisations. Against this background, and in a context of industrial relations, numerous studies highlight the importance of anticipating the consequences of any of these measures. Restructuring measures – whether a reorganisation, merger, relocation or outsourcing, with or without job cuts – often involve major and profound changes to the working environment, to which the company management and workers have to adapt. The quality of social dialogue plays a major role in reducing the aggravating factors often evident when important organisational changes are announced.

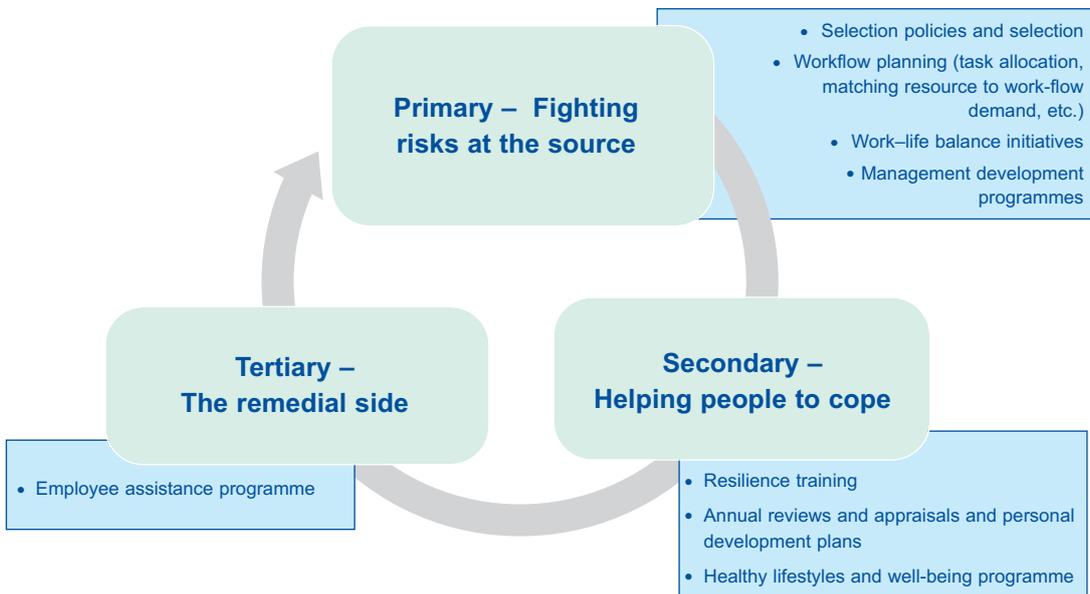
### Prevention policies on three levels

In terms of prevention, addressing psychosocial constraints involves identifying risk factors stemming from work organisation, work-related social relations and conditions of employment. Alternatives should be identified for reducing or even eliminating workers' exposure to these dangers, rather than waiting for the first symptoms or diseases to appear.

With regard to prevention policies, traditionally there are three different levels:

- primary prevention – this aims to eliminate risks at source (for example, by making adjustments to workplaces);
- secondary prevention – this aims to protect employees by helping them to cope with risk exposure (for instance, by offering training in conflict management);
- tertiary prevention – the focus here is more on containment and on reducing disabilities attributable to risks which individuals were unable, or did not know how, to avoid. This involves individual or collective care of employees suffering from work-related disorders (for instance, psychological support schemes).

Figure 1: Three-tier prevention policies



Actions should combine the three levels of prevention and try to enhance primary prevention measures. Further training and exchange of experiences across the sector might foster prevention initiatives in line with steel sector specificities.

### Involving the key prevention players

Although the relevant actors are largely internal (that is, coming from within the company), there are situations where recourse to external experts is necessary (for example, labour inspectors, consultants, external prevention services). The relevance of such actors depends on their ability to make a specific contribution to the prevention strategy.

Regular and transparent communication is important when building up a climate of trust to address psychosocial constraints at work. It can play a symbolic role, counteracting any denial of psychosocial risk and facilitating a change in corporate or branch culture. A formal agreement between the employer and employee representatives on the communication channels and contents can facilitate its effectiveness. The communication will gain from being discussed with employee representatives, ensuring that there is no gap between the messages communicated and the way the situation is perceived by employees.

To achieve greater impact and effectiveness, communication should be top-down and bottom-up. Social dialogue is the right institutional forum for working on the prevention of work-related risks. The composition of joint employer-employee bodies makes them the statutory meeting and discussion forum for all stakeholders involved in psychosocial risk prevention. They play a pivotal role in discussing and assessing situations, working out solutions and monitoring their implementation. The case study companies have all, in various forms and ways of interaction, included the workers and/or workers' representative bodies on health and safety at work and working conditions when developing their psychosocial risk prevention plan.

The case studies also show that, despite the efforts carried out in all three companies (which include two pilot sites), the challenge remains to integrate fully the approaches on psychosocial risks at work into the health and safety considerations of a general occupational risk prevention policy. Also, due to the heterogeneity of the activities, functions and professions within the steel companies, transposing measures from one field to another might be more difficult than expected. Raising awareness, supporting workers in giving voice to psychosocial difficulties and building a joint approach involving all stakeholders (management, occupational services, workers and workers' representative bodies) are key success factors in addressing psychosocial constraints at work. All levels of industrial relations in the steel sector – European, national and local – should be involved in this endeavour.

# Bibliography

Agostini, M. and Van Criekingen, L. (2013), 'Safety reps project. Health, safety and risk prevention: Towards better information, consultation and participation of workers within companies', conference presentation, *Safety Reps Conference*, 22–23 May, Budapest, Hungary, available at

[http://www.etuc.org/IMG/pdf/SRP\\_conference\\_budapest\\_secafi\\_presentation\\_final\\_ENGL.pdf](http://www.etuc.org/IMG/pdf/SRP_conference_budapest_secafi_presentation_final_ENGL.pdf).

BusinessEurope, CEEP (European Centre of Employers and Enterprises providing Public Services), ETUC (European Trade Union Confederation) and UEAPME (European Association of Craft Small and Medium-Sized Enterprises) (2007), *Framework agreement on harassment and violence at work*, European Social Dialogue, Brussels, available at [http://resourcecentre.etuc.org/linked\\_files/documents/Framework%20Agreement%20on%20harassment%20and%20violence%20EN.pdf](http://resourcecentre.etuc.org/linked_files/documents/Framework%20Agreement%20on%20harassment%20and%20violence%20EN.pdf).

Clot, Y. (2010), *Le travail à cœur: Pour en finir avec les risques psychosociaux* [Working at heart: An end to psychosocial risks], La Découverte, Paris.

Como, E. (ed.) (2008), *The voice of 100,000 workers. Results of a national study on the condition of Italian metalworkers*, Federazione Impiegati Operai Metallurgici (FIOM), Rome, available at

[http://www.fiom.cgil.it/inchiesta/eng\\_version.pdf](http://www.fiom.cgil.it/inchiesta/eng_version.pdf).

Di Nunzio, D., Hohnen, P., Hasle, P., Torvatn, H. and Øyum, L. (2009), *Impact of restructuring on health and safety and quality of work life. Psychosocial risks*, Katholieke Universiteit (KU) Leuven, Higher Institute of Labour Studies, Leuven, available at

[http://www.worksproject.be/Works\\_pdf/WP12%20publiek/18\\_D12.10%20Thematic%20Report\\_HealthSafety\\_DRUK.pdf](http://www.worksproject.be/Works_pdf/WP12%20publiek/18_D12.10%20Thematic%20Report_HealthSafety_DRUK.pdf).

Ecorys (2008), *Study on the competitiveness of the European steel sector: Within the framework contract of sectoral competitiveness studies*, Ecorys, Rotterdam, available at

[http://ec.europa.eu/enterprise/sectors/metals-minerals/files/final\\_report\\_steel\\_en.pdf](http://ec.europa.eu/enterprise/sectors/metals-minerals/files/final_report_steel_en.pdf).

Ertel, M., Stilijanow, U., Iavicoli, S., Natali, E., Jain, A. and Leka, S. (2010), 'European social dialogue on psychosocial risks at work: Benefits and challenges', *European Journal of Industrial Relations*, 16(2):169.

ETUC, CEEP, UEAPME and UNICE (Union of Industrial and Employers' Confederations of Europe) (2004), *Framework agreement on work-related stress*, European Social Dialogue, Brussels, available at

[http://www.resourcecentre.etuc.org/linked\\_files/documents/Framework%20agreement%20on%20work-related%20stress%20EN.pdf](http://www.resourcecentre.etuc.org/linked_files/documents/Framework%20agreement%20on%20work-related%20stress%20EN.pdf).

EU-OSHA (European Agency for Safety and Health at Work) (2006), 'Expert forecast on emerging physical risks related to occupational safety and health', Factsheet 60, Bilbao, available at

<https://osha.europa.eu/en/publications/factsheets/60>.

EU-OSHA (2012a), *Drivers and barriers for psychosocial risk management: An analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER)*, Bilbao, available at

<http://www.ilo.org/public/libdoc/igo/2012/479918.pdf>.

EU-OSHA (2012b), *Worker representation and consultation on health and safety: An analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER)*, Bilbao.

EU-OSHA (2012c), 'Working together for risk prevention. What can ESENER tell us about management leadership and worker participation? PowerPoint presentation, Bilbao, available at

[https://osha.europa.eu/en/publications/reports/esener-summary\\_data/esener\\_en.pptx/at\\_download/file](https://osha.europa.eu/en/publications/reports/esener-summary_data/esener_en.pptx/at_download/file).

EU-OSHA (2013), Well-being at work: Creating a positive work environment. Literature review, Bilbao, available at

[https://osha.europa.eu/en/publications/literature\\_reviews/well-being-at-work-creating-a-positive-work-environment](https://osha.europa.eu/en/publications/literature_reviews/well-being-at-work-creating-a-positive-work-environment).

EU-OSHA (2014), webpage on stress, [https://osha.europa.eu/en/topics/stress/index\\_html-old](https://osha.europa.eu/en/topics/stress/index_html-old).

Eurofound (2005), *Industrial relations in the steel industry*, Publications Office of the European Union, Luxembourg, pp. 6–9, available at <http://www.eurofound.europa.eu/pubdocs/2005/81/en/1/ef0581en.pdf>.

Eurofound (2011), *From national to sectoral industrial relations: Developments in sectoral industrial relations in the EU*, Publications Office of the European Union, Luxembourg, available at

<http://www.eurofound.europa.eu/pubdocs/2011/10/en/2/EF1110EN.pdf>.

Eurofound (2013a), *Impact of the crisis on working conditions in Europe*, Dublin, available at

[http://www.eurofound.europa.eu/ewco/studies/tn1212025s/tn1212025s\\_1.htm](http://www.eurofound.europa.eu/ewco/studies/tn1212025s/tn1212025s_1.htm).

Eurofound (2013b) EIRO, 'Steel giant and union sign international health and safety agreement', 13 March, available at

<http://www.eurofound.europa.eu/eiro/2013/02/articles/eu1302011i.htm>.

European Commission (2010), *Investing in well-being at work – Addressing psychosocial risks in times of change*, Publications Office of the European Union, Luxembourg, available at

<http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=587>.

European Commission (2013), *Action Plan for a competitive and sustainable steel industry in Europe*, COM(2013) 407, Brussels, available at [http://ec.europa.eu/enterprise/sectors/metals-minerals/files/steel-action-plan\\_en.pdf](http://ec.europa.eu/enterprise/sectors/metals-minerals/files/steel-action-plan_en.pdf).

European Council (1989), 'Council Directive of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (89/391/EEC), further amended in 2003, 2007 and 2008', available at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:1989L0391:20081211:EN:HTML>.

European Parliament (2013), *Occupational health concerns: Stress-related and psychological problems associated with work*, Directorate General for Internal Policies, Brussels, available at

<http://www.europarl.europa.eu/committees/en/studiesdownload.html?languageDocument=EN&file=93193>.

Fulton, L. (2013), *Health and safety representation in Europe*, Labour Research Department and European Trade Union Institute (ETUI), Brussels, available at

<http://www.worker-participation.eu/National-Industrial-Relations/Across-Europe/Health-and-Safety2>.

Gollac, M. (2011), *Mesurer les facteurs psychosociaux de risque au travail pour les maîtriser* [Measuring psychosocial risk factors at work in order to overcome them] – Report of the Expert Committee on monitoring psychosocial risks at work, Ministère du travail, de l'emploi et de la santé, Paris, available at

<http://www.ladocumentationfrancaise.fr/rapports-publics/114000201/index.shtml>.

ILO (International Labour Organization) (2005), Code of practice on safety and health in the iron and steel industry, ILO, Geneva, available at

[http://www.ilo.org/wcmsp5/groups/public/@ed\\_protect/@protrav/@safework/documents/normativeinstrument/wcms\\_112443.pdf](http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/normativeinstrument/wcms_112443.pdf).

ILO (2010), *Emerging risks and new patterns of prevention in a changing world of work*, ILO, Geneva, available at [http://www.ilo.org/safework/info/video/WCMS\\_123653/lang--en/index.htm](http://www.ilo.org/safework/info/video/WCMS_123653/lang--en/index.htm).

Irastorza, X. (2013), 'ESENER Surveying Europe's enterprises', conference presentation, *Safety Reps Conference*, 22–23 May, Budapest, Hungary.

Kieselbach, T. (coord.) (2008), *Health in restructuring (HIRES) report. Innovative approaches and policy recommendations*, IPG, University of Bremen, Germany, available at

<http://www.fact.aract.fr/download/site-principal/document/pdf/rapport-hires.pdf>.

Lerouge, L. (ed.) (2013), *Les risques psychosociaux en Europe: Analyse jurisprudentielle. Droit communautaire* [Psychosocial risks in Europe: Jurisprudence analysis. Community law], Harmattan, Paris.

Lohmann-Haislah, A. (2012), *Stressreport Deutschland 2012. Psychische Anforderungen, Ressourcen und Befinden* [Stress Report Germany, 2012. Psychological demands, resources, and conditions], Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (BAUA), Dortmund, available at <http://www.baua.de/de/Publikationen/Fachbeitraege/Gd68.html>.

Montreuil, E. (2011), *Prévenir les risques psychosociaux. Des outils pour agir sur la pénibilité et préserver la santé au travail* [Prevent psychosocial risks. Tools to combat arduous work and preserve health], Collection Fonctions de l'entreprise, Dunod, Paris.

Rouilleault, H. and Rochefort, T. (2005), *Changer le travail...oui mais ensemble* [Change work ... yes but together], Agence Nationale pour l'Amélioration des Conditions de Travail (ANACT), Lyon.

DARES (2006), *Les expositions aux risques professionnels par famille professionnelle* [Exposure to occupational hazards by professional type]. SUMER results 2003, Ministère de l'emploi, de la cohésion sociale et du logement, Direction de l'animation de la recherche, des études et des statistiques (DARES), Document d'études N°121, Paris.

Teissier, C. (ed.) (2010), *Psychosocial risks, services and social dialogue*, Association Travail Emploi Europe Société (ASTREES), Paris, available at

<http://workinglives.org/fms/MRSite/Research/wlri/News/psycho%20social%20risks%20report.pdf>.



## Annex 1 – Glossary of terms

Psychosocial constraints at work encompass a variety of terms and concepts. The definitions in this glossary should facilitate a shared understanding of these elements in the framework of an efficient social dialogue. Definitions are based on the terms featuring on the websites of the EU-OSHA ([www.osha.europa.eu](http://www.osha.europa.eu)), Eurofound ([www.eurofound.europa.eu](http://www.eurofound.europa.eu)) and the Institute for Research and Security (INRS) ([www.inrs.fr](http://www.inrs.fr)).

### Psychosocial risks

Most guidelines or texts presenting psychosocial risks define them in terms of their consequences (for example, work-related stress, violence at work, work-related exhaustion, suicide in connection with work). The reference definition of psychosocial risks proposed here is that from the report of the French expert panel chaired by Michel Gollac (2011):

*What makes a work-related health risk into a psychosocial risk is not its manifestation, but its origin: psychosocial risks will be defined as risks for mental, physical and social health, caused by conditions of employment and organisational and relational factors likely to interact with mental functioning.*

This definition puts the focus on the conditions of employment, as well as organisational and relational factors, looking at them in relation to their possible effects on health. The term ‘psychosocial risk’ thus is not related to symptoms, disorders or diseases.

In other words, psychosocial risk is used when referring to work situations characterised by an organisation, relational practices and conditions of employment with a risk of illness or disease for the workforce. The issue is not about knowing the degree of damage stemming from a person’s personal circumstances, but instead about becoming aware of the potential consequences of existing or planned work-related patterns impacting on a person’s mental, physical and social health.

The notion of ‘psychological and organisational constraints’ is sometimes preferred to that of psychosocial risks, as it puts a more explicit focus on the causal factors, underlining the importance of organisational aspects.

In terms of prevention, addressing psychosocial risks therefore involves identifying risk factors arising from the work organisation, work-related social relations and the conditions of employment, to which workers are exposed. The aim is to come up with alternatives to reduce or even get rid of exposure, rather than waiting for the first symptoms or diseases to appear.

### Work-related stress

People experience stress when they perceive that there is an imbalance between the demands made of them and the resources they have to cope with those demands. Although the experience of stress is psychological, stress also affects people’s physical health. Stressful situations lasting for long periods always take their toll on the health of the individuals experiencing them. They also have negative repercussions on the functioning of organisations (for example, higher staff turnover, lost working days, loss of quality in production, lack of motivation among teams).

According to widely held views, ‘good stress’ enables employees to give their best, while ‘bad stress’ makes them ill. However, from a scientific point of view, there is no such thing as good or bad stress. Stress is a phenomenon which the

body has to adjust to as an environmental factor. Nevertheless, a distinction needs to be made between ‘acute stress’ and ‘chronic stress’, as these have different effects on health.

- Acute stress is what people experience when their body reacts to a threat or an ad hoc situation (for instance, having to speak in front of an audience, changing jobs, an unexpected situation). When the situation ends, the stress symptoms disappear soon afterwards.
- By contrast, chronic stress constitutes the body’s response to a long-term stress situation: for instance, every day at work, a person may feel that what is being demanded of them exceeds their capabilities. Chronic stress always has harmful effects on health.

Reactions to the same circumstances vary between individuals. Some people can cope better with high demands than others. It is the individual’s subjective evaluation of their situation that is important. It is not possible to determine from the situation alone the amount of stress that may be caused.

### Harassment and work-related violence

In a company many instances of what can be termed work-related violence can occur: offensive remarks, insinuations, humiliation or bullying, insults, sexual innuendo, acts of violence, unjustified criticism or side-lining. These acts can be exercised by a certain individual or group, with or without a managerial role, against a single or several employees.

Harassment (also known as bullying, mobbing, or psychological violence) refers to unreasonable behaviour repeatedly directed towards an employee, or group of employees, aimed at victimising, humiliating, undermining or threatening the harassed person. Harassment can also take place on a more organised basis, as part of a company’s management policy.

Internal conflicts, or non-regulated disagreements at work, should not be linked to harassment.

Harassment can lead to post-traumatic stress disorder, loss of self-esteem, anxiety, depression, apathy, irritability, memory disorders, sleep disorders, problems with digestion and even suicide. Symptoms may persist for years after experiencing harassment. At the organisational level, harassment can result in increased absenteeism and staff turnover, along with reduced effectiveness and productivity. Legal damages arising from harassment cases can also be high.

### External violence

External violence is exercised against a person at his or her workplace by individuals not belonging to the company and can take different forms: abusive behaviour, verbal aggression, acts of violence (such as robberies). It endangers the health, safety and well-being of the workers concerned. A distinction is made between:

- physical violence, threats or insults that affect a wide range of people in occupations exposed to aggressive behaviour from their customers, especially in the service sector;
- so-called predatory violence (burglary, theft, extortion, homicide) that affects a number of well-defined occupations, especially in the banking and retail sectors;
- acts of destruction directed not at individuals but at property – employees confronted with such acts of vandalism can feel themselves attacked in their work and professional identity.

Although certain acts of violence are unpredictable, situations likely to provoke them are not. Risk factors include working with the public, handling money and working alone.

## **Burnout**

Burnout, originally identified among nursing and support staff, can affect all professions requiring intense personal commitment. Preventive measures must prevent a worsening of the health of people already threatened by exhaustion and, at the same time, prevent further cases occurring.

Burnout is a set of consecutive reactions to situations of chronic work-related stress. It is characterised by three dimensions:

- emotional exhaustion – a feeling of being emotionally overextended (‘drained’ or ‘gutted’);
- depersonalisation or cynicism – an anomaly of self-awareness. It consists of a feeling of watching oneself act, while having no control over a situation. Relations with users, customers, patients and others become depersonalised;
- a sense of non-accomplishment – a feeling of not being able to meet the expectations of those around us, withdrawal, and a negative attitude to work results.

A number of occupations require a high level of personal and emotional investment. Employees working in such occupations can be affected by the risk of burnout when they start feeling too large a gap between their expectations – the picture they have of their work (depicted in values and rules) – and the work reality. This situation, which exhausts them and ‘emotionally’ drains them, leaves them questioning their initial investment.

## **Absenteeism at work**

Absenteeism at work refers to workers being absent from work. It is defined by a temporary incapacity, extended or permanent, to work due to an illness or disability. Almost all EU countries insist on companies taking measures to reduce absenteeism at work. Companies often use the absenteeism rate as an indicator, since it impacts on company performance. There are close links between absenteeism and the level of stress, burnout and social relations at work.

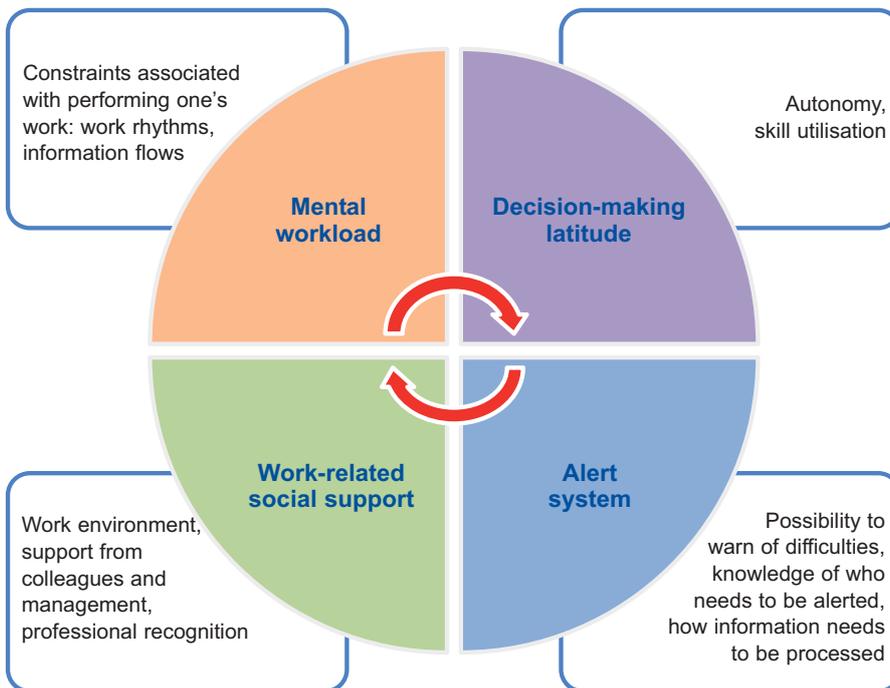
## **Presenteeism at work**

Presenteeism is the opposite of absenteeism. It concerns problems arising from workers coming to work in spite of a physical or psychological health problem that necessitates them to stay away from the workplace. In this context, presenteeism is not linked to a lack of motivation or engagement of the worker, but is due to the fact that he or she cannot act differently. The unproductivity is involuntary. The term can also refer to the fact that an employer demands that workers are present at work whatever the amount of work available or accomplished.

## Annex 2 – Framework of analysis for psychosocial risks at work

An important factor in guaranteeing the quality of social dialogue on psychosocial constraints at work is a shared understanding of their causes. The diagram below provides a simple analytical framework based on scientific models to depict the emergence of symptoms such as work-related stress. Exposure to psychosocial risks is seen as being conditioned by the balance existing within an organisation between the following four dimensions: Mental workload, decision-making latitude, work-related social support and alert systems.

Figure 2: *Four dimensions of psychosocial risk exposure*



Source: *Montreuil, 2011*

The most unfavourable situation for psychosocial risks is one combining a high level of mental workload with low levels of decision-making latitude, social support and alert capabilities. Regulatory factors (individual and collective) can help to cope with the imbalance – for example, work experience, freedom of speech within the organisation, employees' level of training and collective support (colleagues and local management).

## Annex 3 – Steering committee and participating organisations

### Steering Committee members

Henri Botella (ArcelorMittal)  
Odile Copin (ArcelorMittal)  
Dr Dominique Delahaigue (ArcelorMittal)  
Nathalie Darge (Eurofer)  
Isabelle Barthès (IndustriAll)  
Hanna Salovaara (Rautaruukki)  
Karo Suoknuuti (Rautaruukki)  
Dr Bernhard Koch (Salzgitter AG)  
Liesbeth Van Criekingen (ConsultingEuropa)  
Jörg Weingarten (PCG)  
Didier Bauchiere (Secafi)  
Peter Kerckhofs (Eurofound)  
James Sumner (EU-OSHA)  
Brenda O'Brien (EU-OSHA)

### Participating organisations

Consultingeuropa  
Project Consult GMBH (PCG)  
Secafi  
ArcelorMittal  
Rautaruukki  
Salzgitter AG  
Eurofer  
IndustriAll  
EU-OSHA





