European Agency for Safety and Health at Work

ESENER

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Understanding workplace management of safety and health, psychosocial risks and worker participation through ESENER

A summary of four secondary analysis reports

Contents

Key messages

Management of health and safety at work

- European legislation appears to have been reasonably effective in encouraging enterprises to manage occupational safety and health (OSH) through the use of a coherent, systems-based approach.

- Levels of OSH management fall in line with decreasing firm size, especially below 100 employees. However, the extent of this fall varies by country, which suggests that favourable 'contexts' can be fostered in which even the smallest enterprises are likely to take comprehensive preventive action.

- OSH management tends to be more widespread in those sectors commonly regarded as 'high-risk', whereas the increasing importance of problems such as MSDs, stress, violence and harassment demands effective preventive action across all sectors.

- Differences between countries in the extent of OSH management point to opportunities for learning through further cross-nationally comparable research.

Worker representation and consultation on OSH

- Workplaces that have worker representation on OSH are more likely to display management commitment to health and safety and to have preventive measures in place for both general OSH and psychosocial risks.

- Where worker representation is combined with high management commitment to health and safety, the effect is particularly strong; even more so if there is a works council or shop floor trades union in place and if the representative is given appropriate training and support.

- ESENER confirms the need for continued support for worker representatives on OSH.

- There is a need for research into how worker representation can help address psychosocial and other emerging risks most effectively.

Management of psychosocial risks

- Many workplaces in Europe manage psychosocial risks systematically, but the prevalence of this approach, as well as its extent (how comprehensive it is), varies significantly between countries.

- In addition to encouraging wider uptake of a systematic approach to psychosocial risk prevention, attention should be given to ensuring that establishments implement a broad range of preventive actions.

- 'Context' factors — characteristics of the environment in which a firm operates — exert a particularly strong influence on the extent to which small firms take action on psychosocial risks and offer a potential route for improving psychosocial risk management across Europe.

- The low level of measures in sectors such as construction and manufacturing, compared with education, health and social work, points to a need for more consistent uptake of preventive measures across all sectors.

Drivers, obstacles, needs and measures taken in management of psychosocial risks

- Firms that manage OSH effectively are more likely to take preventive action as regards psychosocial risks. Across all establishments, requests from employees or their representatives and a desire to reduce absenteeism are key drivers for taking action. For ad hoc measures, the business case seems to have a stronger effect, as shown by the importance of maintaining productivity, reducing absenteeism and responding to client requests or employer image.

- A lack of technical support and guidance, followed by a lack of resources are universally identified as the most important barriers to managing psychosocial risks. There is some evidence that barriers such as the sensitivity of the issue or a lack of resources become particularly important to an enterprise only once it has 'engaged' in psychosocial risks management.

- Awareness of psychosocial risks needs to be increased, as does the provision of support and guidance. Further research is needed to support the 'business case' for psychosocial risks management at workplace level.

Background

In June 2009, EU-OSHA completed fieldwork on a Europe-wide establishment survey on health and safety at the workplace, the European Survey of Enterprises on New and Emerging Risks (ESENER)[1]. The survey, which involved approximately 36 000 interviews and covered 31 countries (27 European Union Member States, Norway, Switzerland, Croatia and Turkey), aims to assist workplaces to deal more effectively with health and safety and to promote the health and well-being of employees by providing policy-makers with cross-nationally comparable information relevant for the design and implementation of new policies.

Through separate telephone interviews, ESENER asked managers and workers' health and safety representatives about the way health and safety risks are managed at their workplace, with a particular focus on psychosocial risks; i.e. on phenomena such as work-related stress, violence and harassment.

The results are available at www.esener.eu and include a descriptive overview report presenting the findings from the initial, bivariate analysis (http://osha.europa.eu/en/publications/reports/esener1_osh_management) and a summary of the report available in 23 languages (http://osha.europa.eu/en/publications/reports/en_esener1-summary.pdf/view?searchterm).
Additionally, an interactive mapping tool (http://osha.europa.eu/sub/esener/en) presents results for selected questions, broken down by country, sector and establishment size.
Following on from this initial analysis, four in-depth (multivariate) secondary analysis projects have been carried out in 2011; an overview of which is provided in this summary report. The four reports have focused on the following issues:

- Management of health and safety at work

- Worker representation and consultation on health and safety

- Factors associated with effective management of psychosocial risks

- Management of psychosocial risks — drivers, obstacles, needs and measures taken

The aim of these reports is to assist EU-OSHA in its provision of information to support policy-makers at European and national level, providing a strong basis for debate on the key issues. They will help in the development and application of workplace interventions through better identification of specific needs (e.g. according to size, sector and location) and so help to target resources more effectively. The findings should also contribute to the promotion and fostering of further research.

Management of health and safety at work[2]

The main research goals in this report were to:

1. identify sets of practices from ESENER data that are associated with effective management of OSH;

2. define a typology for establishments according to their characteristics (country, size, age, sector or industry);

3. draw on scientific knowledge and information on the regulatory and business environment to explain the 'context features' that have greatest influence on establishments' commitment to effective management of OSH;

4. discuss the policy implications arising from the empirical analysis.


[1]   See brief methodological note at the end.

[2]   Contractor: RAND Europe.

The analysis included a literature review and modelling of the ESENER data. The literature review aimed to identify relationships between variables that could be tested in the modelling phase and to propose a conceptual framework to guide the analysis, while the modelling, which took the form of factor analysis, was to understand associations between relevant aspects of the management of OSH. These aspects of OSH were identified by mapping the ESENER questions onto the conceptual framework. Knowledge of the associations led to the development of an index of OSH management, against which a range of independent variables was tested, such as size of establishment, location (country), demographic variables and industry sector.

Main findings from the literature review

- Despite the drop in the rates of injuries and ill health over the last few decades, workers report persistent and emerging work-related risks to health and safety in the workplace. In addition to physical and psychological harm, poor health and safety has important cost implications for the individual, the workplace and wider society.

- Initiatives have focused on promoting more effective OSH management approaches, markedly shifting from traditional, regulatory ones to those where OSH is incorporated into the general management of an establishment, enabling more ownership by employers and employees. These approaches can loosely be grouped as OSH management systems.

- In spite of the increasing popularity of the concepts of OSH management and OSH management systems among OSH stakeholders – regulators, employers, workers and health and safety agencies – there is a lack of robust scientific evidence on their effectiveness in terms of improved OSH and other outcomes. The literature review has nevertheless identified some factors associated with effective management of OSH.

- Based on the literature review, a conceptual framework was developed in order to guide the empirical analysis. It took the basic steps of an OSH management system as a starting point: policy development; organisational development; planning and implementation; measuring and assessing the main risks to the organisation; and measuring the effectiveness of OSH interventions (Figure 1).

Figure 1: A conceptual framework for implementation
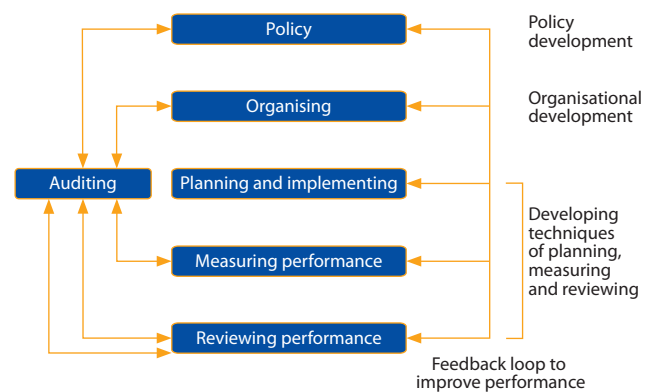
Source: HSE (1998).

Main findings from the empirical analysis

- The empirical analysis selected a number of questions from the ESENER manager (MM) questionnaire related to various aspects of OSH management (Table 1).

- Factor analysis showed that all 11 variables considered were strongly correlated with each other, meaning that establishments reporting implementation of one aspect of management tend to report other aspects as well. This finding suggests that establishments on the whole appear to be adopting management-system approaches to manage OSH and as such the concept of a system of management of OSH risks is empirically justifiable.

- Furthermore, factor analysis indicated that it was possible to construct a single variable expressing the scope of management of OSH risk that allowed the characterisation of establishments along a continuum. This indicator consisted of nine variables corresponding to the questions listed in Table 1.

Table 1: Variables included in the OSH management composite score[3]

- What health and safety services do you use, be it in-house or contracted externally? (MM150)

- Does your establishment routinely analyse the causes of sickness absence? (MM152)

- Do you take measures to support employees' return to work following a long-term sickness absence? (MM153)

- Is there a documented policy, established management system or action plan on health and safety in your establishment? (MM155)

- Are health and safety issues raised in high level management meetings regularly, occasionally or practically never? (MM158)

- Overall, how would you rate the degree of involvement of the line managers and supervisors in the management of health and safety? (MM159)

- Are workplaces in your establishment regularly checked for safety and health as part of a risk assessment or similar measure? (MM161)

- Has your establishment used health and safety information from any of the following bodies or institutions? (MM173)

- Does your establishment have an internal health and safety representative? (MM355 + MM358 combined)

Source: ESENER — Management of health and safety at work, EU-OSHA (2012).

- The most frequently reported components of the index are the implementation of an OSH policy, discussion of OSH in high-level management meetings, the involvement of line managers in OSH management and regularly carrying out risk assessment.

- Size of establishment, industry and location (country) are the variables most strongly associated with a broader scope of OSH management. As might be expected, smaller establishments clearly report fewer OSH management measures compared to larger establishments (Figure 2). However, it is important to note that the number of measures decreases with establishment size at a much faster rate below 100 employees.

Figure 2: Establishment size (number of employees) and OSH management composite score
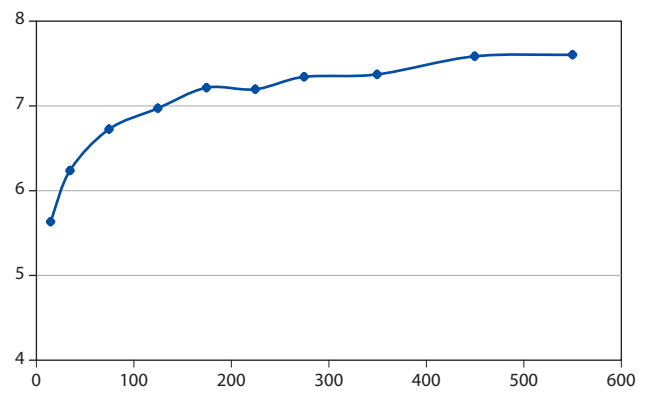
Source: ESENER — Management of health and safety at work, EU-OSHA (2012).

- OSH management indicators are more widely reported in industries such as construction, mining and health and social work, as opposed to public administration and real estate. A more detailed analysis reveals the country context as the most significant factor in determining the presence of preventive measures (Figure 3).

Figure 3: Country and OSH management composite score
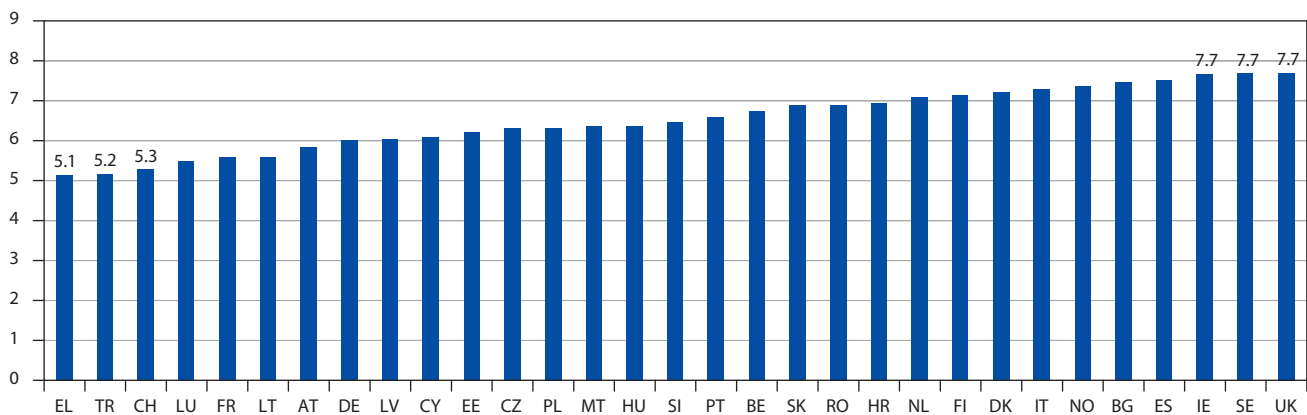
Source: ESENER — Management of health and safety at work, EU-OSHA (2012).

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[3] 'MM' numbers correspond to questions used in the survey. The questionnaires are available at www.esener.eu

- Controlling for other factors (such as size), there are significant differences between countries in the average number of indicators, varying from around five in Greece, Turkey and Switzerland to nearly eight in Ireland, Sweden and the UK.

- Whether an establishment is independent or part of a larger organisation is a less important but still significant factor, with independent establishments reporting fewer OSH management measures compared to those that are part of a larger entity.

- Other demographic variables, such as age composition or gender balance of the workforce have a very small effect on the level of OSH management measures.

Policy implications

- ESENER indicates that when firms address OSH they tend to do so using a coherent, systems-based approach, rather than picking and choosing specific measures; and this provides support for the effectiveness of the goal-setting regulatory approach set out in the 1989 EU Framework Directive (89/391/EEC). While ESENER indicates generally high levels of OSH management across Europe, the very rapid fall-off with decreasing establishment size and the significant variation between countries need to be addressed.

- The evidence shows that in some countries and sectors even the smallest establishments report high levels of OSH management practice, which suggests that if a sufficiently 'favourable' environment can be created, the extent of OSH management among smaller establishments (especially those with fewer than 100 employees) could be substantially increased. Further nationally-comparable research is needed to identify the key conditions that contribute to this 'favourable' environment.

- OSH management practice appears to follow traditional perceptions of risks and technological innovation, with establishments in traditionally 'high risk' industries and those in technologically intensive industries reporting higher levels of OSH practice. However, particularly in light of emergent or growing problems, such as musculoskeletal disorders, stress, violence and harassment, the comparatively low levels of OSH management in certain (particularly service-oriented) sectors needs to be addressed.

Worker representation and consultation on health and safety[4]

This study undertook a more detailed analysis of the ESENER data concerning the representation of workers in arrangements for health and safety management and investigated the relationship between the effectiveness of health and safety management measures within enterprises and the involvement of employee representatives in these measures. To achieve this aim, the following steps were to:

1. identify the extent to which ESENER confirms sets of practices shown in other studies to be associated with the involvement of workers in the management of OSH;

2. define a typology of establishments according to their characteristics and the determinants of worker involvement;

3. draw on scientific knowledge and information on the regulatory and business environment to explain the 'context features' that have greatest influence on enterprises' involvement of workers in the management of health and safety;

4. evaluate the effectiveness of worker involvement according to the analysis of responses to relevant ESENER questions;

5. consider possible relationships between the engagement of worker representation with arrangements for managing health and safety and national styles of regulation of these matters;

6. discuss the policy implications, identifying the main drivers and barriers that could be addressed in order to foster higher levels of worker involvement and to make their involvement more effective.

Main findings from literature review

- The previously published ESENER data[5] reported on the 'impact of formal participation [6] of employees in the management of health and safety risks' and found that all measures to manage general OSH risks investigated in the survey were 'more commonly applied where there is general formal representation in place'. The existence of OSH policies, management systems and action plans was found to be positively correlated with the presence of employee consultation, even after taking account of establishment size.


- It suggested that, where there is representation in smaller firms, these effects were even more pronounced than when it was present in larger firms. It also found that the presence of formal representation was associated with better perceptions of the success of measures (such as the impact of OSH policy) to manage OSH risks and argued that the 'presence (and involvement) of employee representation is clearly a factor in ensuring that such OSH policies and action plans are put into practice'.

- Indeed, the weight of the evidence found in the international literature would seem to broadly support the idea that better health and safety outcomes are likely when representative worker participation forms a part of employers' management of occupational health and safety and that, in various ways, joint arrangements, trade unions and worker representation on health and safety at the workplace are likely to be associated with such outcomes.

- However, large-scale international surveys that include data concerning the role of worker representation and consultation on OSH from all the EU Member States are rare[7]. The particular significance of the ESENER findings therefore is that they represent a substantial quantity of data gathered from a large sample of respondents from all the Member States of the EU.

Main findings from empirical analysis

- The factors associated with the presence of worker representation are consistent with previous work suggesting that worker representation is more common in larger organisations; the public sector; organisations with a higher proportion of older workers; and in workplaces where health and safety and the views of workers are seen as a priority.

- There is also a strong association with management commitment to health and safety which, in combination with worker representation (particularly both general and specific OSH representation together), is also significantly associated with each of a range of measures of OSH management, including the presence of a health and safety policy, routine collection of sickness absence data and regular workplace checks on OSH.

- For example, after controlling for other factors, respondents from workplaces with both forms of worker representation and high management commitment to health and safety are almost 10 times as likely as those from workplaces with no worker representation and low management commitment to health and safety to report that their organisation has a documented health and safety policy in place (Figure 4).

Figure 4: Association, after controlling for other potentially influential factors, between: (a) forms of worker representation* and (b) reporting that a documented health and safety policy is in place; shown at low and high levels of management commitment to health and safety
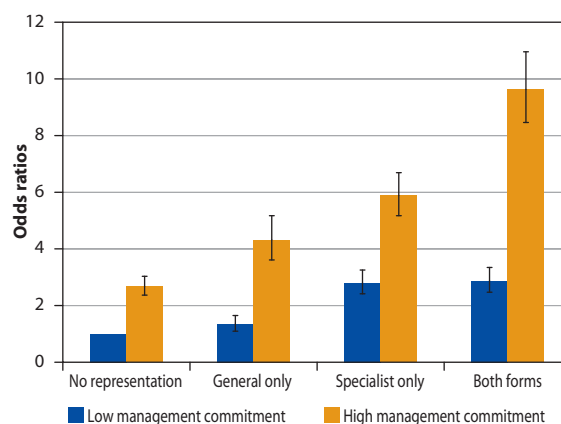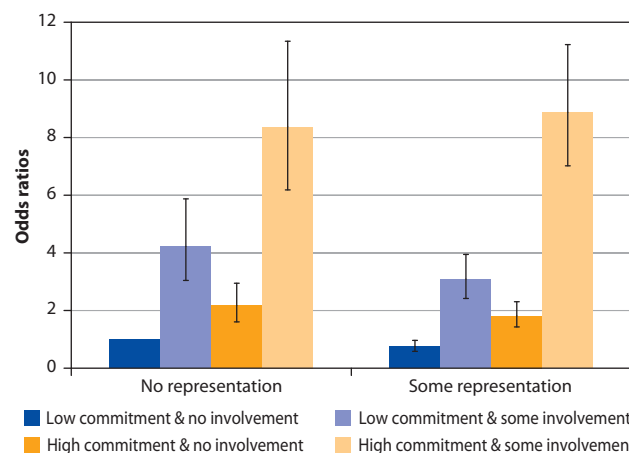

*Forms of worker representation: General — works council and/or trade union representative; Specialist OSH — health and safety committee and/or health and safety representative

Source: ESENER — Worker representation and consultation on health and safety, EU-OSHA (2012).

- OSH management measures are more likely to be seen as effective in workplaces in which there is worker representation, and in particular where it is combined with high management commitment to health and safety. In line with this, analyses further suggest that psychosocial risk management generally is more likely in workplaces where there is worker representation and particularly so where there is also high management commitment to health and safety (Figure 5).

Figure 5: Association, after controlling for other potentially influential factors, between: (a) employee involvement; and (b) effective OSH management of psychosocial risks; shown at low and high levels of management commitment to health and safety and with and without the presence of worker representation*

*Forms of worker representation: General — works council and/or trade union representative; Specialist OSH — health and safety committee and/or health and safety representative

Source: ESENER — Worker representation and consultation on health and safety, EU-OSHA (2012).

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[7] As reported by the EPSARE study undertaken for the ETUI (Menendez et al., 2008).

- A similar pattern of results is apparent when carrying out comparable analyses using the dataset from the interviews with health and safety representatives, supporting the findings outlined above and confirming, in particular, the strong association with management commitment to health and safety.

- Findings suggest that, independent of other factors, OSH management is more likely, and is more likely to be effective, in organisations which not only have an employee representative but which also provide that person with an appropriate context in which to work. This includes ensuring high levels of management commitment to health and safety, comprehensive employee representative training, the support system and mechanisms to implement OSH policy and practice and an active and recognised role in day-to-day health and safety management of both traditional and psychosocial risks.

- In line with previous national studies, sectoral comparisons show a greater presence of representation in utilities, the public sector and in manufacturing. Furthermore, high levels of management commitment to OSH and participative arrangements are apparent in many of the sectors embraced by the 'producing' category[8] used in the published ESENER report.

- By country, proportional presence of both general and specialist OSH worker representation in combination with high management commitment is highest in the Scandinavian countries and lowest in the smaller southern European countries. Generally EU-15 countries dominate those with greater than average occurrence of such associations, but there are some new entrants such as Bulgaria and Romania that are also quite prominent in this group, while some EU-15 countries such as Germany and France have below average occurrence.

These conclusions, which are drawn from analyses that controlled for the other potentially influential factors, are consistent with and supportive of previous work in that they: (a) identify worker representation as a key part of the effective management of workplace health and safety risks; and (b) highlight that the context in which workers' representatives are working is an important factor in the relationship between worker representation and OSH risk management.

Policy implications

- For policy-makers the message emerging from the further analysis of ESENER is twofold. First, it confirms the need for continued support for worker health and safety representatives and the preconditions that help to determine good practice wherever it is found. Second, if as the wider literature suggests, these pre-conditions for the effective operation of statutory requirements for worker representation on health and safety in the EU exist in only a minority of workplaces, the number of which is diminishing, this is an issue that also requires attention.

- As regards the need for research, many of these consequences remain relatively little documented in terms of their impact on the effective involvement of workers and their representatives in arrangements to improve health, safety and well-being at work. There remains much to be understood concerning ways in which worker representation might most effectively address psychosocial and other new and emerging risks.

Factors associated with effective management of psychosocial risks[9]

The main research goals in this study were to:

- identify sets of practices from ESENER data that are associated with effective management of psychosocial risks;

- define a typology for establishments according to their characteristics (sector, size, age, sector or industry);

- draw on scientific knowledge and information on the regulatory and business environment to explain the 'context features' that have greatest influence on establishments' commitment to effective management of psychosocial risks;

- discuss the policy implications arising from the empirical analysis.

In order to achieve this, a literature review was undertaken with the aim of identifying relationships between variables that could be tested in the modelling phase and to propose a conceptual framework to guide the analysis. The modelling of the ESENER data, which took the form of factor analysis, aimed to understand associations between relevant aspects of the management of psychosocial risks. These aspects of psychosocial risks were identified by mapping the ESENER questions onto the conceptual framework so as to develop an index of psychosocial risk management. A range of independent variables was tested against the index,

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[8] Producing industries: mining and quarrying; manufacturing; electricity, gas and water supply (utilities); and construction.

[9] Contractor: RAND Europe.

such as size of establishments, country, demographic variables and industry sector.

Main findings from the literature review

- According to the EU labour force survey 2007 ad hoc module on health and safety at work, 27.9 % of workers reported exposure affecting mental well-being, corresponding to about 55.6 million workers. Around 14 % of the persons with a work-related health problem experienced stress, depression or anxiety as the main health problem.

- Psychosocial hazards and their associated risks are a key challenge for policy-makers in Europe. Despite several policy initiatives launched at the EU and national level since the end of the 1980s, it is argued that there is still some gap between policy and practice.

- A better understanding of the concept of psychosocial hazards and their associated risks is necessary to understand how to assess and reduce them effectively. There is a substantial body of scholarly literature that suggests the use of the risk management paradigm to effectively manage psychosocial risks. Despite some difficulties in applying such a paradigm to psychosocial risks, it appears more effective than simple workplace interventions and other tools, such as stress surveys.

- A conceptual framework to guide the empirical analysis was identified in the literature review on the basis of the risk management paradigm. The conceptual framework involves a number of stages including: risk assessments; translating the information on risks into targeted actions; introducing and managing the risk reduction interventions; and evaluating the interventions and providing feedback for existing interventions as well as future action plans (Figure 6).

**Main findings from empirical analysis**

- Based on the conceptual framework, factor analysis showed that eight of the factors or variables considered for inclusion in the composite score for psychosocial risk management (see Table 2) were strongly correlated with each other. This permits the development of a composite index and leads to the conclusion that establishments on the whole appear to be taking systems-based approaches to the management of psychosocial risks. The application of a risk management approach appears empirically justifiable.

- Therefore, a single indicator on the scope of management of psychosocial risks was generated allowing the characterisation of establishments. The final indicator consisted of six variables as the questions on work-related stress (MM250), bullying and harassment (MM251) and violence (MM252) proved so closely correlated that they were collapsed into one single variable.

Figure 6: A model for psychosocial risk management
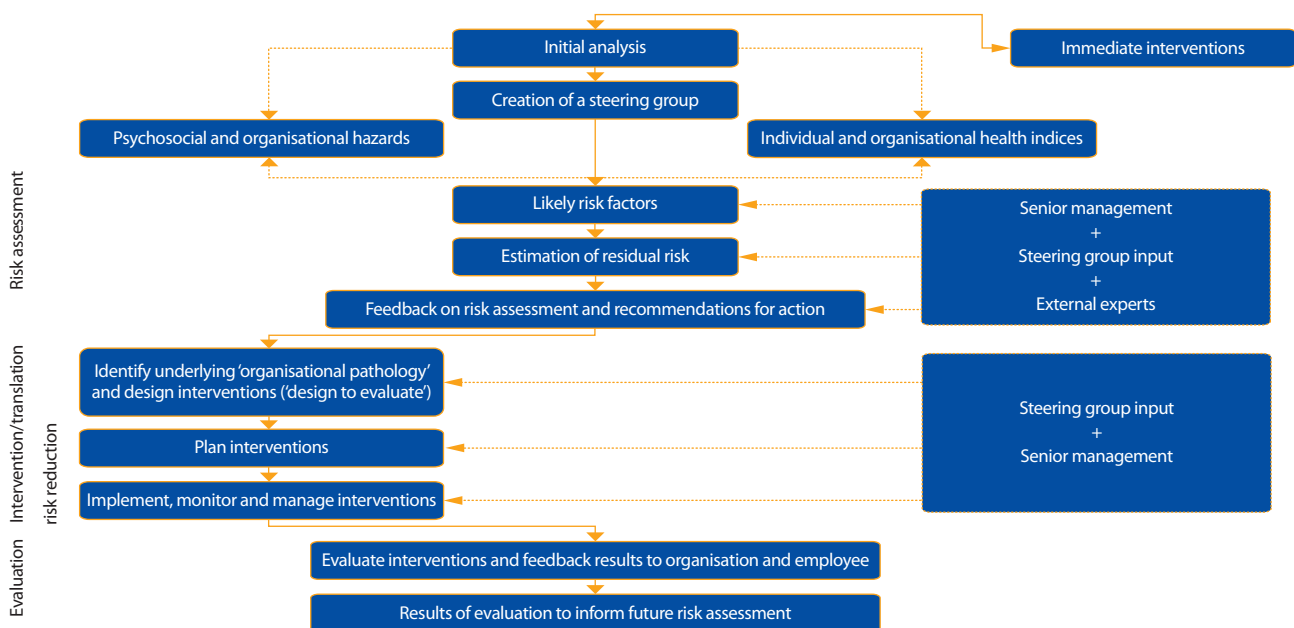
Source: Adapted from E. Rial-Gonzalez, (2000).

Figure 7: Country and psychosocial management composite score
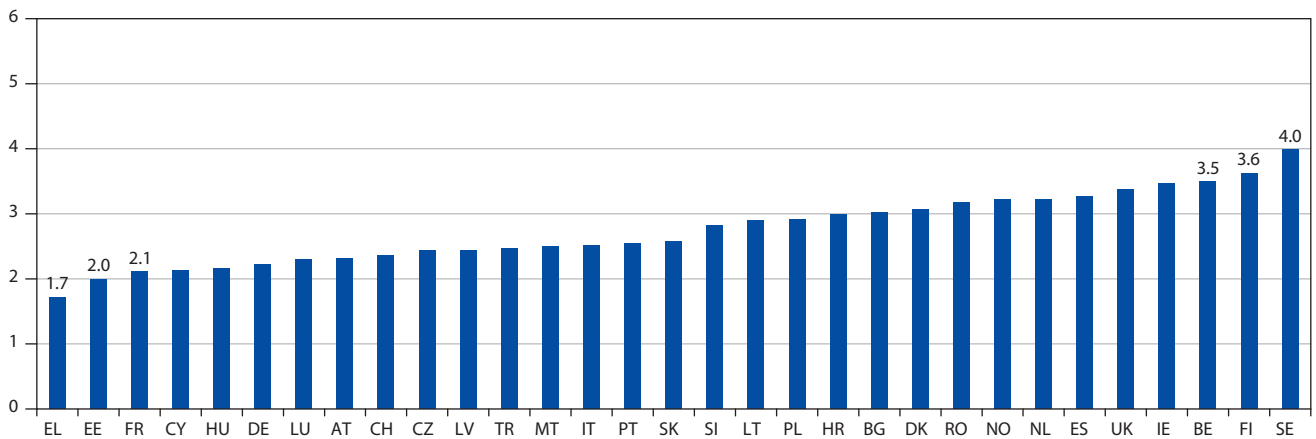
Table 2: Variables included in the psychosocial management composite score.

- What health and safety services do you use? Do you use a psychologist? (MM150_3)

- Does your establishment have a procedure to deal with work-related stress? (MM250)

- Does your establishment have a procedure to deal with bullying and harassment? (MM251)

- Does your establishment have a procedure to deal with work-related violence? (MM252)

- In the last three years, has your establishment provided training to employees on dealing with psychosocial risks? (MM253.6)

- Do you inform employees about psychosocial risks and their effect on health and safety? (MM259)

- Have they been informed about whom to address in case of work-related psychosocial problems? (MM260)

- Have you used information or support from external sources on how to deal with psychosocial risks at work? (MM302)

- Country and size of establishment are the strongest determinants of the scope of management of psychosocial risks. Sector of activity has a significant but smaller effect.

- The host of cultural, economic and regulatory realities captured in the study by the 'country' variable is the most significant factor associated with the presence of measures to manage psychosocial risk (Figure 7).

- Smaller establishments report significantly fewer psychosocial risk management measures compared to large establishments (Figure 8).

Figure 8: Establishment size (number of employees) and psychosocial management composite score
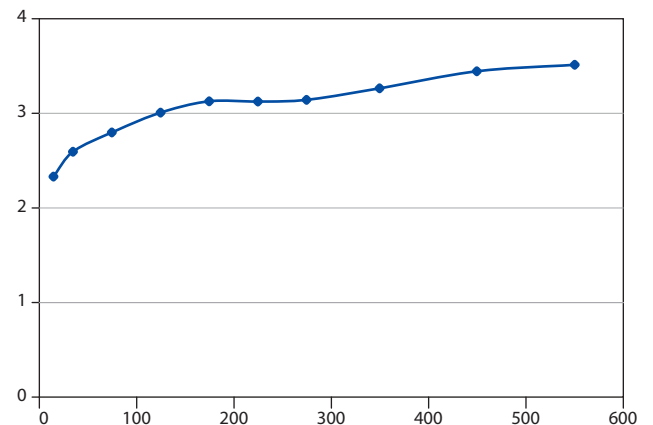
- Sectors differ significantly in relation to the scope of management of psychosocial risks, with higher levels most frequently reported by establishments in education, health and social work as compared to producing industries.

- As is the case for management of OSH in general, other demographic variables, such as age composition or gender balance of the workforce have a very small effect on the level of psychosocial risk management.

- The most frequent measures used to deal with psychosocial risks are 'ensuring employees know whom to address on the topic of psychosocial risks' and 'provision of training'. Other measures, such as use of a psychologist and the existence

of procedures to deal with psychosocial risks, are used less widely.

- In general, the management of psychosocial risks in European establishments lags behind the management of general OSH risks. Establishments with good management of general OSH risks also tend to manage psychosocial risks more comprehensively.

Policy implications

- The findings suggest that psychosocial risks tend to be managed using a coherent, systems-based approach, as for management of OSH, but that there are certain preventive measures which are very rarely used in some countries (such as use of a psychologist and adoption of procedures to deal with psychosocial risks). While the framework directive's systematic approach to the management of risks appears to be framing action on psychosocial risks effectively, attention needs to be paid to ensuring that establishments implement a broad range of preventive actions in all countries.

- A systematic approach to dealing with psychosocial risk management is possible even among smaller establishments, but the extent to which this occurs varies significantly between countries. This suggests that 'context' factors such as regulatory style, organisational culture and organisational capacity play an important role and offer a potential route for improving workplace management of psychosocial risks across Europe.

- Across sectors of activity the extent of psychosocial risks management corresponds to areas of high incidence, as indicated by existing research, based for example on workers' surveys. The low level of measures in sectors such as construction and manufacturing compared with education, health and social work points to a need for more consistent uptake of preventive measures across all sectors.

Management of psychosocial risks — drivers, obstacles, needs and measures taken[10]

The project aimed to identify the drivers and barriers affecting European enterprises in relation to the management of psychosocial risks, clarifying existing needs in this area. More specifically, its objectives were to:

- identify drivers, obstacles and needs related to managing psychosocial risks: implementing procedures for work-related stress, bullying/harassment, and violence at work, as well as taking ad hoc measures to deal with psychosocial risks;

- draw on scientific knowledge and information on the regulatory and business environment to explain the 'context features' that have greatest influence on enterprises' management of psychosocial risks;

- discuss the policy implications, identifying the main drivers and barriers that could be addressed.

Main findings from the literature review

- Considerable progress has been achieved in the EU in recognising the relevance of psychosocial risk factors in general and of work-related stress, harassment and violence at work in particular. However, and as has been pointed out above[11], there seems to be a gap between policy and practice that hinders the management of psychosocial risks at enterprise level.

- The translation of policies for psychosocial risk management into effective practice requires capacities, both at macro (national/regional) and at company level. These capacities range from the knowledge and expertise of key agents (management, workers, policy-makers), to the existence of relevant and reliable information to support decision-making and the availability of effective and user-friendly methods and tools along with supportive structures (experts, consultants, services and institutions, research and development).

- On the basis of the literature review, a conceptual framework for the study was defined, including the essential drivers and barriers affecting European enterprises in relation to the management of psychosocial risks (Figure 9). Organisational characteristics that may influence the relationship between drivers/barriers and management of psychosocial risks (establishment size, sector, public/private enterprise and country), were also included in the analysis.

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[10] Contractor: Consortium led by the University of Nottingham, together with the Italian Workers' Compensation Authority (INAIL), TNO Work & Employment, and the Finnish Institute of Occupational Health (FIOH).
[11] Factors associated with effective management of psychosocial risks.

Figure 9: Conceptual framework for the drivers and barriers affecting European enterprises in relation to psychosocial risk management
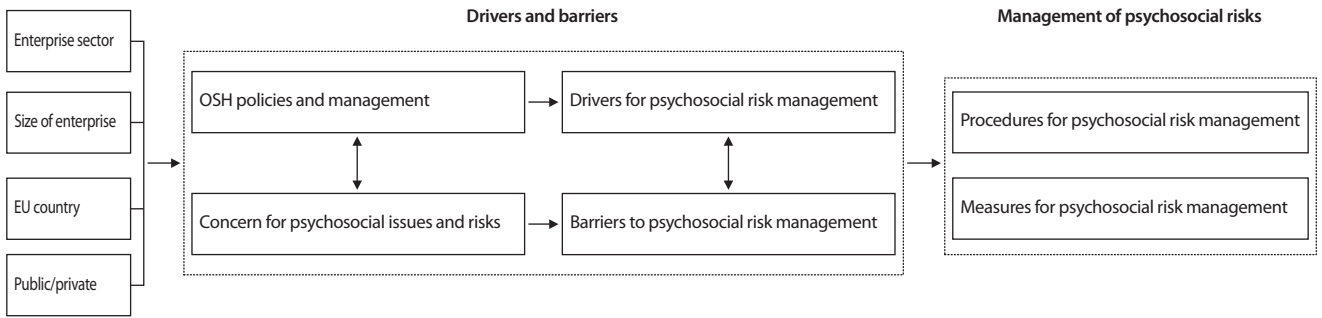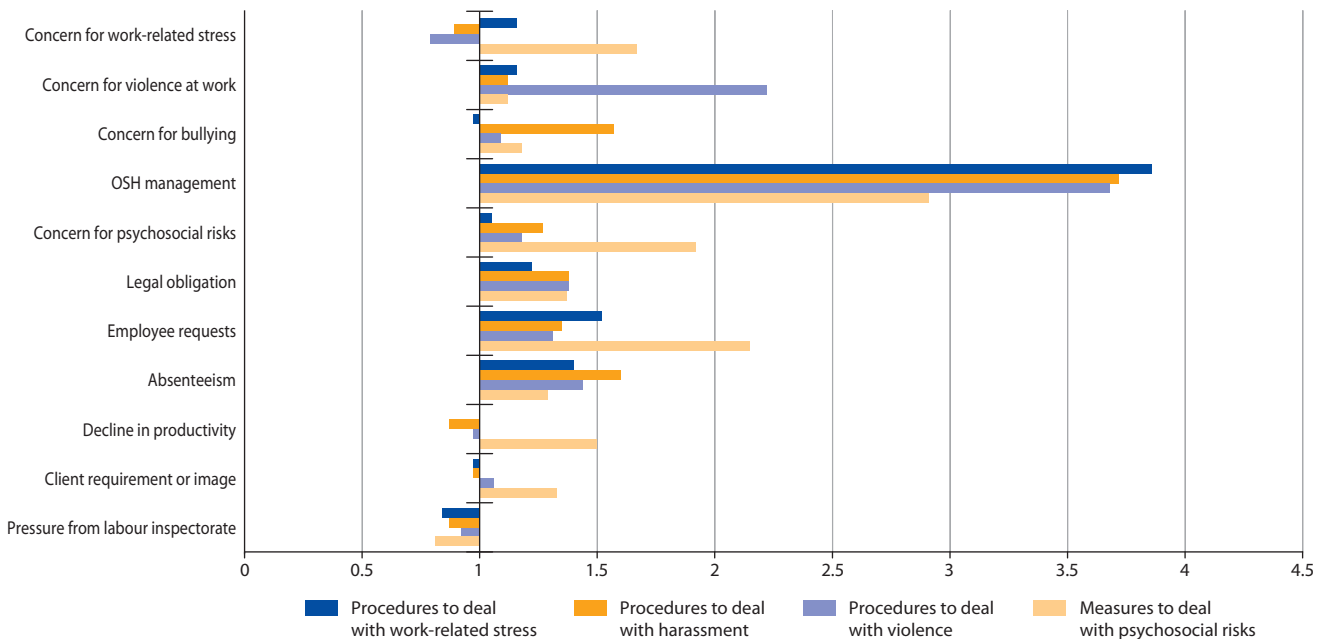

Source: ESENER — Management of psychosocial risks — drivers, obstacles, needs and measures taken, EU-OSHA (2012).

Main findings from the empirical analysis

- Implementation of good practice in OSH management, as well as concern for work-related stress, harassment and violence, appear to be strongly associated with implementation of both procedures and ad hoc measures to deal with these issues, irrespective of enterprise size, sector or country. Those enterprises reporting a higher level of implementation of OSH management practices are also more likely to engage in higher levels of psychosocial risk management.

- Furthermore, employee requests and absenteeism are identified as key drivers, which emphasises the importance of both employee participation and the business case for psychosocial risk management.

- When it comes to harassment, which may be regarded as a more sensitive issue, employee requests are a weaker driver than absenteeism and legal obligations; while for work-related stress they are a stronger driver. For ad hoc measures, the business case seems to have a stronger effect, as shown by the importance of maintaining productivity, reducing absenteeism and responding to client requests or employer image.

Figure 10: The impact (odds ratio) of several explanatory variables (drivers) on procedures/measures to manage psychosocial risks in European enterprises

Source: ESENER — Management of psychosocial risks — drivers, obstacles, needs and measures taken, EU-OSHA (2012).

- The larger the enterprise, the more drivers it is likely to report. The only exception is a decline in productivity where the increase in enterprise size decreases the actual reporting of this specific driver. That may suggest that the business case is of special importance particularly for small establishments.

- By sector of activity, the level of concern and level of management of psychosocial risks are both higher in public administration and health and social work. As expected, private enterprises report a decline in productivity more commonly as a driver than public enterprises, suggesting that the business case is perceived more strongly in the private sector.

- Concerning **barriers** for psychosocial risk management, a lack of technical support and guidance appears to be the most important — followed by a lack of resources — in relation to having procedures for work-related stress, bullying or harassment and violence (Figure 11).

- While establishments that cite a lack of resources as a barrier are less likely to have procedures in place to manage psychosocial risks (stress, harassment and violence), they are more likely to have taken ad hoc measures to deal with psychosocial risks. A possible explanation is that although a lack of resources may discourage companies from taking a systematic approach to managing psychosocial risks, they will nonetheless have to take ad hoc measures to deal with problems that arise in this area. Furthermore, a lack of resources may only become apparent once the need to take urgent measures has arisen and the work involved in their implementation is appreciated.

- A lack of resources, technical support and guidance are the barriers most frequently reported by enterprises in the public sector, whereas a lack of awareness is indicated as a barrier more often among enterprises in the private sector. An increase in enterprise size is also associated with more reporting of barriers, the only exception being a lack of resources. As might be expected, a lack of resources is the most commonly reported barrier among the smallest size class of enterprise (10–19 employees).

- Enterprises that have procedures or measures in place to manage psychosocial risks are more likely to mention sensitivity of the issue as a barrier, which supports the view that certain barriers — while not necessarily preventing action — take on more importance once steps have been taken to tackle psychosocial risks.

Figure 11: The impact (odds ratio) of several explanatory variables (barriers) on procedures/measures to manage psychosocial risks in European enterprises
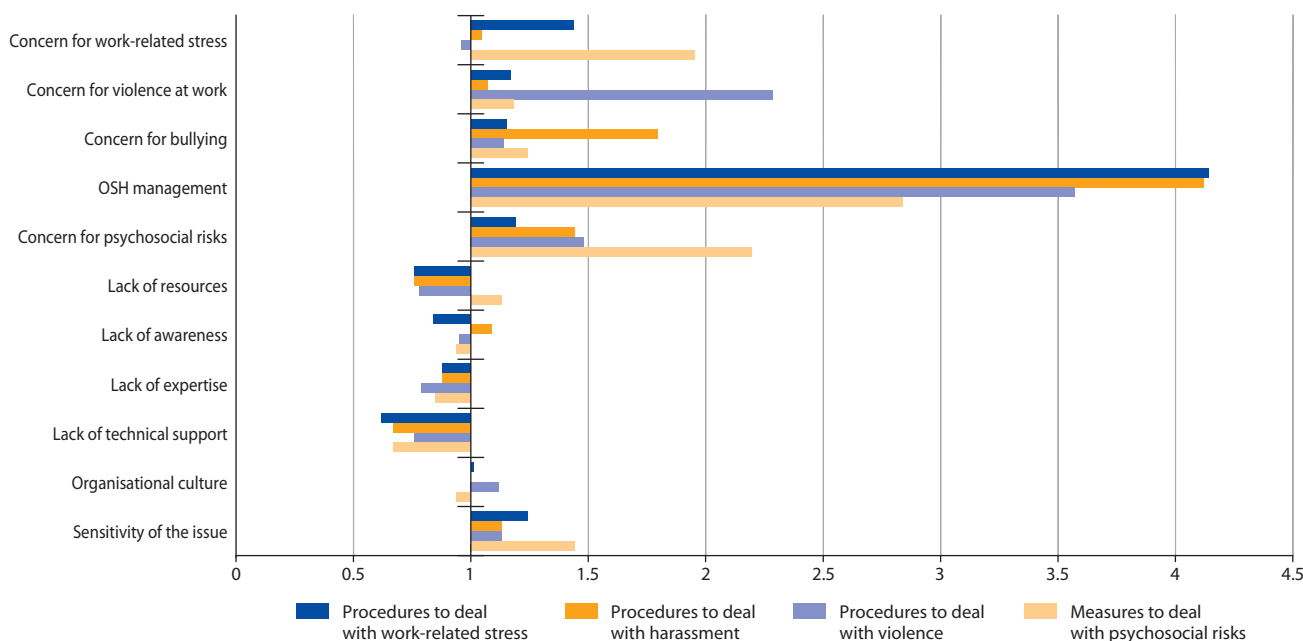
Source: ESENER — Management of psychosocial risks — drivers, obstacles, needs and measures taken, EU-OSHA (2012).

Policy implications

- The clear link between general OSH management and psychosocial risk management emphasises the importance of establishing an OSH policy and action plan, or using an OSH management system, that incorporates psychosocial risk management as an essential part.

- There is a need to promote initiatives offering improved support to enterprises to deal with psychosocial risks, targeting different groups, such as sectoral bodies, OSH service providers and labour inspectors. These initiatives should highlight the importance of good OSH management practices, in particular: increasing awareness, designing and implementing preventive measures to deal with psychosocial risks and conducting psychosocial risk assessments.

- In order to provide firms with better support and guidance, consideration should be given to the potential influence of labour inspectors (as recognised in a SLIC campaign[12]) and the importance of having OSH service providers properly trained in psychosocial risk management practices.

- Awareness should be raised among employers about the cost-effectiveness of psychosocial risk management interventions and the fact that psychosocial risk management is possible despite the sensitivity of the issue.

- Further research is needed to strengthen evidence for the relationship between psychosocial risks and company performance, including reduction of absenteeism.

ESENER methodology and publications

- The survey involved 28 649 interviews with the highest ranking manager in charge of health and safety and a further 7 226 with the workers' health and safety representative[13]. The statistical population is all establishments with 10 or more employees in the 31 participating countries, covering all sectors of economic activity except for agriculture, forestry and fishing. The statistical unit of analysis is the establishment.

- The 31 participating countries comprise all 27 European Member States, as well as two candidate countries (Croatia and Turkey), and two EFTA countries (Norway and Switzerland).

- Further information is available (www.esener.eu), including a translation of this summary in 25 languages.

- Master and national versions of questionnaires are available (http://osha.europa.eu/en/riskobservatory/enterprise-survey/methodology-1).

- A descriptive overview report is available (http://osha.europa.eu/en/publications/reports/esener1_osh_management).

- A summary is available in 23 languages (http://osha.europa.eu/en/publications/reports/en_esener1-summary.pdf/view?searchterm=).

- A web mapping tool is also available (http://osha.europa.eu/sub/esener/en).

- The full ESENER dataset is accessible via the UK Data Archive (UKDA) of the University of Essex (http://www.esds.ac.uk/findingData/snDescription.asp?sn=6446&key=esener). To access data files, users are first required to register with UKDA. Information on the registration procedure is available (http://www.esds.ac.uk/aandp/access/access.asp). For any query about registration or data access, please contact help@esds.ac.uk.

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[12] The Committee of Senior Labour Inspectors' European Inspection Campaign on Psychosocial Risks 2012 (www.av.se/SLIC2012).

[13] For the 27 EU Member States, these figures are 24 680 interviews with managers and 6 694 with health and safety representatives.

About the authors

RAND Europe

RAND Europe is an independent not-for-profit organisation that carries out research and analysis for policy and decision-making. It was established in 1992 as an independent unit of US think-tank RAND Corporation.

Cardiff University — Cardiff Work Environment Research Centre (CWERC) and the Wales Institute of Social & Economic Research, Data & Methods (WISERD)

CWERC undertakes research on the relationship between health, safety and well-being in the working environment. It is a Joint Research Centre supported by the Schools of Psychology and Social Sciences of Cardiff University.

WISERD is jointly funded by the Welsh Government (HEFCW) and the UK Economic and Social Research Council (ESRC) to draw together and build upon the existing expertise in quantitative and qualitative research methods and methodologies at Aberystwyth, Bangor, Cardiff, Glamorgan and Swansea Universities.

Consortium led by the Institute of Work, Health and Organisations of the University of Nottingham (I-WHO).

Partners: the Italian Workers' Compensation Authority (INAIL), TNO Work & Employment, and the Finnish Institute of Occupational Health (FIOH)

I-WHO is a postgraduate research school in applied psychology at the University of Nottingham. It is concerned with the contribution of applied psychology to occupational and public health and safety and to the provision of related health services. The institute is a designated WHO Collaborating Centre in Occupational Health.

INAIL — The Italian Workers Compensation Authority – pursues, among others, the reduction of accidents at work, the insurance of workers and the reintegration in the labour market of work accident victims.

TNO Work & Employment is an institute for technological and strategic research and consultancy. By bringing scientific knowledge into practice TNO aims to optimise the innovative abilities of universities and government. TNO is also a WHO Collaborating Centre in Occupational Health.

FIOH, the Finnish Institute of Occupational Health, is a research and specialist organisation in the field of occupational safety and health. Its research is available for workplaces through its expert services, training and information dissemination activities.

Summary edited by William Cockburn, Xabier Irastorza and Malgorzata Milczarek

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work.

The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1996 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments and employers' and workers' organisations, as well as leading experts in each of the EU-27 Member States and beyond.

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