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Summary

Second European Survey of Enterprises on New and Emerging Risks (ESENER-2)

EU-OSHA's second Europe-wide establishment survey aims to assist workplaces to deal more effectively with health and safety and to promote the health and well-being of employees. It provides cross-nationally comparable information relevant for the design and implementation of new policies in this field.

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Background

The European Agency for Safety and Health at Work (EU-OSHA)'s second European Survey of Enterprises on New and Emerging Risks (ESENER-2) asks those 'who know best' about safety and health in the establishments about the way safety and health risks are managed at their workplace, with a particular focus on psychosocial risks, i.e. work-related stress, violence and harassment. In summer/autumn 2014 a total of 49,320 establishments — across all activity sectors ⁽¹⁾ and employing at

⁽¹⁾ Except for private households (NACE T) and extraterritorial organisations (NACE U).

least five people — were surveyed in the 36 countries covered: the 28 EU Member States (EU-28) as well as Albania, Iceland, Montenegro, the former Yugoslav Republic of Macedonia, Serbia, Turkey, Norway and Switzerland.

The EU Framework Directive on Safety and Health at Work (Directive 89/391/EEC) and its individual directives provide the framework for workers in Europe to enjoy high levels of health and safety at work. Implementation of these provisions varies from one country to another and their practical application differs according to activity sector, category of workers and enterprise size. This was confirmed by ESENER-1, which provided a comparison of practices between countries and contributed to a better understanding of how an establishment's characteristics and broader environment influence their health and safety management.

Intending to build on this and developed with the support of governments and social partners at the European level, ESENER-2 aims to assist workplaces across Europe by better understanding their needs for support and expertise as well as identifying the factors that encourage or hinder action. ESENER explores in detail four areas of occupational safety and health (OSH):

1. The general approach in the establishment to managing OSH.
2. How the 'emerging' area of psychosocial risks is addressed.
3. The main drivers and barriers to the management of OSH.
4. How worker participation in OSH management is implemented in practice.

This summary report presents an overview of the main findings of ESENER-2 for each of these four areas. More detailed results and analyses will be presented in the overview report, to be published later in 2015.

Key findings

European workplaces are constantly evolving under the influence of changes in economic and social conditions. Some of these changes are apparent in ESENER-2, with 21 % of establishments in the EU-28 indicating that employees aged over 55 account for more than a quarter of their workforce, the highest proportions corresponding to Sweden (36%), Latvia (32%) and Estonia (30%). At the same time, 13% of establishments in the EU-28 report that they have employees working from home on a regular basis, with the Netherlands (26%) and Denmark (24%) showing the highest proportions. It is worth noting, too, that 6% of establishments in the EU-28 report having employees who have difficulties understanding the language spoken at the premises. This figure is highest in Luxembourg and Malta (both 16%) and Sweden (15%). These work situations pose new challenges that require action in order to ensure high levels of health and safety at work.

- ESENER-2 findings reflect the continued growth of the service sector. The most frequently identified risk factors are having to deal with difficult customers, pupils or patients (58% of establishments in the EU-28), followed by tiring or painful positions (56%) and repetitive hand or arm movements (52%).
- Psychosocial risk factors are perceived as more challenging than others; almost one in five of the establishments that report having to deal with difficult customers or experiencing time pressure also indicate that they lack information or adequate tools to deal with the risk effectively.
- ESENER-2 indicates that 76% of establishments in the EU-28 carry out risk assessments regularly. As expected, there is a positive correlation with establishment size, whereas by country the values range from 94% of establishments in Italy and Slovenia down to 37% in Luxembourg.
- The majority (90%) of surveyed establishments in the EU-28 that carry out regular risk assessments regard them as a useful way of managing health and safety, a consistent finding across activity sectors and establishment sizes.
- There are significant differences when it comes to the proportion of establishments where risk assessments are mainly conducted by internal staff. The country ranking changes significantly, being topped by Denmark (76% of establishments), the United Kingdom (68%) and Sweden (66%). The lowest proportions are found in Slovenia (7%), Croatia (9%) and Spain (11%).
- Looking at those establishments that do not carry out regular risk assessments, the main reasons given for not doing so are that the risk and hazards are already known (83% of establishments) and that there are no major problems (80%).
- The majority (90%) of establishments in the EU-28 report having a document that explains the responsibilities and procedures on health and safety, particularly among the larger establishments. There are no significant differences by activity sector, whereas by country the highest proportions correspond to the United Kingdom, Slovenia, Romania, Poland and Italy (98% in all of them) in contrast to Montenegro (50%), Albania (57%) and Iceland (58%).
- Health and safety issues are discussed at the top level of management regularly in 61% of establishments in the EU-28, the proportion increasing with establishment size. By country, this is reported more frequently in the Czech Republic (81%), the United Kingdom (79%) and Romania (75%), while the lower percentages correspond to Montenegro (25%), Estonia (32%) and Iceland and Slovenia (both 35%).
- Almost three-quarters of establishments surveyed in the EU-28 (73%) report providing their team leaders and line managers with training on how to manage OSH in their teams, the proportions growing with business size, and being most frequently reported by establishments in construction, waste management, water and electricity supply (82%) and in agriculture, forestry and fishing (81%). By country, training is more frequently provided in the Czech Republic (94%), Italy (90%) and Slovenia and Slovakia (both 84%) in contrast to Iceland (38%), Luxembourg (43%) and France (46%).
- Moving on to the reasons that motivate enterprises to manage OSH, fulfilling the legal obligation is reported to be a major reason by 85% of establishments in the EU-28. There is a positive correlation with establishment size, whereas by country the proportions range from 68% of establishments in Denmark to 94% in Portugal. In some countries, particularly those that joined the European Union in 2004 and some of the candidate countries, the driver most frequently reported to be a major reason to address health and safety is maintaining the organisation's reputation.
- The second most important driver for action on OSH is meeting expectations from employees or their representatives.

ESENER-2 shows that more than four in five establishments (81 %) that carry out risk assessments regularly in the EU-28 report involving their employees in the design and implementation of measures that follow a risk assessment.

- ESENER-2 shows that a reluctance to talk openly about these issues seems to be the main difficulty for addressing psychosocial risks (30 % of establishments in the EU-28). This, as with all the other difficulties, is reported more frequently as the establishment size grows.
- Slightly over half of all surveyed establishments in the EU-28 (53 %) report having sufficient information on how to include psychosocial risks in risk assessments. As expected, this proportion varies more by establishment size than by sector and particularly by country, the highest figures coming from Slovenia (75 %) and Italy (74 %) as opposed to Malta (35 %) and Slovakia (40 %).
- The use of health and safety services reveals occupational health doctors (68 %), generalists on health and safety (63 %) and experts for accident prevention (52 %) to be the most frequently used. Focusing on psychosocial risks, the use of a psychologist is reported by only 16 % of establishments in the EU-28.
- Concerning forms of employee representation, a health and safety representative was the most frequently reported figure: 58 % of establishments in the EU-28, the proportions being highest among establishments in education, human health and social work activities (67 %), manufacturing (64 %) and public administration (59 %). As expected, these findings are largely driven by establishment size.

- Focusing on those establishments that report having used measures to prevent psychosocial risks in the three years prior to the survey, 63 % of establishments in the EU-28 indicate that employees had a role in the design and set-up of such measures. These findings vary by country, from 77 % of establishments in Denmark and Austria down to 43 % in Slovakia. Owing to the nature of psychosocial risks, it would be expected that measures in this area would bring direct worker involvement and an especially high degree of collaboration from all actors at the workplace.

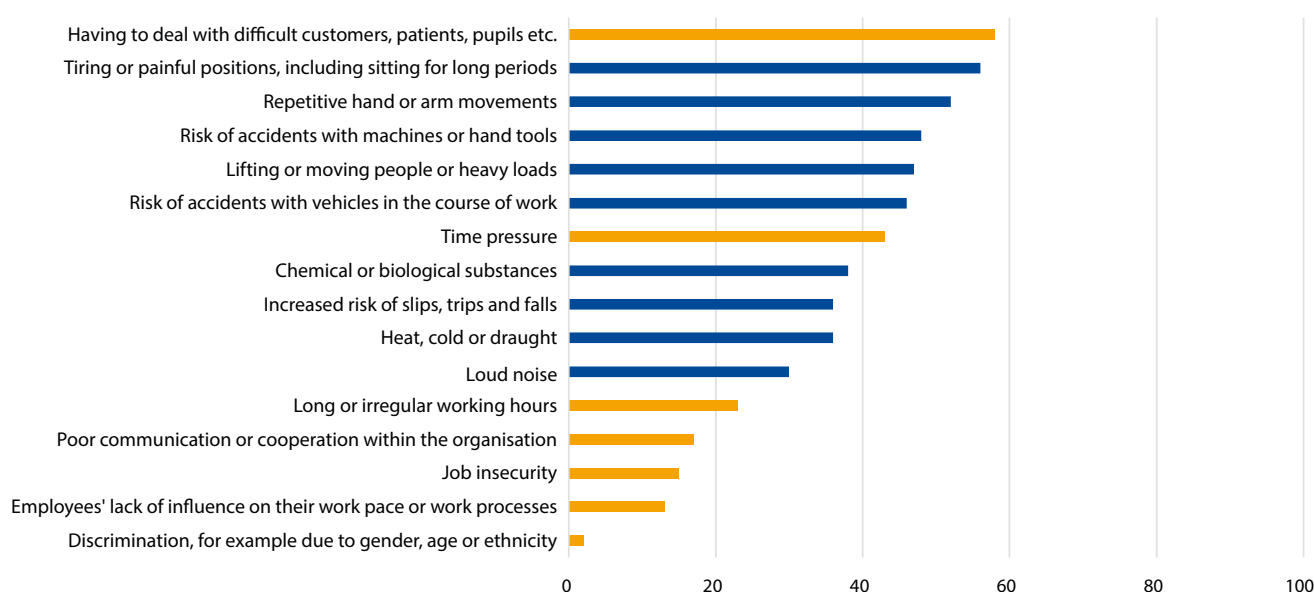
OSH management

Occupational safety and health (OSH) is a cross-disciplinary area concerned with protecting the safety, health and welfare of people engaged in work. Increasingly complex work processes and changes in working conditions, together with the resulting new or changing types of hazards, demand a new and systematic approach to safety and health at work. Solutions are required which allow employers to take account of safety and health principles at all operational levels and for all types of activity, and to convert them into appropriate measures on a routine basis.

Health and safety risks

- In this context of societal change, ESENER-2 findings reflect the continued growth of the service sector. The most frequently identified risk factors (Figure 1) are having to deal with difficult customers, pupils or patients (58 % of establishments in the EU-28), followed by tiring or painful positions (56 %) and repetitive hand or arm movements (52 %).

Figure 1: Risk factors present in the establishment (% establishments, EU-28).



Base: all establishments in the EU-28.

Note: psychosocial risk factors are shaded in orange.

Table 1: Two most frequently reported risk factors in the establishment, by activity sector (% establishments, EU-28).

Activity sector	Most frequently reported risk factors (% of establishments in the sector in the EU-28)	
	First	Second
A: Agriculture, forestry and fishing	Risk of accidents with machines or hand tools (78%)	Risk of accidents with vehicles in the course of work (73%)
B, D, E, F: Construction, waste management, water and electricity supply	Risk of accidents with machines or hand tools (82%)	Lifting or moving people or heavy loads (71%)
C: Manufacturing	Risk of accidents with machines or hand tools (77%)	Repetitive hand or arm movements (58%)
G, H, I, R: Trade, transport, food/accommodation and recreation activities	Having to deal with difficult customers, patients, pupils, etc. (62%)	Repetitive hand or arm movements (49%)
J, K, L, M, N, S: IT, finance, real estate and other technical scientific or personal service activities	Tiring or painful positions, including sitting for long periods (64%)	Having to deal with difficult customers, patients, pupils, etc. (56%)
O: Public administration	Tiring or painful positions, including sitting for long periods (76%)	Having to deal with difficult customers, patients, pupils, etc. (68%)
P, Q: Education, human health and social work activities	Having to deal with difficult customers, patients, pupils, etc. (75%)	Tiring or painful positions, including sitting for long periods (61%)

Base: all establishments in the EU-28.

- The findings by activity sector provide some interesting differences, as expected. Table 1 shows the two most frequently reported risk factors by the establishments in the sector; the least frequently reported risk factor across all sectors is discrimination.
- The risk of accidents with machines or hand tools is the most frequently reported risk factor in construction, waste management, water and electricity supply (82% of establishments in the sector in the EU-28), agriculture, forestry and fishing (78%) and manufacturing (77%).
- Having to deal with difficult customers, patients, pupils, etc. is the most common risk factor in education, human health and social work activities (75%) and trade, transport, food/accommodation and recreation activities (62%). As with other psychosocial risk factors, they are most frequently reported among establishments in public administration and service sectors.
- Tiring or painful positions, including sitting for long periods, are the most prominent risk factors in public administration (76%) and IT, finance, real estate and other technical scientific or personal service activities (64%). Interestingly, and as is the case for repetitive hand or arm movements, they are frequently reported among establishments in all sectors, confirming that physical risk factors for musculoskeletal disorders (MSDs) are common across all activities.
- Looking by risk factor at the activity sector that tops the ranking in terms of the percentage share of establishments that report it to be present, agriculture, forestry and fishing reports the highest proportions for five of the risk factors considered: heat, cold or draught (65% of establishments in the sector in the EU-28), chemical or biological substances (63%), repetitive hand or arm movements (63%), long or irregular working hours (35%) and the previously mentioned risk of accidents with vehicles in the course of work (73%). These results highlight the physically demanding conditions of work in this sector (Table 2).

Table 2: Risk factor and activity sector where they are most frequently reported (% establishments, EU-28).

Risk factor (% establishments in the EU-28 across all sectors)	Most frequently reported sector (% establishments in the EU-28 in the sector)
Having to deal with difficult customers, patients, pupils etc. (58%)	P, Q: Education, human health and social work activities (75%)
Tiring or painful positions, including sitting for long periods (56%)	O: Public administration (76%)
Repetitive hand or arm movements (52%)	A: Agriculture, forestry and fishing (63%)
Risk of accidents with machines or hand tools (48%)	B, D, E, F: Construction, waste management, water and electricity supply (82%)
Lifting or moving people or heavy loads (47%)	B, D, E, F: Construction, waste management, water and electricity supply (71%)
Risk of accidents with vehicles in the course of work (46%)	A: Agriculture, forestry and fishing (73%)
Time pressure (43%)	P, Q: Education, human health and social work activities (50%)
Chemical or biological substances (38%)	A: Agriculture, forestry and fishing (63%)
Increased risk of slips, trips and falls (36%)	B, D, E, F: Construction, waste management, water and electricity supply (63%)
Heat, cold or draught (36%)	A: Agriculture, forestry and fishing (65%)
Loud noise (30%)	B, D, E, F: Construction, waste management, water and electricity supply (61%)
Long or irregular working hours (23%)	A: Agriculture, forestry and fishing (35%)
Poor communication or cooperation within the organisation (17%)	O: Public administration (26%)
Job insecurity (15%)	O: Public administration P, Q: Education, human health and social work activities (19%)
Employees' lack of influence on their work pace or work processes (13%)	O: Public administration (18%)
Discrimination, for example due to gender, age or ethnicity (2%)	P, Q: Education, human health and social work activities (4%)

Base: all establishments in the EU-28.

- Construction, waste management, water and electricity supply top the ranking for risk of accidents with machines or hand tools (82%), lifting or moving people or heavy loads (71%), increased risk of slips, trips and falls (63%) and loud noise (61%). Public administration and education, human health and social work activities lead the remaining seven risk factors.

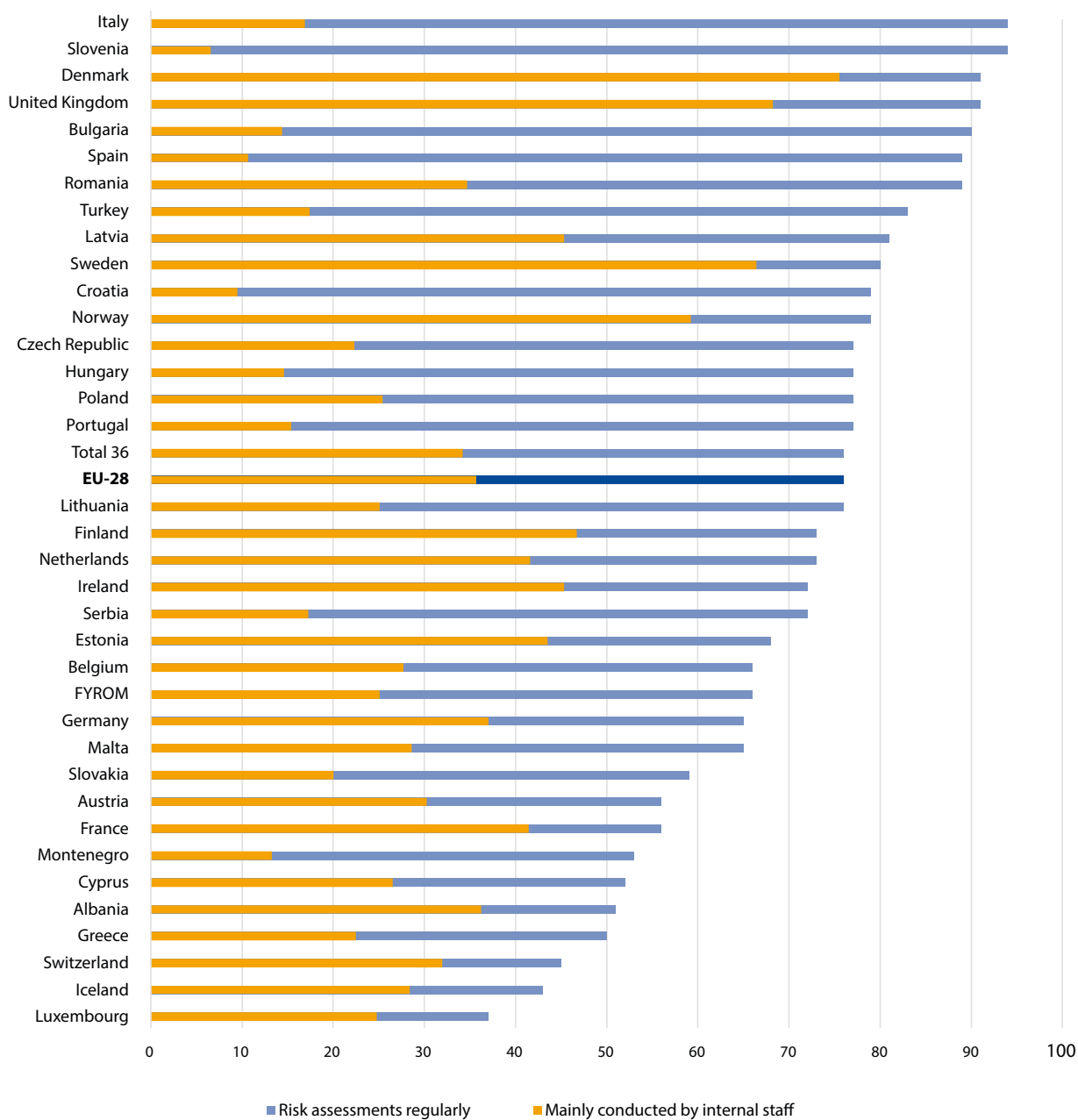
Risk assessment

An important OSH issue explored by ESENER-2 is whether workplaces are regularly checked for safety and health as part of a risk assessment, the cornerstone of the European approach to OSH, as specified in the EU Framework Directive on Safety and Health at Work (Directive 89/391/EEC).

- ESENER-2 indicates that 76% of establishments in the EU-28 carry out risk assessments regularly⁽²⁾ and the majority of them (92%) report having it in a documented form. As expected, carrying out risk assessments is positively correlated with establishment size, ranging from 69% among the micro enterprises employing five to nine workers up to 96% among those employing more than 250 people.
- By country, the values range from 94% of establishments in Italy and Slovenia down to 37% in Luxembourg. By sector, the highest proportions correspond to the most hazardous ones, such as manufacturing (85%), agriculture, forestry and fishing (84%) and construction, waste management, water and electricity supply (83%).
- Interestingly, as shown in Figure 2, there are significant differences when it comes to the proportion of establishments where risk assessments are mainly conducted by internal staff. The country ranking changes significantly, being topped by Denmark (76% of establishments), the United Kingdom (68%) and Sweden (66%). The lowest proportions are found in Slovenia (7%), Croatia (9%) and Spain (11%).
- There seems to be a correlation with establishment size, as the percentage share of establishments where risk assessments are mainly conducted by internal staff increases with size. This does not conclude anything about the quality of these risk assessments — in some countries there may be a legal obligation to contract OSH services for such tasks — but in principle, and under the assumption that those controlling the work are in the best position to control the risks, all enterprises should be able to carry out a basic risk assessment with their own staff only.
- The aspects most frequently covered by workplace risk assessments are the safety of machines, equipment and installations (84%) followed by work postures, physical working demands and repetitive movements (75%).
- It is interesting to note that among those establishments carrying out risk assessments that report having employees working from home, only 29% of them indicate that those risk assessments cover workplaces at home, the highest proportion found among establishments in public administration (40%). Even though these findings represent only 13% of the total sample of surveyed establishments, it is still worth having them in mind as an indication of OSH management practices in the face of new work organisation patterns.
- Similarly, and when focusing on those establishments that have other types of workers beyond directly employed people, such as temporary agency workers, subcontractors and self-employed, among others, 62% of those establishments in the EU-28 that carry out risk assessments report covering these other types of workers in their risk assessments.
- The majority (90%) of surveyed establishments in the EU-28 that carry out regular risk assessments regard them as a useful way of managing health and safety, a consistent finding across activity sectors and establishment sizes.
- Looking at those establishments that do not carry out regular risk assessments, the main reasons given for not doing so are that the risks and hazards are already known (83% of establishments) and that there are no major problems (80%). These results represent 24% of the surveyed establishments but still prompt the question: Do these establishments, particularly the smallest ones, actually have fewer problems or they are simply less aware of workplace risks?

⁽²⁾ Absolute levels of risk assessment indicated by ESENER-2 are to some extent likely to be overestimates. This type of 'measurement error' is common to all surveys, and ESENER-2 has employed best efforts in keeping them to a minimum. Most importantly, the methodology ensures that the levels can be used for valid comparisons between countries and for analysis against other variables, which are the main aims of the survey.

Figure 2: Workplace risk assessments carried out regularly and risk assessments mainly conducted by internal staff, by country (% establishments).



Base: all establishments, all 36 countries.

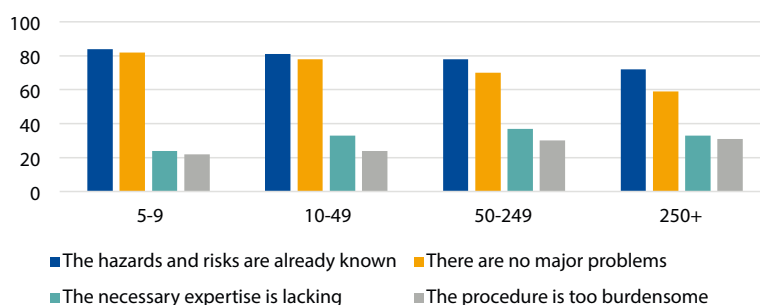
Note: data on risk assessments mainly conducted by internal staff asked to those establishments that report carrying out risk assessments regularly. Percentages in the chart have been recalculated with respect to the total base of all establishments.

- Interestingly, enterprises in the smallest size classes report less frequently than their larger counterparts that the procedure is too burdensome: 22% among those employing five to nine people as opposed to 31% among those employing more than 250 people (Figure 3).

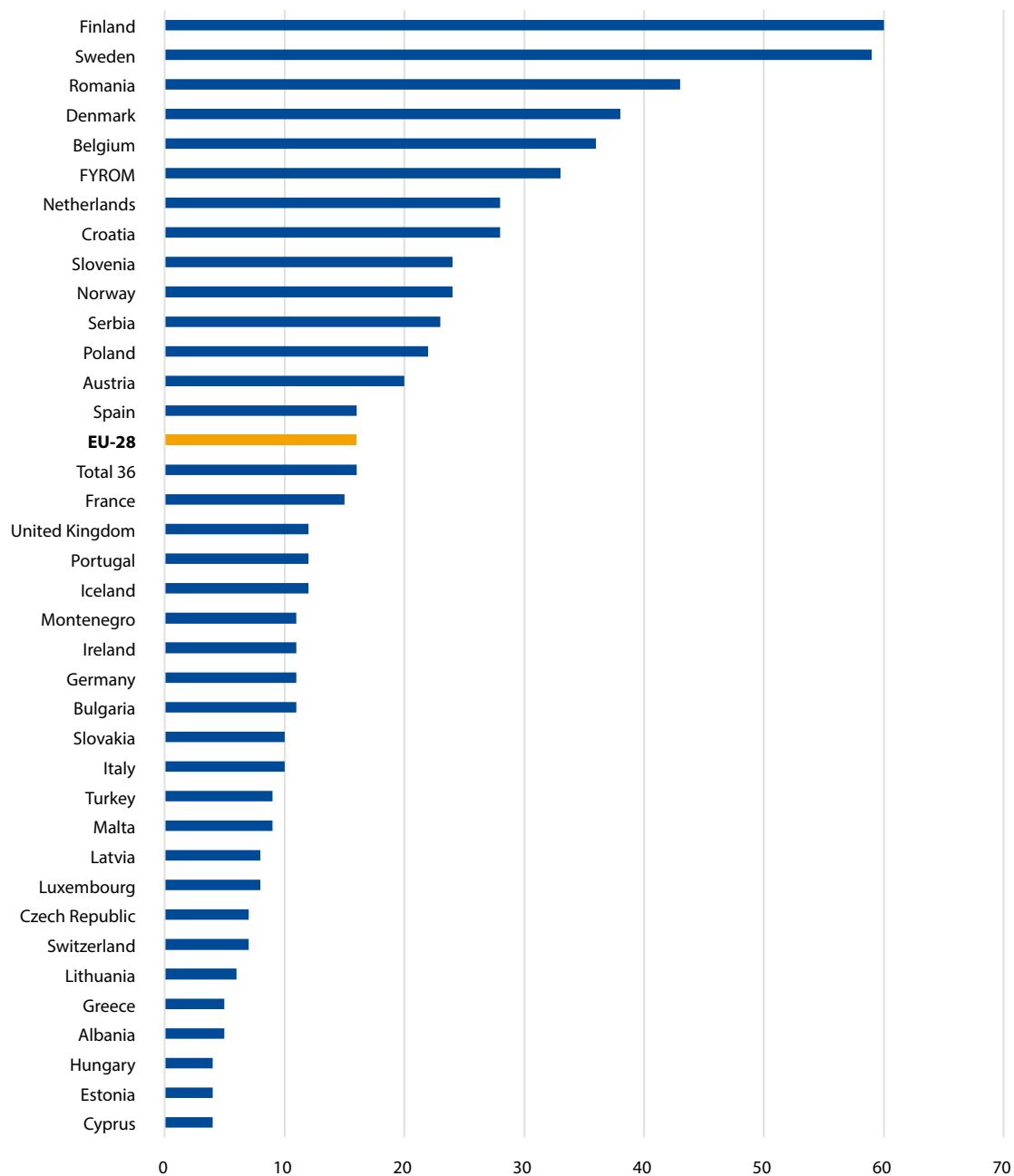
General health and safety management in the establishment

- A document explaining the responsibilities and procedures on health and safety is available to workers in 90% of establishments in the EU-28, with a higher prevalence noted in larger establishments. There are no significant differences by activity sector, whereas by country the highest proportions correspond to the United Kingdom, Slovenia, Romania, Poland and Italy (98% in all of them) in contrast to Montenegro (50%), Albania (57%) and Iceland (58%).
- A specific budget for health and safety measures and equipment is set each year by 41% of establishments in the EU-28, the proportion increasing with establishment size. By sector, this figure is clearly higher among establishments in public administration (63%). The findings by country reveal that Romania (66%), Turkey (64%) and Lithuania (62%) report the highest proportions, as opposed to Denmark (15%), Iceland (19%) and Austria (23%).
- Management involvement in OSH is a key factor for the implementation of measures to address OSH issues. ESENER-2 shows that 61% of establishments in the EU-28 indicate that health and safety issues are discussed at the top level of management regularly, the proportion increasing with establishment size. By country, this is reported more frequently in the Czech Republic (81%), the United Kingdom (79%) and Romania (75%), while the lower percentages correspond to Montenegro (25%), Estonia (32%) and Iceland and Slovenia (both 35%).
- Team leaders and line managers are provided with training on how to manage OSH in their teams in 73% of establishments, the proportions growing with business size and being most frequently reported by establishments in construction, waste management, water and electricity supply (82%) and in agriculture, forestry and fishing (81%). By country, training is more frequently provided in the Czech Republic (94%), Italy (90%) and Slovenia and Slovakia (both 84%) in contrast to Iceland (38%), Luxembourg (43%) and France (46%).
- The use of health and safety services reveals occupational health doctors (68%), generalists on health and safety (63%) and experts for accident prevention (52%) to be the most frequently used. Focusing on psychosocial risks, the use of a psychologist is reported by only 16% of establishments in the EU-28 (Figure 4). Interestingly, though, there are important differences by country: in Finland and Sweden around 60% of establishments report using a psychologist, be it in-house or contracted externally.
- ESENER-2 asked establishments about measures for health promotion among employees. The most frequently reported one (35% of establishments in the EU-28) is raising awareness of the prevention of addiction (smoking, alcohol, drugs), followed by raising awareness of nutrition (29%) and the promotion of sports activities outside working hours (28%). By sector, measures for health promotion are more frequently reported by establishments in education, human health and social work activities. By country, the highest proportions correspond to the establishments in Finland, topping the ranking on raising awareness of the prevention of addiction (59% of establishments) and coming second for the other three measures, with a particularly high proportion of establishments (78%) reporting the promotion of sports activities outside working hours (80% in Sweden).

Figure 3: Reasons why workplace risk assessments are not carried out regularly, by establishment size (% establishments, EU-28).



Base: establishments in the EU-28 that do not carry out risk assessments regularly.

Figure 4: Use of a psychologist, in-house or contracted externally, by country (% establishments).

Base: all establishments, all 36 countries.

- It was pointed out above that the risk factors leading to MSDs are evenly reported by establishments across all activity sectors. When it comes to preventive measures, ESENER-2 reveals that 85% of establishments that report the presence of risks of lifting or moving people or heavy loads have equipment in place to help with this or other physically heavy work. This proportion increases with establishment size and is most frequently reported, as expected, in those sectors characterised by more physically demanding work, such as manufacturing (96%), agriculture, forestry and fishing (93%)

and construction, waste management, water and electricity supply (92%). By country, the figures are highest in Finland (94%), Montenegro (93%) and Iceland (90%) as opposed to Slovakia (71%), Croatia (72%) and Greece (73%).

- The second most frequently reported measure to prevent MSDs is the provision of ergonomic equipment (73%), which again increases with establishment size and is most common in IT, finance, real estate and other technical scientific or personal service activities (82%) and public administration (82%). This is most common among establishments in Sweden (84%) and Denmark (83%) in contrast to Slovakia, Lithuania and Bulgaria (51% in all three countries).

Psychosocial risks and their management

Significant changes which are taking place in the world of work lead to emerging psychosocial risks. Such risks, which are linked to the way work is designed, organised and managed, as well as to the economic and social context of work, result in an increased level of stress and can lead to serious deterioration of mental and physical health.

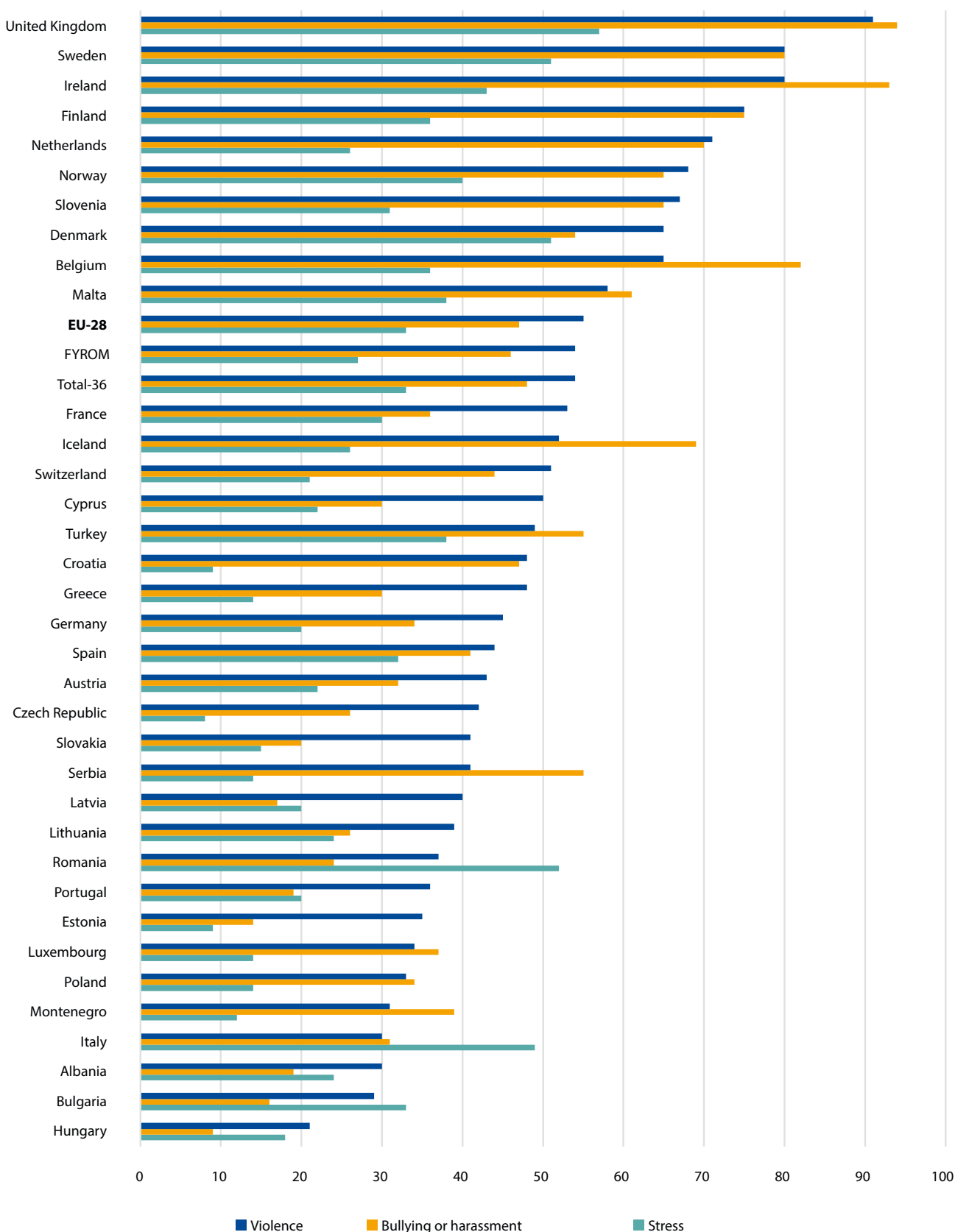
- As pointed out above, having to deal with difficult customers, patients, pupils, etc. (58%) and time pressure (43%) are the two most frequently reported psychosocial risk factors among establishments in the EU-28. Both risk factors share a similar sector profile, being most prevalent among establishments in education, human health and social work activities and in public administration, while their lowest proportions correspond to agriculture, forestry and fishing and to manufacturing. Both risk factors increase with establishment size, but particularly time pressure.
- Having to deal with difficult customers, patients, pupils, etc. is more often reported as a risk factor by establishments in Montenegro (78%) and France and Estonia (both 70%) as opposed to Turkey (28%), Italy (37%) and Lithuania (39%).
- There appears to be a country cluster when it comes to time pressure, which is most commonly indicated by establishments in the Nordic countries and by quite some difference with the rest: Sweden and Finland (both 74%)

are closely followed by Denmark (73%) and Norway and Iceland (both 71%). The next country in this ranking is the Netherlands (62%). The lowest proportions again correspond to Turkey (15%), Lithuania (16%) and Italy (21%).

Psychosocial risk management

- Psychosocial risk factors are perceived as more challenging to manage than others; almost one in five of those establishments reporting having to deal with difficult customers or experiencing time pressure indicate that they lack information or adequate tools to deal with the risk effectively.
- By sector, ESENER-2 shows that the highest proportions of establishments reporting a lack of information or tools to manage the risks effectively are found in public administration, followed by finance, real estate and other technical scientific or personal services activities, on the one hand, and education, human health and social work activities, on the other.
- Building on this, ESENER-2 explores the ways in which establishments manage psychosocial risks by asking about (a) action plans and procedures to deal with stress, bullying or harassment and cases of threats, abuse or assaults and (b) specific measures that have been taken in the last three years.
- Around 33% of establishments with more than 20 workers in the EU-28 report having an action plan to prevent work-related stress (Figure 5), this figure increasing with establishment size and being clearly more frequent in education, human health and social work activities. There are important differences by country, the highest proportions being found in the United Kingdom (57%), Romania (52%) and Sweden and Denmark (both 51%) in contrast to the Czech Republic (8%) and Croatia and Estonia (both 9%).
- Specifically among those establishments that report having to deal with difficult customers, patients or pupils, 55% of those employing 20 or more workers report having a procedure in place to deal with this type of risk (EU-28 average). This proportion rises to 72% among establishments in education, human health and social work activities. By country, the highest proportions correspond to the United Kingdom (91%) and Sweden and Ireland (both 80%), while the lowest are found in Hungary (21%) and Bulgaria (29%).

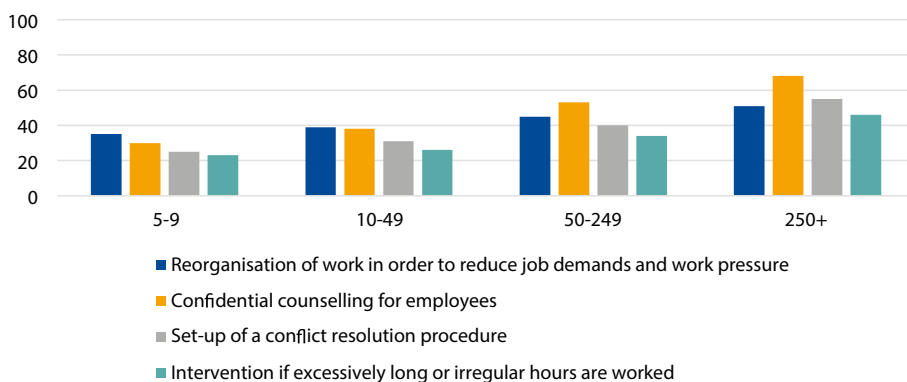
Figure 5: Action plan to prevent work-related stress and procedures in place to deal with bullying or harassment and cases of threats, abuse or assaults (% establishments).



Base: establishments with more than 19 workers in all 36 countries.

The question on procedures to deal with cases of threats, abuse or assaults by clients, patients, pupils or other external persons was asked only to those who reported the presence of the risk factor 'Having to deal with difficult customers, patients, pupils, etc.'

Figure 6: Measures to prevent psychosocial risks in the last three years (% establishments, EU-28).



Base: all establishments in the EU-28.

- As far as measures are concerned, reorganisation of work in order to reduce job demands and work pressures (38%) and confidential counselling for employees (36%) are the two most frequently reported in the EU-28. As Figure 6 shows, the percentages are higher as establishment size grows. By country, these measures appear to be more frequently reported by the Nordic countries but there is not a clear pattern, whereas, by sector, establishments in education, human health and social work activities clearly report the highest proportions.
- Slightly over half of all surveyed establishments in the EU-28 (53%) report having sufficient information on how to include psychosocial risks in risk assessments. As expected, this proportion varies more by establishment size than by sector and particularly by country, the highest figures coming from Slovenia (75%) and Italy (74%) as opposed to Malta (35%) and Slovakia (40%).

reason by 85% of establishments in the EU-28. There is a slight positive correlation with establishment size, whereas, by sector, there are no significant differences. By country, the proportions range from 68% of establishments in Denmark (outside the EU-28, Montenegro reports the lowest proportion, of 57%) to 94% in Portugal (Table 3).

- The second most important driver for action on OSH is meeting expectations from employees or their representatives (79%), which is highest among establishments in education, human health and social work activities. No significant differences are seen by size.
- In some countries, particularly those that joined the European Union in 2004 and some of the candidate countries, the driver most frequently reported to be a major reason to address health and safety is maintaining the organisation's reputation.

Drivers and barriers

The factors motivating establishments to address OSH and psychosocial risk management — or why they fail to do so — are varied, such as compliance with laws and regulations, rationality, understanding of business benefits or costs and orientation towards values and norms. However, there are a number of overriding factors, such as levels of awareness and prioritisation, management commitment and employee involvement, which are important drivers for OSH management and psychosocial risk management.

Drivers

- Concerning the reasons that motivate enterprises to manage OSH, fulfilling the legal obligation is reported to be a major

Barriers

- Findings on the main difficulties in addressing health and safety reveal that the barrier most frequently reported as a 'major difficulty' is the complexity of the legal obligations (40% of establishments in the EU-28) followed by the paperwork (29%). Both are generally more frequently reported by establishments in manufacturing, public administration and construction, waste management and water and electricity supply, and, when it comes to size, the smallest establishments appear to report them more often than their larger counterparts.
- By country, the lowest proportions are found in Serbia (9%), Montenegro (11%), Slovenia (14%) and Lithuania (14%), while the highest correspond to Italy (67%), Turkey (60%) and Greece (54%). Interestingly, in the Nordic countries (Denmark, Finland, Norway and Sweden) it is the lack of time or staff

Table 3: Reasons for addressing health and safety at the establishment (% establishments reporting ‘major reason’, EU-28).

Reasons (% average EU-28)	Country	
	High	Low
Fulfilling legal obligation (85%)	Portugal (94%) Estonia (92%) Norway (92%)	Montenegro (57%) Iceland (65%) Denmark (68%)
Meeting expectations from employees or their representatives (79%)	Italy (93%) Estonia (91%) Norway (90%)	Poland (48%) Slovakia (53%) Czech Republic (53%)
Avoiding fines from the labour inspectorate (78%)	Italy (96%) Portugal (93%) Bulgaria (91%)	Switzerland (57%) Iceland (57%) Montenegro (60%)
Maintaining the organisation’s reputation (77%)	Estonia (93%) Cyprus (92%) Italy (92%)	Poland (39%) France (61%) Denmark (68%)
Maintaining or increasing productivity (64%)	Portugal (88%) Turkey (86%) Cyprus (86%)	Poland (30%) France (41%) Hungary (51%)

Base: all establishments in the EU-28.

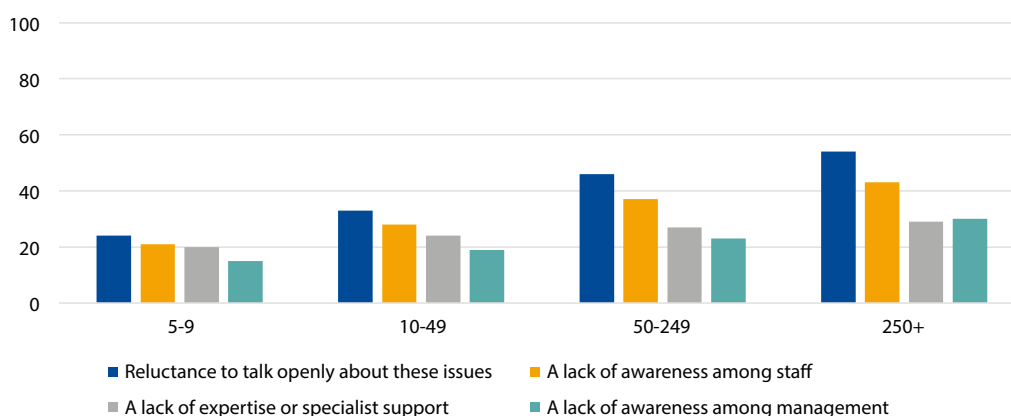
that appears to represent the major difficulties when dealing with health and safety. A lack of money, instead, is most frequently reported as a major difficulty by establishments in Lithuania, Latvia, Montenegro, Malta, Romania, Serbia, Slovenia, Slovakia, Bulgaria and Cyprus.

- As shown earlier, some of the psychosocial risk factors are present in a significant proportion of establishments in the EU-28, namely having to deal with difficult patients, customers or pupils and time pressure. It was also pointed out that psychosocial risk factors appear to be more challenging

to manage, as evidenced by a lack of information or adequate preventive tools to deal with them effectively.

- Underlying these results, ESENER-2 indicates that a reluctance to talk openly about these issues is the main difficulty for addressing psychosocial risks (30% of establishments in the EU-28) and this, as with all the other difficulties, is reported more frequently as the establishment size grows (Figure 7).
- The findings by sector reveal that establishments in public administration report this difficulty most often (38%), whereas

Figure 7: Difficulties in addressing psychosocial risks, by establishment size (% establishments, EU-28).



Base: establishments in the EU-28 that report at least one psychosocial risk factor to be present in their establishments.

by country the highest proportions are found in Finland (44%), Ireland (40%) and France (36%) in contrast to the former Yugoslav Republic of Macedonia and Slovenia (both 15%) and Hungary (17%). It is the most frequently reported difficulty to address psychosocial risks in 20 countries.

- The second most prominent barrier is a lack of awareness among staff (26%), which is actually the most frequently reported difficulty by establishments in Estonia, Spain, Croatia, Hungary, Malta, the Netherlands, Portugal, Romania, Serbia, Sweden and Turkey. Lack of awareness among staff is more frequently reported as establishment size grows and, by sector, the highest proportions are found in manufacturing (32%).

Employee participation

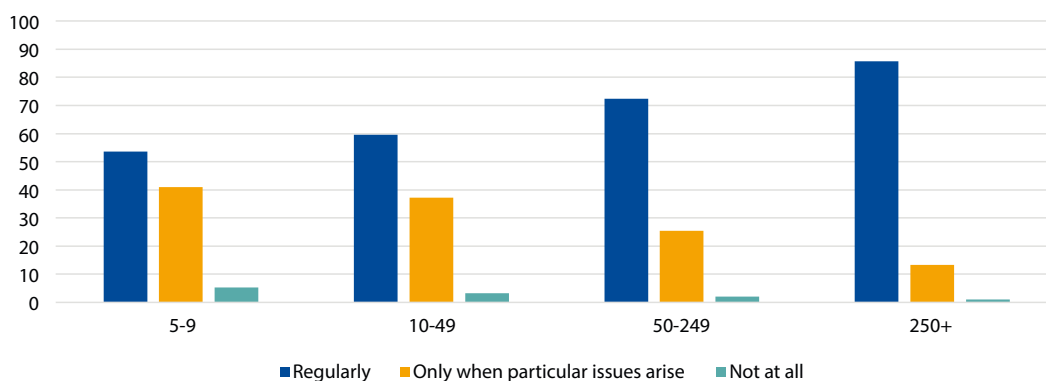
ESENER distinguishes between informal participation (in the sense of direct involvement of employees) and formal participation of employees through representation by works councils and shop floor trade union representation. This distinction is relevant because the two types differ in terms of the extent of the participation and the degree to which it is regulated. Informal or 'direct' participation may occur in all types of establishment, regardless of size or sector. In contrast, formal or institutional participation requires formal bodies to be set up in line with national legal frameworks and social traditions; logically, this is closely related to enterprise size.

A combination of high levels of formal and informal participation (in the sense of social dialogue) is indicative of a good quality of work, including quality of OSH management in general and psychosocial risk management in particular.

Consultation

- Focusing on those establishments that report having used measures to prevent psychosocial risks in the three years prior to the survey, 63% of those in the EU-28 indicate that employees had a role in the design and set-up of such measures. These findings vary by country, from 77% of establishments in Denmark and Austria down to 43% in Slovakia.
- Owing to the nature of psychosocial risks, it would be expected that measures in this area bring direct worker involvement and an especially high degree of collaboration from all actors at the workplace.
- Building on this, ESENER-2 shows that 81% of establishments in the EU-28 report involving employees in the design of measures following a risk assessment, without significant differences among sectors. Interestingly, the findings by size reveal a slowly decreasing proportion of establishments involving employees in the design of measures following a risk assessment, from 84% among those employing five to nine people to 77% in those employing more than 250.
- ESENER-2 reveals that health and safety issues are discussed 'regularly' between employee representatives and the management in 56% of establishments in the EU-28 that have some form of employee representation. This proportion increases significantly by size. In contrast, a more ad hoc reaction is more frequently reported among the smallest establishments, as 41% of them report that such discussions take place 'only when particular issues arise', a proportion that decreases with establishment size (Figure 8).

Figure 8: How often health and safety is discussed between employee representatives and the management, (% establishments, EU-28).



Base: establishments in the EU-28 that report some form of employee representation.

- When such meetings take place, 70 % of establishments in the EU-28 report that controversies related to OSH 'practically never' arise. There is a clearly descending pattern as establishment size grows, meaning that the larger the size, the more likely it is to report having controversies.
- The main areas for controversy relate to measures that need to be taken (56 %) and investments in equipment (45 %). These findings are quite consistent across activity sectors and establishment sizes.

Formal employee representation

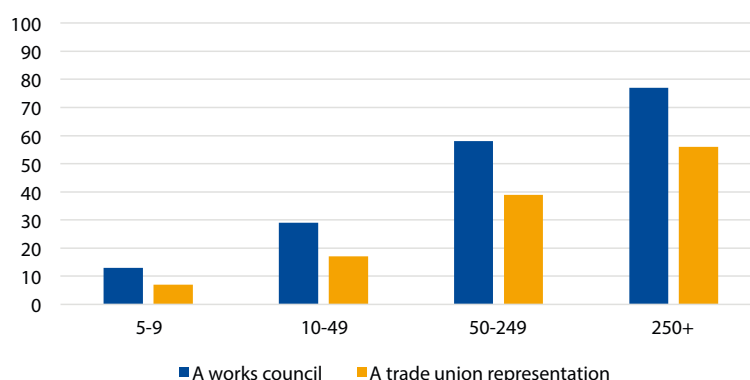
As far as formal employee representation is concerned, a works council is present in 25 % of establishments in the EU-28, whereas a trade union representative is reported by 15 % of establishments. As shown in Figure 9, formal employee representation clearly increases with establishment size.

- By activity sector, establishments in public administration and in education, human health and social work activities report the highest proportions of both works councils and trade union representation.
- The Nordic countries report the highest proportions of trade union representation: Norway (71 %), Iceland (55 %) and Sweden (54 %) as opposed to Albania (6 %) and Estonia (7 %). When it comes to works councils, the highest figures correspond to Luxembourg (41 %), France and Slovakia (both 39 %), the lowest proportions being found in Iceland (4 %) and the Czech Republic, Serbia and Portugal (5 % in all three countries).

Formal OSH representation

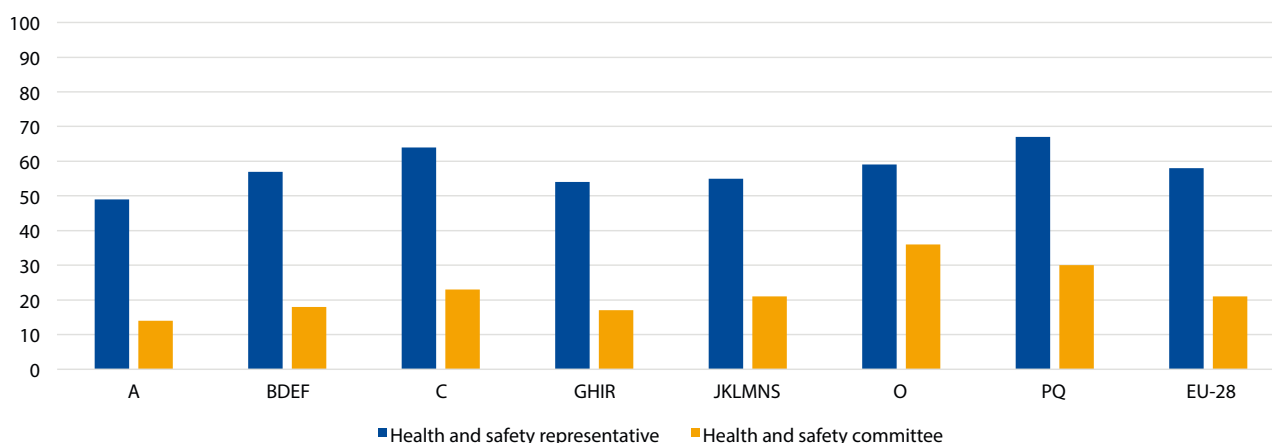
- Concerning formal OSH representation (Figure 10), ESENER-2 asked about the presence of a health and safety representative and of a health and safety committee. A health and safety representative was the most frequently reported figure: 58 % of establishments in the EU-28, the proportions being highest among establishments in education, human health and social work activities (67 %), manufacturing (64 %) and public administration (59 %).
- A health and safety committee was reported by 21 % of establishments in the EU-28 and, by sector, they are most frequently found, again, among establishments in public administration (36 %) and education, human health and social work activities (30 %).
- As expected, these findings are largely driven by establishment size, particularly in the case of the health and safety committee, which grows significantly with establishment size.
- By country, health and safety representatives are most common in Italy (87 %) and Romania and Lithuania (both 78 %) while the lowest proportions are found in Montenegro and Greece (both 17 %) and Albania (20 %). As far as health and safety committees are concerned, the highest proportions correspond to Denmark (50 %), Bulgaria (44 %) and Turkey (40 %) in contrast to Latvia (2 %), the former Yugoslav Republic of Macedonia (3 %) and Hungary (3 %).
- Finally, 80 % of establishments in the EU-28 with a health and safety representative in place report providing them with

Figure 9: Formal employee representation in the establishment: works council and trade union representation, by establishment size (% establishments, EU-28).



Base: all establishments in the EU-28 — asked in those countries where the representation forms are applicable.

Figure 10: Formal OSH representation in the establishment, by activity sector: health and safety representative and health and safety committee (% establishments, EU-28).



Base: all establishments in the EU-28 — size depending on national thresholds for these representation forms.

NACE Rev. 2 sections: **A**, agriculture, forestry and fishing; **B, D, E, F**, construction, waste management, water and electricity supply; **C**, manufacturing; **G, H, I, R**, trade, transport, food/accommodation and recreation activities; **J, K, L, M, N, S**, IT, finance, real estate and other technical scientific or personal service activities; **O**, public administration; **P, Q**, education, human health and social work activities.

training during work time to help them perform their duties. While the findings by sector do not show excessive differences, there is more of a pattern by size, as the proportion grows with establishment size. There are some differences by country, the highest proportions being reported by Slovakia (94%), Estonia (92%) and the Czech Republic (89%) as opposed to Albania (43%), Montenegro (53%) and Hungary (64%).

Survey methodology

- Interviews were conducted in summer and early autumn 2014 in establishments with five or more employees from both private and public organisations across all sectors of economic activity except for private households (NACET) and extraterritorial organisations (NACE U).
- Thirty-six countries were covered: all 28 European Member States, six candidate countries (Albania, Iceland, Montenegro, the former Yugoslav Republic of Macedonia, Serbia and Turkey), and two European Free Trade Association (EFTA) countries (Norway and Switzerland).
- In total, 49,320 establishments were surveyed — the respondent being ‘the person who knows best about health and safety in the establishment’. By country, the samples ranged from about 450 in Malta to 4,250 in the United Kingdom (see national sample sizes at: <http://www.esener.eu>).
- The national reference samples were boosted — funded by the respective national authorities — in three countries: Slovenia, Spain and the United Kingdom.

- Data were collected through computer-assisted telephone interviewing (CATI).
- Fieldwork was carried out by TNS Deutschland GmbH and its network of fieldwork centres across Europe.
- Samples were drawn according to a disproportional sample design which was later redressed by weighting.
- Efforts have been made to build samples that provide the necessary quality and ensure cross-national comparability.
- The questionnaire was developed by a team comprising experts in survey design and in OSH (particularly psychosocial risks), together with EU-OSHA staff.
- More information on the methodology of ESENER can be found at: <http://www.esener.eu>.

Further information

A ‘First Findings’ report was published in February 2015 and is available at: <https://osha.europa.eu/en/publications/reports/esener-ii-first-findings.pdf/view>. More detailed results and analyses will be available at: <http://www.esener.eu>. Later in 2015, the ESENER dataset will be accessible via the UK Data Archive (UKDA) of the University of Essex at: <http://ukdataservice.ac.uk/about-us.aspx>.

Further analyses will be carried out throughout 2015–2016 and will be published in 2017.

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