European Agency for Safety and Health at Work

ISSN 1830-5946
ISSN 1831-9343

9
EN

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

Overview Report: Managing Safety and Health at Work

European Risk Observatory

European Agency for Safety and Health at Work

ESENER

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

Overview Report: Managing Safety and Health at Work

European Risk Observatory

EU-OSHA's second Europe-wide establishment survey aims to help workplaces 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.

Authors: Xabier Irastorza, Malgorzata Milczarek, William Cockburn, European Agency for Safety and Health at Work (EU-OSHA)

Acknowledgements:

Arnold Riedmann
TNS Deutschland, Germany

Carsten Brück
Kooperationsstelle Hamburg, Germany

Irene Houtman
Netherland Organisation for Applied Scientific Research, TNO, the Netherlands

Ivars Vanadzins
Riga Stradins University, Institute for Occupational Safety and Environmental Health, Latvia

Luxembourg: Publications Office of the European Union, 2016

Print	ISBN 978-92-9240-897-8	ISSN 1830-5946	doi:10.2802/0742	TE-RO-16-001-EN-C
PDF	ISBN 978-92-9240-896-1	ISSN 1831-9343	doi:10.2802/648652	TE-RO-16-001-EN-N

Contents

List of figures and tables

Country codes

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

Foreword

The European Agency for Safety and Health at Work (EU-OSHA)'s second European Survey of Enterprises on New and Emerging Risks (ESENER-2) draws on the responses from almost 50,000 establishments across all size classes and activity sectors in 36 countries about the way safety and health risks are managed at their workplaces, with a focus also on psychosocial risks, such as work-related stress, violence and harassment. This survey builds on the findings of ESENER-1 and helps fill an important information gap on health and safety at work, as it complements the available data on work-related accidents and ill-health that have been available for many years through surveys directed at workers and through reporting systems.

Having first-hand knowledge about the way health and safety risks are managed in practice is essential for the design of effective interventions. European workplaces are subject to an increasing pace of change in economic and social conditions, which poses new challenges. There is a need for more efficient and targeted use of resources, and this could affect prevention strategies and staffing levels. Consequently, it is particularly important to have an in-depth understanding of the factors that encourage action and of those that deter it, as well as establishments' needs for support and expertise.

In this regard, EU-OSHA's role is to provide information that contributes to the formulation and implementation of measures aiming to improve the protection of workers' health and safety. ESENER-2 is set to play an essential role in helping the Agency to fulfil this through the overview of the results in this report and through the in-depth follow-up studies and independent research that will take place in the coming years.

Christa Sedlatschek
Director
European Agency for Safety and Heath at Work

Executive summary

The EU Framework Directive on Safety and Health at Work (Directive 89/391/EEC) and its individual directives provide the framework to allow 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 the first European Survey of Enterprises on New and Emerging Risks (ESENER-1), which provided a comparison of practices between countries and contributed to a better understanding of how an establishment's characteristics and its wider environment influence its health and safety management. The second survey (ESENER-2) sheds light on the management of the health and safety of workers, building on the findings of ESENER-1. The aims of ESENER-2 were to identify those factors that encourage enterprises to implement measures and those that discourage action. This information is essential for the development of policies, be it regulatory, guiding or supportive.

ESENER-2 asked those 'who know best' about safety and health in their establishment about the way safety and health risks are managed at their workplace, with a particular focus on psychosocial risks, for example work-related stress, violence and harassment. These risks, which are linked to the way work is designed, organised and managed, as well as to the economic and social context of work, can lead to serious deterioration of mental and physical health. Despite several policy initiatives launched at the European Union (EU) and national levels, there is still a gap between policy and practice, and better understanding of these risks is necessary to reduce them effectively.

One of the key issues included in ESENER-2 is the role played by workers in the management of occupational safety and health (OSH), assessed through a series of questions on their involvement through both formal and informal employee participation channels. In comparison with ESENER-1, when some methodological limitations were experienced[1], the approach to capturing the voice of workers has been modified, with no follow-up interview with worker representatives, which is instead included as part of one of the follow-up qualitative studies.

In summer/autumn 2014, almost 50,000 establishments across all activity sectors[2] that employ at least five people were interviewed over the phone in 36 countries: the 28 EU Member States as well as Albania, the Former Yugoslav Republic of Macedonia, Iceland, Montenegro, Norway, Serbia, Switzerland and Turkey. ESENER-2 asked respondents about the measures taken at their workplace, the main drivers for taking action on OSH and the most significant barriers. The main topics are the management of health and safety in general, the management of psychosocial risks and the participation of workers. This report presents an overview of the main findings for each of these topics.

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, with the highest proportions in 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 %) having the highest proportions. It is also worth noting that 6 % of establishments in the EU-28 report having employees that have difficulties understanding the language spoken at the premises. This figure is highest in Luxembourg and Malta (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.

The main findings of ESENER-2 are summarised below:

- 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 %). While psychosocial risk factors generally tend to be reported more frequently among establishments in service sectors, risk factors leading to musculoskeletal disorders (MSDs) are reported equally across all activity sectors.
- 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.
- Around three-quarters of establishments in the EU-28 indicate that they carry out risk assessments regularly. As expected, there is a positive correlation between regular risk assessments and establishment size, whereas, by country, the highest proportions of regular risk assessment are reported by establishments in Italy and Slovenia.
- The majority of the surveyed establishments in the EU-28 that carry out regular risk assessments regard them as a useful way of managing health and safety (90 %), a consistent finding across activity sectors and establishment sizes.
- Almost half of the surveyed establishments in the EU-28 that carry out regular risk assessments report that they are mainly conducted by internal staff. When the proportion carrying out risk assessment mainly by internal staff is considered by country, the ranking changes significantly compared with that of risk assessment in general, being topped by Denmark, the United Kingdom and Sweden. Interestingly, many of the smallest establishments in these countries also report that these risk assessments are carried out mainly by internal staff.
- 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 %).

1 See detailed explanation in section 1.4 on methodology.

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

- The majority of establishments in the EU-28 report having a document that explains the responsibilities for and procedures on health and safety, with this being particularly common among the larger establishments. There are no significant differences by activity sector, whereas, by country, the highest proportions are in the United Kingdom, Slovenia, Romania, Poland and Italy.
- Health and safety issues are discussed at the top level of management regularly in almost two-thirds of establishments in the EU-28, with the proportion increasing with establishment size. By country, this is reported most frequently in the Czech Republic, the United Kingdom and Romania. Meanwhile, almost three-quarters of establishments report providing their team leaders and line managers with training on how to manage OSH in their teams, with the proportion growing with business size and being most frequently reported by establishments in construction, waste management, water and electricity supply, and agriculture, forestry and fishing. By country, training is most frequently provided in the Czech Republic, Italy, Slovenia and Slovakia.
- Moving on to the reasons that motivate enterprises to manage OSH, fulfilling their legal obligation is reported to be a major reason by 85 % of establishments in the EU-28. There is a positive correlation between this reason being given and establishment size, whereas, by country, the proportion of establishments giving this reason ranges from 68 % in Denmark to 94 % in Portugal. In some countries, particularly those that joined the EU in 2004 and some of the candidate countries, the driver most frequently reported to be a major reason for addressing health and safety is maintaining the organisation's reputation.
- The second most important driver for action on OSH is meeting the expectations from employees or their representatives. ESENER-2 shows that more than four out of five establishments 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.
- As far as barriers for OSH management are concerned, the complexity of legal obligations is the most frequently reported 'major difficulty', especially among the smallest size classes. While there are no significant differences by sector, the country breakdown reveals a very diverse picture. The complexity of legal obligations is reported to be a major difficulty by more than half of the establishments in Italy, Turkey and Greece, but, in the Nordic countries, it is the lack of time or staff that represents the major difficulty. On the other hand, a lack of money is the main challenge in many of the Member States that joined the EU after 2004 and some of the candidate countries.
- 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, like all the other difficulties, is reported more frequently as establishment size increases.
- Slightly more than half of all surveyed establishments in the EU-28 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 it varies quite considerably by country, with the highest figures coming from Slovenia and Italy.
- As regards the use of health and safety services, occupational health doctors, generalists on health and safety, and experts for accident prevention are 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 is the most commonly reported figure (58 % of establishments in the EU-28), with the proportion being highest among establishments in education, human health and social work activities, manufacturing and public administration. As expected, these findings are largely driven by establishment size.
- The majority of the surveyed establishments in ESENER-2 report providing their health and safety representatives with 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, unsurprisingly.
- Focusing on those establishments that report having used measures to prevent psychosocial risks in the three years prior to the survey, almost two-thirds indicate that employees had a role in the design and set up of such measures. These findings vary by country, with the highest proportions in Denmark and Austria. Owing to the nature of psychosocial risks, it is expected that measures in this area would include direct worker involvement and an especially high degree of collaboration from all actors at the workplace.
- Employee participation, be it formal or informal, appears to be positively associated with the increased adoption of measures to manage OSH in general and psychosocial risks in particular.

A preliminary analysis of the findings of ESENER-2 suggests that European workplaces are generally committed to the management of OSH, but it is important to look beyond the first, general, picture and more deeply explore the breakdown of findings by establishment size, activity sector and country to be able to identify those factors and circumstances that are associated with better management of OSH and those that, by contrast, appear to act as barriers for action. For the effective design of interventions, it is essential that these drivers and barriers be identified and, most importantly, that how they vary between countries and types of enterprise is determined. Psychosocial risks should be managed in line with the EU Framework Directive and, although the findings of ESENER-2 suggest that an integrated approach is being taken, there is still plenty of work to be done before psychosocial risks are effectively managed.

Participation of workers is not only a legal obligation for employers but also an essential success factor in the management of OSH. ESENER-2 appears to confirm the evidence from the first wave of the survey (and its secondary analyses) of the important role of worker participation for the definition and implementation of jointly agreed measures for managing OSH in general and psychosocial risks in particular.

This overview report is only the very first step in the dissemination of the findings of ESENER-2, following the 'First findings' and the

'Summary' reports[3]. Further in-depth reports will be published in 2017 and 2018. Some immediate, clear messages have already been provided by the results of the survey, but in-depth follow-up analyses of the data will contribute further to the provision of information for policy-makers. The role of researchers is fundamental in a project such as ESENER, not only in the studies commissioned by EU-OSHA but also in independent research.

Like in the first wave of the survey, the dataset of ESENER-2 is accessible free of charge to researchers via the United Kingdom Data Archive (UKDA) of the University of Essex at https://discover.ukdataservice.ac.uk/. Moreover, as the most important provider of information on health and safety in Europe, EU-OSHA will continue using the ESENER results to focus its Healthy Workplaces Campaigns more effectively on the key issues for enterprises.

3 Available at: www.esener.eu

1. Introduction

1.1. Monitoring OSH in Europe

There are a variety of approaches to monitoring occupational safety and health (OSH) in Europe, which range in focus from the company level to the national one. At the national level, the different approaches include monitoring health outcomes, describing the workplace environment, and describing the infrastructure and the level of prevention at both national and enterprise levels. 'Administrative' data collection approaches, based on recording outcomes such as accidents and diseases, have been complemented by new initiatives that combine data sources and monitor the infrastructure and resources at different levels. These initiatives strive to give as complete a picture as possible of OSH, but there are significant variations in their extent and quality between Member States. While it is certainly possible to analyse and compare trends over time, there is a limited possibility for accurate and sound comparisons between countries. Aside from ESENER, described in this report, the main OSH monitoring instruments at the European level are the European Working Conditions Survey, carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) and the European Union Labour Force Survey, run by Eurostat. The aim of the first is to provide an overview of the state of working conditions throughout Europe, asking workers about their exposures to different risk factors and working methods, and to indicate the nature of changes affecting the workforce and the quality of work. Among the topics covered by the European Working Conditions Survey are work-related health risks and health outcomes. The second initiative is a quarterly European Union (EU) household survey that provides comparable data on employment and unemployment in the Member States. In 1999, 2007 and 2013, a set of questions (ad hoc module) was included on accidents at work and work-related health problems.

In addition to these surveys, and based on national registers, Eurostat compiles the European statistics on accidents at work (ESAW) and the European occupational diseases statistics (EODS). The ESAW database contains harmonised data from the relevant national authority or insurance system (administrative data sources) from 1994 onwards. The original national data sources are employers' declarations of accidents at work to (1) relevant insurance companies, (2) national social security systems or (3) labour inspectorates or similar national authorities. The EODS database contains harmonised case-by-case data on occupational diseases recognised by the national authorities of 22 Member States from 2001 onwards. It contains the number of newly recorded occupational diseases and fatal occupational diseases during the reference year. As determination of the occupational origin depends on approval by the national compensation authorities, the concept of occupational diseases is dependent on the national legislation and compensation practice, and therefore comparability between Member States is limited.

It is important to acknowledge other issues with these monitoring tools beyond the limited comparability between countries. As pointed out already, while trends over time are possible in principle, there are a variety of factors that need to be taken into account when analysing existing data and interpreting the results, such as the possible bias in surveys, the underreporting in registers and the under recognition, particularly, of work-related diseases.

1.2. An establishment survey on OSH

The second European Survey of Enterprises on New and Emerging Risks (ESENER-2) is, like the first, a European-wide enterprise survey on health and safety at work commissioned by the European Agency for Safety and Health at Work (EU-OSHA). The first survey of this kind, ESENER-1, was conducted in 2009 in 31 countries (the then EU-27 plus Croatia, Norway, Switzerland and Turkey). As described above (section 1.1), data have been available for many years on work-related accidents and ill-health through surveys directed at workers and through reporting systems. However, little is known about the way in which health and safety risks are managed in practice, particularly those that are growing and/or emerging, such as musculoskeletal disorders (MSDs), work-related stress, violence and harassment. Most initiatives rely on workers' surveys or official registers and, therefore, a lack of European monitoring systems at the employer level has been identified (Bakhuys Roozeboom et al., 2008), among others, by the EU strategy discussion, highlighting in particular the needs of very small enterprises.

Bearing this in mind, ESENER explores the views of European establishments on how health and safety risks are managed at their workplace, with a particular focus on psychosocial risks (including work-related stress, violence and harassment). Many of the changes taking place in the world of work give rise to emerging psychosocial risks, which are linked to the way work is designed, organised and managed, as well as to the economic and social context of work. Increased levels of stress can lead to serious deterioration of mental and physical health. An international review of psychosocial risk surveillance systems (Dollard et al., 2007) highlighted the lack of an establishment-level survey at the European level, and this was also identified by the PRIMA-EF (Psychosocial risk management — European framework) project (Bakhuys Roozeboom et al., 2008).

By asking those who know best how health and safety is managed in their establishment, ESENER-2 aims to help workplaces across Europe to deal more effectively with health and safety and to promote the health and well-being of employees. It provides policy-makers with cross-nationally comparable information relevant for the design and implementation of new policies in this field. The survey, which involved over 49,000 interviews and covered 36 countries (the 28 European Member States plus Albania, the Former Yugoslav Republic of Macedonia (FYROM),

Iceland, Montenegro, Norway, Serbia, Switzerland and Turkey), had the support of governments and social partners at the European level. ESENER-2 represents a key initiative for EU-OSHA and, as was the case with ESENER-1, it is expected to provide valuable information for use over several years.

Through the Framework Directive 89/391/EEC and its individual directives, European Union legislation provides the framework to allow workers to enjoy high levels of health and safety at the workplace. Implementation of these provisions differs from one country to another, and their practical application varies by sector, category of workers and size of enterprise. The increasing importance of 'emerging' risks, such as stress, violence and harassment, poses a challenge for the development of effective prevention measures. In this sense, ESENER has been used as one of the main data sources in the process of the *ex post* evaluation of the practical implementation of the EU OSH Directives in EU Member States and it is also quoted in the EU Strategic Framework on Health and Safety at Work 2014–2020[4].

ESENER-2 aims to identify important success factors and to highlight the principal obstacles to effective prevention. The survey investigates what enterprises do in practice to manage health and safety; what their main reasons are for taking action; and what support they need. As well as looking at management of OSH in general, the approach taken by enterprises to the management of psychosocial risks is also examined. Emerging risks of this type present enterprises with a significant challenge and require efficient measures on the part of policy-makers. It is expected that the results of the survey will contribute to improving the effectiveness of preventive actions by helping to ensure that they are comprehensive, targeted and focus on the key issues.

Involvement of workers is a further aspect of the management of safety and health at work that is covered by ESENER-2. The results highlight the importance of worker involvement in the successful implementation of preventive measures at the workplace level, providing some immediate, clear messages, but additional information will come following more detailed analyses of the ESENER-2 results[5]. With approximately 45 'content' questions, researchers will play a key role in interpreting the data produced by ESENER-2. To this end, the ESENER dataset (based on 49,320 interviews) is accessible free of charge to researchers via the United Kingdom Data Archive (UKDA) of the University of Essex[6]. The survey will provide researchers with comparable data that will enable better analyses to be made of, for example, approaches to prevention, attitudes to safety and health, and involvement of workers across Europe, by activity sector and size class.

4 Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0332&from=EN

5 Such as the follow-up study 'Worker participation in the management of OSH-qualitative evidence from ESENER-2', to be published in 2017.

6 ESENER-2 dataset available at: http://discover.ukdataservice.ac.uk/catalogue/?sn=7808&type=Data%20catalogue

As the most important provider of information on safety and health at work at the European level, EU-OSHA will use the results of ESENER to focus its campaigns more effectively on the key issues for enterprises. The 2008–9, 2012–13 and 2014–15 Healthy Workplaces Campaigns have already benefited from up-to-date information on how enterprises carry out risk assessment, on leadership and worker participation, and on the management of stress at the workplace, and support of this kind will make an important contribution to the Agency's forthcoming campaigns. In this regard, the expanded coverage of ESENER-2 to include establishments that employ at least five people will be of particular use not only for the campaigns, but also for the EU-OSHA project 'Improving OSH in micro and small enterprises'.

1.3. Survey structure

The ESENER-2 questionnaire is structured around nine sections (see Table 1) and it can be found in Annex 2: Master questionnaire and online (both the master and the 47 national versions) at: www.esener.eu.

Table 1. ESENER-2 questionnaire structure

Section A	Contact phase
Section B	Introductory questions — part of background information
Section C	Day-to-day health and safety management part I: available expertise and general policy
Section D	(Traditional and new) Health and safety risks present in the establishment
Section E	Day-to-day OSH management part II: risk assessments
Section F	New risks: psychosocial risks and musculoskeletal disorders[a]
Section G	Employee participation in OSH issues
Section H	Sources of support
Section I	Final background questions

a Musculoskeletal disorders (MSDs) are certainly not new — and it may be argued that, strictly speaking, neither are psychosocial risks — but they are often regarded as such, as opposed to traditional OSH issues, which are more focused on physical risks and accidents. Furthermore, from a strictly technical point of view, different tests in the questionnaire development process showed that, for a proper and logical flow of interviews, the question on MSDs was best placed in this section.

1.4. Methodology[7]

Interviews were conducted in the summer and early autumn of 2014 in establishments with five or more employees from both private and public organisations across all sectors of economic activity except for private households (NACE T) and extraterritorial organisations (NACE U). There were 36 countries covered: all 28 European Member States (EU-28), six candidate

7 See also Annex 1.

countries (Albania, FYROM, Iceland, Montenegro, Serbia and Turkey), and two European Free Trade Association (EFTA) countries (Norway and Switzerland). Samples for the survey were drawn according to a disproportional sample design, which was later redressed by weighting, and efforts have been made to build samples that provide the necessary quality and ensure cross-national comparability. Official statistical figures on the size of the universe of establishments with five or more employees are available for only some countries; for many others, particularly some of the Member States that joined the EU after 2004, the figures on the universe had to be estimated. All in all, the universe is estimated to comprise about 6.7 million establishments and roughly 183 million employees in the 36 countries covered by the survey. As far as the EU-28 is concerned, the estimated size of the universe is around 5.7 million establishments and 162 million employees.

Data were collected through computer-assisted telephone interviewing (CATI), but a small number of interviews were conducted online through computer-assisted web interviewing (CAWI). CAWI was offered to respondents only as a very last resort, with the aim of avoiding refusals, and was therefore restricted to those who refused to take part in the telephone interview but were still willing to fill in an online version of the survey.

The target respondent for ESENER-2 has been defined as 'the person who knows best about health and safety in the establishment'. This definition is different from ESENER-1, where 'the most senior manager who coordinates safety and health activities in this establishment' was targeted, followed by a second interview with the 'employee representative responsible for safety and health issues in the establishment'. The motivation for modifying the definition of the respondent was to improve the quality of the information collected by asking the person who has the best knowledge about all health and safety issues. Acknowledging that this person could certainly hold different positions, a follow-up question was included on the actual role of the respondent in the organisation. As the results show, there are indeed different types of respondent to the ESENER-2 questionnaire and, although surveys generally strive to ensure that respondents are as homologous as possible, the key point was to ensure access to the best knowledge on how OSH is managed at the workplace.

The modification of the definition of the respondent was also intended to reduce the non-response brought about by the more restrictive definition in ESENER-1, when response rates varied significantly owing, in part, to different employment relations traditions and to the size profile of the establishments. In asking to speak with 'the most senior manager who coordinates safety and health activities', ESENER-1 may have excluded establishments where OSH was managed by a different 'actor'. There are wide differences between countries and type of establishments in the way OSH is managed and, particularly, who is designated as responsible for this area. Furthermore, it was clear from the survey results that, in many establishments, the distinction between manager and worker representative was not so straightforward for OSH issues, which was yet another factor justifying the move from a dual to a single-voice interview. On top of all these points, having extended the target population to micro enterprises with five or more employees in ESENER-2 made formal representation on OSH considerably less frequent.

In total, 49,320 establishments were surveyed and, by country, the samples ranged from about 450 in Malta to 4,250 in the United Kingdom (see national sample sizes in Annex 1: Survey methodology and technical remarks and at www.esener.eu). The national reference samples were boosted — funded by the national authorities — in three countries (Spain, Slovenia and the United Kingdom), allowing for more in-depth analyses at the country level by establishment size and activity sector.

ESENER-1 versus ESENER-2: main differences

In terms of methodology, the two waves of ESENER have many common features, but they have a number of important differences that need to be taken into account for any comparisons between ESENER-1 (2009) and ESENER-2 (2014). The main differences are related to the definition of (1) respondents and (2) the universe:

- For **ESENER-1**, **two types of interviews** were conducted when possible: one with the management (the highest ranking person in charge of coordinating health and safety at the establishment) and one with an employee representative in charge of health and safety. In **ESENER-2**, there was **only one type of interview**, to be conducted with 'the person most knowledgeable about health and safety in the establishment'.
- While **ESENER-1** covered **establishments with 10 or more employees** only, **ESENER-2** covers **establishments with five or more employees**. Because of the high proportion of the size class of five to nine employees within the overall ESENER-2 universe, its inclusion has a considerable impact on the overall results (particularly from the establishment-proportional perspective).
- Whereas ESENER-1 was confined to the NACE Rev. 2 sectors B to S, **ESENER-2** covers sectors A to S, that is, it **also includes establishments of sector A 'Agriculture, Forestry and Fishing'**. As NACE A is a very small sector within the defined universe of establishments employing more than five people, its impact on the overall results is very limited, but it is still important for some countries.

Although most of the topics covered by ESENER-2 were included in ESENER-1, the questionnaire for ESENER-2 differs in almost all questions from ESENER-1. **There are no trend questions allowing for a direct comparability of results from both survey waves.**

All results shown in this report are weighted results. Owing to the large differences in the size of national economies, EU-28 averages tend to reflect the situation in the larger Member States more than that in the smaller ones. For more information on the methodology of the survey, see Annex 1 and the technical report available at www.esener.eu.

This overview report provides an insight into the first results of a bivariate analysis of the data. Results from multivariate analyses are beyond the scope of this overview report, but EU-OSHA has commissioned separate studies for publication in 2017 involving a more complete exploration of the data.

1.5. Results

Report structure

This overview report is divided into the following main chapters:

- **OSH management:** examines, among other issues, what establishments do to monitor health and safety at the workplace, what the main risk factors are, what resources are used and whether or not workplace risk assessments are carried out.
- **Psychosocial risks and their management:** explores understanding, prioritisation, assessment and management of psychosocial risks, including issues such as work-related stress, violence and harassment. Such risks, which are linked to the way work is designed, organised and managed, as well as to the economic and social context of work, result in an increased level of stress and can lead to serious deterioration of mental and physical health.
- **Drivers and barriers for OSH and psychosocial risk management:** focuses on the factors that can encourage enterprises to actively manage health and safety in general and those that discourage or impede such action, in relation to both OSH in general and psychosocial risks in particular.
- **Employee participation:** describes the extent of employee participation and how it is implemented in practice through the views of both managers and employee representatives.

Data presentation

- The figures presented in this report show the average for the EU-28 countries.
- All figures used in the text of this report are rounded values. Owing to differences in the rounding procedures between software types, slight differences of up to one percentage point between the values in the figures and the values mentioned in the text might appear.
- Similar minor differences may arise between the figures in this report and those shown in the ESENER-2 online dashboard[8], where data have been recalculated not to show the 'don't know/no answers'. In this overview report, data have not been recalculated. Owing to the methodological changes pointed out above, which include the development of an entirely new questionnaire for ESENER-2, strict comparisons with ESENER-1 results are not possible in principle. However, and bearing in mind the limitations, on some particular topics the findings from ESENER-1 will be shown for the sake of contextualising the current results.

8 Available at: https://osha.europa.eu/en/surveys-and-statistics-osh/esener/2014

2. OSH management

Occupational safety and health is a cross-disciplinary area concerned with protecting the safety, health and well-being 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 that 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.

The EU Framework Directive on Safety and Health at Work (Directive 89/391/EEC)[9] is the basic legal act setting out the principles for the prevention and protection of workers against occupational accidents and diseases. Under the Framework Directive, employers are expected to manage OSH in a preventive manner by following a systematic, integrated, proactive and participative approach, as prescribed by the Common Processes and Mechanisms (CPM), which represent the key elements in the OSH management approach set out in the Framework Directive and that are mirrored in the individual directives. One of the CPMs, and the cornerstone of the preventive culture, is conducting a risk assessment. The risks to the safety and health of workers have to be evaluated regularly and the appropriate follow-up measures, technical and/or organisational, must be taken in order to improve the level of OSH. It is essential that the effectiveness of such measures be monitored and their appropriateness be assessed, adapting them to changing conditions while ensuring the involvement of workers in the management of OSH.

The types of hazards that can be found at the workplace are very varied and range from the more traditional ones, such as mechanical, chemical, biological and physical, to 'psychosocial' hazards. In principle, a general risk assessment should be carried out mainly by the staff, even in the smallest firms, but for some very specific hazards there may be a need to turn to specialist support. Such support is available from a wide range of fields of expertise, including occupational medicine, occupational (or industrial) hygiene, public health, safety engineering, chemistry, ergonomics, toxicology, epidemiology, environmental health, industrial relations, sociology and occupational psychology.

The general principles for the prevention of unsafe working conditions set out by the EU Framework Directive on safety and health at work and its daughter directives have been continuously restated in the EU and further developed in other documents. For instance, the 'Luxembourg Declaration on Workplace Health Promotion in the European Union' sets out several principles with the aim of preventing ill-health at work (including work-related diseases, accidents, injuries, occupational diseases and stress) and enhancing health-promoting potentials and well-being in the workforce[10]. These principles are:

- company codes of conduct and guidelines that view employees as important success factors;
- company culture and management policies that include the participation of employees and that encourage them to assume responsibility;
- work organisation that enables employees to balance the demands made by the job with their own personal skills and to control their own work and social support;
- personnel policies that incorporate health targets into all other areas of the company;
- integrated OSH services;
- inclusion of employees in health issues at all levels (participation);
- systematic implementation of all measures and programmes (project management);
- linking risk reduction strategies with the development of safety factors and health potentials (comprehensive approach).

The evident question is whether or not the management of OSH is taking place in a routine and integrated way, in line with the EU Framework Directive. There is evidence supporting this, including the findings from the follow-up studies of ESENER-1 (EU-OSHA, 2012a) that suggest that, when enterprises address OSH, they tend to do it using a coherent, system-based approach rather than picking specific, unrelated measures. The most frequently used practices for OSH management were found to be having an OSH policy in place, discussion of OSH in high-level management meetings, the involvement of line managers in OSH management and regularly carrying out a risk assessment. It may be argued that this provides some support for the effectiveness of the goal-setting approach of the EU Framework Directive on OSH in terms of putting in place system- or process-based prevention. It is fundamental to bear in mind the importance of the national context when dealing with OSH management, as shown by another ESENER-1 follow-up study (EU-OSHA, 2013), which looked into the country settings that made some environments more favourable than others to managing OSH in a systematic way, even among the smallest establishments. Worker participation and management commitment were found to be significant drivers for this, as they help create a positive safety culture at the workplace. It is also important to bear the activity sector in mind, as findings suggested that those enterprises in technologically intensive industries or in sectors with high levels of 'traditional' risks (and so high numbers of accidents) appeared to have higher levels of OSH practice than those in service-oriented industries.

In its examination of OSH management, ESENER-2 collected data on the following issues:

- the main risk factors in the workplace;
- measures taken to manage OSH, such as the extent and focus of workplace risk assessments, whether or not the health of

9 Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:01989L0391-20081211

10 Available at: http://www.enwhp.org/fileadmin/rs-dokumente/dateien/Luxembourg_Declaration.pdf

workers is regularly monitored, the existence of measures for health promotion and if there are measures in place to support return to work after a long-term absence;
- management commitment to OSH, as shown by the existence of a document explaining the responsibilities and procedures on OSH, a specific budget for OSH and the involvement of top-level and line management;
- the use of expertise, advice or information from health and safety services (whether internal or external), the use of OSH information from different bodies and labour inspectorate visits.

2.1. Health and safety risks in European establishments

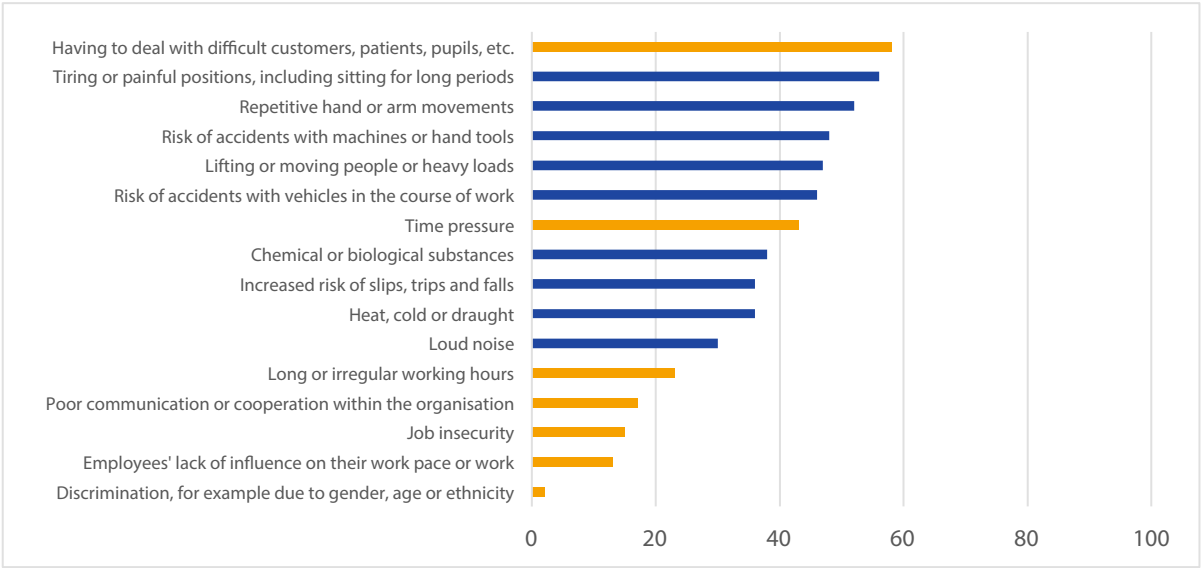
Respondents were asked about the presence of risk factors in their establishments, regardless of whether or not these risks were already under control and regardless of the number of people affected by them. As shown in Figure 1, the most frequently identified risk factors are having to deal with difficult 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 %). It is interesting that psychosocial risk factors are the most frequently reported, a finding that reflects the continued growth of the service sector. Risk factors leading to MSDs are reported frequently, followed by the risk of accidents and time pressure. Risk factors such as chemical or biological substances (38 %), heat, cold or draught (36 %) and loud noise (30 %) are relatively less frequent, which is largely explained by their sectoral profile, as explained below.

The findings by activity sector provide some interesting differences, as expected. Table 2 shows the two most frequently reported risk factors by establishments in each sector (the least frequently reported risk factor across all sectors is discrimination). These findings are summarised below:

- The risk of accidents with machines or hand tools is the most frequently reported risk factor in mining and quarrying (86 % of establishments in the sector in the EU-28), water supply; sewerage, waste management and remediation activities (83 %), construction (82 %), water and electricity, gas, steam and air conditioning supply (81 %), agriculture, forestry and fishing (78 %) and manufacturing (77 %).
- Having to deal with difficult customers, patients, pupils, etc., is the most common risk factor in human health and social work activities (79 %), education (71 %), accommodation and food service activities (66 %), real estate activities (66 %), arts, entertainment and recreation (64 %) and wholesale and retail trade; repair of motor vehicles and motorcycles (62 %). As is the case for other psychosocial risk factors[11], this risk is most frequently reported among establishments in public administration and service sectors.
- In contrast to psychosocial risks, physical risk factors leading to MSDs are commonly reported across all sectors of activity. Tiring or painful positions, including sitting for long periods, are the most prominent risk factors in public administration (76 % of establishments in the sector in the EU-28), information and communication (70 %), finance and insurance activities (67 %), professional, scientific and technical activities (67 %),

11 This chapter deals with all risk factors covered in the survey but a more in-depth analysis of the main findings related to psychosocial risks is presented in Chapter 3.

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



Base: all establishments in the EU-28.

Note: factors that are mainly associated with psychosocial risks are shaded in orange.

Table 2. Two most frequently reported risk factors in establishments, by activity sector (% establishments, EU-28)

Activity sector	Most frequently reported risk factors (% establishments)	
	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: Mining and quarrying	Risk of accidents with machines or hand tools (86)	Loud noise (79)
C: Manufacturing	Risk of accidents with machines or hand tools (77)	Repetitive hand or arm movements (58)
D: Electricity, gas, steam and air conditioning supply	Risk of accidents with machines or hand tools (81)	Tiring or painful positions, including sitting for long periods (76)
E: Water supply; sewerage, waste management and remediation activities	Risk of accidents with machines or hand tools (83)	Risk of accidents with vehicles in the course of work (79)
F: Construction	Risk of accidents with machines or hand tools (82)	Lifting of moving heavy people (73)
G: Wholesale and retail trade; repair of motor vehicles and motorcycles	Having to deal with difficult customers, patients, pupils, etc. (62)	Lifting of moving heavy people (53)
H: Transportation and storage	Risk of accidents with vehicles in the course of work (73)	Tiring or painful positions, including sitting for long periods (64)
I: Accommodation and food service activities	Having to deal with difficult customers, patients, pupils, etc. (66)	Risk of accidents with machines or hand tools (58)
J: Information and communication	Tiring or painful positions, including sitting for long periods (70)	Repetitive hand or arm movements (50)
K: Financial and insurance activities	Tiring or painful positions, including sitting for long periods (67)	Having to deal with difficult customers, patients, pupils, etc. (63)
L: Real estate activities	Having to deal with difficult customers, patients, pupils, etc. (66)	Tiring or painful positions, including sitting for long periods (58)
M: Professional, scientific and technical activities	Tiring or painful positions, including sitting for long periods (67)	Time pressure (53)
N: Administrative and support service activities	Tiring or painful positions, including sitting for long periods (60)	Having to deal with difficult customers, patients, pupils, etc. (58)
O: Public administration	Tiring or painful positions, including sitting for long periods (76)	Having to deal with difficult customers, patients, pupils, etc. (68)
P: Education	Having to deal with difficult customers, patients, pupils, etc. (71)	Tiring or painful positions, including sitting for long periods (60)
Q: Human health and social work activities	Having to deal with difficult customers, patients, pupils, etc. (79)	Tiring or painful positions, including sitting for long periods (61)
R: Arts, entertainment and recreation	Having to deal with difficult customers, patients, pupils, etc. (64)	Lifting of moving heavy people (52)
S: Other service activities	Tiring or painful positions, including sitting for long periods (57)	Having to deal with difficult customers, patients, pupils, etc. (55)

Base: all establishments in the EU-28.

administrative and support service activities (60 %) and other service activities (57 %). Repetitive hand or arm movements are frequently reported by establishments in manufacturing (58 %) and information and communication (50 %), while lifting or moving heavy people or loads is common in construction (73 %), wholesale and retail trade; repair of motor vehicles and motorcycles (53 %) and arts, entertainment and recreation (52 %).

Another way to analyse this information is to focus on the risk factors and see, for each one of them, which is the sector where they are most widely reported to be present. So, instead of having the most frequent risks for each of the sectors, as presented above, we can see now where a particular risk is most frequently reported (Table 3). For five of the risk factors considered, establishments in mining and quarrying report the highest proportions: risk of accidents with machines or hand tools (86 % of the establishments

Table 3. Risk factors and the activity sector in which they are most frequently reported (% establishments, EU-28)

Risk factor (% establishments across all sectors)	Top three most frequently reported sectors (% establishments in the sector)
Having to deal with difficult customers, patients, pupils, etc. (58)	**Q:** Human health and social work activities (79) Education (71) Public administration and defence; compulsory social security (68)
Tiring or painful positions, including sitting for long periods (56)	**O:** Public administration and defence; compulsory social security (77) Electricity, gas, steam and air conditioning supply (76) Information and communication (70)
Repetitive hand or arm movements (52)	**A:** Agriculture, forestry and fishing (63) Construction (60) Public administration and defence; compulsory social security (58)
Risk of accidents with machines or hand tools (48)	**B:** Mining and quarrying (86) Water supply; sewerage, waste management and remediation activities (83) Construction (82)
Lifting or moving people or heavy loads (47)	**F:** Construction (73) Water supply; sewerage, waste management and remediation activities (61) Electricity, gas, steam and air conditioning supply (60)
Risk of accidents with vehicles in the course of work (46)	**E:** Water supply; sewerage, waste management and remediation activities (79) Mining and quarrying (77) Electricity, gas, steam and air conditioning supply (74)
Time pressure (43)	**M:** Professional, scientific and technical activities (53) Human health and social work activities (50) Information and communication (50)
Chemical or biological substances (38)	**B:** Mining and quarrying (73) Electricity, gas, steam and air conditioning supply (63) Agriculture, forestry and fishing (62)
Increased risk of slips, trips and falls (36)	**B:** Mining and quarrying (74) Water supply; sewerage, waste management and remediation activities (70) Construction (63)
Heat, cold or draught (36)	**A:** Agriculture, forestry and fishing (65) Construction (63) Water supply; sewerage, waste management and remediation activities (61)
Loud noise (30)	**B:** Mining and quarrying (79) Construction (61) Water supply; sewerage, waste management and remediation activities (59)
Long or irregular working hours (23)	**R:** Arts, entertainment and recreation (41) Accommodation and food service activities (39) Agriculture, forestry and fishing (35)
Poor communication or cooperation within the organisation (17)	**O:** Public administration and defence; compulsory social security (27) Human health and social work activities (22) Electricity, gas, steam and air conditioning supply (20)
Job insecurity (15)	**P:** Education (20) Administrative and support service activities (19) Public administration and defence; compulsory social security (19)

Table 3. Continued

Risk factor (% establishments across all sectors)	Top three most frequently reported sectors (% establishments in the sector)
Employees' lack of influence on their work pace or work processes (13)	**B:** Mining and quarrying (21) Public administration and defence; compulsory social security (18) Administrative and support service activities (17)
Discrimination, for example due to gender, age or ethnicity (2)	**Q:** Human health and social work activities (5) Administrative and support service activities (5) Arts, entertainment and recreation (5)

Base: all establishments in the EU-28.

in the sector in the EU-28), loud noise (79 %), increased risk of slips, trips and falls (74 %), chemical or biological substances (73 %) and employees' lack of influence on their work pace or work processes (21 %).

The agriculture, forestry and fishing sector reports the highest proportions for two of the risk factors considered: heat, cold or draught (65 % of establishments in the sector in the EU-28) and repetitive hand or arm movements (63 %), while public administration tops the ranking for tiring or painful positions (77 %) and poor communication or cooperation within the organisation (27 %). Human health and social work activities lead the ranking for having to deal with difficult customers (79 %) and discrimination (5 %).

Smaller establishments report the presence of all risk factors less frequently than their larger counterparts. For some particular risks, such as having to deal with difficult customers, this size differences are not very large but, nonetheless, the presence of all risk factors appears to increase with establishment size. Evidently, this raises the question of whether there are truly fewer risks in the smallest establishments or if there is low level of awareness. The findings by country show some interesting differences.

In the majority of countries having to deal with difficult customers, tiring or painful positions and repetitive hand or arm movements are among the most frequently reported risk factors, but there are some interesting findings that are worth highlighting here. For instance, time pressure[12] (the seventh most frequently reported risk factor in the EU-28) is clearly the most common risk factor in the Nordic countries (Denmark, Finland, Iceland, Norway and Sweden) and the Netherlands, and it is among the top three risk factors in several other countries, such as Austria, Belgium, Cyprus, FYROM, Germany, Greece, Malta and Switzerland. In the United Kingdom, chemical or biological substances are reported to be present in 52 % of the surveyed establishments, making it the third most common risk factor. Finally, the risk of accidents with vehicles in the course of work (the sixth most frequently reported risk factor in the EU-28) is the most common risk factor in Croatia, the Czech Republic, Slovakia and Turkey.

12 Again, an in-depth analysis of psychosocial risks is provided in Chapter 3.

2.2. Measures taken for OSH management

Bearing in mind the risk factors reported by European workplaces, as described in the section above, it will be interesting to next look at what measures there are in place to manage these risks. As mentioned above, the starting point is whether or not workplaces are regularly checked for safety and health as part of a risk assessment, the cornerstone of the European approach to OSH, as prescribed by the CPMs of the EU Framework Directive on Safety and Health at Work (Directive 89/391/EEC). Risk assessments are a systematic examination of all aspects of the work undertaken, with the aim of identifying what could cause injury or harm, whether or not the hazards could be eliminated and, if not, what preventive or protective measures are or should be in place to control the risks (European Commission, 1996). Risk assessments should therefore cover all aspects of work and be carried out — or reviewed — every time there is a change in a procedure, equipment or working environment.

These systematic checks should consider potential sources of accidents or health dangers, bearing in mind that a hazard can be anything that has the potential to cause harm, such as work materials, equipment, work methods or practices related to the organisation of work, including problems in the relationship between managers and employees. Risk assessments are formal in the sense that there are guidelines setting out the steps to follow and that there is a legal obligation to document them in written form.

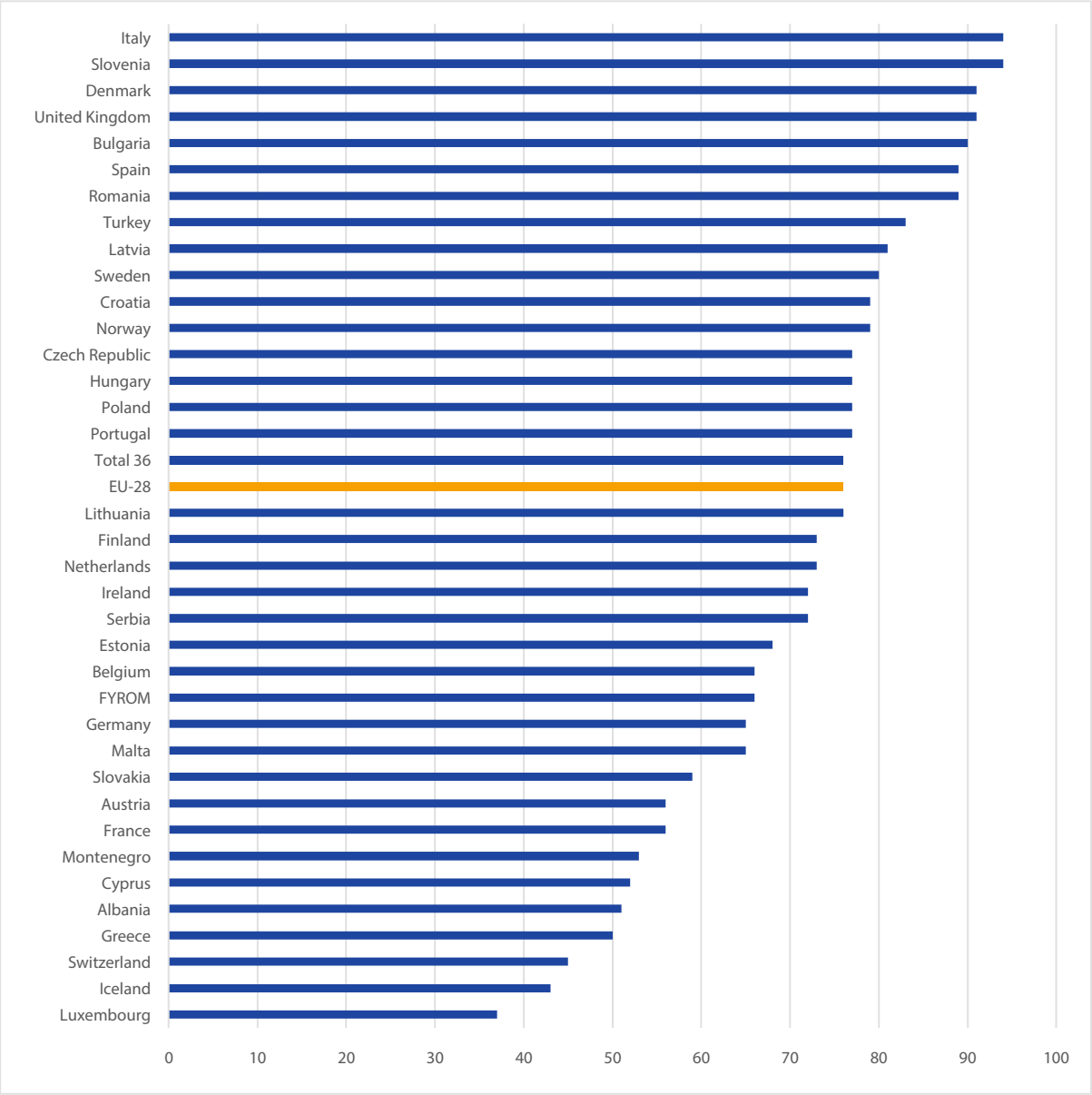
ESENER-2 asked whether workplace risk assessments were carried out regularly in the establishment. More than three-quarters of the surveyed establishments in the EU-28 (76 %) indicated that they do[13] and the majority of these report having it in a documented form (92 %). As expected, carrying out risk assessments is positively correlated with establishment size,

13 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.

ranging from 69 % among the micro enterprises employing five to nine workers to 96 % among those employing more than 250 people. These figures are lower than those reported in ESENER-1, but the findings are not exactly comparable, as the wording of the question has changed and the definition of workplace risk assessments is slightly more restrictive in ESENER-2. In addition, the expansion of the universe in ESENER-2 to include agriculture and micro enterprises has an effect and reduces the percentage of establishments carrying out risk assessment, which would be 83 % for the same universe, and, as a consequence, closer to the 87 % reported in ESENER-1. By country, the values range from 94 % of establishments in Italy and Slovenia to 37 % in Luxembourg (Figure 2). While generally similar to ESENER-1, some countries have reported significant changes in ESENER-2. In Greece, for instance, the proportion of establishments reporting that they carry out a risk assessment has dropped from 89 % to 50 %, which is, to some extent, a result of the expansion in the coverage of workplaces, although not exclusively. Other countries that have witnessed a significant reduction, compared with ESENER-1, in the proportions of establishments that report carrying out regular risk assessments are Slovakia, Cyprus, Austria, Malta and Ireland. In contrast, in Turkey, the proportions have increased from 75 % to 83 % between the two waves of ESENER.

The presence of a health and safety representative has been credited with having an impact on OSH performance (ESENER-1 secondary analyses). The assessment of performance goes beyond the remit of this overview report; however, ESENER-2 findings reveal that lower proportions of workplace risk assessments are reported among those establishments without a health and safety

Figure 2. Workplace risk assessments carried out regularly, by country (% establishments)



Base: all establishments, all 36 countries.

representative than those with a health and safety representative: 62 % versus 87 %, respectively. This gap widens as establishment size decreases.

By sector, as shown in Figure 3, the highest proportions correspond to the most hazardous sectors, such as electricity, gas, steam and air conditioning supply (94 % of establishments in the sector in the EU-28), mining and quarrying (93 %) and water supply; sewerage, waste management and remediation activities (91 %), compared with the lowest proportions in professional, scientific and technical activities (60 %) and information and communication (62 %).

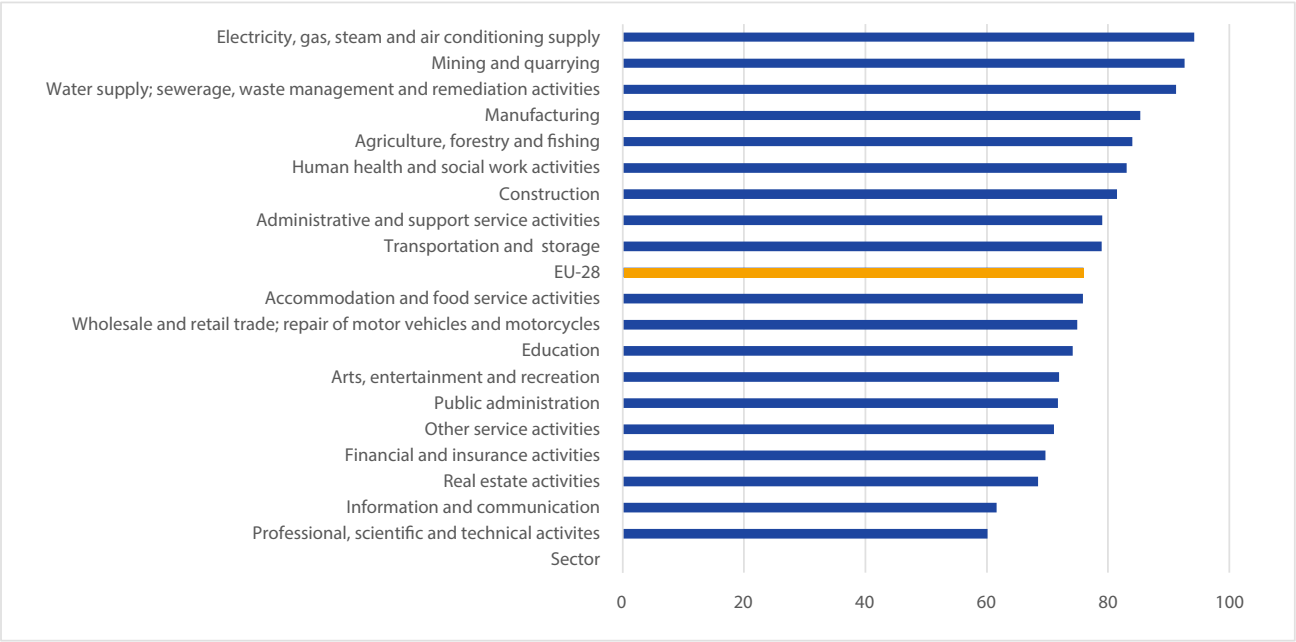
Interestingly, as shown in Figure 4, there are significant differences between the proportion of establishments carrying out risk assessments mainly by internal staff and the overall proportion of establishments carrying out risk assessments. The country ranking changes significantly compared with Figure 2, being topped by Denmark and Sweden (83 % of establishments report regular risk assessments conducted by internal staff), while the lowest proportions are found in Slovenia (7 %), Spain and Croatia (12 %). The average for the EU-28 is 47 %.

This cannot lead to any conclusions about the quality of these risk assessments, as in some countries there may be a legal obligation to contract OSH services for such tasks, along with other factors, such as an established tradition of outsourcing OSH or the availability of support, guidance and advice. Generally, turning to external specialists may be essential for the management of those risks that exceed the skills and competence found in the workplace. However, under the assumption that those controlling the work are in the best position to control the risks, in principle, all enterprises should be able to carry out a basic risk assessment with their own staff only.

By activity sector, agriculture, forestry and fishing, and manufacturing report the lowest proportions of establishments carrying out risk assessments mainly by internal staff, whereas the highest proportions are in human health and social work activities and other service activities.

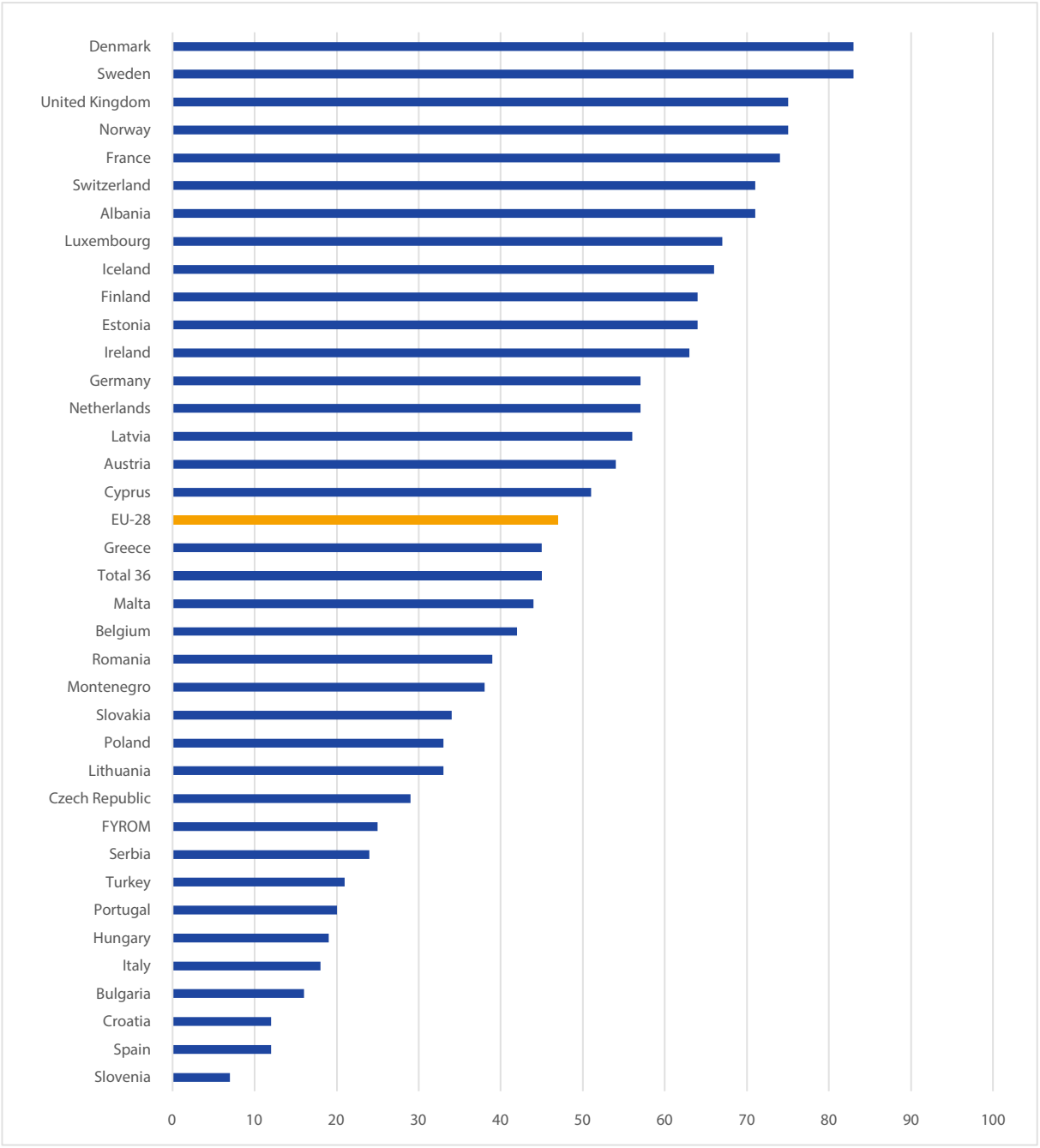
There seems to be a correlation with establishment size, as the percentage of establishments where risk assessments are mainly conducted by internal staff increases with size (Figure 5), but this finding does not hold in all countries. In Denmark and Sweden, the majority (over 80 %) of the smallest establishments employing five to nine workers report carrying out their workplace risk assessments mainly by their internal staff, revealing that, given the right circumstances, even the smallest establishments can carry out risk assessments without turning to external experts. This is further analysed in EU-OSHA's ongoing project on OSH in micro and small enterprises (MSEs), the SESAME project, which takes account of, among other things, the implications of the national contexts in which MSEs are situated. Its first report, 'Contexts and arrangements for occupational safety and health in micro and small enterprises in the EU — SESAME project', looks into the evidence in support of variations between Member States in the presence and quality of arrangements for OSH in micro and small firms. It is argued that it is unlikely that such differences are exclusively due to the specific features of MSEs, but are most probably a result of the interaction between these enterprises and the social, political, regulatory and economic contexts in which they are situated.

Figure 3. Workplace risk assessments carried out regularly, by activity sector (% establishments, EU-28)



Base: all establishments in the EU-28.

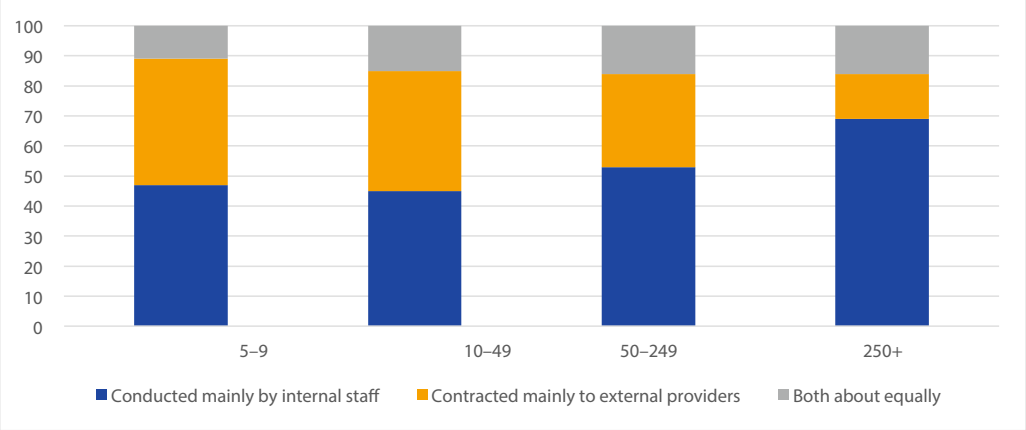
Figure 4. Workplace risk assessments conducted mainly by internal staff, by country (% establishments)



Base: establishments carrying out regular workplace risk assessments, all 36 countries.

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 dangerous chemical or biological substances are indeed widely evaluated (90 %), but only those workplaces reporting the presence of chemical or biological substances were asked about this aspect and, consequently, there is not much of a differing pattern for this aspect by activity sector or establishment size. When it comes to the other aspects, the safety of machines is most frequently reported in manufacturing (96 % of establishments in the sector in the EU-28) and mining and quarrying (95 %), compared with the lowest reporting in financial and insurance activities (71 %) and real estate activities (71 %), as expected. Work postures, physical working demands and repetitive movements are most frequently evaluated in electricity, gas, steam and air conditioning supply (84 %) and mining and quarrying (83 %), whereas the lowest reporting is in education (67 %) and accommodation and food service activities (68 %). However, it is important to highlight that there is not much difference among sectors, once more confirming the importance of risk factors leading to MSDs across all activity sectors.

Figure 5. Workplace risk assessments conducted mainly by internal staff, external providers or both about equally, by establishment size (% establishments, EU-28)



Base: establishments in the EU-28 carrying out regular workplace risk assessments.

The widest gap among sectors is found in relation to exposure to noise, vibration, heat or cold, the highest proportions being in mining and quarrying (92 %) and water supply; sewerage, waste management and remediation activities (87 %), with the lowest in human health and social work activities (44 %) and real estate activities (46 %).

Risk assessments: some additional features

- 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, with the highest proportion found among establishments in real estate (59 %). Even though these findings represent slightly over 10 % of the total sample of surveyed establishments, it is still worth bearing them in mind as an indication of OSH management practices in the face of new work organisation patterns. By country, the highest proportions are reported among establishments in Romania (57 %), Albania (52 %), Bulgaria and Spain (49 %), with the lowest in Estonia (5 %), Iceland (7 %) and Norway (11 %).
- Similarly, when focusing on those establishments that have **other types of workers** beyond directly employed people, such as temporary agency workers, subcontractors and the self-employed, among others, 62 % of those establishments in the EU-28 that carry out risk assessment report covering these other types of workers in their risk assessments.
- The vast majority (92 %) of those establishments that carry out risk assessments in the EU-28 report having it in **documented form**, without great differences by establishment size or activity sector.
- About 84 % of establishments in the EU-28 that carry out risk assessments conducted the last one within the year prior to the survey (2013 and 2014). There are no significant differences by sector or size, whereas, by country, the highest proportions of establishments reporting their last risk assessment being carried out within the year prior to the survey are found in Austria, Portugal and Latvia (94 % in all three countries), with the lowest in Estonia (60 %), Slovenia (62 %) and Poland (66 %).
- In the majority of establishments, the findings of the risk assessment are provided to the management (95 % of establishments in the EU-28) and the health and safety representatives (91 %). Trade union representatives are reported to be given the findings of the risk assessment in 67 % of surveyed establishments, with some significant variation among countries, with the proportions ranging from 29 % and 34 % in Cyprus and Iceland, respectively, to 93 % in Denmark and 90 % in Sweden.

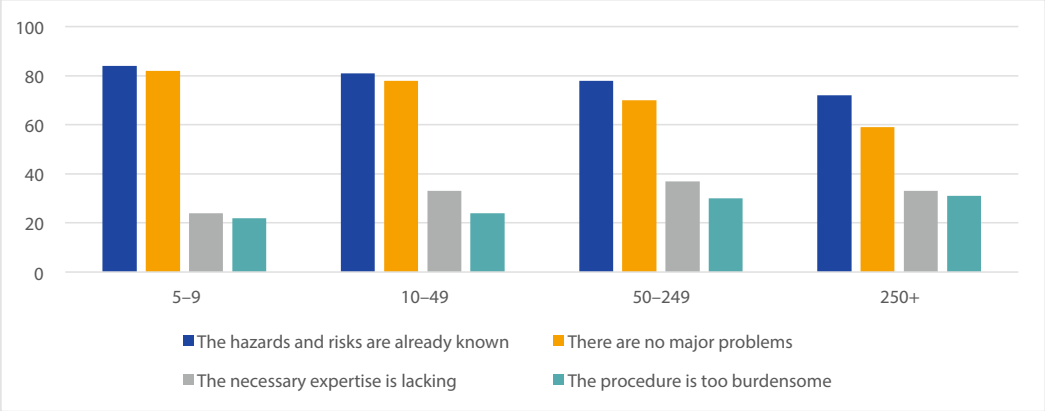
The majority of surveyed establishments in the EU-28 that carry out regular risk assessments regard them as a useful way of managing health and safety (90 %), a consistent finding across activity sectors and establishment sizes.

Looking at those establishments that do not carry out regular risk assessments[14], 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 of whether these establishments, particularly the smallest ones, actually have fewer problems or they are simply less aware of workplace risks.

14 It is interesting to note that almost one in four establishments in the EU-28 does not carry out regular risk assessments. Given the likely bias in the survey mentioned above, by which absolute levels may be overestimates, a proportion of 24 % of establishments not carrying out regular risk assessments can be considered quite high.

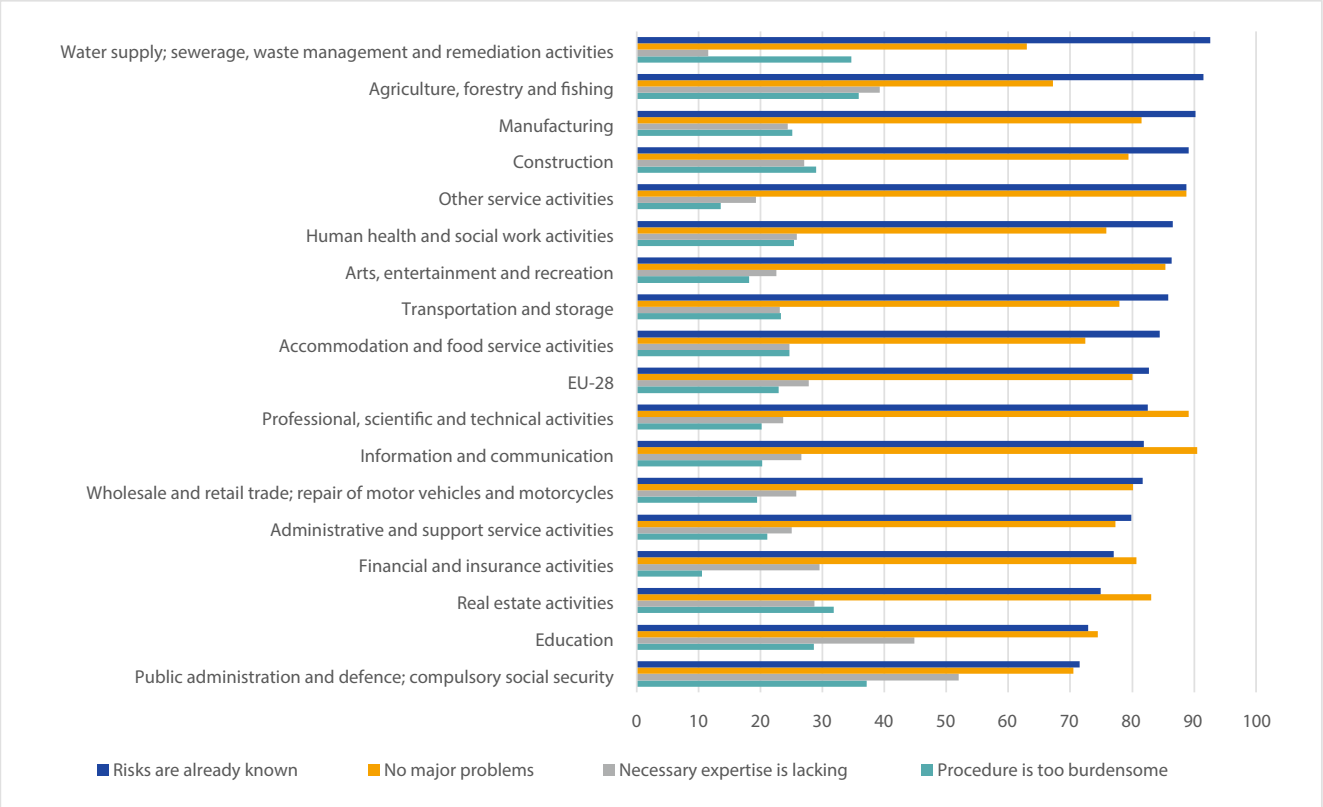
Interestingly, enterprises in the smallest size classes report less frequently than their larger counterparts that the procedure is too burdensome (although this is the least commonly reported reason): 22 % among those employing five to nine workers compared with 31 % among those employing more than 250 people (Figure 6). By sector, this reason is most frequently reported in public administration and defence; compulsory social security (37 %) and agriculture, forestry and fishing (36 %), with the lowest levels in financial and insurance services (10 %) and other service activities (13 %) (Figure 7). By country, there are significant differences, ranging from Turkey (32 %), Bulgaria (31 %) and France (28 %) to Slovenia (1 %), Montenegro (8 %) and Malta (9 %). It should be recalled that these findings correspond only to those establishments that do not carry out risk assessments. In some countries they represent a very small proportion, but they are still revealing of the perception of how burdensome the procedure is by those enterprises that do not carry out risk assessments (Table 4).

Figure 6. 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 7. Reasons why workplace risk assessments are not carried out regularly, by activity sector (% establishments, EU-28)



Base: establishments in the EU-28 that do not carry out risk assessments regularly. Mining and electricity was not significant, as there were too few respondents).

Table 4. Reasons why workplace risk assessments are not carried out regularly, by country (% establishments)

	Risks are already known	No major problems	Necessary expertise is lacking	Procedure is too burdensome
EU-28	83	80	28	23
Albania	82	92	36	28
Austria	89	91	18	26
Belgium	76	81	37	21
Bulgaria	79	78	28	31
Croatia	82	82	15	16
Cyprus	46	77	23	16
Czech Republic	85	87	13	17
Denmark	69	71	20	26
Estonia	83	89	10	15
Finland	92	90	32	23
France	82	81	47	28
FYROM	70	66	22	11
Germany	86	86	19	26
Greece	80	85	41	23
Hungary	90	88	18	23
Iceland	74	51	25	10
Ireland	87	78	25	18
Italy	71	66	17	10
Latvia	71	76	28	19
Lithuania	76	78	22	22
Luxembourg	82	84	20	15
Malta	74	70	7	9
Montenegro	73	71	25	8
Netherlands	78	81	24	20
Norway	81	71	26	12
Poland	84	90	16	15
Portugal	85	56	27	15
Romania	64	42	44	15
Serbia	75	72	24	13
Slovakia	54	47	12	12
Slovenia	65	76	16	1
Spain	82	53	28	17
Sweden	86	74	23	15
Switzerland	88	84	20	19
Turkey	82	67	55	32
United Kingdom	85	73	29	20

Base: establishments that do not carry out risk assessments regularly, all 36 countries.

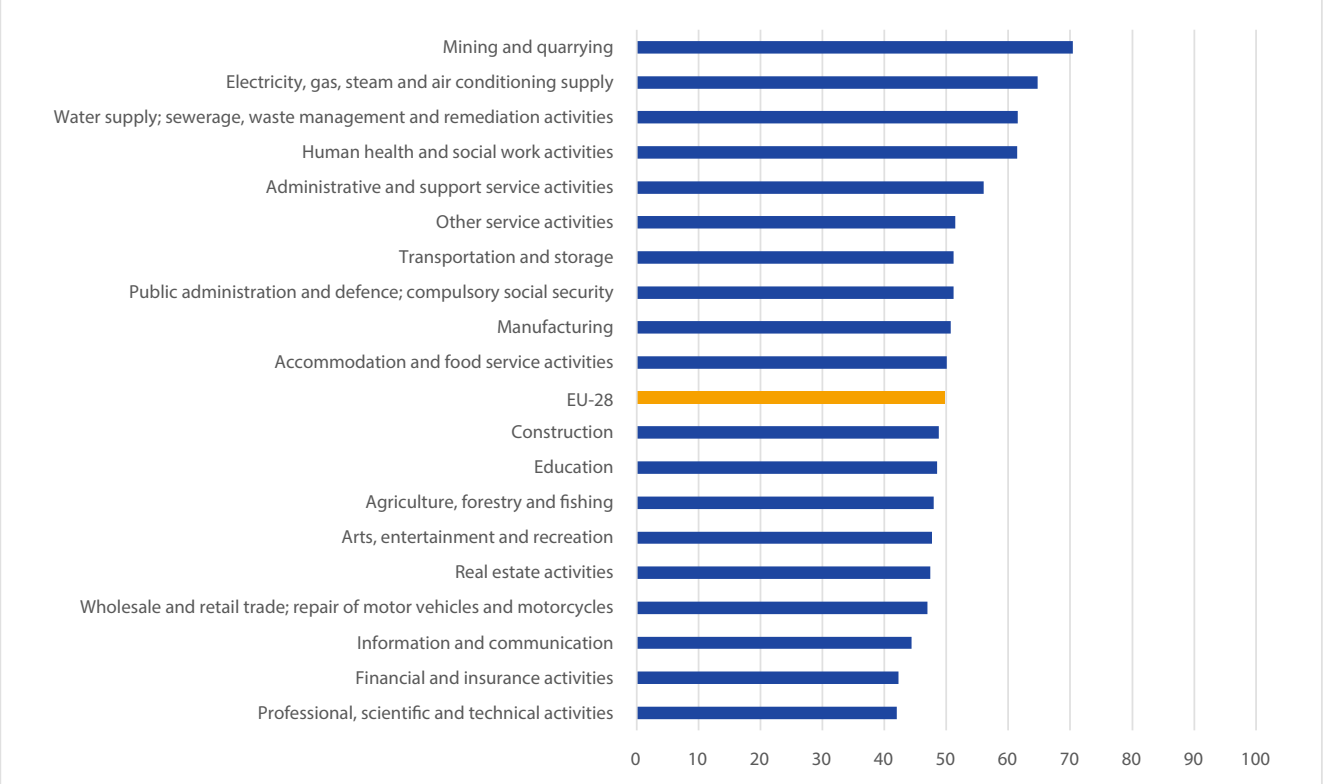
Those establishments that do not carry out risk assessments were asked if they took any other measures to check for health and safety at their workplaces. This question was included because of the new, slightly more restrictive wording of the general question on risk assessment, which did not include 'risk assessment or *similar measure*', as was the case in ESENER-1. This follow-up question was therefore added to try and pick up other practices, as basic as they may be, by which establishments carry out some kind of workplace checks for safety and health. Only 30 % of them reported such measures, which are mainly visual

checks on whether or not employees stick to safety rules and checking that the emergency exit routes are clear. The highest proportions of these alternative measures are found among establishments in water supply; sewerage, waste management and remediation activities (50 %) and human health and social work activities (42 %), with the lowest in real estate activities (13 %) and agriculture, forestry and fishing (21 %). These other measures to check for health and safety are more frequently reported among the largest business sizes, whereas, by country, the proportions range from 4 % in Albania and 19 % in France and Italy to 60 % in Malta and 44 % in Cyprus. Once more, the small base on which the calculation was based needs to be borne in mind, as it is limited to those establishments that do not carry out risk assessments. However, when focusing on the establishments that do not carry out these other checks for safety and health, it is revealing to note that, in total, they make up over 15 % of all the establishments surveyed in the EU-28. This figure can be considered quite high, and even higher when bearing in mind the bias the survey may have, because of which the findings on risk assessments may be depicting a rosier picture than reality.

Having the risk assessment duly completed is the first step towards proper management of the risks at the workplace, but it has to be followed up by adequate monitoring of the effectiveness of the measures taken in order to enable the required revisions. Several indicators may be used here, such as monitoring the sickness absence rate, which can reveal something about the preventive culture of an establishment. Overall, half of the surveyed establishments in the EU-28 report carrying out such analyses, but, as with other indicators, these findings need to be contextualised with additional information and, under some specific circumstances, it may not even be the most adequate of indexes; for example, in the smallest establishments, sickness absence may simply be too rare for the analysis to make sense. This is confirmed by the figures, as 42 % of the smallest establishments in the EU-28 report analysing their sickness absences, as opposed to 76 % in the large size class. By sector (Figure 8), sickness absence is routinely analysed in mining and quarrying (70 % of establishments in the sector in the EU-28) and electricity, gas, steam and air conditioning supply (65 %), whereas, by country, it is most frequently reported in Turkey, Norway, the United Kingdom and the Netherlands (Figure 9).

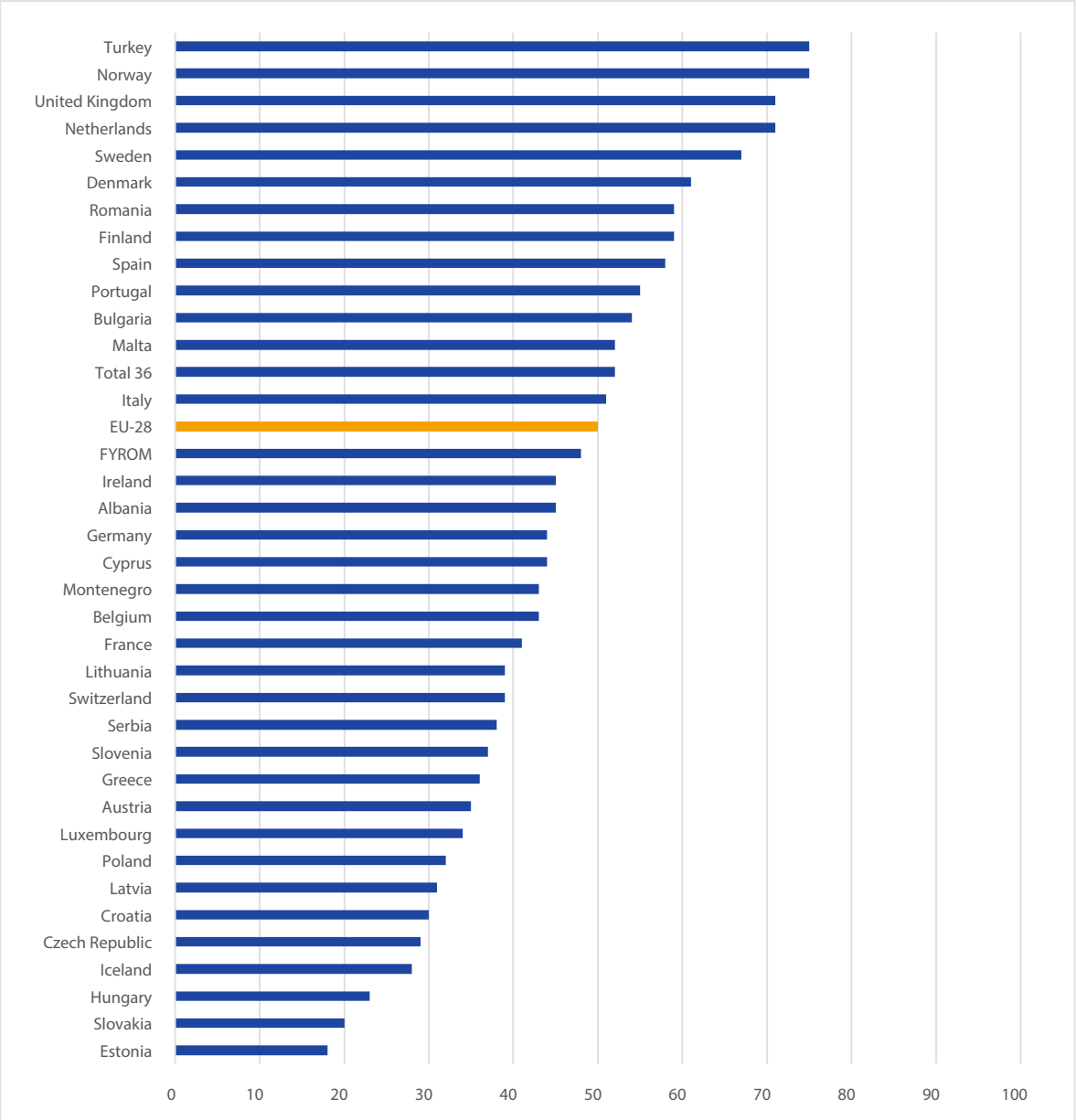
In the context of monitoring, 65 % of establishments in the EU-28 indicate that they regularly arrange medical examinations to check the health of their employees. As expected, this measure is more common among the largest establishments, whereas, by sector, like the monitoring of the sickness absence rate, regular medical examinations are most frequently reported among establishments in mining and quarrying (94 %) and electricity, gas, steam and air conditioning supply (90 %), with the lowest reporting in arts, entertainment and recreation (48 %), accommodation and food service activities (52 %) and professional, scientific and technical activities (52 %). By country, it is more widespread in Slovenia (97 %), FYROM (96 %) and Poland (94 %), in to the low levels in Denmark (10 %), Switzerland (12 %) and Ireland (15 %). It

Figure 8. Routine analysis of sickness absence, by sector (% establishments, EU-28)



Base: all establishments in the EU-28.

Figure 9. Routine analysis of sickness absence, by country (% establishments)



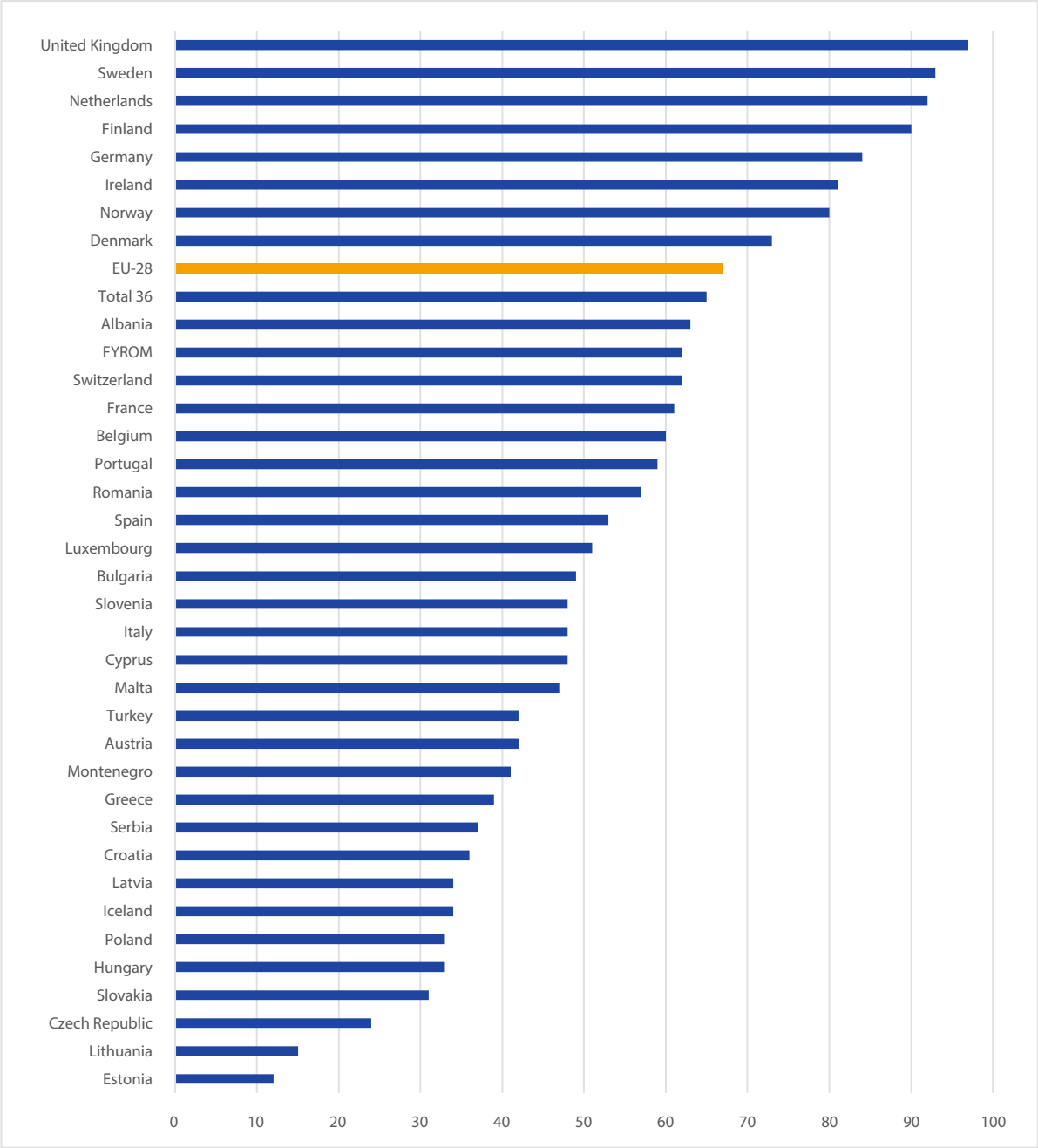
Base: all establishments, all 36 countries.

is important to highlight that the national legal framework plays a significant role in this particular indicator, as in some Member States enterprises may not be expected to arrange these medical check-ups in the first place, such as Denmark.

As a complement to the sickness absence analysis and the regular monitoring of the heath of employees, another measure that is linked to an integrated and comprehensive approach to OSH management is the existence of a procedure to support return to work following long-term sickness. The range of measures in place may be quite broad and ESENER-2 did not ask about the specificities, but they could include training, shorter working hours, slower work pace or regular consultation with these employees. These procedures aim to take into account the difficulties that workers may face upon their return, particularly when their absence has been long and, as reported by ESENER-2, they are in place in 67 % of establishments in the EU-28. By sector, they are most frequently reported in mining and quarrying (83 % of the establishments in the sector in the EU-28) than in agriculture, forestry and fishing (45 %), while, by size, once more, they are more frequent among the largest classes[15]. The country breakdown shows the highest levels in the United Kingdom, Sweden and the Netherlands, while the lowest levels are found in Estonia, Lithuania and the Czech Republic (Figure 10).

15 This question was asked only of those establishment employing more than 49 people.

Figure 10. Procedure to support employees returning to work after a long-term sickness absence, by country (% establishments)



Base: all establishments employing more than 49 people, all 36 countries.

Building on the measures to manage OSH, and in addition to the measures to deal with psychosocial risks, which are presented separately in Chapter 3, ESENER-2 included two new questions intended to shed some light on the way European establishments deal with health and safety at work[16]. One of them asked establishments about measures for MSDs. As pointed out above, risk factors leading to MSDs are reported equally by establishments across all activity sectors and in relatively high proportions. The 2013 Labour Force Survey ad hoc module on accidents at work and other work-related health problems[17] reveals that MSDs are by far the most frequently reported work-related health problem by European workers across all countries. When it comes to preventive measures, ESENER-2 reveals that 85 % of the establishments that report the presence of risks of

16 ESENER-2 also asked about measures to deal with psychosocial risks, which are presented in Chapter 3.

17 Available at: http://ec.europa.eu/eurostat/cache/metadata/en/hsw_apex_esms.htm

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 mining and quarrying (98 % of establishments in the sector in the EU-28), manufacturing (96 %) and electricity, gas, steam and air conditioning supply (95 %). By country, the figures are highest in Finland (94 %), Montenegro (93 %) and Iceland (90 %), with the lowest figures in 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 electricity, gas, steam and air conditioning supply (91 %), financial and insurance activities (88 %) and professional, scientific and technical activities (86 %). This is most common among establishments in Sweden (84 %) and Denmark (83 %) and least common in contrast to Slovakia, Lithuania and Bulgaria (51 % in all three countries).

The other new question focuses on measures for health promotion among employees. Workplace health promotion is defined by the European Network for Workplace Health Promotion (ENWHP)[18] as 'the combined efforts of employers, employees and society to improve the health and well-being of people at work'. Workplace health promotion aims to prevent ill-health at work and enhance well-being in the workforce. While there are evident links with OSH, workplace health promotion looks at the workplace as a setting to develop health promotion strategies, whereas OSH focuses on health and safety risks in the workplace and the ways to control these risks. In any case, both approaches must be considered as reinforcing each other.

Bearing this in mind, the most frequently reported measure for health promotion (35 % of establishments in the EU-28) is raising awareness on the prevention of addiction (smoking, alcohol, drugs), followed by raising awareness on nutrition (29 %), the promotion of sports activities outside working hours (28 %) and, finally, the promotion of back exercises, stretching or other physical exercise at work (25 %). By sector, measures for health promotion are most frequently reported by establishments in electricity, gas, steam and air conditioning supply, except for measures to support healthy nutrition, which are more prevalent in education, human health and social work activities. By country, the highest proportions come from the establishments in Finland, topping the ranking on raising awareness on the prevention of addiction (59 % of establishments) and coming second for the other three measures considered, with a particularly high proportion of establishments (78 % in Finland) reporting the promotion of sports activities outside working hours (80 % in Sweden).

18 Available at: http://www.enwhp.org/

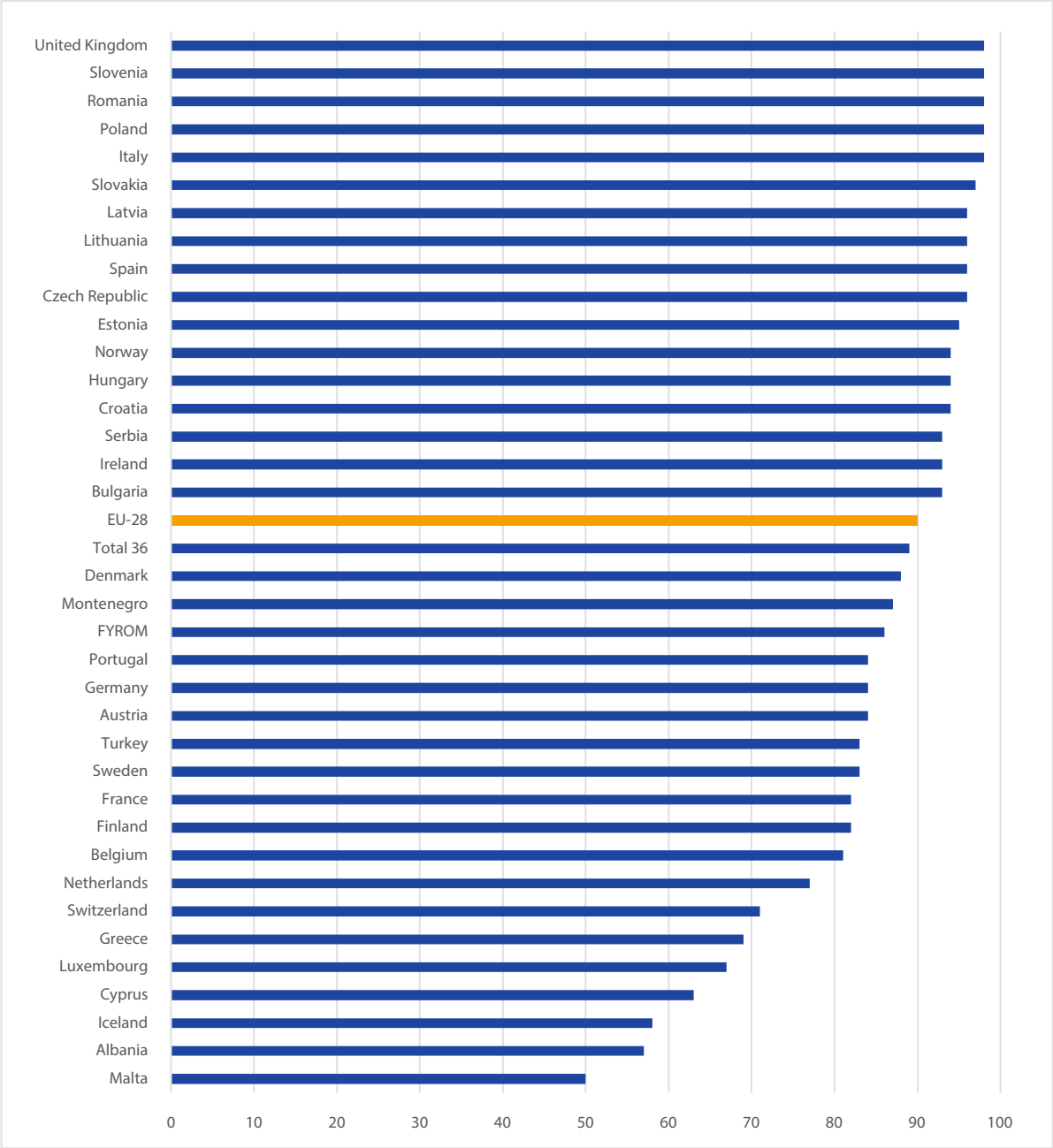
2.3. Commitment to the management of OSH in establishments

The sections above have covered the main risk factors reported by European establishments and the actual measures that are in place to manage them[19]. The existence of such measures and procedures arranged in a formal OSH management system is recognised as fundamental when it comes to dealing with health and safety, and it can be argued that, to a large extent that, as long as it not merely paper or 'formal' compliance, they all stem from a degree of commitment that the management has towards these issues, as supported by the findings of the follow-up studies of ESENER-1 (EU-OSHA, 2012b). However, it has to be noted that some of the indicators to assess the degree of commitment, like for the procedures and measures presented in the section above, are to some extent biased in favour of larger sized firms and certain national contexts. A possible indicator of such commitment may be represented by the existence of a document explaining the responsibilities and procedures on health and safety, which is reported to be 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 come from the United Kingdom, Slovenia, Romania, Poland and Italy (98 % in all of them), with the lowest in Malta (50 %), Albania (57 %) and Iceland (58 %) (Figure 11). To some extent, the prevalence of such documents may be influenced by national regulatory and institutional practices, which are probably more frequent in those national contexts where legislation has a more goal-setting than prescriptive approach, although this is not clearly supported by the data and in-depth analyses would be needed to confirm this.

Another indicator of commitment to OSH management may be the existence of a specific budget set each year for health and safety measures and equipment. This is reported to be the case by 41 % of establishments in the EU-28, with the proportion increasing with establishment size. By sector, this figure is clearly higher among establishments in public administration (63 %), in contrast with 29 % in professional, scientific and technical activities. 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 %) with the lowest. Once more, no definite conclusions may be extracted from these findings — for instance there was no question about the budget amount — and they certainly need to be taken in combination with other data for a proper assessment of management commitment to OSH. A more direct indicator of management involvement in OSH is the frequency that health and safety issues are discussed at the top level of management. ESENER-2 shows that 61 % of establishments in the EU-28 indicate that health and safety issues are discussed at the top

19 In addition to this, and as pointed out above, Chapter 3 focuses on the management of psychosocial risks, providing a thorough overview of the main procedures and measures in place to prevent and deal with them.

Figure 11. Document explaining responsibilities and procedures on health and safety available to workers, by country (% establishments)



Base: all establishments, all 36 countries.

level of management regularly, the proportion increasing with establishment size[20]. By country, this is reported most frequently in the Czech Republic (81 %), the United Kingdom (79 %) and Romania (75 %), while the lowest percentages come from Montenegro (25 %), Estonia (32 %), Iceland and Slovenia (35 %). By activity sector, as shown in Figure 12, once more, establishments in electricity, gas, steam and air conditioning supply (78 %) and mining and quarrying (76 %) report the highest proportions, with the lowest coming from information and communication (47 %) and real estate activities (48 %).

Finally, one aspect that may be directly linked to the management commitment to OSH is whether or not team leaders and line managers are provided with training on how to manage OSH in their teams[21]. This was reported to be the case by 73 % of establishments in the EU-28, the proportions growing with business size and being most frequently reported by

20 This question was asked only of those establishments employing more than 19 workers.

21 This question was asked only of those establishments employing more than 19 workers.

Figure 12. Health and safety issues discussed regularly at the top level of management, by activity sector (% establishments, EU-28)

Base: all establishments in the EU-28.

establishments in mining and quarrying (94 %), accommodation and food service activities (86 %) and electricity, gas, steam and air conditioning supply (95 %). By country, training is most frequently provided in the Czech Republic (94 %), Italy (90 %), Slovenia and Slovakia (84 %) and least in Iceland (38 %), Luxembourg (43 %) and France (46 %).

2.4. Sources of expertise, advice or information

Effective management of OSH often relies on the availability of expertise, advice and information, whether provided by staff within the enterprise or by an external service such as a consultancy. Like in ESENER-1, ESENER-2 asked about the use of health and safety services, whether they were in house or contracted out. Findings show that occupational health doctors (68 %), generalists on health and safety (63 %) and experts for accident prevention (52 %) were the most frequently used. The findings by country reveal a very high use of occupational health doctors in several countries: Finland, France, Hungary, Portugal, Slovenia, Poland and Romania reporting proportions above 90 % (see Table 5). Once more, it is important to bear in mind the different national contexts when interpreting the results, as shown by the low use reported by Danish establishments (7 %), which goes very much in hand with the low proportion of Danish establishments that reported arranging regular health examinations to monitor the health of their employees (10 % compared with the EU-28 average of 64 %).

Focusing on psychosocial risks, the use of a psychologist is reported by only 16 % of establishments in the EU-28, while an expert dealing with ergonomic design is reported by 33 %. These findings are revealing in the sense that psychosocial risks and MSDs are the most frequently reported risk factors, yet the use of these specialist services are the lowest compared with the more generalist profile of occupational health doctors, generalists on OSH and, to a lesser extent, the experts on accident prevention. However, it is important to highlight the wide differences by country: in Finland and Sweden, around 60 % of establishments report using a psychologist, be it in-house or contracted externally. These two countries are topping the rankings, along with Spain, when it comes to the use of an expert dealing with ergonomics, in contrast with some of the newer Member States, where proportions hover around the 10 % mark.

Larger establishments, as expected, report using services more frequently than their smaller counterparts, as they generally have more resources and are probably more likely to carry out activities that have risk profiles requiring more specialist expertise. The differences between establishment sizes is slightly wider when it comes to the use of specialist services, such as experts dealing with ergonomics and psychologists (Figure 13).

By activity sector, there are considerable differences in the type of health and safety expertise used, which is somehow linked to the risk profile presented in the section above (Figure 14). The use of a psychologist is most frequently reported among establishments in education and human health and social work activities (35 % in both), as opposed to 8 % in agriculture, forestry and fishing,

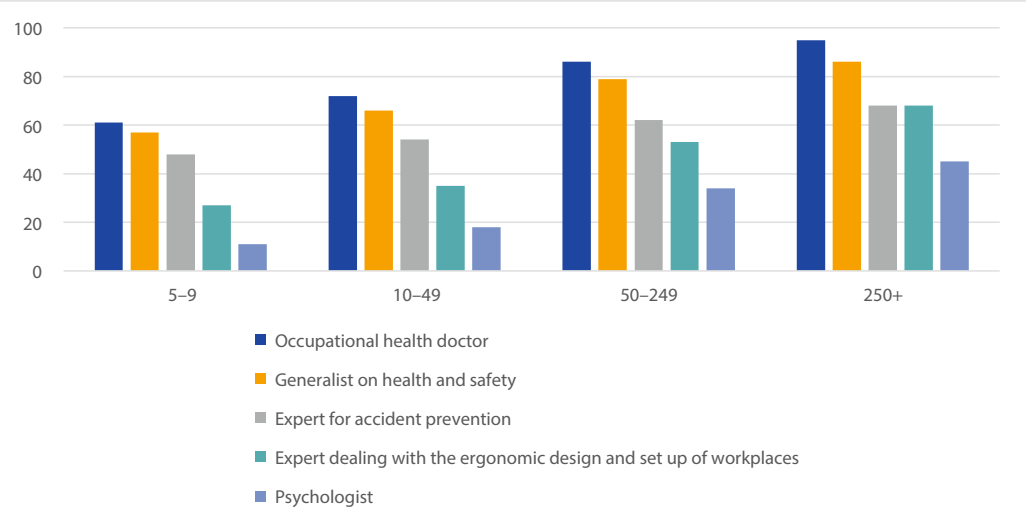
Table 5. Use of health and safety services, in-house or contracted externally compared with EU-28 average (given in column headings), by country (% establishments)

Occupational health doctor (68 %)		Generalist on OSH (63 %)		Expert for accident prevention (52 %)		Ergonomist[a] (33 %)		Psychologist (16 %)	
Finland	96	Slovenia	90	Slovakia	84	Finland	78	Finland	60
France	95	Poland	88	Slovenia	79	Spain	56	Sweden	59
Hungary	95	Czech Republic	87	Spain	76	Sweden	55	Romania	43
Portugal	95	Greece	82	Czech Republic	69	Norway	54	Denmark	38
Slovenia	95	Serbia	79	Italy	67	Belgium	50	Belgium	36
Poland	93	Hungary	78	Belgium	64	Netherlands	45	FYROM	33
Romania	93	Romania	77	Hungary	61	Austria	44	Croatia	28
Italy	89	FYROM	74	Romania	60	Germany	43	Netherlands	28
Bulgaria	88	Italy	73	Croatia	58	Portugal	39	Slovenia	24
Belgium	84	Croatia	72	Germany	58	Slovenia	36	Norway	24
Czech Republic	81	Slovakia	71	FYROM	56	Greece	36	Serbia	23
Spain	79	Portugal	70	Portugal	55	Cyprus	35	Poland	22
Luxembourg	78	United Kingdom	70	Finland	55	Denmark	31	Austria	20
Croatia	77	Turkey	69	Netherlands	50	Ireland	31	Spain	16
Netherlands	77	Austria	67	United Kingdom	49	Italy	31	France	15
Sweden	72	Germany	67	Austria	49	Turkey	30	Portugal	12
FYROM	67	Denmark	67	Greece	47	FYROM	29	United Kingdom	12
Estonia	66	Belgium	65	Sweden	44	Albania	28	Iceland	12
Austria	59	Bulgaria	65	Malta	44	United Kingdom	27	Bulgaria	11
Germany	54	Spain	64	Cyprus	40	Malta	25	Germany	11
Norway	54	Cyprus	64	Ireland	39	Switzerland	24	Ireland	11
Latvia	53	Ireland	55	Bulgaria	37	France	22	Montenegro	11
Turkey	52	Finland	53	Denmark	36	Latvia	22	Italy	10
Malta	48	Netherlands	53	Norway	33	Luxembourg	18	Slovakia	10
Lithuania	46	Norway	50	Serbia	32	Lithuania	18	Turkey	9
Serbia	41	Latvia	49	Luxembourg	32	Estonia	18	Malta	9
Slovakia	31	Sweden	47	Switzerland	29	Hungary	17	Luxembourg	8
United Kingdom	29	Switzerland	46	Lithuania	29	Montenegro	15	Latvia	8
Albania	28	Malta	44	Estonia	29	Romania	14	Czech Republic	7
Ireland	28	Lithuania	38	Poland	28	Iceland	14	Switzerland	7
Greece	23	Luxembourg	37	Turkey	27	Bulgaria	13	Lithuania	6
Montenegro	19	Estonia	37	Albania	26	Croatia	12	Albania	5
Iceland	17	Albania	30	France	26	Poland	12	Greece	5
Switzerland	12	Montenegro	29	Latvia	24	Serbia	11	Hungary	4
Cyprus	10	Iceland	21	Iceland	19	Slovakia	10	Estonia	4
Denmark	7	France	18	Montenegro	17	Czech Republic	9	Cyprus	4

a Wording in the questionnaire: 'expert dealing with the ergonomic design and set up of workplaces'.

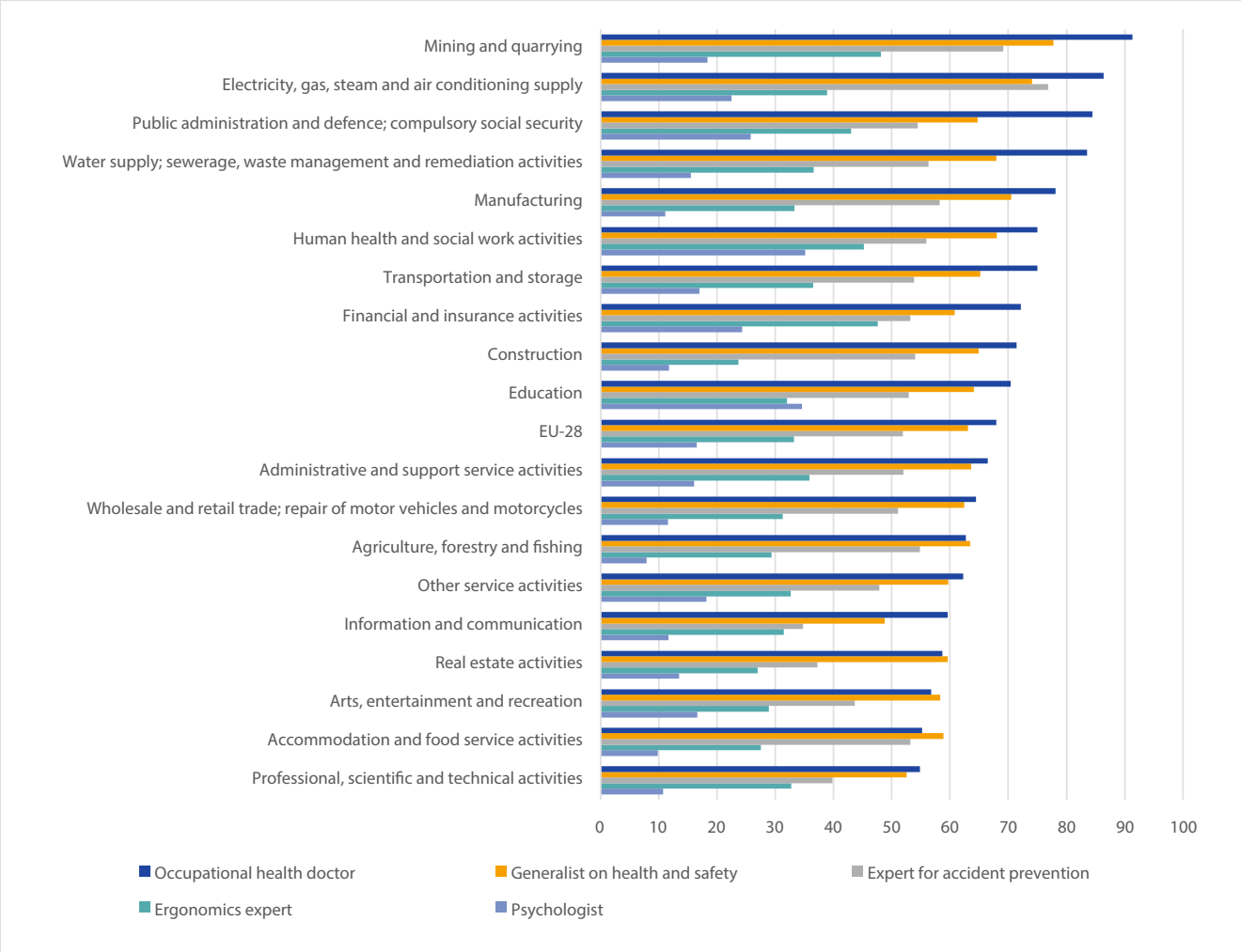
Base: all establishments, all 36 countries.

Figure 13. Use of health and safety services, by establishment size (% establishments, EU-28)



Base: all establishments in the EU-28.

Figure 14. Use of health and safety services, by sector (% establishments, EU-28)



Base: all establishments in the EU-28.

whereas the use of experts dealing with ergonomic design is more prevalent in mining and quarrying (48 %) and financial and insurance activities (48 %), showing the more transversal presence of risk factors leading to MSDs. The use of experts on accident prevention is most frequent among establishments in water supply; sewerage, waste management and remediation activities (77 %) and, again, mining and quarrying (69 %), with the lowest levels in information and communication (35 %) and real estate activities (37 %).

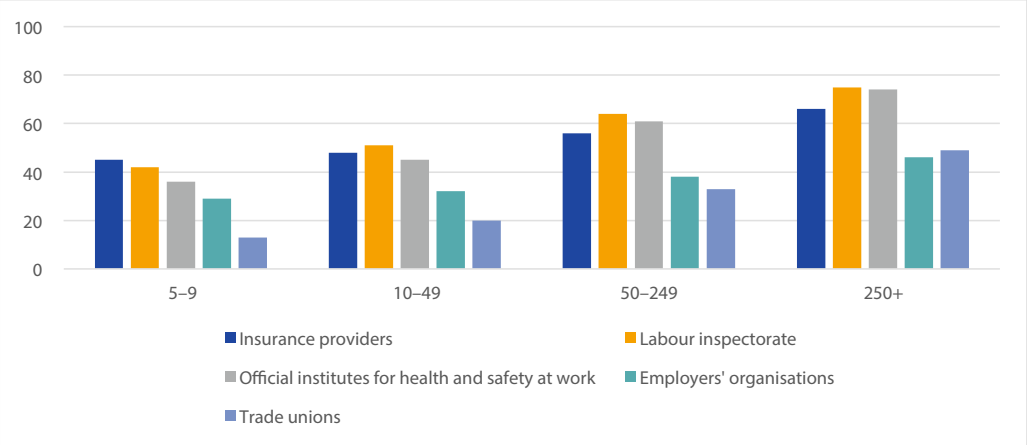
It is essential for establishments to have access to information, support and advice, as was highlighted under the section on risk assessment and the evidence on the outsourcing of some OSH management practices by establishments. ESENER-2 asked about this type of support and about whom European establishments turn to when they need information on health and safety. Interestingly, almost half of the surveyed establishments in the EU-28 report turning to insurance providers (48 %) and the labour inspectorate (48 %) when they need this type of information, followed by official institutes for safety and health at work (42 %). Social partners are less frequently reported, but they still represent a significant source of information on OSH, particularly in some countries.

It is not surprising to see higher proportions among the largest establishments in general, which is particularly so for their use of information from official bodies, such as the labour inspectorate or the official institutes for safety and health at work, given the higher probability for these establishments to have contact with these more formal bodies (Figure 15). By activity sector, once more, mining and quarrying reports a high proportion of establishments using different sources of information, including employers organisations (63 % of establishments in the sector in the EU-28), whereas trade unions are most frequently reported among establishments in electricity, gas, steam and air conditioning supply (40 %). As far as insurance providers and the labour inspectorate are concerned, there is not as wide a variation among sectors as for the other sources of information.

As expected, there are large differences by country (Table 6). Insurance providers are the most frequently reported source of information on health and safety in Germany, Spain, Switzerland and Austria, while the labour inspectorate is the main source for establishments in Romania, Lithuania, the United Kingdom and Ireland. Official OSH institutes play a significant role in Finland and Slovenia, whereas the role of social partners is important particularly in the Nordic countries: Sweden, Finland, Denmark, Norway and Iceland top the ranking in the use of trade unions as a source of information on OSH. Meanwhile, Austria, Ireland, Belgium and the Netherlands, join Finland, Norway and Sweden as the countries where establishments report a higher use of employers' organisations.

The importance of the labour inspectorate as a source of information on OSH is evident from the findings, but their primary role is the enforcement of legal obligations and, as was the case in ESENER-1, the surveyed establishments in ESENER-2 were asked if they had been visited by the labour inspectorate in the three years prior to the interview. The possibility of being inspected for workplace health and safety conditions can act as a strong motivating factor to take action on OSH. Almost half of the establishments in the EU-28 (48 %) reported having had such a visit, the highest proportions coming from Albania (95 %), Romania (88 %) and FYROM (83 %) (Figure 16). Focusing on the

Figure 15. Use of health and safety information from different organisations, by size (% establishments, EU-28)



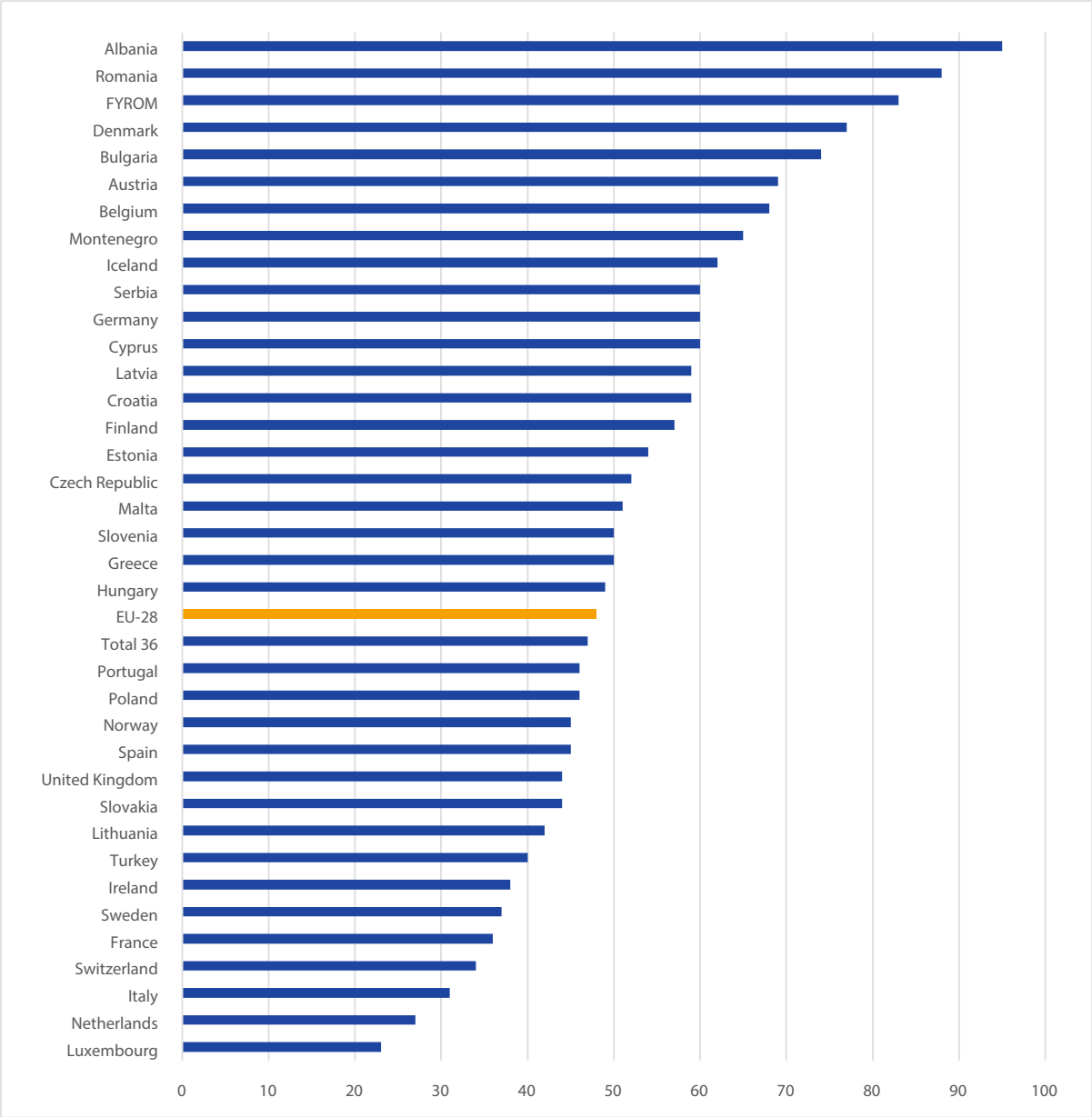
Base: all establishments in the EU-28.

Table 6. Use of health and safety information from different organisations compared with EU-28 average (given in column headings), by country (% establishments)

Insurance providers (48 %)		Labour inspectorate (48 %)		Official OSH institutes (42 %)		Employers' organisations (31 %)		Trade unions (18 %)	
Germany	88	Romania	82	Finland	80	Austria	49	Sweden	51
Spain	82	Lithuania	79	Slovenia	74	Finland	48	Finland	41
Switzerland	70	United Kingdom	76	Lithuania	62	Ireland	48	Denmark	38
Austria	67	Ireland	75	Croatia	57	Belgium	46	Norway	33
Finland	59	Belgium	72	Latvia	55	Netherlands	44	Iceland	33
Ireland	58	Bulgaria	71	Belgium	53	Norway	44	Belgium	26
Lithuania	56	Denmark	70	United Kingdom	51	Sweden	40	Netherlands	25
Malta	51	FYROM	69	Netherlands	51	Italy	38	France	24
FYROM	50	Estonia	68	France	51	FYROM	38	Austria	21
Belgium	49	Finland	67	Luxembourg	49	United Kingdom	38	Slovenia	21
United Kingdom	46	Poland	66	Turkey	49	Switzerland	36	Luxembourg	21
Turkey	46	Sweden	65	Ireland	47	Slovenia	36	Spain	20
Cyprus	45	Iceland	64	FYROM	46	Lithuania	35	FYROM	19
Bulgaria	45	Latvia	63	Romania	45	Malta	35	Germany	17
Netherlands	44	Austria	62	Poland	45	Denmark	34	Italy	16
Latvia	39	Norway	59	Italy	45	Turkey	31	Montenegro	16
Romania	37	Cyprus	53	Bulgaria	44	Germany	30	Slovakia	16
Poland	35	Luxembourg	53	Malta	44	Latvia	30	Ireland	15
Portugal	34	Albania	52	Estonia	43	France	28	United Kingdom	15
Slovenia	31	Portugal	50	Sweden	40	Luxembourg	28	Lithuania	15
Luxembourg	31	Malta	49	Norway	40	Romania	27	Cyprus	14
Montenegro	30	Hungary	48	Slovakia	40	Croatia	24	Switzerland	13
Croatia	27	Netherlands	47	Portugal	39	Hungary	24	Malta	13
Norway	25	Montenegro	47	Serbia	39	Montenegro	23	Latvia	13
Iceland	25	Croatia	47	Austria	38	Spain	22	Greece	13
Greece	25	France	45	Hungary	38	Bulgaria	20	Romania	11
Sweden	24	Czech Republic	44	Czech Republic	36	Cyprus	20	Bulgaria	11
France	24	Slovenia	43	Denmark	32	Poland	19	Croatia	10
Slovakia	23	Serbia	43	Greece	30	Iceland	17	Poland	9
Albania	23	Slovakia	37	Germany	30	Portugal	17	Czech Republic	9
Denmark	21	Greece	36	Cyprus	29	Estonia	14	Albania	8
Serbia	17	Germany	32	Spain	29	Greece	14	Turkey	7
Czech Republic	16	Switzerland	32	Montenegro	28	Slovakia	14	Serbia	7
Hungary	15	Spain	30	Switzerland	28	Serbia	13	Hungary	6
Estonia	15	Italy	24	Albania	27	Albania	10	Portugal	6
Italy	13	Turkey	23	Iceland	24	Czech Republic	7	Estonia	4

Base: all establishments, all 36 countries.

Figure 16. Visit by the labour inspectorate in the last three years to check health and safety conditions, by country (% establishments)



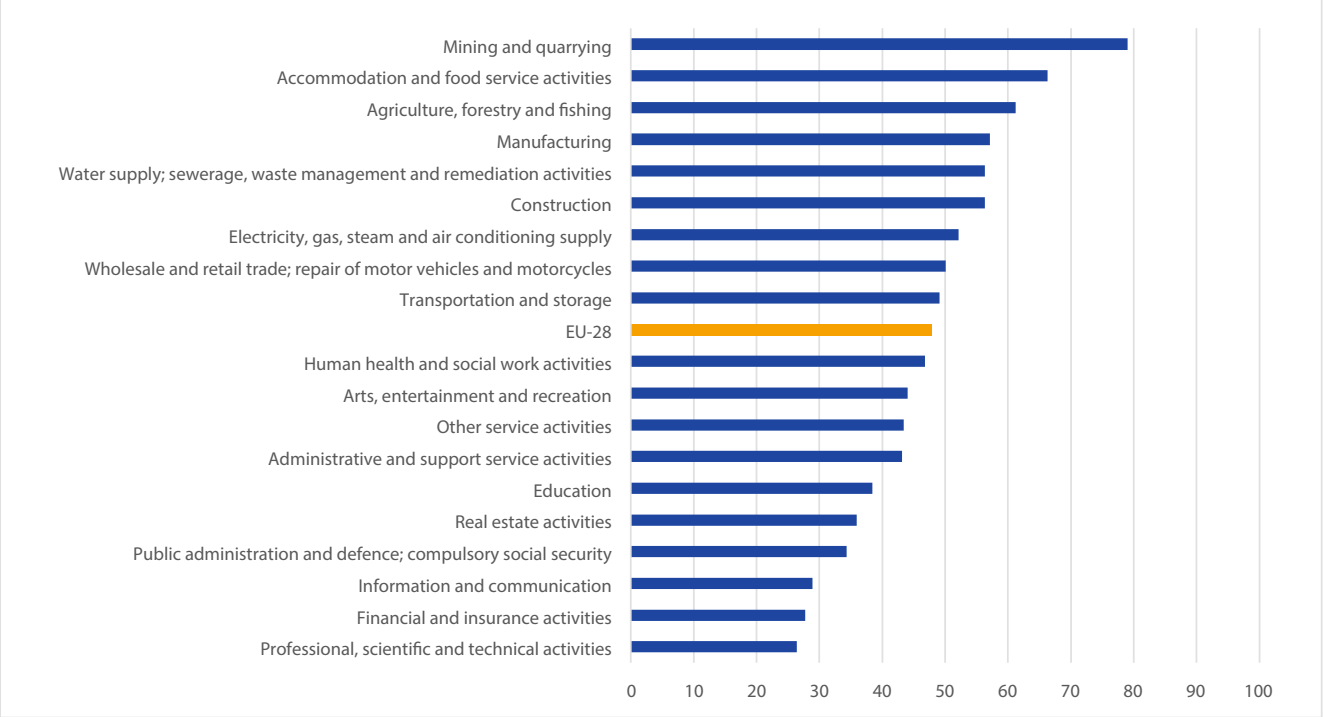
Base: all establishments, all 36 countries.

EU-28 countries, it is revealing to see how those countries with a higher proportion of establishments reporting a visit by the labour inspectorate in the last three years, such as Romania, Denmark and Bulgaria, also indicate a high percentage of establishments making use of the labour inspectorate as a source of information on OSH.

The likelihood of a visit by the labour inspectorate appears to be directly linked with establishments size, whereas, by activity sector, mining and quarrying reports the highest proportions (79 %), which is closely link to its risk profile and its size (as in number of establishments), followed, interestingly at some distance, by accommodation and food service activities[22] (66 %) and agriculture, forestry and fishing (61 %) (see Figure 17).

22 The findings in food service activities may indicate some confusion or combination of environmental, sanitary and/or food safety inspectors and not those exclusively focusing on health and safety checks.

Figure 17. Visit by the labour inspectorate in the last three years to check health and safety conditions, by sector (% establishments, EU-28)



Base: all establishments in the EU-28.

2.5. Summary of findings

Health and safety risks in European establishments

The most frequently identified risk factors are having to deal with difficult customers, pupils or patients, followed by tiring or painful positions and repetitive hand or arm movements. The reported presence of psychosocial risk factors is linked to the continued growth of the service sector, whereas risk factors leading to MSDs are reported frequently across all activity sectors. Interestingly, smaller establishments report the presence of all risk factors less frequently than their larger counterparts, which raises the question of whether there are truly fewer risks in the smallest establishments or if there is an awareness issue. There are some marked differences by country.

Measures taken for OSH management

The cornerstone of the European approach to OSH is regular checks for safety and health as part of a risk assessment. More than three-quarters of the surveyed establishments in the EU-28 indicate doing so and the majority of them report having it in a documented form. The measures following up a risk assessment focus mostly on the safety of the machines, equipment and installations, followed by work postures, physical working demands and repetitive movements. There are significant differences when it comes to the proportion of establishments where risk assessments are mainly conducted by internal staff, which appears to be positively correlated with size. Turning to external specialists may be inevitable to find the required competence and skill to manage some particular risks 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. There are remarkable differences by country and, in some, even the majority of the smallest establishments carry out risk assessments without turning to external experts.

Among the 24 % of establishments that do not carry out regular risk assessments in the EU-28 as a whole, the main reasons for not doing so are reported to be that the risks and hazards are already known and that there are no major problems. Interestingly, enterprises in the smallest size classes report less frequently than their larger counterparts that the procedure is too burdensome, which is in any case the least commonly reported reason.

Over half of the surveyed establishments in the EU-28 report monitoring sickness absence rate and around two-thirds regularly arrange medical examinations to check the health of their employees. Complementing these two factors is a procedure to support return to work following long-term sickness, which is reported by two-thirds of establishments employing more than 49 people. All three measures are more frequent among the largest size classes.

Risk factors leading to MSDs are present in establishments of all activity sectors and in relatively high proportions. When it comes to preventive measures, ESENER-2 reveals that the majority of

the 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 demanding 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 mining and quarrying, manufacturing, and electricity, gas, steam and air conditioning supply. The second most frequently reported measure to prevent MSDs is the provision of ergonomic equipment, which again increases with establishment size and is most common in electricity, gas, steam and air conditioning supply, financial and insurance activities, and professional, scientific and technical activities.

Commitment to the management of OSH in establishments

A commitment to the management of OSH may be represented by the existence of a document explaining the responsibilities and procedures on health and safety, which is reported to be available to workers in the vast majority of establishments in the EU-28, with a higher prevalence among larger establishments. By country, the highest proportions correspond to the United Kingdom, Slovenia, Romania, Poland and Italy. The existence of an annual budget specifically set for health and safety measures and equipment may be another indicator of commitment to OSH. About 41 % of establishments in the EU-28 report that they do so, the proportion increasing with establishment size, and, by sector, this proportion is clearly higher in public administration. Once more, there are some notable differences by country.

Almost two-thirds of surveyed establishments in the EU-28 indicate that health and safety issues are discussed at the top level of management regularly, again with the proportion increasing with establishment size. The country breakdown reveals a varied picture whereas, by sector, establishments in electricity, gas, steam and air conditioning supply, and mining and quarrying, report the highest proportions, with the lowest in information and communication and real estate activities.

Nearly three-quarters of establishments in the EU-28 provide 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 mining and quarrying, accommodation and food service activities and electricity, gas, steam and air conditioning supply.

Sources of expertise, advice or information

When carrying out or following up on risk assessments, establishments may need to turn to expert advice or help, whether in-house or subcontracted. Results clearly suggest that the use of general expertise (occupational health doctors, generalists on health and safety and experts for accident prevention) is more widespread than that of specialists (psychologists and experts dealing with ergonomics), but there are significant differences between countries. Companies turn to insurance providers and the labour inspectorate when they need this type of information, followed by official institutes for safety and health at work. Social partners represent a significant source of information on OSH, particularly in some countries.

Almost half of the establishments reported having a visit from the labour inspectorate during the three years prior to the survey, particularly in sectors with high risks of accidents, followed by accommodation and food service activities. Interestingly, in those countries with a higher likelihood of having such visits, there is also a high percentage of establishments making use of the labour inspectorate as a source of information on OSH.

3. Psychosocial risks and their management

Research on work-related stress carried out over the last few decades provides robust evidence of negative health and safety outcomes stemming from the work environment that puts excessive pressures on workers. Consequently, work-related psychosocial risks and stress are now considered a *new and emerging* area of OSH, with the awareness about their importance growing, next to the more 'traditional' OSH risks. The challenges associated with this issue are multifaceted, especially in the context of today's changing world of work, including digitalisation and new forms of contractual relationships. The problem has been acknowledged in the Strategic Framework on Health and Safety at Work 2014–2020 adopted by the European Commission, which identifies the key challenges and strategic objectives for health and safety at work. It highlights the impact of changes in work organisation on physical and mental health. It further identifies the need to identify and disseminate good practice on preventing mental health problems at work in relation to ageing of the workforce, emerging new risks and the prevention of work-related and occupational diseases.

Psychosocial risks and workers' health and safety

Psychosocial risks are linked to the way work is designed, organised and managed, as well as to the economic and social context of work (EU-OSHA, 2000). Every job has some degree of pressure involved, but with proper monitoring, the allocation of adequate resources and support, workers should be in a position to deal with these pressures while remaining healthy and productive. A poor psychosocial work environment, on the other hand, includes work characteristics such as excessive or conflicting work demands, unceasing high time pressure, lack of influence over the way the job is done, a lack of support from managers and colleagues, poor interpersonal relationships, psychological or sexual harassment, poor communication, job insecurity and violence from third parties. Unfavourable psychosocial work environment may result in work-related stress, occurring when work demands are not matched with the resources available to workers to cope with them, finally leading to a deterioration of workers' mental and physical health.

The link between work-related stress and psychosocial risks and workers' health and safety has been confirmed in a wide range of studies carried out across different countries, sectors and organisations. While acknowledging the role of individual dispositions and general life circumstances, it has been shown that stress stemming from work-related factors may significantly affect workers' functioning in and outside work. Its symptoms include problems that are emotional (for example irritability, becoming withdrawn, feeling exhausted), cognitive (for example difficulties in concentrating and making decisions, negative thinking) and behavioural (becoming negligent, making errors, abusing alcohol or drugs). When prolonged, neurobiological stress response may lead or contribute to serious health impairments. Mental ill-health can include anxiety, depression or post-traumatic stress disorder (Rugulies et al., 2006; Nieuwenhuijsen et al., 2010; EU-OSHA, 2011). In terms of physical health, there is well-established evidence indicating that prolonged work-related stress plays an important role in the development of cardiovascular diseases, particularly in men (Kivimäki et al., 2006). An association between psychosocial risks at work and diabetes in women has also been found in a few longitudinal studies (for example Heraclides et al., 2009). Moreover, a number of studies have identified a link between work-related stress, psychosocial risks and musculoskeletal problems (see e.g. OSH Wiki)[23].

At the organisational level, the negative outcomes manifest themselves in the increased absenteeism and presenteeism (workers turning up when not feeling well and unable to function properly). Absences tend to be longer than those arising from other causes. The Health and Safety Executive (United Kingdom), for example, calculates that, in 2014/15, the total number of working days lost due to work-related stress, anxiety and depression was 9.9 million days, with an average of 23 days lost per case (HSE, 2015). A relationship between psychosocial work environment and accidents has also been indicated. Lost working days and poorer performance have significant business implications. The overall costs of psychosocial risks and work-related stress for businesses and society as a whole — including health care, disability and early retirement, reduced productivity, high staff turnover and other direct and in-direct expenses — is estimated to run into billions of euros (EU-OSHA, 2014).

Approaches to psychosocial risk management

At the EU level, the approach taken to deal with psychosocial risks at work is based on preventive risk management, stemming from the EU Framework Directive (89/391), which requires employers to protect their workers through avoiding, evaluating and combating any type of work-related risk that poses a threat to workers' health and safety.

In addition to the EU Framework Directive, psychosocial risks are covered in other specific directives, including those on prohibiting 'direct or indirect discrimination on grounds of religion or belief, disability, age or sexual orientation' (Directive 2000/78/EC), on the implementation of the 'principle of equal opportunities and equal treatment of men and women in matters of employment and occupation' (Directive 2006/54/EC) and on the setting standards of working hours (Directive 2003/88/EC). Moreover, the EU social partners signed the 'Framework agreement on work-related stress' (2004) and the 'Framework agreement on harassment and violence at work' (2007) to provide employers and workers with a framework to help them identify and prevent or manage work-related psychosocial risks. A number of activities have been

23 OSH Wiki: Psychosocial risk factors and musculoskeletal disorders, available at: http://oshwiki.eu/wiki/Psychosocial_risk_factors_for_musculoskeletal_disorders_%28MSDs%29

undertaken over the last decade by the EU social partners to provide employers with further practical support and guidance.

At the national level, the EU Member States vary in their implemented approaches to psychosocial risk prevention. It is common for national legislations to cover the requirements relating to working time, prevention of discrimination and unequal treatment based on gender and psychological and/or sexual harassment. Moreover, national approaches also include establishing an explicit legal obligation to assess and prevent *psychosocial risks* in the workplace, complemented with practical support available for employers (for example in Austria, Belgium, Denmark, Italy and Sweden), national sectoral agreements (France) or national non-binding 'Management standards for work-related stress' (United Kingdom). In addition, some of the national strategies on OSH include objectives related to the protection of mental health at work and prevention of work-related stress and other psychosocial risks (Eurofound and EU-OSHA, 2014; European Commission, 2014).

Nevertheless, the challenges associated with efficient management of psychosocial risks in the workplace remain important. ESENER-1 (2009) found that over 40 % of employers consider psychosocial risks more difficult to manage than 'traditional' OSH risks. The 'sensitivity of the issue' was reported to be the most important obstacle to dealing with psychosocial risks, followed by a lack of support, guidance or expertise. At the same time, the secondary analysis of the ESENER-1 data suggested that psychosocial risk management based on the risk management paradigm, as adopted in many national approaches, is empirically justified. Moreover, it claimed that, although it is more often observed in larger establishments, psychosocial risk management is nevertheless possible even in smaller organisations, and that the country context appears to be one of the most significant factors in determining the presence of psychosocial risk measures (EU-OSHA, 2012c). In addition, a very strong, positive link between psychosocial risk management and good general OSH management across establishments of different countries, sectors and sizes was found (EU-OSHA, 2012d). Consequently, one of the key aims of the EU-OSHA Healthy Workplaces Campaign 'Manage Stress' (2014–15)[24] was to 'demystify' psychosocial risk management. The campaign aimed to convey a message that, although it can be more challenging than other OSH issues, efficient psychosocial risk management is possible in enterprises of different sectors and sizes. Workplace interventions and measures used must be specific to psychosocial issues; nevertheless, the systematic approach and principles of risk assessment can follow those adopted for other OSH risks.

Returning to ESENER-2, this survey provides an updated, comparative picture of how psychosocial risks are currently being managed in European establishments. It aimed to identify the strengths of European organisations as well as the obstacles and the sort of support they should be provided with to help them tackle psychosocial risks effectively.

The survey's questions, built on ESENER-1, are based on the current theoretical, legislative and practical approaches to managing psychosocial risks, including work-related stress, harassment and violence. The following sections present the findings clustered around three main aspects:

1. Psychosocial risk factors present in establishments
2. Psychosocial risk assessment
3. Procedures and measures to deal with psychosocial risks.

When relevant, references to the findings of ESENER-1 (2009) are made.

3.1. Psychosocial risk factors present in establishments

As described earlier, research on the psychosocial work environment carried out over the last few decades has identified a number of factors contributing to work-related stress and other health problems experienced by workers. Moreover, the changing world of work, including new forms of work organisation and the growing service sector, as well as the global economic challenges experienced over recent years, dynamically change the psychosocial 'picture', generating new challenges. The Fifth European Working Conditions Survey (EWCS: Eurofound, 2012) revealed that around 45 % of workers reported having experienced some type of organisational change affecting their work environment during the previous three years. The more recent Sixth EWCS (Eurofound, 2015) shows that the proportion of service workers increased from 13 % in 2010 to 17 % in 2015. Moreover, the survey reveals that about one-third of workers report working 'all of the time' or 'almost all of the time' to tight deadlines and high speed, with 'never' or 'rarely' having enough time to do the job. In addition, almost one in six workers is affected by some kind of adverse social behaviour at work (such as violence, harassment and unwanted sexual attention).

ESENER-2 explored a number of psychosocial issues asking respondents if particular psychosocial risk factors are present in their workplaces. Results show that, in general, 77 % of establishments in the EU-28 identified at least one psychosocial risk factor as being present in their workplace, with 'having to deal with difficult customers, patients, pupils, etc.' and 'time pressure' reported most frequently (by 58 % and 43 % of establishments, respectively). The particular psychosocial risk factors explored in the survey and their prevalences are shown in Table 7.

The question regarding the psychosocial risks factors present in the workplace was modified compared with ESENER-1; therefore, direct comparisons with the previous survey are not possible.

24 Healthy Workplaces Manage Stress, available at: https://www.healthy-workplaces.eu/en

Table 7. Psychosocial risk factors present in establishments (% establishments, EU-28)

Risk factor	EU-28 average
Having to deal with difficult customers, patients, pupils, etc.	58 %
Time pressure	43 %
Long or irregular working hours	23 %
Poor communication or cooperation within the organisation	17 %
Job insecurity	15 %
Employees' lack of influence on their work pace or work	13 %
Discrimination, for example due to gender, age or ethnicity	2 %

Base: all establishments in the EU-28.

When looking at the findings, it has to be kept in mind that, in ESENER-1, the respondents were asked if particular psychosocial risks were a *concern* in the establishment, while ESENER-2 asked more specifically if psychosocial risk factors *are present* in the workplace. It nevertheless seems worth commenting that, in both surveys, the most frequently reported psychosocial risk factors were 'having to deal with difficult customers, patients, pupils, etc.' and 'time pressure', albeit in reverse order. In ESENER-1, the most frequently reported risk factor was 'time pressure' (52 % compared with 43 % in ESENER-2) followed by 'having to deal with difficult customers' (50 % compared with 58 % ESENER-2). This change could, to some extent, be related to the change in the sample composition, as ESENER-2 included establishments with five to nine workers and those from the agriculture, forestry and fishing sectors (excluded from ESENER-1). The majority of micro companies operate as some kind of service providers, having to deal with clients on a daily basis. Indeed, after excluding the companies with five to nine workers and establishments representing the agriculture and fishing sectors, the ESENER-2 figures for the EU-28 change; the observed differences are, however, not significant and, in fact, both of these risk factors appear even more frequently — 'having to deal with difficult customers, patients, pupils, etc.' increases to 60 % and 'time pressure' increases to 48 % — which is probably linked to lower awareness of risks among the smallest size classes.

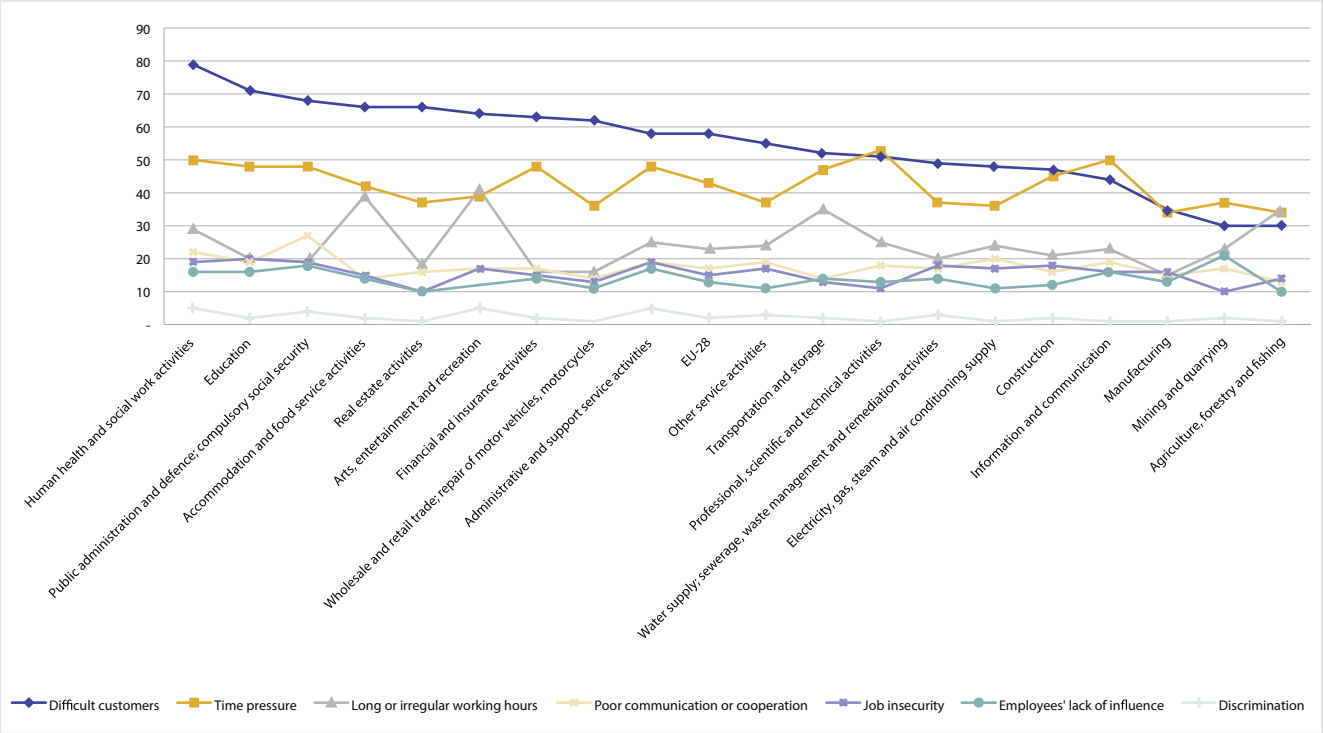
When broken down by sector, the most frequently reported psychosocial risk factors are unchanged: with some small exceptions, the two most frequently reported risk factors across all sectors are 'having to deal with difficult customers, patients, pupils, etc.' and 'time pressure' (Figure 18). 'Having to deal with difficult customers, patients, pupils, etc.' was most frequently reported (and significantly higher than the EU-28 average) in human health and social work activities (79 %) and education (71 %), and was lowest in mining and quarrying and agriculture, forestry and fishing (30 %). Professional, scientific and technical activities, followed by information and communication and human health and social work activities, have the greatest percentage of establishments (around 50 %) reporting 'time pressure'. In the first two of these sectors, time pressure was the most frequently reported psychosocial risk factor. The smallest proportion of establishments reporting 'time pressure' was found in the manufacturing, and agriculture, forestry and fishing sectors (around 35 %).

Concerning 'long or irregular working hours', the sectors with remarkably higher prevalence of this risk factor were arts, entertainment and recreation, and accommodation and food service activities (around 40 %), while the lowest prevalence was found in manufacturing (15 %). With regard to the other psychosocial risks factors, the differences between sectors were not so significant. 'Poor communication or cooperation within the organisation' was reported by around 20 % of establishments across all sectors, with the highest prevalence reported in public administration and defence; compulsory social security (27 %) and the lowest in agriculture, forestry and fishing (13 %). 'Job insecurity' was reported in establishments at levels between 20 % (education) and 10 % (mining and quarrying), whereas 'employees' lack of influence on their work pace or work' was reported most often in mining and quarrying, in comparison with real estate activities and agriculture, forestry and fishing where it was reported least often. 'Discrimination, for example due to gender, age or ethnicity' was mentioned by 1–5 % of establishments across all sectors, most frequently in human health and social work activities; arts, entertainment and recreation; and administrative and support service activities.

As shown in Figure 19, the frequency of the reporting of all psychosocial risks factors increases with establishment size, and this is particularly prominent in the case of 'time pressure', reported as present in 68 % of the largest establishments (250+ workers), which, in fact, is more than those reporting 'having to deal with difficult customers, patients, pupils, etc.' (the most frequently reported risk factor in general across the EU-28). The smallest variation is observed for 'having to deal with difficult customers', with a range of 56 % to 64 % of establishments from different size groups reporting this risk factor as present in their workplaces.

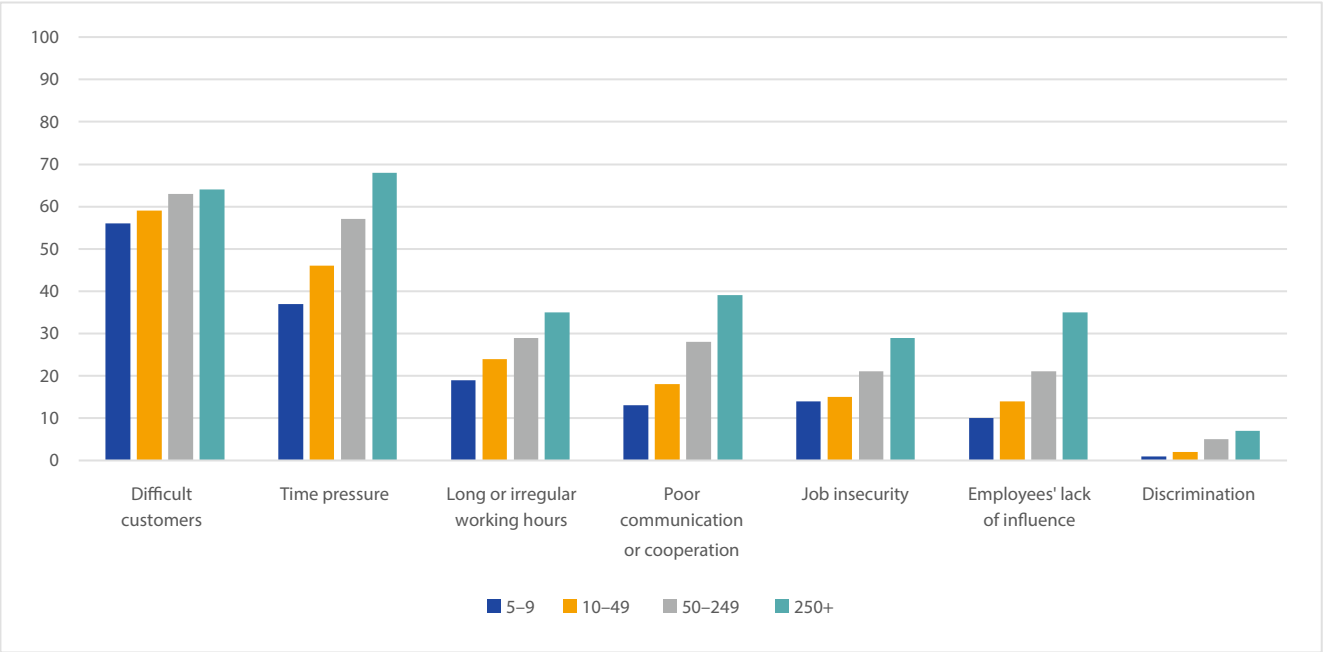
Across countries (Table 8), 'having to deal with difficult customers, patients, pupils, etc.' was most frequently reported in Malta (77 % of establishments), followed by France, Estonia, Cyprus and Ireland (around 70 %), and was reported least in Lithuania (39 %) and Turkey (27 %).

Figure 18. Psychosocial risk factors present in establishments, by sector (% establishments)



Base: all establishments in the EU-28.

Figure 19. Psychosocial risk factors present in establishments, by size (% establishments)



Base: all establishments in the EU-28.

Table 8. Psychosocial risk factors present in establishments, by country (% establishments)

Having to deal with difficult customers, patients, pupils, etc.	**MT**	**FR**	**EE**	**CY**	**IE**	**DK**	**PT**	**BE**	**NO**	**UK**	**DE**	**SI**	**LU**	**AT**	**LV**	**NL**	**EU-28**	**AL**	**IS**
	77	70	69	68	68	67	66	65	64	64	63	63	62	59	59	58	58	56	56
Time pressure	**FI**	**SE**	**DK**	**IS**	**NO**	**NL**	**DE**	**AT**	**BE**	**CH**	**MT**	**EE**	**LU**	**EL**	**CY**	**IE**	**EU-28**	**FR**	**MK**
	74	74	71	71	71	62	56	55	53	49	49	48	47	46	44	43	43	41	41
Long or irregular working hours	**DK**	**IS**	**NO**	**SE**	**UK**	**RO**	**FI**	**CY**	**AL**	**CH**	**DE**	**IE**	**NL**	**FR**	**LU**	**MT**	**PT**	**EU-28**	**BE**
	39	39	39	34	31	30	29	28	26	26	26	26	26	25	25	23	23	23	22
Poor communication or cooperation within the organisation	**SE**	**DK**	**FI**	**BE**	**NL**	**NO**	**UK**	**FR**	**ES**	**LU**	**DE**	**EU-28**	**Total 36**	**CH**	**IE**	**AT**	**EE**	**TR**	**PT**
	35	28	27	26	22	22	21	20	19	19	17	17	17	16	16	15	15	15	14
Job insecurity	**FI**	**HR**	**PT**	**CZ**	**LV**	**EE**	**DK**	**MK**	**AL**	**NL**	**RS**	**CY**	**IT**	**EL**	**SE**	**BG**	**IE**	**ME**	**SK**
	33	31	30	29	27	26	25	25	24	24	22	21	20	19	19	17	17	17	17
Employees' lack of influence on their work pace or work processes	**SE**	**LV**	**DK**	**FI**	**NL**	**SI**	**DE**	**EE**	**HR**	**IE**	**IS**	**AT**	**CH**	**UK**	**BE**	**BG**	**ES**	**FR**	**HU**
	24	23	20	18	18	17	16	16	16	15	15	14	14	14	13	13	13	13	13
Discrimination, for example due to gender, age or ethnicity	**NL**	**UK**	**BE**	**CY**	**NO**	**SE**	**DK**	**FR**	**IS**	**LU**	**MK**	**AT**	**CH**	**EL**	**FI**	**MT**	**EU-28**	**Total 36**	**DE**
	5	5	4	4	4	4	3	3	3	3	3	2	2	2	2	2	2	2	1

Base: all establishments in 36 countries.

Table 8. Continued

Having to deal with difficult customers, patients, pupils, etc.	**RO**	**SE**	**EL**	**Total 36**	**CH**	**FI**	**HR**	**BG**	**PL**	**CZ**	**ES**	**MK**	**ME**	**HU**	**RS**	**SK**	**IT**	**LT**	**TR**
	56	56	55	54	51	51	51	50	50	49	49	49	48	44	41	40	36	39	27
Time pressure	**UK**	**Total 36**	**HR**	**PT**	**PL**	**SI**	**LV**	**AL**	**SK**	**ES**	**BG**	**ME**	**CZ**	**HU**	**RO**	**RS**	**IT**	**LT**	**TR**
	41	41	40	40	39	39	38	37	33	31	30	30	28	28	27	26	20	15	14
Long or irregular working hours	**EE**	**LV**	**EL**	**Total 36**	**SI**	**AT**	**CZ**	**RS**	**ES**	**SK**	**MK**	**HR**	**ME**	**PL**	**HU**	**LT**	**IT**	**BG**	**TR**
	22	22	21	21	20	19	19	19	18	18	16	15	15	14	13	12	10	9	9
Poor communication or cooperation within the organisation	**MT**	**HR**	**EL**	**HU**	**IT**	**RS**	**SI**	**CY**	**IS**	**LV**	**ME**	**MK**	**PL**	**RO**	**SK**	**CZ**	**AL**	**BG**	**LT**
	13	12	11	9	9	9	9	8	8	8	8	8	8	8	8	7	4	4	3
Job insecurity	**PL**	**SI**	**ES**	**RO**	**UK**	**EU-28**	**Total 36**	**IS**	**BE**	**HU**	**NO**	**FR**	**LU**	**CH**	**LT**	**AT**	**DE**	**TR**	**MT**
	16	16	15	15	15	15	15	14	12	12	12	11	11	10	10	9	9	8	5
Employees' lack of influence on their work pace or work processes	**LT**	**LU**	**NO**	**TR**	**EU-28**	**Total 36**	**MK**	**MT**	**ME**	**PL**	**RO**	**CZ**	**PT**	**AL**	**SK**	**RS**	**IT**	**CY**	**EL**
	13	13	13	13	13	13	11	11	10	10	10	9	9	8	8	7	6	5	5
Discrimination, for example due to gender, age or ethnicity	**ES**	**HR**	**HU**	**IE**	**IT**	**LV**	**PT**	**RS**	**SI**	**TR**	**AL**	**BG**	**CZ**	**EE**	**LT**	**ME**	**PL**	**RO**	**SK**
	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0

A number of other psychosocial risks factors were reported most frequently in the northern European countries, some of which are outlined below:

- 'Time pressure', similarly to the results found in ESENER-1, was mentioned much more often than the European average in Finland, Sweden, Denmark, Iceland and Norway (reported by over 70 % of establishments), in contrast to Lithuania and Turkey, which had the lowest levels (around 15 %).
- 'Long or irregular working hours' was reported most often in Denmark, Iceland and Norway (39 %), in comparison with the lowest levels in Bulgaria, Turkey and Italy (round 10 %).
- 'Poor communication or cooperation within the organisation' was mentioned by 35 % of establishments in Sweden, followed by over 25 % in Denmark, Finland and Belgium, with the lowest levels in Lithuania, Bulgaria and Albania (less than 5 %).
- 'Employees' lack of influence on their work pace or work' was indicated as a risk factor present in 20–24 % of establishments in Sweden, Latvia and Denmark, in comparison with 5 % in Cyprus and Greece.

'Job insecurity' was most frequently reported in Finland, Croatia and Portugal (30 % or more), with Turkey and Malta having the lowest levels (5–8 %). 'Discrimination, for example due to gender, age or ethnicity' was most prevalent in the Netherlands and in the United Kingdom (reported by 5 % of establishments), and, interestingly, in several countries, the proportion of establishments identifying this risk factor as present in the workplace did not reach 1 % (Albania, Bulgaria, the Czech Republic, Estonia, Lithuania, Montenegro, Poland, Romania and Slovakia).

It is important to highlight that the reported level of psychosocial risk factors present in the workplace may reflect not only the actual prevalence, but also the level of awareness of those issues, and that the associated ability to identify them may differ across establishments and countries. Some psychosocial risk factors are reported far beyond the European average in the Nordic countries, but, in fact, this is also true of psychosocial risk preventive measures (section 3.3) and routine risk assessments such as 'supervisor–employee relationships' (section 3.1). Specific work processes may also play a role. The Fifth EWCS (Eurofound, 2010) showed that Finland, Sweden and Denmark had the highest proportions of workers experiencing 'substantial restructuring or reorganisation' in their workplaces over the past three years ('substantial restructuring or reorganisation' was reported by about half of workers in these countries, while the average for the EU-27 was 31 %). A similar trend was observed in the reporting of new processes or technologies introduced in the workplace over the past three years. Further analysis is necessary to increase the understanding of the intrinsic and contextual determinants influencing the prevalence of psychosocial risk factors across European establishments.

3.2. Psychosocial risk assessment

As mentioned earlier, there is an empirically justified imperative to integrate psychosocial risks into general OSH management implemented in the workplace. Moreover, in some countries, there is an explicit legal obligation to include work-related psychosocial risks in risk assessment and to follow this with an action plan to prevent those risks (Eurofound and EU-OSHA, 2014). The ESENER-2 questionnaire consequently explored the extent to which psychosocial risks are being integrated into the general risk assessment process.

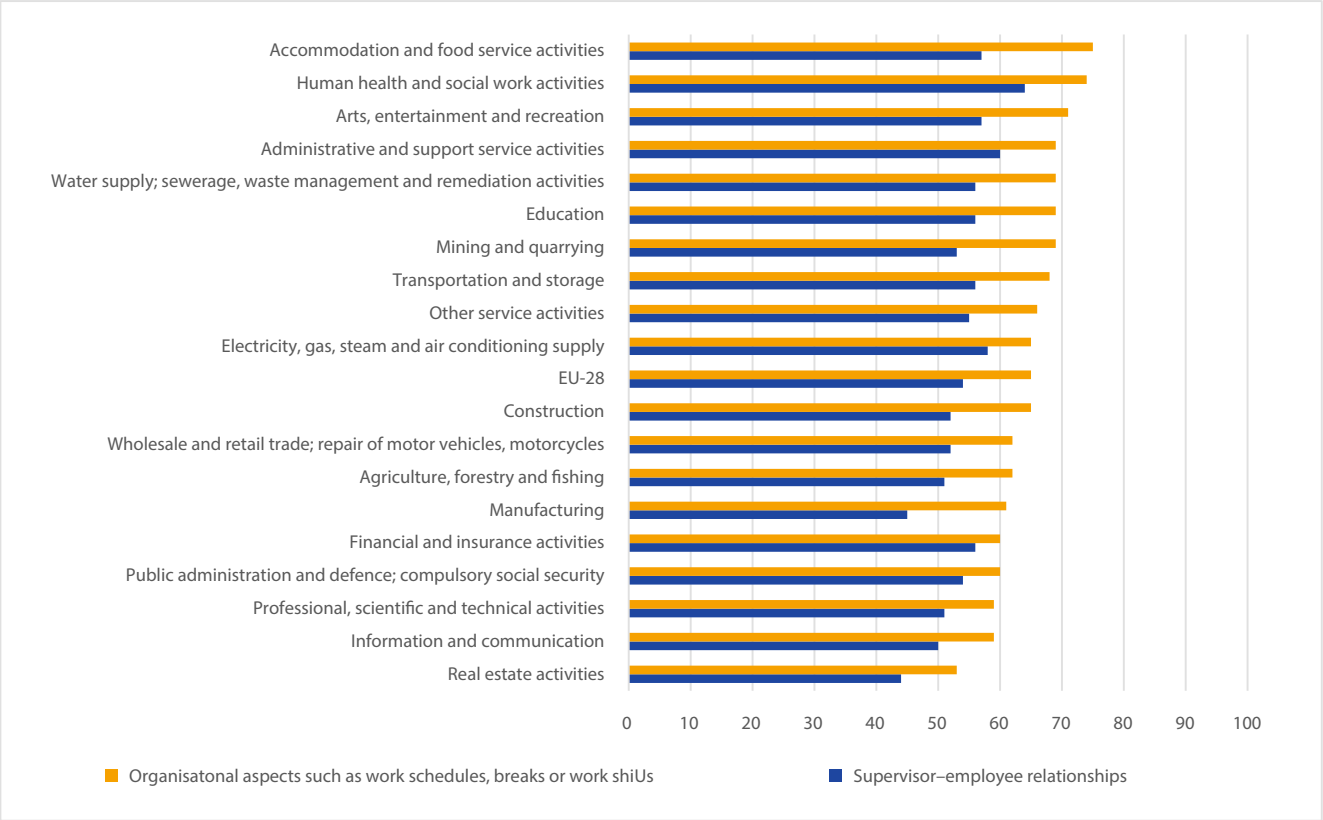
As mentioned in Chapter 2, 76 % of establishments in the EU-28 report carrying out risk assessments regularly. Among those establishments, 65 % stated that they include 'organisational aspects such as work schedules, breaks or work shifts' in those assessments and 54 % include 'supervisor–employee relationships'.

The differences between sectors are particularly significant (Figure 20); nevertheless, covering 'organisational aspects such as work schedules, breaks or work shifts' is more widespread in accommodation and food service activities, human health and social work activities, and arts, entertainment and recreation (over 70 %) than in sectors such as real estate activities; Information and communication; and professional, scientific and technical activities (below 60 %). 'Supervisor–employee relationships' was mentioned most frequently in human health and social work activities and administrative and support service activities (by 60 % or more), and least frequently in real estate activities and manufacturing (around 45 %).

A clear pattern appears in terms of establishment size: the larger the company, the greater chance that both 'organisational aspects such as work schedules, breaks or work shifts' and 'supervisor–employee relationships' are routinely evaluated in risk assessments (Figure 21). Among the largest (250+) establishments that carry out regular risks assessments, evaluating organisational aspects was reported by 78 % and evaluating supervisor–employee relationships was reported by 62 %. In the smallest establishments (five to nine workers), these were reported by 63 % and 52 %, respectively.

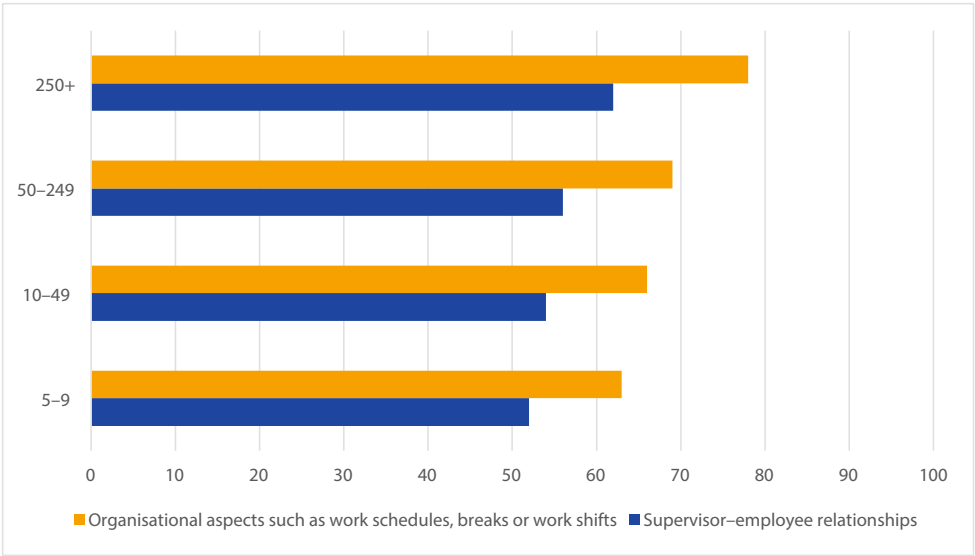
The results are, to some extent, similar to the results of ESESER-1, which found that nearly 60 % of establishments that regularly carried out safety and health checks cover 'supervisor–employee relationships' in their risk assessments. However, it is interesting to note that this level was nearly the same across establishments of all size groups, while, in ESENER-2, evaluating 'supervisor–employee relationships' was reported more often by the larger establishments than the smaller ones. Concerning 'organisational aspects such as work schedules, breaks or work shifts', ESENER-1 asked separate questions about the 'way work is organised' and 'irregular or long working hours' and hence comparisons to ESENER-2 are not possible.

Figure 20. Routine evaluation of 'organisational aspects such as work schedules, breaks or work shifts' and 'supervisor–employee relationships' in risk assessments, by sector (% establishments, EU-28)



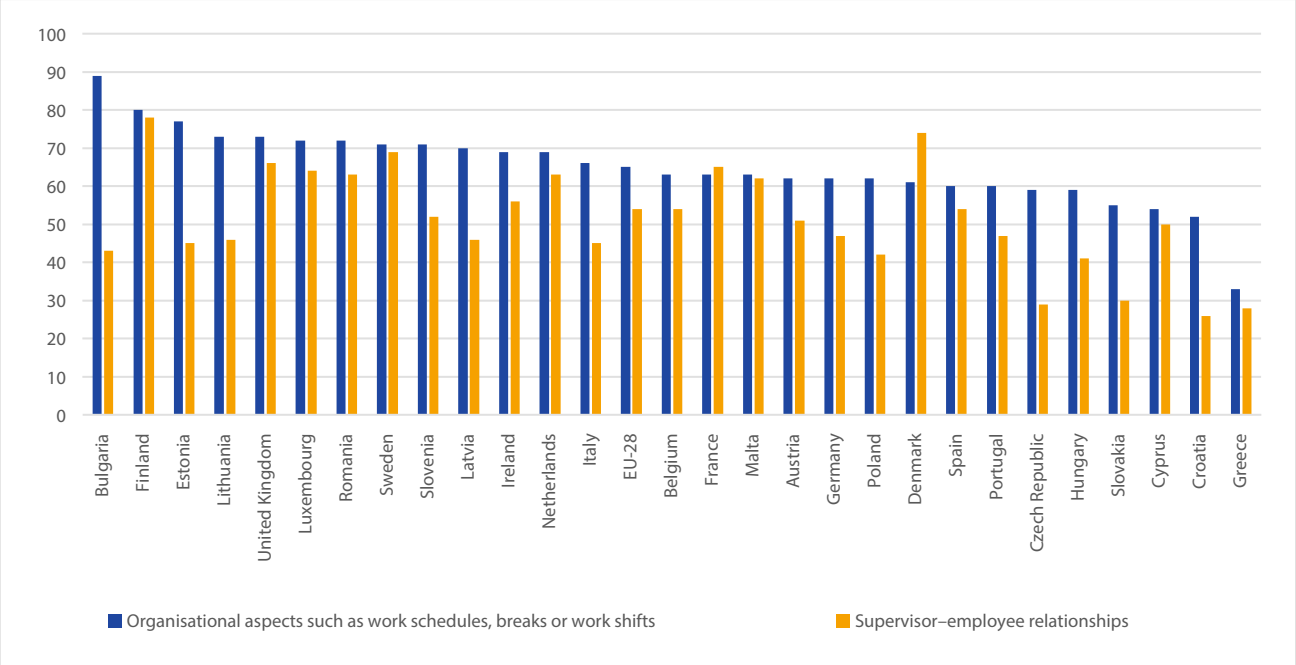
Base: establishments in the EU-28 that regularly carry out risk assessments.

Figure 21. Routine evaluation of 'organisational aspects such as work schedules, breaks or work shifts' and 'supervisor–employee relationships' in risk assessments, by size (% establishments, EU-28)



Base: establishments in the EU-28 that regularly carry out risk assessments.

Figure 22. Routine evaluation of 'organisational aspects such as work schedules, breaks or work shifts' and 'supervisor–employee relationships' in risk assessments, by country (% establishments)



Base: establishments that regularly carry out risk assessments, all 36 countries.

Similarly, in the majority of countries, including organisational aspects in risk assessment is reported much more often than including 'supervisor–employee relationships', although, interestingly, this is not the case for Norway, Denmark, Iceland and France, where the latter aspect is more likely to be included in risk assessment (Figure 22). Including organisational aspects in risk assessment is most often reported in Bulgaria (89 %), as well as in Finland and Turkey (around 80 %), whereas it is least reported in Greece (33 %). 'Supervisor–employee relationships' are reported to be part of routine risk assessment more often in Finland, Norway and Denmark (over 70 %) than in Croatia, Greece and the Czech Republic (less than 30 %).

In addition, ESENER-2 asked the establishments if they have sufficient information on how to include psychosocial risks in risk assessments. The results showed that, in the EU-28 as a whole, 41 % of establishments stated that they indeed did not have enough information on how to assess psychosocial risks. It is interesting to note that, in comparison with the other questions, a significant number of respondents chose not to answer this question (5 % in the EU-28), which could possibly be related to a lack of awareness of whether the information available is sufficient or not.

Across sectors (Figure 23), the highest proportion of establishments not having enough information on how to include psychosocial risks in risk assessments was found in real estate activities; arts, entertainment and recreation; information and communication; and agriculture, forestry and fishing, with more than half of workplaces reporting the problem or not providing an answer to this question. On the other hand, a lack of information was less frequently reported in water supply; sewerage, waste management and remediation activities and in human health and social work activities.

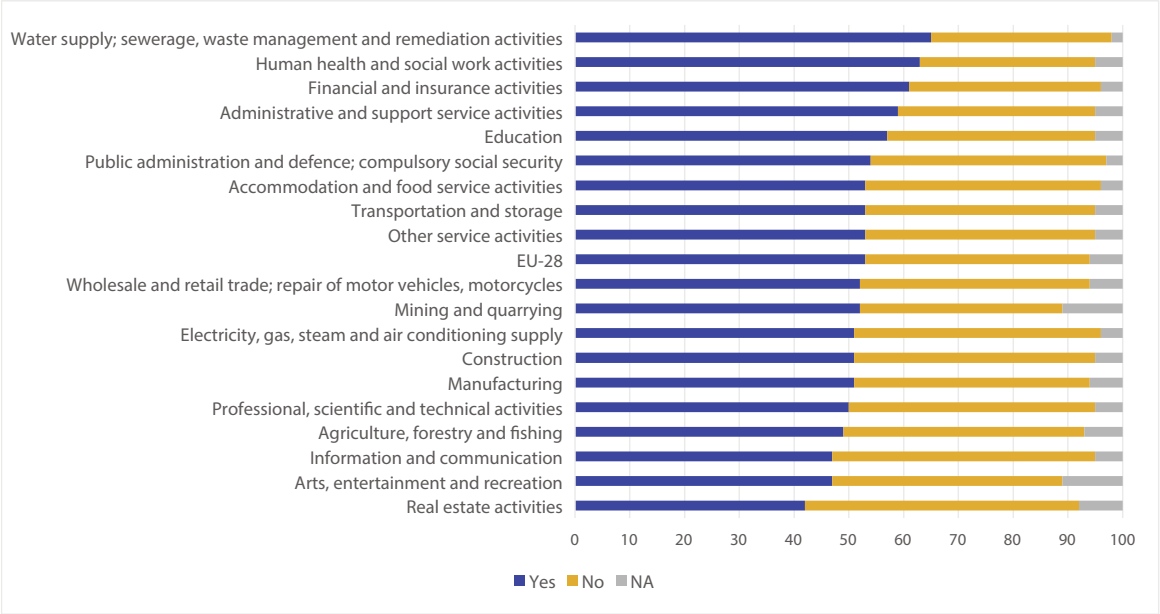
As expected, not having enough information on how to include psychosocial risks in risk assessments was more often reported in smaller establishments, with nearly half of companies with 5–49 workers indicating that this was the case, in comparison with nearly 30 % in the largest size group (Figure 24).

By country (Figure 25), Malta, Iceland and Albania had the highest proportions of establishments (over 60 %) reporting not having enough information on how to include psychosocial risks in risk assessments, while, in Slovenia and Italy, the proportion of establishments reporting this problem was much smaller (20 %). More than 10 % of establishments in Estonia and Hungary did not provide an answer to this question.

In the context of psychosocial risk management, it is important to note that, when asked about the safety and health services used, be it in-house or contracted externally (Chapter 2), only 16 % of establishments across the EU-28 stated that they use a psychologist. There was, however, a substantial variation between countries (Figure 26), with around 60 % in Finland and Sweden reporting using psychologist's expertise, while, in Hungary, Estonia and Cyprus, less than 5 % of establishments reported doing so.

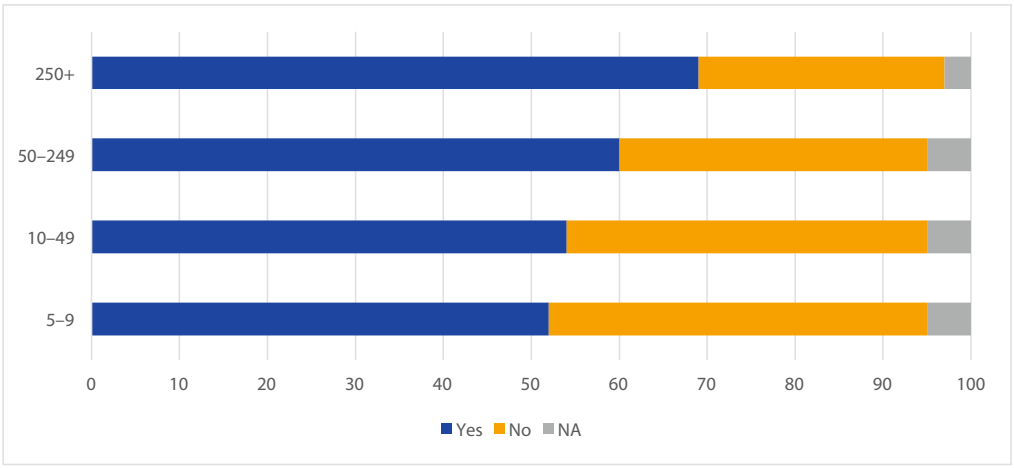
By sector, using a psychologist was most frequently reported in education and human health and social work activities (35 %), and least in accommodation and food service activities and

Figure 23. Having sufficient information on how to include psychosocial risks in risk assessments, by sector (% establishments, EU-28)



Base: all establishments in the EU-28.

Figure 24. Having sufficient information on how to include psychosocial risks in risk assessments, by establishment size (% establishments, EU-28)



Base: all establishments in the EU-28.

agriculture, forestry and fishing (10 % or less). In addition, as could be expected, using a psychologist is much more likely in larger establishments: it was reported by 45 % of respondents from the establishments with 250+ employees but only by 11 % in establishments with five to nine employees.

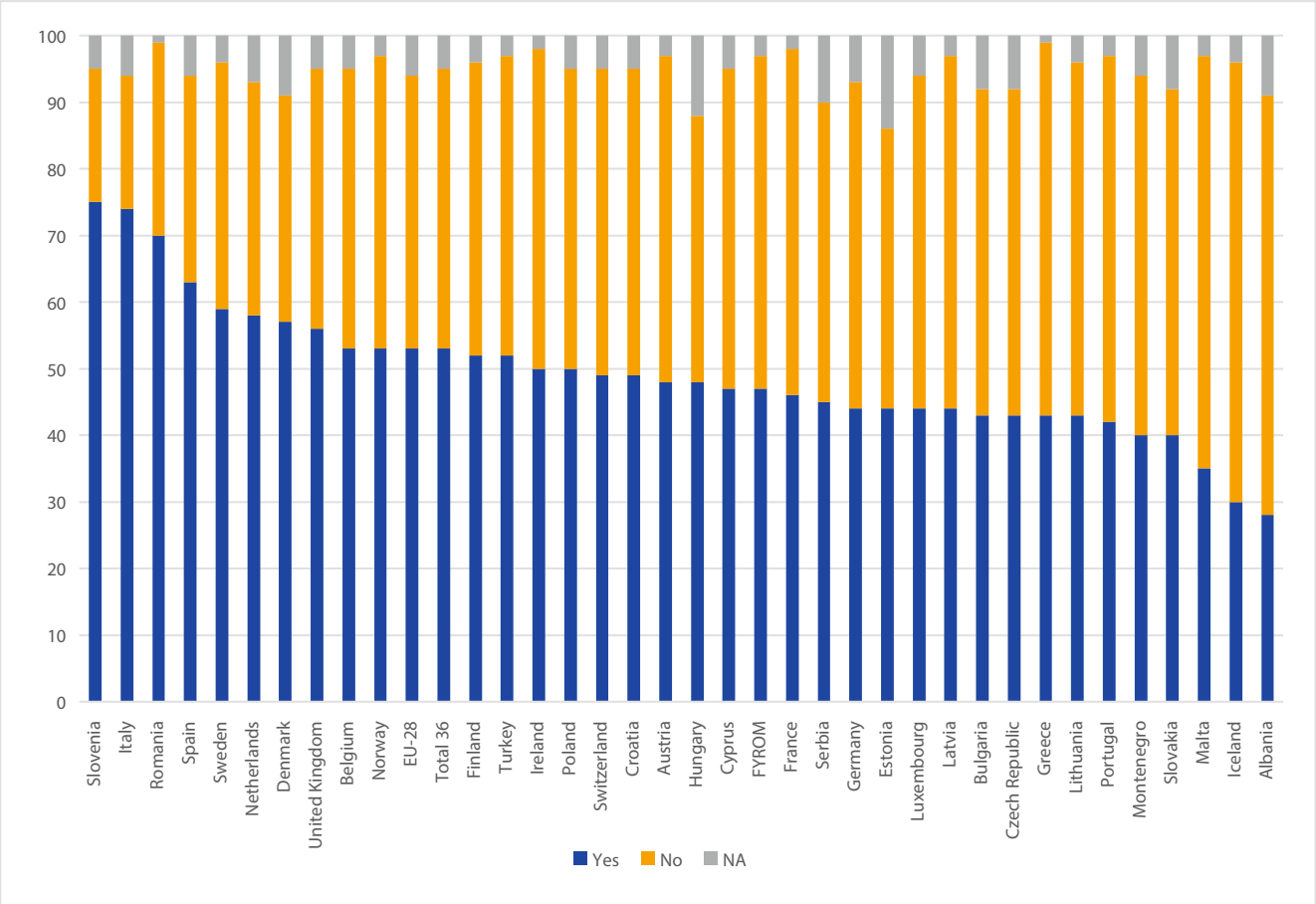
The results are in line with the findings of ESENER-1, with the same percentage (16 %) of establishments using the expertise of a psychologist. While the results for individual countries may have slightly changed, in general, similar patterns are observed, with the use of a psychologist more often reported in Sweden and Finland, in education and human health and social work activities and by larger establishments.

3.3. Procedures and measures to deal with psychosocial risks

With regard to preventive actions, ESENER-2, like ESENER-1, asked establishments about having formal procedures in place, as well as more specific, ad hoc, measures implemented to deal with psychosocial risks.

In terms of the more formal actions, ESENER-2 asked specifically if the establishments had in place an action plan to prevent stress, a procedure to deal with possible cases of harassment or bullying, and a procedure to deal with possible cases of third-

Figure 25. Having sufficient information on how to include psychosocial risks in risk assessments, by country (% establishments)



Base: all establishments, all 36 countries.

party violence. The specific measures to prevent psychosocial issues explored by ESENER-2 referred to the period of the last three years and focused specifically on work organisation, conflict resolution and providing workers with confidential counselling.

As the smallest establishments could not be expected to have in place procedures or formal action plans, like in ESENER-1, companies with fewer than 20 workers were excluded from these questions; nevertheless, all establishments were asked about the specific measures they had implemented to deal with psychosocial risks. The results are presented in the following sections.

Procedures to deal with psychosocial risks

With regard to the more formal means of psychosocial risk management, the survey asked respondents:

- Does your establishment have an action plan to prevent work-related stress?
- Is there a procedure in place to deal with possible cases of bullying or harassment?
- Is there a procedure to deal with possible cases of threats, abuse or assaults by clients, patients, pupils or other external persons? (This risk is also described as 'third-party violence'. It is important to highlight that this particular question was asked only of those establishments that reported the presence of the risk factor 'having to deal with difficult customers, patients, pupils, etc.'.)

When necessary, respondents were provided with the following explanations:

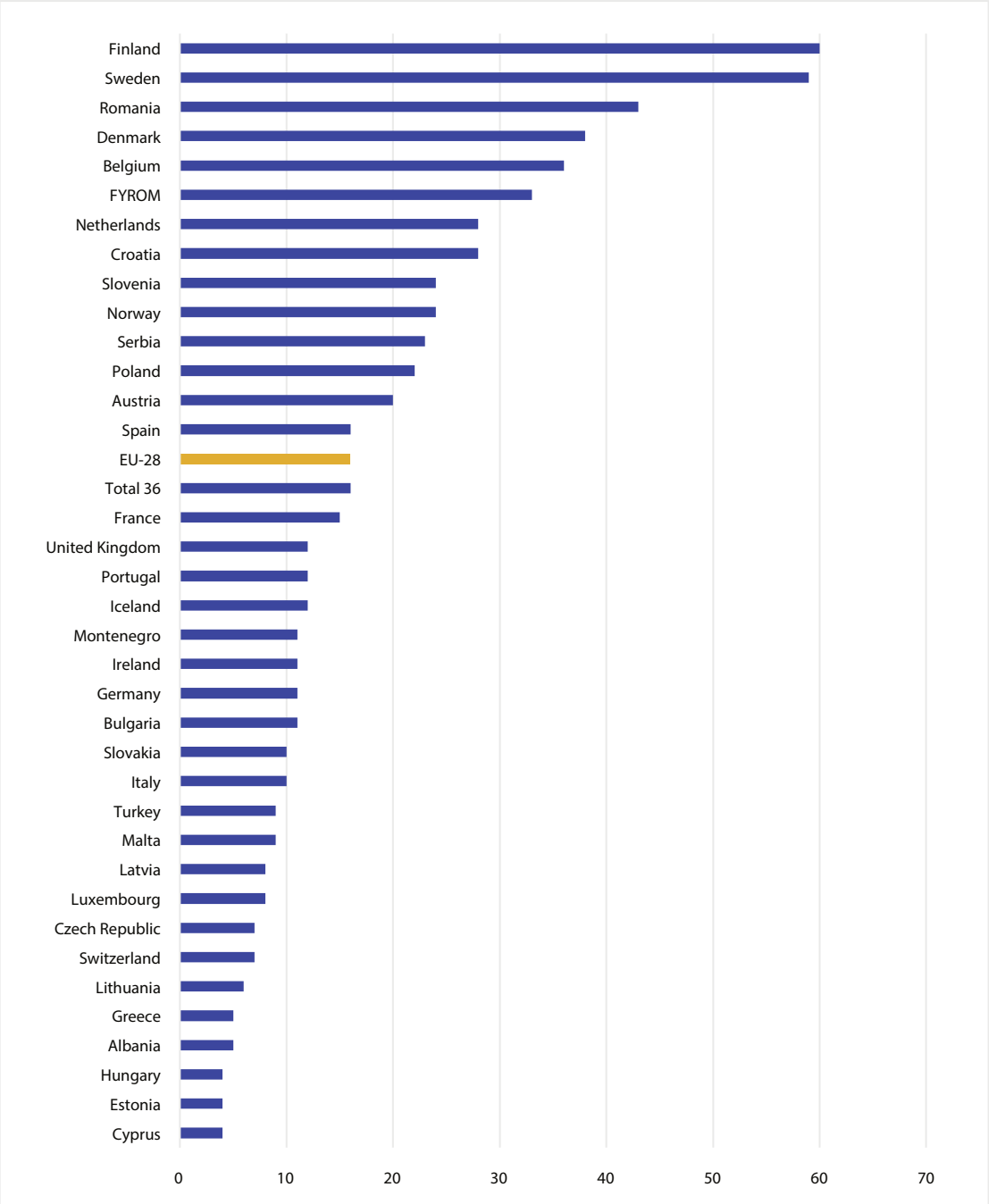
Work-related stress is experienced when the demands of the work exceed the employees' ability to cope with or control them.

Bullying or harassment refers to situations when employees or managers are abused, humiliated or assaulted by colleagues or superiors.

In addition, the interviewers specified that if stress, bullying, harassment or third-party violence are not considered prevalent in the establishment, the survey determined if such an action plan or procedure was in place in case any of these become an issue.

As expected, and in line with the trends observed in ESENER-1, European establishments are much more likely to have procedures

Figure 26. Use of a psychologist, in-house or contracted externally, by country (% establishments)



Base: all establishments, all 36 countries.

to deal with bullying or harassment and third-party violence than to have an action plan to prevent work-related stress. In the EU-28, among those establishments that report having to deal with difficult customers, patients, pupils, etc. (and employing 20 or more workers), 55 % report having in place a procedure to deal with possible cases of threats, abuse or assaults by clients, patients, pupils or other external persons. Furthermore, among all EU-28 establishments with 20 or more workers, 47 % report having in place a procedure to deal with bullying or harassment and 33 % have an action plan to prevent work-related stress.

When compared with the results of ESENER-1, in general, the frequency of reporting of these formal measures — especially the procedures to deal with harassment or bullying and violence — is higher in ESENER-2. Nevertheless, it is important to bear in mind that neither the sample nor the questions were exactly the same, and, in addition, in ESENER-2, the question about existing procedures to deal with third-party violence was asked only of those establishments that reported the presence of the relevant risk factor.

By sector (Figure 27), all the procedures explored were most frequently reported in the human health and social work activities, with 73 % of establishments reporting having in place a procedure to deal with possible cases of third-party violence (out of those that reported the relevant risk factor), 61 % reporting having in place a procedure to deal with possible cases of bullying or harassment, and 50 % having in place an action plan to prevent work-related stress.

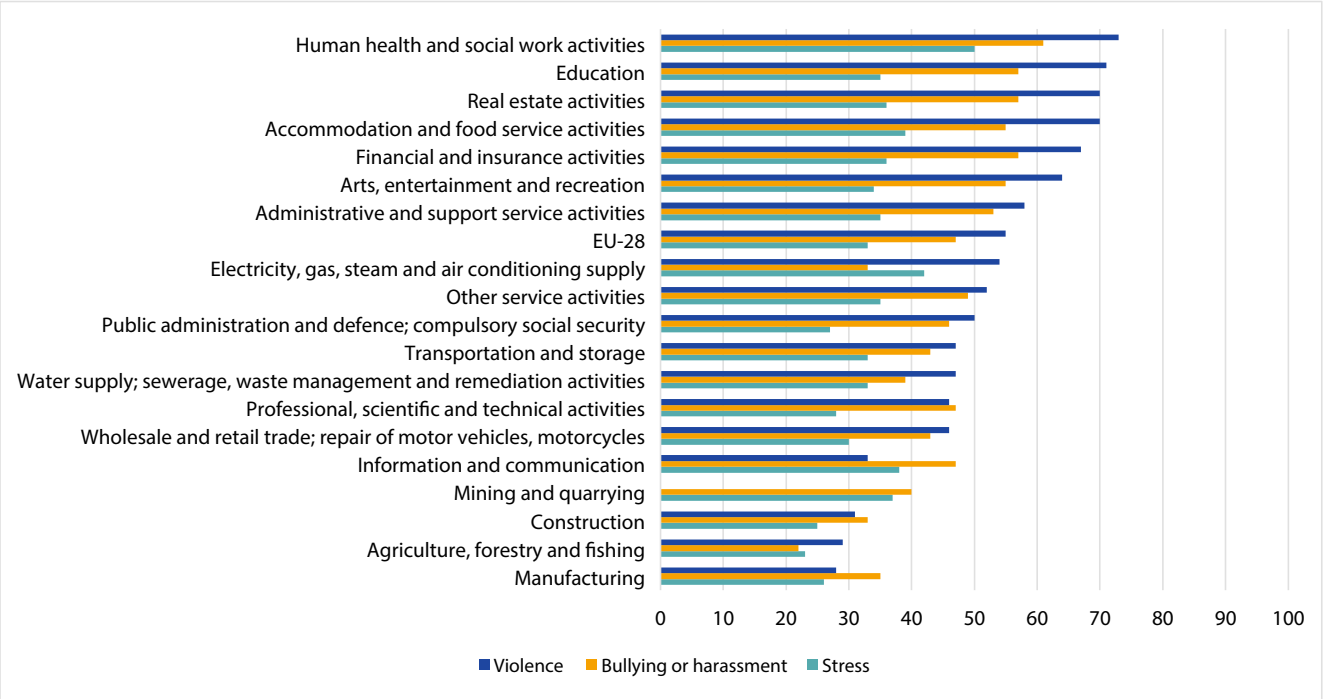
The prevalence of procedures for third-party violence and bullying or harassment is also relatively high in education, real estate activities, and accommodation and food service activities, while an action plan for preventing stress is reported frequently, in comparison with other sectors, in electricity, gas, steam and air conditioning supply. In contrast, having in place procedures and an action plan to prevent stress is less likely to be reported in manufacturing, agriculture, forestry and fishing, and construction.

The sectoral pattern of establishments that have in place an action plan to prevent work-related stress and procedures to deal with possible cases of bullying or harassment and threats, abuse or assaults by third parties is very similar to that found in ESENER-1. In 2009 and in 2014, health and social work and education were the sectors with the highest percentages of establishments reporting having in place formal procedures. In contrast, manufacturing and construction were the sectors in which such procedures were least likely to be reported (the agriculture, forestry and fishing sector was not included in ESENER-1).

When grouped by establishment size, all of the explored procedures are — as expected and in line with ESENER-1 — more likely to be reported in the larger establishments (Figure 28), with the numbers growing from 52 % in the smallest size group (20–49 workers) to 72 % in the largest companies (250+) in the case of the most common procedure to deal with third-party violence; from 43 % to 69 % in the case of a procedure to deal with harassment or bullying; and from 30 % to 51 % in the case of a reported action plan to prevent work-related stress.

Substantial variation in terms of reported procedures to deal with psychosocial risks is observed across countries (Figure 29). Having in place a procedure to deal with third-party violence was most likely to be reported in the United Kingdom (by 91 % of establishments who reported the presence of the relevant risk factor), Ireland and Sweden (80 %), as well as in Finland and the Netherlands (over 70 %). It was least frequently reported in Hungary (21 %) and in Albania, Bulgaria and Italy (around 30 %). A high prevalence of having a procedure in place to deal with bullying or harassment was found in the United Kingdom (94 %) and Ireland (93 %), and also in Belgium and Sweden (80–82 %). In contrast, having in place such a procedure was reported by

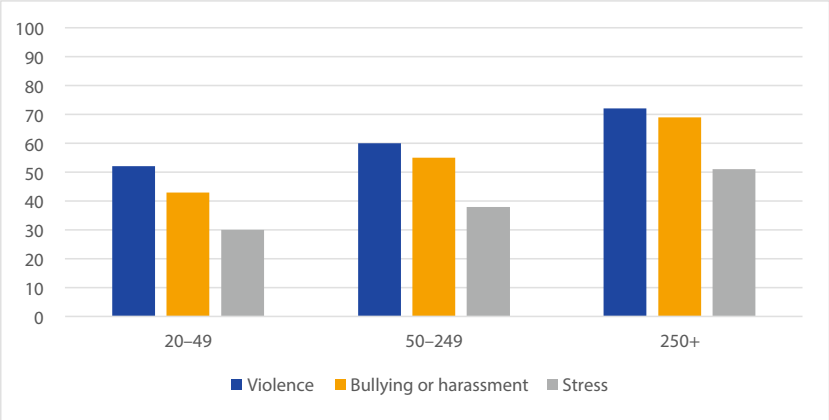
Figure 27. Having an action plan to prevent stress and procedures for bullying/harassment and threats, abuse or assaults by third parties, by sector (% establishments)



Base: all establishments in the EU-28 with more than 19 employees.

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

Figure 28. Having an action plan to prevent stress and procedures for bullying/harassment and threats, abuse or assaults by third parties, by establishment size (% establishments)



Base: all establishments in the EU-28 with more than 19 employees.

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

less than 20 % of establishments in Estonia, Bulgaria, Latvia and Albania.

Establishing an action plan to prevent work-related stress was most likely to be reported by establishments in the United Kingdom (57 %) as well as in Romania, Denmark, Sweden and Italy (around 50 %). In contrast, less than 10 % of establishments in Croatia, the Czech Republic and Estonia stated that they have in place such an action plan.

A few observations on the country variations are worth noting. First, all three types of the formal preventive actions explored are most frequently reported in the United Kingdom and in the Nordic countries. However, in some other countries, only some of those preventive actions are reported at a level far above the European average. With regard to having in place a procedure to deal with harassment or bullying, Belgium (reported by 82 % of establishments) and Iceland (69 %) have prevalences higher than the European average. In Turkey and Serbia, this kind of procedure is also mentioned relatively often (55 %). However, in both Romania and Italy, the procedures to deal with harassment or bullying and third-party violence are reported to be below the EU-28 average; nevertheless, the prevalence of having in place an action plan to prevent work-related stress is much higher than the European average, being reported by 52 % of establishments in Romania and by 49 % in Italy. It is interesting to note that, with regard to stress prevention, in ESENER-1, both Italy and Romania were situated just around the EU average and the observed changes, to some extent, may reflect the impact of wider, national activities targeting management of work-related stress over recent years. In Italy, a dedicated website providing enterprises with guidance on psychosocial risk assessment and management was launched in 2011 by the Italian Workers' Compensation Authority (INAIL), following the legislative change of 2008 (adopting the EU Social Partners' 'Framework Agreement on work-related stress') that obliged employers to explicitly include psychosocial risks in risk assessments[25]. In Romania, guidance for preventing and managing psychosocial risk in the workplace was published in 2013 by the National Institute for Research and Development in Enviromental Protection (INCDPM)[26].

In general, the results of the current survey are in line with the findings of ESENER-1, showing establishments in the Northern European countries to be more likely to report having in place formal procedures to deal with psychosocial risks.

Measures to prevent psychosocial risks

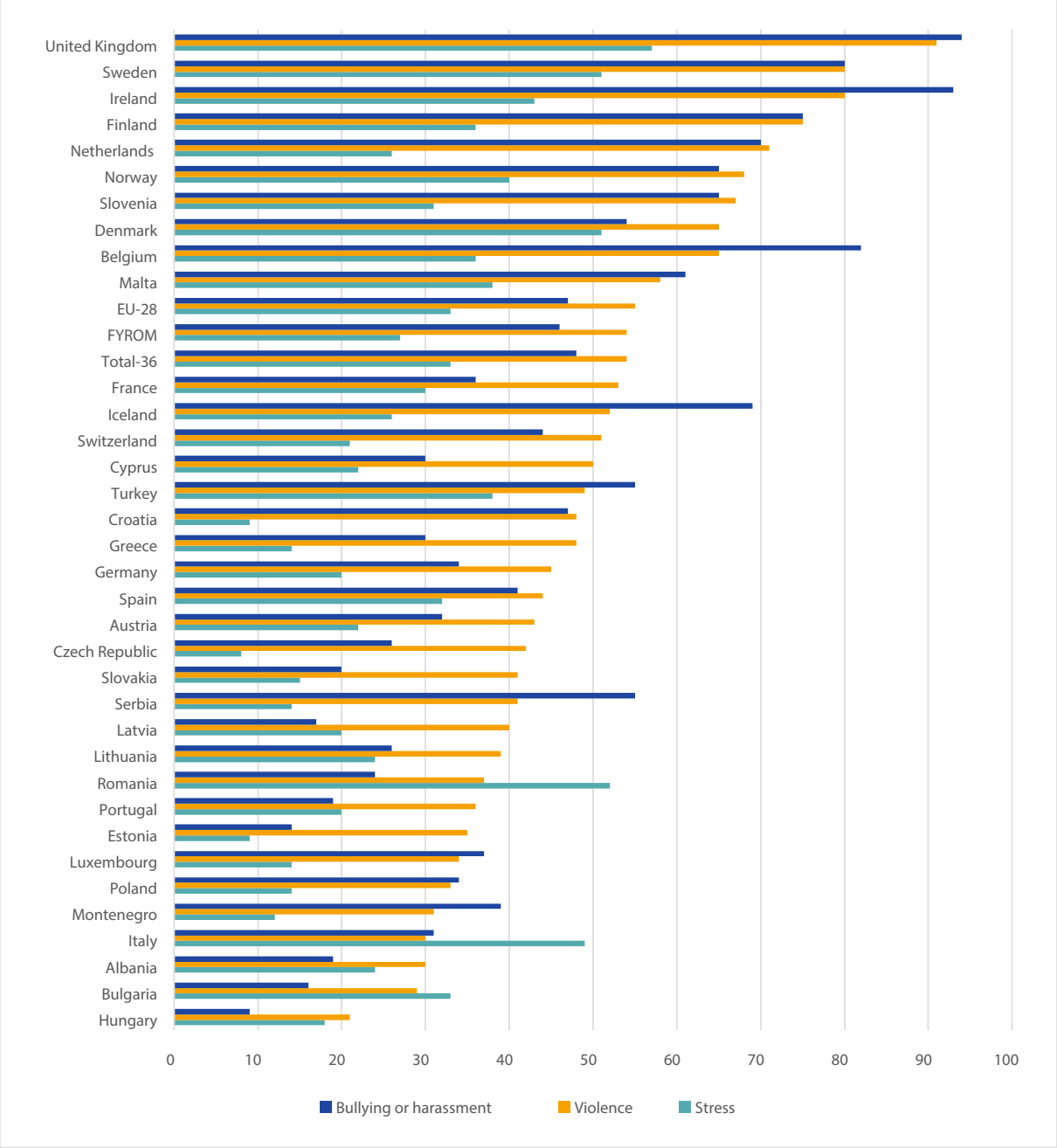
With regard to the four ad hoc measures explored, the most frequently reported across the EU-28 was reorganisation of work in order to reduce job demands and work pressure (38 %), followed by providing confidential counselling for employees (36 %), establishing a conflict resolution procedure (29 %) and undertaking intervention if excessively long or irregular hours are worked (26 %).

With regard to sectors (Figure 30), like in ESENER-1, the highest prevalence of implemented measures was found in human health and social work activities, where three out of four investigated measures were most frequently reported (by around 50 % of establishments): 'confidential counselling for employees', 'reorganisation of work in order to reduce job demands and work pressure' and 'setting up a conflict resolution procedure'. A high proportion of establishments providing employees with confidential counselling and setting up a conflict resolution procedure was also found in education, while in arts, entertainment and recreation, establishments were

25 Available at: http://www.inail.it/internet_web/wcm/idc/groups/internet/documents/document/ucm_105414.pdf

26 Available at: http://www.inpm.ro/files/publicatii/2013-02-ghid.pdf

Figure 29. Having an action plan to prevent stress and procedures for bullying/harassment and threats, abuse or assaults by third parties, by country (% establishments)



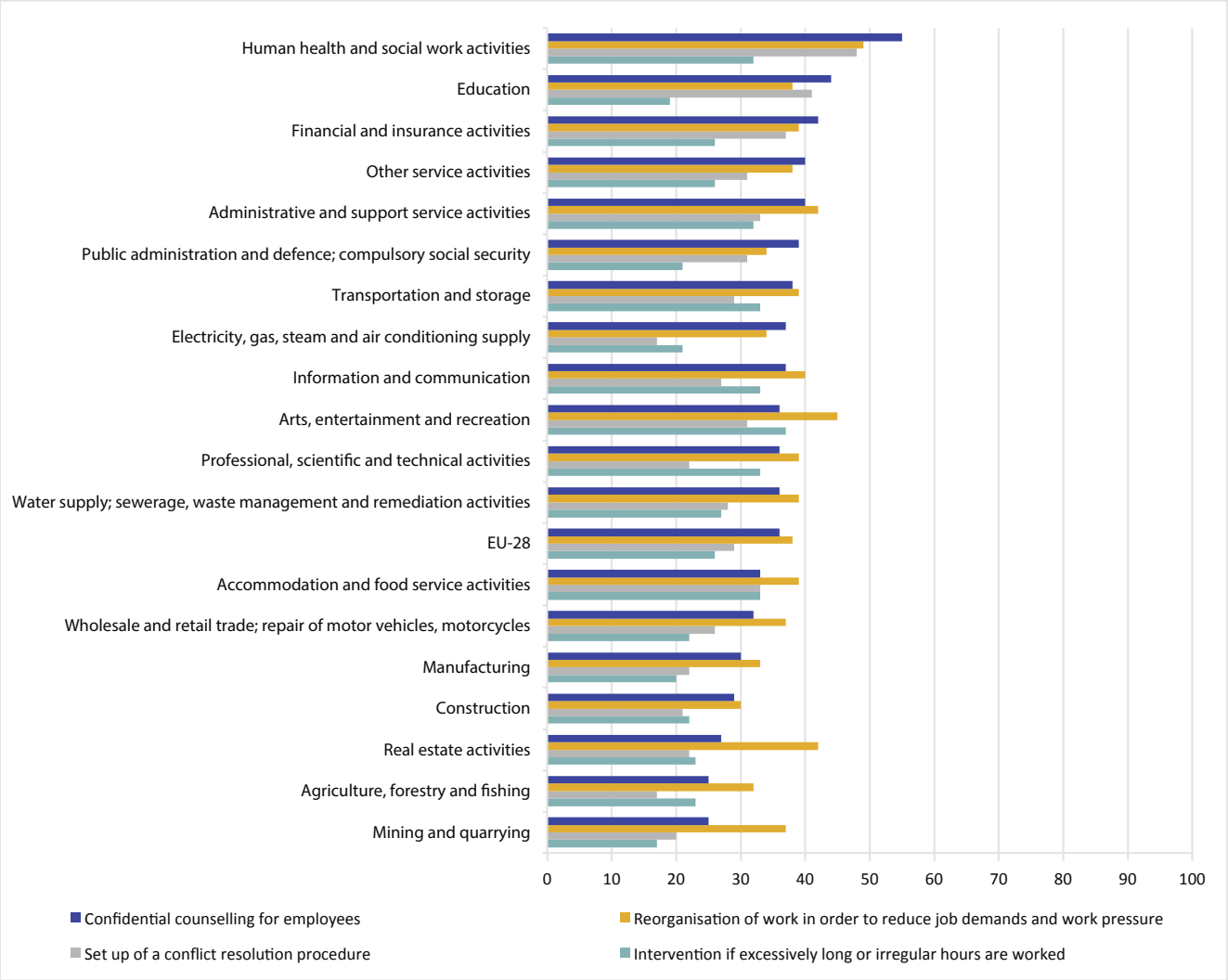
Base: all establishments with more than 19 employees, all 36 countries.

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

likely to report 'reorganisation of work in order to reduce job demands and work pressure' and 'intervention if excessively long or irregular hours are worked'. The measures to prevent psychosocial risks are, in general, less likely to be implemented in construction and manufacturing, as well as in agriculture, forestry and fishing.

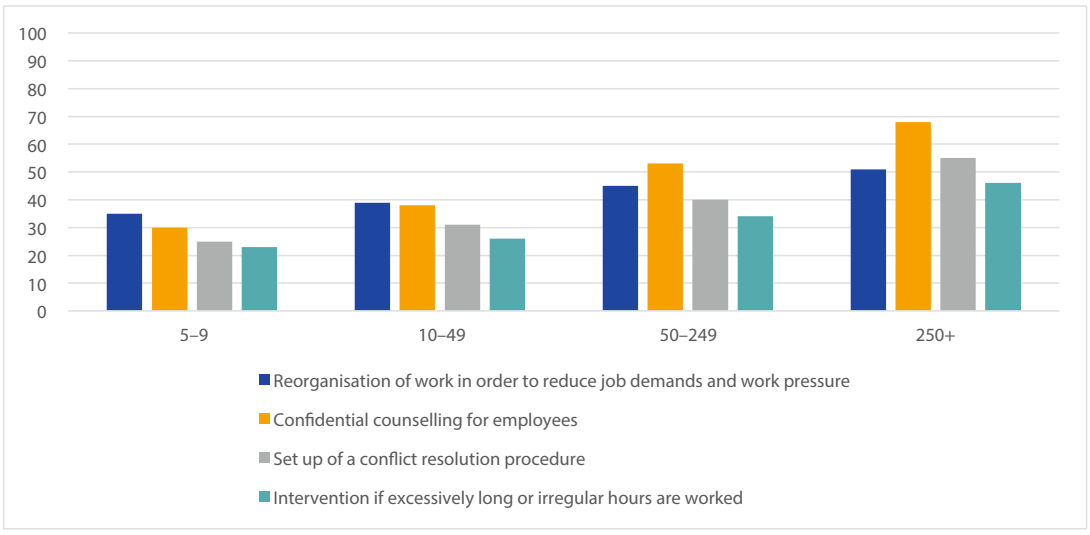
As expected, the larger the company, the more measures implemented to prevent psychosocial risks were reported (Figure 31), although the differences between the establishments in the two smallest size groups (5–9 and 10–49 employees) are rather small. The largest variation between the smallest and largest establishments corresponds to providing confidential counselling for employees (reported by 46 % of establishments in the largest and by 23 % in the smallest size group).

Figure 30. Measures implemented to prevent psychosocial risks, by sector (% establishments)



Base: all establishments in the EU-28.

Figure 31. Measures implemented to prevent psychosocial risks, by establishment size (% establishments)



Base: all establishments in the EU-28.

Table 9. Measures implemented to prevent psychosocial risks during last three years, by country (% establishments)

Reorganisation of work in order to reduce job demands and work pressure	**MT**	**DK**	**FI**	**IE**	**TR**	**IS**	**EE**	**LU**	**MK**	**SE**	**CY**	**EL**	**AT**	**ME**	**UK**	**BE**	**DE**	**ES**	**IT**
	54	52	50	48	46	45	43	43	43	43	42	42	41	41	41	40	40	40	40
Confidential counselling for employees	**MT**	**FI**	**LU**	**DK**	**AT**	**EL**	**FR**	**BE**	**CY**	**DE**	**RO**	**SE**	**CH**	**EE**	**LT**	**EU-28**	**LV**	**Total 36**	**HU**
	65	64	54	51	50	50	50	46	46	46	46	44	39	38	37	36	35	35	34
Set up of a conflict resolution procedure	**RO**	**EL**	**SE**	**IS**	**BE**	**FI**	**IE**	**ME**	**MT**	**FR**	**CY**	**DK**	**UK**	**CH**	**NO**	**TR**	**EU-28**	**Total 36**	**AT**
	44	43	42	41	40	38	38	38	38	37	36	32	32	31	31	30	29	29	28
Intervention if excessively long or irregular hours are worked	**TR**	**ME**	**DE**	**IS**	**DK**	**MT**	**FI**	**IE**	**SE**	**AT**	**LV**	**NO**	**CH**	**Total 36**	**UK**	**EU-28**	**BE**	**IT**	**EL**
	45	40	39	39	38	37	35	35	35	33	29	29	27	27	26	26	23	23	22

Base: all establishments, all 36 countries.

Table 9. Continued

Reorganisation of work in order to reduce job demands and work pressure	**PT**	**RO**	**NO**	**EU-28**	**Total 36**	**LV**	**BG**	**FR**	**HR**	**RS**	**CH**	**HU**	**NL**	**LT**	**SK**	**PL**	**AL**	**CZ**	**SI**
	39	39	38	38	38	37	35	35	35	34	32	32	28	27	24	23	18	18	15
Confidential counselling for employees	**NO**	**IS**	**ME**	**NL**	**ES**	**MK**	**RS**	**UK**	**IT**	**TR**	**IE**	**PT**	**HR**	**SK**	**BG**	**PL**	**SI**	**CZ**	**AL**
	34	33	33	33	31	29	29	28	25	25	24	24	22	19	18	17	15	13	2
Set up of a conflict resolution procedure	**LU**	**ES**	**IT**	**MK**	**DE**	**LT**	**NL**	**RS**	**HU**	**PL**	**SK**	**LV**	**BG**	**CZ**	**PT**	**EE**	**HR**	**SI**	**AL**
	28	27	27	26	25	25	25	25	24	23	23	22	21	20	19	17	17	15	7
Intervention if excessively long or irregular hours are worked	**LU**	**MK**	**CY**	**FR**	**RO**	**LT**	**ES**	**RS**	**EE**	**NL**	**PL**	**HR**	**PT**	**HU**	**CZ**	**SK**	**BG**	**AL**	**SI**
	22	22	21	21	21	19	18	18	16	16	16	15	15	14	13	13	12	9	7

As shown in Table 9, significant variations are observed among countries. Providing confidential counselling for employees is particularly prevalent in Malta and Finland (over 60 %), but is least prevalent in the Czech Republic and Slovenia (15 % or less) and Albania (2 %). A similar pattern occurs in terms of reorganisation of work in order to reduce job demands and work pressure, which is more likely to be implemented in Malta, Denmark and Finland (50 % or more) than in Albania, the Czech Republic or Slovenia (less than 20 %). Setting up a conflict resolution procedure was reported most frequently in Romania, Greece, Sweden and Iceland (over 40 %) and, on the other hand, was least popular in Slovenia (15 %) and Albania (7 %). Undertaking intervention if excessively long or irregular hours are worked was more likely to be reported in Turkey, Montenegro, Germany and Iceland (around 40 % of establishments) than in Albania or Slovenia (reported by less than 10 %).

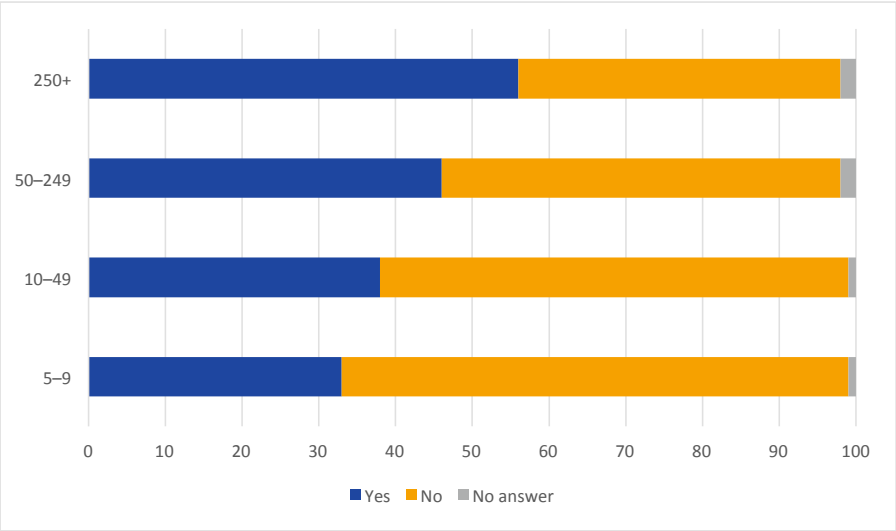
In general, there are no remarkable differences between these results and the data obtained in ESENER-1, even after adjusting the overall samples (that is, excluding from the second survey's sample the establishments with five to nine employees and those from the agriculture and fishing sectors). There has been some increase in terms of providing confidential counselling for employees and setting up a conflict resolution procedure, while in terms of two other, slightly reformulated, measures, the figures are nearly the same. However, some variations in the results of particular countries or sectors may be observed.

In addition, ESENER-2 asked if the measures taken were triggered by concrete problems occurring in the establishment. In general, from the establishments that implemented at least one measure to deal with psychosocial risks during last three years, 20 % (EU-28) stated that this was indeed triggered by 'concrete problems with stress, bullying, harassment or violence in the establishment'. It was most often reported in public administration and defence; compulsory social security; human health and social work activities; and education (around 30 %) and was least likely in mining and quarrying (10 %). In addition, implementing measures as a response to 'psychosocial' problems occurring in the workplace was more often reported by the larger establishments (by nearly 40 % in the 250+ group) than in the smaller ones (16 % in the five to nine size group). By country, it was most frequent in Finland (45 %), Denmark (35 %) and Norway (30 %) and less so in Poland (8 %), Italy (7 %) and Albania (4 %).

Involving employees in identifying problems and implementing solutions to improve the psychosocial work environment is considered a prerequisite of successful interventions. The 'employee request' was found to be an especially strong driver for the ad hoc measures taken to deal with psychosocial issues in ESENER-1 (EU-OSHA, 2012d). ESENER-2 shows that, in general, over 60 % of the EU-28 establishments that implemented at least one measure to deal with psychosocial risks declare that employees had a role in the design and set up of those measures. Some variation can be observed across sectors, with over 70 % of establishments in human health and social work; education; and mining and quarrying declaring that employees have a role in the design and set up of measures to address psychosocial risks, while in construction; electricity, gas, steam and air conditioning supply; and manufacturing it was reported by around 55 % of establishments (see also Chapter 5).

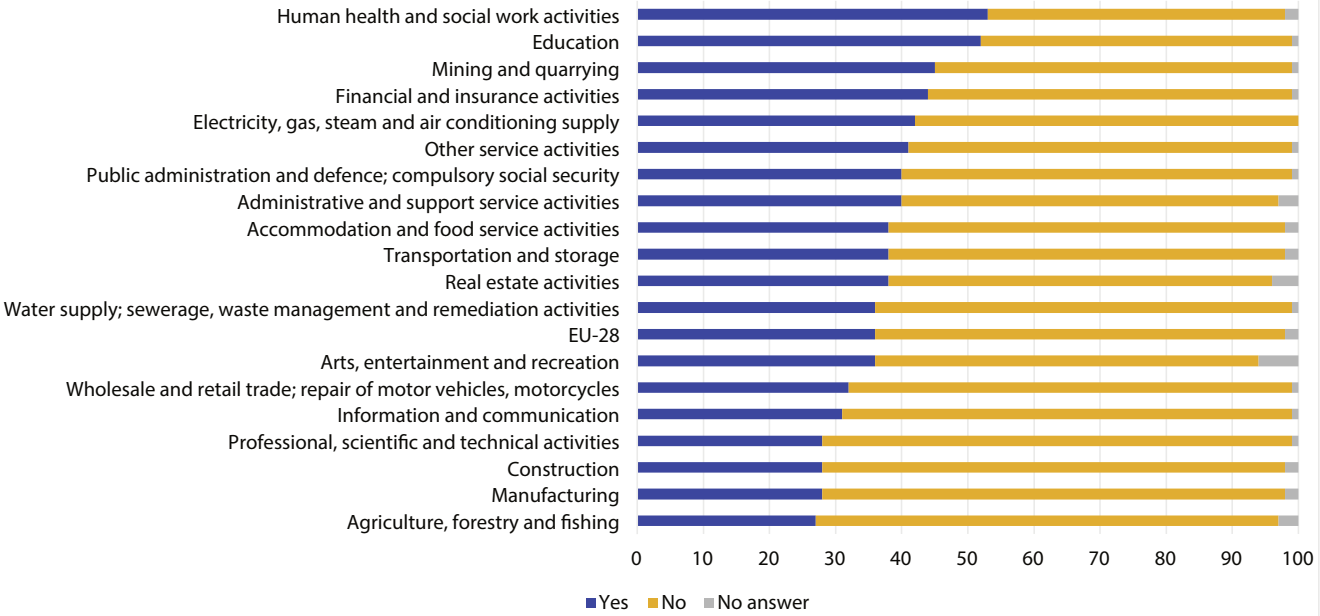
Interestingly, there is rather small variation in terms of reported involvement of employees in implementing those measures between establishments of different sizes, with around 60 % of establishments in all size groups reporting that employees have a role in the design and set up of measures to address psychosocial risks.

Figure 32. Providing employees with training on how to prevent psychosocial risks such as stress or bullying, by establishment size (% establishments)



Base: all establishments in the EU-28.

Figure 33. Providing employees with training on how to prevent psychosocial risks such as stress or bullying, by sector (% establishments)



Base: all establishments in the EU-28.

Providing training on how to prevent psychosocial risks

When asked if employees are provided with training on how to prevent psychosocial risks such as stress or bullying, only 36 % of establishments across the EU-28 admitted that this kind of training is indeed offered. In general, providing training on psychosocial issues is more likely to be reported in the larger establishments, with over half of establishments (56 %) with 250+ workers declaring so. In contrast, about two-thirds of workers employed in micro companies do not receive training on how to prevent psychosocial risks such as stress or bullying (Figure 32). By sector (Figure 33), providing training on psychosocial issues is most frequently reported by establishments in human health and social work activities and education (over 50 %) and least frequently in agriculture, forestry and fishing as well as manufacturing, construction and professional, scientific and technical activities (less than 30 %).

Across countries (Figure 34), the highest proportion of establishments offering employees training on psychosocial risks is found in the United Kingdom, Spain and Italy (around 50 %), with the lowest in countries such as Estonia, France, Montenegro and the Czech Republic (21–23 %).

In ESENER-1, 'provision of training' was treated as one of the possible measures implemented by establishments over the last three years to deal with psychosocial risks, while, in ESENER-2, it was incorporated into a more general question on OSH training. It is nevertheless interesting to note that, in 2009, it was the most frequently reported measure to deal with psychosocial risks, mentioned by 58 % of establishments in the EU-27 and being the most common in almost all countries. When treated separately, as one of the topics on which employees are provided training, this number, in the EU-28, drops to 36 % (40 % in the sample adjusted to ESENER-1). This decreasing trend is observed in all sectors and across establishments of all sizes. It could indicate that providing training on psychosocial risks is often treated as a measure implemented to address particular issues occurring in the workplace rather than a part of routine workplace training on health and safety at work.

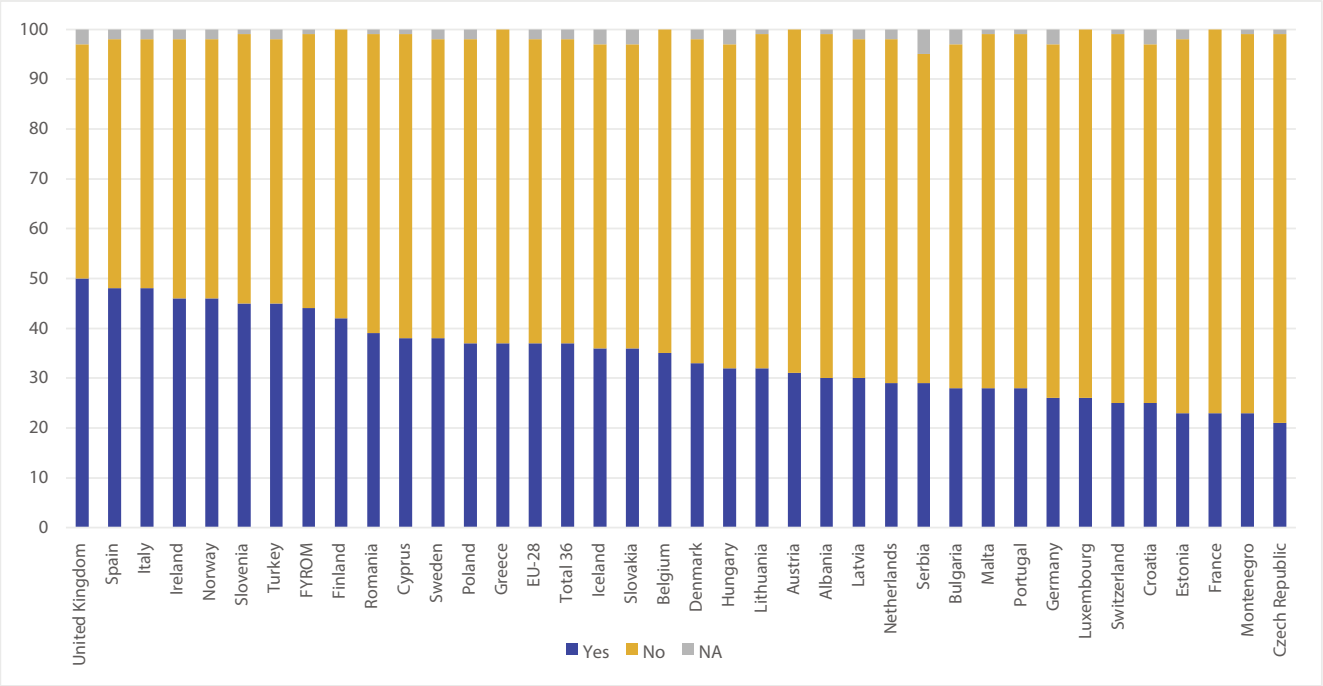
3.4. Summary

Managing work-related stress and psychosocial risks remains one of the most topical and challenging issues in OSH. ESENER-2 explored the psychosocial risk factors present in the European workplaces, as identified by the establishments, and asked about formal and ad hoc actions implemented to tackle them.

Psychosocial risk factors

In general, a great majority of establishments in the EU-28 indicated that at least one psychosocial risk factor is present in their workplace, with 'having to deal with difficult customers, patients, pupils, etc.' and 'time pressure' being the most frequently reported, followed at some distance by 'long or irregular working hours'. Wide variation has been observed among countries, with the reporting level ranging from less than 20 % to over 70 % of establishments reporting a particular risk factor. Many of the

Figure 34. Providing employees with training on how to prevent psychosocial risks such as stress or bullying, by country (% establishments)



Base: all establishments, all 36 countries.

psychosocial risk factors, and especially 'time pressure', were reported more often in the Northern European countries.

There are also some remarkable differences observed across sectors, with 'having to deal with difficult customers, patients, pupils, etc.' reported well above the European average in human health and social work activities and education, while time pressure is often reported in professional, scientific and technical activities as well as in information and communication. All the psychosocial risk factors are mentioned more often in the larger establishments, with the greatest variation observed for 'time pressure' and the smallest for 'having to deal with difficult customers, patients, pupils, etc.'

Psychosocial risk assessment

Among the EU-28 establishments that regularly carry out workplace risk assessment, around two-thirds include 'organisational aspects such as work schedules, breaks or work shifts' and around half include 'supervisor–employee relationships' in those assessments. This varies across countries and, in a few of them (Norway, Denmark, Iceland and France), 'supervisor–employee relationships' were actually more often reported to be included in routine risk assessment than organisational aspects.

The differences between sectors are not large, with 'organisational aspects such as work schedules, breaks or work shifts' being most often included in accommodation and food service activities as well as in human health and social work activities. In the latter sector is the greatest proportion of establishments that report covering 'supervisor–employee relationships' in their risk assessments. A clear pattern appears in terms of the establishments' size: the larger the company, the greater chance that both of these psychosocial aspects are routinely evaluated in risk assessments.

In addition, slightly more than 40 % of establishments across the EU-28 admit that they do not have enough information on how to include psychosocial risks in risk assessments, and in a number of sectors over half of establishments report this problem. As expected, this problem is more likely to be mentioned in smaller establishments, with about half of them considering the information they have to be insufficient. In addition, remarkably high variation is observed between countries, ranging from around 20 % of establishments (Slovenia and Italy) to more than 60 % (Iceland, Malta and Albania) reporting the problem.

In terms of the services used, although in the EU-28 on average only a small proportion of establishments report using the expertise of a psychologist, the percentages vary significantly across countries, with around 5 % in a number of countries and nearly 60 % in Finland and Sweden. Moreover, it is more likely to be reported in larger establishments as well as in education and human health and social work activities.

Procedures to manage psychosocial risks

In general, and in line with the results of the previous survey, procedures to deal with bullying or harassment and third-party violence are much more likely to be reported than having an action

plan to prevent work-related stress by European establishments (employing 20 or more workers). In EU-28, among those establishments that report having to deal with difficult customers, patients, pupils, etc., over half report having in place a procedure to deal with possible cases of threats, abuse or assaults by third parties. Furthermore, nearly half of establishments report having in place a procedure to deal with bullying or harassment and one-third report having an action plan to prevent work-related stress. Substantial variations are observed across European countries, with the formal procedures reported more often in the Northern European countries, as well as in in Belgium (a procedure to deal with bullying or harassment), Italy and Romania (an action plan to prevent work-related stress).

Having both procedures and an action plan to prevent work-related stress was most frequently reported in the human health and social work activities and in larger establishments.

Measures to manage psychosocial risks

The most frequently reported measure implemented to deal with psychosocial risks across the EU-28 is reorganisation of work in order to reduce job demands and work pressure, followed by providing confidential counselling for employees, and then, less frequently reported, establishing a conflict resolution procedure and undertaking intervention if excessively long or irregular hours are worked. While quite remarkable variations are observed among countries, three of the most frequently reported measures were most likely to be mentioned in the human health and social work activities. As expected, the larger the company, the more measures implemented to prevent psychosocial risks are reported, although the differences between the establishments in the two smallest size groups (5–9 and 10–49 employees) are rather small.

From the establishments that implemented at least one measure to deal with psychosocial risks during the last three years, one out of five admitted that this was triggered by 'concrete problems with stress, bullying, harassment or violence in the establishment' and three out of five declared that employees had a role in the design and set up of those measures. As regards providing workers with training on how to prevent psychosocial risks such as stress or bullying, this is reported by only around one-third of establishments across the EU-28. This kind of training is more likely in larger establishments and in human health and social work activities and education.

Although owing to their methodological differences any direct comparisons between ESENER-1 and -2 are not possible, this chapter presents a number of observations relating to reported psychosocial risks factors and their management found in 2009 and 2014.

Further work

The results presented in this chapter are to be further investigated in subsequent analyses published by EU-OSHA. This will include a secondary analysis of the ESENER data as well as a joint analysis of ESENER-2, the Sixth EWCS and Eurostat's Labour Force Survey (LFS) 2013 ad hoc module on accidents at work and other work-related health problems. Both the EWCS and the LFS provide a picture of working conditions from a worker perspective. The EWCS, as mentioned earlier in this chapter, asks a number of questions on the psychosocial work environment, including work intensity, job autonomy, working time, job insecurity and violence at work. The LFS 2013 ad hoc module, in addition to exposure to 'risks factors that can adversely affect mental well-being', explores work-related health problems such as 'stress, depression, anxiety' experienced by workers.

4. Drivers and barriers for OSH and psychosocial risk management

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, orientation towards values and norms, etc. However, there are a number of overriding factors, such as levels of awareness and prioritisation, management commitment and employee involvement, that are important drivers for OSH management and psychosocial risk management.

In the examination of the drivers and barriers, ESENER-2 focused on some of the same areas as ESENER-1:

- reasons for addressing health and safety and their importance;
- difficulties in addressing health and safety and their importance;
- the difficulty of tackling psychosocial risks compared with other OSH issues.

As pointed out above in the general introduction to this overview report, the wording of the actual questions and the reply options have been modified and, consequently, a direct comparison between the two surveys is not necessarily accurate, but, when possible, any such comparison has been made. ESENER-2 did not include the question on reasons for addressing psychosocial risks, as the results were very much in line with those for the reasons to address OSH in general. However, a new question has been introduced in ESENER-2 asking establishments whether or not they were lacking any information or adequate tools to deal with the risk factors they reported to have in their workplaces. This expands the knowledge on the challenges to managing OSH, as it provides information corresponding to each of the risk factors considered.

4.1. Drivers for OSH management

Five factors were considered in ESENER-2 as potential drivers for OSH management. They are shown in Table 10, which presents their prevalence in the EU-28 as reported by the surveyed establishments. These are generally quite similar to those included in ESENER-1, but, as has been the case throughout the latest survey, the questionnaire items have been reformulated and direct comparisons are not necessarily accurate. However, it is clear, like in the first wave of the survey, that complying with the legal framework acts as strong driver for action on OSH, being reported as a major reason by 85 % of the surveyed establishments in the EU-28. It was not specified in the questionnaire whether these legal obligations where at the EU, national or even regional level, as it was felt that not all respondents would necessarily be aware of the origin or level of the existing legal framework

Table 10. Major reasons for addressing health and safety in establishments (% establishments, EU-28)

Reason	Proportion
Fulfilling legal obligation	85
Meeting expectations from employees or their representatives	79
Avoiding fines from the labour inspectorate	78
Maintaining the organisation's reputation	77
Maintaining or increasing productivity	64

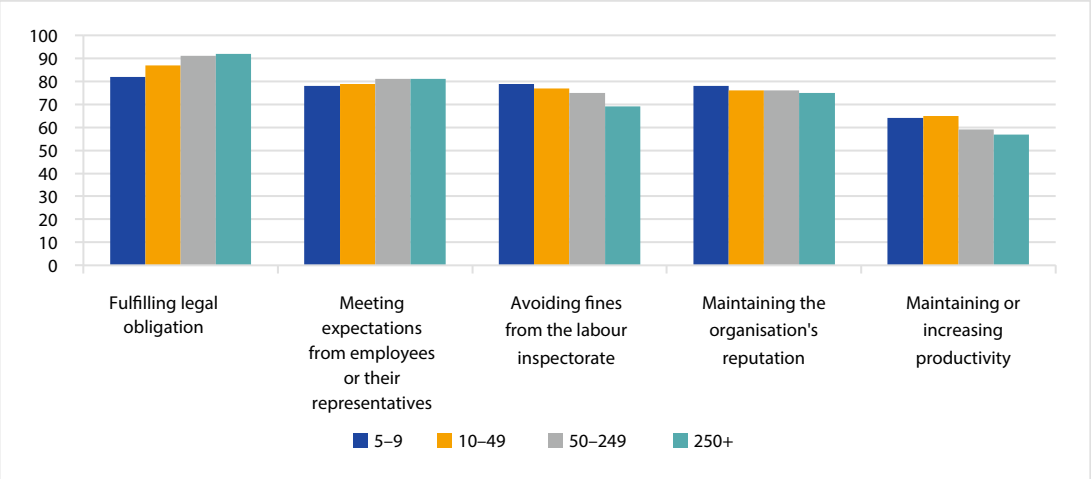
Base: all establishments in the EU-28.

in the case of OSH. Such a specific assessment would probably be best covered using a different approach and, for the research purposes of ESENER, it was felt that such differentiation was not particularly relevant. Meeting expectations from employees or their representatives was reported to be a major reason to manage OSH by almost four-fifths of establishments (79 %) and was closely followed by avoiding fines from the labour inspectorate (78 %). This is clearly linked to the fulfilment of legal obligations and in clear contrast with the likelihood of having a visit by the labour inspectorate, which is markedly low in many countries, particularly among the smallest size classes. Maintaining or increasing productivity is less frequently reported as a major reason to manage OSH, but it is still interesting to see that almost two-thirds (64 %) of establishments in the EU-28 consider it a major reason to act.

A deeper look into the results reveals a slight, but positive, correlation with establishment size when it comes to fulfilment of legal obligations, which is hardly surprising, as the larger the establishment is the more it feels it is under scrutiny (Figure 35). Meeting expectations from employees or their representatives too shows a minor positive correlation with size, which, again, can largely be explained by the greater presence of formal structures of employee representation as establishment size grows. For the rest of the drivers considered, the general pattern by size is the reverse, with a slight decrease in proportions as business size increases.

The findings by activity sector back up the importance of the legal framework as the main driver for action across all sectors in the EU-28, except for accommodation and food services, where it ranks third after avoiding fines from the labour inspectorate — which is closely related to fulfilling legal obligations anyway — and, interestingly, maintaining the organisation's reputation (Table 11). This comes as no surprise and is very much in line with the findings of ESENER-1, which showed the significance of concerns about the organisation's reputation in hotels and restaurants, where most establishments are very transparent towards their customers, and is probably linked to a great extent to the perception of food safety. The second most important driver for action on OSH — meeting expectations from employees or their representatives — is reported most frequently among establishments in human health and social work activities (84 %), and least frequently in real estate activities (67 %).

Figure 35. Major reasons for addressing health and safety in establishments, by establishment size (% establishments, EU-28)



Base: all establishments in the EU-28.

Table 11. Reasons for addressing health and safety in establishments, by activity sector (% establishments reporting 'major reason', EU-28)

	Fulfilling legal obligation	Meeting expectations from employees or their representatives	Avoiding fines from the labour inspectorate	Maintaining the organisation's reputation	Maintaining or increasing productivity
EU-28	85	79	78	77	64
Agriculture, forestry and fishing	84	75	80	71	67
Mining and quarrying	93	77	77	86	73
Manufacturing	86	79	82	76	71
Electricity, gas, steam and air conditioning supply	88	75	71	67	53
Water supply; sewerage, waste management and remediation activities	92	81	79	80	55
Construction	85	77	81	81	68
Wholesale and retail trade; repair of motor vehicles and motorcycles	85	78	82	78	67
Transportation and storage	86	82	82	82	65
Accommodation and food service activities	82	79	85	83	74
Information and communication	84	76	74	65	63
Financial and insurance activities	81	73	75	78	63
Real estate activities	84	67	78	72	57
Professional, scientific and technical activities	81	78	68	68	63
Administrative and support service activities	87	83	79	81	66
Public administration and defence; compulsory social security	88	76	65	64	48
Education	88	82	67	72	50
Human health and social work activities	89	84	74	81	56
Arts, entertainment and recreation	84	80	75	74	52
Other service activities	83	80	71	73	54

Base: all establishments in the EU-28.

As interesting as it is to analyse the findings by establishment size and sector, the country breakdown provides, once more, the most revealing results. The proportion of establishments reporting fulfilling legal obligations as a major reason to manage OSH ranges from 68 % in Denmark (outside the EU-28, Montenegro reports the lowest proportion: 57 %) to 94 % in Portugal (see Table 12). It is clearly the most important factor, ranking first in 15 of the 36 countries and last in only three countries: Greece (74 %),

Table 12. Reasons for addressing health and safety in establishments, by country (% establishments reporting 'major reason')

	Fulfilling legal obligation	Meeting expectations from employees or their representatives	Avoiding fines from the labour inspectorate	Maintaining the organisation's reputation	Maintaining or increasing productivity
EU-28	85	79	78	77	64
Albania	87	79	82	84	80
Austria	87	82	70	79	72
Belgium	87	86	66	75	62
Bulgaria	90	87	91	92	82
Croatia	88	84	88	86	84
Cyprus	75	80	83	92	86
Czech Republic	85	53	88	78	58
Denmark	68	85	72	68	65
Estonia	92	91	90	93	74
Finland	91	89	65	77	81
France	83	81	65	61	41
FYROM	78	69	90	90	80
Germany	86	78	72	79	72
Greece	74	78	86	90	84
Hungary	76	60	84	71	51
Iceland	65	74	57	78	60
Ireland	83	68	74	79	53
Italy	90	93	96	92	84
Latvia	81	65	71	83	80
Lithuania	76	83	80	91	85
Luxembourg	88	83	72	79	63
Malta	75	87	74	89	65
Montenegro	57	70	60	71	56
Netherlands	79	85	71	77	77
Norway	92	90	77	87	73
Poland	76	48	65	39	30
Portugal	94	90	93	90	88
Romania	87	82	89	90	84
Serbia	70	71	70	72	67
Slovakia	76	53	82	75	62
Slovenia	87	73	84	88	81
Spain	90	75	81	70	63
Sweden	89	85	81	86	69
Switzerland	81	79	57	79	58
Turkey	82	80	76	85	86
United Kingdom	88	80	82	83	52

Base: all establishments, all 36 countries.

Cyprus (75 %) and Lithuania (76 %). Interestingly, the second most important factor in the EU-28 overall — meeting expectations from employees or their representatives — is clearly the most important driver in Denmark and the Netherlands: 85 % of establishments in both countries reported it to be a major reason for addressing health and safety. It was the lowest in Poland (48 %), Slovakia and the Czech Republic (53 % in both). Avoiding fines from the labour inspectorate is the most important driver in six countries, being highest in Italy (96 %) and lowest in Iceland and Switzerland (57 % in both).

It is worth pointing out too that, in some countries, particularly those that joined the EU 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, being especially high in Estonia (93 %), Cyprus, Bulgaria (92 % in both) and Lithuania (91 %). Poland is a significant exception to this, being the country where this factor is least frequently reported to be a major reason to address health and safety (39 %), but, overall, it tops the ranking of drivers in 13 countries. Finally, maintaining or increasing productivity tops the ranking in only one country — Turkey (86 %) — and it is clearly the least frequently reported driver in the EU-28 overall, particularly in Poland (30 %) and France (41 %).

4.2. Barriers for OSH management

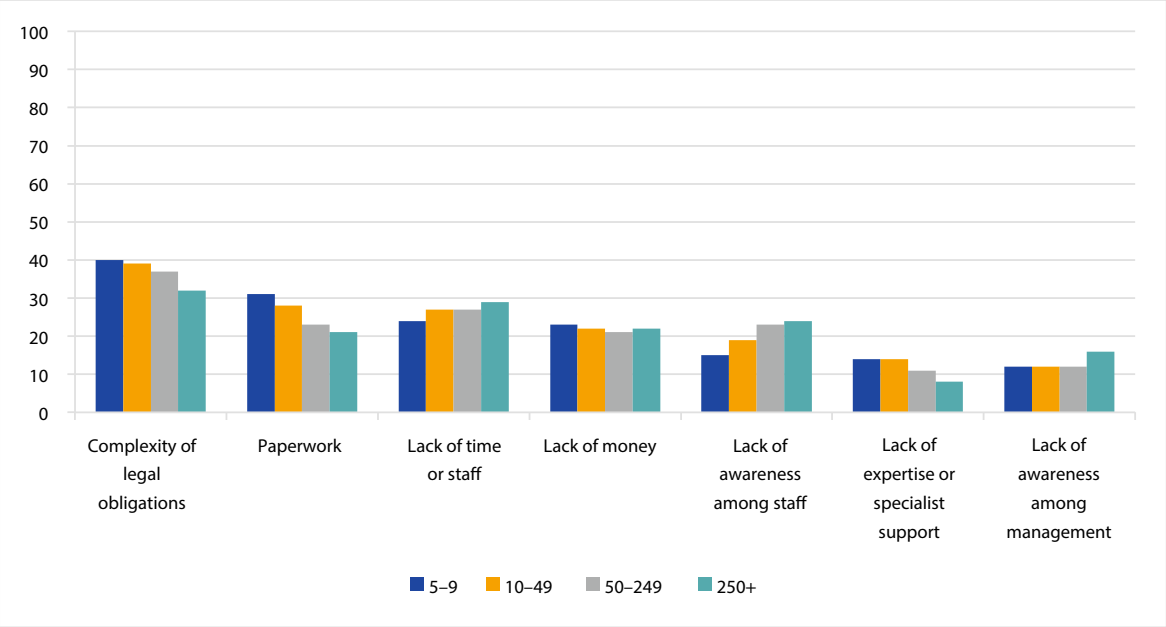
ESENER-2 asked about the main difficulties in addressing health and safety. Table 13 shows the proportions of establishments in the EU-28 that report each of the factors to be a 'major difficulty', with 40 % of surveyed establishments in the EU-28 reporting the complexity of legal obligations, followed by the paperwork (29 %), to be a major difficulty. As shown, the overall levels are relatively low and it is revealing to see how the findings pan out by size, sector and country. Results by size, shown in Figure 36,

Table 13. Major difficulties in addressing health and safety (% establishments, EU-28)

Reason	Proportion
Complexity of legal obligations	40
Paperwork	29
Lack of time or staff	26
Lack of money	23
Lack of awareness among staff	18
Lack of expertise or specialist support	13
Lack of awareness among management	12

Base: all establishments in the EU-28.

Figure 36. Major difficulties in addressing health and safety, by establishment size (% establishments, EU-28)



Base: all establishments in the EU-28.

suggest that the smallest establishments appear to report these two factors — complexity of legal obligations and the paperwork — more often than their larger counterparts. In contrast, the lack of awareness, both among staff and management, is reported particularly in the largest size class, which is an interesting finding, as it suggests that a positive safety culture or climate may become more difficult to manage as enterprise size grows. Access to expertise or specialist support seems to be less of a problem for larger establishments but, at the same time, they complain more often than their smaller counterparts about the lack of time or staff to address health and safety.

The findings by sector show that the complexity of legal obligations is reported to be a major difficulty across establishments in all activity sectors, with relatively similar values around the 40 % average (see Table 14). The paperwork is an issue in many industries, but lack of time or staff is the second most important difficulty in electricity, gas, steam and air conditioning supply (22 %), information and communication (25 %), financial and insurance activities (23 %), real estate activities (21 %), administrative and support service activities (26 %), public administration and defence; compulsory social security (40 %), and arts, entertainment and recreation (25 %), whereas a lack of

Table 14. Major difficulties in addressing health and safety, by activity sector (% establishments, EU-28)

	Complexity of legal obligations	Paperwork	Lack of time or staff	Lack of money	Lack of awareness among staff	Lack of expertise or specialist support	Lack of awareness among management
EU-28	40	29	26	23	18	13	12
Agriculture, forestry and fishing	43	33	23	22	24	15	16
Mining and quarrying	47	29	19	16	21	5	4
Manufacturing	46	34	25	26	22	14	13
Electricity, gas, steam and air conditioning supply	38	20	22	9	8	5	6
Water supply; sewerage, waste management and remediation activities	31	23	23	19	17	7	10
Construction	45	34	25	25	22	12	12
Wholesale and retail trade; repair of motor vehicles and motorcycles	38	28	22	17	16	12	12
Transportation and storage	39	28	24	21	21	13	14
Accommodation and food service activities	43	32	31	27	20	15	12
Information and communication	33	21	25	17	11	14	14
Financial and insurance activities	33	22	23	12	17	12	13
Real estate activities	34	18	21	13	21	17	11
Professional, scientific and technical activities	32	23	22	13	12	10	10
Administrative and support service activities	34	23	26	17	16	10	11
Public administration and defence; compulsory social security	44	32	40	40	21	21	17
Education	42	33	33	38	15	20	14
Human health and social work activities	38	29	27	25	17	13	12
Arts, entertainment and recreation	30	22	25	25	16	15	10
Other service activities	37	23	21	26	16	11	10

Base: all establishments in the EU-28.

Table 15. Major difficulties in addressing health and safety, by country (% establishments)

	Complexity of legal obligations	Paperwork	Lack of time or staff	Lack of money	Lack of awareness among staff	Lack of expertise or specialist support	Lack of awareness among management
EU-28	40	29	26	23	18	13	12
Albania	32	28	15	18	15	12	12
Austria	34	21	20	10	13	6	4
Belgium	53	39	42	30	32	22	23
Bulgaria	28	20	19	29	12	13	12
Croatia	34	20	15	33	10	7	7
Cyprus	34	32	22	37	15	16	13
Czech Republic	33	12	17	18	10	9	10
Denmark	18	18	27	15	15	10	10
Estonia	18	22	21	21	11	10	7
Finland	17	9	19	11	8	6	6
France	53	36	40	35	22	24	17
FYROM	26	26	13	24	10	10	5
Germany	38	23	23	9	14	6	5
Greece	54	51	28	43	24	23	20
Hungary	23	8	14	21	13	7	5
Iceland	21	17	18	13	9	13	8
Ireland	32	23	26	24	10	17	7
Italy	67	61	28	38	24	17	19
Latvia	15	8	10	19	6	5	5
Lithuania	14	10	20	24	9	11	10
Luxembourg	30	18	28	11	14	12	7
Malta	18	10	25	30	17	10	6
Montenegro	11	13	12	19	12	10	8
Netherlands	48	34	29	28	34	17	24
Norway	17	12	17	9	5	4	3
Poland	43	32	24	26	19	16	15
Portugal	43	38	24	32	21	13	11
Romania	22	13	19	25	18	15	13
Serbia	9	6	12	25	16	9	10
Slovakia	25	14	10	26	3	6	5
Slovenia	14	13	12	18	4	2	2
Spain	31	26	30	26	30	19	22
Sweden	18	14	21	19	11	10	10
Switzerland	23	14	20	12	11	6	6
Turkey	60	50	47	45	43	47	43
United Kingdom	27	17	19	15	9	10	7

Base: all establishments, all 36 countries.

money comes second in education (38 %) and in other service activities (26 %).

The breakdown by country provides, once more, very revealing information, as the situation across the different European nations is quite diverse (Table 15). The complexity of legal obligations is reported widely as a major difficulty among establishments in Italy (67 %), Turkey (60 %) and Greece (54 %), in contrast with Serbia (9 %), Montenegro (11 %), Slovenia (14 %) and Lithuania (14 %). Interestingly, in most of the Nordic countries (Denmark, Finland, Norway and Sweden), it is the lack of time or staff that appears to represent the major difficulty when dealing with health and safety. A lack of money is instead most frequently reported to be a major difficulty by establishments in Lithuania, Latvia, Montenegro, Malta, Romania, Serbia, Slovenia, Slovakia, Bulgaria and Cyprus. Therefore, when looking at the results, it is essential to bear in mind the country breakdown and be aware of the national differences, which, at least for the EU-28 Member States, may be due to several factors, such as differences in the transposition of the EU Framework Directive or the availability of guidance, support and external services, that combined with other issues lead to this very diverse perception of the complexity of legal obligations.

Further to these difficulties, ESENER-2 provides additional insight into the main challenges that European establishments face when dealing with OSH by focusing on the risk factors considered; it asked establishments if they were missing information or adequate preventive tools to deal with such risks effectively. As shown in Table 16, establishments in the EU-28 report missing information particularly for psychosocial risk factors, namely poor communication or cooperation within the organisation (29 % of establishments in the EU-28 that report the presence of such risk), job insecurity (27 %) and employees' lack of influence on their work pace or work processes (25 %). It is interesting to see how discrimination ranks quite high in this table — its presence is reported by a very small proportion of European workplaces but, among those that do report this issue, almost a quarter (23 %) report missing information or adequate preventive tools to deal with it properly. It has to be remembered again that this question was asked only of those establishments reporting the presence of the particular risk factor in their workplace.

The picture by sector enriches the findings and provides some interesting results. For instance, establishments in real estate activities tend to report a lack of information or tools for most of the risks considered, being much higher than average for employees' lack of influence on their work pace or work processes (56 %), long or irregular working hours (40 %), time pressure (31 %), chemical or biological substances (30 %) and risk of accidents with vehicles in the course of work (26 %). Once more, it is important to highlight here that the presence of some of these particular risk factors in real estate may be relatively low, but, among those establishments that report them, a significant proportion are missing adequate tools to deal with them.

By risk factor, missing information seems to be a widespread issue across all sectors for those risk factors that top the ranking, namely poor communication or cooperation within the organisation, job insecurity and the employees' lack of influence. However, as indicated above, there seems to be a pattern by which establishments in real estate activities, and also public

Table 16. Lacking information or adequate preventive tools to deal effectively with risks (% establishments, EU-28)

Risk factor	Proportion
Poor communication or cooperation within the organisation	29
Job insecurity	27
Employees' lack of influence on their work pace or work processes	25
Discrimination, for example due to gender, age or ethnicity	23
Time pressure	21
Long or irregular working hours	19
Having to deal with difficult customers, patients, pupils, etc.	18
Tiring or painful positions, including sitting for long periods	14
Repetitive hand or arm movements	14
Heat, cold or draught	14
Lifting or moving people or heavy loads	10
Risk of accidents with vehicles in the course of work	9
Loud noise	9
Increased risk of slips, trips and falls	9
Risk of accidents with machines or hand tools	7
Chemical or biological substances	7

Base: establishments in the EU-28 reporting the presence of each of the risk factors.

administration, tend to indicate more frequently that they are missing information or adequate preventive tools to deal with any of the risk factors considered.

Looking at the bottom of Table 16, focusing on those risk factors for which enterprises report that they are missing adequate tools or information in smaller numbers, it is worth highlighting that, for chemical or biological substances, 30 % of establishments that report their presence in financial and insurance activities would welcome more information or tools on how to deal with them, in contrast with the low average value (7 %). In public administration, 20 % of establishments in the EU-28 that report having risks of accidents with machines or hand tools indicate that they are missing tools or information to deal with them (average 7 %), whereas loud noise (average 9 %) is still problematic to deal with among establishments in education (24 %) and accommodation and food service activities (17 %). The same holds for risk of accidents with vehicles in the course of work (26 % in real estate and 19 % information and communication) and for increased risks of slips, trips and falls (18 % public administration).

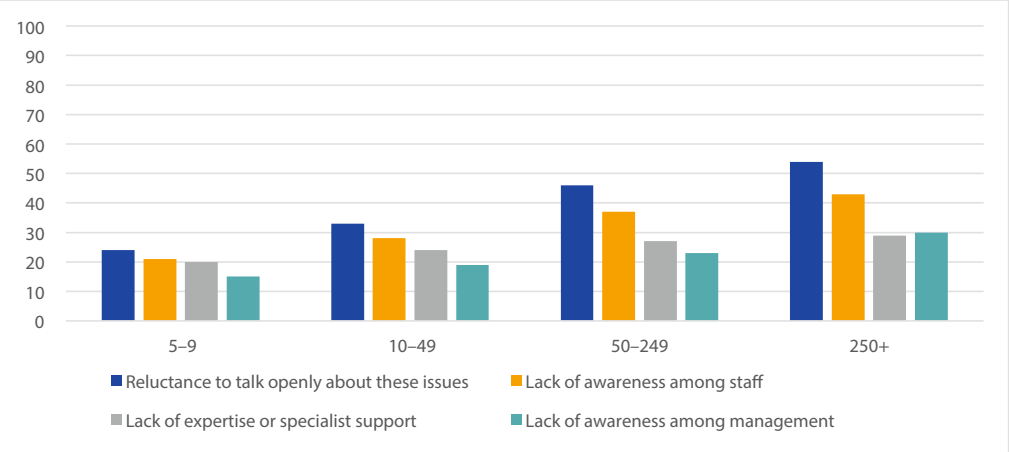
As establishment size grows, there is a slight decrease in the percentage of establishments in the EU-28 that report missing information or tools to deal with the risk factors considered. However, this is not necessarily the case for most of the psychosocial risk factors, as the proportions of establishments remain quite stable across all size classes and, in some cases, they even grow, such as for time pressure or employees' lack of influence on their work pace or work processes, suggesting that, the larger the establishment, the more it is missing adequate tools or information on how to deal with these particular issues.

The information by country discloses, as expected, a varied picture. The profile of risks for which establishments are lacking adequate tools or information is generally the same across countries, with factors leading to psychosocial risks ranking in the top three in all countries. In some of them, such as Bulgaria, Estonia, Croatia, Greece and Luxembourg, this top three includes tiring or painful positions. Notwithstanding this, the main differences are brought about by the actual value levels, as in some countries the proportion of establishments reporting that information is missing is clearly higher than in others. This is the case for Belgium, France, Greece and Malta, as opposed to in Lithuania, Estonia and Slovenia.

It is evident that psychosocial risk factors not only are present in significantly high proportions across European workplaces, but also are found to be more difficult to dealt with, as shown by the high proportion of establishments that would welcome more information and tools to manage them. 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 that report the presence of at least one psychosocial risk factor), followed by a lack of awareness among staff (26 %) and a lack of expertise or specialist support (23 %). All four factors considered are reported more frequently as establishment size grows (Figure 37), which is an interesting finding, suggesting that the person-oriented culture in the smallest establishments may make it easier to deal with these issues. It could also be argued, however, that larger establishments are more used to dealing with psychosocial risk factors and are more aware of the difficulties and, hence, report them more frequently.

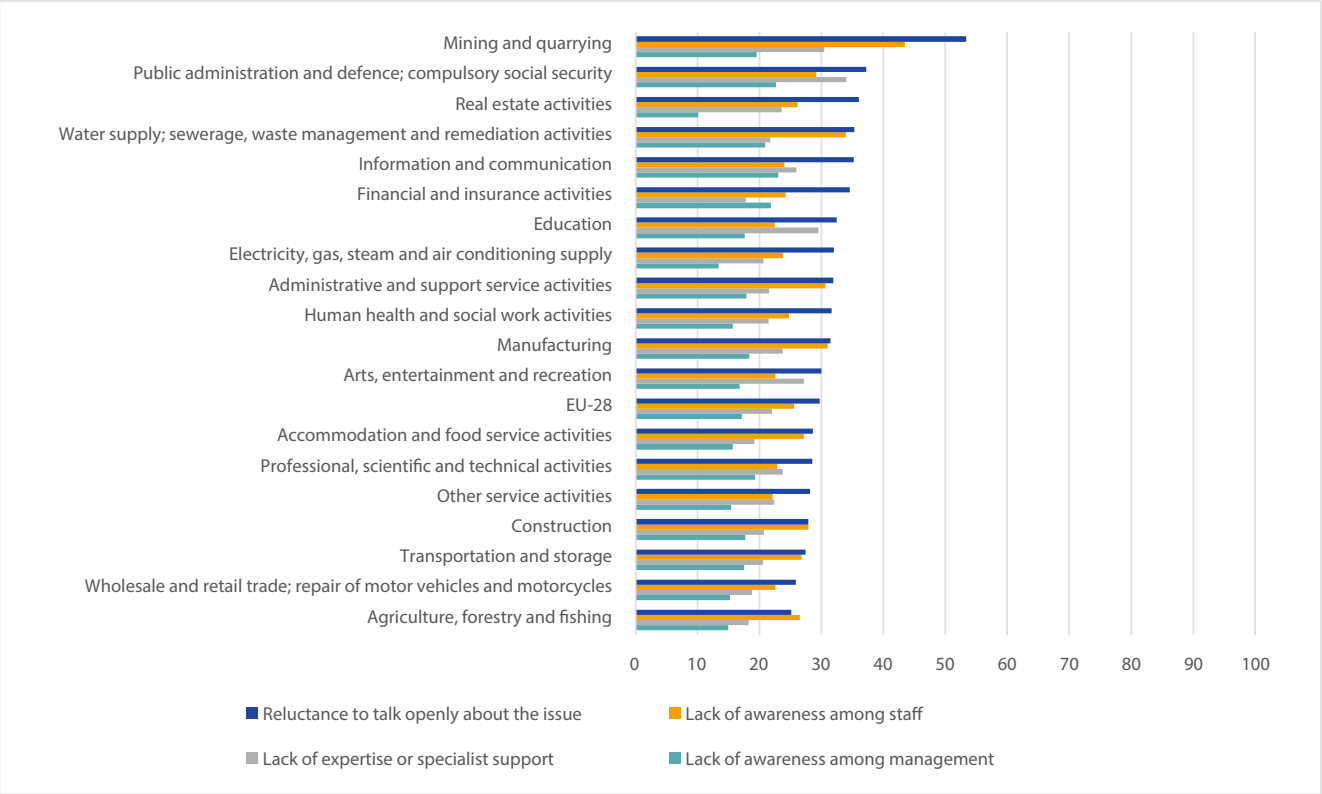
The findings by sector reveal that establishments in mining and quarrying report a reluctance to talk openly about these issues most often (53 %), followed by public administration (37 %) and real estate activities (36 %) (Figure 38). A lack of awareness among staff is most frequently reported by establishments in mining and quarrying again (43 %), followed by water supply; sewerage and waste management (34 %), manufacturing (31 %) and administrative support service activities (31 %). Interestingly

Figure 37. Difficulties in addressing psychosocial risks, by establishment size (% establishments, EU-28)



Base: establishments in the EU-28 reporting the presence of at least one psychosocial risk factor.

Figure 38. Difficulties in addressing psychosocial risks, by activity sector (% establishments, EU-28)



Base: establishments in the EU-28 reporting the presence of at least one psychosocial risk factor.

though, it is the most important barrier in agriculture, forestry and fishing (27 %) and joint first, along with the reluctance to talk openly about these issues, in construction (28 %).

The findings by country, once more, present a very diverse picture (see Table 17). The highest proportions of a reluctance to talk openly about these issues are found in Finland (44 %), Ireland (40 %) and France (36 %), with the lowest in FYROM, Slovenia (15 %) and Hungary (17 %). This is the most frequently reported difficulty to address psychosocial risks in 20 countries. The second most prominent barrier, a lack of awareness among staff (26 %), is actually the most frequently reported difficulty by establishments in Estonia, Spain, Croatia, Hungary, Malta, the Netherlands, Portugal, Romania, Serbia, Sweden and Turkey. A lack of expertise or specialist support is the most significant barrier in the remaining five countries: Cyprus, Greece, Iceland, Montenegro and FYROM.

4.3. Summary

The factors that motivate or impede establishments to take action on OSH in general, and psychosocial risks in particular, are multidimensional, which implies that the willingness to act on OSH depends on a variety of factors, ranging from compliance with laws and regulation, to economic motivation, including rationality, worker expectations and orientation towards values and norms. Notwithstanding this, there are certainly some principal factors that can help us to understand what drives action for good-quality management of OSH.

As was the case with ESENER-1, the results of ESENER-2 show that the fulfilment of legal duties and meeting expectations from employees of their representatives are the main reasons for establishments in the EU-28 to address OSH. These reasons are closely followed by 'avoiding fines from the labour inspectorate', which is arguably highly correlated with the fulfilment of legal duties and reinforces the role of a stable regulatory framework in the domain of OSH and related enforcement activities. Company size also plays a role, being closely linked to the availability of OSH resources and employee participation. There are strong national context elements too, determined by socio-political and cultural factors, including traditions of strong industrial relations and social dialogue, which play a fundamental role.

The main obstacle for OSH management is reported to be the complexity of legal obligations, which is reported more frequently among the smallest size classes. There are no significant differences by sector, but the country breakdown reveals a very diverse and interesting picture. The complexity of legal obligations is reported to be a major difficulty by more than half of the establishments in Italy, Turkey and Greece, in contrast with very low proportions (around the 10 % mark) in Serbia, Montenegro, Slovenia and Lithuania. Interestingly, in the Nordic countries, it is the lack of time or staff that appears to represent

Table 17. Difficulties in addressing psychosocial risks, by country (% establishments, EU-28)

	Reluctance to talk openly about these issues	Lack of awareness among staff	Lack of expertise or specialist support	Lack of awareness among management
EU-28	30	26	23	18
Albania	34	16	22	14
Austria	33	30	20	15
Belgium	33	26	21	18
Bulgaria	24	24	21	18
Croatia	18	20	18	13
Cyprus	26	33	37	31
Czech Republic	18	11	11	10
Denmark	29	29	22	21
Estonia	21	23	20	18
Finland	44	23	27	21
France	36	24	35	19
FYROM	15	19	20	10
Greece	29	30	36	27
Germany	32	26	21	15
Hungary	17	21	10	10
Iceland	31	28	32	23
Ireland	40	27	32	24
Italy	26	26	16	20
Latvia	30	25	23	17
Lithuania	34	21	24	15
Luxembourg	33	24	25	14
Malta	31	31	24	21
Montenegro	19	19	20	15
Netherlands	29	31	14	18
Norway	28	18	12	12
Poland	29	28	23	17
Portugal	25	34	29	22
Romania	19	21	16	9
Serbia	25	26	19	19
Slovakia	20	11	9	7
Slovenia	15	14	10	8
Spain	26	28	17	19
Sweden	32	32	26	23
Switzerland	23	20	17	10
Turkey	35	42	40	34
United Kingdom	35	27	24	18

Base: establishments reporting the presence of at least one psychosocial risk factor, all 36 countries.

the major difficulty when dealing with health and safety, whereas a lack of money is the main difficulty of many of the Member States that joined the EU after 2004 and some of the candidate countries. Therefore, when looking at the barriers, the country factor is a significant determinant and suggests differences in the availability of guidance, support and external services as well as, at least for the EU-28 Member States, differences in the transposition of the EU Framework Directive.

Psychosocial risk factors not only are present in significantly high proportions across European workplaces, but also are found to be more difficult to deal with, as shown by the high proportions of establishments that would welcome more information and tools to manage them. This is particularly the case for poor communication or cooperation within the organisation, job insecurity and the employees' lack of influence on their work pace or work processes. As establishment size grows, there is a slight decrease in the proportion of establishments that report missing information or tools, but this is not the case for most of the psychosocial risk factors, as the proportions remain quite stable across all size classes and, in some cases, even grow (for time pressure or employees' lack of influence on their work pace or work processes).

Underlying these results, ESENER-2 indicates that a reluctance to talk openly about these issues is the main difficulty for addressing psychosocial risks, followed by a lack of awareness among staff and a lack of expertise or specialist support. Revealingly, these factors are reported more frequently as establishment size grows, suggesting that the person-oriented culture in the smallest establishments may make it easier to deal with these issues. It could also be argued, however, that larger establishments are more used to dealing with psychosocial risk factors and are more aware of the difficulties and, hence, report such challenges more frequently.

5. Employee participation

It is essential for a survey on how enterprises manage OSH to have a section on the involvement and participation of workers. There is evidence suggesting that workplaces where there is formal employee representation are generally safer and have better occupational health outcomes (Menendez et al., 2009). The findings from ESENER-1 supported this, showing how all measures to manage general OSH risks, as considered in the survey, were more commonly applied in those workplaces where there is general formal representation in place. Furthermore, the existence of management systems and action plans was found to be positively correlated with the presence of employee consultation, even after taking account of establishment size. Interestingly, the effect of employee representation was bigger among the smallest establishments. The findings also showed that employee representation, when combined with high management commitment, not only lead to the implementation of a range of OSH measures but also suggests an increased effectiveness of such measures, which is also true for the management of psychosocial risks. ESENER-2 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, as well as health and safety committees and health and safety representatives. This approach is meaningful because the two types differ in terms of not only the extent of the participation but also the degree to which it is regulated. Informal or 'direct' participation may certainly 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, which is, understandably, 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.

The ESENER-2 questionnaire explored participation as indicated by the actual types of formal employee representation, as well as training given to health and safety representatives and the frequency of the discussion of health and safety issues between management and the employee representatives. There were other items addressing informal or direct participation in the shape of consultation of employees, such as the provision of information and involvement of workers in the design and implementation of measures following a risk assessment and the role of workers in the design and set up of measures to address psychosocial risks.

5.1. Formal participation of employees in health and safety

Two types of bodies are relevant in European establishments when it comes to the formal representation of employees in issues related to safety and health at work, which are outlined below.

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

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

Health and safety representatives are normally the most basic form of formal participation of employees in health and safety matters. In contrast to bodies of general employee representation, the set up of health and safety representatives is often not just an option or a right, but a legal requirement for enterprises above a certain size. Interestingly, such size thresholds for their set up tend to be considerably lower than those for the existence of a general employee representation, which is of particular significance in a context of decreasing unionisation and highlights the role of legislation on OSH as the basis for formal structures of worker representation in small establishments. The rights and tasks given in law to these representatives differ considerably between countries. While in some countries their tasks are of a rather technical nature, in others the health and safety representatives have a more prominent role in discussions and negotiations with management about health and safety issues.

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

General employee representation at the workplace

Slightly less than one-third of establishments (30 %) surveyed in the EU-28 reported having some type of general employee representation at the workplace. The most frequently reported body was a works council, as indicated by 25 % of establishments, while a trade union representative was present in 15 % of establishments. In some countries, either one or the other form exists, whereas, in others, both are possible and even coexist, as was found particularly among the largest size class. The distribution of health and safety duties in these cases is either shared among them or attributed to one of the bodies, depending on national legislation or an agreement at company level.

As shown in Table 18, formal employee representation clearly increases with establishment size, from 17 % among the microenterprise class to 90 % among the largest establishments.

As far as activity sectors are concerned, the findings for the EU-28 reveal that general formal participation is most frequent among establishments in public administration and defence; compulsory social security (60 %), electricity, gas, steam and air conditioning supply (57 %) and education (52 %), while the lowest coverage is found in professional, scientific and technical activities (20 %) and agriculture, forestry and fishing (21 %). By region, the Nordic countries indicate the most widespread coverage, with more than half of the surveyed establishments reporting some type of general employee representation bodies: 54 % in Sweden and 53 % in Denmark and, outside the EU-28, Norway (71 %) and Iceland (58 %) had the highest coverage. In contrast, general employee representation was lowest in Estonia (7 %), Bulgaria and Portugal (11 % in both).

Formal OSH representation at the workplace

Concerning formal OSH representation, ESENER-2 asked about the presence of a health and safety representative and of a health and safety committee. The proportion of establishments that reported the existence of either one of these two forms was considerably higher than for general employee representation, with 61 % of establishments in the EU-28 reporting having such representation in place. This higher incidence is driven by the broad presence of health and safety representatives, which are found in 58 % of establishments in the EU-28. Meanwhile, a health and safety committee was reported by 21 % of the establishments surveyed in ESENER-2. In general, health and safety committees tend to be present in those establishments where there is already a health and safety representative and they are more likely to coexist in middle-sized and large establishments (Figure 39).

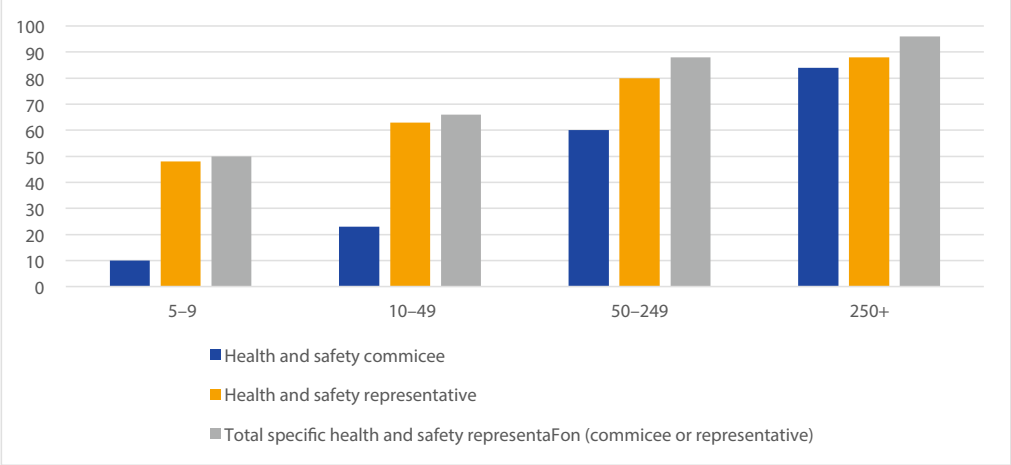
Table 18. General employee representation in the workplace, by establishment size (% establishments, EU-28)

Number of employees	Proportion of general employee representation[a]
5–9	17
10–49	36
50–249	70
250+	90
EU-28	30

a Either works council or trade union.

Base: all establishments in the EU-28.

Figure 39. Establishments with specific OSH representation in place, by size (% establishments, EU-28)



Base: all establishments in the EU-28.

By sector, having some type of OSH-specific formal worker representation is more common among establishments in mining and quarrying and electricity, gas, steam and air conditioning supply: 75 % of establishments in these sectors in the EU-28 report having either a health and safety representative or a health and safety committee, which is to be expected given the nature and the OSH profile of the jobs in these sectors, as has been shown in other sections of this overview report, namely Chapter 2 on OSH management. In their tradition of having formal structures of employee representation, largely owing to the high proportion of public establishments in these sectors, education (71 %) and human health and social work activities (71 %) also report high proportions of specific health and safety representation. At the other end of the scale, professional, scientific and technical activities (50 %) and agriculture, forestry and fishing (52 %) present the lowest proportions of OSH-specific formal employee representation.

By country, health and safety representation, in the shape of either a health and safety representative or a health and safety committee is most frequent in Italy (87 %), Norway (83 %) and Romania (80 %), while the lowest proportions are found in Montenegro (17 %), Albania (20 %) and Greece (22 %).

Formal workplace employee representation with OSH responsibilities: synthesis

This section focuses on the existence of any type of formal employee representation with relevance to health and safety issues. The percentages show the proportion of establishments with at least one of the following bodies of representation:

- a works council;
- a workplace trade union representation;
- a health and safety representative;
- a health and safety committee.

On average, two-thirds of establishments in the EU-28 (66 %) report having at least one of these forms of representation in place. The figure is slightly lower than in ESENER-1, most probably because of the expansion of the survey universe in ESENER-2 to cover establishments in agriculture, forestry and fishing and those employing at least five people. In any case, there are some wide differences by country (Figure 40):

- Italy reports the highest proportions (almost 90 %), which is driven by the prominent presence of health and safety representatives, which are reported in 87 % of establishments, in contrast with only 10 % having health and safety committees. There are also low proportions of general forms of representation in Italy: 26 % of establishments indicate having a works council and 19 % report having a workplace trade union representation.
- The lowest levels of employee representation in the EU-28 are reported in Greece, namely around the 30 % mark. Again, a health and safety representative is the most frequently reported form, but only by 17 % of establishments, while a health and safety committee exists in 10 % of the surveyed workplaces in Greece.
- Portugal too shows lower formal representation of workers than the EU-28 average, with one-third of establishments (34 %) indicating that they have at least one of the forms of representation in their workplace. Once more, a health and safety representative is the most common form, being present in 24 % of the surveyed Portuguese establishments, while a health and safety committee is reported by 11 % of establishments. The presence of general forms of worker representation is even lower, with 5 % reporting having works councils and 9 % having workplace trade union representation.

By sector, the highest proportions of establishments with some kind of formal representation are in the electricity, gas, steam and air conditioning supply (81 %), mining and quarrying (80 %) and education (79 %) sectors, while the lowest proportions are reported in professional, scientific and technical activities (53 %) and agriculture, forestry and fishing (56 %).

As far as size class is concerned, slightly over half of the smallest establishments indicate having at least one form of employee representation as defined in ESENER-2 (Table 19). The proportion increases with establishment size, as expected, with the largest size class reporting almost full coverage (98 %).

When carrying out the analysis by country, as has been pointed out in previous sections, it is important to try and contextualise the findings for a sound assessment of the findings. There can certainly be additional factors beyond the different forms of

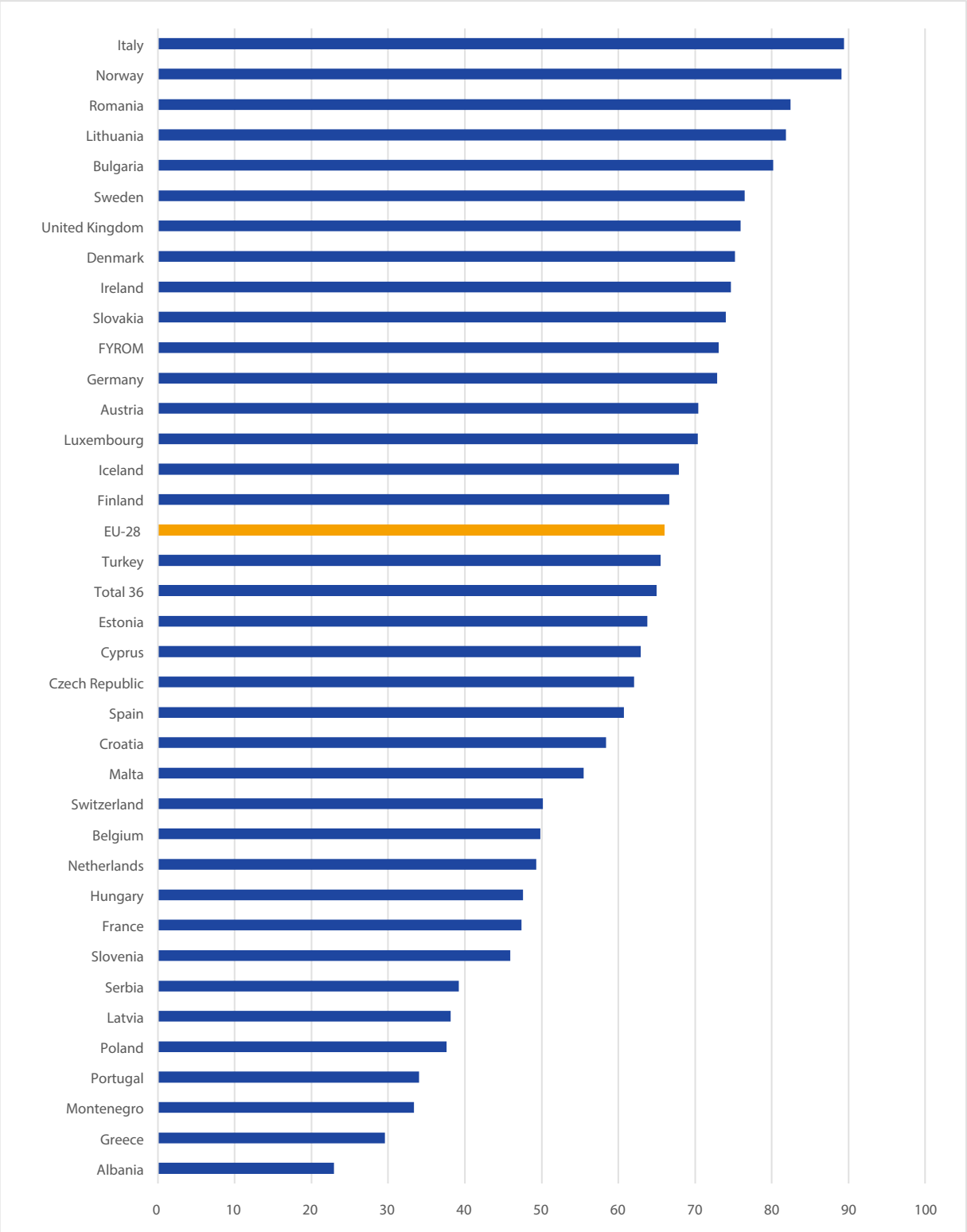
Table 19. Formal workplace employee representation, by establishment size (% establishments, EU-28)

Number of employees	Proportion of any type of formal employee representation[a]
5–9	54
10–49	73
50–249	93
250+	98
EU-28	66

a Works council, workplace trade union representation, health and safety committee or health and/or safety representative.

Base: all establishments in the EU-28.

Figure 40. Formal representation of employees by either general employee representatives (works councils or workplace trade union representation) or specific OSH representation (health and safety representatives or health and safety committees), by country (% establishments)



Base: all establishments, all 36 countries.

employee representation that exert an influence on the way health and safety is managed in the workplace. Having a high proportion of formal employee representation bodies does not necessarily imply that the voice of the employees will be taken into account more in some countries than in others, even more so when this is largely driven by the high levels of health and

safety representatives. It is important to see what their actual roles, responsibilities and functions are and how these vary across countries. Nevertheless, having a structure in place is a key first step towards the involvement of workers in the management of OSH.

5.2. Formal participation of employees and the management of OSH

This chapter has so far focused on the presence of the different forms of formal employee representation in the workplace. This section will analyse whether the presence of these bodies of employee representation may have any influence on the management of OSH by looking at the reported use of some particular measures. More specifically, Figure 41 maps some of the measures to manage general OSH risks included in the ESENER-2 questionnaire, showing that they are more frequently applied in those establishments with some kind of employee representation bodies. It is important to highlight here that no differentiation has been made between general and OSH-specific representation, as preliminary analyses showed very similar results. Therefore, this section will focus on the existence of 'any' type of formal participation of employees and will determine if it is associated with an increased presence of OSH management measures[27].

The biggest differences are found for routine analysis of sickness absences, which is reported to take place in 57 % of establishments in the EU-28 that have some kind of formal employee representation in place, as opposed to 36 % among those with no representation bodies. Discussing OSH issues regularly at the top level of management is also significantly influenced by the presence of formal on-site employee representation: 64 % where it exists in contrast with 42 % in those establishments without such representation. Meanwhile, the existence of a procedure to support return to work after long-term sickness absence is reported by 46 % of establishments in the EU-28 without formal employee representation, a proportion that rises to 68 % among their counterparts with formal representation bodies in place. Finally, whether or not a risk assessment is carried out is also influenced by the presence of employee representation structures, with risk assessment in as high as 85 % of establishments with on-site employee representation bodies in contrast with 64 % of establishments without such structures.

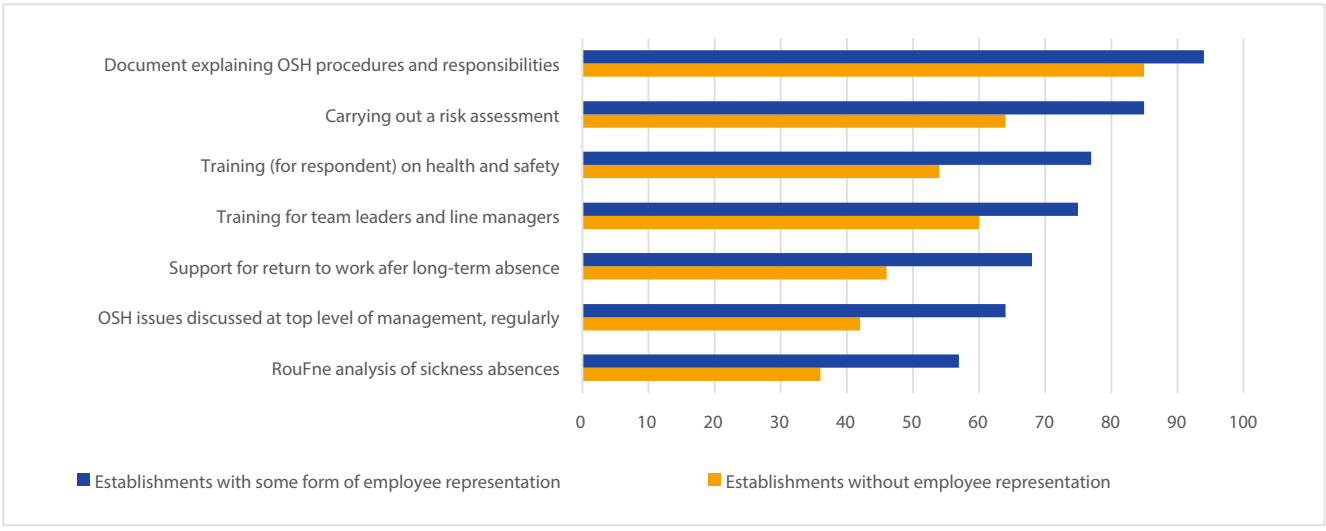
Inevitably, the existence of such general employee representation structures is clearly linked to establishment size and, although it is not the purpose of this report to give an in-depth review of the actual factors that are driving these findings, it is necessary to have a simple breakdown of the findings above by size class. As is shown in Table 20, there is indeed better OSH performance, measured by the percentage of establishments that report the use of a given measure, when there is some type of formal employee representation in the workplace, and this is consistent across all size categories[28]. Furthermore, the observed positive association is generally higher among the smallest size classes.

The positive effect of the presence of some kind of employee representation body is reported across all activity sectors for a vast majority of the OSH management measures considered. Some activity sectors, however, appear to be more sensitive

27 This section does not aim to carry out an analysis of the impact of the formal participation of employees in the management of OSH that could establish any causal relationship. Only associations will be presented.

28 It has to be pointed out here that, for the largest size class, the number of establishments without any type of formal representation is so small that the findings are not representative and, consequently, this size class has not been included in Table 20.

Figure 41. OSH management measures by existence of formal employee representation (% establishments, EU-28)



Base: all establishments in the EU-28 (size thresholds apply for some items).

Table 20. Formal participation of employees and measures taken for OSH management, by establishment size (% establishments, EU-28)

Measure for OSH management	Employee representation	Number of employees in establishment			EU-28
		5–9	10–49	50–249	
Document explaining OSH procedures	Average	88	91	95	90
	With ER	94	94	95	94
	Without ER	84	88	91	85
	Difference	10	7	4	9
Carrying out a risk assessment	Average	69	81	92	76
	With ER	81	86	92	85
	Without ER	60	70	84	64
	Difference	21	16	8	21
Training (for respondent) on health and safety	Average	62	71	86	68
	With ER	73	77	87	77
	Without ER	51	59	75	54
	Difference	22	18	12	22
Training for team leaders and line managers	Average	–	71	77	73
	With ER	–	74	78	76
	Without ER	–	59	68	60
	Difference	–	15	10	15
Support for return to work after long-term sickness absence	Average	–	–	65	67
	With ER	–	–	67	68
	Without ER	–	–	46	46
	Difference	–	–	21	23
OSH issues discussed at top level of management, regularly	Average	–	56	70	61
	With ER	–	60	72	64
	Without ER	–	42	42	42
	Difference	–	18	30	22
Routine analysis of sickness absences	Average	42	54	68	50
	With ER	50	59	69	57
	Without ER	34	41	49	36
	Difference	16	18	21	21

Base: all establishments in the EU-28 (size thresholds apply for some items (cells containing dash).

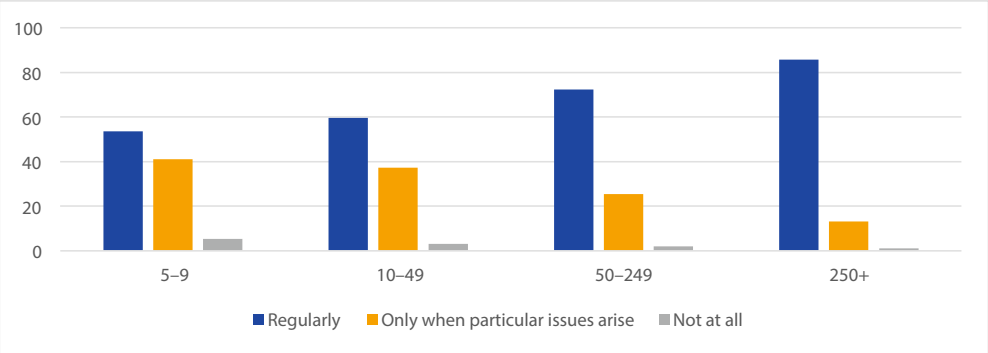
ER, employee representation.

than others to the existence of such employee representation structures and report a greater increase in the presence of measures[29]. This is generally the case for public administration, education, and financial and insurance activities, where the existence of employee representation bodies is associated with a higher likelihood of carrying out a risk assessment, the routine analysis of sickness absences and having a document explaining OSH procedures. As opposed to this, establishments in agriculture tend to report a smaller difference in the take up of measures between those establishments that have some kind of formal employee representation and those that do not have any.

ESENER-2 reveals that health and safety issues are discussed 'regularly' between employee representatives and management in 56 % of establishments in the EU-28 that have some form of employee representation. This proportion increases significantly by establishment size. In contrast, a more ad hoc reaction is 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 (see Figure 42).

29 As pointed out above, this is purely an analysis of the association between the presence of some kind of employee representation body, on the one hand, and the reported take up of measures by establishments, on the other. A sound and proper analysis of the causal relationships falls beyond the scope of this overview report.

Figure 42. Frequency that health and safety is discussed between employee representatives and 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 establishment, 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.

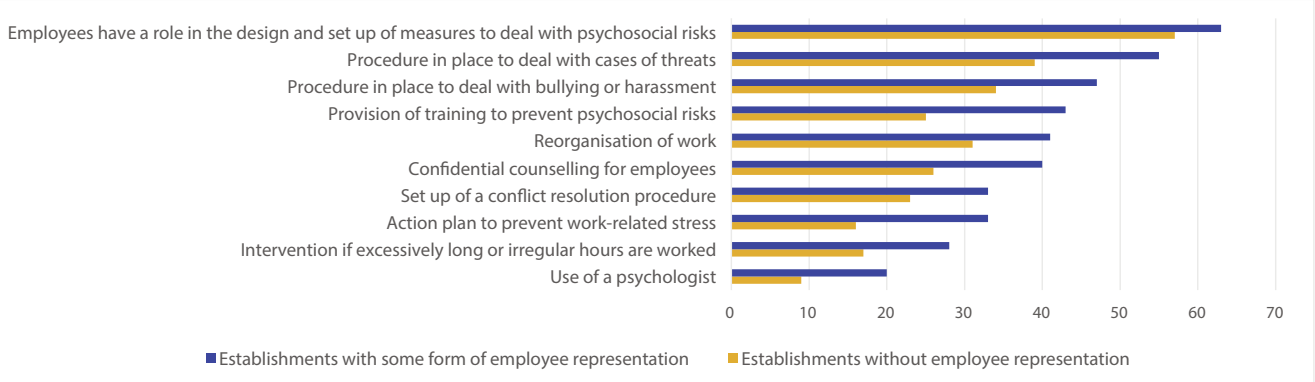
5.3. Formal participation of employees and the management of psychosocial risks

Moving on to psychosocial risks, this section analyses the association between having some kind of formal employee representation in the workplace and the way psychosocial risks are managed. As pointed out above, the specific nature of psychosocial risks makes it somewhat difficult to talk about them, and any measures to deal with them are expected to require a significant degree of collaboration from all parties at the workplace. This is why having some channels in place that will enable and foster the participation of employees is regarded as especially relevant when it comes to psychosocial risk management, even more so than for more traditional risks.

Findings suggest that the presence of some kind of formal employee representation body indeed is associated with the take up of measures to deal with psychosocial risks (Figure 43). The most frequent association corresponds to the use of a psychologist, which is reported by 20 % of establishments in the EU-28 that have some kind of formal employee representation structure, while this percentage decrease to 9 % among those without these bodies in place. Having an action plan to prevent work-related stress is significantly more likely among those establishments that have formal employee representation in the workplace than those without: 33 % and 16 %, respectively. Providing training on how to prevent psychosocial risks also seems to be linked with the presence of formal employee representation, being reported by 43 % of these establishments, as opposed to 25 % among those with no formal representation.

Once more, as was the case with the management of 'traditional' OSH risks, it is worth having a look at how the findings pan out by size (Table 21). In this case, it is interesting to see that, contrary to what was found for the general management of OSH risks, when

Figure 43. Psychosocial risk management measures by existence of formal employee representation (% establishments, EU-28)



Base: all establishments in the EU-28 (size thresholds apply for some items). 'Employees have a role in the design and set up of measures to deal with psychosocial risks' was asked only of those reporting measures to deal with psychosocial risks. 'Procedure in place to deal with cases of threats' was included only for those reporting 'having to deal with difficult customers, patients, pupils, etc.' as a risk factor present in the workplace.

Table 21. Formal participation of employees and measures taken for psychosocial risk management, by establishment size (% establishments, EU-28)

Measure for OSH management	Employee representation	Number of employees in establishment			EU-28
		5–9	10–49	50–249	
Employees have a role in the design and set up of measures to deal with psychosocial risks	Average	64	61	61	63
	With ER	65	63	62	64
	Without ER	60	53	47	57
	Difference	4	10	15	6
Procedure in place to deal with cases of threats	Average	–	52	60	55
	With ER	–	55	61	58
	Without ER	–	39	49	39
	Difference	–	16	12	19
Procedure in place to deal with bullying or harassment	Average	–	43	55	47
	With ER	–	46	56	50
	Without ER	–	35	43	34
	Difference	–	11	13	15
Provision of training to prevent psychosocial risks	Average	33	38	46	36
	With ER	40	43	47	43
	Without ER	25	26	34	25
	Difference	15	17	12	18
Reorganisation of work	Average	35	39	45	38
	With ER	38	42	46	41
	Without ER	31	31	33	31
	Difference	6	11	12	10
Confidential counselling for employees	Average	30	38	53	36
	With ER	33	41	54	40
	Without ER	25	28	36	26
	Difference	8	13	19	14
Set up of a conflict resolution procedure	Average	25	31	40	29
	With ER	28	33	42	33
	Without ER	21	25	27	23
	Difference	7	8	15	10
Action plan to prevent work-related stress	Average	–	30	38	33
	With ER	–	34	40	36
	Without ER	–	16	18	16
	Difference	–	18	22	20
Intervention if excessively long or irregular hours are worked	Average	23	26	34	26
	With ER	25	29	34	28
	Without ER	15	18	24	17
	Difference	10	10	10	12
Use of a psychologist	Average	11	18	34	16
	With ER	14	21	35	20
	Without ER	7	12	21	9
	Difference	7	9	14	11

Base: all establishments in the EU-28 (size thresholds apply for some items: cells containing dash). 'Employees have a role in the design and set up of measures to deal with psychosocial risks' was included only for those reporting measures to deal with psychosocial risks. 'Procedure in place to deal with cases of threats' was asked only of those reporting 'having to deal with difficult customers, patients, pupils, etc.' as a risk factor present in the workplace.

ER, employee representation.

it comes to the association between having some kind of formal employee representation structure and the presence of measures to deal with psychosocial risks, differences generally appear to be greater as establishment size grows[30].

The positive association between the adoption of measures to deal with psychosocial risks and the existence of employee representation bodies is generally consistent across all activity sectors, and is particularly strong in public administration. However, for a few measures, there are a couple of sectors showing a negative association. For instance, involving employees in the design and set up of measures appears to be less frequently done when there is some kind of employee representation body in establishments in real estate activities (–12 %), arts, entertainment and recreation (–5 %), and agriculture, forestry and fishing (–4 %). More in-depth analyses would be required for a sound interpretation of the findings.

5.4. Resources available to bodies of formal participation of employees in health and safety issues

The performance of employee representation bodies is influenced to a great extent by the opportunities they have to be well informed and trained on health and safety. Regardless of the presence in establishments of health and safety specialists with an appropriate technical profile, it is important to also take on board the views of properly trained employee representatives, as they may bring a different perspective to the discussion on OSH issues with management.

ESENER-2 reveals that 80 % of establishments in the EU-28 with a health and safety representative in place report providing them with 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, as expected: 76 % of those establishments that employ five to nine workers and report having a health and safety representative in place indicate that they provide them with training during work time to help them perform their duties, whereas this proportion rises to 93 % among those establishments in the largest size class (250+ employees). As shown in Figure 44, there are some differences by country too, the highest proportions being reported by Slovakia (94 %), Estonia (92 %) and the Czech Republic (89 %), with the lowest reported by Albania (43 %), Montenegro (53 %) and Hungary (64 %).

30 Once more, for the largest size class the number of establishments without any type of formal representation is so small that the findings are not representative and consequently this size class has not been included in Table 21.

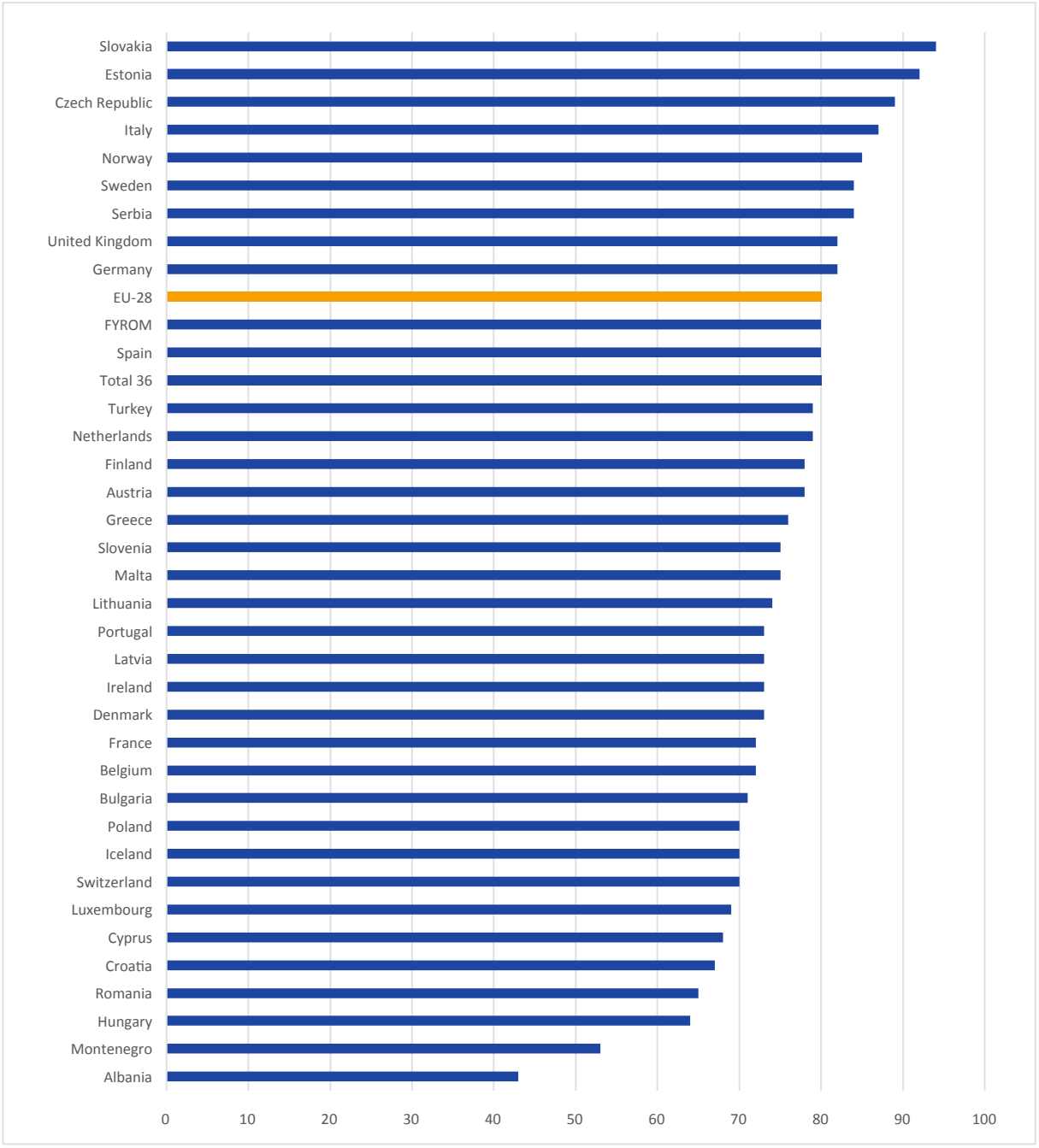
5.5. Informal or direct participation of employees in health and safety issues: consultation

In addition to the formal participation bodies existing in the workplace, ESENER-2 included two questions assessing the direct participation of employees in the management of health and safety. One of them was a follow-up question to those establishments that reported carrying out risk assessments and focused on the measures that are taken (if any) following a risk assessment, asking them whether or not employees are usually involved in the design and implementation of such measures. The findings reveal that 81 % of establishments in the EU-28 that carry out risk assessments report involving employees in the design of measures following a risk assessment, without significant differences among sectors. Such involvement is most frequently reported among establishments in human health and social work activities (87 %) in contrast with real estate activities (73 %). Interestingly, the findings by size reveal a slowly decreasing proportion of establishments involving employees in the design of such measures with establishment size, from 84 % among those employing five to nine people to 77 % in those employing more than 250 people. By country, as displayed in Figure 45, direct participation is most frequently reported in Turkey (93 %), Sweden (90 %) and Finland (89 %), while the lowest proportions are found in Albania (65 %), Slovakia (65 %) and Bulgaria (67 %).

The other question on direct or informal participation focused on psychosocial risks, and this question was specifically addressed to those establishments that reported having used measures to address psychosocial risks in the three years prior to the survey. Owing to the nature of psychosocial risks, it would be expected that measures in this area would bring direct worker involvement and a particularly high degree of collaboration from all actors at the workplace. Around 63 % of those establishments in the EU-28 indicate that employees had a role in the design and set up of such measures. The findings by size do not show much of a difference and worker involvement appears to be quite constant across all business sizes. By activity sector, direct worker participation in the design and set up of measures to address psychosocial risks is more likely among establishments in human health and social work activities (74 %) and education (72 %), and less likely in manufacturing (54 %), construction (55 %) and electricity, gas, steam and air conditioning supply (55 %). These findings, as expected, vary by country, from 80 % of establishments in Norway and 77 % in Denmark and Austria to 42 % in Albania and 43 % in Slovakia.

Taking these two measures together, it is evident that the direct involvement of workers in measures to address psychosocial risks is less frequent than their involvement in more general types of measures stemming from a risk assessment. In some countries, the gap between both types of measures is not very wide, such as in Norway and Denmark, but in others there is a significant difference between the two (for example Turkey, Portugal and Lithuania).

Figure 44. Training of health and safety representatives provided during work time to help them perform their duties, by country (% establishments)

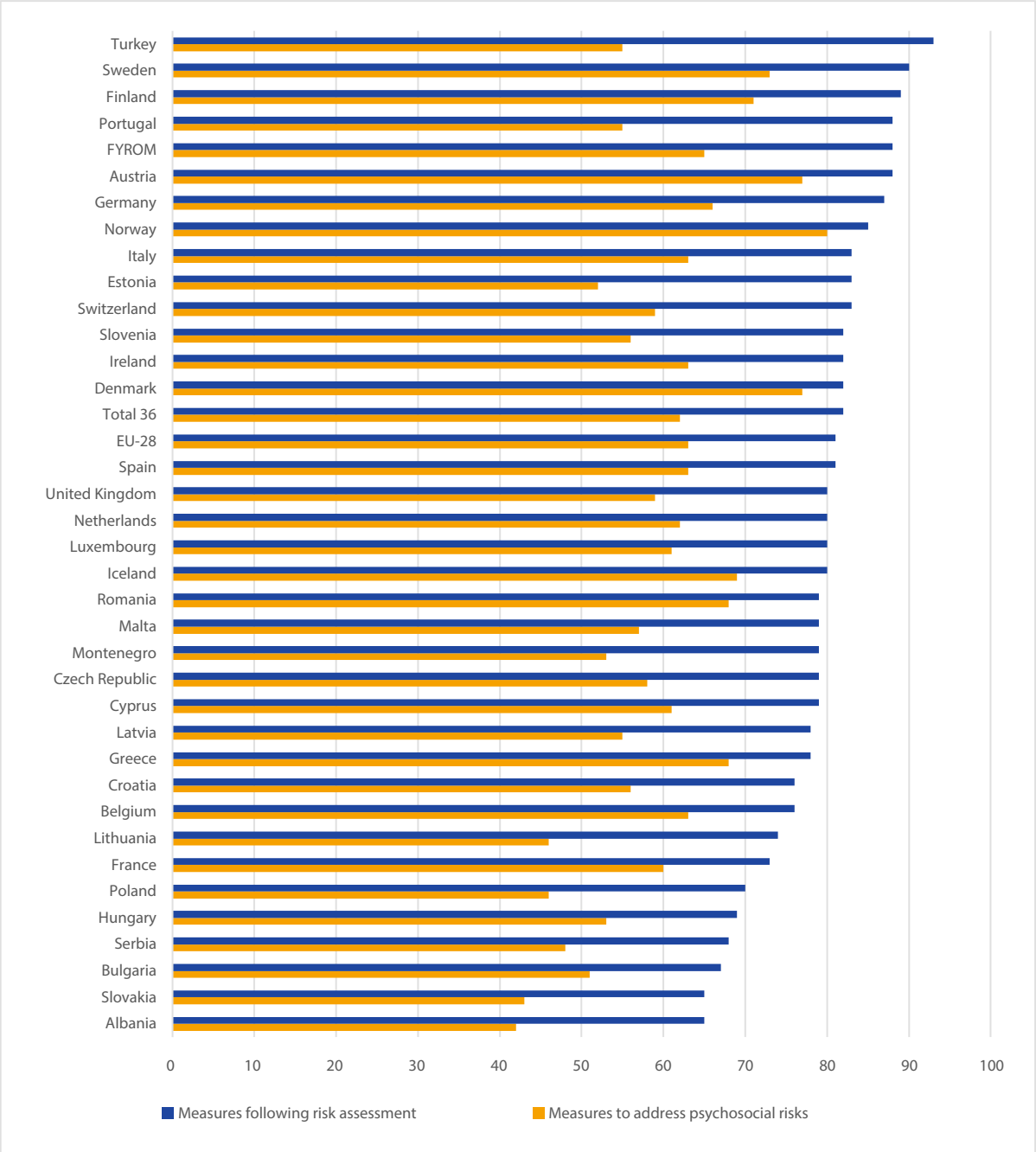


Base: establishments with a health and safety representative in the workplace, all 36 countries.

5.6. Direct participation of workers and the management of OSH, including psychosocial risks

It is interesting to assess the link between the direct participation of workers and existing measures to manage OSH. Overall, worker participation is meant to have a positive effect on the management of OSH, in both its quality and the number of tools used, even more so when coupled with high commitment from management (EU-OSHA, 2012b). As pointed out above, and particularly for the management of psychosocial risks, it is felt that, owing to the specific nature of these risks, it would seem good to involve workers in any measure aimed at preventing or dealing with them. This section aims to assess this by looking at how the direct participation of workers is linked not only with the likelihood of taking measures but also with the actual type of measures that are reported to be taken.

Figure 45. Direct participation of employees through (1) the design and implementation of measures following a risk assessment and (2) the design and set up of measures to address psychosocial risks, by country (% establishments)



Base: (1) all establishments that report carrying out risk assessments; (2) all establishments that report having used measures to address psychosocial risks in the three years prior to the survey; all 36 countries.

As far as the management of OSH in general is concerned, it is seen that, in those establishments where employees are involved in the design and set of measures following a risk assessment, it is more likely that certain measures will indeed be taken, particularly return to work after long-term sickness absence, the routine analysis of sickness absence and the regular discussion of OSH issues at top-level management (Table 22). There is no significant difference in the 'ranking' of measures.

Concerning psychosocial risks, the involvement of employees in the design and set up of measures to address psychosocial risks seems to be positively associated with the actual take up of such measures, and even more so than is the case for general OSH management measures. As shown in Table 23, this is particularly the case for the provision of training to prevent psychosocial risks, which is reported by 50 % of establishments in the EU-28 that involve employees in the design and set up of measures to deal with psychosocial risks and only by 32 % of those that do not

Table 22. OSH management measures, by involvement of workers in the design and set up of measures following a risk assessment (% establishments, EU-28)

	Employees involved in the design and set up of measures following risk assessment	Rank of the measure	Employees NOT involved in the design and set up of measures following risk assessment	Rank of the measure
Document explaining OSH procedures	92	1	90	1
Training for team leaders and line managers	78	2	70	2
Support for return to work after long-term sickness absence	77	3	65	4
Training (for respondent) on health and safety	73	4	68	3
OSH issues discussed at top level of management, regularly	70	5	60	5
Routine analysis of sickness absences	62	6	50	6

Base: all establishments in the EU-28 (size thresholds apply for some items).

Table 23. Psychosocial risk management measures, by involvement of workers in the design and set up of measures to address psychosocial risks (% establishments, EU-28)

	Employees have a role in the design and set up of measures to address psychosocial risks	Rank of the measure	Employees do NOT have a role in the design and set up of measures to address psychosocial risks	Rank of the measure
Risk assessment: evaluation of organisational aspects (work schedules, breaks or work shifts)	75	1	64	1
Procedure in place to deal with cases of threats	68	2	51	5
Reorganisation of work	66	3	53	2
Risk assessment: evaluation of supervisor–employee relationships	63	4	51	4
Confidential counselling for employees	62	5	52	3
Procedure in place to deal with bullying or harassment	61	6	45	6
Set up of a conflict resolution procedure	52	7	39	7
Provision of training to prevent psychosocial risks	50	8	32	8
Intervention if excessively long or irregular hours are worked	47	9	32	9
Action plan to prevent work-related stress	46	10	28	10
Use of a psychologist	23	11	16	11

Base: all establishments in the EU-28 (size thresholds apply for some items). The two items on risk assessment were included only for those carrying out regular risk assessments. 'Procedure in place to deal with cases of threats' was included only for those reporting 'having to deal with difficult customers, patients, pupils, etc.' as a risk factor present in the workplace.

involve their employees. Similar differences are found for having an action plan to prevent work-related stress, a procedure in place to deal with cases of threats, and a procedure to deal with bullying or harassment. In general, there does not seem to be much of a link between employee involvement and the ranking of measures, except for the fact that having a procedure in place to deal with cases of threats is the second most frequently reported measure among those establishments where employees are reported to have a role in the design and set up of measures to address psychosocial risks, whereas it drops to the fifth most frequently reported measure when it comes to those establishments where employees are not involved.

5.7. Summary

ESENER-2 followed the approach taken in the first wave of the survey and made a distinction between informal or direct participation (in the sense of employee involvement) and formal participation of employees. The latter was further divided into 'general' representation, by works councils and/or shop floor trade union representation, and 'OSH' representation, by a specific health and safety committee or a health and safety representative. This distinction is significant because these types of participation differ in terms of the extent and the degree to which they are regulated. But there is no doubt that a combination of high levels of both types is indicative of a good quality of working relations, including OSH management in general and psychosocial risks management in particular.

Formal participation is inevitably linked to establishment size, but the country factor is key, with the Nordic countries reporting the most widespread coverage, with more than half of the surveyed establishments reporting some type of general employee representation body (as opposed to 30 % in the EU-28 overall). As far as OSH formal representation is concerned, its presence is considerably higher than that of general employee representation, and this is largely driven by the broad presence of health and safety representatives (reported to be present in almost 60 % of the surveyed establishments in the EU-28).

The presence of formal participation structures appears to be linked with an increased adoption of certain measures to manage OSH, such as routine analysis of sickness absences, discussing OSH issues regularly at the top level of management, a procedure to support return to work after long-term sickness absence, and carrying out a risk assessment. And this appears to be particularly the case among the smallest size classes. Concerning psychosocial risks, there also seems to be a link between formal participation and the take up of measures, particularly the use of a psychologist, having an action plan to prevent work-related stress, and providing training on how to prevent psychosocial risks. The size effect, however, seems to be the opposite of that for general OSH measures, as it appears to grow as establishment size increases.

It is important to know the extent to which bodies of formal participation have the opportunity to be well informed and trained on OSH. The majority of the surveyed establishments in ESENER-2 reported providing their health and safety representative with 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, unsurprisingly.

Regarding informal or direct participation, over four-fifths of establishments carrying out risk assessments in the EU-28 reported involving employees in the design of follow-up measures, with the proportions decreasing slightly with increasing establishment size. A question was included in ESENER-2 on measures to deal with psychosocial risks and whether or not employees were involved in their design and set up. The proportions are slightly lower than for the involvement in measures following a risk assessment and remain relatively stable by size but, in both cases, these measures appear to be most frequent among establishments in the Nordic countries. Finally, direct participation seems to be associated with the adoption of measures to manage OSH and, particularly, psychosocial risks, which may be indicative of good psychosocial risk management, as employee involvement is essential for the successful design and implementation of measures to deal with these risks.

6. Who knows best about OSH

As mentioned under the methodology section (1.4), one of the significant changes implemented in ESENER-2 was the person responding to the survey in each establishment, which in ESENER-2 is now defined as 'the person who knows best about health and safety in the establishment'. Anticipating that this definition would lead to a greater diversity in the type of respondent, a follow-up question was included on the actual role or function of the respondent in the establishment in order to see whether there is a different pattern of answers depending on the respondent profile. This section presents only a preliminary analysis of the main findings on the role of the respondent — the follow-up ESENER-2 secondary analyses in 2017–2018 will look at this in more detail.

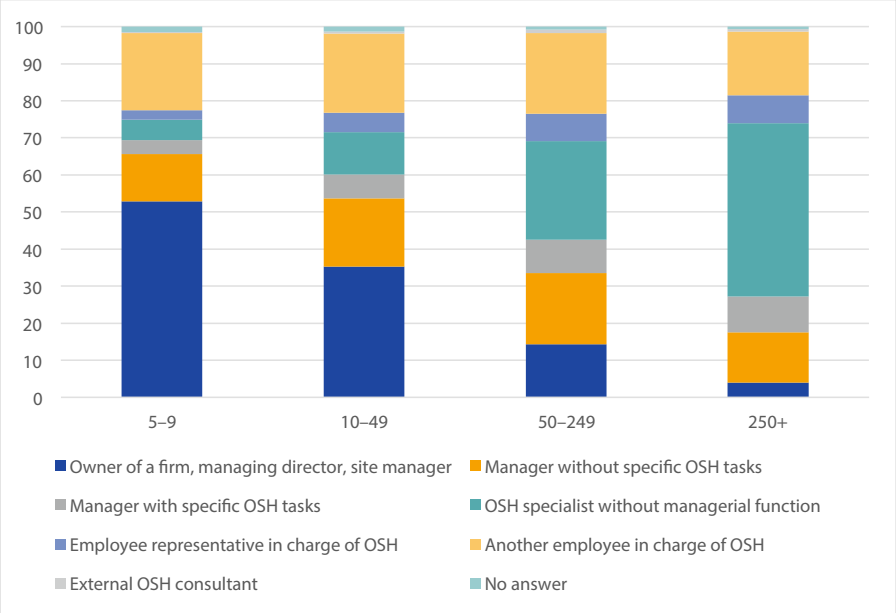
One of the main conclusions is the clear influence of establishment size on the type of respondent (Figure 46), which in turn drives most of the findings presented in this section. Bearing this in mind, the 'owner/managing director/site manager' is the main respondent among micro establishments (five to nine employees) (53 % of the total in this size class in the EU-28) and this percentage decreases gradually as establishment size grows in favour of a more technical role, as represented by the category 'OSH specialist without managerial function' (47 % of respondents among establishments employing 250+ employees). Employee representatives are a small group, reaching 7 % in the largest size classes, whereas around 20 % of respondents in all four size classes are 'another employee in charge of OSH'. This is significant not only in terms of their proportion but also because it may say something about the preventive culture in these establishments where there is no technical expert on OSH appointed to respond to the survey (and, probably, to deal with OSH on a day-to-day basis).

A preliminary analysis of the results shows that, in general, the most positive view is from those establishments where the respondent is an 'external OSH consultant', which comes as no surprise because of their very nature, namely subcontracted experts hired precisely to carry out many of the tasks under consideration. In any case, they make up a small proportion of the respondents (less than 1 % in the EU-28) and it is more significant to bear in mind other views, such as those held by 'OSH specialists without managerial function', the percentage of which grows as establishment size increases. They tend to report a positive image too, suggesting higher than average (for the EU-28) proportions for receiving training on health and safety (89 % versus the average of 68 %), regularly carrying out risk assessments (90 % versus 76 %), arranging regular medical examinations (83 % versus 65 %) and having a specific annual budget for OSH measures (51 % versus 41 %), among others (see Table 24). Interestingly, they too report significantly higher than average proportions of employee representation bodies, except for a health and safety representative, which are most frequently reported by those establishments where the respondent is the employee representative in charge of OSH.

These results are to be expected because having an appointed OSH specialist, technician or officer should in principle be correlated with (good) OSH management[31] and a higher than average take up of most of these measures.

31 The aim of this overview report is not to carry out a correlation analysis but to present a breakdown of the results by respondent type (frequency analysis) to try and identify any possible response patterns.

Figure 46. Respondents to ESENER-2, by main function in their establishment, by establishment size (% establishments, EU-28)



Base: all establishments in the EU-28.

Table 24. Selected ESENER-2 indicator, by type of respondent (highest and lowest percentages) (% establishments, EU-28)

Indicator (EU-28 average)	Function of respondent	
	Highest	Lowest
Document explaining OSH procedures (90)	OSH specialist without managerial function (96)	Owner of a firm, managing director, site manager (88)
Specific annual budget for OSH (41)	OSH specialist without managerial function (51)	Owner of a firm, managing director, site manager (38)
Regular medical examinations (65)	OSH specialist without managerial function (83)	Manager without specific OSH tasks (45)
Carrying out a risk assessment (76)	OSH specialist without managerial function (90)	Manager without specific OSH tasks (72)
Training (for respondent) on OSH (68)	OSH specialist without managerial function (89)	Owner of a firm, managing director, site manager (64)
Training for team leaders and line managers (73)	OSH specialist without managerial function (80)	Employee representative in charge of OSH (68)
Support for return to work after long-term sickness absence (67)	Manager with specific OSH tasks (81)	Another employee in charge of OSH (58)
OSH issues discussed at top level of management, regularly (61)	Manager with specific OSH tasks (70)	Another employee in charge of OSH (54)
Routine analysis of sickness absences (50)	Manager with specific OSH tasks (64)	Another employee in charge of OSH (45)
Paperwork: major difficulty in addressing OSH (29)	Another employee in charge of OSH (32)	Manager with specific OSH tasks (19)
Complexity of legal obligations: major difficulty in addressing OSH (40)	Owner of a firm, managing director, site manager (43)	Manager with specific OSH tasks (28)
Regular discussion of OSH between employee representatives and management (56)	OSH specialist without managerial function (67)	Another employee in charge of OSH (52)
Provision of training in different languages (23)	Manager with specific OSH tasks (31)	Another employee in charge of OSH (14)
OSH issues regularly discussed in staff or team meetings (64)	OSH specialist without managerial function (74)	Another employee in charge of OSH (57)
Works council (26)	OSH specialist without managerial function (44)	Owner of a firm, managing director, site manager (18)
Trade union representation (19)	OSH specialist without managerial function (33)	Owner of a firm, managing director, site manager (13)
Health and safety representative (58)	Employee representative in charge of OSH (82)	Owner of a firm, managing director, site manager (51)
Health and safety committee (21)	OSH specialist without managerial function (40)	Owner of a firm, managing director, site manager (13)

Base: all establishments in the EU-28 (size thresholds and filters apply to some items).

Again, not surprisingly, those establishments where the respondents are 'managers with OSH specific tasks' report a higher than average take up for some measures, such as routine analysis of sickness absences (64 % versus the average of 50 %), a procedure to support return to work after long-term sickness absence (81 % versus 67 %), the regular discussion of health and safety issues at the top level of the management (70 % versus 61 %) and the provision of training in different languages (31 % versus 23 %). As far as psychosocial risks are concerned, these same establishments report the highest levels of procedures to deal with possible cases of bullying or harassment (68 % versus 47 %) and possible cases of threats, abuse or assaults by clients (72 % versus 55 %). Nevertheless, measures such as 'having an action plan to prevent work-related stress' (49 % versus 33 %) and 'implementing a conflict resolution procedure' (40 % versus 29 %) were reported most frequently by those establishments with an 'external OSH consultant' as the respondent, which may indicate that many enterprises do not consider their internal resources as sufficient to deal with issues requiring a certain level of psychological expertise.

The establishments where 'another employee in charge of the subject (OSH)' is identified as the person knowing most about how OSH is managed tend to report a less rosy picture. For instance, items such as having a procedure to support employees returning to work after long-term sickness absence (58 % versus the average of 67 %), the discussion of health and safety issues at the top level of management (54 % versus 61 %) and the provision of training in different languages (14 % versus 23 %), among others, are less frequent in those establishments where the respondents have been 'another employee in charge of OSH'. As pointed out above, this profile accounts for roughly 20 % of the respondents across all four size classes in the EU-28, which is a significant proportion and indicative, to some extent, of the preventive culture in these establishments where there is no technical expert on OSH appointed to deal with the topic — even among the largest size classes — and no management or employee representative either.

Those establishments where the appointed respondents are 'employee representatives in charge of OSH' generally tend to report better than average findings, but have the lowest proportion as regards the provision of training to team leaders and line managers (68 % versus the average of 73 %). They make up a small proportion of the respondents — between 3 % and 7 %, increasing with establishment size — and in some cases there has been some confusion about the role of the health and safety representative (some respondents in some countries were not necessarily clear about who was a health and safety representative), but it is a key group in that this group acts as the 'voice' of the workers in matters of OSH. It is no surprise to see their presence being positively associated with indicators suggesting good OSH management.

Interestingly, those establishments where a person in management is the respondent have reported very low levels for some items. For instance, the 'owners of the firm, managing directors or site managers' — a common respondent among the micro and small size classes — report lower than average proportions for the four types of employee representation bodies as well as for receiving training on OSH (64 % versus the average of 68 %), having a specific annual budget for OSH (38 % versus 41 %) and having a document explaining OSH procedures (88 % versus 90 %). Once more, these establishments may be expected to have less integrated OSH management systems, with fewer measures in place, as shown by having a respondent that is not necessarily an expert on OSH in the first place. They are also the ones reporting most frequently that the complexity of legal obligations is a 'major' difficulty when addressing OSH.

A similar picture is depicted by those establishments having a 'manager without specific OSH tasks' as the respondent: they report the lowest proportions of carrying out regular medical examinations (45 % versus the average of 65 %) and regular risk assessments (72 % versus 76 %). In contrast, when the respondent is a 'manager with specific OSH tasks', the situation is quite different and indicative of a different preventive culture. For instance, these establishments report the highest proportions of procedures that support return to work following long-term sickness absence (81 % versus the average of 67 %), routine analysis of sickness absences (64 % versus 50 %), regular discussion of OSH issues at the top level of management (70 % versus 61 %) and provision of training in different languages (31 % versus 23 %). Very revealingly, when it comes to the difficulties to address OSH, they report the lowest proportions regarding the paperwork (19 % versus the average of 32 %) and the complexity of legal obligations (28 % versus 40 %) as the major difficulties.

7. Conclusions

The EU Framework Directive on Health and Safety at Work dates back to 1989[32] and, through its transposition into the different national legal frameworks, its provisions have aimed to guarantee high levels of protection for European workers. The goal of ESENER-2 has been to build on the experience of ESENER-1 (2009) in order to explore how these provisions are put into practice at the workplace and, while the limitations of an international business survey need to be acknowledged, ESENER-2 represents a key source of data providing a comparative picture across 36 countries on the way establishments manage OSH, including psychosocial risks. As such, ESENER offers an important contribution to the evidence base for policy-making in OSH at the EU and national levels. It has been used as one of the main data sources for the *ex post* evaluation of the practical implementation of the EU OSH Directives in EU Member States and has been quoted in the EU Strategic Framework on Health and Safety at Work 2014–2020[33] and in national level policy documents.

This overview report presents a round-up of the results following a preliminary analysis of the data. Further in-depth analyses, which are already under way and will be published in 2017 and 2018, will help us to better understand the findings.

The survey results show that the **risk factors** most frequently reported by those dealing with OSH in European workplaces are having to deal with difficult customers, pupils, patients, etc., followed by tiring or painful positions, and repetitive hand or arm movements. The identification of psychosocial risks and musculoskeletal disorders (MSDs) as the main risk factors is largely in line with findings from other sources, such as the Labour Force Survey 2013 ad hoc module on accidents at work and other work-related health problems. However, ESENER-2 adds interesting information on how these factors are managed by European establishments, such as the finding that adequate preventive tools or information are lacking for psychosocial risks more often than they are for other risk factors. It is also worth pointing out that, while MSDs are generally reported across all activity sectors, when it comes to psychosocial risks, they are more frequently reported in services, whereas, by country, there is wide variation, with higher proportions in Northern European countries, especially for 'time pressure'. By size, all psychosocial risk factors are more frequently identified in larger establishments.

Establishment size certainly plays a role when it comes to **managing OSH** and this is supported by a variety of findings in ESENER-2. One of the key indicators of the way establishments manage OSH is whether or not they carry out regular risk assessments, as required by EU legislation. Looking at the ESENER-2 results, and very much confirming the positive findings of the first wave of the survey, there is indeed a significant proportion of establishments in the EU-28 that report carrying out regular risk assessments. This indicates a positive effect of EU legislation in fostering a systematic approach to prevention and it is particularly relevant at the time of publishing this overview report, in the context of the *ex post* evaluation of the EU OSH Directives. It has to be noted, however, that the ESENER data on risk assessments are not equivalent to a check of legal compliance but instead are the survey respondents' answers to a number of questions about risk assessment actions in their workplaces. While these questions are framed in an objective, fact-based way, the information they provide cannot be compared to an expert assessment, such as might be carried out by a labour inspector.

A further consideration is that, in common with other international business surveys, there may be a bias in ESENER-2 in favour of better-performing establishments. Consequently, this report has placed a focus on those establishments that reported not carrying out a risk assessment, which account for one in four establishments in the EU-28. This proportion can be considered quite high, particularly bearing in mind the probable positive bias in the interviewed sample. The main reasons given for not carrying out risk assessments are that the risks and hazards are already known and that there are no major problems. Interestingly, the proportions of establishments giving these reasons are higher among the **smallest size classes**, which also report all risk factors less frequently than their larger counterparts, raising the question of whether there are truly fewer risks in the smallest establishments or if there is, in fact, an issue with their awareness of risks.

A direct answer to this is provided by EU-OSHA's ongoing project on OSH in micro and small enterprises (MSEs), the SESAME project, and its first report: 'Contexts and arrangements for occupational safety and health in micro and small enterprises in the EU — SESAME project'. This report highlights strong evidence that the health and safety of many workers in MSEs is poorly protected. Moreover, the EU Strategic Framework on OSH 2014–2020 points out their lower degree of compliance with OSH legislation and their challenges in implementing effective OSH management. ESENER-2 reflects these challenges in terms of available resources and management commitment, as has been shown throughout this overview report, but it also highlights the role played by the national context (as does the SESAME project). In some cases, this may even be a more important determinant than establishment size, for instance as regards the proportion of very small establishments in some countries that report carrying out risk assessments mainly with their internal staff and without turning to external experts.

Focusing still on MSEs, the EU Strategic Framework on OSH 2014–2020 prioritises actions in a number of respects, including the facilitation of MSEs' compliance with legislation and the possible reduction of administrative burdens. It also invites social dialogue

32 At the time of publishing this overview report, the *ex post* evaluation of the EU Framework Directive on Health and Safety at Work was being concluded and the next steps were still unknown. Therefore, this report refers to the original Framework Directive 89/391/EEC throughout.

33 Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0332&from=EN

on how to more effectively reach MSEs and develop innovative OSH solutions to their problems. As suggested by the SESAME project 'Contexts and arrangements for occupational safety and health in micro and small enterprises in the EU', which draws on ESENER-2 data, current regulation on OSH management is largely based on the experience of larger establishments — such as a goal-based risk approach — and this may not be the most appropriate and relevant approach for achieving improvements in MSEs.

Turning back to the main risk factors, and focusing on **psychosocial risks**, two-thirds of the establishments carrying out workplace risk assessment include 'organisational aspects such as work schedules, breaks or work shifts' and around half include 'supervisor–employee relationships' in those assessments. Building on this, it is significant that over 40 % of establishments in the EU-28 report not having enough information on how to include psychosocial risks in risk assessments. These findings vary by country, whereas, by size, unsurprisingly, the smallest establishments report more difficulties. Furthermore, only around one-third of the surveyed establishments report providing workers with training on the prevention of psychosocial risks. Substantial variations are observed across countries, both for formal procedures and ad hoc measures and for training, but in general they all tend to be more frequently reported by establishments in human health and social work activities and in larger establishments.

The way establishments manage OSH — with specific difficulties existing for the smallest establishments — and the challenges that psychosocial risk factors pose demonstrate the importance of having direct information from the workplaces about the factors that motivate them to take preventive action and those that deter them from doing so. This type of information can contribute greatly to the definition of effective policies and actions. ESENER-2 indicates that the range of factors that motivate enterprises to take action on OSH are multidimensional and may include economics, rationality, values and compliance with the law, among others. In this regard, ESENER-2 confirms the findings of the first wave of the survey and shows that fulfilment of legal obligations is the main driver for action, followed by meeting expectations from employees or their representatives.

The proportions of establishments reporting barriers are generally low: the complexity of legal obligations is the most frequently reported major difficulty (4 out of 10 establishments in the EU-28), although this factor differs significantly by country, ranging from 67 % in Italy to 14 % in Slovenia and Lithuania. In fact, in many countries, it is the lack of time or staff and the lack of money that are the most common barriers, which illustrates the importance of the national context to a sound and proper analysis of the findings.

Chapter 5 of this overview report highlights the importance of **worker consultation and participation** in the management of OSH. Not only is this role a legal obligation under the OSH Framework Directive, but it has also been shown to be a fundamental success factor, even more so in the case of psychosocial risks. Formal consultation and participation varies considerably between countries, as it depends on national legal requirements, such as the minimum thresholds for establishing representation bodies. Informal participation (employee involvement and consultation), on the other hand, tends to be more widespread, but still with some differing national practices. Both types tend to be more frequent in Nordic countries.

The presence of both formal and informal worker participation appears to be positively linked with the increased adoption of measures to manage OSH in general and psychosocial risks in particular.

Next steps

As was shown in the follow-up studies of ESENER-1, many of the issues explored in the survey are closely related to the context in which the enterprises operate. For example, the regulatory framework will greatly influence the existence of policies, the use of expert services (in some countries, calling on the services of external preventive services is a legal requirement) or the extent and characteristics of worker consultation and participation, such as setting thresholds for health and safety representatives and committees. The existing support structure, in the shape of institutions and resources, has an impact on awareness, competence (through training, guidance and tools, among others) and capacity (availability of external expertise).

All the issues discussed in this report are being explored in greater depth in follow-up studies that will be published in 2017 and 2018 on topics such worker representation on OSH, general OSH management and psychosocial risk management. In addition, there will be a joint analysis of ESENER-2 and Eurostat's Labour Force Survey 2013 ad hoc module on accidents at work and other work-related health problems as well as Eurofound's Sixth European Working Conditions Survey (EWCS 2015), with the aim of providing a comprehensive overview of the state of OSH in Europe by combining data from the perspectives of both enterprises and workers.

Furthermore, as pointed out above, the full ESENER-2 dataset is available at the United Kingdom Data Archive (UKDA)[34] for further independent research.

34 http://www.data-archive.ac.uk/

8. References

Bakhuys Roozeboom, M., Houtman, I. and Van den Bossche, S., 2008. 'Monitoring psychosocial risks at work' in: Leka, S. and Cox, T. *The European Framework for Psychosocial Risk Management: PRIMA-EF*, I-WHO Publications, Nottingham.

Dollard, M.F., Skinner, N., Tuckey, M.R. and Bailey, T, 2007. 'National surveillance of psychosocial risk factors in the workplace: an international overview', Work & Stress, Vol. 21, pp. 1–29.

EU-OSHA (European Agency for Safety and Health at Work), 2000. 'Research on work-related stress', Office for Official Publications of the European Communities, Luxembourg. Available at: http://osha.europa.eu/en/publications/reports/203/view

EU-OSHA (European Agency for Safety and Health at Work), 2011. 'Workplace Violence and Harassment: a European Picture', Office for Official Publications of the European Communities, Luxembourg. Available at: http://osha.europa.eu/en/publications/reports/violence-harassment-TERO09010ENC/view

EU-OSHA (European Agency for Safety and Health at Work), 2012a. 'Management of occupational safety and health: an analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER)', Office for Official Publications of the European Communities, Luxembourg. Available at: https://osha.europa.eu/en/tools-and-publications/publications/reports/management-of-occupational-safety-and-health-analysis-of-data-from-the-esener/view

EU-OSHA (European Agency for Safety and Health at Work), 2012b. 'Worker representation and consultation on health and safety: an analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER)', Office for Official Publications of the European Communities, Luxembourg. Available at: https://osha.europa.eu/en/tools-and-publications/publications/reports/esener_workers-involvement/view

EU-OSHA (European Agency for Safety and Health at Work), 2012c. 'Management of psychosocial risks at work', Office for Official Publications of the European Communities, Luxembourg. Available at: http://osha.europa.eu/en/publications/reports/management-psychosocial-risks-esener

EU-OSHA (European Agency for Safety and Health at Work), 2012d. 'Drivers and barriers for psychosocial risk management', Office for Official Publications of the European Communities, Luxembourg. Available at: http://osha.europa.eu/en/publications/reports/drivers-barriers-psychosocial-risk-management-esener

EU-OSHA (European Agency for Safety and Health at Work), 2013. 'Analysis of the determinants of workplace occupational safety and health practice in a selection of EU Member States', Office for Official Publications of the European Communities, Luxembourg. Available at: https://osha.europa.eu/en/tools-and-publications/publications/reports/analysis-determinants-workplace-OSH-in-EU/view

EU-OSHA (European Agency for Safety and Health at Work), 2014. 'Calculating the costs of work-related stress and psychosocial risks', Office for Official Publications of the European Communities, Luxembourg. Available at: https://osha.europa.eu/en/publications/literature_reviews/calculating-the-cost-of-work-related-stress-and-psychosocial-risks/view

EU-OSHA (European Agency for Safety and Health at Work), 2015. 'Second European Survey of Enterprises on New and Emerging Risks — Technical report'. Available at: https://oshwiki.eu/images/7/77/Esener2_Technical_Report.pdf

Eurofound (European Foundation for the Improvement of Living and Working Conditions), 2010. 'Fifth European Working Conditions Survey', Dublin.

Eurofound (European Foundation for the Improvement of Living and Working Conditions), 2012. 'Fifth European Working Conditions Survey — Overview report', Publications Office of the European Union, Luxembourg. Available at: http://eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1182en.pdf

Eurofound (European Foundation for the Improvement of Living and Working Conditions), 2015. 'Sixth European Working Conditions Survey 2015'. Available at: http://www.eurofound.europa.eu/surveys/data-visualisation/sixth-european-working-conditions-survey-2015

Eurofound and EU-OSHA, 2014. 'Psychosocial risks in Europe: prevalence and strategies for prevention', Office for Official Publications of the European Communities, Luxembourg. Available at: https://osha.europa.eu/en/publications/reports/psychosocial-risks-eu-prevalence-strategies-prevention/view

European Commission, 1996. 'Guidance on risk assessment at work', Office for Official Publications of the European Communities, Luxembourg.

European Commission, 2014. 'Evaluation of policy and practice to promote mental health in the workplace in Europe'. Final report. Available at: http://ec.europa.eu/social/main.jsp?catId=716&langId=en

Heraclides, A., Chandola, T., Witte, D.R. and Brunner, E.J., 2009. 'Psychosocial stress at work doubles the risk of type 2 diabetes in middle-aged women: evidence from the Whitehall II study', Diabetes Care, Vol. 32, No 12, pp. 2230–5.

HSE (Health and Safety Executive), 2015. 'Work related stress, anxiety and depression statistics in Great Britain 2014/15'. Available at: http://www.hse.gov.uk/statistics/causdis/stress/

Kivimäki, M., Virtanen, M., Elovainio, M., Kouvonen, A., Väänänen, A. and Vahtera, J., 2006. 'Work stress in the etiology of coronary heart disease — a meta-analysis', Scandinavian Journal of Work Environment Health, Vol. 32, No 6, pp. 431–42.

Menendez, M., Benach, J. and Vogel, L., 2009. 'The impact of safety representatives on occupational health — a European perspective, Report 107', European Trade Union Institute, Brussels.

Nieuwenhuijsen, K., Bruinvels, D. and Frings-Dresen, M., 2010. 'Psychosocial work environment and stress-related disorders, a systematic review', Occupational Medicine, Vol. 60, No 4, pp. 277–86. Available at: http://occmed.oxfordjournals.org/content/60/4/277.full

Rugulies, R., Bültmann, U., Aust, B. and Burr, H., 2006. 'Psychosocial work environment and incidence of severe depressive symptoms: prospective findings from a 5-year follow-up of the Danish work environment cohort study', American Journal of Epidemiology, Vol. 163, No 10, pp. 877–87. Available at: http://www.ncbi.nlm.nih.gov/pubmed/16571741

Annex 1: Survey methodology and technical remarks

Questionnaire development

The starting point for the ESENER-2 questionnaire was the 'Management (MM) questionnaire' used in ESENER-1. Based on this, a new questionnaire draft was developed through close cooperation between EU-OSHA, TNS Deutschland and a group of researchers on health and safety:

- Carsten Brück, Kooperationsstelle IFE GmbH Hamburg (KOOP), Germany;
- Irene Houtman, TNO, the Netherlands;
- Ivars Vanadzins, IOSEH Institute at the Stradins University of Riga, Latvia.

This questionnaire was tested in 40 cognitive pre-test interviews carried out face to face by these researchers in Germany, Latvia and the Netherlands. The insights from the cognitive pre-testing were used for a further revision of the questionnaire, which was next assessed for its translatability, that is, checked for potential translation problems. To this end, rough translations into languages from four different language families were elaborated and potential sources for ambiguities identified. The draft questionnaire resulting from further revisions based on the translatability assessment was tested in a pilot survey, consisting of 50–70 interviews conducted in each of the 36 countries, using the same mode (computer-assisted telephone interviewing (CATI) and computer-assisted web interviewing (CAWI)) and infrastructure as foreseen for the main survey. The final questionnaire was completed based on the minor revisions arising from the pilot survey. EU-OSHA stakeholders were consulted at different steps of the questionnaire development process.

Development of national questionnaire versions

The national questionnaire versions were elaborated by the linguistic institute cApStAn Linguistic Quality Control in a multi-stage translation process, starting with two independent translations of the English master questionnaire, which were merged into a new version by a third translator (adjudicator). The new synthesis versions were then discussed between the reconciler (adjudicator) and both translators in webex meetings moderated by linguistic experts (adjudication meetings). The resulting versions were submitted for checks by national health and safety experts of EU-OSHA's focal point network, with a specific focus on the national health and safety terminology and the forms of employee representation. This feedback was again checked by the translators responsible for the final version of the questionnaire (reconcilers/adjudicators), which also incorporated some minor revisions following the pilot test.

Universe, targeted respondent and unit of enquiry

ESENER-2 covers establishments with five or more employees from all sectors of activity — except for private households (NACE T) and extraterritorial organisations (NACE U) — across 36 European countries: the 28 European Union Member States (EU-28) as well as Albania, the Former Yugoslav Republic of Macedonia (FYROM), Iceland, Montenegro, Norway, Serbia, Switzerland and Turkey (see Table 25).

Both the statistical unit and the unit of enquiry for the survey are establishments/local units rather than companies/enterprises. In the case of multi-site organisations, this implies that both headquarters and subsidiaries were eligible for the survey and that the answers to the questionnaire were to be related to the selected unit only and not to the entire organisation.

ESENER-1, conducted in 2009, had a more limited universe, as establishments from NACE A (agriculture, forestry and fishing) and establishments employing five to nine workers were not included in the survey. In ESENER-1, the target respondent was defined as 'the most senior manager who coordinates health and safety activities in this establishment' and efforts were made to get an additional interview from the employee representative dealing with health and safety, thus attempting to capture both the voice of management and the workers. However, these roles were not so clearly defined in many countries, which limited to a great extent how representative the follow-up interviews were.

Owing to these methodological reasons, it was decided that one single interview per establishment would be conducted in ESENER-2, the target respondent being defined as 'the person who knows best about health and safety in this establishment'. A control question on the function on the respondent was included (see respondent function in Table 26).

Sampling principles and sampling sources

Sampling for ESENER-2 was made on the basis of a stratified random sampling procedure, using a sampling matrix defined by 28 cells (4 size classes × 7 sector groups) in each country (Table 27). For each cell of this matrix, net sample targets were defined. As regards the distribution of interviews by size, the targets were set as a mixture of establishment and employee proportionality.

For sampling, the best available address register for this purpose was selected in each country. In some cases, this was the official register compiled by the national statistical office or another public institution, while, in other cases, registers from commercial address suppliers were used. For those activity sectors that were not sufficiently covered by the selected (main) address register, addresses were added from additional sources (for example *Yellow Pages*).

Table 25. Size of the universe, by country

Country	Establishments with five or more employees in NACE Rev. 2 sections A–S		Country	Establishments with five or more employees in NACE Rev. 2 sections A–S	
	Number of establishments (in thousands)	Number of employees (in thousands)		Number of establishments (in thousands)	Number of employees (in thousands)
Albania	14	414	Latvia	25	621
Austria	134	3,308	Lithuania	42	1,054
Belgium	111	3,553	Luxembourg	12	369
Bulgaria	75	2,324	Malta	4	136
Croatia	33	961	Montenegro	4	123
Cyprus	12	241	Netherlands	178	5,749
Czech Republic	103	3,667	Norway	70	2,078
Denmark	87	2,281	Poland	344	11,081
Estonia	19	515	Portugal	143	2,961
Finland	68	1,872	Romania	125	5,837
France	657	19,634	Serbia	38	1,205
FYROM	14	411	Slovakia	62	1,711
Germany	1,144	33,649	Slovenia	20	653
Greece	85	1,830	Spain	454	11,629
Hungary	103	2,916	Sweden	140	3,831
Iceland	6	129	Switzerland	170	4,093
Ireland	51	1,356	Turkey	611	12,524
Italy	674	13,165	United Kingdom	839	24,916
			Total	6670	183,246

Table 26. Function of the respondents in ESENER-2, results from the multi-punch question Q100 summarised to single-punch categories (unweighted)

Function of the respondent 5–9		Size class (number of workers)				Total
		5–9	10–49	50–249	250+	
Owner of a firm, managing director, site manager	n	7,133	7,666	1,760	255	**16,184**
	%	*54.6*	*36.8*	*16.6*	*5.3*	34.1
Manager without specific OSH tasks	n	1,940	4,107	2,252	694	**8,993**
	%	*14.9*	*19.7*	*21.2*	*14.4*	18.2
Manager with specific OSH tasks	n	485	1,357	916	439	**3,197**
	%	*3.7*	*6.5*	*8.6*	*9.1*	6.5
OSH specialist without managerial function	n	1,037	3,468	3,651	2,685	**10,841**
	%	*7.9*	*16.6*	*34.4*	*55.8*	22.0
Employee representative in charge of OSH	n	2,312	3,962	1,922	694	**8,890**
	%	*17.7*	*19.0*	*18.1*	*14.4*	18.0
External OSH consultant	n	20	67	58	30	**175**
	%	*0.2*	*0.3*	*0.5*	*0.6*	0.4
No answer	n	133	202	64	11	**410**
	%	*1.0*	*1.0*	*0.6*	*0.2*	0.8
Total	**n**	**13,060**	**20,829**	**10,623**	**4,808**	**49,320**
	%	100.0	100.0	100.0	100.0	100.0

Table 27. Sampling matrix with 28 cells used for ESENER-2 (one per country)

NACE Rev. 2 sector(s)	NACE Rev. 2 division(s)	Sector group description	Size class (number of workers)			
			5–9	10–49	50–249	250+
A	01–03	Agriculture, forestry and fishing				
C	10–33	Manufacturing				
B, D, E, F	05–09; 35–43	Construction, waste management, water and electricity supply				
G, H, I, R	45–56; 90–93	Trade, transport, food/accommodation and recreation activities				
J, K, L, M, N, S	58–82; 94–96	IT, finance, real estate and other technical scientific or personal service activities				
O	84	Public administration				
P, Q	85–88	Education, human health and social work activities				

Where establishment-level registers were not available, registers at company level had to be used instead for the sampling. In this case, an additional screening procedure was applied in order to get a selection of both headquarters and subsidiaries of multi-site organisations (see EU-OSHA, 2015, Chapter 6.8).

Address registers for ESENER-2 were selected and acquired locally by each fieldwork partner, but checked and administered centrally. As an initial sample, each country received five addresses per targeted net interview. Additional samples were released centrally only after sufficient exploitation of the previous sample.

Selection and training of interviewers and supervisors

For ESENER-2, national fieldwork partners selected their most successful and most experienced interviewers. In order to facilitate an effective and high-quality interviewing process, teams were kept rather small, with each interviewer doing on average about 75 ESENER-2 interviews.

All interviewers received face-to-face training on ESENER-2 and its specific features. The training was provided by the local supervisors and fieldwork managers, who had received intense training themselves by way of written material, webex training and a two-day training seminar held in Munich.

Size and structure of the net sample

National sample sizes for ESENER-2 range from 450 interviews in the smallest countries to 750 or 1,500 interviews in medium-sized countries and 2,250 interviews in the largest economies (Table 28). Owing to national sample boosts, Spain and the United Kingdom had even larger samples (3,150 interviews in Spain and 4,250 in the United Kingdom). Slovenia too boosted its national sample, from the original 750 to 1,050. In total, 49,320 establishments were interviewed for ESENER-2 in all 36 countries.

The structure of the net sample reflects the described mixture of an establishment- and an employee-proportional approach in the definition of the targets by size (Table 29). The structure by sector is largely proportional to the distribution of the universe (within each size class).

Weighting

In representative surveys based on random probability sampling, weighting is used to correct the differences in the probability of the units to be included in the net sample. Such differences lead to structural discrepancies between the net sample and the universe. The weighting procedure corrects these discrepancies by adapting, *ex post*, the inclusion probabilities.

In view of the various disproportionalities introduced in the sample design of ESENER-2 (by size class and country size), any bivariate analysis of the ESENER-2 data requires applying one of the weighting factors provided in the dataset.

There are three types of establishment-proportional weighting factors available:

- The factor 'estwei' weights the data according to the structure of the universe of establishments in a given country. It is scaled to the national net sample size, that is, it adds up to the total number of interviews made in the country, not to the number of establishments in the universe. The factor 'estwei' can be used for any analysis with the data of just one country, but not for international comparisons, because the size of the national samples is not proportional to the size of the national universes and this additional disproportionality is not redressed in the factor 'estwei'.
- The factor 'estprop' is based on 'estwei', but also adjusts for the disproportionality of the national sample sizes and is therefore

Table 28. Net sample size, by country

Country	Interviews for ESENER-2	Country	Interviews for ESENER-2
Albania	750	Latvia	753
Austria	1,503	Lithuania	774
Belgium	1,504	Luxembourg	752
Bulgaria	750	Malta	452
Croatia	751	Montenegro	452
Cyprus	751	Netherlands	1,519
Czech Republic	1,508	Norway	1,513
Denmark	1,508	Poland	2,257
Estonia	750	Portugal	1,513
Finland	1,511	Romania	756
France	2,256	Serbia	752
FYROM	750	Slovakia	750
Germany	2,261	Slovenia	1,051
Greece	1,503	Spain	3,162
Hungary	1,514	Sweden	1,521
Iceland	757	Switzerland	1,511
Ireland	750	Turkey	2,251
Italy	2,254	United Kingdom	4,250
		Total	49,320

Table 29. Structure of the net sample, by size and sector (unweighted)

NACE Rev. 2 Division	Size class (number of workers)				Total	Total as a percentage
	5–9	10–49	50–249	250+		
1 A	444	450	150	23	1,067	2.2 %
2 B	44	89	84	24	241	0.5 %
3 C	1,687	3,238	2,317	1,480	8,722	17.7 %
4 D	45	106	108	68	327	0.7 %
5 E	75	247	199	63	584	1.2 %
6 F	1,134	1,682	713	164	3,693	7.5 %
7 G	3,495	4,184	1,214	330	9,223	18.7 %
8 H	524	888	551	256	2,219	4.5 %
9 I	741	1,112	382	86	2,321	4.7 %
10 J	376	628	330	155	1,489	3.0 %
11 K	262	359	253	187	1,061	2.2 %
12 L	156	178	93	31	458	0.9 %
13 M	1,028	1,265	483	183	2,959	6.0 %
14 N	466	702	383	202	1,753	3.6 %
15 O	401	1,198	910	606	3,115	6.3 %
16 P	632	1,715	1,063	195	3,605	7.3 %
17 Q	908	1,955	1,078	678	4,619	9.4 %
18 R	225	390	162	40	817	1.7 %
19 S	417	443	150	37	1,047	2.1 %
Total	**13,060**	**20,829**	**10,623**	**4,808**	**49,320**	**100.0 %**
Total as a percentage	**26.5 %**	**42.2 %**	**21.5 %**	**9.7 %**	**100.0 %**	

the factor used for international analyses. As national structures are not affected, this factor can also be used for descriptive national analyses.
- The factor 'estex' produces the same percentage results as 'estprop', but is an extrapolation to the universe of establishments in the countries covered by the survey. This factor is provided for easier estimations of absolute figures (for example, absolute number of establishments practising risk assessments).

The employee-proportional weighting factors 'empwei', 'empprop' and 'empex' were calculated according to the same principles, and the same caveats apply:

- The factor 'empwei' is a factor that weights the data according to the structure of the universe of employees (in establishments with five or more employees) in a given country. It is scaled up to the total number of interviews made in the country. The factor 'empwei' can be used for any analysis with the data of just one country, but not for international comparisons, because the size of the national samples is not proportional to the size of the universe.
- The factor 'empprop' also adjusts for the disproportionality of the national sample sizes for international analyses. It is scaled to the total number of ESENER-2 interviews, not to the number of establishments in the universe.
- The factor 'empex' produces the same percentage results as 'empprop' but is an extrapolation to the universe of employees (working in establishments with five or more employees).

For the United Kingdom, owing to the large sample boost of 2,000 additional interviews and the availability of sufficiently detailed statistical information on the universe, it was possible to apply a more detailed breakdown by sector in the sampling and weighting procedure, allowing a more differentiated sector-specific analysis. Therefore, the weighting in the United Kingdom was done with a differentiation by 25 sectors, with a sub-division of NACE C into six sub-groups (C10–11; C16, 17, 22, 23, 31; C19–21; C24–25; C29–30; C12–15, 18, 26–28, 32–33) and a sub-division of NACE Q into two sub-groups (Q86 and Q87–88). In combination with the four size classes, this resulted in a weighting matrix of $25 \times 4 = 100$ cells, in contrast with the 76-cell (19×4) matrix applied in the rest of the countries (Table 30).

Apart from this finer breakdown by sector, weighting of the data from the United Kingdom was done in the same way as in the rest of the countries.

Table 30. Weighting matrix

NACE Rev. 2 section	Size class (number of workers)			
	5–9	10–49	50–249	250+
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				

Unit non-response (cooperation and response rates)

Cooperation and response rates varied greatly between countries, mostly because of national differences in the general willingness to cooperate in such (telephone) surveys (Table 31). The cooperation rate is defined as the proportion of completed interviews resulting from all eligible addresses used for the survey, whereas the response rate is the proportion of completed interviews from all addresses used for the survey, including, for example, those with wrong telephone numbers or those that turned out to be ineligible, such as private households or establishments employing fewer than five people.

In general, cooperation rates were lower in the smallest establishments and there were also some differences among activity sector, the highest cooperation rates being found among establishments in NACE O (public administration).

Item non-response

Item non-response, namely the proportion of single questions that were not answered by respondents that generally took part in the survey (no answer/do not know), was low overall: on average, a respondent did not answer 1.4 % of the questions they received. However, in the CAWI interview option, item non-response was on average greater (5.6 %) than this. For quality reasons, completed CAWI interviews were only accepted and integrated into the dataset if the proportion of 'do not know/no answer' was under 10 % of all questions. When calculated only on the basis of these finally accepted CAWI interviews, item non-response drops from 5.6 % to 2.5 %, which is a very low proportion for online interviews and, consequently, allows its integration into the main dataset.

Table 31. Cooperation and response rates, by country

Country	Cooperation rate	Response rate	Country	Cooperation rate	Response rate
Albania	38 %	25 %	Latvia	31 %	23 %
Austria	22 %	18 %	Lithuania	30 %	26 %
Belgium	35 %	23 %	Luxembourg	28 %	22 %
Bulgaria	30 %	18 %	Malta	51 %	36 %
Croatia	26 %	22 %	Montenegro	15 %	6 %
Cyprus	21 %	10 %	Netherlands	22 %	17 %
Czech Republic	16 %	10 %	Norway	23 %	15 %
Denmark	37 %	27 %	Poland	11 %	7 %
Estonia	37 %	30 %	Portugal	38 %	32 %
Finland	32 %	28 %	Romania	18 %	10 %
France	26 %	20 %	Serbia	29 %	22 %
FYROM	42 %	24 %	Slovakia	22 %	12 %
Germany	13 %	10 %	Slovenia	28 %	26 %
Greece	32 %	24 %	Spain	21 %	12 %
Hungary	12 %	8 %	Sweden	27 %	21 %
Iceland	35 %	26 %	Switzerland	21 %	15 %
Ireland	18 %	15 %	Turkey	14 %	4 %
Italy	24 %	16 %	United Kingdom	24 %	19 %
			Total	22 %	14 %

Annex 2: Master questionnaire

2nd European Survey of Enterprises on New and Emerging Risks

ESENER-2

Final Master Questionnaire

Master Version for the

Main Survey

Country: Country name

Language version: Language name

June 2014

Basic structure of the questionnaire

A. Contact phase

B. Introductory questions (part of background information)

C. Day-to-day health and safety management Part I: Available expertise and general policy

D. (Traditional and new) health and safety risks in the establishment

E. Day-to-day OSH management Part II: Risk Assessments

F. New risks: Psychosocial risks and Musculo-skeletal disorders

G. Employee participation in OSH issues

H. Sources of support

I. Final background questions

ESENER-2 Master Questionnaire

PLEASE NOTE:

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

All answers that must not actively be read out are marked with two fences: ##. These items are to be offered only if it becomes clear that the respondent's answer would not fit well into the answer options that are provided.

If multiple answers are allowed, answer items are lead by numbers: _01), _02), _03) etc. otherwise only one single answer is to be given.

Instructions to the interviewers are printed in boxes and italics.

Instructions to the programmers are printed in italics.

Not all questions have to be answered by each respondent. Filters are set out before the questions (entry filters). They are in [red font and square brackets]. If there is no filter the question which immediately follows is to be asked.

Hints for the programmer and filtering instructions were not translated into national languages because the questionnaire was programmed centrally. The chapter headings were also not translated because they were not part of the programmed script, but are introduced on this paper version for an easier orientation.

ESENER-2 Master Questionnaire

A. Contact phase

[To all respondents in first contact (with the telephone number indicated in the address register]

Q001

Good morning / afternoon. My name is … from <INSTITUTE> in <location of institute>. We are conducting the European survey on health and safety. For our interview I would like to speak with the person who knows best about health and safety in this establishment.

[If number of employees < 50 (all sectors)]

Often this person is the managing director or branch manager.

[If number of employees ≥ 50 and NACE 2-digit = 01 through 44]

Often this person is the technical director or personnel manager.

[If number of employees ≥ 50 and NACE 2-digit = 45 thru 96]

Often this person is the personnel manager.

Interviewer: Stress as necessary:
- *The survey is conducted on behalf of the European Agency for Safety and Health at Work. The Agency is an autonomous body of the European Union that provides information to improve health and safety at work.*
- *The questions are about health and safety policies and practices in your establishment.*
- *Good health and safety at work is an increasingly important issue and is a key factor in the success of the European economy. Participation in the survey will help to provide better information and assistance to workplaces. This contributes to improving safety measures and health protection of employees.*
- *Results will be used to support workplaces and to improve legislation.*
- *Details are available online at the esener.eu website. First results will be published there at the beginning of 2015.*

The respondent is this person	(1)	go to Q004a
Appointment for later call	(2)	take up time for recall**
Respondent puts through to another person	(3)	go to Q003
Respondent names another person to call	(4)	take up name & tel.**
Refused	(5)	END1
Motivation letter	(9)	take up Email

*** then go to END2*

ESENER-2 Master Questionnaire

[If second interview within a multi-site organisation in a screening country]

Q002

Good morning / afternoon. My name is … from <INSTITUTE> in <location of institute>. We are conducting the European survey on health and safety at work.
We have already conducted an interview with your head office and would like to speak with someone in your local branch regarding the same subject. Are you the person who is responsible for health and safety at this establishment?

Interviewer: (add if being asked about the first interview): The first interview was conducted with the person responsible for health and safety at the head office of this company or organisation. Person named in previous calls:

_____

Respondent is this person	(1)	go to Q004b
Respondent puts through to another person	(2)	go to Q002 again
Respondent names another person to call	(3)	take up name & tel.**
Refused	(4)	END1
Motivation letter	(9)	take up Email

*** then go to END2*

[If new contact with a person named in previous call(s)]

Q003

Good morning / afternoon. My name is … from <INSTITUTE> in <location of institute>. We are conducting the second European survey on health and safety at work. For this interview I would like to speak with the person who knows best about health and safety in this establishment. Are you this person?

Respondent is this person and OK to continue	(1)	go to Q004a
Appointment for a later call	(2)	take up time for recall**
Respondent puts through to another person	(3)	go to Q003 again
Respondent names another person to call	(4)	take up name & tel.**
Refused	(5)	END1
Motivation letter	(9)	take up Email

*** then go to END2*

ESENER-2 Master Questionnaire

[If Q001 or Q003 = 1]

Q004a

The survey is conducted in cooperation with the European Agency for Safety and Health at Work and TNS Infratest in Munich. Participation is of course voluntary.

Interviewer: Your workplace has been selected at random to represent its sector and size. To obtain representative results, however, it is important that as many of the selected establishments as possible take part.

All data will be treated with absolute confidentiality and the results will be totally anonymous. Would you be so kind as to participate in this interview?

OK to conduct interview right now	(1)	go to FILT050
Appointment for a later call	(2)	take up time for recall**
Refused because health and safety is managed at the headquarters of the organisation, not at the local level	(3)	go to Q005
Refused because health and safety services are outsourced to a service provider	(4)	go to Q006
Does generally not participate in telephone interviews	(5)	go to Q007
Refusal for other reasons	(6)	END1
Motivation letter	(9)	take up Email

**Optional text element*
*** then go to END2*

[If Q002 = 1, i.e. if second interview within a multi-site organisation in screening country]

Q004b

The survey is conducted in cooperation with the European Agency for Safety and Health at Work and TNS Infratest in Munich. Participation is of course voluntary.

Interviewer: To obtain representative results, however, it is important that as many of the selected establishments as possible take part.

All data will be treated with absolute confidentiality and the results will be totally anonymous. Would you be so kind as to participate in this interview?

OK to conduct interview right now	(1)	go to FILT050
Appointment for a later call	(2)	take up time for recall**
Refused because health and safety is managed at the headquarters of the organisation, not at the local level	(3)	go to Q005
Refused because health and safety services are outsourced to a service provider	(4)	go to Q006

ESENER-2 Master Questionnaire

Does generally not participate in telephone interviews	(5)	go to Q007
Refusal for other reasons	(6)	END1
Motivation letter	(9)	take up Email

**Optional text element*
*** then go to END2*

[If Q004a or b = 3]

Q005

Even if health and safety activities are mainly dealt with at your head office, there should normally be somebody at the local level who has some information about this subject. The questions are of a general nature and do not require specialized knowledge on the topic. May I speak with the person who is best informed regarding the subject at this branch?

Respondent is this person and OK to continue	(1)	go to Q050/Q100
Appointment for a later call	(2)	take up time for recall**
Respondent puts through to another person	(3)	go to Q003 again
Respondent names another person to call	(4)	take up name and tel.**
Refusal maintained	(5)	END1

*** then go to END2*

[If Q004a or b = 4]

Q006

Even if health and safety issues are mainly dealt with by an external service provider, there should normally be somebody at the local establishment who has some information about this subject. This is normally the managing director or another executive who is in contact with the external service provider.

Respondent is this person and OK to continue	(1)	go to Q050/Q100
Appointment for a later call	(2)	take up time for recall**
Respondent puts through to another person	(3)	go to Q003 again
Respondent names another person to call	(4)	take up name and tel.**
Refusal maintained	(5)	END1

*** then go to END2*

ESENER-2 Master Questionnaire

[If Q004a or b = 5]

Q007

You mention how you generally don't participate in telephone interviews. Would you be willing to complete the questionnaire in an online version instead?

Yes	(1)	go to Q008
No	(2)	go to END1
No answer	(9)	go to END1

[If Q007 = 1]

Q008

Would you please be so kind as to give me your email address so that we can send you the online version of the questionnaire?

Email address: _____

Refused	(9)	go to END1

END1

Thank you for your time, nevertheless. Good bye.

Interviewer:: End call ( )END (no further call; record non-response reason).

END2

Thank you for your help. Good bye.

Interviewer:: End call ..... ( ) END (try again later, start with Q001).

ESENER-2 Master Questionnaire

TURKEY, HUNGARY AND MONTENEGRO – ADDITIONAL QUESTIONS ON THE SECTOR OF ACTIVITY

[Asked only in Hungary and Turkey, and in Montenegro if no sector information available from the address]

Q030

Which of the following is the main activity of your company or organisation?

Interviewer::

The main activity is the activity with which a firm mainly earns its money: For non-profit organisations it is the activity to which most working hours are dedicated. Text in [ ] brackets is optional.

	F1	NACE
	Code	1-digit
The manufacturing of any products	1	C; go to Q031
Construction [NOT including architectural or engineering services]	2	F
Agriculture, fishing or forestry	3	A
Elecricity, gas, steam and air conditioning	4	D
Water supply, sewerage or waste management	5	E
Mining and quarrying or	6	B
Any other type of economic activity	7	Go to Q032

If Q030 = 2,3,4,5 or 6: Continue with FILT050

ESENER-2 Master Questionnaire

[If Q030 = 1]

Q031

Which type of products does your company <u>mainly</u> produce?

Food, beverage or tobacco products	1	C1 (10-12)
Textile and leather products	2	C2 13-15
Petroleum, chemical, pharmaceutical, mineral or plastic products	3	C3 19-23
Metal and metal products, machinery, vehicles and other transport equipment [such as aircrafts or boats]	4	C4 24, 25, 28-30
Or any other products	5	C5 16-18, 26, 27, 31-33

Continue with FILT050

[If Q030 = 7]

Q032

And which of the following other types of activity is your firm carrying out as <u>main activity</u>?

Wholesale or retail trade	1	G1
Travel agency or tour operator	2	N1
Accomodation and food services [incl. hotels, restaurants, bars or catering]	3	I
Transportation and storage [of persons or goods, incl. postal services]	4	H
Telecommunication and IT services	5	J1
Real estate, finance and other business service	6	Go to Q033
Education [at all levels]	7	P
Health and social services	8	Go to Q034
Public administration and compulsory social security [includes also police, defence, and justice activities]	9	O
Other Services	10	Go to Q035

If Q032 = 1,2,3,4,5,7 or 9: Continue with FILT050

ESENER-2 Master Questionnaire

[If Q032 = 6]

Q033

And which of the following more detailed descriptions meets your main activity best?

Bank and insurance activities	1	K
Real estate activities	2	L
Legal, tax and business consultancy	3	M1
Call centre, employment agency or business support activities	4	N5

Continue with FILT050

[If Q032 = 8]

Q034

And which of the following more detailed descriptions meets your main activity best?

Human health	1	Q1
Social work and residential care	2	Q2
Veterinary activities	3	M5

Continue with FILT050

ESENER-2 Master Questionnaire

[If Q032 = 10]

Q035

Which of the following other services best describes your main activity?

Arts and entertainment [e.g. libraries, museums, sports, amusement or recreation activities]	1	R
Architectural and engineering services	2	M2
Publishing activities [e.g. of newspapers, books or software], video or sound production	3	J2
Repair of vehicles	4	G2
Repair of any other products	5	S1
Personal service activities [such as hairdressing, textile cleaning, funerals]	6	S2
Scientific research and development [including market research]	7	M3
Advertising, photography or translation	8	M4
Rental and leasing of any goods	9	N2
Private security and detective activities	10	N3
Cleaning and maintenance of buildings or landscapes	11	N4
Activities of political, religious or other membership organisations	12	S3
None of these	13	Go to END3

If Q035 = 1,2,3,4,5,6,7,8,9,10,11,12: Continue with FILT050

Special Screening Questions (asked in some countries only)

FILT050 (Filter before question Q050)

If country = AL, AT, BE, BG, CY, CZ, EE, EL, HR, HU, IS, LT, LV, ME, MK, MT, PT, RO, RS, SI, SK, TR, and first interview in multi-site organisation:
Go to Q050

If country = AL, AT, BE, BG, CY, CZ, EE, EL, HR, HU, IS, LT, LV, ME, MK, MT, PT, RO, RS, SI, SK, TR, and second interview in multi-site organisation (i.e. if Q002 was asked):
Go to Q100

If country = CH, DE, DK, ES, FI, FR, IE, IT, LU, NL, NO, PL, SE, UK:
Go to Q100

Q050_txt
Before starting with the actual interview, we have some questions that are important for statistical reasons.

[Asked to all]
Q050 (=Q102 in countries without screener)
Is this establishment a single organization, or is it one of several establishments at different locations in {{country}} belonging to the same company or organization?

A single company or organisation	(1)	go to Q100
One of a number of different establishments the organisation has in this country	(2)	go to Q051
## Don't know	(8)	go to Q100
## No answer	(9)	go to END3

ESENER-2 Master Questionnaire

[If Q050 = 2]

Q051

Approximately how many different establishments with 5 or more employees – including the headquarters – does your company or organisation have in {{country}}?

Interviewer: Enter "0" if none of the establishments has 5 or more employees. If the precise number of establishments is not known, a guess will be sufficient. Only employees on the payroll of the company or organisation are to be counted, no temporary agency workers or subcontracted workers.

__ establishments with 5 or more employees		go to FILT052
## No answer	(999)	go to END3

FILT 052

"0"	establishments with 5 or more employees	go to END4
"1"	establishments with 5 or more employees	go to Q052a
"2"	establishments with 5 or more employees	go to Q053a
"3 - 998"	establishments with 5 or more employees	go to Q054a

[If Q051 = 1]

Q052a

Does the establishment at this address have at least five employees?

Yes	(1)	go to Q100
No	(2)	go to Q052b
## No answer/refused	(9)	go to END3

[If Q051 = 1 and Q052a = 2]

Q052b

In this case, this establishment is unfortunately not eligible for the interview because our study is conducted only in establishments with at least 5 employees. Would you please give me the telephone number of the establishment with 5 or more employees and – if possible – the name of the person who knows best about health and safety there?

## Information about additional respondent obtained	(1)	go to Q080_adr
## Refused	(9)	go to END3

ESENER-2 Master Questionnaire

[If Q051 = 2]

Q053a

Does the establishment at this address have at least five employees?

Yes	(1)	go to Q053b
No	(2)	go to Q053c
## No answer/refused	(9)	go to END3

[If Q053a = 1]

Q053b

In this case, we would very much like to conduct an interview in this establishment. For statistical reasons, it is however very important for our study to conduct interviews at different sites of multi-site organisations.
Would you be so kind as to give us the name and telephone number of the other establishment with 5 or more employees your organisation has in this country so that we can contact them afterwards for an additional interview?

## Information about additional respondent obtained	(1)	go to Q081_adr1
## Ask again at the end of the interview (respondent first wants to answer the interview)	(2)	go to Q100
## Refused	(9)	go to Q090

[If Q053a = 2]

Q053c

In this case, this establishment is unfortunately not eligible because our study is conducted only in establishments with at least 5 employees. But we would very much like to interview the two establishments of your company that have at least 5 employees.
Would you please be so kind as to give us their name and telephone numbers so that we can ask them for an interview?

## Information about additional respondent obtained	(1)	go to Q081_adr1
## Refused	(9)	go to END3

[If Q051 = 3 thru 998]

Q054a

Does the establishment at this address have at least five employees?

Yes	(1)	go to Q054b
No	(2)	go to Q054c
## No answer/refused	(9)	go to END3

ESENER-2 Master Questionnaire

[If Q054a = 1]

Q054b

In this case, we would very much like to conduct an interview in this establishment. It is however very important for the survey to conduct interviews at different sites of multi-site organisations
Would you be so kind as to give us the telephone number of the subsidiary with 5 or more employees that – within {{country}} is located farthest away from your site so that we can contact it afterwards for an additional interview?

## Information about additional respondent obtained	(1)	go to Q081_adr1
## Ask again at the end of the interview (respondent first wants to answer the interview)	(2)	go to Q100
## Refused	(9)	go to Q090

[If Q054a = 2]

Q054c

In this case, this establishment is unfortunately not eligible because our study is conducted only in establishments with at least 5 employees. But we would very much like to interview two of the establishments of your company that have at least 5 employees.
Would you please be so kind as to give us the name and telephone number of the establishment that is located closest to yours as well as that of the establishment that is farthest away so that we can ask them for an interview?

## Information about additional respondent obtained	(1)	go to Q081_adr1
## Refused	(9)	go to END3

[If Q053 = 3 or Q054 = 3]

Q090

I understand that you do not want us to conduct a second interview in this organisation. May I however continue the interview with you?

Yes	(1)	go to Q100
No	(2)	go to END6

ESENER-2 Master Questionnaire

END3
Thank you nevertheless for your time. Good bye.

END call

No further call attempt.

Record non-response reason 47 "Refusal to provide information in the screening phase"

END4
In this case, your organisation is not eligible for the interview since the survey is conducted only if there is an establishment with 5 or more employees in the organisation. Thank you for your time, nevertheless, and for your willingness to participate. Good bye.

END call

No further call attempt.

Record non-response reason 44 "No single establishment with 5 or more employees"

END5
Thank you for this information. We will then call the selected establishment and ask for an interview there. Good bye.

END call

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

Record non-response reason 42 "Size out of target"

END6
Thank you nevertheless for your time. Good bye.

END call

No further call attempt.

Record non-response reason 46 "Interview terminated after screening phase, not to call back"

ESENER-2 Master Questionnaire

B. Introductory questions (part of background information)

[Asked to all]
Q100
May I first of all check: What is your function in this establishment? Are you...

INT: Multiple answers possible

_1) The owner or a partner of this firm	(1)
_2) The managing director, site or branch manager	(1)
_3) Another manager	(1)
_4) The health and safety officer	(1)
_5) An employee representative in charge of health and safety or	(1)
_6) Another employee in charge of the subject	(1)
_7) ## An external health and safety consultant	(1)
9) ## No answer	(1)

[If Q100_3, _4 or _5 or _6= 1]
Q101
Is health and safety your main task or is it just one of a number of tasks you have at this establishment?

Main task	(1)
One of a number of tasks	(2)
## No answer	(9)

[Asked to all respondents in non-screening countries]
Q102
Is this establishment a single organisation, or is it one of several establishments at different locations in {{country}} belonging to the same company or organisation?

A single company or organisation	(1)
One of a number of different establishments the organisation has in this country	(2)
## Don't know	(8)
## No answer	(9)

ESENER-2 Master Questionnaire

[If Q102 = 2 (non-screening countries only)]
Q103a
Is this the headquarters or is it a subsidiary site?

Headquarters	(1)
Subsidiary site	(2)
## No answer	(9)

[If Q050 = 2 (screening countries only)]
Q103b
May I confirm once again: Is this the headquarters of your company or organisation or is it a subsidiary site?

Headquarters	(1)
Subsidiary site	(2)
## No answer	(9)

[Asked to all]
Q104
Approximately how many people work at this establishment during a normal week, regardless of whether they are physically present or carry out their work outside of the premises?
[if Q050 or Q102 = 1]
Please include directly employed persons as well as temporary agency workers, subcontractors and self-employed. An estimate is sufficient.
[if Q050 or Q102 = 2, 8 or 9]
Please include directly employed persons as well as temporary agency workers, subcontractors and self-employed, but refer to the local site only. An estimate is sufficient.

Interviewer: add if necessary: Each employee is counted as one person, regardless whether they are working full-time or part-time (= headcount).

☐☐☐☐☐

## No answer	(99999)

ESENER-2 Master Questionnaire

[Asked to all]

Q105

And roughly how many of these people are directly employed by your establishment?

Interviewer: add if necessary: With directly employed people we mean those who are on the payroll of your organisation.

_____ Number of directly employed people in the establishment

➔ *Filter to END if <5 employees or if "No answer"*

## All of them	(programmer: insert figure from Q104)
## No answer	(99999) ➔ END

[Asked if figure given in Q105 is larger than figure given in Q104]

Q105_check

The number of directly employed people you just indicated is larger than the total number of people working in the establishment as indicated in the previous question. Are you sure that this is correct or do you want to correct any of these two figures?

The given figures are both correct	(1)
Respondent wants to correct figure for total number (Q104)	(2)
Respondent wants to correct figure for directly employed People (Q105)	(3)
Respondent wants to correct both figures	(4)
## No answer	(9)

Q106_txt:

All following questions refer to all people working at this establishment in a normal week, i.e. including temporary agency workers, subcontractors and self-employed working at your premises. From now on, we will refer to all of these groups together as "employees".

ESENER-2 Master Questionnaire

[Asked to all]

Q107

Do any of the employees have difficulties understanding the language spoken at your premises?

Yes	(1)
No	(2)
## No answer	(9)

[Asked to all]

Q110

And about what proportion of the employees is aged 55 years or older? Is that…

None at all	(1)
Less than a quarter	(2)
A quarter to half or	(3)
More than half of your workforce	(4)
## No answer	(9)

[Asked to all]

Q111

Do any of the employees work from home on a regular basis, for example one day per week?

Yes	(1)
No	(2)
## No answer	(9)

[Asked to all, except for Hungary and Turkey, and in Montenegro if sector information available from the address]

Q112

According to the information in the database, this establishment belongs to the sector [[*]]. Is this correct?

Yes	(1)
No	(2)
## No answer	(9)

Text for the respective NACE sector at the 2-digit level inserted here from official translations of the NACE codification.

ESENER-2 Master Questionnaire

[If Q112 = 2 or 9]
Q113
Could you please describe briefly the main activity of this establishment?

No answer (9)

[Asked to all]
Q114
Does this establishment belong to the public sector?

Interviewer: add if necessary: A public sector organisation is wholly or mainly owned by the state.

Yes (1)
No (2)
No answer (9)

[Asked if Q114 = 2 or 9]
Q115
In about which year did this establishment start to operate? Please include time at previous locations or under a different ownership.

Interviewer: Enter the named year in the box. If respondent cannot spontaneously name the year of foundation, tick "don't know" and read out the categories appearing on the screen!

Year: (allow values from 1500 to 2014)

Don't know (9998)
No answer (9999)

ESENER-2 Master Questionnaire

[Asked if Q115 = 9998]

Q115x

Could you please give me your best estimate using the following time periods?

Before 1990	(1)
1990 to 2005	(2)
2006 to 2010 or	(3)
After 2010	(4)
## No answer	(9)

ESENER-2 Master Questionnaire

C. Day-to-day health and safety management
Part I: Available expertise and general policy

The next questions are about how health and safety is organized at your establishment.

[Asked to all]
Q150
What health and safety services do you use, be it in-house or contracted externally?

	Yes	No	No answer
_1) An occupational health doctor	(1)	(2)	(9)
_2) A psychologist	(1)	(2)	(9)
_3) An expert dealing with the ergonomic design and set-up of workplaces	(1)	(2)	(9)
_4) A generalist on health and safety	(1)	(2)	(9)
_5) An expert for accident prevention	(1)	(2)	(9)

[Asked to all]
Q155
Is a document that explains responsibilities and procedures on health and safety available to the people working in the establishment?

Yes	(1)
No	(2)
## Yes, but only to some types of employees	(3)
## No answer	(9)

[Asked to all]
Q156
Is there a specific budget set each year for health and safety measures and equipment in your establishment?

Yes	(1)
No	(2)
## No answer	(9)

ESENER-2 Master Questionnaire

[Asked to all]

Q157

Does your establishment arrange regular medical examinations to monitor the health of employees?

Yes	(1)
No	(2)
## No answer	(9)

[Asked to all]

Q158

Does your establishment take any of the following measures for health promotion among employees?

	Yes	No	No answer
_1) Raising awareness about healthy nutrition	(1)	(2)	(9)
_2) Raising awareness on the prevention of addiction, e.g. to smoking, alcohol or drugs	(1)	(2)	(9)
_3) Promotion of sports activities out of working hours	(1)	(2)	(9)
_4) Promotion of back exercises, stretching or other physical exercise at work	(1)	(2)	(9)

[Asked to all]

Q160

Are sickness absences routinely analysed with a view to improving the working conditions?

Yes	(1)
No	(2)
## No answer	(9)

ESENER-2 Master Questionnaire

[If q105 >49 and <99999]

Q161

Is there a procedure to support employees returning to work after a long-term sickness absence?

Interviewer: add if necessary: If the establishment has not had any returners from long-term sickness absence so far, we want to know whether or not a procedure has been set up for the event of such cases.

Yes	(1)
No	(2)
## No answer	(9)

[If q105 >19 and <99999]

Q162

In your establishment, are health and safety issues discussed at the top level of management regularly, occasionally or practically never?

Regularly	(1)
Occasionally	(2)
Practically never	(3)
## Not applicable	(4)
## No answer	(9)

[If q105 >19 and <99999]

Q163

Do the team leaders and line managers in your establishment receive any training on how to manage health and safety in their teams?

Yes	(1)
No	(2)
## Just some of them	(3)
## No answer	(9)

ESENER-2 Master Questionnaire

[if (Q100_3, Q100_4, Q100_5, Q100_6 or Q100_9 = 1) and Q100_1,Q100_2≠1]
Q164a
Have you personally received any training on how to manage health and safety?

[if Q100_1 or Q100_2 = 1]
Q164b
Have you personally received any training on how to manage health and safety in your establishment?

Yes	(1)
No	(2)
## No answer	(9)

[Asked to all]
Q165
Has your establishment been visited by the {{labour inspectorate}} in the last 3 years in order to check health and safety conditions?

Yes	(1)
No	(2)
## No answer	(9)

[Asked to all, size depending on national thresholds for these bodies]
Q166
Which of the following forms of employee representation do you have in this establishment?

	Yes	No	No answer
_1) {{A works council}}	(1)	(2)	(9)
_2) {{A trade union representation}}	(1)	(2)	(9)
_3) {{An health and safety representative}}	(1)	(2)	(9)
_4) {{A health and safety committee}}	(1)	(2)	(9)

ESENER-2 Master Questionnaire

D. (Traditional and new) health and safety risks in the establishment

[Asked to all]

Q200

Depending on the type of work there are different types of risks and hazards. Please tell me for each of the following risk factors whether it is present or not in your establishment, regardless of whether it is currently under control and regardless of the number of employees it affects.

	Yes	No	No answer
_1) Tiring or painful positions, including sitting for long periods	(1)	(2)	(9)
_2) Lifting or moving people or heavy loads	(1)	(2)	(9)
_3) Loud noise	(1)	(2)	(9)
_4) Repetitive hand or arm movements	(1)	(2)	(9)
_5) Heat, cold or draught	(1)	(2)	(9)
_6) Risk of accidents with machines or hand tools	(1)	(2)	(9)
_7) Risk of accidents with vehicles in the course of work but not on the way to and from work	(1)	(2)	(9)
_8) Chemical or biological substances in the form of liquids, fumes or dust	(1)	(2)	(9)
_9) Increased risk of slips, trips and falls	(1)	(2)	(9)

[Asked to all]

Q201

Besides these risks, there may also be health risks resulting from the way work is organised, from social relations at work or from the economic situation. Please tell me for each of the following risks whether or not it is present in the establishment?

	Yes	No	No answer
_1) Time pressure	(1)	(2)	(9)
_2) Poor communication or cooperation within the organisation	(1)	(2)	(9)
_3) Employees' lack of influence over their work pace or work processes	(1)	(2)	(9)
_4) Job insecurity	(1)	(2)	(9)
_5) Having to deal with difficult customers, patients, pupils etc.	(1)	(2)	(9)
_6) Long or irregular working hours	(1)	(2)	(9)
_7) Discrimination, for example due to gender, age or ethnicity	(1)	(2)	(9)

ESENER-2 Master Questionnaire

[Asked if any of Q200_1 to 9 = 1 or any of Q201_1 to _7 = 1]; only items ticked with "yes" in Q200 (for items 1 to 9) respectively Q201 (for items 10 to 16) are shown

Q202
For which of the risks - if any - is your establishment lacking information or adequate preventive tools [to deal with them effectively]?

Interviewer: Multiple answers possible

_1) Tiring or painful positions, including sitting for long periods (1)
_2) Lifting or moving people or heavy loads (1)
_3) Loud noise (1)
_4) Repetitive hand or arm movements (1)
_5) Heat, cold or draught (1)
_6) Risk of accidents with machines or hand tools (1)
_7) Risk of accidents with vehicles in the course of work (1)
_8) Chemical or biological substances (1)
_9) Increased risk of slips, trips and falls (1)
_10) Time pressure (1)
_11) Poor communication or cooperation within the organisation (1)
_12) Employees' lack of influence on their work pace or work processes (1)
_13) Job insecurity (1)
_14) Having to deal with difficult customers, patients, pupils etc.. (1)
_15) Long or irregular working hours (1)
_16) Discrimination, for example due to gender, age or ethnicity (1)
_17) ## None of these (1)
_99) ## No answer (1)

ESENER-2 Master Questionnaire

E. Day-to-day OSH management Part II: Risk Assessments

[Asked to all]
Q250
Does your establishment regularly carry out workplace risk assessments?

Interviewer: add if necessary: A risk assessment is a structured review of what, in your work could harm people, and how these risks will be controlled.

Yes	(1)
No	(2)
## No answer	(9)

[if Q250 = 1]
Q251
Are workplace risk assessments mainly conducted by internal staff or are they contracted to external service providers?

Conducted mainly by internal staff	(1)
Contracted mainly to external providers	(2)
## Both about equally	(3)
## No answer	(9)

[if Q250 = 1]
Q252
Which of the following aspects are routinely evaluated in these workplace risk assessments?

	Yes	No	No answer
_1) The safety of machines, equipment and installations	(1)	(2)	(9)
_2) If Q200_8 = 1 Dangerous chemical or biological substances	(1)	(2)	(9)
_3) Work postures, physical working demands and repetitive movements	(1)	(2)	(9)
_4) Exposure to noise, vibrations, heat or cold	(1)	(2)	(9)
_5) Supervisor-employee relationships	(1)	(2)	(9)
_6) Organisational aspects such as work schedules, breaks or work shifts	(1)	(2)	(9)

ESENER-2 Master Questionnaire

[If Q250 = 1 and Q111 = 1]

Q253a

Do risk assessments cover workplaces at home?

Yes	(1)
No	(2)
## Only some of them	(3)
## No answer	(9)

[If Q250 = 1 and Q104 > Q105 and Q104 < 99999]

Q253b

Do risk assessments cover only people directly employed by your establishment or do they also cover other types of workers at your establishment?

Only the directly employed people are covered	(1)
Other types of workers are also covered	(2)
## Only some types of other workers are covered	(3)
## No answer	(9)

[if Q250 = 1]

Q254

In what year was the last workplace risk assessment carried out?

Year: _____ *[allow values from 1970 to 2014]*

## Don't know	(9998)
## No answer	(9999)

[if Q254 = 1970 to 2014 or 9998]

Q255

Has it been documented in written form?

Yes	(1)
No	(2)
## No answer	(9)

ESENER-2 Master Questionnaire

[if Q254 = 1970 to 2014 or 9998]

Q256

Who has been provided with the findings of the workplace risk assessment?

	Yes	No	No answer
_1) The management	(1)	(2)	(9)
_2) [If Q166_3 = 1]: {{The health and safety representatives}}	(1)	(2)	(9)
_3) [If Q166_1 = 1]: {{The works council}}	(1)	(2)	(9)
_4) [If Q166_2 = 1]: {{The trade union representatives}}	(1)	(2)	(9)
_5) The employees themselves	(1)	(2)	(9)

[If Q250=1]

Q258b

If measures have to be taken following a risk assessment: Are the employees usually involved in their design and implementation?

Yes	(1)
No	(2)
## That depends on the type of measures	(4)
## No answer	(9)

[if Q250 = 1]

Q259

In your establishment, is the risk assessment procedure seen as a useful way of managing health and safety?

Yes	(1)
No	(2)
## There are conflicting views about this	(3)
## No answer	(9)

ESENER-2 Master Questionnaire

[If Q250 = 2]

Q261

Are there any particular reasons why workplace risk assessments are not regularly carried out? Please tell me for each of the following whether it applies to your establishment or not?

	Yes	No	No answer
_1) the hazards and risks are already known anyway	(1)	(2)	(9)
_2) there are no major problems	(1)	(2)	(9)
_3) the procedure is too burdensome	(1)	(2)	(9)
_4) the necessary expertise is lacking	(1)	(2)	(9)

[If Q250 = 2]

Q262

Are any other measures taken to check for health and safety in the establishment?

Yes	(1)
No	(2)
## No answer	(9)

[If Q262 = 1]

Q263

What do these other checks consist of? Is that...

	Yes	No	No answer
_1) checking that emergency routes are kept free	(1)	(2)	(9)
_2) visual checks on whether employees stick to safety rules	(1)	(2)	(9)
_3) regular, but undocumented workplace inspections	(1)	(2)	(9)

ESENER-2 Master Questionnaire

[Asked to all]

Q264

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

	Major reason	Minor reason	Not a reason	No answer
_1) Fulfilling legal obligation	(1)	(2)	(3)	(9)
_2) Meeting expectations from employees or their representatives	(1)	(2)	(3)	(9)
_4) Maintaining or increasing productivity	(1)	(2)	(3)	(9)
_5) Maintaining the organisation's reputation	(1)	(2)	(3)	(9)
_6) Avoiding fines and sanctions from the {{labour inspectorate}}	(1)	(2)	(3)	(9)

[Asked to all]

Q265

What are the main difficulties in addressing health and safety in your establishment? Please tell me for each of the following options whether it is a major difficulty, a minor difficulty, or not a difficulty at all.

	Major reason	Minor reason	Not a reason	No answer
_1) A lack of time or staff	(1)	(2)	(3)	(9)
_2) A lack of money	(1)	(2)	(3)	(9)
_3) A lack of awareness among staff	(1)	(2)	(3)	(9)
_4) A lack of awareness among management	(1)	(2)	(3)	(9)
_5) A lack of expertise or specialist support	(1)	(2)	(3)	(9)
_6) The paperwork	(1)	(2)	(3)	(9)
_7) The complexity of legal obligations	(1)	(2)	(3)	(9)

F. New risks: Psychosocial risks and Musculo-skeletal disorders

The following questions are about psychosocial risks at the workplace such as those resulting from the way work is organised, from social relations at work or from the economic situation.

[If q104 >19 and <99999]
Q300
Does your establishment have an action plan to prevent work-related stress?

Interviewer: add if necessary: Work-related stress is experienced when the demands of the work exceed the employees' ability to cope with or control them. If stress is considered as not prevalent in the establishment, we nevertheless like to know whether procedures are in place in case that stress might become an issue.

Yes	(1)
No	(2)
## No answer	(9)

[If q104 >19 and <99999]
Q301
Is there a procedure in place to deal with possible cases of bullying or harassment? Bullying or harassment occurs when employees or managers are abused, humiliated or assaulted by colleagues or superiors.

Interviewer: add if necessary: If bullying or harassment is considered as not prevalent in the establishment, we nevertheless like to know whether procedures are in place in case that these might become an issue.

Yes	(1)
No	(2)
## No answer	(9)

ESENER-2 Master Questionnaire

[If q104 >19 and <99999 and Q201_5 = 1]

Q302

And is there a procedure to deal with possible cases of threats, abuse or assaults by clients, patients, pupils or other external persons?

Interviewer: add if necessary: If such threats, abuse or assaults are not prevalent in the establishment, we nevertheless like to know whether procedures are in place in case that it might become an issue.

Yes	(1)
No	(2)
## No answer	(9)

[Asked to all]

Q303

In the last 3 years, has your establishment used any of the following measures to prevent psychosocial risks?

Interviewer: add if necessary: With psychosocial risks we mean health risks such as work-related stress, bullying, harassment or violence at the workplace.

	Yes	No	No answer
_1) Reorganisation of work in order to reduce job demands and work pressure	(1)	(2)	(9)
_2) Confidential counselling for employees	(1)	(2)	(9)
_3) Set-up of a conflict resolution procedure	(1)	(2)	(9)
_4) Intervention if excessively long or irregular hours are worked	(1)	(2)	(9)

[If any of Q303_1 to Q303_4 = 1]

Q304

Were the measures taken triggered by concrete problems with stress, bullying, harassment or violence in the establishment?

Yes	(1)
No	(2)
## Partly	(8)
## No answer	(9)

ESENER-2 Master Questionnaire

[If any of Q303_1 to Q303_4 = 1]

Q305

Did the employees have a role in the design and set-up of measures to address psychosocial risks?

Yes	(1)
No	(2)
## No answer	(9)

[If at least one of Q201_1 to Q201_7 = 1]

Q306a

Considering the situation in your establishment: Do any of the following factors make addressing psychosocial risks more difficult than addressing other health risks?

	Yes	No	No answer
_3) A lack of awareness among staff	(1)	(2)	(9)
_4) A lack of awareness among management	(1)	(2)	(9)
_5) A lack of expertise or specialist support	(1)	(2)	(9)
_6) Reluctance to talk openly about these issues	(1)	(2)	(9)

[Asked to all]

Q307

Do you have sufficient information on how to include psychosocial risks in risk assessments?

Yes	(1)
No	(2)
## No answer	(9)

ESENER-2 Master Questionnaire

[Asked to all]

Q308

Now turning to musculoskeletal problems such as pain in the back, neck, arms, hands or legs, are any of the following preventive measures in place in your establishment?

	Yes	No	No answer
_1) [if Q200_2 = 1]: Equipment to help with the lifting or moving of loads or other physically heavy work	(1)	(2)	(9)
_2) [if Q200_4 = 1]: Rotation of tasks to reduce repetitive movements or physical strain	(1)	(2)	(9)
_3) Encouraging regular breaks for people in uncomfortable or static postures including prolonged sitting	(1)	(2)	(9)
_4) Provision of ergonomic equipment, such as specific chairs or desks	(1)	(2)	(9)

ESENER-2 Master Questionnaire

G. Employee participation in OSH issues

[If any of Q166_1 to Q166_4 = 1]
Q350
How often is health and safety discussed between employee representatives and the management? Do such discussions take place regularly, only when particular health and safety issues arise or not at all?

Regularly	(1)
Only when particular issues arise	(2)
Not at all	(3)
## Does not apply (there are no employee representatives)	(7)
## No answer	(9)

[If Q350 = 1 or 2]
Q351
And how often do controversies related to health and safety arise? Is this often, sometimes or practically never the case?

Often	(1)
Sometimes	(2)
Practically never	(3)
## No answer	(9)

[If Q351 = 1 or 2]
Q352
And what are the main areas of controversy?

	Yes	No	No answer
_1) Investments in equipment	(1)	(2)	(9)
_2) Provision of training for employee representatives	(1)	(2)	(9)
_3) Provision of training for employees	(1)	(2)	(9)
_4) What measures need to be taken	(1)	(2)	(9)
_5) The degree of involvement of employees or their representatives	(1)	(2)	(9)

ESENER-2 Master Questionnaire

[If Q166_3 = 1]
Q354
Are {{the health and safety representatives}} provided with any training during work time to help them perform their health and safety duties?

Yes	(1)
No	(2)
## Yes, but only some of them	(3)
## No answer	(9)

[If Q166_3 = 1]
Q356
And what about the employees themselves: On which of the following topics does your establishment provide them with training?

[Asked to all others, i.e. if Q166_3 = 2 or 9 or missing]
On which of the following topics does your establishment provide the employees with training?

	Yes	No	No answer
_1) The proper use and adjustment of their working equipment and furniture	(1)	(2)	(9)
_2) If Q200_8 = 1: The use of dangerous substances	(1)	(2)	(9)
_3) On how to prevent psychosocial risks such as stress or bullying	(1)	(2)	(9)
_4) If Q200_2 = 1: On how to lift and move heavy loads or people	(1)	(2)	(9)
_5) Emergency procedures	(1)	(2)	(9)

[If Q107 = 1]
Q357
Is any of this training also provided in different languages?

Yes	(1)
No	(2)
## No answer	(9)

ESENER-2 Master Questionnaire

[Asked to all]

Q358

Are health and safety issues regularly discussed in staff or team meetings?

Yes	(1)
No	(2)
## In some departments only	(3)
## No answer	(9)

ESENER-2 Master Questionnaire

H. Sources of support

[Asked to all]
Q400
Has your establishment used health and safety information from any of the following organisations?

	Yes	No	No answer
_1) Employers' organisations	(1)	(2)	(9)
_2) Trade unions	(1)	(2)	(9)
_3) Insurance providers	(1)	(2)	(9)
_5) {{The labour inspectorate}}	(1)	(2)	(9)
_6) Other official institutes for health and safety at work	(1)	(2)	(9)

[Asked to all]
Q401
Are you aware of the Healthy Workplaces Campaigns run by the European Agency for Safety and Health at Work?

Yes	(1)
No	(2)
## No answer	(9)

I. Final background questions

[Asked to all]
Q450
How would you rate the level of absenteeism in your establishment compared with other establishments in the sector? Is it very high, quite high, about average, quite low or very low?

Very high	(1)
Quite high	(2)
About average	(3)
Quite low	(4)
Very low	(5)
## No answer	(9)

[Asked to all]
Q451
How would you rate the current economic situation of this establishment? Is it very good, quite good, neither good nor bad, quite bad or very bad?

Very good	(1)
Quite good	(2)
Neither good nor bad	(3)
Quite bad	(4)
Very bad	(5)
## No answer	(9)

[If Q451 = 3, 4 or 5]
Q452
Has the economic situation over the last three years resulted in a reduction of the resources available for health and safety at your establishment?

Yes	(1)
No	(2)
## No answer	(9)

ESENER-2 Master Questionnaire

[Asked to all]

Q453

May we or the European Agency for Safety and Health at Work contact you again later if we should have any additional questions for a follow-up study based on your answers in this survey?

Yes, agrees	(1)
No, does not agree	(2)
## No answer	(9)

[If Q453 = 1]

Q454

In order to re-contact you for this purpose, can I ask your name, email address and direct phone number please?

Full name:	_____	(1)
Email address:	_____	(2)
Direct phone number:	_____	(3)
## Refuses to provide this information		(9)

ESENER-2 Master Questionnaire

[If Q053b=2 or Q054b=2]
Q601
As mentioned in the beginning, it is very important for the survey to conduct interviews at different sites of multi-site organisations. These are unfortunately not listed in any suitable address register.

[If Q051 > 2] **May I ask you again whether you could give us the telephone number of the subsidiary with 5 or more employees that - within {{country}} is located farthest away from your site so that we can contact it afterwards for an additional interview?**

[If Q051 = 2] **May I ask you again whether you could give us the telephone number of the subsidiary with 5 or more employees so that we can contact it afterwards for an additional interview?**

## Information about additional respondent obtained	(1)	go to Q081_adr1
## Refused because health and safety situation is the same in all establishments of the organisation	(8)	go to END7
## Refused	(9)	go to END7

END7
I understand that you do not want us to conduct a second interview in this organisation.

[Read out to all]
Thank you very much for your cooperation.

END of the interview.

[If screening country with take-up of additional address]
Q602
Interviewer: If in the course of the interview the respondent withdrew his/her allowance to contact a further establishment of this organisation, this needs to be recorded here so that the address can be deleted.

## It is still OK to contact the other site.	(1)
## Allowance was explicitly withdrawn	(9)

Annex 3: Annexes to questionnaire

Annex 3.1: Country codes (variable 'Country')

Country	Code	Abbreviation
Albania	01	AL
Austria	02	AT
Belgium	03	BE
Bulgaria	04	BG
Switzerland	05	CH
Cyprus	06	CY
Czech Republic	07	CZ
Germany	08	DE
Denmark	09	DK
Estonia	10	EE
Greece	11	EL
Spain	12	ES
Finland	13	FI
France	14	FR
Croatia	15	HR
Hungary	16	HU
Ireland	17	IE
Iceland	18	IS
Italy	19	IT
Lithuania	20	LT
Luxembourg	21	LU
Latvia	22	LV
Montenegro	23	ME
Former Yugoslav Republic of Macedonia	24	MK
Malta	25	MT
Netherlands	26	NL
Norway	27	NO
Poland	28	PL
Portugal	29	PT
Romania	30	RO
Serbia	31	RS
Sweden	32	SE
Slovenia	33	SI
Slovakia	34	SK
Turkey	35	TR
United Kingdom	36	UK

Annex 3.2: Specific national terminology

Annex 3.2a: National terms for 'Works council'

AL	Një Këshill i Sigurisë dhe Shëndetit në Punë
AT	Betriebsrat bzw. Personalvertretung
BE	Ondernemingsraad or overlegcomité
	Conseil d'Entreprise or Comité de concertation
BG	Представители за информиране и консултиране на работниците и служителите, общо събрание на работниците и служителите
CH	Personalkommission
	Représentation des travailleurs
	Rappresentanza dei lavoratori
[CY	*Not existent]*
CZ	Rada zaměstnanců
DE	Betriebs- bzw. Personalrat
DK	Samarbejdsudvalg
[EE	*Not existent]*
EL	(εκπροσώπηση από) Επιτροπή Υγιεινής και Ασφάλειας στην Εργασία
ES	Delegado de Personal, Comité de Empresa o Junta de Personal
FI	YT-toimikunta/yhteinen kokous/neuvottelukunta
FR	Délégué du personnel ou comité d'entreprise
HR	Radničko vijeće
HU	Üzemi megbízott vagy üzemi tanács
IE	Statutory employee representation forum or another form of non-union staff association
IS	Vinnuráð
IT	Rappresentanza sindacale unitaria o aziendale
LT	Darbo taryba
	Совет предприятия
LU	Eng Personalvertriedung, Personaldelegatioun oder gemischter Betriebsrot
	Une délégation ou representation du personnel ou un comité mixte
	Eine Personalvertretung, eine Personaldelegation oder ein gemischter Betriebsrat
LV	Uzņēmuma padome
	Совет предприятия
ME	Savjet zaposlenih
[MK	*Not existent]*
MT	Kunsill tax-xogħol
NL	Ondernemingsraad
NO	Bedriftsutvalg
PL	Rada pracowników
PT	Comissão de Trabalhadores
RO	Un grup de reprezentanți ai salariaților
RS	Savet zaposlenih
[SE	*Not existent]*
SI	Svet delavcev
SK	Zamestnanecký dôverník alebo zamestnanecká rada
TR	Çalışma meclisi
UK	Joint consultative committee, employee forum or equivalent body

Annex 3.2b: National terms for '(Shopfloor) Trade union representation'

AL	Një përfaqësi e sindikatës
[AT	*Not existent]*
BE	Syndicale afvaardiging
	Délégation syndicale
BG	Синдикална организация
CH	Gewerkschaftsvertretung
	Représentant du syndicat
	Rappresentanza sindacale
CY	Συνδικαλιστική Εκπροσώπηση
CZ	odborová organizace
[DE	*Not existent]*
DK	Tillidsrepræsentant
EE	Ametiühingu usaldusisik
	Представительство профсоюза
EL	(εκπροσώπηση από) εργατικό σωματείο/συνδικάτο
ES	Delegación sindical
FI	Ammattiyhdistyksen/-osaston edustaja
FR	Délegation sydicale
HR	Sindikat
HU	Szakszervezeti képviselet
IE	Workplace union representative
IS	Fulltrúa verkalýðsfélaga / trúnaðarmaður
IT	Organizzazione sindacale
LT	Profesinės sąjungos atstovas
	Профсоюз
[LU	*Not existent]*
LV	Arodbiedrība
	Профсоюз
ME	Predstavnik Saveza sindikata Crne Gore i Unije slobodnih sindikata Crne Gore
MK	Национални синдикални федерации
MT	Rappreżentanza tal-union tal-ħaddiema
NL	Vakbondsvertegenwoordiger op de werkvloer.
NO	Tillitsvalgt
PL	Zakładowa organizacja związkowa
PT	Representantes sindicais
RO	Sindicat
RS	Reprezentativnost sindikata na nivou poslodavca
SE	Facklig förtroendeman
SI	Sindikalno zastopanje
SK	Zastúpenie odborov
TR	Sendika temsilciliği / temsilcisi
UK	Recognised trade union representation

Annex 3.2c: National terms for 'Health and safety representative'

AL	Një përfaqësues për shëndetin dhe sigurinë në punë
AT	Sicherheitsvertrauensperson
BE	Werknemersafgevaardigde
	Délégué du personnel
BG	Представител по безопасност и здраве
CH	Vertreter für Arbeitssicherheit und Gesundheitsschutz
	Représentant des travailleurs en matière de prévention
	Rappresentanza dei lavoratori salute e sicurezza
CY	Αντιπρόσωποι ασφάλειας
CZ	Zástupce pro oblast bezpečnosti a ochrany zdraví při práci
DE	Sicherheitsbeauftragte/r
DK	Arbejdsmiljørepræsentant
EE	Töökeskkonnavolinik
	Уполномоченный по рабочей среде
EL	Εκπρόσωπος εργαζομένων για θέματα Ασφάλειας και Υγείας στην Εργασία
ES	Delegado de prevención
FI	Työsuojeluvaltuutettu
FR	Délégué du personnel chargé de d'hygiène, de sécurité et des conditions de travail
HR	Povjerenik radnika za zaštitu na radu
HU	Munkavédelmi képviselő
IE	Safety representative
IS	Heilbrigðis- og öryggisfulltrúa
IT	rappresentante dei lavoratori per la sicurezza
LT	Darbuotojų atstovas saugai ir sveikatai
	Представитель персонала по вопросам безопасности и гигиены труда
LU	E Sécherheetsdelegéierten
	Délégué à la sécurité
	Sicherheitsbeauftragte(r)
LV	Uzticības persona
	Доверенное лицо
ME	Ovlašćeni predstavnik zaposlenih za zaštitu zdravlja i bezbjednosti na radu
MK	Претставник за безбедност и здравје
MT	Rappreżentant għas-saħħa u s-sigurta` fuq il-post tax-xogħol
NL	Veiligheids- en gezondheidsvertegenwoordiger
NO	Verneombud
PL	Przedstawiciel pracowników ds. BHP np. Społeczny inspektor pracy
PT	Representantes dos trabalhadores para a segurança e saúde no trabalho
RO	Reprezentanţi pentru securitate şi sănătate în muncă
RS	predstavnik za bezbednost i zdravlje na radu
SE	Skyddsombud
SI	Delavski zaupnik za varnost in zdravje pri delu
SK	Zástupca pre bezpečnost a ochranu zdravia
TR	Çalışan temsilcisi
UK	Health and Safety representative or representative of employee safety

Annex 3.2d: National terms for 'Health and safety committee'

AL	Një komitet për shëndetin dhe sigurinë në punë
AT	Arbeitsschutzausschuss
BE	Comité voor preventie en bescherming op het werk
	Comité pour la prévention et la protection au travail ou Comité de concertation de base
BG	Комитет по условия на труд
CH	Kommission für Arbeitssicherheit und Gesundheitsschutzfragen
	Commission de santé et securité au travail
	Commissione salute e sicurezza
CY	Επιτροπή Ασφάλειας
CZ	Výbor BOZP
DE	Arbeitsschutzausschuss
DK	Arbejdsmiljøudvalg
EE	Töökeskkonnanõukogu
	Совет по рабочей среде
EL	Επιτροπή Υγιεινής και Ασφάλειας στην Εργασία
ES	Comité de seguridad y salud en el trabajo
FI	Työsuojelutoimikunta
FR	Le comité d'hygiène, de sécurité et des conditions de travail (CHSCT)
HR	Odbor za zaštitu na radu
HU	Munkavédelmi bizottság
IE	Safety committee
IS	Heilbrigðis- og öryggisnefnd
IT	Comitato per la salute e la Sicurezza
LT	Darbuotojų sveikatos ir saugos komitetas
	Комитет по по вопросам безопасности и гигиены труда
LU	E Gesondheets- a Sécherheetscomité
	Un comité de santé et de sécurité
	Arbeitsschutzausschuss
LV	Uzticības personu komiteja
	Комитет доверенных лиц
ME	Komitet za bezbjednost i zaštitu zdravlja na radu
[MK	*Not existent]*
MT	Kumitat għas-saħħa u sigurta` fuq il-post tax-xogħol
NL	Veiligheids- en gezondheidscommissie
NO	Arbeidsmiljøutvalg (AMU)
PL	Komisja BHP
PT	Comissão de segurança e saúde no trabalho
RO	Comitet pentru securitate și sănătate în muncă
RS	Odbor za bezbednost i zdravlje na radu
SE	Arbetsmiljökommittée
[SI	*Not existent]*
SK	Komisia bezpečnosti a ochrany zdravia
TR	İş sağlığı ve güvenliği kurulu
UK	Health and safety committee

Annex 3.2e: National terms for 'Labour inspectorate'

AL	Inspektorati i punës
AT	Arbeitsinspektion
BE	Toezicht Welzijn op het werk
	Contrôle du bien-être au travail
BG	Инспекцията по труда
CH	Arbeitsinspektion
	Inspection du travail
	Ispettori del lavoro
CY	Τμήμα Επιθεώρησης Εργασίας
CZ	Oblastní inspektorát práce
DE	Gewerbeaufsicht oder Berufsgenossenschaft
DK	Arbejdstilsynet
EE	Tööinspektsioon
	инспекции труда
EL	Σώμα Επιθεώρησης Εργασίας (Σ.ΕΠ.Ε.)
ES	Inspección de Trabajo
FI	Työsuojelutarkastaja / Työsuojelun vastuualue / Työsuojelun vastuualue
FR	Inspection du travail
HR	Inspekcija rada
HU	Munkavédelmi Felügyelőség
IE	Health and Safety Authority
IS	Vinnueftirlitinu
IT	Ispettori del lavoro
LT	Darbo inspekcija
	Инспекции по труду
LU	Gewerbeinspektioun
	Inspection du travail
	Gewerbeaufsicht
LV	Darba inspekcija
	инспекции труда
ME	Inspektora rada
MK	Државниот инспекторат за труд
MT	Ispettorat tas-saħħa u s-sigurta fuq il-post tax-xogħol
NL	Arbeidsinspectie
NO	Arbeidstilsynet
PL	Państwową Inspekcję Pracy
PT	Autoridade para as Condições do Trabalho
RO	Inspectoratul Teritorial de Muncă
RS	Inspektorat za rad
SE	Arbetsmiljöverket
SI	Inšpektorat RS za delo
SK	Inšpektorát Práce
TR	İş Teftiş Kurulu
UK	Health and Safety Executive or Local Authority / Health and Safety Executive Northern Ireland or Local Authority

Annex 3.2f: National terms for 'Risk assessment'

AL	Vlerësime për rreziqet në vendin e punës
AT	Gefährdungsbeurteilung /Evaluierung
BE	Risicoanalyse
	L'analyse des risques
BG	Оценка на риска
CH	Risikobeurteilung
	Evaluation des risques
	Valutazione dei rischi
CY	Εκτίμηση Κινδύνου
CZ	Hodnocení rizika
DE	Gefährdungsbeurteilung
DK	Arbejdspladsvurdering
EE	Riskianalüüs
	анализ рисков
EL	Εκτίμηση επαγγελματικού κινδύνου
ES	Evaluación de riesgos
FI	Riskien arviointi
FR	Évaluation des risques
HR	Procjena rizika
HU	Kockázatértékelés
IE	Risk assessment
IS	Áhættumat
IT	Valutazione del rischio
LT	Rizikos vertinimas
	анализ рисков
LU	Risikobewäertunge
	Évaluations des risques
	Gefährdungsbeurteilung
LV	Riska novērtēšana
	анализ рисков
ME	Procjenu rizika
MK	Проценка на ризик
MT	l-evalwazzjoni tar-riskji fuq il-post tax-xogħol
NL	Risico Inventarisatie en Evaluatie (RI&E)
NO	Risikovurdering
PL	Ocena ryzyka zawodowego
PT	Avaliação de riscos
RO	Evaluarea riscurilor
RS	Procena rizika
SE	Riskbedömning
SI	Ocena tveganja
SK	Hodnotenie rizík
TR	Risk değerlendirmesi
UK	Risk assessment

HOW TO OBTAIN EU PUBLICATIONS

Free publications:

- one copy:
  via EU Bookshop (http://bookshop.europa.eu);
- more than one copy or posters/maps:
  from the European Union's representations (http://ec.europa.eu/represent_en.htm);
  from the delegations in non-EU countries (http://eeas.europa.eu/delegations/index_en.htm);
  by contacting the Europe Direct service (http://europa.eu/europedirect/index_en.htm) or calling 00 800 6 7 8 9 10 11 (freephone number from anywhere in the EU) (*).

(*) The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

Priced publications:

- via EU Bookshop (http://bookshop.europa.eu).

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 1994 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 Member States and beyond.

European Agency for Safety and Health at Work (EU-OSHA)
Prevention and Research Unit
Santiago de Compostela 12, 5th floor
48003 Bilbao
Spain
Tel: (+34) 944 358 400
Email: information@osha.europa.eu

http://osha.europa.eu

Publications Office