

E-IMPRO REPORT

DRIVERS AND BARRIERS FOR PARTICIPATIVE PSYCHOSOCIAL RISK PREVENTION PROCESSES TO CHANGE WORKING CONDITIONS

Executive version

October 2014

With the financial support of the European Commission, Employment, Social Affairs and Inclusion DG; Social Dialogue and Industrial Relations Call for proposals under Sub-Program II: Improving expertise in the field of industrial relations (Reference: VP/2013/001; Budget heading 04.03.03.01; VS/2013/0395 - E-IMPRO. Improving methods of psychosocial risks anticipation in Europe).

[Disclaimer: The views expressed in this report are those of the authors and do not necessarily reflect the views of European Commission.]



**instituto sindical
de trabajo, ambiente y salud**



Co-funded by
the European Union

Coordinators:

Clara Llorens and Salvador Moncada (ISTAS-CCOO).

Team:

Daniele Di Nunzio and Irene Delaria (Bruno Trentin Association ISF-IRES), Yücel Demiral and Ceyda Sahan (DEU), Sophie Berlioz and Pascale Gabay (Émergences), Malgorzata Milczarek (EU OSHA), Laia Ollé (GREDS UPF), Roger Nilsson (IF Metall), Diana Gagliardi and Cristina Di Tecco (INAIL), and Clara Llorens and Salvador Moncada (ISTAS-CCOO).

Team's applicant, co-applicants and associated organisations:

Applicant: ISTAS is the Spanish CCOO-affiliated Work, Environment and Health Union Institute.

Co-applicants:

Bruno Trentin ISF IRES is the Italian CGIL-affiliated Economic and Social Research Institute.

Dokuz Eylül University (DEU) of Turkey.

Émergences is a French consultant and training institute to support workers' reps.

GREDS is a research centre of the Pompeu Fabra University.

INAIL (The Workers Compensation Authority) is an Italian state agency.

Associates:

European Agency for Safety and Health at Work (EU-OSHA) is a European Union body.

ETUI (European Trade Union Institute) is a research and training centre of the European Trade Union Confederation (ETUC).

IF Metall is a Swedish trade union.

INDEX

BACKGROUND	5
LITERATURE REVIEW OBSERVATIONS	8
CASES AND WORKSHOPS NOTES	11
CONCLUSIONS REMARKS ON PARTICIPATIVE PSYCHOSOCIAL RISK PREVENTIVE PROCESSES	26
Drivers	26
Barriers	28
REFERENCES	30



BACKGROUND

The European Parliament Resolution on the review of the European strategy 2007-2012 on health and safety at work assured that health and safety has to be tackled by implementing a two-tier strategy aimed notably at combating environmental risks while attempting to improve the psychosocial working environment. It emphasised work-related stress as a major obstacle to productivity in Europe, deplored the accelerating growth of working conditions problems caused by psychosocial exposures among workers, and considered the involvement of workers and social partners at national, local and workplace levels would be crucial to the success along these lines (European Parliament, 2011).

European Working Condition Surveys (EWCS) series show the figure of about a quarter of European workers exposed to job strain, ranging from the lowest risk in Scandinavian welfare regimes (13% in Sweden) to the highest in Southern European countries (43% in Greece) (Sultan-Taïeb et al, 2010). Beyond these inequalities, the EWCS series (from the European Foundation in Dublin) show even a more relevant picture: the deteriorating of the European psychosocial working environment, especially referring to high demands and work intensity, emotional demands, lack of autonomy, ethical conflicts, and poor social relationships, as well as job and working conditions insecurity and poor work-life balance (Eurofound, 2012). Additionally, there is growing evidence that participation of occupational health and safety workers' representatives (OH&S workers' reps, from now on) supported by trade unions is a key factor for improving both working conditions and occupational health and for psychosocial risk prevention in particular (Johansson and Partanen, 2002; Milgate et al., 2002; Walters, 2011; Menéndez, 2009, EU-OSHA (a) (b), 2012). Moreover, systematic reviews identified evidence suggesting that participative and at source interventions are the ones that benefit most workers' health (Egan et al, 2007; Lamontagne et al, 2007; Bourbonnais 2011).

EU legislative framework and national legislations require employers to take action against psychosocial risks at the workplace (assess and eliminate or reduce them at the source) and to seek active participation by workers' representatives. Likewise, the Framework Agreement on Work-related Stress states that if a problem of work-related stress is identified, action must be taken to prevent, eliminate or reduce it and it should be carried out by the employer with the participation of workers and/or their representatives. The same view is maintained by the Framework Agreement on Harassment and Violence at

work. Employers and workers and/or their representatives, should establish, review and monitor procedures to ensure that they are effective in preventing and dealing with these problems.

According to legislative framework, participative risk assessments and preventive interventions have to be developed, though actual participation varies across countries depending on the regulatory framework, effective industrial relations and existing employers' management practices at workplaces. EU-OSHA ESENER's data reported European employers identify the existence of both occupational health regulations and OH&S workers' reps requests (covering 55% of firms and 70% of workers though data shows big differences between countries) as the main drivers to address psychosocial risk assessment and resulting preventive interventions at European workplaces (63% and 36% respectively), being OHS workers' reps more important in the Nordic countries and legislation in Southern countries (EU-OSHA, 2010).

However, much about specific factors influencing actual participation remains unknown, especially in the field of psychosocial risk prevention (Walters et al. 2012). Existing experience and knowledge about these participative processes that lead to more effective psychosocial risks management (EU-OSHA 2012 (a) (b)) has not been shared so far by European Trade Unions, occupational health professionals and social agents across Europe.

In such a context, E-IMPRO project aims at identifying specific barriers and drivers in participative psychosocial risk prevention processes at company level to achieve a healthier work organisation and disseminate them, to generalise them, and in doing so, enhance their impact on the improvement of workers' health, wellbeing and rights, resulting in an improvement of companies' performance. The project has focussed in three Southern European countries': France, Italy and Spain and a candidate country: Turkey, since most of research and experiences on participative psychosocial risk prevention processes known to date are located in the North and Centre of the EU, in a very different economic and social context. These three Southern Europe countries' share many similarities in their patterns of industrial relations, being especially outstanding the importance of labour dispute as a regulatory mechanism and social actors being highly ideological and politicized (both unions and employers associations).

E-IMPRO project has been based on in-depth case analysis and social partners' workshops in an attempt to achieve a complementary approach to EU-OSHA

ESENER's quantitative results, and to gain more knowledge on the drivers and barriers for psychosocial risk prevention and workers' representative participation at company level. The project developed on the basis of a networking cooperative effort led by ISTAS-CCOO (Spain) was carried out with Associazione Bruno Trentin – ISF- IRES (Italy), Dokuz Eylül University (Turkey), Émergences (France), ETUI (EU), EU-OSHA (EU), GREDS – EMCONET (UPF-Spain), IF Metall (Sweden) and INAIL (Italy), funded by the European Commission.

Likewise, the project has aimed at contributing to the development of the 2014-2015 EU-OSHA's campaign: "Healthy workplaces manage stress" and of the recently founded European trade union network on psychosocial risks at work. Last but not least, it would also enhance knowledge on industrial relations in the strategic area of health and safety, and particularly on psychosocial risk prevention issues.

The project's partners have given great importance to dissemination activities which promoted the exchange of information and experience among parties actively involved in industrial relations through social agents' (stakeholders) workshops. They have answered the European Commission's call to social partners to work for increased awareness and understanding of work-related stress and its prevention at source, namely at workplace level, among employers, workers and their representatives. Lessons learned should support reinforcement of European regulatory framework on occupational health, protection of European labour rights, health at work, and consequent improved competitiveness of European workplaces.

Organisations participating in this project support a change of the current preventive practice in their countries (based on a technocratic approach and bureaucratic formalities), in favour of healthier workplaces, through the enhancement of OH&S workers' reps participation and the improvement of working conditions supported by evidence that a healthier psychosocial work environment will improve workers' wellbeing and it will help European companies to be more productive and efficient.

LITERATURE REVIEW OBSERVATIONS

In the E-IMPRO project a literature review was performed covering the period 2003-2013, limited to English and Spanish texts. It concentrated on drivers, barriers and impacts of OH&S workers' reps participation in psychosocial risks prevention and occupational health at firm level and it stressed some policy-related determinants that could be addressed to improve it. It was based on the review performed for EPSARE's project (Menéndez, Benach and Vogel, 2009), which assert the important task developed by OH&S workers reps in guaranteeing healthy workplaces, grounded on 202 documents. The literature review performed for E-IMPRO project expanded on subjects (focusing on psychosocial risk prevention based on the change of working conditions) and time span (until 2013) using relevant databases of scholarly literature (PubMed, SSCI, PsycINFO, JSTOR) and grey/institutional literature (Eurofound, EU-OSHA, WHO, ILO, ICOH). After reading title and abstracts and the application of selection subject criteria, 124 more documents were reviewed.

Literature review identified as main **barriers**:

- Lack of commitment from senior and middle management, which, in turn, is influenced by firms' strategies of competitiveness based on precarious working conditions and authoritarian tradition of labour relations (Dahl-Jørgensen & Saksvik, 2005; Laing et al., 2007).
- Lack of technical support, guidance and resources, signalled by both management and OH&S workers' reps (Mellor et al., 2011; Milczarek, Irastorza, & European Agency for Safety and Health at Work, 2012; Walters, Wadsworth, & Quinlan, 2013).
- Organisational restructuring, hampering work organisation interventions and damaging workers' and worker representatives' power. Scenarios of restructuring are shaped by changes in the productive structure -shift in the economic structure affecting union decline and bringing changes in representation patterns- and labour management practices leading to worsening of working conditions (labour flexibility). As a result, there has been a rise of precarious forms of employment and working conditions and a worsening of psychosocial risk factors (Egan et al., 2007; Walters, 2011).

- Constrained collective power of workers' representatives, especially hindered by obstructive attitudes from management; changes in the productive structure and labour management practices; limited and unequal implementation of occupational health laws in European countries; economic activity and size of the firm and workers' occupational group; and the limited scope of action and mobilisation for OH&S workers' reps in the area of psychosocial risks and work organisation (Albanel, Lusson, & Perusat, 2012; Moncada & Llorens, 2007; Walters, 2011;).
- Understanding of psychosocial risks marred by false beliefs, influenced by prevailing mainstream approaches to psychosocial risk prevention and to occupational health (excessive focus on the individual-based personality issue and on injury instead of prevention at source) (Albanel et al., 2012; Walters, 2011; Moncada, Llorens, Moreno, Rodrigo, & Landsbergis, 2011); and the fact that psychosocial risk prevention is an underdeveloped subject by unions and occupational health public institutions, within the educational and research systems, and by employers' organisations (Moncada, Llorens, Moreno, Rodrigo, & Landsbergis, 2011; Walters, 2011).
- Lack of workers' commitment to health and safety interventions. This lack of commitment can be influenced by labour relations and a context of labour management practices' leading to limited scope of worker participation or lack of trust in management (Lavoie-Tremblay et al., 2005; Mikkelsen & Gundersen, 2003); poor communication among the parties involved in a work organisation intervention (Egan et al., 2007); and lack of workers' awareness on health and safety matters.
- Lack of workers' support to safety representatives, hindered by fear of retaliation and poor awareness of safety representatives' existence and functions, or access or communication with workers' representatives (Gunningham, 2008; Ollé-Espluga et al., 2013).

Literature review identified as main **drivers**:

- Request by workers or workers' representatives, fostered by unions' support (Milczarek et al., 2012; Moncada & Llorens, 2007) and influenced by: the existence of worker representative participation (more frequent in larger

companies, in the public sector, and in industry or tertiary qualified services) (Coutrot, 2009; Walters, Wadsworth, Marsh, Davies, & Lloyd-Williams, 2012); the amount of safety representatives' rights and resources facilitated/improved by regulatory framework and collective bargaining (Hovden, Lie, Karlsen, & Alteren, 2008; Menéndez, Benach, & Vogel, 2009; Yassi et al., 2013); the extent of safety representatives' coverage (Gunningham, 2008; Walters et al., 2013); and knowledge activism and training since it can lead to develop a vision of psychosocial risks without false beliefs, and to strategic use and collection of technical, scientific and legal knowledge (Hall, Forrest, Sears, & Carlan, 2006; Moncada, Llorens, Moreno, Rodrigo, & Landsbergis, 2011).

- Workers' support to work organisation interventions and safety representatives, influenced by communication and information, interaction between representatives and workers; and workers' awareness of health and safety matters and of safety representatives (Carpentier-Roy, Ouellet, Simard, & Marchand, 1998; Moncada & Llorens, 2007).
- Regulatory framework making compulsory worker representative participation and interventions in health and safety, including psychosocial risk prevention (work organisation as a risk source) (Moncada, Llorens, Moreno, Rodrigo, & Landsbergis, 2011; Milczarek et al., 2012; Walters et al., 2013).
- Senior and middle management commitment, facilitated by underlying motivations tied to work organisation interventions (e.g. to tackle absenteeism) (European Agency for Safety and Health at Work, 2013).
- Labour relations –at national and company level- fostering social dialogue (Dahl-Jørgensen & Saksvik, 2005; Stolk, Staetsky, Hassan, & Woo Kim, 2012).
- And labour management practices facilitating a fair and democratic work organisation (Llorens C et al, 2010).

With regard to the **impact** of actions performed by workers' representatives, literature provides evidence to show that wherever worker representation is present, health and safety are better ensured. Results describe that the *participation of workers' representatives in occupational health* is associated with higher levels

of health and safety management, better compliance with regulatory standards, or higher degrees of health and safety information and awareness among workers (Coutrot, 2009; Istituto per il Lavoro, 2006; Walters & Nichols, 2006; Walters et al., 2012). Regarding *psychosocial exposures prevention*, interventions with participation of workers' reps end up with measures aimed at reducing exposures at source such as, redesigning the way work is done; introducing variations in the working time; changing or purchasing new working equipments; and improving communication; difficulties arise when suggestions involve expanding staff (R Bourbonnais et al., 2006; Moncada & Llorens, 2007; European Agency for Safety and Health at Work, 2012; Gauderer & Knauth, 2004; Laing et al., 2007; Lavoie-Tremblay et al., 2005;). For some of these interventions -mainly published in the scientific literature-, their effect on workers' health was measured so that positive results have been found regarding physical outcomes (Dahl-Jørgensen & Saksvik, 2005; European Agency for Safety and Health at Work, 2012, pp. 138–139; Laing et al., 2007); factors affecting mental health (R Bourbonnais et al., 2006; Renée Bourbonnais, Brisson, & Vézina, 2011; Laing et al., 2007; Lavoie-Tremblay et al., 2005); or burnout and absenteeism (R Bourbonnais et al., 2006; Renée Bourbonnais et al., 2011; Lavoie-Tremblay et al., 2005).

CASES AND WORKSHOPS NOTES

Based on available knowledge, criteria for selecting 3 cases per country and collecting and analysing information were discussed and settled down on the first transnational workshop. E-IMPRO literature review (see above) and EU-OSHA ESENER's results (see references) were presented and discussed to this regard, and to share a common approach on participative psychosocial risk prevention processes, on prevention at source and to conclude on a common understanding of preconditions, drivers and barriers for such active participation to improve working conditions.

A total of 12 cases were chosen and fieldwork was developed in two phases:

1. Collecting and analysing relevant documentation (psychosocial risk assessment report; preventive measures planning and written documentation on procedures to implement changes of working conditions);
2. Interviewing management and workers' representatives, key actors in the psychosocial risk prevention participative process.

A total of 62 people were interviewed to obtain in-depth information on psychosocial risk assessments, preventive measures planning and actual changes in labour management practices, key issues in the participative processes (reasons why it started, aspects on what social agents agreed and did not agree upon, role of each one in different stages of the preventive process, barriers and drivers for participative psychosocial risk preventive activities and for at the source psychosocial risk preventive activities). This was the case in all countries, except for Turkey, where interviews were done in companies where no risk assessment was conducted, so interviews were not based on actual applications but rather on possibilities. The psychosocial hazards and risks are not specifically addressed in Turkish OHS Act (2012, No: 6331) and related secondary regulations. Furthermore, most managers, OHS professionals and workers were not aware of the importance of psychosocial risks at workplaces.

TABLE 1: COUNTRY, CASES AND LIST OF INTERVIEWED INFORMANTS

SPANISH CASES	
COMPANY	INTERVIEWED INFORMANTS (name and post)
Codorníu-Sant Sadurní (217 workers, sparkling wine-cava producer)	Jordi Larregola (Workplace Operational Manager) and Adelina Beneit (OHS manager) and Antonio Cruces (OH&S workers' rep on behalf of CCOO trade union confederation)
Hotel Colón (96 workers, 4 stars hotel)	Angel Vera (HR Manager) and Angélica Cárdenas (OH&S workers' rep on behalf of CCOO)
FAE-Francisco Alberó (135 workers, electronic components producer)	Sergi Quemada (HR and Financial Manager) and Jordi Campamà (HR assistant manager and OHS manager) and Javier Sánchez (OH&S workers' rep on behalf of CCOO and head of the work council)
TURKISH CASES	
COMPANY	INTERVIEWED INFORMANTS (name and post)
DELPHI (2,200 workers, manufactures cables for the automotive industry)	1 HR Manager , 2 HR specialists , 1 Manufacturing Manager , 1 Logistics Manager 1 Manufacturing Employee , 1 Cutting Employee , 1 Maintenance Employee 4 Team Leaders , 1 Labour Union Representative
NEKA (157 workers, manufactures household appliance models)	1 Employer , 1 Production Manager , 1 Financial Manager , 1 Engineering Manager , 7 Workers' reps
TUPRAG (431 workers, gold mining)	1 HR Manager , 3 Manager 2 OHS workers' reps , 2 workers

ITALIAN CASES

COMPANY	INTERVIEWED INFORMANTS (name and post)
Centro Analisi Monza (CAM) (204 workers, private company operating in the Human Health and Social Work Activities activity sector -NACE Q)	Dr. Marco D'Orso (Occupational Physician , on behalf of the employer), Mrs. Stefania Fazzoni (OH&S Workers' Rep)
Cernusco sul Naviglio Municipality (182 workers, public company operating in the Administrative and Support service activities sector -NACE N)	Dr. Fabio La Fauci (HR Manager), Mr. Michele Mazzone (OH&S Workers' Rep on behalf of trade union CGIL), Dr. Enrico Gallo (Occupational Physician)
Telecom Italia (65,623 workers, private company operating in the Information and communication sector - NACE J)	Antonella Zolla (Health, Safety and Environmental National Manager); Giulio Di Marco (People Value National Manager - Human Resource); 3 union representatives of the National Bilateral Body on H&S : Alessandra Tommasini (SLC, CGIL), Francesco Mastrandrea (FISTEL, CISL), Ivano Griffone (UILCOM, UIL); 1 Local Health and Safety Workers' Representative

FRENCH CASES

COMPANY	INTERVIEWED INFORMANTS (name and post)
RATP- GIS –Public Transport Company in Paris (CCAS Unit –internal social security found of RATP)	Geneviève ARRY (OHS Secretary), Alain RANDON (Labour doctor of RATP)
FRANCE TELECOM –Telecommunication	Jean-Pierre HIPPIAS (OHS Secretary – France Télécom AG-Pro Bordeaux); Anne DELAPORTE (OHS Secretary – France Télécom AG Pro Paris), Danièle TEZIER (OHS Secretary- France Télécom Annecy)
TROUSSEAU HOSPITAL	Victor PECOME (OHS Secretary), Renaud PELLE (CEO – OHS President), Yves DUQUENNE (Manager), Hélène FAUVIER, Frédérique SINET (Human Resources Direction), Nathalie MOINE (Internal consultant in charge of prevention of professional hazards)

TABLE 2: COMPANY AND PARTICIPATIVE PROCESS MAIN FEATURES

SPANISH CASES			
COMPANY	MAIN FEATURES OF THE PARTICIPATIVE PROCESS		
Codorníu-Sant Sadurní (217 workers, sparkling wine-cava producer)	In the 3 cases, the methodology used was COPSOQ-Istas21 that involves applying the Spanish version of COPSOQ questionnaire which includes a compulsory risk assessment process . This process should be led by a joint task force (working group) composed by managers' and workers' reps with the assistance of the OH&S professionals. The risk assessment process includes the following issues:		
Hotel Colón (96 workers, 4 stars hotel)			
FAE-Francisco Alberó (135 workers, electronic components producer)	Phase	Who is involved?	
	RISK ASSESSMENT		
	a) To agree on the use of the methodology:	Occupational Health and Safety Committee	
	<ul style="list-style-type: none"> Presenting the CoPsoQ-istas21 method. Signing the agreement. 		
	b) To prepare and carry out the field work:	Joint task force (managers' and workers' reps with OH&S services support)	
	<ul style="list-style-type: none"> Adapting the questionnaire. Designing the communication plan and the distribution, response and recollection of questionnaires. Implementing field work. 	Staff answering the questionnaire	
c) To understand results and agree on preventive measures:	Joint task force		
<p>Questionnaires' data must be computerized and software automatically generates the risk assessment report which localise and specify exposures features.</p> <ul style="list-style-type: none"> Discussion and agreement upon risk assessment results and preventive measures. Informing the staff. 	Preventive circles when joint task force decides (collective consultative direct participation)		
PLANNING OF PREVENTIVE ACTIVITIES			
d) To implement preventive measures:	Joint task force		
<ul style="list-style-type: none"> Planning of measures implementation (priorities, deadlines and resources needed). Informing the staff. Follow-up of implementation. Preventive measures evaluation. 	Ratified by the Occupational Health and Safety Committee		

ITALIAN CASES

COMPANY	MAIN FEATURES OF THE PARTICIPATIVE PROCESS	
<p>Centro Analisi Monza (CAM) 204 workers Private company operating in the Human Health and Social Work sector</p>	Phase	Who is involved?
	RISK ASSESSMENT	
	<p>a) Preliminary assessment: Analysis of objective risk indicators of work-related stress under three main headings: sentinel events, work content and work context factors (e.g. absences from work, turnover rate, injuries, workload, role, relationships, work-home conflict). The checklist provided by INAIL's methodological proposal for the assessment and management of work-related stress was used.</p>	<p>Joint task force: A manager in charge of the Preventive and Protective Services, the Company Physician, the OH&S Workers' Representative, with the support of an internal Psychologist</p>
	<p>b) In-depth assessment: In a second stage an in-depth assessment on the psychosocial context and content factors was carried by focus groups.</p>	<p>Joint Task force: A manager in charge of the Preventive and Protection Services, Company Physician, OH&S Workers' Representative, and Area Managers</p>
	PLANNING OF PREVENTIVE ACTIVITIES	
<p>c) To implement preventive measures:</p> <ul style="list-style-type: none"> • Planning of measures implementation. • Monitoring of implementation. • Evaluation. 	<p>Joint Task force: Area Managers, OH&S Workers' Rep</p>	

ITALIAN CASES

COMPANY	MAIN FEATURES OF THE PARTICIPATIVE PROCESS	
<p>Cernusco sul Naviglio Municipality 182 workers public company operating in the Administrative and Support service activities sector (NACE N)</p>	Phase	Who is involved?
	RISK ASSESSMENT	
	<p>a) Preliminary assessment Analysis of objective risk indicators of work-related stress under three main criteria: sentinel events, work contents and work context factors (e.g. absence from work, turnover rate, injuries, workload, role, relationships, work-home conflict).</p> <p>To this aim, the checklist provided by the INAIL's methodological proposal for the assessment and management of work-related stress was used. It was administered to all workers divided into six homogeneous groups.</p>	<p>Joint Task force: The Employer, the Health & Safety Manager, the Company Physician, a Workers' Health and Safety Representative and the Human Resources Manager (Assessment group)</p>
<p>b) In-depth assessment According to the results, the in-depth assessment was carried out for two groups of workers: local police officers and kindergarten teachers, using the MMPI questionnaire (Minnesota Multiphasic Personal Inventory). In this specific case, the choice of an adult personality and psychopathology questionnaire, rather than a more specific tool focusing on working conditions and psychosocial context and content factors, was linked to the characteristics of the conflicts and to the fact that this particular employees use weapons in their job.</p>	<p>Joint Task force: The OH&S Workers' Representative and the Company Physicians with the involvement of the Regional Preventive Office</p>	

ITALIAN CASES

COMPANY	MAIN FEATURES OF THE PARTICIPATIVE PROCESS		
<p>Telecom Italia 65,623 workers private company operating in the Information and communication sector (NACE J)</p>	Phase	Who is involved?	
	RISK ASSESSMENT		
	a) Preliminary research	Task force: Human resource office, HSE office, managers, HSRs	
	<p>b) To agree on the use of the methodology</p> <ul style="list-style-type: none"> • Definition of goals and tools. • Adaptation of tools to the specific work organization. • Planning of risk assessment. 	<p>Joint Task force: Research team: “Tor Vergata” University in Rome and BSD Company with the support of the Regional Centre for work-related stress of SPRESAL, ASL Roma C. Pilot Committee: s Research Team, Health Safety & Environment Manager, Occupational Doctor Coordinator, 3 manager of People Value Office, Manager of People Caring & Communication, Line Manager of Caring Services and Open Access, and all the members of the National Bilateral Body on H&S (3 employers’ representatives and 3 union representatives (SLC-CGIL, FISTel-CISL, UILCOM-UIL)</p>	
	<p>c) Field work</p> <ul style="list-style-type: none"> • In-depth interviews to managers. • In-depth survey by 3 structured questionnaires on a random representative sample of above 2,300 workers. • Observational research during working activities. • 12 focus groups in two sessions. 	<p>Task force: Research team with the support of “Bamboo Team” (a group of 12 workers: most part of them are workers with a psychologists and sociologists educational background in psychology and sociology working as employees in the offices)</p>	
	<p>d) To understand results and agree on preventive measures</p> <ul style="list-style-type: none"> • Analysis. • Meetings. 	<p>Data analysis and findings are carried out by the research team with the support of Pilot Committee. The proposals are carried out by the Pilot Committee with the support of research team.</p>	
PLANNING OF PREVENTIVE ACTIVITIES			
<p>e) To implement preventive measures:</p> <ul style="list-style-type: none"> • Planning of preventive measures implementation (priorities, deadlines and resources needed) • Inform the staff • Follow-up implementation • Preventive measures evaluation 	<p>Task force Pilot Committee with the support of research team. Health and Safety Representatives ask for greater involvement in the definition of the proposals.</p>		

FRENCH CASES

COMPANY	MAIN FEATURES OF THE PARTICIPATIVE PROCESS	
RATP- GIS	In the 3 cases, the methodology used was the methodology of independent audits for Workers representative carried by Emergences with the approval of The Ministry for Work, Employment and Health of the French Republic.	
FRANCE TELECOM		
TROUSSEAU HOSPITAL	Phase	Who is involved?
	RISK ASSESSMENT	
	Definition of problems and objectives of OHS interviews with workers representatives	OHS secretary, members of OHS, independent expert
	Instruction and interviews with direction and managers representatives	Independent expert, OHS president and Human Resources managers
	Documentary analysis	Working expert team
	Company organisational chart	
	Job missions description	
	Single risk assessment document	
	All documents relatives to the problematic of the unit concerned	
	Analysis of working conditions and occupational risks factors	
	Ergonomic observations	
	Sociological analysis of workplace organisation	
	Organisational diagnoses	
	Proposal of recommendations for the enhancement of working conditions and hazard prevention in the workplace	
	Final restitution of the preventive measures in front of OHS members and direction	OHS Secretary, members of OHS, independent expert
	PLANNING OF PREVENTIVE ACTIVITIES	
	Planning of preventive measures must be written in the single risk assessment document (priorities, deadlines, and resources needed)	Members of OHS and direction
	Follow-up of preventive measures during each OHS meeting	
	Evaluation of preventive measures	

TABLE 3: COMPANY, MAIN EXPOSURES AND CHANGES OF WORKING CONDITIONS

SPANISH CASES		
COMPANY	MAIN EXPOSURES	MAIN CHANGES OF WORKING CONDITIONS
Codorníu-Sant Sadurní (217 workers, sparkling wine-cava producer)	In the production department: low influence and low development possibilities; bad quality of leadership, low esteem and high insecurity	Social partners agreed upon introducing changes on work organisation: 1. Collective delegative direct participation of production workers through weekly meetings for the discussion and agreement on how to manage weekly production (tasks assignment and order of tasks, methods used...); 2. Collective consultative direct participation for decisions on new technology, machinery modification and equipment purchases ; and 3. No salary reduction for multi-skilled workers' on downward mobility (after mediation). All implemented measures have different follow-up processes, mainly joint working group meetings to analyse actual implementation.
Hotel Colón (96 workers, 4 stars hotel)	Demands for hidden emotions among waiters and receptionists, low influence and quality of leadership in all work posts without management tasks and high insecurity in all work posts	Social partners agreed on: 1. Implementing a protocol for dealing with customers (developed with workers, through consultative direct participation through prevention circles) and as its support measure: assertiveness and conflict resolution techniques training for both workers and middle management; 2. Get into departmental meetings which are collective consultative direct participation on daily working process following a procedure agreed with workers' reps, and its support measure: training on group management for middle managers; and 3. Top management-workers meetings carried out regularly (every 6 months or depending on needs), to inform about the company's economic situation. All implemented measures have different follow-up processes, mainly joint working group meetings to analyse actual implementation.

SPANISH CASES

COMPANY	MAIN EXPOSURES	MAIN CHANGES OF WORKING CONDITIONS
<p>FAE-Francisco Alberó (135 workers, electronic components producer)</p>	<p>In the production department: work-family conflict, high insecurity, low influence, quality of leadership and low esteem</p>	<p>Social partners agreed on:</p> <ul style="list-style-type: none"> • new working time arrangements (16 h/year paid permit for family health reasons (visits to doctors); possibility to divide 15 days of holidays into hours to conciliate work and family life); • new design of the monthly company bulletin to include information on new products, company commercial and budget situation; • new tasks for supervisors to support production workers: checking quality of root material, machinery needs, organise short meetings to discuss production indicators and workers' proposals – engineers and plant director intervention, when necessary, has led to change working orders – ; new incidents report sheets and the support measure: training by doing on groups' management for middle managers.

ITALIAN CASES

COMPANY	MAIN EXPOSURES	MAIN CHANGES OF WORKING CONDITIONS
<p>Centro Analisi Monza (CAM) 204 workers private company operating in the Human Health and Social Work Activities activity sector</p>	<p>The findings of the preliminary assessment showed a 'not relevant' risk for work-related stress in all homogenous groups involved. According to the Italian law, this means that targeted interventions are neither necessary nor compulsory</p>	<p>Taking into account some concerns raised by the Area managers and the OH&S Workers' Rep during the focus groups, an organizational intervention on work-shifts was set.</p>

ITALIAN CASES

COMPANY	MAIN EXPOSURES	MAIN CHANGES OF WORKING CONDITIONS
<p>Cernusco sul Naviglio Municipality 182 workers public company operating in the Administrative and Support service activities sector (NACE N)</p>	<p>Main exposures were in the homogeneous groups of kindergartner teachers and police officers (increase of conflicts among colleagues and of change of assignment requests).</p>	<p>Since the in-depth assessment findings reported a ‘not relevant’ risk for work-related stress in the target group, no general preventive intervention was implemented. However, a two-year monitoring has been planned to verify the evolution of work-related stress risk levels; also an individual level intervention was set up on single workers, such as the temporary disqualification for the use of weapons for officers involved in conflicts.</p>
<p>Telecom Italia 65,623 workers private company operating in the Information and communication sector (NACE J)</p>	<p>“Medium” risk in Customer Care Consumer, Customer Care Business, On field technicians of Open Access; “borderline” risk (between low and medium) in Technicians of Customer Service and other activities in Customer Service. Main risks: lack in training on H&S, job-skills mismatch, work isolation due to the individualization of tasks, work-load and high pressure, lack of workers’ control on the performance goals.</p>	<p>Social partners agreed on introducing changes on work organisation and, actually, they are introducing several changes to cope with work-related stress.</p> <ul style="list-style-type: none"> • Improving the communication on the company’s strategies; • Specific information and training on stress at work; • Training for the working skills and working qualification; • Improving the work organization considering: pace of work, shifts; work-life balance; • Improving tools and technology, considering: usability, simplification, working environment. <p>However, Health and Safety Representatives demand further involvement in the definition of proposals. In particular, H&S Reps’ demands included:</p> <ul style="list-style-type: none"> • improving work organization especially considering shifts-organization, breaks, skills; • reducing the impact of individual-based company bonus on psychological pressure; • reducing workload through intervention in work organization, as well as considering the opportunity to increase the workforce.

FRENCH CASES

COMPANY	MAIN PROBLEMS	MAIN CHANGES
<p>TROUSSEAU HOSPITAL Medical records staff</p>	<p>Medical records department:</p> <p>The lack of a management framework and of immediate supervisors; arduous work carried out in unhealthy and congested working conditions and work environment; resulting in a high rate of absenteeism, loss of self-esteem, and verbal and physical violence.</p>	<p>The independent audit of the department conducted on behalf of the CHSCT made it possible to objectively assess the work situations of the medical records staff and formulate recommendations to improve their working conditions. In addition, following the audit, the hospital management decided to implement a structured policy to prevent psychosocial risks. This provided for:</p> <ul style="list-style-type: none"> • The setting up of a PSR prevention project on the initiative of senior management. • Work with the trade unions to produce a single document that provides a structured response to crisis situations across the entire Trousseau Hospital. • Creation of a local steering committee to facilitate communication, by creating “focal points” • Recruitment of a psychosocial risk coordinator assigned to the three hospital establishments • Recruitment of a risk prevention officer for each site to support the occupational psychologist • A dedicated PSR steering committee was created comprising representatives from the different professions, except for the doctors who considered that they were not concerned.
<p>RATP-GIS</p>	<p>Deterioration in working conditions, was linked to work organisation changes and HR management methods, as well as the change in the company’s legal status, which created not only uncertainty for the employees but also made them fear for their jobs, the loss of cohesion among work teams, a clan-like way of functioning and symptoms of unease at work.</p> <p>The management’s governance was ambiguous and fuelled a widespread lack of trust and cooperation among the different teams.</p>	<p>The independent audit of the CCAS department formulated recommendations in order to improve working conditions but it was not directly used by management to favour psychosocial prevention.</p>

FRENCH CASES

COMPANY	MAIN PROBLEMS	MAIN CHANGES
FRANCE TELECOM	<p>Deterioration of working conditions linked to the change of status of the company, site closures, forced changes of profession and geographical mobility, sustained pressure to quit the company and high insecurity among all work posts.</p> <p>High levels of suffering: suicides and suicide attempts inside the company, long time sick leaves, discrimination of workers' representatives.</p>	<p>In 2009, the social crisis at France Télécom led to the intervention of the French Government's General Directorate of Labour (Labour Inspectorate) with formal notice being given to France Télécom regarding the measures to be taken with respect to the employees' suffering. For three years, the social contract and the social agreements that followed enabled the employees to work under better conditions. Article 2.4 of the "Mobility" Agreement signed with the social partners so as to avoid the harmful effects of undesired mobility specifically states that "a good level of employment is one of the measures to eliminate suffering at work and to limit further workforce reductions; the decline of business linked to market opening and to hyper competition gives rise to new concerns and suffering in the company."</p> <p>From 2010 to 2013, implementation by France Télécom management of a new social contract aimed at re-injecting a human dimension into the company. Management notably undertook to improve employment within the company (by recruiting more than 10 000 people by 2012), to give more effective support to the employees' career development and to improve the quality of their work life.</p>

To conclude the national phase, a workshop was organised in each country where workplace social agents presented their own experience and they debated on them with relevant stakeholders to agree upon barriers, drivers and recommendations for participative processes on psychosocial risk prevention to change working conditions.

TABLE 4: PARTICIPANTS BY CASES AND STAKEHOLDERS ON NATIONAL WORKSHOPS

SPANISH WORKSHOP		
COMPANY	PARTICIPANTS	STAKEHOLDERS
Codorníu-Sant Sadurní (217 workers, sparkling wine-cava producer)	Jordi Larregola (Workplace Operational Manager) and Adelina Benoit (OHS manager) and Antonio Cruces (OH&S workers' rep on behalf of CCOO)	The Spanish workshop had 2 sessions. For one of them, ISTAS involved 37 representatives of social agents and public administrations acting at workplace level : the two most representative Spanish Trade Union Confederations: CCOO and UGT at national, branch and regional level; the most representative employers' organisation at regional level (Catalunya): Foment del Treball Nacional ; the regional government (Catalonia): Departament d'Empresa i Ocupació de la Generalitat de Catalunya , the Spanish OSHA: INSHT and a university: UPF . For the other session, ISTAS involved 40 CC.OO's shop-floor unionists from companies of different sectors.
Hotel Colón (96 workers, 4 stars hotel)	Angel Vera (HR Manager) and David Martí (OH&S workers' rep on behalf of CCOO)	
FAE-Francisco Alberó (135 workers, electronic components producer)	Sergi Quemada (HR and Financial Manger and Jordi Campamà (HR assistant manager and OHS manager) and Javier Sánchez (OH&S workers' rep on behalf of CCOO and head of the work council	

TURKISH WORKSHOP		
COMPANY	PARTICIPANTS	STAKEHOLDERS
DELPHI (2,200 workers, manufactures cables for the automotive industry)	Gozde Can (HR specialist) Ada Baskaya (HR specialist)	The Turkish workshop had one session. There were 20 participants . Two of them were representatives from the Republic of Turkey Ministry of Labour and Social Security . They had a presentation on the current stage of the psychosocial risk prevention process in Turkey and their acts on it. Turkey Country report of E-IMPRO was presented and all of the participants discussed and revised this report.
NEKA (157 workers, manufactures household appliance models)	Nezih Kayabas (Employer) Nuray Ezer (OHS Engineer), Bedri Bilge (Occupational Physician) Ahmet Demirel (Workers' rep)	
TUPRAG (431 workers, gold mining)	Göksel Alpaslan (OHS Manager) Bülent Coşkun (Occupational Physician)	

ITALIAN WORKSHOP

COMPANY	PARTICIPANTS	STAKEHOLDERS
<p>Centro Analisi Monza (CAM) 204 workers, private company operating in the Human Health and Social Work Activities activity sector</p>	<p>Associazione Bruno Trentin: Daniele Di Nunzio, Irene Delaria</p> <p>INAIL: Diana Gagliardi; Cristina Di Tecco; Marco Mirabile</p> <p>Sebastiano Bagnara (University of Sassari; SBD)</p>	<p>Researchers, unionists, employers and public administration's representatives.</p>
<p>Cernusco sul Naviglio Municipality 182 workers, public company operating in the Administrative and Support service activities sector (NACE N)</p>	<p>Marco Bottazzi (Occupational Physician, INCA)</p> <p>Telecom: Antonella Zolla (Health And Safety Manager); Giulia Di Marco (Human Resource Manager); Marco Turbati (Telecom, Occupational Physician)</p>	
<p>Telecom Italia 65,623 workers, private company operating in the Information and communication sector (NACE J)</p>	<p>Marco D'Orso (University of Milano Bicocca, Occupational Physician -Centro Analisi di Monza Spa, Cernusco sul Naviglio Municipality)</p>	

FRENCH WORKSHOP

COMPANY	PARTICIPANTS	STAKEHOLDERS
<p>France Telecom</p>	<p>Danièle TEZIER (OHS secretary)</p>	<p>The workshop included nine participants. The three OHS secretary of the three cases but also, Maurice DEMUYNCK, regional trade union occupational health and safety representative. Françoise GAMBIER, independent occupational health and safety consultant. Michel MINE, labour lawyer and university lecturer, specialist in labour law and European regulation. Zaigouche ABDERRAFIK, trade unionist, health and safety representative.</p>
<p>RATP</p>	<p>Alain Randon (Labour Doctor)</p>	
<p>Hospital Trousseau</p>	<p>Victor PECOME (OHS Secretary)</p>	

CONCLUSIONS REMARKS ON PARTICIPATIVE PSYCHOSOCIAL RISK PREVENTIVE PROCESSES

During the second transnational workshop and on the basis of the 4 countries' backgrounds (France, Italy, Spain and Turkey) and 12 cases' key features, there was a debate and agreement upon final conclusions of the project on drivers and barriers for participative psychosocial risk prevention processes at workplaces to change working conditions in Southern European countries.

Drivers

- Regulation (regulatory framework) including compulsory address of psychosocial risks on the basis of risk assessment and improvement of working conditions; including compulsory workers' reps participation (developing information, consultation, co-decision and bargaining rights); enforcement of this regulation by authorities (i.e. specific labour inspectorate programmes, mainstream approaches by OHS public institutions, corresponding awareness campaigns and tools, development of tools).
- Approach to psychosocial risk prevention on the basis of adequate and standardized measurement instruments that foster participative processes with a procedure to follow.
- Conducting prevention processes based on step by step procedure (formal, written) to follow. Measurement instruments must include such procedure to follow to develop participative prevention processes. As a result the participative process would be a space for cooperation and not a source of conflict. Prevention processes do not have to be reinvented again in each different company, although they can be adapted. Prevention at company level is not a research process.
- Designating a joint (bipartite: workers' reps + management reps) task force to lead the whole prevention process since participation of both social partners in all the phases of the preventive process is a key aspect in order to break any resistance to cooperation; participation implies preparing with rigour all different phases.

- Joint task force members should have decision and execution powers since it facilitates agreements. They should have much more a propositive / active role rather than act as controllers or followers of OH&S professionals (who will have a support role).
- The role of health and safety professionals is to generate such cooperation: prevention experts could become facilitators if they are able to find common spaces for dialogue; according to regulation in force (except for France) they must act as advisors to both parts.
- In large firms members of such joint task force must be workers' and managers' reps from different company departments/job profiles, to guarantee diversity of knowledge and representation.
- Agreement on a calendar (deadlines for each phase) is required.
- Risk assessment results need to be easily understandable for social agents. They have to present exposure problems as clearly identified and localized as possible (where?: which job, department...). This will facilitate agreements upon changes of working conditions.
- Strengthened communication is required to inform continuously all company members about each decision of the joint task force on the prevention process.
- Workers/middle management direct participation needs to be: 1. Compulsory for the assessment phase and developed through individually standardized, anonymous questionnaires, 2. Optional, only when necessary and decided by the joint task force in the phase that involves preventive measures design and implementation using group approach (preventive circles).
- Small/simple working conditions changes can be drivers of more "revolutionary" working conditions changes.
- Implementing changes in working conditions facilitates further changes since it builds trust and credibility.

- Formulate preventive measures and changes of working conditions in specific terms and include follow-up measures.
- Processes to change working conditions are far more effective in they include both parties' experience and knowledge. If key players in the change of working conditions participate in the decision-making that leads to such changes, implementation will be easier, and this will facilitate the breaking of resistance to change.
- Visualising and taking advantage of the economical impact of psychosocial risk prevention and improvement of working conditions and health.
- Firm competitiveness orientation should be based on quality, innovation, development, cooperation and trust.

Barriers

- High unemployment/Existence of informal (unregulated) employment.
- Absence of regulatory framework (especially in Turkey).
- Imbalance of power between workers' reps and employers (no rights or no possibilities to exercise them, low unionisation, low union coverage, authoritarian labour relations tradition).
- Mainstream approaches to psychosocial risks based on injury (medicalization of psychosocial risks) or on individual features (i.e. personality issues) instead of primary prevention, changing working conditions.
- Contradictory mainstream approaches either at institutional or company level regarding psychosocial risks: risk prevention vs. risk management.
- Possibility to use psychosocial risk assessment tools that do not comply with scientific or legal standards.
- Poor financial situation of a company.

- Excessive competition (national and international) for suppliers and pressure from multinational corporations to reduce costs and especially labour costs.
- Labour management practices leading to precarious working conditions (turnover, low wages, availability demands on schedules, work posts, work centres, individualisation, outsourcing) and to workers' inequalities.
- Firm competitiveness based on labour costs reduction through worsening of working conditions and/or leading to individualisation and competition between workers.
- Management reluctance to share power on work organisation issues.
- Authoritative labour management practices.
- Technocratic approach by OH&S services (prevention without social agents' participation) and/or bureaucratic style (based on documents and formalities without factual changes of working conditions); commercial exploitation of psychosocial risk prevention.
- Lack of cooperation between OH&S workers' reps and occupational health professionals (except in France where workers reps can choose them).
- Unpredictability of labour inspectorate (ideology, lack of training concerning psychosocial risks, differences due to regional institutional settings).
- Absence of independent unionised OH&S workers' reps / "yellow" trade unionism.
- Lack of union coordination (workers' reps working on different committees from same trade union).
- Lack of unity of action by different trade unions at national and company level.

- Middle management resistance since working conditions changes involving participation makes them feel questioned or losing power; middle managers unprepared for new management style (need for new skills and knowledge).
- Workers' fear of retaliation.
- Workers' incredulity about working conditions changes.
- Obstructive attitudes against participative process leading to long-lasting processes without working conditions changes.

REFERENCES

Albanel, X., Lusson, J., & Perusat, D. (2012). Les actions de prévention des risques psychosociaux de la SNCF Nord-Pas-de-Calais. Un état des lieux - 2008-2012. Montreuil: Émergences.

Bourbonnais R, Brisson C, Vézina M. Long-term effects of an intervention on psychosocial work factors among healthcare professionals in a hospital setting. *Occup Environ Med* 2011; 68:479-486.

Bourbonnais, R., Brisson, C., Vinet, A., Vézina, M., Abdous, B., & Gaudet, M. (2006). Effectiveness of a participative intervention on psychosocial work factors to prevent mental health problems in a hospital setting. *Occupational and Environmental Medicine*, 63(5), 335–342. doi:10.1136/oem.2004.018077.

Carpentier-Roy, M.-C., Ouellet, F., Simard, M., & Marchand, A. (1998). L'appui des travailleurs aux Comités paritaires de santé et de sécurité du travail (CPSST): une analyse psychodynamique. *Le Travail Humain*, 61(2), 171–185.

Coutrot, T. (2009). Le rôle des comités d'hygiène, de sécurité et des conditions de travail en France: Une analyse empirique. *Travail et Emploi*, (117), 25–38.

Cox T, Griffiths A, Rial-González R. Research on work-related stress. European Agency for Safety and Health at Work. Luxembourg: Office for Official Publications of the European Communities; 2000.

Dahl-Jørgensen, C., & Saksvik, P. O. (2005). The impact of two organizational interventions on the health of service sector workers. *International Journal of Health Services: Planning, Administration, Evaluation*, 35(3), 529–549.

Egan M, Bambra C, Thomas S, Petticrew M, Whitehead M, Thomson H. The psychosocial and health effects of workplace reorganisation. 1. A systematic review of organisational-level interventions that aim to increase employee control. *J Epidemiol Community Health*. 2007 Nov;61(11):945-54.

EU-OSHA. European Survey of Enterprises on New and Emerging Risks (ESENER). Managing safety and health at work. European Agency for Safety and Health at Work. Luxembourg: Publications Office of the European Union, 2010.

EU-OSHA (a). Worker representation and consultation on health and safety: An analysis of the European Survey of Enterprises on New and Emerging Risks (ESENER), Luxembourg: publications Office of the European Union, 2012.

EU-OSHA (b). Drivers and barriers for psychosocial risk management: An analysis of the European Survey of Enterprises on New and Emerging Risks (ESENER), Luxembourg: publications Office of the European Union, 2012.

Eurofound (2012), Fifth European Working Conditions Survey, Publications Office of the European Union, Luxembourg.

European Agency for Safety and Health at Work. (2012). Worker participation practices: a review of EU-OSHA case studies. Luxembourg: Office for Official Publications of the European Communities.

European Agency for Safety and Health at Work. (2013). European Good Practice Awards 2012–2013. Awarded and commended examples. Luxembourg: Publications Office.

European Parliament resolution of 15 December 2011 on the mid-term review of the European strategy 2007-2012 on health and safety at work (2011/2147(INI)).

ETUC resolution on the EU health and Safety strategy 2013-2020 (5-6 March 2013).

Gauderer, P. C., & Knauth, P. (2004). Pilot study with individualized duty rotas in public local transport. *Le travail humain*, 67(1), 87–100. doi:10.3917/th.671.0087.

Gunningham, N. (2008). Occupational Health and Safety, Worker Participation and the Mining Industry in a Changing World of Work. *Economic and Industrial Democracy*, 29(3), 336–361. doi:10.1177/0143831X08092460.

Hall, A., Forrest, A., Sears, A., & Carlan, N. (2006). Making a Difference: Knowledge Activism and Worker Representation in Joint OHS Committees. *Relations Industrielles*, 61(3), 408–436.

Hovden, J., Lie, T., Karlsen, J. E., & Alteren, B. (2008). The safety representative under pressure. A study of occupational health and safety management in the Norwegian oil and gas industry. *Safety Science*, 46(3), 493–509.

Istituto per il Lavoro. (2006). The Role of the Safety Representative in Italy. Istituto per il Lavoro.

Iavicoli S, Rondinone B, Marinaccio A, Fingerhut M. Research priorities in occupational safety and health: a review. *Industrial Health* 2006; 44:169-78.

Laing, A. C., Cole, D. C., Theberge, N., Wells, R. P., Kerr, M. S., & Frazer, M. B. (2007). Effectiveness of a participatory ergonomics intervention in improving communication and psychosocial exposures. *Ergonomics*, 50(7), 1092–1109. doi:10.1080/00140130701308708.

Lamontagne AD, Keegel T, Louie AM, Ostry A, Landsbergis PA: A systematic review of the job stress intervention evaluation literature: 1990-2005. *Int J Occup Environ Health*. 2007; 13 (3): 268-280.

Lavoie-Tremblay, M., Bourbonnais, R., Viens, C., Vézina, M., Durand, P. J., & Rochette, L. (2005). Improving the psychosocial work environment. *Journal of Advanced Nursing*, 49(6), 655–664. doi:10.1111/j.1365-2648.2004.03339.

Leka S, Jain A. Health impact of psychosocial hazards at work: an overview. World Health Organization: Geneva 2010.

Llorens, C., Alós, R., Cano, E., Font, A., Jódar, P., López, V., , Navarro, A., Sánchez, A., Utzet, M., Moncada, S. (2010). Psychosocial risk exposures and labour management practices. An exploratory approach. *Scandinavian Journal of Public Health*, 38(3 Suppl), 125–136. doi:10.1177/1403494809354363.

Mellor, N., Mackay, C., Packham, C., Jones, R., Palferman, D., Webster, S., & Kelly, P. (2011). “Management Standards” and work-related stress in Great Britain: Progress on their implementation. *Safety Science*, 49(7), 1040–1046. doi:10.1016/j.ssci.2011.01.010.

Menéndez M, Benach J, Vogel L. The impact of safety representatives on occupational health. A European Perspective. Brussels: ETUI 2009.

Mikkelsen, A., & Gundersen, M. (2003). The Effect of a Participatory Organizational Intervention on Work Environment, Job Stress, and Subjective Health Complaints. *International Journal of Stress Management*, 10(2), 91–110. doi:10.1037/1072-5245.10.2.91.

Milczarek, M., Irastorza, X., & European Agency for Safety and Health at Work. (2012). Drivers and barriers for psychosocial risk management an analysis of the findings of the European survey of enterprises on new and emerging risks (ESENER): report. Luxembourg: Publications Office of the European Union. Retrieved from <http://bibpurl.oclc.org/web/47835> <http://osha.europa.eu/en/publications/reports/drivers-barriers-psychosocial-risk-management-esener>.

Moncada, S., & Llorens, C. (Eds.). (2007). Organización del trabajo. Factores Psicosociales y Salud. Experiencias de prevención. [Madrid: Instituto Sindical de Trabajo, Ambiente y Salud.

Moncada S, Llorens C, Moreno M, Rodrigo R, Landsbergis P. CC.OO. (“Comisiones Obreras”) – ISTAS (Union Institute of Work, Environment and Health) participatory action plan for a healthier work organization: A case study. *Safety Science* 2011; 49:591-598.

Ollé-Espuga, L., Menéndez-Fuster, M., Muntaner, C., Benach, J., Vergara-Duarte, M., & Vázquez, M. L. (2013). “Safety representatives’ views on their interaction with workers in a context of unequal power relations: An exploratory qualitative study in Barcelona (Spain)”. *American Journal of Industrial Medicine*. [Epub ahead of print]. doi:10.1002/ajim.22220.

Stolk, C. van, Staetsky, L., Hassan, E., & Woo Kim, C. (2012). *Management of psychosocial risks at work: an analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER)*. Luxembourg: Publications Office of the European Union.

Sultan-Taïeb, H., Sauze, D., Vieillard, B. and Niedhammer, I., ‘Differences in job strain exposure between countries and welfare state regimes in Europe’, in proceedings of the 4th International Conference on Occupational Health (ICOH-WOPS), Amsterdam, 14–17 June 2010.

Takala J, Urrutia M, Hämäläinen P. The global and European work environment – numbers, trends, and strategies . SJWEH Suppl 2009;(7):15–23.

Walters, D. Worker representation and psycho-social risks: A problematic relationship? Safety Science 2011, 49: 599–606.

Walters, D., Wadsworth, E., Marsh, K., Davies, R., & Lloyd-Williams, H. (2012). 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). Luxembourg: European Agency for Safety and Health at Work.

Walters, D., Wadsworth, E., & Quinlan, M. (2013). *Analysis of the determinants of workplace occupational safety and health practice in a selection of EU Member States*. Luxembourg: Publications Office.

Yassi, A., Lockhart, K., Sykes, M., Buck, B., Stime, B., & Spiegel, J. M. (2013). Effectiveness of joint health and safety committees: A realist review. *American Journal of Industrial Medicine*, 56(4), 424–438. doi:10.1002/ajim.22143.