



European Survey of Enterprises on new and Emerging Risks - ESENER

Surveys on perceived working conditions; planning, design and conduction in European countries

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ESENER

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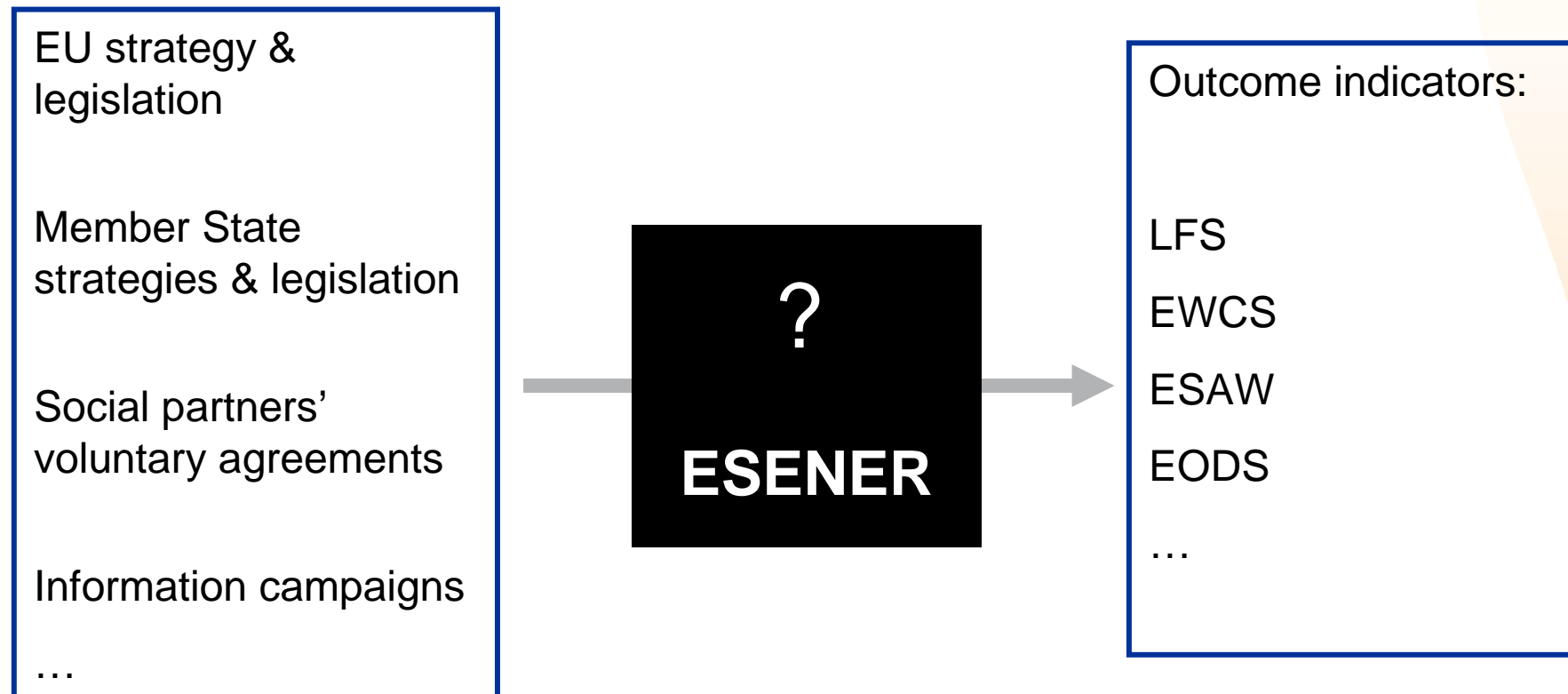
1. EU-OSHA

- Established in Bilbao in 1996.
- To help improve working conditions in the EU by collecting, analysing and communicating technical, scientific and economic information to people involved in safety and health at work (OSH).
- Tripartism - Governing Board of governments, employers and workers organisations.
- Working with a network of 'focal points' in EU member states, candidate countries and EFTA.



2. European Survey of Enterprises on New and Emerging Risks - ESENER

A new tool for EU-OSHA that complements the existing sources of information on OSH in Europe



2. ESENER - What do we want to achieve?

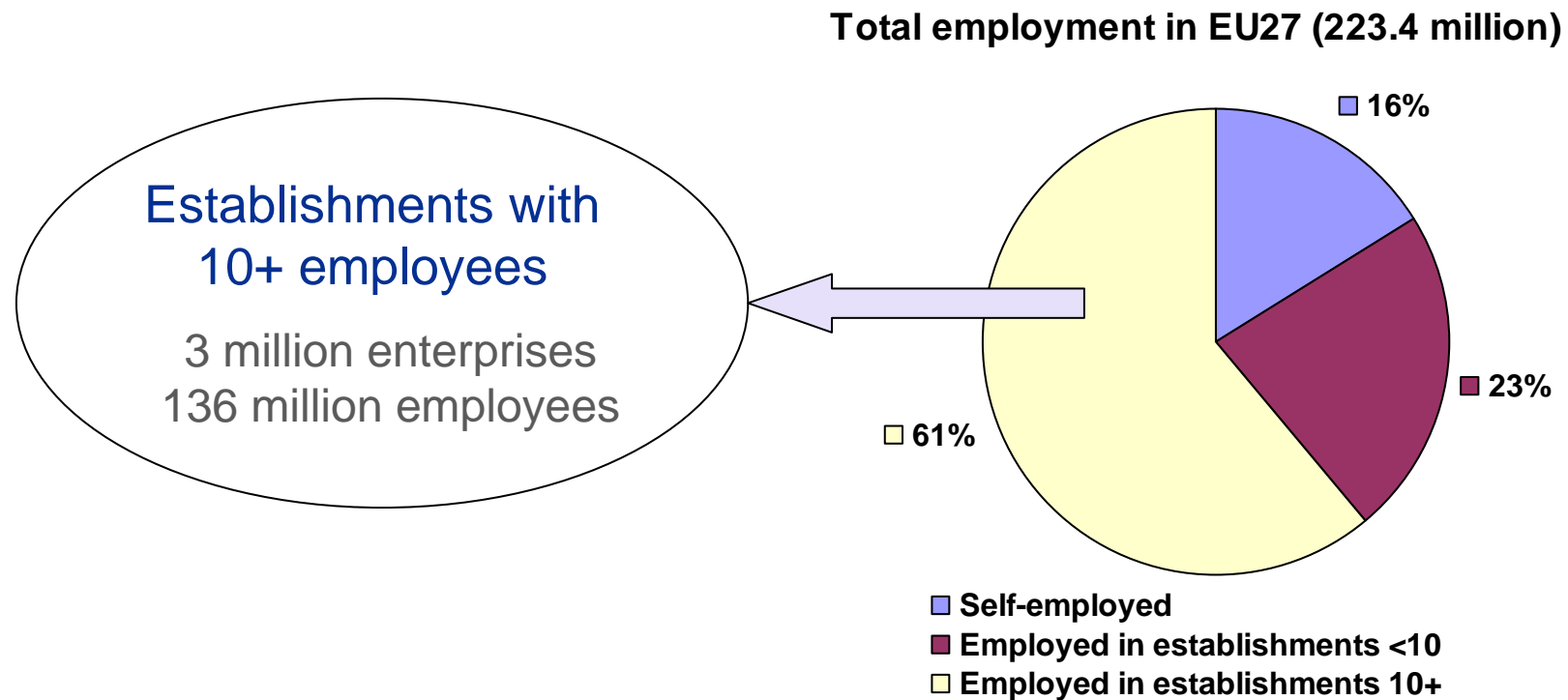
- **Contribute to OSH strategies at national and EU level**
 - As a potential source of indicators and a 'snapshot' against which to measure progress
- **Improve effectiveness of policy implementation**
 - By identifying factors that encourage preventative measures and those that discourage or impede them
- **Provide better support for enterprises**
 - By defining enterprises' needs according to their characteristics – size, sector, location, age, etc.
- **Ensure more efficient communication**
 - Through improved targeting of measures such as support, guidance, information, campaigns, etc.

2. ESENER - Specifications

- **Computer-assisted telephone interviews (“CATI”)**
 - Native language interviewers based in each country
- **2 questionnaires**
 - Most senior manager in charge of OSH (~25 min) + employee representative dealing with OSH (~15 min)
- **31 countries: 36,000 interviews**
 - EU-27 + Croatia, Turkey, Norway and Switzerland
- **41 national versions of each questionnaire**
 - Adapted for language and national OSH terminology
- **“Enterprises” = both public and private sectors**
- **“Establishment level” = branch, rather than HQ**

2. ESENER - The universe EU-27

ESENER covers all establishments with 10+ workers
Across all sectors, including public, except agriculture and fishing



2. ESENER - National sample sizes and sources

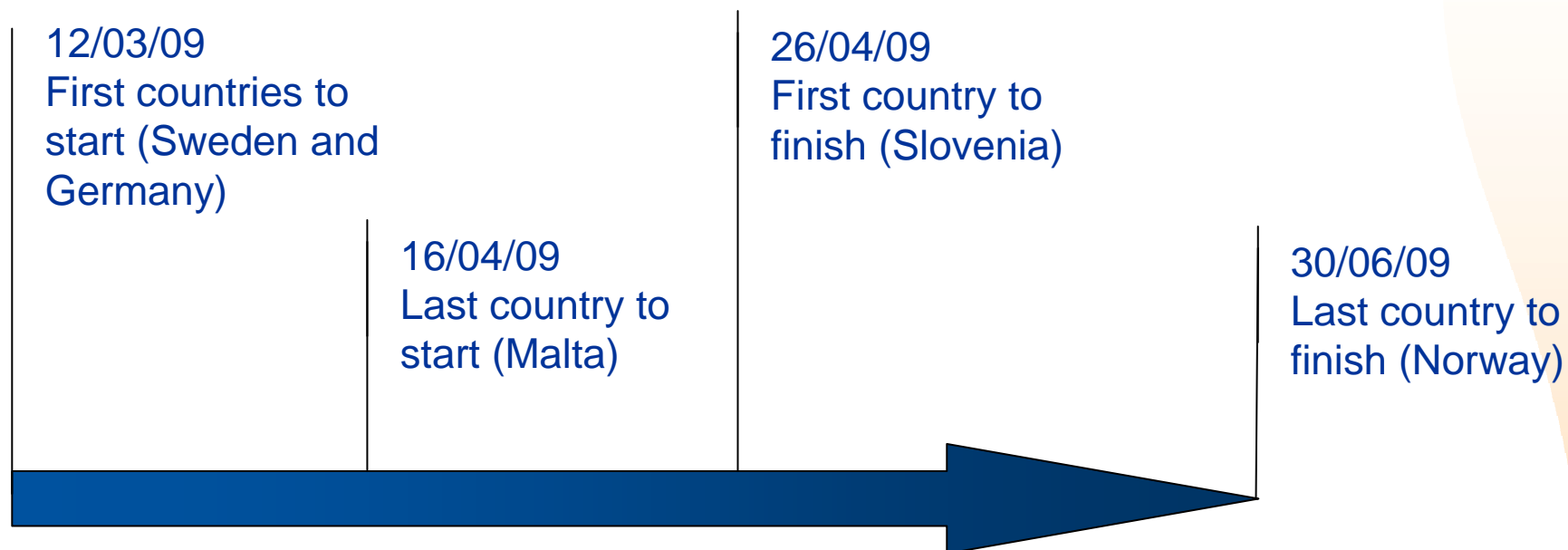
- **Sample sizes of:**

- 1500 FR, DE, IT, PL, ES, UK and TR
- 1000 AT, BE, CZ, DK, FI, EL, HU, NL, PT, SE & CH
- 500 BG, CY, EE, EI, LV, LT, LU, RO, SK, SI & HR
- 950 NO and 300 MT

- **Development of address registers was based on:**

- Establishment registers (15 countries)
- Company registers + screening (16 countries)
- Additional address lists (9 countries) particularly to take account of poor 'public sector' coverage (Public Administration, Education and Health & Social Services)

2. ESENER - Fieldwork period



- Shortest fieldwork period: 5 weeks (Estonia)
- Longest fieldwork period: 13 weeks (The Netherlands)

2. ESENER - Number of interviews with managers and workers' representatives

- **28,649 management interviews**
 - 400 more than planned
- **7,226 interviews with workers' representatives for OSH**
 - Successful follow-up in 25% of manager interviews
 - Ranged from very low (5% PT, 9% TR) to high (69% FI, 52% DK and SE)
- **Reasons for differences in workers' representative interview rate**
 - National set-up
 - Willingness to participate (manager and workers' rep)
 - Structure of the sample (size classes)

2. ESENER - Non-response

- **ESENER's response rate is in line with most business-to business telephone surveys**
 - Highest response rates Greece 59%, Estonia 53%, Finland and Sweden 47%
 - Lowest response rates 14% in Luxembourg and Croatia and 15% in Poland

- **Factors affecting response rate**
 - 'Survey fatigue' (especially in 'older' MS)
 - Attitudes to EU
 - Worries over confidentiality (especially TR)
 - Economic crisis

2. ESENER - The four survey 'topics'

1. Health and safety management

- Risk assessment, management commitment, sources of expertise, advice and information, concern about risks

2. Management of 'new' psychosocial risks

- Level of concern, measures taken, procedures in place

3. Key drivers and barriers

- Why are there appropriate measures and procedures in some workplaces, but not others?

4. Workers' participation

- Formal or direct participation, impact and resources

3. Health and safety management

- **Measures taken**

- Risk assessment: In-house or outsourced? On what occasions? What is checked? How is it followed up? How is its effectiveness monitored? Reasons for no checks

- **Management commitment**

- Existence of a documented policy and its perceived impact; reasons for not having a policy; and involvement of high-level and line managers

- **Sources of expertise, advice or information**

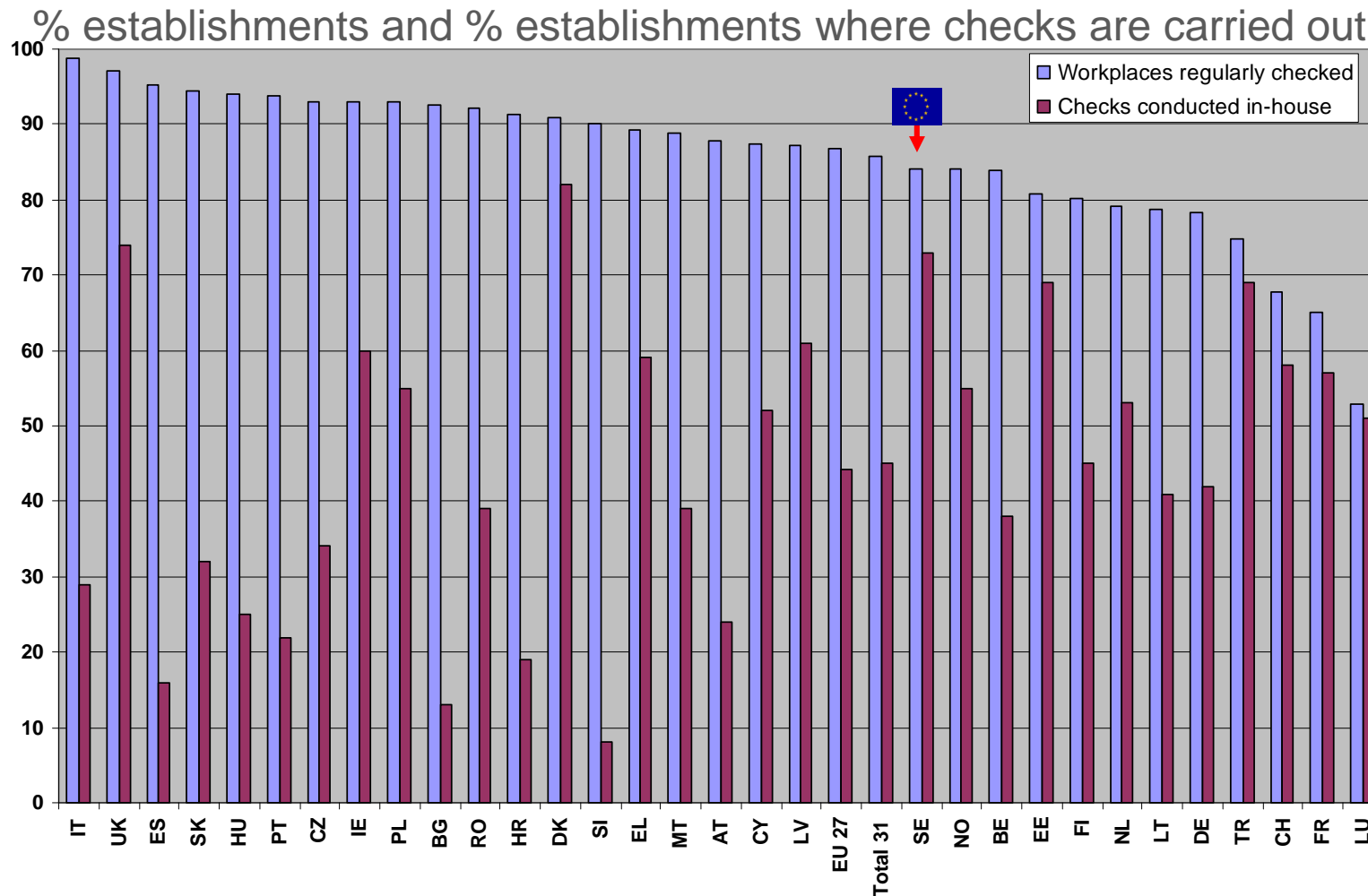
- Use of general OSH consultancy, OH doctor, or specialist (safety expert, ergonomist or psychologist); main sources of information; and visits from the labour inspectorate

- **Main concerns about workplace risks**

- Accidents, MSDs, stress, dangerous substances, noise and vibration, violence and bullying or harassment

Measures taken

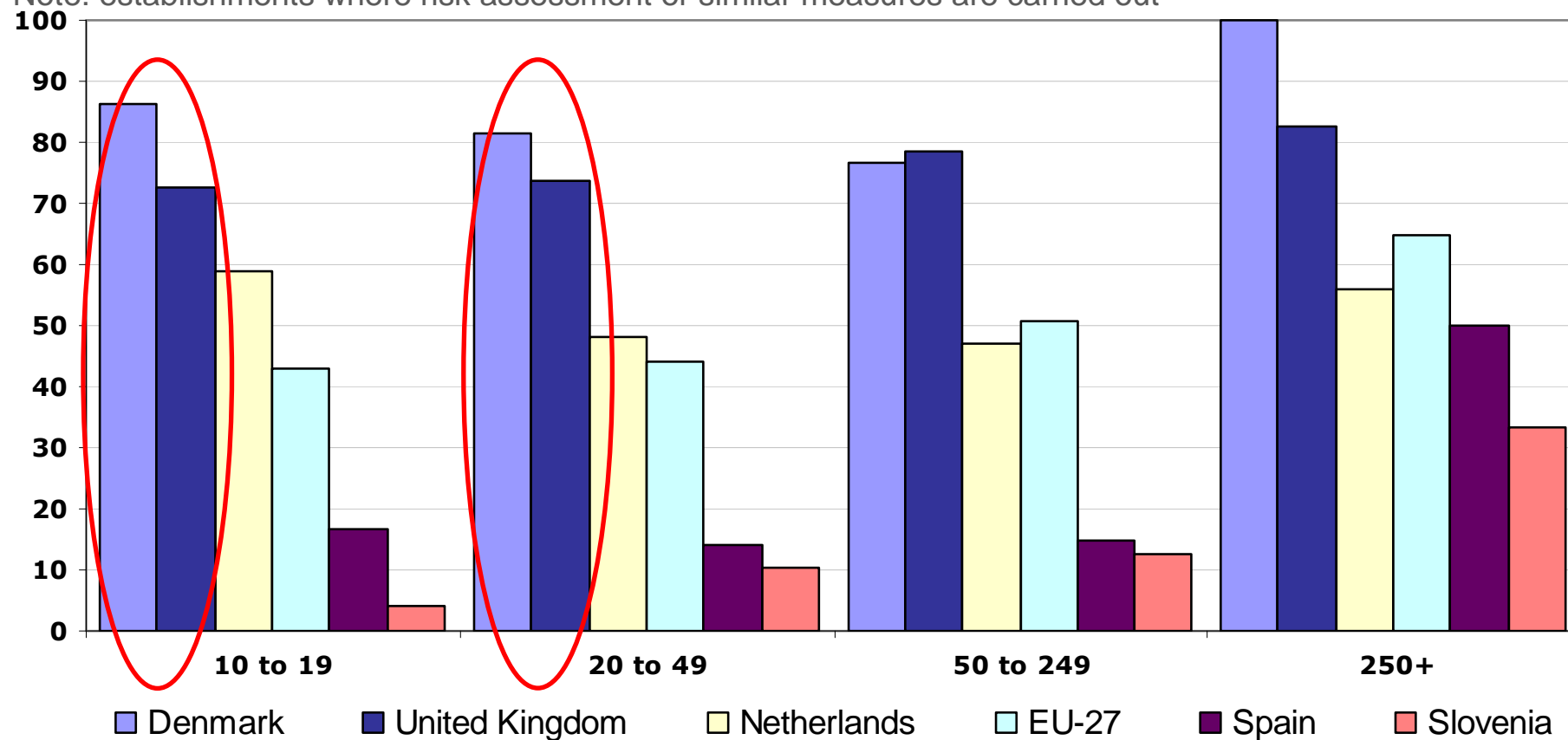
Workplaces checked as part of a risk assessment and whether checks are conducted in-house rather than contracted out

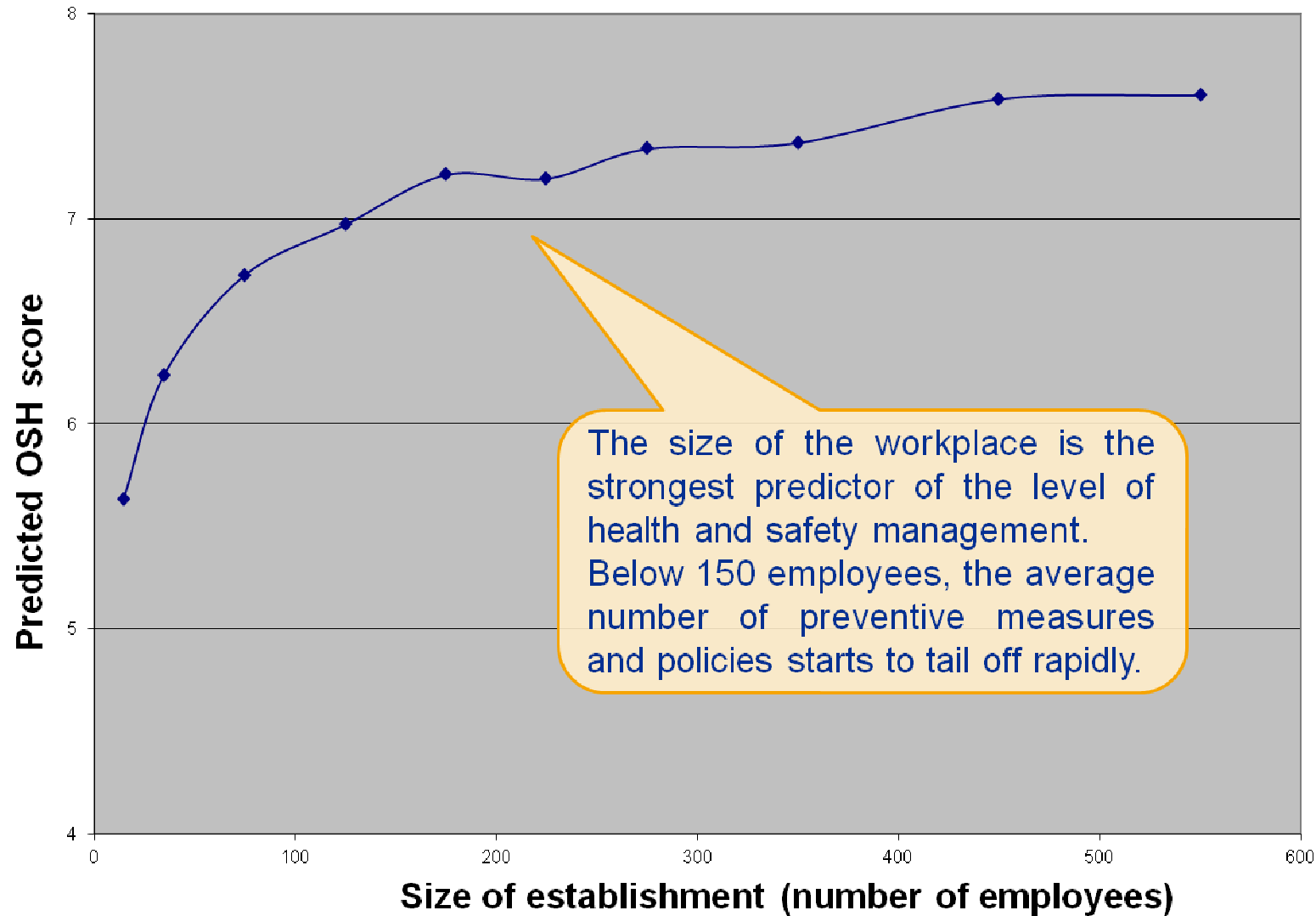


Risk assessment conducted only by own staff

% establishments, EU27

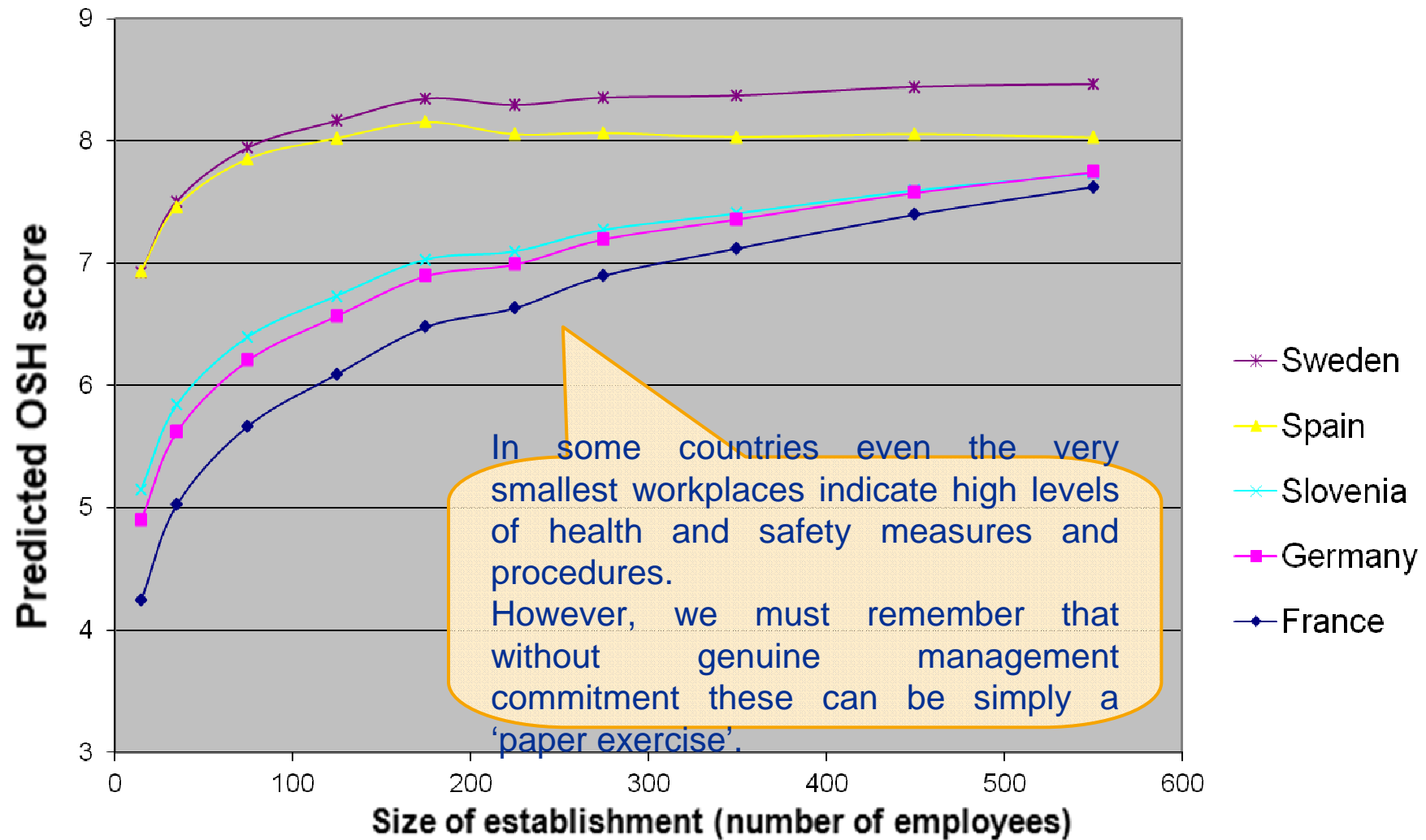
Note: establishments where risk assessment or similar measures are carried out





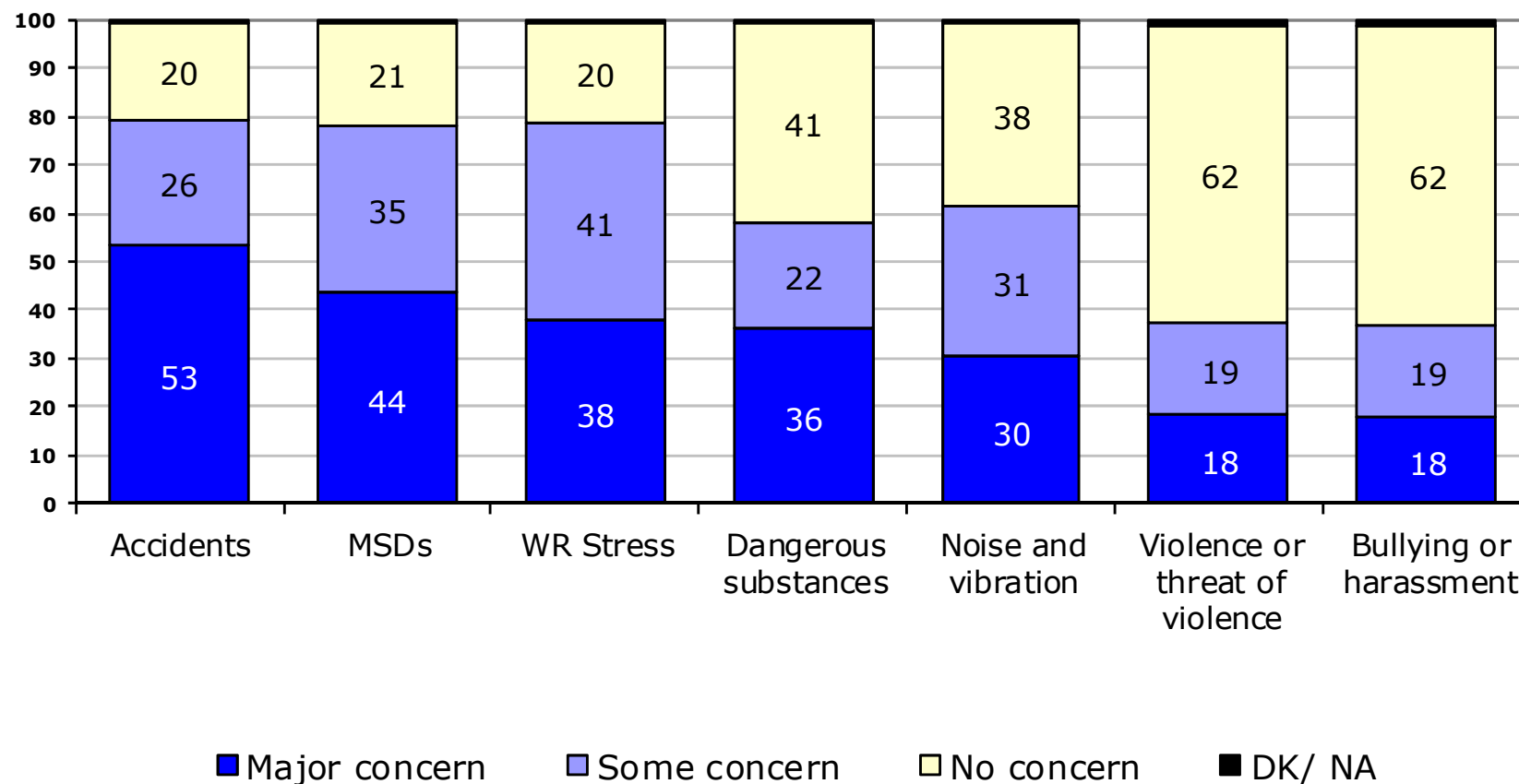
Management leadership

Size of establishment and health and safety management composite score in different countries



Level of concern about various health and safety issues

% establishments, EU27



4. Management of psychosocial risks

How are the ‘new’ psychosocial risks such as stress, violence and harassment being managed?

- **Main concerns and causes**

- Level of concern about stress, violence and bullying or harassment; what are the principal risk factors (e.g. time pressure, poor communication, job insecurity, etc.)?

- **Measures taken**

- Ad-hoc or ‘reactive’ measures (e.g. training, change to work organisation, work area redesign, confidential support, changes to working time, conflict resolution)

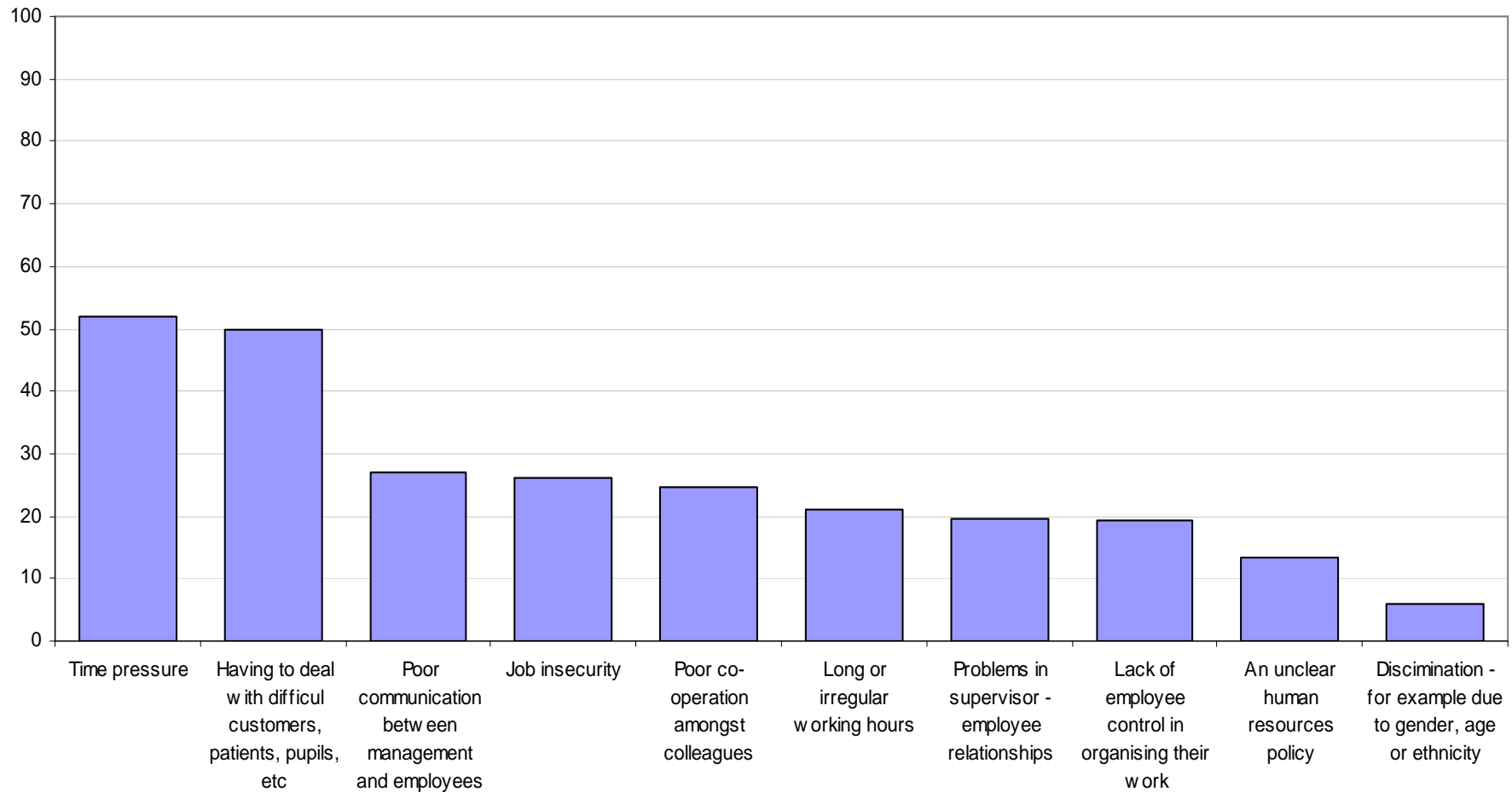
- **Procedures in place**

- More formal or system based than ‘measures’, e.g. procedures to deal with stress, with violence or with bullying or harassment

Main concerns and causes

Concern about various psychosocial risk factors

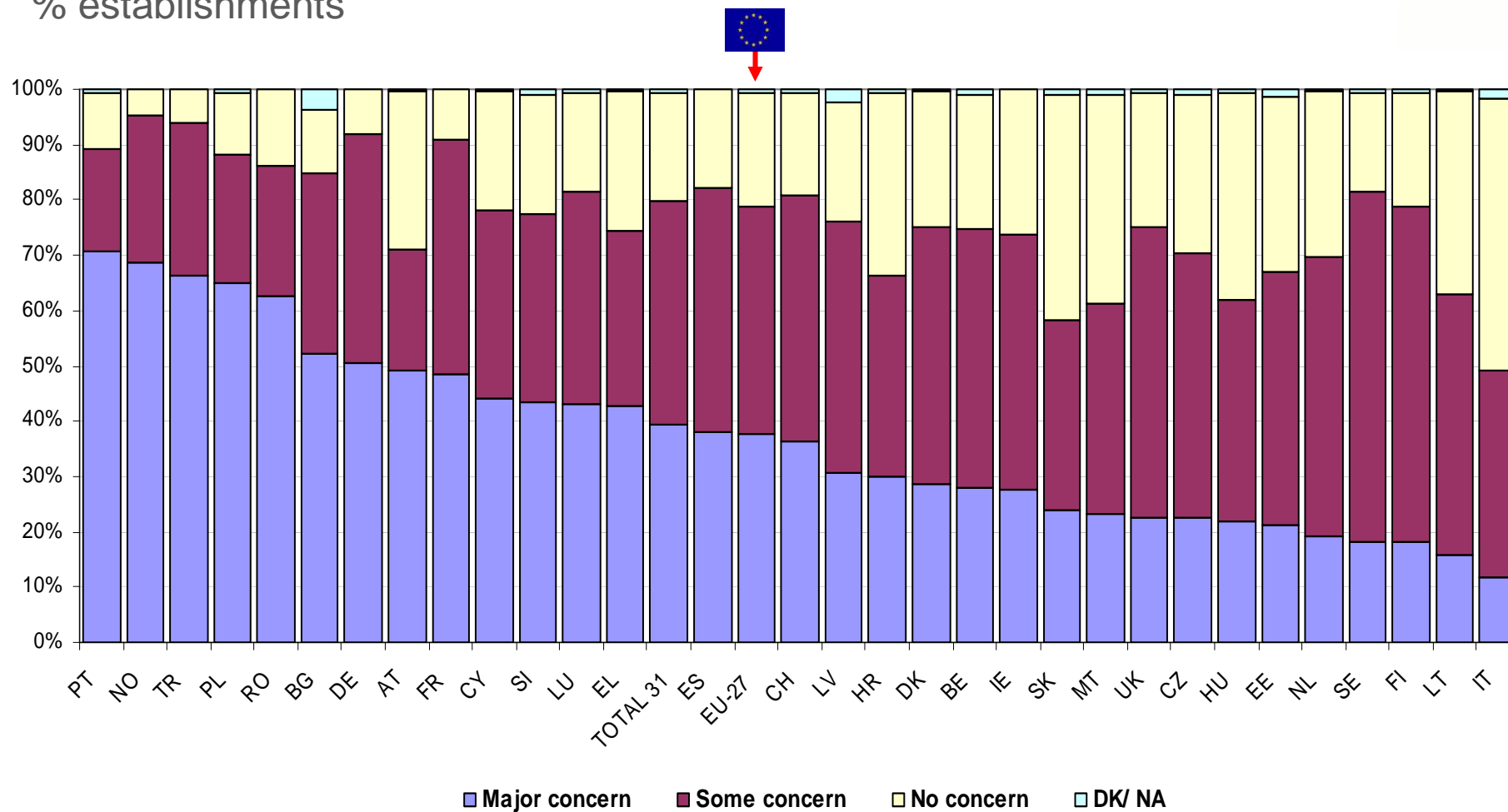
% establishments, EU27



Main concerns and causes

Concern regarding work-related stress, by country

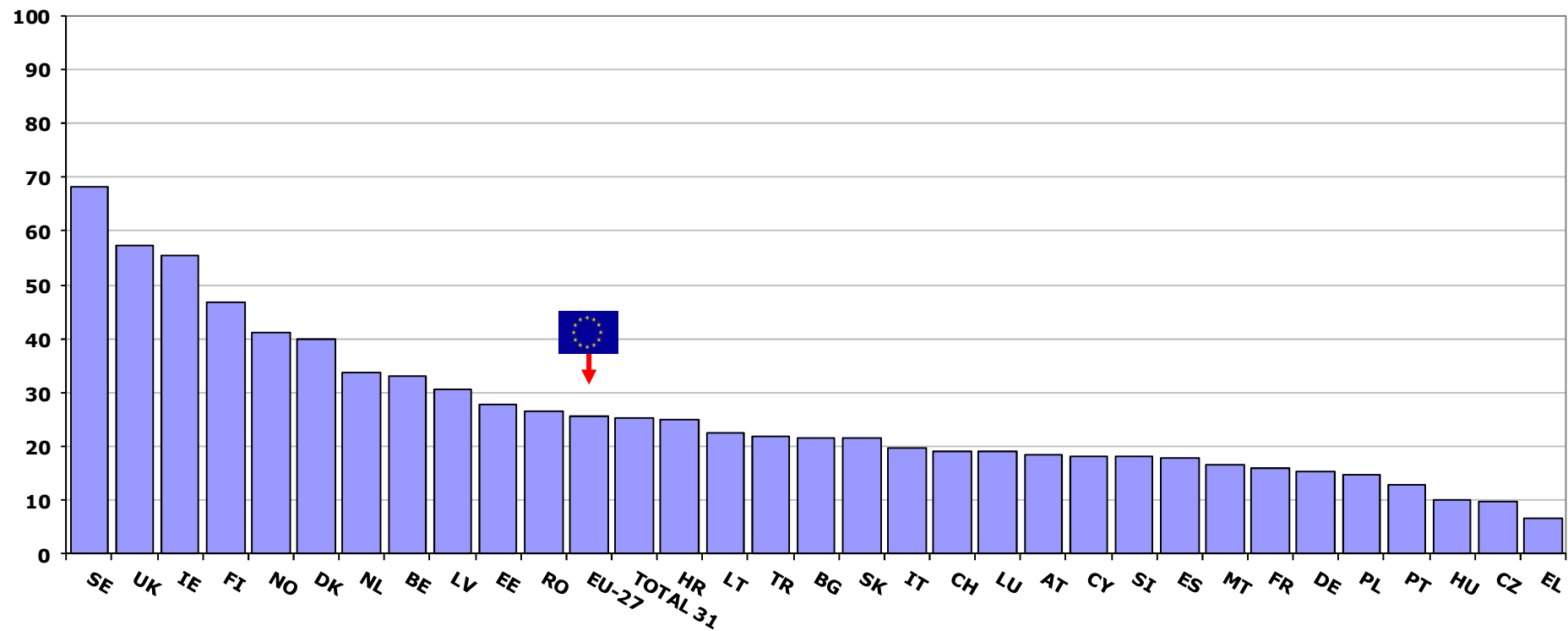
% establishments



Main concerns and procedures in place

Existence of procedures to deal with work-related stress, by country

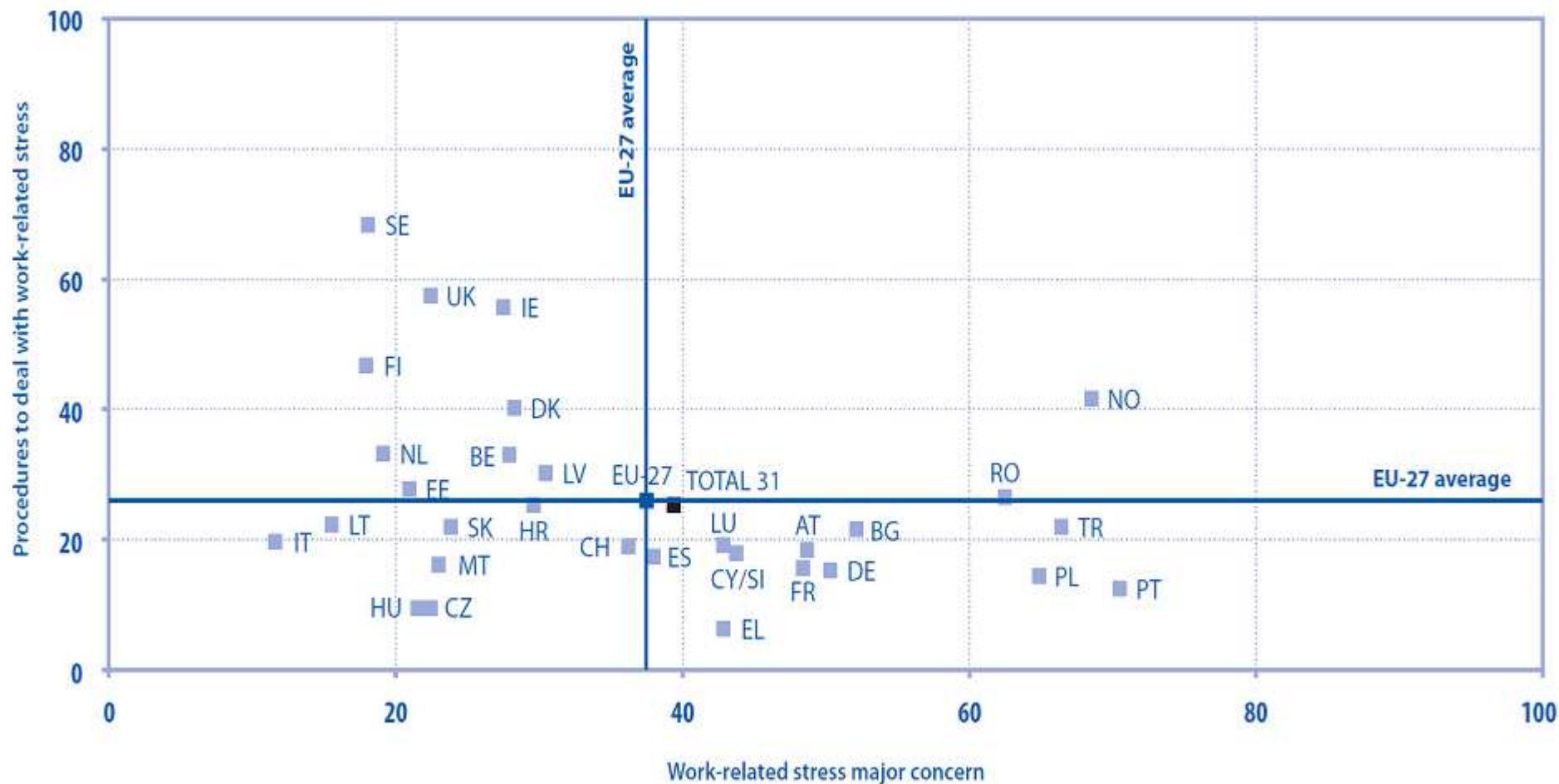
% establishments



Main concerns and procedures in place

Concern regarding work-related stress and existence of procedures to deal with it

% establishments



4. ESENER findings on psychosocial risks - Secondary analyses

- **Country-specific economic, cultural and regulatory context matters the most**
 - Selected countries of Southern and Eastern Europe seem to be reporting fewer instruments to manage psychosocial risks than selected countries of Northern Europe
- The number of aspects of management of psychosocial risks **increases gradually with increase in size** of establishment
 - However in some countries - such United Kingdom - small companies report high number of aspects
- The number of aspects of management of psychosocial risks is **lowest in manufacturing and construction** (2-3 aspects) and **highest in education, health and social work** (3-4 aspects).

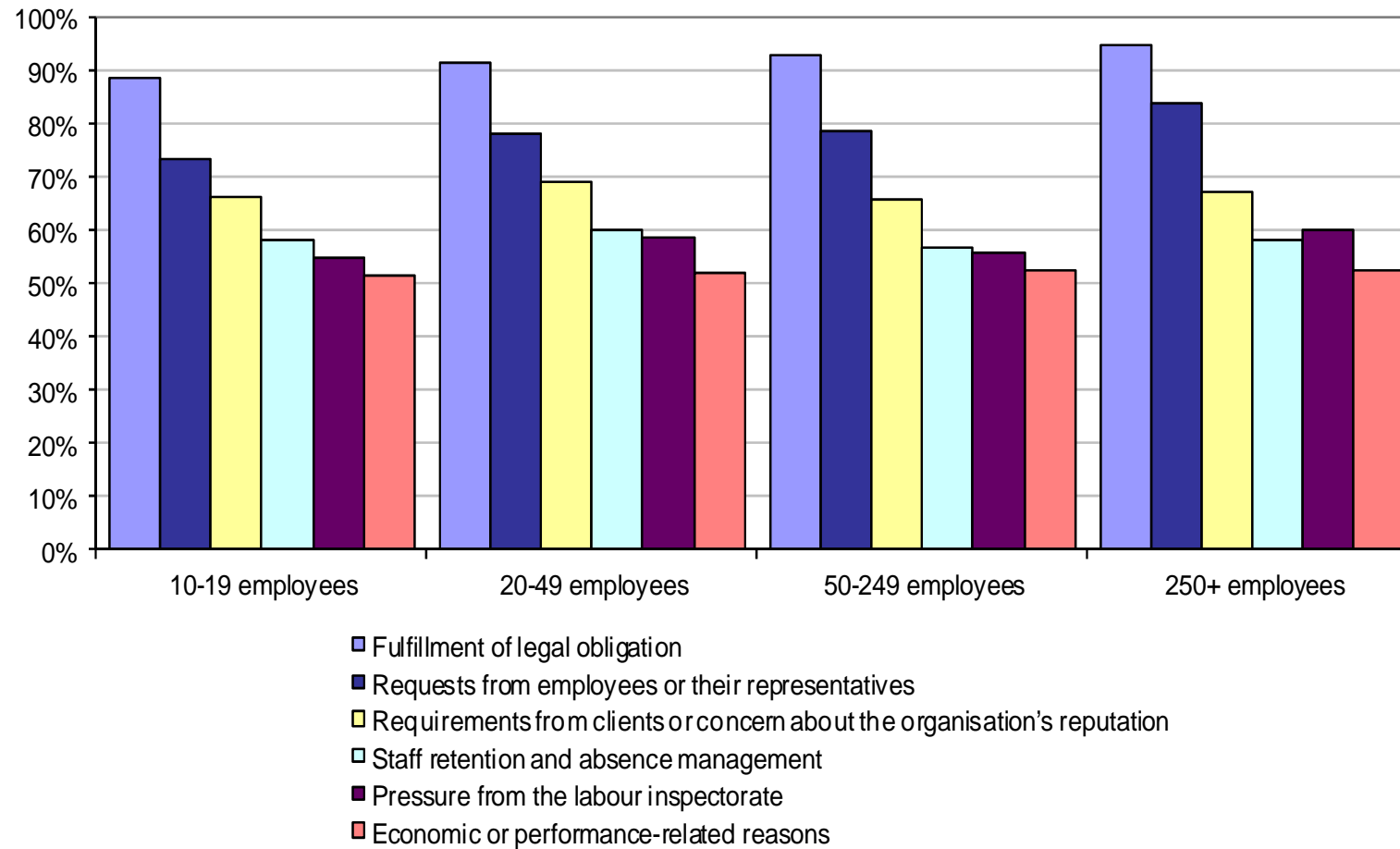
5. Key drivers and barriers

- **Main reasons for addressing health and safety and for addressing psychosocial risks**
 - Legal obligations, employee requests, client requirements, staff retention, absenteeism, labour inspectorate pressure, or productivity / performance reasons
- **Main difficulties in dealing with health and safety and with psychosocial risks**
 - Lack of resources, lack of awareness, insufficient expertise, culture, sensitivity of the issue, or lack of technical support / guidance
 - Difficulty in tackling psychosocial risks compared with other health and safety issues

Drivers

Major reasons for addressing health and safety

% establishments, EU-27

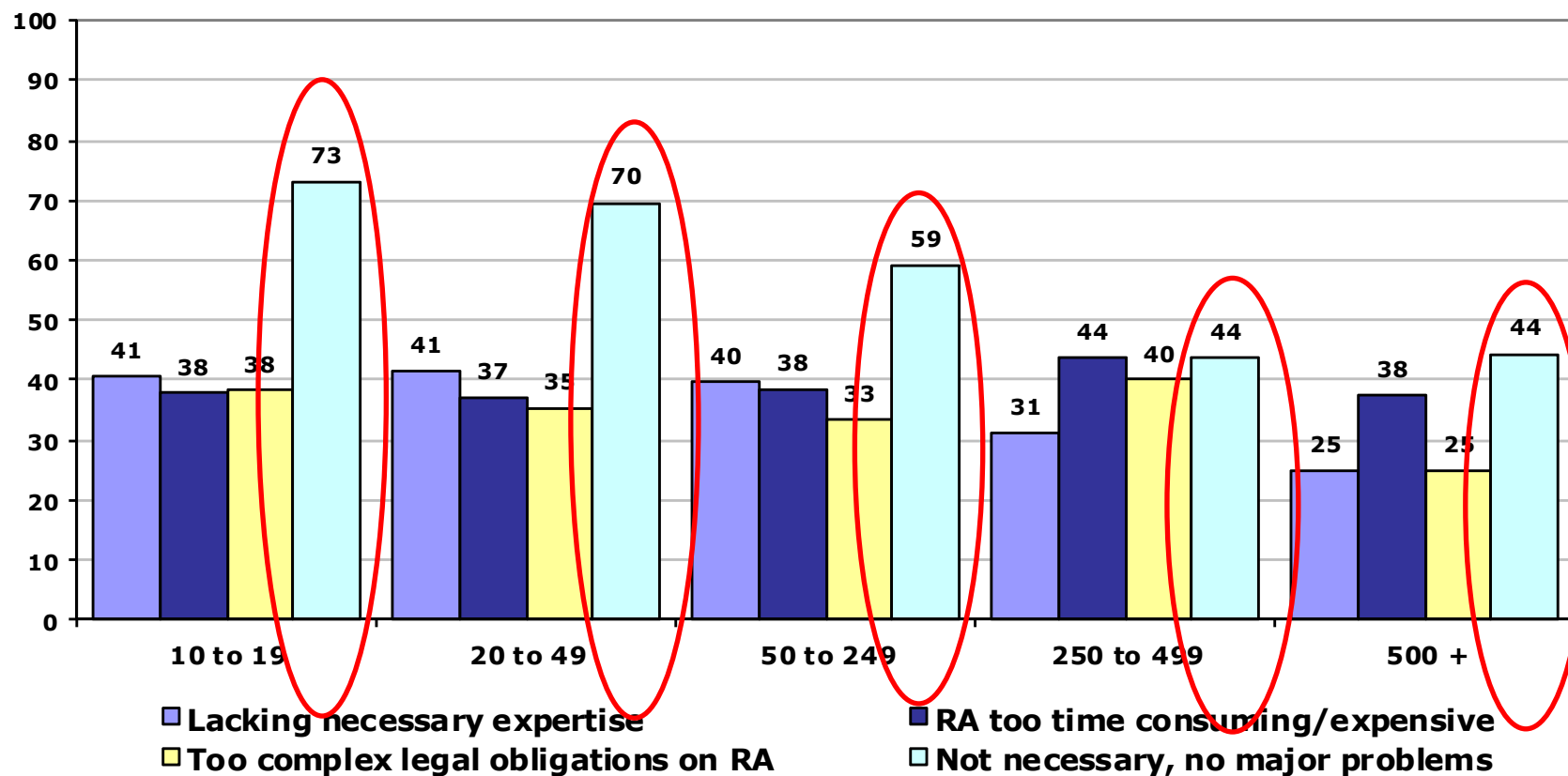


Barriers

Reasons for not carrying out risk assessments regularly

% establishments, EU27

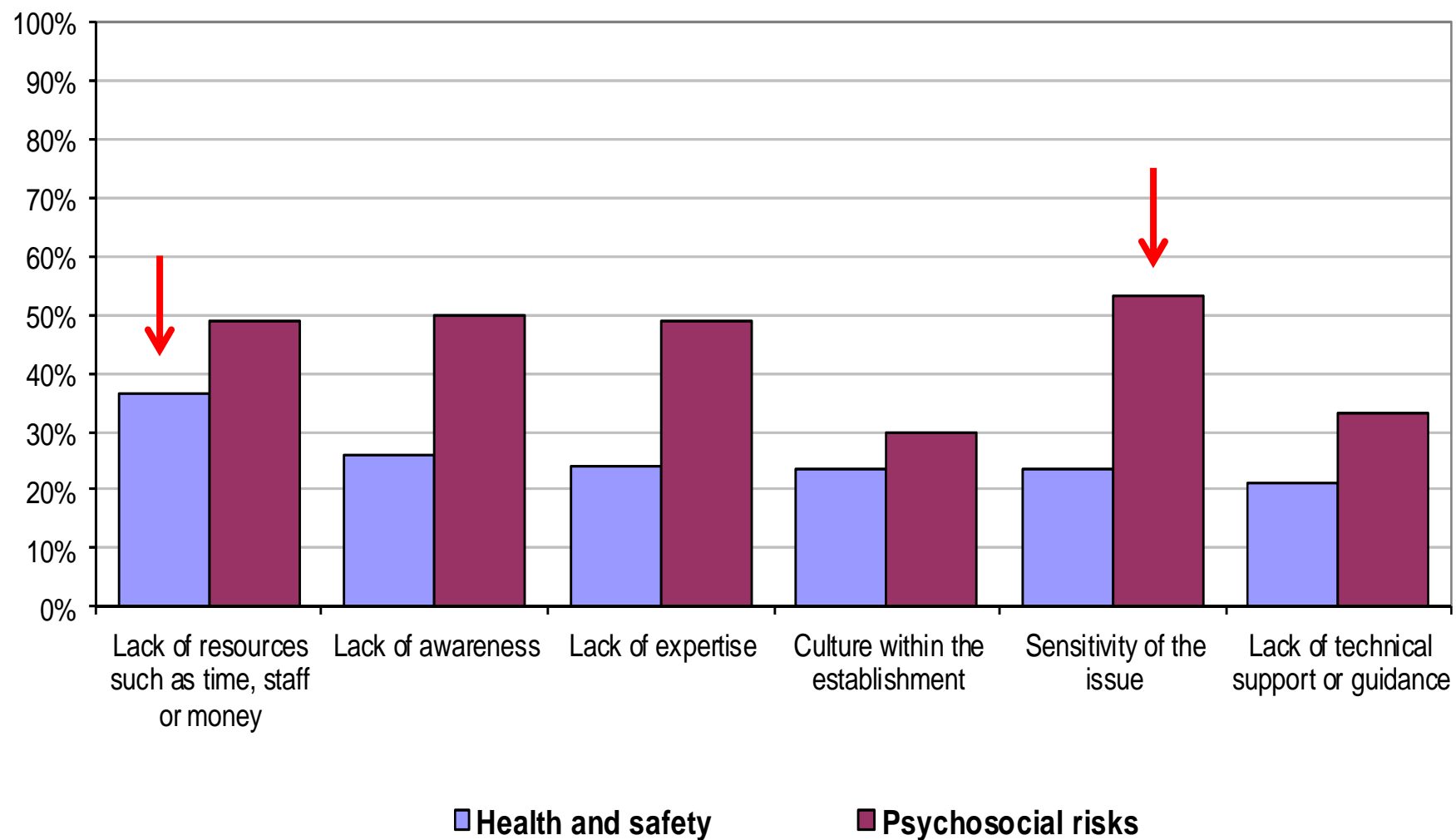
Note: establishments where risk assessment or similar measures are NOT carried out



Barriers

Main difficulties in dealing with health and safety and with psychosocial risks

% establishments, EU-27



6. Worker participation

▪ **Formal representation**

- Participation through works council, trades union, health and safety committee or health and safety representative
- Requests to deal with stress, violence and bullying or harassment

▪ **Direct participation**

- Provision of information to employees
- Encouragement of workers to participate in implementation and evaluation of measures
- Consultation on measures to deal with psychosocial risks

▪ **Impact of worker participation**

- Effect of formal and direct participation on management of health and safety and of psychosocial risks

▪ **Resources**

- Time, information, training, access to workers

% establishments, EU27



4. ESENER findings on worker participation - Secondary analyses

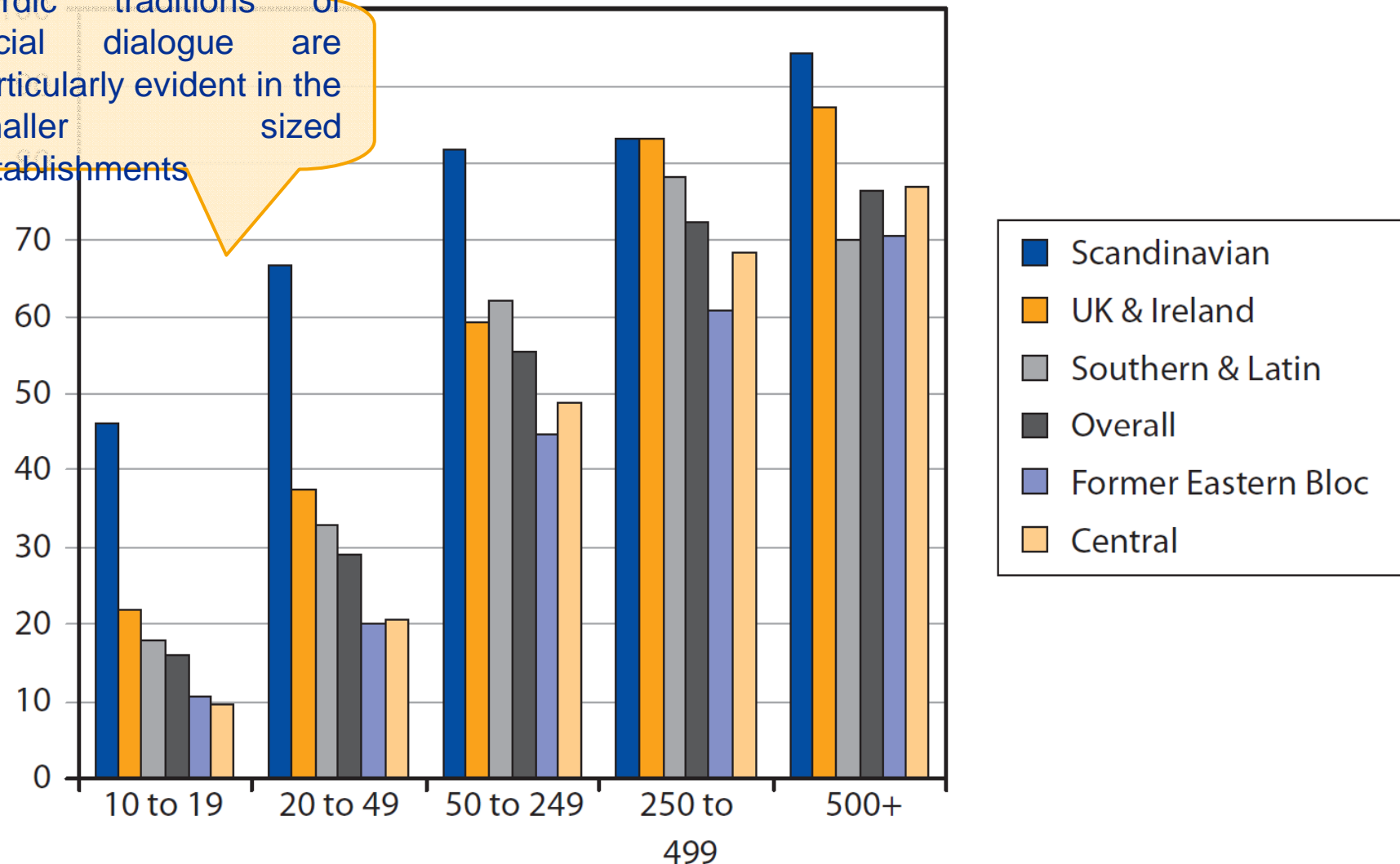
- **Workplaces that have formal worker representation are more likely:**
 - to report management commitment to safety and health
 - to have preventive measures in place for both general OSH and psychosocial risks
 - to involve employees (consultation and participation) in the process of OSH and psychosocial risk management

- **Workplaces that have formal worker representation and high management commitment to OSH are more likely to report that their organisation's OSH and psychosocial risk management are effective.**

Worker participation

Where do we find high management commitment combined with both general and specific worker representation?

Nordic traditions of social dialogue are particularly evident in the smaller sized establishments



Conclusions

- **EU legislation has been successful in encouraging action at workplace level, but**
 - Questions remain over the quality of those actions
 - Implementation is far from uniform
- **Legislation is necessary...**
 - Main driver regardless of size is legal obligation
- **... but not sufficient**
 - Main reason for not taking action is “we don’t have any major problems”, especially in the smaller enterprises, which actually have higher rates of accidents
 - Low awareness of risks → unlikely to take action
- **Important to produce information to emphasise that:**
 - ‘Good health & safety is good business’
 - Worker participation makes a positive difference

7. ESENER Resources

■ Printed publications

- Descriptive overview report in English
- Summary of main findings available in 25 languages
- Four secondary analysis reports
- Summary of secondary analyses available in 25 languages



■ Online at www.esener.eu

- Printed publications for free download
- 'Mapping tool' showing results by country, size and sector
- Background information, including a technical report

■ Data repository at www.data-archive.ac.uk

- Access to full micro-data for non-commercial use



7. ESENER Resources – Web mapping tool

Risultati indagine ESENER 2009 — EN - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Risultati indagine ESENER 2009 — EN

https://osha.europa.eu/sub/esener/it/front-page/179

Italiano

Google Ricerca personalizzata

Agenzia europea per la sicurezza e la salute sul lavoro

Tu sei qui: Home → Risultati indagine ESENER 2009

Risultati indagine ESENER 2009

Tornare indietro

Nella vostra azienda esiste una procedura o un regolamento da seguire nel caso di stress lavoro-correlato?

GESTIONE GENERALE DELLA SALUTE E LA SICUREZZA NELLA AZIENDA (34)

RISCHI PER LA SALUTE E LA SICUREZZA NELL'AZIENDA (17)

GESTIONE DEI RISCHI PSICOSOCIALI NELL'AZIENDA (12)

OSTACOLI NELLA GESTIONE DEL RISCHIO PSICOSOCIALE E SOSTEGNO ESISTENTE (3)

RAPPRESENTANZA FORMALE DEI LAVORATORI SU QUESTIONI OSH (5)

Menu

Accedi

Indirizzo posta elettronica
irastorza@

Password
.....

Accedi

Hai dimenticato la tua password?

Map of Europe

Legend:

- Si
- 18.03 %
- 26.40 %
- 100 %

Dimensione della società

Tipo di settore

Sc caricare i dati in un file Excel

Bar Chart

100%
80%
60%
40%
20%

7. ESENER Resources

Recently completed and on-going initiatives

Completed

■ Ex-post evaluation

- To provide information that will help improve the quality of the next survey.
- Assessment of relevance, effectiveness, efficiency, impact and sustainability by reference to project staff, contractors and stakeholders.

■ National determinants of OSH management

- Exploration of ESENER results in eight Member States (DE, SE, UK, FR, ES, BG, CY, LV) to identify how national context influences workplace management of OSH.
- Based on expert assessment, national data and ESENER data.

On-going

■ Qualitative post-test

- Face-to-face interviews with respondents to ESENER in five Member States.
- Aims to validate the results, collect information on new issues and inform the improvement of the ESENER questionnaire.

8. ESENER – 2

- **ESENER as an established monitoring tool**
 - Maintain significant proportion of questions to enable time-series analysis.
 - Make changes now rather than in future editions.
- **New issues to cover:**
 - Musculoskeletal disorders.
 - OSH outcome measures (accident rate, absenteeism,.)
 - Workplace organisation of OSH management.
 - Approach to worker involvement.
- **Greater geographical coverage**
 - Extend coverage to include Iceland, Macedonia and Montenegro.
- **Increase the proportion of workplaces covered**
 - Extend coverage to workplaces employing five or more.
 - Extend coverage to include agriculture sector.

8. ESENER-2

Approximate schedule

- 2012
 - December: Call for tender launched
- 2013
 - March: Opening and evaluation of tenders
 - Survey preparation
- 2014
 - February: Fieldwork period starts
 - May: Fieldwork period ends
 - June: Data preparation starts
 - December: Delivery of final dataset
- 2015
 - June: Overview report published

Thank you!

Questions?

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