

Rischi psicosociali, servizi e dialogo sociale

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Part 1. Sintesi

Contesto e obiettivi del progetto

Lo stress da lavoro, nonché quella serie di fenomeni che alcuni Paesi fanno oggi rientrare nella categoria allargata di rischi psicosociali (come le violenze e le molestie), sono problemi che destano significativa attenzione tra istituzioni e le parti sociali in Europa. Esempi di questa attenzione sono gli accordi quadro settoriali firmati dalle parti sociali nel 2004 (sullo stress lavoro correlato) e nel 2007 (su violenza e molestie) così come diverse iniziative condotte dalle Federazioni Europee settoriali. Anche se appare ormai evidente che i rischi psicosociali rappresentino una priorità politica, il fenomeno risulta essere tuttavia assai complesso poiché include un'ampia gamma di problematiche e può, di conseguenza, essere affrontato in base a diversi orientamenti. Di conseguenza, le parti sociali continuano a dover affrontare molte difficoltà nell'applicare gli accordi quadro non solo a livello nazionale, ma anche nei settori di competenza.

Allo scopo di mettere a confronto le modalità e le soluzioni che le parti sociali hanno adottato per affrontare i rischi psicosociali nel settore dei servizi, a livello sia nazionale che europeo, è stato pertanto istituito il progetto "**Rischi psicosociali, servizi e dialogo sociale**", che si è anche posto l'obiettivo di fornire ulteriori approfondimenti, fra i quali:

- studiare gli esiti del dialogo sociale già avviato nel settore (a livello europeo e a livello nazionale in cinque Paesi);
- comprendere come si potrebbe implementare l'applicazione, a livello nazionale nei cinque Paesi, delle iniziative prese dalle parti sociali, quali, per esempio, gli accordi quadro autonomi.

Descrizione del progetto

L'obiettivo del progetto non è stato quello di avviare nuovi studi ma, piuttosto, di mettere a confronto le parti sociali sulle modalità messe in campo per affrontare il fenomeno dei rischi psicosociali in vari settori e in diverse occupazioni.

È stato adottato in tal senso un approccio *bottom-up* piuttosto che *top-down*, poiché i rischi psicosociali quasi invariabilmente si manifestano in situazioni di lavoro specifiche. Ne consegue, pertanto, che il fenomeno dello stress lavoro correlato non può essere studiato efficacemente se non si analizzano attentamente le situazioni di lavoro concrete. Questa nostra analisi è una premessa per capire come questi problemi possono essere affrontati con il dialogo sociale.

Il progetto ha coperto cinque diversi paesi europei: Belgio, Francia, Italia, Regno Unito e Ungheria.

Ogni partner ha organizzato due workshop nazionali nel corso del progetto. Ai partner è stato chiesto di focalizzare l'attenzione su due aspetti principali:

- come le parti sociali analizzano i rischi psicosociali e come li affrontano (o cercano di affrontarli) in contesti specifici (settori o occupazioni)?
- quali sono le lezioni che possono essere imparate e quali sono gli spunti di riflessione per l'avvio di nuove iniziative di dialogo sociale a livello settoriale, aziendale e locale?

Lo scopo del progetto era incentrato sulle strategie di dialogo sociale piuttosto che sulla comparazione fra i settori. Per questo motivo, a ogni *partner* è stata data l'opzione di scegliersi il settore/attività da analizzare e discutere durante i workshop nazionali, in accordo agli obiettivi del progetto.

Infine, i settori e/o le attività scelte sono stati:

- Belgio: i contact center
- Francia: l'amministrazione carceraria e i fondi assistenziali (*social security funds*)
- Italia: il settore bancario
- Regno Unito: il settore sanitario
- Ungheria: il settore bancario

Un seminario transnazionale, che ha visto la partecipazione di rappresentanti dei partner nei workshop nazionali, si è svolto il 27 maggio 2010 allo scopo di condividere e integrare il lavoro svolto a livello nazionale.

Il rapporto finale del progetto comprende diversi contributi:

- la sintesi transnazionale
- il rapporto nazionale nel quale è possibile reperire le informazioni più circostanziate circa i workshop nazionali nonché i risultati raggiunti dagli stessi

I risultati principali dei workshop nazionali

I cinque paesi coinvolti nel progetto si caratterizzano per i modi diversi di concepire le relazioni industriali e per come sono gestiti i rischi psicosociali attraverso il dialogo sociale.

Per questa ragione, alcune differenze tra i paesi possono riguardare tre diversi aspetti:

- la rilevanza dei temi dello stress lavoro correlato e dei rischi psicosociali nel sistema di relazioni industriali;
- la definizione e la concettualizzazione di cosa è lo stress lavoro correlato e di cosa sono i rischi psicosociali;
- l'importanza del dibattito nazionale sullo stress lavoro correlato e sui rischi psicosociali.

Sebbene esistono delle differenze tra i paesi, è anche possibile tracciare alcuni punti in comune, specialmente in relazione all'influenza delle regolamentazioni europee e delle iniziative delle parti sociali sui temi della salute e della sicurezza sul lavoro.

In questo contesto generale, i workshop nazionali consentono di esporre alcuni risultati riguardo ai seguenti aspetti.

I fattori di rischio psicosociale al lavoro

In tutti i Paesi considerati, i partecipanti hanno affrontato il tema dello stress lavoro correlato e del rischio psicosociale, generalmente sottolineando i fattori di rischio collegati all'organizzazione del lavoro, alla gestione delle risorse umane e ai fattori esterni.

È da sottolineare che le parti sociali coinvolte nel progetto sono perfettamente consapevoli delle possibili cause generali dello stress lavoro correlato e dei rischi psicosociali. Questa consapevolezza generale potrebbe scaturire da svariate fonti di informazione ed iniziative, comprese quelle prodotte dalle parti sociali stesse a livello nazionale e territoriale. In conclusione, è evidente che le parti sociali nei diversi paesi possono conoscere quali

potrebbero essere i fattori di rischio psicosociale. Questo è probabilmente un prerequisito fondamentale per lo sviluppo del dialogo sociale su questi temi.

- **Le difficoltà nell'implementare il dialogo sociale per fare fronte allo stress lavoro correlato e ai rischi psicosociali.**

In tutti i paesi è stato possibile identificare delle difficoltà nell'attuazione del dialogo sociale sullo stress lavoro correlato e i rischi psicosociali. In particolare, due ordini di difficoltà possono essere evidenziati. **Il primo ordine di problemi**, riguarda sia il rapporto fra i datori di lavoro e i lavoratori che quello fra i sindacati e i lavoratori. Questi attori hanno posto l'attenzione sui prerequisiti necessari ad indirizzare la tutela nei confronti dello stress lavoro correlato e dei rischi psicosociali. **Il secondo ordine di problemi**, riguarda le soluzioni che potrebbero essere definite dal dialogo sociale, per la tutela dallo stress lavoro correlato e dai rischi psicosociali. Tali soluzioni dipendono da come le parti sociali affrontano le problematiche relative allo stress lavoro correlato e al rischio psicosociale. Tutti i partecipanti al progetto hanno sottolineato l'importanza di affrontare il problema dello stress occupazionale puntando sulla prevenzione primaria, ossia ponendo l'attenzione a livello collettivo sulla mutazione della natura del lavoro stesso, su come è organizzato e sull'ambiente di lavoro, piuttosto che cercare di cambiare i comportamenti o le abitudini dei singoli lavoratori. Ciò farebbe pensare che quelle soluzioni che abbiano al centro le esigenze dell'individuo non siano considerati rilevanti, anche se, nella pratica, le cose appaiono essere molto diverse.

- **Le soluzioni possibili**

Nel tentativo di individuare ulteriori linee d'azione da sviluppare nel dialogo sociale per quanto riguarda il rischio psicosociale, si potrebbe ipotizzare una serie di soluzioni alle sfide che sono state poste.

Gli orientamenti per fare fronte ai problemi, individuati dal progetto, sono:

- **Individuare i modi per costruire un dialogo con i datori di lavoro nel campo dei rischi psicosociali**
- **Rafforzare il legame fra sindacati e lavoratori allo scopo di poter apportare al dialogo sociale una conoscenza reale delle condizioni di lavoro (le conoscenze e le capacità usate dai lavoratori per fronteggiare le difficoltà del lavoro quotidiano)**
- **"Inventarsi" degli spazi/modalità di espressione e confronto per i lavoratori stessi, affinché essi possano non solo scambiarsi informazioni sulle condizioni di lavoro, sulle difficoltà e sugli ostacoli che devono affrontare, ma anche delineare gli scenari di azione che si potrebbero intraprendere.**

Le conclusioni del seminario transnazionale

Il seminario conclusivo del progetto transnazionale è stato organizzato per integrare il lavoro svolto a livello nazionale. Sulla base dei rapporti nazionali, la discussione ha fatto perno su tre temi principali:

- le strategie adottate dalle organizzazioni sindacali per affrontare lo stress lavoro correlato e i rischi psicosociali
- l'influenza esercitata dai consumatori e dai clienti sulla salute psicosociale dei lavoratori

- spazi, livelli e opportunità per il dialogo sociale sulle problematiche relative allo stress lavoro correlato e ai rischi psicosociali.

Come risultato di questo confronto, è stato possibile indicare diversi temi da considerare quando si riflette sul dialogo sociale sui rischi psicosociali, esposti dettagliatamente nella sintesi transnazionale.

Conclusioni generali

Le conclusioni finali riguardano soprattutto quelle che potrebbero definirsi **“le premesse per lo sviluppo del dialogo sociale”** sullo stress lavoro correlato e sul rischio psicosociale, che sono comuni tra i paesi considerati. E' chiaro tuttavia che si debba essere cauti nel prendere in considerazione queste conclusioni: queste sono infatti di carattere generale poiché informazioni specifiche, così come un'analisi più approfondita e esempi concreti delle iniziative delle parti sociali nei diversi settori, si trovano nei rapporti nazionali. Lo scopo di questa sintesi transnazionale è anche quello di portare alla luce alcune istanze rilevanti nonché tracciare alcune linee guida per la futura azione delle parti sociali e, naturalmente, non si può pretendere che queste conclusioni siano applicabili in tutti i settori economici, in tutti i paesi dell'Unione Europea.

Tenendo presente queste limitazioni, è possibile indicare sei conclusioni di carattere generale, emerse dallo studio:

- **Esistono delle difficoltà nel valutare l'impatto reale dell'Accordo Quadro europeo sullo stress lavoro correlato.**
- **Altri attori a supporto delle parti sociali e del dialogo sociale, come le istituzioni statali e i servizi di prevenzione, hanno un ruolo significativo per supportare le parti sociali e il dialogo sociale**
- **È necessario aumentare le risorse a disposizione delle parti sociali per poter affrontare in modo più efficace i rischi psicosociali attraverso il dialogo sociale.**
- **L'impatto del lavoro sul malessere dei lavoratori non può essere affrontato attraverso azioni e misure incentrate esclusivamente sulla dimensione sanitaria individuale del problema ma è necessario considerare le cause lavorative.**
- **La prevenzione dei rischi psicosociali presuppone che le parti sociali pensino a lungo termine.**
- **È necessario promuovere un'analisi approfondita di quanto realmente incide il comportamento del cliente/utente sulla salute del lavoratore.**

Part 2. Transnational Sintesis

Coordinated by **Christophe Teissier**, ASTREES with the contributions of Frédéric Naedenoen (Lentic - HEC, Belgium) ; Csaba Makó- Miklós Illéssy, Péter Csizmadia (Institute of Sociology - Hungarian Academy of Sciences, Hungary) ; Daniele Di Nunzio, Salvo Leonardi (IRES, Italy); Leroi Henry (Working Lives Research Institute, United-Kingdom).

Introduzione

Lo stress da lavoro, nonché quella serie di fenomeni (come la violenza e le molestie) che alcuni Paesi fanno oggi rientrare nella categoria allargata di rischi psicosociali, sono istanze che destano significativa preoccupazione nelle istituzioni e fra le parti sociali in Europa. A seguito degli accordi quadro settoriali firmati dalle parti sociali nel 2004 e 2007, nonché delle svariate iniziative avviate dalle federazioni europee di settore, la Commissione Europea ha organizzato il 2 luglio del 2009 una conferenza per discutere l'attuazione delle azioni previste dalle parti sociali. Anche se pare ormai evidente che i rischi psicosociali rappresentino una priorità politica, il fenomeno risulta essere tuttavia assai complesso poiché include un'ampia gamma di problematiche e può, di conseguenza, essere affrontato in base a numerosi orientamenti. Per esempio, la Commissione Europea ha recentemente finanziato alcuni progetti europei allo scopo di studiare l'impatto sulla salute delle ristrutturazioni aziendali. I risultati che sono emersi hanno rivelato che le ristrutturazioni aziendali sono effettivamente portatrici di rischi psicosociali. Eppure, in linea di massima, le parti sociali continuano a dover affrontare molte difficoltà nell'applicare gli accordi quadro non solo a livello nazionale, ma anche nei settori di competenza.

Allo scopo di mettere a confronto le modalità e le soluzioni che le parti sociali hanno adottato per affrontare i rischi psicosociali nel settore dei servizi, a livello sia nazionale che europeo, è stato pertanto istituito il progetto **“Rischi psicosociali, servizi e dialogo sociale”**, che si è anche posto l'obiettivo di fornire ulteriori approfondimenti, fra i quali:

- studiare gli esiti del dialogo sociale già avviato nel settore (a livello europeo e a livello nazionale in cinque Paesi);
- comprendere come si potrebbe allargare l'applicazione, a livello nazionale in cinque Paesi, delle iniziative prese dalle parti sociali, quali, per esempio, gli accordi quadro autonomi.

E' stato adottato in tal senso un approccio *bottom-up* piuttosto che *top-down*, poiché i rischi psicosociali quasi invariabilmente si manifestano in situazioni di lavoro specifiche. Ne consegue, pertanto, che il fenomeno dello stress lavoro correlato non può essere studiato efficacemente se non si analizzano attentamente gli specifici ambienti di lavoro. Tale analisi è una premessa fondamentale per capire come questi problemi possono essere affrontati con il dialogo sociale. **Tuttavia è doveroso sottolineare che il progetto di ricerca sopraindicato è stato piuttosto *sui generis* in quanto l'obiettivo non è stato quello di avviare nuovi studi ma, piuttosto, di mettere a confronto le parti sociali sulle modalità messe in campo per affrontare il fenomeno dei rischi psicosociali in vari settori e in diverse occupazioni.**

Il progetto ha coperto cinque Paesi diversi: Belgio, Francia, Italia, Regno Unito e Ungheria. Il progetto pilota è stato presentato da ASTREES (Francia) che ha anche coordinato le attività, sia in Francia che a livello globale. Il progetto ha visto la partecipazione di una serie di partner nazionali specializzati in relazioni industriali, ossia:

- Belgio: LENTIC
- Italia : IRES – Istituto di Ricerche Economiche e Sociali
- Regno Unito: Working Lives Research Institute
- Ungheria: Institute of Sociology della Hungarian Academy of Sciences

Ogni partner ha organizzato due *workshop* nazionali nel corso del progetto. Ai partner è stato chiesto di effettuare i seguenti approfondimenti:

- Come i *partner* sociali analizzano i rischi psicosociali e come li affrontano (o cercano di affrontarli) in contesti specifici (settori o occupazioni)?
- Quali sono le lezioni che possono essere imparate e quali sono gli spunti di riflessione per l'avvio di nuove iniziative di dialogo sociale a livello settoriale, aziendale e locale?

Lo scopo del progetto era incentrato sulle strategie di dialogo sociale piuttosto che sulla comparazione fra i settori. Per questo motivo, a ogni *partner* è stata data l'opzione di scegliersi il settore/attività da analizzare e discutere durante i workshop nazionali. I *partner* hanno dunque analizzato:

- la rilevanza dell'argomento alla luce anche della ricerca che viene svolta a livello nazionale e del dibattito che avviene in merito al tema dei rischi psicosociali
- la presenza di sindacati e associazioni datoriali,
- l'utilizzo di *best practices* e la presenza di iniziative in tal senso
- il coinvolgimento dei settori privato e pubblico.

Infine, i settori e/o le attività scelte sono state:

- Belgio: i *contact center*
- Francia: l'amministrazione carceraria e i fondi assistenziali (*social security funds*)
- Italia: il settore bancario
- Regno Unito: il settore sanitario
- Ungheria: il settore bancario

Alla luce degli obiettivi prefissati dal progetto, le attività svolte a livello nazionale si sono concentrate nell'organizzazione dei suddetti *workshop* nei quali si è cercato di assicurare una partecipazione la più ampia e rappresentativa possibile delle parti sociali.

Un seminario consuntivo transnazionale che ha visto la partecipazione di rappresentanti dei partner nei workshop nazionali si è poi svolto il 27 maggio 2010 allo scopo di condividere e integrare il lavoro svolto a livello nazionale.

Il *rapporto* finale del progetto racchiude diversi contributi:

- La sintesi transnazionale
- Il rapporto nazionale nel quale è possibile reperire notizie più circostanziate circa i workshop nazionali nonché i risultati raggiunti dagli stessi

L'augurio è che la metodologia di lavoro alla base del progetto abbia permesso a tutti i partecipanti di usufruire di un processo di apprendimento collettivo in un campo estremamente ostico.

L'obiettivo di questa sintesi transnazionale è di mettere in risalto istanze e tendenze legate al dialogo sociale, le strategie adottate dalle parti sociali e le criticità così come sono emerse dalle attività nazionali e nel corso del seminario di conclusione.

1. I contesti nazionali

I paesi coinvolti nel progetto si caratterizzano per i modi diversi in cui sono concepite le relazioni industriali e di come queste gestiscono i rischi psicosociali. Questa premessa generale può essere meglio illustrato attraverso i seguenti tre punti.

1.1 Il fenomeno dello stress lavoro correlato, i rischi psicosociali nei sistemi di relazioni industriali e la trasposizione a livello nazionale degli accordi quadro europei

Va osservato che in linea di massima tutti i paesi coinvolti nel progetto hanno trasformato in legge nazionale le direttive europee circa la sicurezza e la salute sul lavoro (specialmente nell'ambito della direttiva quadro del 1989). Pertanto i datori di lavoro sono responsabili per l'adozione di misure allo scopo di salvaguardare la salute e la sicurezza dei lavoratori attraverso l'espletamento di una serie di obblighi (analisi dei rischi nel posto di lavoro, valutazione dei rischi, l'applicazione di misure di prevenzione alla luce dei rischi che sono stati identificati, adeguamento del lavoro alle capacità e possibilità del lavoratore).

Ne consegue che a livello giuridico lo stress lavoro correlato, così come il rischio psicosociale, devono essere annoverati, al pari di qualsiasi altro rischio occupazionale, fra i normali obblighi che il datore di lavoro deve espletare.

Tuttavia, allo scopo di assicurare un'applicazione corretta della normativa riguardante lo stress da lavoro e il rischio psicosociale (RPS), i paesi membri dell'UE adottano una serie di strumenti applicabili specificatamente allo stress oppure al RPS.

In Italia, come previsto dall'articolo 6 del D. Lgs. 81/08¹, le linee guida per la valutazione dei rischi psicosociali devono essere varate nel 2010.

Nel **Regno Unito**, lo *Health and Safety Executive* varò nel 2004 sei *management standard* o linee guida per la gestione dello stress lavoro correlato. L'obiettivo era di stabilire sei standard di gestione per affrontare sei diversi fattori di stress. Queste linee guida non sono obbligatori per legge, ma sono state elaborate per fornire al datore di lavoro dei parametri di riferimento nell'applicazione degli obblighi di legge nel campo della sicurezza e salute sul lavoro.

La normativa² in **Belgio** obbliga alle aziende di considerare con particolare attenzione il carico psicosociale del lavoro.

In **Ungheria**, invece, non appare esservi un'attenzione particolare allo stress lavoro correlato oltre agli obblighi stabiliti dalla normativa generale.

Il dialogo sociale nel campo della salute e sicurezza sul lavoro, va osservato che esso si applica pressoché ovunque anche se con un'intensità variabile. Anche se le parti sociali sono ovunque coinvolte nelle questioni attinenti alla sicurezza, esse lo sono a livelli diversi e attraverso differenti strutture (specificatamente stabilite dalla normativa vigente, quali i

¹ Il Decreto Legislativo 81/2008, ossia il *Testo Unico sulla Salute e Sicurezza* del 2008, ha fornito modificato in modo sostanziale la legislazione italiana in materia.

² Legge belga del 4 agosto del 1996 e Decreto Reale del 17 maggio 2007

comitati di consultazione nazionali, o attraverso il dialogo sociale sul luogo di lavoro coinvolgendo i rappresentanti dei lavoratori, ecc.).

Per quanto riguarda invece la contrattazione collettiva sullo stress lavoro correlato e il rischio psicosociale, il quadro che emerge è estremamente variegato. Ne consegue, per esempio, che a prescindere dal livello in cui essa si svolge, la contrattazione collettiva non necessariamente affronta, a livello generale, le istanze relative alla salute e alla sicurezza sul lavoro né, in modo più specifico, quelle legate allo stress da lavoro o al rischio psicosociale. Va sottolineato che il quadro che emerge è dovuto al fatto che nella maggior parte dei paesi esaminati le questioni legate alla salute e alla sicurezza sul lavoro sono regolate dalle leggi obbligatorie, lasciando di conseguenza poco spazio alla contrattazione collettiva. Il fatto che la contrattazione collettiva affronti poco, o solo superficialmente (per esempio concentrandosi sui rischi fisici in alcuni settori), le questioni legate alla salute e alla sicurezza sul lavoro è altresì spiegabile dalle caratteristiche inerenti ai vari sistemi di relazioni industriali così come definite dalla storia e dalle tradizioni locali o dallo specifico contesto economico e sociale. In Ungheria, il rapporto nazionale rivela che la tutela della salute e della sicurezza sul lavoro è stabilita dalla Legge XCIII del 1993. La legge stabilisce dettagliatamente e anche rigorosamente le questioni riguardanti la tutela della salute e della sicurezza sul luogo di lavoro, limitando di fatto la possibilità d'intervento delle parti sociali in questo campo. Se il dialogo sociale si concentra, in linea di massima, su questioni quali i compensi, gli orari e le condizioni di lavoro, in quei settori industriali ad alto rischio fisico e ambientale, quali i settori chimico o farmaceutico, la tutela della salute e sicurezza sul lavoro è direttamente regolata attraverso la contrattazione e accordi a livello sia settoriale che aziendale. Lo stress psicosociale rimane, tuttavia, al di fuori della sfera normale del dialogo sociale.

Per questi motivi, la metodologia di applicazione degli Accordi Quadro europei (specialmente per quanto riguarda lo stress lavoro correlato) è risultata assai variegata nei Paesi coinvolti nel progetto.

In tre Paesi, la tutela contro lo stress lavoro correlato è prevista per legge a seguito di un accordo che ha coinvolto lo stato e le parti sociali.

In Ungheria, il parlamento ha modificato la legge a tutela della salute e sicurezza sul lavoro del 2007 che adesso annovera fra i rischi del lavoro anche lo stress. Nella fase preparatoria, le parti sociali sono state chiamate a partecipare nel Consiglio per la riconciliazione degli interessi, un ente tripartito operante a livello nazionale.

Nel Regno Unito, la trasposizione dell'accordo quadro sullo stress lavoro correlato è stata gestita dal Dipartimento per il commercio e l'industria, che a tale scopo è riuscito a conciliare le istanze presenti nell'Accordo Quadro Europeo con quelle delineate dallo *Health and Safety Executive* nella stesura nel 2004 dei *management standard* o linee guida per la gestione dello stress lavoro correlato. Il Dipartimento ha facilitato la creazione di gruppi di lavoro, composti dai rappresentanti delle parti sociali e dello *Health and Safety Executive* (HSE), ai quali è stato dato il compito di assicurare che l'applicazione dei *management standard* facilitasse implementazione dell'accordo quadro. Il Dipartimento e l'HSE hanno poi lavorato insieme per la divulgazione dell'Accordo Quadro pubblicando una brochure

intitolata “Lo stress lavorato correlato: una guida per il recepimento dell’Accordo Quadro europeo”.

In Italia, la valutazione del rischio, obbligatoria per i datori di lavoro, nonché le attività di prevenzione dei rischi, devono essere effettuate attraverso un sistema di gestione che vede il coinvolgimento di diversi attori, fra i quali i servizi di prevenzione a livello aziendale, i medici del lavoro, i consulenti esterni nonché i rappresentanti dei lavoratori per la sicurezza che sono previsti a livello sia aziendale che territoriale e anche di sito produttivo, nei contesti di lavoro particolarmente complessi. La Commissione consultiva permanente per la salute e sicurezza sul lavoro - composta dai rappresentanti delle istituzioni nazionali e regionali e da esperti che operano per conto sia dalla parte datoriale che dei sindacati, insieme al supporto di istituti di ricerca pubblici quali l’ISPESL - ha il compito di definire le linee guida per la valutazione dei rischi psicosociali.

In Belgio e in Francia, la trasposizione dell’Accordo Quadro per lo stress lavoro correlato è avvenuta, in linea di massima, attraverso la contrattazione collettiva. Anche se in Belgio la fattispecie dello stress lavoro correlato è regolata per legge, gli obblighi dei datori di lavoro in questo campo sono stati definiti attraverso la contrattazione collettiva e specificatamente attraverso l’accordo collettivo interprofessionale No. 72 del 1999 e successivamente applicato nel 2007 anche al settore pubblico.

Appare evidente, quindi, che in molti casi la trasposizione dell’Accordo Quadro europeo per lo stress lavoro correlato era già avvenuta attraverso l’ausilio di accordi collettivi vigenti. In Francia, le parti sociali interprofessionali hanno raggiunto il 2 luglio 2008 un accordo collettivo per la trasposizione dell’Accordo Quadro per lo stress lavoro correlato. Il 26 marzo 2010, un altro accordo settoriale è stato firmato a livello nazionale per la trasposizione dell’accordo quadro europeo in materia di molestie e violenza sul luogo di lavoro.

1.2. I rischi psicosociali: di che cosa si tratta?

E’ chiaro a tutti che fornire una definizione esatta di cosa siano esattamente lo stress lavoro correlato e i rischi psicosociali è ormai diventato un compito estremamente arduo. L’Accordo Quadro europeo sullo stress lavoro correlato offre questa definizione: “lo stress è una condizione che può essere accompagnata da disturbi o disfunzioni di natura fisica, psicologica o sociale ed è conseguenza del fatto che taluni individui non si sentono in grado di corrispondere alle richieste o alle aspettative riposte in loro”.

Eppure le definizioni – ove vengano fornite – sembrano essere più o meno diverse rispetto a quella delineata nell’Accordo Quadro europeo.

In Francia non vi è una definizione su cosa è lo stress lavoro correlato. Nell’accordo intersettoriale stipulato nel 2008, le parti sociali optarono per una definizione che si avvicinava a quella definita dall’Agenzia europea per la salute e sicurezza sul lavoro. In Francia si è infatti optato di adottare un approccio che definisce lo stress come una delle manifestazioni di malessere all’interno dell’ambiente di lavoro – malessere che va sotto la definizione generale di ‘rischi psicosociali’, che quindi includono anche la violenza e le molestie.

In Belgio il termine “rischi psicosociali” è raramente usato nell’ambito giuridico così come in quello accademico. Il *Service Public Fédéral Emploi, Travail et Concertation Sociale* non ne fa

menzione nei suoi documenti, parlando piuttosto di “carico psicosociale”, intendendo con questo termine tutti quei fattori che contribuiscono a creare l’ambiente di lavoro: sicurezza, tutela della salute, il carico psicosociale del lavoro svolto, l’ergonomia dell’ambiente di lavoro, l’igiene e il miglioramento del luogo di lavoro.

Nel Regno Unito, lo *Health and Safety Executive* intende lo stress lavoro correlato come quel processo che scaturisce quando le esigenze di lavoro di qualsiasi natura o entità sono superiori alle capacità del lavoratore che le deve soddisfare.

In Ungheria, la legge sulla sicurezza sul lavoro (LSA) racchiude nel concetto di stress lavoro correlato tutti quei fattori che possano avere delle conseguenze negative sulla salute e sicurezza dei lavoratori – fattori, come i rapporti conflittuali, l’organizzazione del lavoro e aziendale, gli orari di lavoro, ecc., che potrebbero provocare uno stato di stress lavoro correlato e quindi anche incidenti o malattie psicosomatiche.

Il fatto stesso che vi sia una differenziazione così ampia fra le definizioni è indice che il legame fra lo stress e il lavoro è un fatto pressoché appurato. Ciò influisce sul modo in cui si conduce il dialogo sociale e su come le parti sociali affrontano la questione dello stress lavoro correlato (si veda di seguito il ruolo dei sindacati). In altre parole, la definizione che si fornisce dello stress lavoro correlato non è senza conseguenza poiché essa contribuisce a determinare la scelta degli argomenti da trattare durante il dialogo sociale e quindi le soluzioni da concordare.

Va osservato in tale contesto il caso ungherese dove le parti sociali, che avevano partecipato ai workshop nazionali, hanno lavorato insieme alla definizione dello stress lavoro correlato, intendendolo come “un sovraeccitamento cronico dell’organismo umano le cui cause possono essere fatte risalire alla situazione che si crea nel luogo di lavoro, ossia ai fattori strutturali (agenti di stress) dell’ambiente di lavoro”.

1.3. Il dibattito sui rischi psicosociali a livello nazionale

Anche se le informazioni riguardanti l’impatto dello stress lavoro correlato e dei rischi psicosociali sono generalmente disponibili – più o meno reperibili a seconda dei paesi o settori analizzati, si può tuttavia notare che la situazione è alquanto variegata nei cinque Paesi considerati nel progetto. La consapevolezza che le parti sociali hanno del problema è quindi sostanzialmente alta.

In Francia, il problema è particolarmente sentito. Esso genera numerosi dibattiti, studi e iniziative che vedono protagonisti sia le autorità pubbliche e le parti sociali che il pubblico più largo. Il problema si è ultimamente acuito a seguito della tragica serie di suicidi avvenuta in alcune grandi compagnie (France Telecom, Renault) e all’interno della pubblica amministrazione (specialmente nelle carceri).

Nel Regno Unito, la gestione delle problematiche relative alla salute e sicurezza sul lavoro ha ricevuto un forte impulso nella prima fase dell’era *New Labour* verso gli ultimi anni degli anni Novanta. Allo HSE fu dato il compito di avviare una piattaforma di consultazioni la più larga possibile che includesse sia i rappresentanti del settore pubblico che le parti sociali allo scopo di elaborare una strategia comune.

In Belgio le parti sociali hanno mostrato una grande sensibilità al problema come evidenziato dalla significativa presenza di iniziative specialmente nel settore dei contact center. Particolarmente interessanti sono, in tal senso, le iniziative avviate in questo settore sia dal comparto pubblico, con l'avvio della cosiddetta strategia SOBANE, che a livello aziendale e sindacale).

In Italia, l'obbligatorietà della valutazione dei rischi ha generato un ampio e serrato dibattito sulla natura dei rischi psicosociali e su come essi debbano essere valutati. Per esempio, nel settore bancario il rischio psicosociale, a seguito dei grandi rivolgimenti finanziari in atto, la questione sta passando sotto l'attento vaglio sia delle aziende che dei sindacati.

In Ungheria, al contrario, l'attenzione sembra concentrarsi su altre questioni altrettanto pressanti come i livelli di compenso e gli orari.

2. Come viene affrontato e gestito il rischio psicosociale nel dialogo sociale e dalle parti sociali? I risultati emersi dai workshop nazionali

I settori analizzati nei vari paesi sono diversi così come sono diverse le modalità e le procedure del dialogo sociale. In questa sede saranno di conseguenza descritti solo gli aspetti più generali che sono emersi dai *report* nazionali. E' opportuno quindi esaminare il contesto nazionale qualora si volessero avere delle notizie più dettagliate.

In linea con la metodologia di lavoro prevista per questo progetto, l'attenzione sarà quindi posta in questa sede su come i partecipanti ai vari workshop nazionali hanno affrontato il problema.

2.1. Fattori di rischio psicosociali

Il dibattito che si è svolto all'interno dei workshop nazionali ha evidenziato che in tutti i paesi il problema dello stress lavoro correlato e dei rischi psicosociali in genere è affrontato mettendo in risalto i fattori di rischio legati all'organizzazione del lavoro, alla gestione delle risorse umane e ai fattori esterni.

Per esempio, nel Regno Unito i partecipanti ai workshop nazionali hanno posto in evidenza i seguenti fattori di stress:

- La gestione del carico di lavoro
- I cambiamenti e l'applicazione dei regolamenti
- La frammentazione del lavoro e le limitate soddisfazioni legate al lavoro
- La clientela sempre più esigente

Per quanto riguarda l'organizzazione del lavoro, i partecipanti ai workshop nazionali in Belgio hanno individuato i seguenti fattori di rischio:

- I sistemi di monitoraggio automatizzati (per la stesura di dati statistici) e umani (ascolto di conversazioni, visione a distanza degli schermi degli operatori).
- Il ritmo serrato del lavoro imposto dai sistemi computerizzati (*predictive dialing*, ecc.).
- La gestione simultanea di *task* diversi (chiamate *inbound/outbound*) e/o contratti differenziati (specialmente nei contact center in *outsourcing*).
- Le richieste o target contraddittori.
- La competizione interna (evidenziare le prestazioni soddisfacenti o insoddisfacenti degli operatori) e/o competizione fra i centri all'interno dello stesso gruppo.

- I livelli di personale tenuti cronicamente bassi (*under-staffing*).
- La dematerializzazione delle relazioni.
- I problemi di identità (nome propri “esotici” sostituiti da nomi occidentali) e lavoro di carattere emotivo (dovere di mostrare empatia verso gli altri).
- L’ambiente di lavoro (rumore, stanze senza finestre, sovraffollamento).
- Problemi di hardware (incompatibilità di software spesso dovute al fatto che i software sono testati proprio nei contact center).

In Francia, l’attenzione è stata focalizzata nella gestione delle risorse umane dove è prevista una valutazione della performance dei lavoratori.

In Italia, dove è stato analizzato il settore finanziario, sono emersi i seguenti fattori di rischio:

- a. La distanza che separa i lavoratori dal management è aumentata e i loro rapporti sono diventati sempre più formali, burocratici e impersonali.
- b. L’influenza dei lavoratori e dei rappresentanti sindacali nel processo decisionale è diminuita a livello sia aziendale che di gruppo.
- c. Il legame fra il lavoratore e il cliente ora implica carichi di lavoro sempre più pesanti e maggiori responsabilità. Il volume del lavoro front-office è ulteriormente aumentato.
- d. I processi lavorativi necessitano di maggiori conoscenze e di un costante aggiornamento professionale.
- e. Sempre di più, la performance del singolo lavoratore è valutata in base al raggiungimento di target specifici.
- f. Le ristrutturazioni aziendali e i continui cambi di mansioni impattano la biografia professionale dei lavoratori, così come implicano una valutazione continua dei loro meriti e delle conoscenze professionali.

Si potrebbero elencare anche altri fattori di rischio fra quelli menzionati nei *rapporti* nazionali, ma il punto che si vuole sottolineare è che le parti sociali coinvolte nel progetto sono perfettamente consapevoli delle possibili cause generali dello stress lavoro correlato e dei rischi psicosociali. Questa consapevolezza generale potrebbe scaturire da svariate fonti di informazione. Una di queste potrebbe essere quella rappresentata dalle ricerche di carattere accademico che vedono coinvolti gli istituti nazionali di sanità (in Italia l’ISPEL e il PRIMA EF project, o «Hungarostudy», lo studio condotto dall’istituto ungherese di sviluppo sanitario).

Va tuttavia rilevato che le parti sociali – in special modo i sindacati – hanno esse stesse effettuato iniziative allo scopo di meglio conoscere i fattori di rischio in settori specifici (si veda il rapporto nazionale francese dove si parla dell’iniziativa SFASS CFDT, o quello italiano con lo studio condotto dalla CGIL) attraverso l’analisi degli ambienti di lavoro.

Questa panoramica chiaramente dimostra che vi è una consapevolezza abbastanza diffusa fra le parti sociali nei paesi oggetto dello studio di quale sono i rischi presenti nell’organizzazione aziendale, ed è proprio da qui che deve ripartire il dialogo sociale.

2.2. Le difficoltà del dialogo sociale nell’affrontare le istanze relative allo stress lavoro correlato e il rischio psicosociale

Vi sono, da questo punto di vista, due importanti ordini di difficoltà.

Il primo ordine di difficoltà riguarda sia il rapporto fra i datori di lavoro e gli impiegati che quello fra i sindacati e i lavoratori. Intorno a questi due legami parte la discussione per l'avvio del dialogo sociale sui temi dello stress lavoro correlato e sui rischi psicosociali.

In alcuni paesi, i sindacati trovano difficoltà ad avviare un dialogo con la parte datoriale su questi temi. Ciò significa che l'approccio partecipativo a tali problematiche è di difficile attuazione. Le difficoltà possono essere di natura assai diversa. Alcune hanno a che fare con la natura stessa del rapporto fra i sindacati e i datori di lavoro o i vertici aziendali, poiché risulta difficile trovare un linguaggio comune fra le parti sociali, che permetta loro di trovare un accordo circa i problemi da affrontare.

Altri problemi riguardano i rapporti fra sindacati e i lavoratori. Nel Regno Unito, per esempio, il peso della cultura aziendale e organizzativa è stato determinante per affrontare il problema dello stress lavoro correlato. Si è avuta l'impressione che il ruolo della cultura e dell'organizzazione non sia sufficientemente considerato dagli attuali standard manageriali. Per medici e ostetrici, per esempio, la cultura professionale è di fondamentale importanza, tanto che questi ultimi spesso non danno la giusta importanza alle cause immediate di stress, ignorando i loro problemi personali, la loro salute e non chiedendo aiuto ad altri. E tale atteggiamento è aggravato da un'etica professionale che tende a subordinare i bisogni dell'individuo, come dimostrato, per esempio, dalla pratica di lavorare anche durante una malattia. Inoltre, si ha la chiara percezione che la malattia legata allo stress da lavoro non sia vista di buon occhio dai vertici aziendali. I lavoratori nel settore sanitario, per esempio, non sono giudicati favorevolmente se si presentano dal medico lamentando una malattia da stress. Forte è infatti la paura di subire le conseguenze di una malattia prolungata poiché vi è la ferma convinzione, da parte dei vertici, che il personale che si assenta per un periodo lungo difficilmente rientra al lavoro.

In una situazione come quella descritta, come si potrebbe sviluppare una collaborazione positiva fra le parti sociali e rafforzare la fiducia dei lavoratori nei confronti delle organizzazioni sindacali?

Appare evidente – almeno come si evince dai workshop francesi – che è praticamente impossibile identificare i fattori di stress lavoro correlato senza aver una precisa conoscenza del tipo di lavoro o di mansione che si svolge; senza, cioè, avere conoscenza diretta delle reali condizioni di lavoro. Dunque, è fondamentale rafforzare i legami fra i sindacati e i lavoratori.

Il secondo ordine di problemi riguarda invece le soluzioni che potrebbero essere definite dal dialogo sociale, per la tutela dallo stress lavoro correlato e dai rischi psicosociali. Tali soluzioni dipendono da come le parti sociali affrontano le problematiche relative allo stress lavoro correlato e al rischio psicosociale.

In linea di massima, i partecipanti al progetto hanno sottolineato l'importanza di affrontare il problema dello stress occupazionale puntando sulla prevenzione primaria, ossia ponendo l'attenzione a livello collettivo sulla mutazione della natura del lavoro stesso, su come viene organizzato, sull'ambiente di lavoro, piuttosto che cercando di cambiare i comportamenti o

le abitudini dei singoli lavoratori. Ciò farebbe pensare che quelle soluzioni che abbiano al centro le esigenze dell'individuo non siano considerati rilevanti.

Ma, nella pratica, le cose appaiono essere molto diverse.

In Francia, per esempio, i sindacati hanno concentrato i loro sforzi sull'individuo, piuttosto che sull'organizzazione del lavoro o sulla gestione delle risorse umane.

In Ungheria, i ricercatori pur sottolineando il fatto che le parti sociali propendano a considerare lo stress lavoro correlato come un fenomeno legato all'organizzazione aziendale, e quindi collegabile ai fattori strutturali di stress, esse non hanno del tutto ignorato un approccio più individualistico al problema come evidenziato dal ricorso che fanno alla terapia psicologica, ai corsi di formazione, e così via.

Neanche nel Regno Unito è possibile trarre una distinzione netta fra l'approccio individuale e quello collettivo al problema della salute occupazionale. Tutti i partecipanti hanno auspicato una collaborazione più stretta fra le parti sociali poiché ciò potrebbe contribuire a creare un ambiente di lavoro più idoneo dove i lavoratori possono prendere le decisioni più consone per la tutela della loro salute. I partecipanti ai workshop nazionali sottolineano, infatti, la necessità per i lavoratori di essere più responsabili per quanto riguarda la loro salute, invitando loro ad adottare uno stile di vita più corretto.

Anche nel dibattito italiano circa la valutazione dei rischi psicosociali sono due gli ambiti più discussi, da considerarsi come necessariamente legati tra loro: da un lato la necessità di valutare lo stato di salute degli individui, prendendo in considerazione le loro condizioni psicosociali e, dall'altro, la necessità di valutare i fattori di rischio ponendo invece l'attenzione sull'organizzazione e sul processo di lavoro.

2.3 Le soluzioni possibili

Nel tentativo di individuare ulteriori linee d'azione da sviluppare nel dialogo sociale per quanto riguarda il rischio psicosociale, si potrebbe ipotizzare una serie di soluzioni alle sfide che sono state poste.

Queste linee d'azione o orientamenti sono da mettere in relazione agli ostacoli evidenziati in precedenza. Questi orientamenti sono complementari e possono essere analizzati parallelamente, considerando che un orientamento non è sufficiente per migliorare il dialogo sociale nel campo dei rischi psicosociali.

- Individuare i modi per costruire un dialogo con i datori di lavoro nel campo dei rischi psicosociali

Dai rapporti nazionali sono emersi due orientamenti principali.

Il primo orientamento riguarda il fatto che in alcuni contesti nazionali iniziative di carattere pubblico, nell'ambito del più ampio dibattito riguardante le problematiche relative allo stress lavoro correlato e il rischio psicosociale, potrebbero essere utilizzate dalle organizzazioni sindacali per avviare un dialogo con la parte datoriale.

In Francia, a seguito delle misure di emergenza che il governo ha preso a partire dall'ottobre 2009 allo scopo di prevenire i rischi psicosociali nei luoghi di lavoro, si è potuto osservare

un'intensificarsi della discussione relativa allo stress lavoro correlato in ambito di contrattazione collettiva a livello aziendale.

Nel comparto sanitario del Regno Unito, lo HSE sta applicando *standard* manageriali e incoraggiando collaborazioni fra le parti sociali che sono in linea con quelli esistenti in ambito europeo. Con questo approccio, le organizzazioni sindacali nonché le associazioni di categoria fanno leva per avviare non solo le trattative con i datori di lavoro ma anche per "educare" i manager di linea. Va osservato che la discussione sul rischio psicosociale spesso funge da base per avviare trattative più ampie.

Il secondo orientamento si focalizza invece sui dirigenti, specialmente sui cosiddetti *line manager*, che vengono visti come gli elementi chiave nella collaborazione fra le parti sociali nella tutela della salute nei luoghi di lavoro. Tale orientamento è particolarmente evidente nel Regno Unito e in Francia anche a seguito della pubblicazione di inchieste pubbliche specifiche, come per esempio, il Rapporto Lachmann.

Poiché molti dirigenti sono promossi in base alle loro capacità tecniche piuttosto che a quelle manageriali, essi necessiterebbero non solo di assistenza e formazione nel gestire *partnership* sociali ma anche per apprendere come identificare e gestire lo stress occupazionale.

- Rafforzare il legame fra sindacati e lavoratori allo scopo di poter apportare al dialogo sociale una conoscenza reale delle condizioni di lavoro, anche facendo leva sull'esperienza diretta dei lavoratori nella loro quotidianità.

E' questo un elemento chiave per permettere ai protagonisti del dialogo sociale - in particolare i sindacati - di comprendere e affrontare le problematiche relative ai rischi psicosociali.

Da questo punto di vista, possiamo riscontrare nei *rapporti* nazionali alcuni interessanti elementi legati al miglioramento delle risorse messe a disposizione dei rappresentanti dei lavoratori allo scopo di sviluppare i rapporti e gli scambi con i lavoratori a livello di base. Ciò potrebbe significare, ad esempio, fornire ai rappresentanti dei lavoratori nuove opportunità di formazione in materia di rischi psicosociali così come aumentare i permessi disponibili a tale scopo. Queste richieste sono particolarmente evidenti nel *rapporto* inglese.

- La necessità di "inventarsi" degli spazi di espressione e confronto per i lavoratori stessi, affinché essi possano non solo scambiarsi informazioni sulle condizioni di lavoro, sulle difficoltà e sugli ostacoli che devono affrontare, ma anche delineare scenari di azione che potrebbero intraprendere per conto loro.

Questo aspetto è particolarmente sviluppato nel *rapporto* francese che, infatti, delinea in modo chiaro i vari modi per organizzare concretamente il dialogo fra i rappresentanti delle parti sociali. Il *rapporto* francese sottolinea chiaramente che queste nuove forme di dialogo sono da svilupparsi soprattutto a livello aziendale. E' infatti proprio sul luogo di lavoro che la normativa a tutela della salute occupazionale già esistente è disattesa. Si consideri, per esempio, il diritto dei lavoratori alla libera espressione, introdotto nel 1982 e ora sancito dalla legge 2281-1 del codice del lavoro vigente. Pur non essendo l'unico disponibile, tale strumento ha tuttavia il vantaggio di offrire una cornice per il dialogo a livello aziendale

fungendo altresì da luogo deputato per esprimere le richieste dei lavoratori attraverso le organizzazioni sindacali. Al di fuori dell'azienda, e specialmente per quanto riguarda le imprese piccole e piccolissime, il dialogo sociale potrebbe avvenire a livello territoriale.

In Italia, per quanto riguarda la valutazione dello stato psicofisico dei lavoratori e dei fattori di rischio, il *rapporto* nazionale insiste sulla necessità di migliorare le opportunità che essi hanno di partecipare ed esprimere la propria opinione e le proprie conoscenze. In Italia c'è il rischio di una significativa semplificazione del processo di valutazione del rischio psicosociale, attraverso una serie di strumenti standardizzati e rigidi quali, per esempio, l'utilizzo diffuso di questionari. Invece, la valutazione dei rischi psicosociali offre una buona opportunità per i lavoratori di avere voce sul processo di lavoro nella sua complessità, utilizzando una rosa ampia di metodi, mettendo a disposizione strumenti qualitativi sia a livello individuale (ad esempio le interviste con l'ausilio di questionari aperti o semi standardizzati) sia a livello collettivo (con i *focus group* e i gruppi di lavoro).

In virtù degli obblighi a livello locale riguardanti i rischi psicosociali, il Belgio prevede l'avvio di un dialogo sociale informale da svolgersi a livello aziendale. Si tratta, in realtà, di "riunioni" e di cosiddetti "gruppi di qualità" istituiti allo scopo di discutere, fra le altre cose, della gestione dei rischi psicosociali.

Pur trattandosi, senza dubbio, di un caso interessante, l'apertura di nuovi spazi di dialogo potrebbe, in realtà, generare nuovi rischi. Il dialogo informale, infatti, non offre le stesse garanzie di quello formale. Il dialogo informale raramente porta alla formalizzazione degli accordi e in nessuna circostanza è vincolante per coloro che a quel dialogo hanno partecipato. E' questo senza dubbio il rischio maggiore del dialogo svolto a livello informale fra le parti sociali.

3. Lo scambio transnazionale: le conclusioni del seminario transnazionale

Il seminario conclusivo del progetto transnazionale è stato organizzato per integrare il lavoro svolto a livello nazionale. Sulla base dei rapporti nazionali, la discussione ha fatto perno su tre temi principali:

- le strategie adottate dalle organizzazioni sindacali per affrontare lo stress lavoro correlato e i rischi psicosociali
- l'influenza esercitata dai consumatori e dai clienti sulla salute psicosociale dei lavoratori
- le opportunità per il dialogo sociale sulle problematiche relative allo stress lavoro correlato e ai rischi psicosociali.

3.1 Le parti sociali come possono contribuire in modo più incisivo alla prevenzione dei rischi psicosociali?

Nel complesso, il dialogo sociale nel campo della prevenzione dello stress lavoro correlato ha riguardato temi più ampi.

- La tradizione e diffusione del dialogo sociale nei vari paesi influisce significativamente sulla volontà e sulla capacità delle organizzazioni sindacali di affrontare la questione dei rischi psicosociali. In Ungheria, per esempio, il rischio psicosociale non è oggetto del dialogo sociale che, invece, si concentra sulla retribuzione e sugli orari di lavoro. Non è così in Francia, dove vi è non solo un'ampia legislazione in materia di prevenzione, ma anche una

serie di misure che i sindacati e le associazioni datoriali hanno attuato attraverso la loro collaborazione. Nel Regno Unito vige, invece, un accordo firmato dai sindacati, dalle associazioni datoriali e dagli ispettorati del lavoro allo scopo di applicare determinati standard di gestione del rischio nell'ambito della valutazione del rischio di stress lavoro correlato.

- Come considerare il management: un avversario o un alleato? E che posto hanno i manager nelle organizzazioni sindacali, visto che sono fra i più colpiti dallo stress?

Oltre alle tematiche di carattere più generale, il seminario conclusivo ha anche affrontato temi più specifici.

- ***Che cosa sono lo stress lavoro correlato e il rischio psicosociale?***

I partecipanti hanno messo in evidenza una serie di fattori di stress nell'ambiente lavorativo, fattori che appaiono essere comuni nei vari paesi e tra i settori esaminati. Il dibattito che ha avuto luogo durante il seminario conferma le osservazioni che sono state fatte finora (si veda 2.1). Ma al di là di qualsiasi possibile definizione, è fondamentale che le parti sociali – i datori di lavoro e le organizzazioni sindacali – arrivino a condividere cosa si intenda per stress lavoro correlato a qualsiasi livello esso si affronti nel dialogo sociale. Diventa quindi necessario intendersi su cosa è lo stress da lavoro a qualsiasi livello, sia di comparto o d'azienda, stabilendo metodologie comuni per identificarlo e per misurarne l'entità. Tale approccio dovrebbe contribuire a incoraggiare le parti sociali a lavorare insieme nell'individuare gli strumenti per identificare e misurare lo stress lavoro correlato e le altre forme di rischio psicosociale, così come i fattori che lo generano.

- ***Quali sono gli strumenti sui quali possono far leva le organizzazioni sindacali?***

La presenza di una normativa che sancisca l'obbligo da parte dei datori di lavoro di valutare e prevenire i rischi psicosociali è considerata una delle leve principali a disposizione delle organizzazioni sindacali, specialmente a livello aziendale.

Il dibattito in Italia dimostra che le attività di prevenzione devono essere considerate centrali e che diventa sempre più necessario sviluppare un metodo partecipato di valutazione dei rischi che possa eventualmente eliminare le cause del malessere all'origine. E' necessario concentrarsi su quelle azioni che possono eliminare le cause di malessere e contribuire a ridurre i rischi psicosociali e non intervenire solo sulle conseguenze individuali, al fine di tutelare la salute dei singoli lavoratori. Questa valutazione dei rischi deve essere effettuata in maniera dinamica, considerando i rischi psicosociali virtualmente presenti nei cambiamenti introdotti nell'organizzazione del processo di lavoro, sempre più frequenti in seguito alle continue ristrutturazioni aziendali.

Tuttavia, al di là di queste osservazioni di carattere generale, l'efficacia del dialogo sociale nell'affrontare questioni relative allo stress lavoro correlato dipende dalla presenza di una chiara strategia sindacale, che purtroppo molto spesso è assente. Ciò si evince in modo chiaro prendendo a esempio i modi in cui le organizzazioni sindacali britanniche e quelle ungheresi affrontano la questione. Nel Regno Unito, per esempio, appare chiaro che le organizzazioni sindacali non affrontano le questioni relative allo stress lavoro correlato senza vagliare con attenzione gli interessi finanziari ed economici delle imprese e delle organizzazioni. Ed è per questo motivo che i sindacati sono direttamente coinvolti nella

concreta applicazione delle direttive impartite dallo *Health and Safety Executive* relative alla gestione dello stress lavoro correlato. Questo strumento rimane infatti una leva d'azione cruciale per le organizzazioni sindacali del Regno Unito. Al contrario, in Ungheria il tema dello stress lavoro correlato è fuori dalla portata del dialogo sociale, denotando l'assenza di una strategia sindacale precisa.

Tali differenze pongono una serie di questioni per i sindacati e per i vertici aziendali:

- Fino a che punto le organizzazioni sindacali devono definire una strategia delineata specificatamente per affrontare la questione dello stress lavoro correlato e del rischio psicosociale? In altre parole, i rischi psicosociali devono essere considerati come una categoria specifica di azione oppure le organizzazioni sindacali dovrebbero concentrarsi su altri temi, a seconda dei contesti dove operano? Per esempio, i sindacati ungheresi non considerano i rischi psicosociali come una problematica da affrontare in modo specifico, preferendo concentrare la loro azione piuttosto sull'orario di lavoro.
- Che tipo di azione dovrebbe essere intrapresa? "Collettiva" a livello di organizzazione del lavoro; o "individuale" a supporto dei singoli lavoratori che si trovino in difficoltà? L'Ungheria, ad esempio, ha portato alla luce una contraddizione a livello nazionale. Qui le parti sociali, seppur concordi nell'individuare nell'organizzazione del lavoro una fonte di stress, preferiscono agire esclusivamente a livello individuale.
- Come si potrebbe migliorare le capacità sia dei sindacati che delle aziende di gestire la questione? Senza queste capacità, sembra molto difficile poter sviluppare una strategia specifica.
- Come stimolare un approccio a lungo termine in questo campo? Come andare oltre l'azione contingente e a breve termine rivolta esclusivamente a risolvere emergenze e a fornire aiuto individuale?

3.2. Il cliente o utente come fattore di rischio psicosociale

L'impatto del cliente o utente sulle condizioni di lavoro è stato oggetto di un ampio dibattito nei workshop nazionali, specialmente nel sottolineare l'approccio sgarbato o anche violento del pubblico nei confronti dei lavoratori così come dell'impatto sul carico di lavoro emotivo. Per esempio i bancari in Italia devono conoscere molto bene i contenuti dei prodotti o servizi che diventano sempre più complessi, eppure possono dire ben poco sull'organizzazione del lavoro o sui prodotti stessi che devono vendere.

I partecipanti al seminario finale sono concordi nell'affermare che c'è uno iato fra la politica *client-oriented* così come è incoraggiata dalle compagnie private – e in modo sempre più marcato anche dalle aziende pubbliche – e i reali interessi dei clienti. Questo gap fa sì che la reazione dei clienti influisca in modo determinante su come lavora l'impiegato e sulle condizioni generali di lavoro. Tuttavia, da questo punto di vista gli interessi dei clienti e dei lavoratori non sono necessariamente divergenti. I clienti, infatti, non dovrebbero essere visti come un fattore di rischio ma, al contrario, come dei *partner*, specialmente in quelle forme di attività che la letteratura accademica in materia definisce come "servizi relazionali"³. Il successo del servizio dipende dal fatto che si possa arrivare a un accordo fra l'utente e il *provider* su ciò che deve essere cambiato e su come si possa collaborare tutti insieme per

³ Alcuni dei servizi considerati nel progetto (in Francia e nel Regno Unito) fanno riferimento a ciò che gli accademici formalmente definiscono "servizi relazionali", ossia quei servizi il cui risultato atteso è la trasformazione, da parte del cliente o consumatore, di un bene o un comportamento.

portare avanti tale cambiamento. L'atteggiamento del cliente, così come quello del lavoratore, diventa "problematico" (non-cooperativo) in un ambiente di lavoro che non induce alla cooperazione. Questa condizione di tensione necessita di essere analizzata per capire perché non è possibile fare i necessari aggiustamenti per creare la situazione più idonea alla cooperazione.

Lo scopo di tale analisi è di arrivare a un "processo di lavoro di qualità" dove sono attentamente presi in considerazione, allo stesso tempo, le esigenze del lavoratore, del cliente e del vertice aziendale. Sarebbe quindi opportuno a livello aziendale mettere a confronto il grado di soddisfazione dei clienti/utenti con la valutazione dei rischi psicosociali a cui sono sottoposti i lavoratori. Se c'è da un canto la necessità di affermare la voce dei lavoratori così come quella dei clienti, vi è dall'altro l'esigenza di migliorare il confronto fra i lavoratori, i clienti e il *management*.

Queste considerazioni dovrebbero aiutare le parti sociali, specialmente a livello aziendale, ad approfondire le indagini sul legame che esiste fra il comportamento del cliente/utente e la concreta organizzazione del lavoro.

Inoltre, poiché nel corso del seminario si è anche discussa la possibilità di prendere in considerazione la voce del consumatore nel definire l'organizzazione del lavoro, la domanda che è sorta è se le organizzazioni sindacali avrebbero dovuto curare gli interessi anche dei clienti oltre che a quello dei lavoratori.

3.3. Le modalità del dialogo sociale per affrontare le problematiche relative allo stress lavoro correlato e al rischio.

Il lavoro svolto nel corso dei workshop in Belgio, Regno Unito e Francia rispettivamente nei settori del *contact centre*, della sanità pubblica e della pubblica amministrazione ha portato alla luce due istanze principali.

- È necessario determinare i diversi livelli di dialogo sociale sulla prevenzione dello stress lavoro correlato

Si è dimostrato nel corso del seminario che la prevenzione dei rischi psicosociali deve essere affrontata a diversi livelli di dialogo sociale. Anche se le misure più prettamente operative devono essere discusse e applicate a livello di posto di lavoro, attraverso, per esempio, una più intensa partecipazione dei sindacati e dei lavoratori nel processo di valutazione dei rischi, il livello aziendale non deve essere l'unico nel quale deve svolgersi il dialogo sociale. Tuttavia, va comunque sottolineato che raccomandazioni precise in tal senso dipendono dai contesti nazionali specifici.

In Italia, per esempio, l'alta densità di PMI fa sì che il dialogo sociale possa difficilmente aver luogo esclusivamente a livello aziendale. **Ciò rende necessario agire a diversi livelli (territoriale e/o di comparto e/o di sito produttivo) allo scopo di rendere più omogeneo le condizioni di lavoro nelle piccole e piccolissime imprese.**

Va inoltre osservato che se le parti sociali devono fornire le linee guida allo scopo di identificare e valutare i rischi psicosociali sul posto di lavoro, non si deve trascurare il fatto

che tali rischi sono diversi da settore a settore. **Strumenti/linee guida/informative di settore o di comparto assumono, sotto questa luce, un'importanza rilevante.**

A livello nazionale la Francia ha dimostrato che lo Stato potrebbe svolgere un ruolo importante a supporto delle parti sociali e del dialogo sociale. In questo paese il ministro del lavoro ha istituito un sito internet dedicato alla salute occupazionale, nel quale viene data la possibilità di accedere a una serie di strumenti a livello locale (studi di caso, consulenza professionale, ecc.). Alcune sezioni del sito sono inoltre esclusivamente dedicate al rischio psicosociale.

In Belgio, la strategia SOBANE è stata sviluppata tramite un progetto finanziato sia dalle autorità federali nazionali che dall'Unione Europea. Lo scopo che si prefigge SOBANE è di aiutare le aziende a rispettare gli obblighi di legge in questo campo attraverso un procedimento a quattro livelli: individualizzazione, osservazione, analisi e valutazione. La strategia, che include una guida al dialogo sociale che prevede una valutazione congiunta dei rischi, è stata adattata per vari settori, fra i quali quello dei *contact center*. Questa guida mette a disposizione un'ampia serie di strumenti a cui possono ricorrere coloro che hanno la responsabilità di gestire i rischi. Tali strumenti includono l'invio di una lettera da inoltrare ai partecipanti, una griglia di analisi a copertura dei vari aspetti da discutere, una tabella con i dati emersi dalle ricerche, una lista delle cose da fare, ecc.

E' utile coinvolgere per questo tipo di iniziative le parti sociali (dall'ideazione del programma d'azione fino alla sua applicazione) allo scopo di migliorarne la diffusione a livello locale. Altrimenti c'è il rischio che gli strumenti disponibili in questo campo rimangano ignoti alle parti sociali (sindacati e management aziendale) e nei posti di lavoro.

- Per poter affrontare i rischi sociali in modo più efficace, i livelli esistenti di dialogo sociale potrebbero non bastare.

Il quadro che è emerso nei *contact center* belgi è molto interessante per due motivi:

- La contrattazione a livello di settore non si applica ai lavoratori dei *contact center*. E questo perché i *contact center* non sono riconosciuti come facenti parte di un settore specifico di lavoro nel sistema di relazioni industriali vigente in Belgio. Diventa quindi difficile affrontare il tema dei rischi psicosociali in modo omogeneo per quanto riguarda i lavoratori dei *contact center*.
- Le condizioni di lavoro nei *contact center* esterni (circa 20% dei *contact center* in Belgio) sono determinate dalle esigenze dei clienti (i committenti aziendali). Di conseguenza, il dialogo sociale a livello locale non appare essere in grado di affrontare la questione. Va rilevato infatti che gli impiegati dei *contact center* esterni in questo quadro di rapporti hanno *de facto* poca voce.

Questo esempio, al pari di altri delineati nei rapporti nazionali, dimostra che i rischi psicosociali sono molto specifici e contestualizzati, secondo determinate categorie di occupazione e di attività. In linea di massima, dunque, sembra chiaro che allo scopo di sviluppare il dialogo sociale in campo della prevenzione dei rischi psicosociali sia necessario istituire nuovi livelli di dialogo sociale. Sembra questa la premessa di base per

poter essere in grado di capire le reali condizioni di lavoro che sono sempre molto specifiche.

Conclusioni generali

Il progetto è stato svolto allo scopo di comprendere meglio il ruolo del dialogo sociale e delle parti sociali nel campo dello stress lavoro correlato e del rischio psicosociale nel comparto dei servizi. Per questo motivo il progetto si è basato sui workshop nazionali che hanno visto la partecipazione dei principali attori del dialogo sociale, ossia le organizzazioni sindacali e i rappresentanti della parte datoriale. Poiché il progetto si concentrava sulle strategie di dialogo sociale e non sulla comparazione fra varie attività, i settori esaminati potevano essere diversi da paese a paese.

Le conclusioni finali che si possono presentare riguardano di conseguenza ciò che potrebbero definirsi **“le premesse per lo sviluppo del dialogo sociale”** sullo stress lavoro correlato e sul rischio psicosociale, che sono ricorrenti nei paesi considerati. E' chiaro tuttavia che si debba essere cauti nel prendere in considerazione queste conclusioni: queste sono infatti di carattere generale poiché informazioni specifiche, così come un'analisi più approfondita, si trovano nei rapporti nazionali. Lo scopo di questa sintesi transnazionale è anche quello di portare alla luce alcune istanze rilevanti nonché tracciare alcune linee guida per la futura azione delle parti sociali e, naturalmente, non si può pretendere che queste conclusioni siano applicabili in tutti i settori economici, in tutti i paesi dell'Unione Europea.

Tenendo presente queste limitazioni, sei conclusioni di carattere generale sono emerse dallo studio:

- Esistono delle difficoltà nel valutare la reale portata dell'Accordo Quadro europeo sullo stress lavoro correlato.

In termini di applicazione, l'impatto dell'Accordo Quadro europeo in materia di stress lavoro correlato è differente da paese a paese. Se si considera, al di là degli aspetti più formali, che l'obiettivo principale dell'Accordo Quadro europeo è quello di aumentare la soglia di conoscenza delle parti sociali circa lo stress lavoro correlato, si può affermare che le conclusioni sono sostanzialmente comuni ai paesi esaminati: nel Regno Unito e in Belgio, per esempio, lo stress lavoro correlato e, più in generale, il rischio psicosociale, rappresentavano per le parti sociali una questione che destava preoccupazione già prima della firma dell'Accordo Quadro. Mentre in Ungheria è vero il contrario poiché lo stress lavoro correlato come tale non sembrerebbe ancora essere un argomento da trattare in modo specifico nel dialogo fra le parti sociali.

In considerazione delle difficoltà che i datori di lavoro e le organizzazioni sindacali hanno nel trovare una definizione accettabile per entrambe le parti su cosa si intenda per stress lavoro correlato, va da sé che l'Accordo Quadro può essere un valido punto di riferimento, poiché dimostra che un approccio comune al problema è possibile. Da questo punto di vista si può infatti notare che in alcuni paesi – soprattutto in Francia – l'Accordo Quadro europeo agisce da leva per l'avvio di un dialogo sociale a livello nazionale. Tuttavia i casi oggetto di discussione hanno dimostrato che l'Accordo Quadro europeo non è mai l'unico motivo, né quello più importante, per cui le parti sociali decidono di avviare iniziative in questo campo.

Da un altro punto di vista, non sono emerse delle chiare aspettative da parte dei rappresentanti attivi nei workshop nazionali nei confronti delle parti sociali europee.

- *Il ruolo importante svolto da altri attori a supporto delle parti sociali e del dialogo sociale*

Emerge chiaramente l'importanza del quadro normativo nazionale a tutela della salute e sicurezza dei lavoratori. Al di là dell'applicazione degli obblighi di legge nel campo della salute e sicurezza occupazionale, le iniziative statali (non solo in termini di leggi ma anche di linee guida, strumenti, ecc.) potrebbero risultare delle utili leve per implementare l'azione delle parti sociali, soprattutto per le organizzazioni aziendali. E' altresì importante il ruolo svolto dal sistema di valutazione e gestione del rischio nell'identificare i rischi psicosociali.

- *La necessità di aumentare le risorse a disposizione delle parti sociali per poter affrontare in modo più efficace i rischi psicosociali attraverso lo strumento del dialogo sociale.*

Allo scopo di rafforzare lo strumento del dialogo sociale, è necessario aumentare le risorse a disposizione delle parti sociali specialmente nel campo della formazione per i vertici aziendali e per i rappresentanti dei lavoratori. Iniziative del genere sono in corso in vari paesi, specialmente in Francia. Va osservato che lo sviluppo di cooperazione fra le organizzazioni sindacali a livello europeo intorno a questi temi potrebbe risultare molto utile. Il progetto ha infatti dimostrato quanto forte sia l'esigenza di rafforzare la conoscenza e lo scambio in questo ambito attraverso i seminari o i network dedicati. E, inoltre, anche il contributo esterno di accademici potrebbe essere utile alle parti sociali. Si dovrebbe quindi incoraggiare in tal senso la produzione a livello sia nazionale che europeo di dati empirici, per esempio quelli che possono portare all'individuazione di stress lavoro correlato in settori diversi.

- *La prevenzione dello stress lavoro correlato e del rischio psicosociale: una questione di salute o di lavoro?*

Le maggiori difficoltà che il progetto ha riscontrato riguardano proprio questo punto. Lo stress lavoro correlato e i rischi psicosociali chiaramente influiscono sulla salute dei lavoratori. E' per questo motivo che questi temi sono oggetto di normative riguardanti la salute e la sicurezza sul lavoro. Ciò che tuttavia emerge è che l'impatto del lavoro sul malessere dei lavoratori non può essere affrontato attraverso azioni e misure incentrate esclusivamente sulla dimensione sanitaria del problema. Alcuni fattori di rischio sociale sono stati identificati e discussi nel corso del progetto: in tutti i Paesi considerati, i partecipanti hanno affrontato il tema dello stress lavoro correlato e del rischio psicosociale, generalmente sottolineando i fattori di rischio collegati all'organizzazione del lavoro, alla gestione delle risorse umane e ai fattori esterni. In altre parole, la riflessione sullo stress lavoro correlato e sul rischio psicosociale sottolinea, in linea con quanto stabilito negli accordi quadro europei in materia, l'importanza di un approccio alla questione dello stress occupazionale che sia basato sulla prevenzione primaria, ossia su un'attenzione collettiva alle trasformazioni della natura del lavoro, sul modo in cui è organizzato il lavoro e l'ambiente di lavoro, piuttosto che tentare di modificare il comportamento e le pratiche del singolo lavoratore. Ciò significa che le soluzioni incentrate sull'individuo non sono considerate rilevanti. Eppure nella pratica, la situazione sembra diversa. Sembra infatti difficile per i sindacati nei vari paesi andare al di là di soluzioni "individuali". E'

probabilmente necessario che le organizzazioni sindacali si concentrino nello sviluppo di quelle strategie atte a promuovere un dialogo sociale per migliorare le condizioni di lavoro. In termini generali, tale orientamento presuppone che le parti sociali – in special modo le organizzazioni sindacali – non affrontino in modo prioritario il tema dello stress lavoro correlato e del rischio psicosociale come un problema di carattere medico. Di conseguenza, il *focus* principale delle organizzazioni sindacali dovrebbe essere quello di apportare al dialogo sociale una conoscenza reale delle condizioni di lavoro vigenti, così come descritte direttamente dai lavoratori sul campo. Come illustrato in precedenza, tale obiettivo potrebbe comportare l'individuazione di modi e strumenti che possano portare all'affermazione della voce dei lavoratori, offrendo loro la possibilità di esprimere la loro opinione, le loro conoscenze e le loro esigenze. L'augurio è che con queste premesse si possa avviare un dialogo sociale e, di conseguenza, una trattazione collettiva, che possa realmente individuare le fonti di stress lavoro correlato e i rischi psicosociali.

- *La prevenzione dei rischi psicosociali presuppone che le parti sociali pensino a lungo termine.*

La questione dei rischi psicosociali e dello stress lavoro-correlato non può essere limitata all'attuazione di azioni di breve termine, come ad esempio la gestione delle emergenze. Diventa quindi assolutamente necessario attuare una fase di *follow up* delle iniziative avviate dalle parti sociali in questo campo e promuovere azioni comuni a livello aziendale.

- *È necessario comprendere quanto realmente incide il comportamento del cliente/utente sulla salute del lavoratore.*

La violenza dei clienti nel settore dei servizi è un tema delicato che le federazioni sindacali europee, quali, per esempio, UNI EUROPEA, hanno già affrontato in passato, proponendo anche una serie di raccomandazioni su come affrontare questo difficile problema.

Al di là di queste iniziative, il progetto ha rilevato, specialmente nel corso del seminario transnazionale conclusivo, un aspetto fondamentale che, tuttavia, non sempre è preso in considerazione con la dovuta attenzione.

In molte delle attività nel comparto dei servizi analizzate durante il progetto traspare che spesso gli interessi dei clienti e quelli dei lavoratori non divergono affatto. Come si evince, per esempio, nel caso dei c.d. servizi "relazionali/personali". In questo caso, il successo del servizio dipende dal fatto che vi sia una convergenza fra l'utilizzatore del servizio e il fornitore del servizio circa il contenuto del servizio stesso. Il comportamento dell'utilizzatore diventa "problematico" (non-cooperativo) nell'ambiente di lavoro, influenzando quindi sul lavoratore, quando le condizioni di lavoro di quest'ultimo non producono collaborazione. La soddisfazione del lavoratore, così come quella del cliente, è determinante allo scopo di assicurare "una buona qualità dell'intero processo di lavoro", un processo che include allo stesso tempo la qualità del servizio erogato e quella delle condizioni di lavoro. I fattori di tensione che caratterizzano spesso il settore dei servizi devono essere attentamente analizzati anche per capire cosa fare per apportare le necessarie modifiche, così da permettere una reale convergenza di interessi.

Part 3. National reports

Belgium

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Lentic

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1. Introduction

The aim of this document is to provide a report on the research work conducted in Belgium within the scope of the Psychological Risks, Services and Social Dialogue project⁴ as well as the project's two national seminars in Belgium, held on 1st February and 4th March respectively in Liège.

Initially, a presentation will be made of the methodology used to collect and validate the various elements related to the project's subject. Secondly, we will briefly look at Belgian legislation regarding psychological risks. Thirdly, we will put forward an overview of the contact centre sector in Belgium and its prevailing social regulation. Fourthly, we will examine the issue of psychological risks in the contact centre sector. Fifthly, we will present the initiatives set up by the social partners to manage these risks. Sixthly, we will identify the main social action initiatives in this field. Finally, we will highlight the points raised by the social partners within the scope of the two seminars organised to improve the situation.

2. Methodology

Prior to the organisation of the two Belgian seminars, research was conducted in order to understand the different themes of the project.

Prior research work

This work was based on two types of information gathering: documentary research and interviews with many people representative of all the stakeholders concerned by the project-related issues.

The documentary research involved analysing various types of documents:

- Web sites
- Databases and publications by the company CallCommunication.be
- Internal documents from the Belgian Christian Trade Union CSC-CNE
- Internal documents from contact centre companies
- Documents from Joint Committee 218
- Publications by the non-profit organisation "*Service de Prévention et de Médecine du Travail des Communautés Française et Germanophone de Belgique*" (Service for prevention and occupational medicine for French and German speaking communities in Belgium)
- A dissertation on stress in contact centres
- Newspaper articles
- Regulatory texts (laws, collective bargaining agreements)

With regard to the testimonials from players in the contact centre sector and/or the issue of psychological risks, 35 interviews were conducted, in different ways: mainly via face-to-face

⁴ 1 The Psychological Risks, Services and Social Dialogue project is a European Commission-funded initiative. It covers five European countries (Belgium, France, Hungary, Italy and the United Kingdom) and its aim is to *Identify the analyses and strategies of the social partners relating to "psychological risks" in service activities and to use this as a basis for defining areas of action.* The project, which will last for a year, started on 1st July 2009 and will finish in June 2010.

interviews but also by means of two focus groups with trade unions and three interviews by telephone. The table below details the position of the people interviewed and the type of interview conducted.

Person interviewed	Organisation	Position	Type of interview
Mr. Vanden Bossche	CallCommunication.be	Expert	Face-to-face
Mrs. Picoli	D'leeteren	In-house Contact Centre	Face-to-face
Mrs. Delancre	Cofidis	In-house Contact Centre	Face-to-face
Mr. Pauli	CGSLB (Liberal trade union)	Union representative	Face-to-face
Mrs. Stevens	CGSLB (Liberal trade union)	Union shop steward	Face-to-face
Mrs. Lambrechts	CNE – CSC (Christian trade union)	Union representative	Telephone
15 shop stewards	CNE – CSC (Christian trade union)	Union shop stewards	Focus Group
Mr. Schreiden	Occupational medicine prevention service	Expert / service provider	Telephone
Mrs. André	Call-IT	Outsourced Contact Centre	Face-to-face
Mr. Berti	Wallonia Brussels Contact Centre	Outsourced Contact Centre	Face-to-face
Mrs. Simal	Nespresso	Outsourced Contact Centre	Telephone
Mrs. Vleugels	SETCA – FGTB (Socialist trade union)	Union representative	Telephone
Mr. Dave	SETCA – FGTB (Socialist trade union)	Union shop steward	Face-to-face
Mr. Van der Voort	Plantronics Belgium	Service provider	Face-to-face
6 delegates	SETCA – FGTB (Belgian Socialist trade union)	Union shop steward	Focus Group
Mr. Masson	Environment Acoustics	Service provider	Telephone

Organisation of the two national seminars

The first national seminar was held on 1st February 2010. Eleven people attended. Most of them had already been approached during the prior research work. This meeting brought together the representatives from three contact centres, the three main trade unions, a partner from the higher education sphere, an expert and the project coordinator.

Unfortunately, it was not possible to include an occupational physician or a consumer representative. However, two of the contact centres were also customers of other outsourced call centres (in case of an overload of calls or for specific assignments). Their testimonials gave an insight into the behaviour of companies that are customers of outsourced call centres.

The table below gives a brief presentation of the people involved in this seminar and the organisations that each of them represent.

Name	Organisation	Presentation of the organisation and its representative
Isabelle André	CALL-IT	Call-it is an outsourced contact centre whose main customer is Luminus, a Belgian intercommunity electricity supplier. The company has two sites, one in Hasselt (in Flanders) and one in Liège (in Wallonia). Mrs. André is the DHR at the Liège site.
Isabelle André	WBCC	WBCC is an outsourced contact centre whose main customer is Tecteo, a Belgian intercommunity cable-television company. The company has one single site, in Liège. Mr. Berti is the company's training and quality manager.
Jean-Luc Charlot	ASTREES Association	The French association Astrees (<i>Association Travail Emploi Europe Société</i>) takes part in many European projects linked to economic and social change. Mr. Charlot is one of the employees of Astrees in charge of the themes covered by this project.
Eric Dave	FGTB/SETCA trade union	The <i>Fédération Générale des Travailleurs de Belgique</i> trade union is one of the 3 main Belgian trade unions. The FGTB has close links with the socialist movement. The SETCA is the union for employees, technicians and management of the FGTB. Mr. Dave is a SETCA shop steward. He is also the deputy DHR in a Walloon Region contacts centre.
Edel Delancre	COFIDIS	Cofidis is an on-line credit company with its head office in Tournai in Wallonia. Mrs. Delancre is the Director.
Frédéric Naedenoen	University LENTIC / HEC- ULg	LENTIC is a research and intervention centre at the HEC–Management School at the University of Liège, focused on organisational innovation processes. Mr. Naedenoen is the Belgian manager of the project.
Stijn Pauli	CGSLB trade union	The <i>Centrale Générale des Syndicats Libres de Belgique</i> is one of the 3 main trade unions in Belgium. The CGSLB has close links with the liberal political parties. Mr. Pauli is its permanent secretary. Previously, he was an employee in a contact centre.
Philippe Samek	CSC/CNE trade union	The <i>Confédération des Syndicats Chrétiens</i> is one of the 3 main trade unions in Belgium. The CSC has close links with the Christian political movement, hence its name. The CNE is the trade union for

		private sector employees and managers in the CSC. M. Samek is a union representative.
Christophe Teissier	ASTREES (coordinator)	The French association Astrees (<i>Association TRavail Emploi Europe Société</i>) takes part in many European projects linked to economic and social change. Mr. Teissier is the project coordinator.
Pascale Vleugels	FGTB/SETCA Socialist trade union	The <i>Fédération Générale des Travailleurs de Belgique</i> trade union is one of the 3 main Belgian trade unions. The FGTB has close links with the socialist movement. The SETCA is the union for employees, technicians and management of the FGTB. Mrs. Vleugels is a SETCA union representative.
Vincent Vanden Bossche	CALL COMMUNICATION. BE	CallCommunications.be is a skills centre devoted to the various players in the contact centre sector. M. Vanden Bossche is the manager of CallCommunication.be. He is also an expert on the contacts centre sector in Belgium.

After a traditional round-table to present the various partners, this first meeting took place in three different stages:

- Presentation of the project by the coordinator, Christophe Teissier.
- Presentation of the contact centre sector and of Benchmark 2009, by Vincent Vanden Bossche from CallCommunications.be.
- Presentation of the research work conducted prior to the meeting by Frédéric Naedenoen.

The main discussions of this meeting concerned Benchmark 2009 (see item 5 of this report) as well as the presentation of psychological risks in the contact centre sector. They enabled the results presented (see items 3 to 7) to be validated, commented and supplemented by various elements put forward by the participants.

The second national seminar took place on 4th March in Liège. It brought together the same participants, except for Messrs. Pauli, Charlot and Teissier, who sent their excuses. The objective of this second meeting was to discuss the role of social dialogue in management of psychological risks and the solutions to be implemented to improve the situation. The results of this seminar are presented in items 8 and 9 of this report.

3. Psychological risks in Belgium

The term “psychological risks” is rarely used in Belgium, both in terms of the legal framework and within the academic sphere. The *Service Public fédéral Emploi, Travail et Concertation Sociale* (State service for Jobs, Work and Social Dialogue) does not mention the term in this wording. In its definition of well-being at work, the SPF instead refers to the psycho-social burden: *all the factors relating to the employment conditions in which work is performed, i.e. occupational safety, protection of workers’ health, the psycho-social burden created by the work, ergonomics, work hygiene and enhancement of work premises.* As

regards the academic sphere, it has not produced a concrete view of this concept which it frequently assimilates with work related stress.

In order to clarify the concept, we will use the definition provided by the representative of the occupational health's prevention service, interviewed as part of the project: *all the work situations that threaten well-being and that may lead to harm such as stress, absenteeism, resignation or strikes. Such harm has negative consequences on the mental and/or physical health of the person affected (psycho-social burden).*

The Belgian legal framework⁵, in accordance with European legislation on the matter, requires companies to implement a policy of employee well-being. A health and safety framework directive presents the following general process:

- a. Avoiding risks
- b. Assessing risks that cannot be avoided
- c. Combating risks at the source
- d. Replacing dangerous elements by non dangerous or less dangerous elements
- e. Taking collective protection measures as a priority over personal protection measures
- f. Adapting work to people

Concerning the psycho-social burden in particular, the legal framework⁶ requires companies to give specific attention to dealing with the issue of the psycho-social burden. They are requested to conduct risk analysis specific to their organisation and to take the necessary steps to combat such risks. More specifically, the companies must implement a risk management strategy based on the one hand on prior analysis of risks – whose aim is to take the necessary preventive measures – and on the other hand on subsequent analysis of risks, following a complaint from a worker or the recurrence of psycho-social type incidents.

Although the specific issue of stress at work is taken into account by the aforementioned legal measures, Belgian collective bargaining agreement No. 72 focuses in particular on the specific subject of employer's obligations on this subject. This collective bargaining agreement defines stress as *the state perceived as negative by a group of workers, accompanied by complaints or dysfunctions at physical, psychic and/or social level, which is the consequence of the fact that the workers are not able to respond to the demands and expectations that they encounter in their working situation.*

4. Social dialogue and well-being at work

Such consideration of psycho-social risks and more generally well-being at work must also be conducted as part of local social dialogue via discussions with workers or their representatives. These discussions should take place within the remit of the CPPT 5 (committee for prevention and protection at work)⁷ if such a body exists, or within the Works Council, if there is one, for points that have an impact on organisation of work. If such bodies

⁵ Belgian Law of 4th August 1996 , see <http://www.emploi.belgique.be/defaultTab.aspx?id=557>

⁶ Belgian Royal Decree of 17th May 2007

⁷ See the Belgian Royal Decree of 3rd May 1999

are not present in the company, discussions should take place with the labour representatives or, failing that, directly with the workers.

The legislation requires that the committee, along with the appropriate prevention councillor and appropriate member of the hierarchy, periodically organises (at least once per year) an in-depth organisation of the risks threatening well-being at work, for all the places of work that come within the remit of the committee.

An example of good practices

To fulfil their obligations in terms of well-being at work, companies can use the SOBANE⁸ strategy as inspiration. It was developed as part of a research project dating from 2002-2003 and funded by the federal Belgian authorities and the European authorities. This strategy, presented as a good practice by SPF EMPLOI, aims to help companies to respect the legal framework via guidance through a 4-level process: identification, observation, analysis and appraisal.

The authors of this study also propose a social dialogue guide focused on the joint identification of risks. It has been adapted for many sectors, including the contact centre sector. This guide puts forward a broad range of tools to be used by the people in charge of managing risks, such as an invitation letter to be sent to the participants, an analysis grid covering the various dimensions to be discussed, a table for summarising the results of discussions, a “to do” list, etc.

5. The contact centre sector

The contact centre sector includes all the companies or departments of companies whose core activity is the handling of relations between an organisation supplying products or providing services and its customers. This management of contacts is carried out by teleoperators via different communication channels: telephone (original and most common), email, instant messaging (chat), etc. To perform their mission, these contact centres often use high-performance technological tools that help them to optimise their operations:

- *Automatic Calls Distributor* software for the automatic distribution of calls, *predictive dialogue* software for automation of call emission, *workhouse management* software for planning the personnel’s working hours, *Key Performance Indicators* software for drawing up daily individual statistics, *Quality Monitoring* software for recording telephone conversations, etc. Furthermore, through the basis of its activity and the immaterial nature of relations, the sector is subject to extreme levels of competition between companies situated all over the world, leading to a continual quest for improve efficiency in such organisations.

- This situation has consequences on working conditions, which are often defined as “very hard” and assimilated to past practices of the Taylorist type. As a result, the operators, often women who are fairly well qualified but inexperienced, feel under constant pressure, which is at the root of widely encompassing stress and whose consequences are conveyed through

⁸ See <http://www.sobane.be/fr/strategiesobane.html>

two main indicators: a very high rate of absenteeism (between 7% and 10%)⁹ and a significant turn-over of personnel (between 6% and 20%)¹⁰.

It should also be noted that the companies in this sector mostly employ their personnel on open-ended contracts, after a trial period, and display a recurring use of temporary agency workers: 3% of the entire workforce in this sector is said to be made up of temporary agency workers and the proportion of this type of contract can reach 25% in the case of outsourced contact centres¹¹.

Analysis of the sector

Analysis of the contact centre sector is not easy, for several reasons. First of all, since the companies operate in many different branches of the economy¹², it is not a traditional sector, thus complicating any specific statistical study. Thereafter, the sector is hardly uniform.

Indeed, the term contact centre covers a wide variety of situations:

- In-house or outsourced contact centres
- New or old professions
- A focus on intensification of work or a qualitative focus
- Very qualified or not particularly skilled operators

Benchmark. Part 1 – Market survey”, presentation by CallCommunication on 10/12/2009 in Brussels.

- Inbound or outbound calls¹³
- Etc.

In 2009, CallCommunication, a partner of the project, carried out a benchmark of Belgian contact centres, in cooperation with the company Mass. According to this survey conducted on more than 1,000 companies, and presented at the first project seminar, the sector totals 75,000 workers (1.7% of the working population) and is experiencing regular growth of 6 to 7%, in spite of the economic crisis. Furthermore, more and more contact centres are outsourced (20% in 2005 and 26% in 2009). In 64% of cases, this out-sourcing of customer relations is performed by a company located in Belgium, in 81%, by a company from Benelux (Belgium-Netherlands-Luxembourg) and in 92% of cases, it is performed by a company situated within Europe. The study also mentions a shortage of labour due mainly to low salaries, the stress inherent to the job and the flexibility of working hours¹⁴.

Social regulation

⁹ Information based on testimonials gathered within the scope of this study

¹⁰ Information based on testimonials gathered within the scope of this study

¹¹ See Benchmark 2009 developed by CallCommunication.be

¹² In Belgium, mainly the finance, telecommunications and IT sectors. See “2009 Belgian Contact Centre

¹³ In the future, it seems that outbound calls will become rarer, because the consumer increasingly feels disturbed and manipulated. Technological developments will enable the customer to contact the contact centre him or herself.

¹⁴ According to a study conducted by the Flemish region jobs agency (VDAB) in 2008.

Local social regulation

Until recently, the trade unions had an insignificant presence in these call centres, for several reasons: the failure to observe social legislation, the considerable mobility of workers as well as the significant turn-over of personnel, which does not facilitate candidacies for social elections, and the existence of joint consultation groups which work round and replace the role of trade union shop stewards. From that time to the present, it seems that trade unions have been able to gain a better footing within these types of company. It should also be noted that the two main trade unions, the CSC and the FGTB, have set up working groups that regularly bring together the shop stewards from outsourced contact centres in order to promote harmonisation of working and employment conditions within these companies in Belgium.

Sector-based social regulation

In terms of sector-level social dialogue, the great diversity of companies present in the contact centre “sector” does not facilitate discussions since 26% of contact centres (outsourced centres) fall within the remit of the *Commission Paritaire Auxiliaire des Employés* (CP 218, an auxiliary joint employees committee) which includes 50,000 workers from widely varying professions, whereas the remaining 74% fall within the remit of the joint commissions specific to their parent companies.

This distinctive feature is a stumbling block to setting up collective bargaining agreements that guarantee standard minimum rules specific to the job of contact centre operator applicable to all.

6. Psycho-social risk factors in Belgian contact centres

The interviews conducted as part of this study revealed a series of risk factors linked to the organisation of work, management of human resources or exogenous factors. These results were presented and validated at the first project seminar. The discussions that took place also gave additional information relating to the factors identified during the interviews.

In terms of work organisation, these factors are mainly:

- Automated monitoring systems (for drawing up statistics) and human monitoring systems (listening in on conversations, remote viewing of operators’ screens).
- A high pace of work imposed by the computerised systems (predictive dialogue, etc.).
- Simultaneous management of different tasks (e.g.: inbound/outbound calls) and/or different contracts (mainly in outsourced contact centres).
- Contradictory requests and/or objectives (such as requests for speed from order receivers AND quality from order givers).
- Internal competition (highlighting of good or poor performance of operators) and/or competition between sites within a same group.
- Chronic under-staffing.
- Dematerialisation of relations.
- Identity problems (changes of “exotic” first names to “western” first names) and emotional work (e.g.: displaying empathy).
- Working environment (noise, windowless rooms, overcrowding).

- Hardware problems (software incompatibility, sometimes as a result of group strategies that aim to test their new equipment in the contact centre).

In terms of human resources management, these factors are mainly:

- Job and worker status instability.
- Lack of control over working hours (e.g.: forced breaks).
- Flexibility of working hours.
- The assessment system.
- Lack of recognition.
- Salaries which are too low.
- Lack of training of the personnel and their supervisors.
- The turn-over of personnel.

In terms of exogenous factors, they are mainly:

- Impoliteness and/of aggressiveness of the interlocutor.
- Customer interference.
- The strategies of the multi-national groups that own the contact centre.

7. Psycho-social risk management initiatives

The psycho-social risk management initiatives presented below are also the result of the interviews conducted, as well as elements put forward during the first project seminar.

Employer initiatives

As regards employer initiatives, we chiefly discovered modification of organisation via implementing working groups focused on process improvement, forbidding the customer to intervene on the contact centre floor, inserting quality clauses in the contract and enhancing the layout of work-stations.

- The working groups on process improvement mainly bring together the operators responsible, at different levels, for managing a contract and/or specific type of contract. They often have a threefold objective: to improve the well-being of the employees, to improve the quality of the service provided and to reduce costs.
- Forbidding the customer to intervene in the operators' place of work is a measure specific to outsourced contact centres. This measure is either taken informally or via inserting specific clauses in the contract.
- Inserting quality clauses in the contract is a measure that installs a financial bonus/penalty system for the contact centre concerning the time devoted to training its employees and the rate of problems solved on initial contact ("*first time right*" rate), etc.
- Enhancement of work-stations enables improvements in operators' working conditions thanks to incorporation of ergonomics (seats, keyboards, etc.), an increase in the amount of working space, high-performance air processing, implementation of noise management strategies¹⁵, etc.

¹⁵ Concerning this matter, see the services of the company *Environment Acoustics* which proposes, in addition to consulting in noise reduction solutions, a quality-focused approach based on "the diffusion of an acoustic cloak whose spectrum is neutral", the results of which allow the consequences of noise on the efficiency of the operators to be eliminated.

The employer initiatives also concern the management of human resources. As such, the project's partner contact centres focus in advanced initial training as well as on-the-job training for all employees and supervisors. Other contact centres prefer to give the priority to internal mobility, both horizontally (changing of work-stations) and vertically (promotions within the hierarchy), in order to offer career goals to their personnel and/or break out of a climate of burn-out through monotony. Another interesting measure is the specific methodology used to assess the operators, based on certain process rules (regular organisation, warning of the employee, quick debriefing, employee response time and explanation time). This allows the evaluation to not just be restricted to a report, but to be the basis for a process of individual progression. Several contact centres have also set up "relaxation areas" that operators can use during their breaks or lunch-times. Finally, several companies offer various *incentives* whose aim is to encourage teamwork, share difficulties related to the job of tele-operator, etc.

At transnational level, a European standard¹⁶ of good practices puts forward to companies in the sector a series of operating rules to be observed in order to benefit from quality certification.

Trade union initiatives

At trade union level, the initiatives mainly concern demands for improvement of work organisation, such as modifications to the working environment, organisation of personnel well-being audits, organisation of surveys on stress, etc. Most of these requests are the root of collective bargaining agreements, which are dealt with in the following section of this report.

At transnational level, a mention should be given to the existence of the trade union confederation UNI, whose specific actions in the contact centre sector each year concern a specific theme. In 2006, they focused on a campaign to prevent stress in contact centres.

8. The role of social dialogue in managing psycho-social risks

The role of social dialogue in managing psycho-social risks was one of the two themes of the second seminar organised as a part of this project.

As mentioned in point 5 of this report, the sector's lack of uniformity prevents social dialogue at sector level. This is why most of the collective bargaining agreements are obtained at local level, thus having a scope limited to the companies that sign the agreement.

Local social dialogue

The results of discussions conducted as part of this second seminar display that the main brake on development of local social regulation lies in the scope of this dialogue, which is rarely specific to the contact centre. In the case of in-house contact centres (74% of cases),

¹⁶ Standard NBN EN 15838

the social dialogue mainly concerns the entire company and does not always enable measures that are appropriate to the distinctive features of the job to be taken.

Unsurprisingly, it is in outsourced contact centres that most of the collective bargaining agreements specific to contact centre activity can be found. These company collective bargaining agreements vary in nature and mainly concern:

- Personnel satisfaction surveys jointly managed by the company and the trade union(s).
- Health and safety risk analysis.
- Workspace improvement drives (ergonomic office equipment, anti-heat blinds, acoustic ceilings, etc.).
- Performance of studies on stress.
- Jointly organised planning of working hours, at any early stage.
- Training in managing stress.
- Training in dealing with complaints.
- Etc.

Another problem raised by the project's partners was that the varying nature of the contact centres' operating sites, for both in-house and outsourced sites, does not facilitate the implementation of dialogue that takes account of local constraints regarding psycho-social risks.

These situations often lead to the implementation of informal social dialogue, based on the organisation of "get-togethers" and "quality groups" whose aim is to discuss, amongst other things, the management of psycho-social risks. However, such discussions do not offer the same guarantees that can be found within the scope of formal social dialogue because they do not always imply the formalisation of agreements and because under no circumstances are they binding to the partners around the table.

It should also be noted that according to the project's partners present at the first seminar, it seems that the CPPT, if there are any, do not always respect obligations with regard to managing psycho-social risks or, if they do, they are sometimes restricted to satisfying formal legal obligations, without being a genuine opportunity for discussion on this subject.

Sector-based social dialogue

Sector-based social dialogue specific to contact centres only stems from the joint committee CP 218 and is therefore only applicable to outsourced contact centres. Formalisation of social dialogue in collective bargaining agreements is not frequent due to the wide variety of companies that are covered by this joint committee. The trade union representatives present at the seminar put forward a second explanation: the employers are directly represented by the *Fédération des Entreprises de Belgique* (federation of Belgian companies), whose role of representing other employer federations within national social dialogue bodies (such as the Belgian national council on work) restricts it to a limited course of action, which acts as a break on achieving a consensus.

The two main collective bargaining agreements obtained to date concern training of employees – with the obligation for companies to train all its personnel, including operators,

for a minimum of 5 days per year – and classification of jobs specific to the different professions covered by the joint committee, including those in contact centres. Currently, there is no collective bargaining agreement specific to psycho-social risks linked to work in a contact centre.

9. Which solutions should be implemented?

The search for solutions to the current situation was the second point on the programme of the second national seminar.

The project's trade union partners reminded that the first measure to be implemented was to enforce respect of the legal framework concerning well-being at work. At present, checks are inexistent and the mechanisms for arbitration of social conflicts are inefficient. This situation generates on the one hand a wide range of local situations in which the legislation is neither known or observed (to cite just one example, the frequent intermeddling of the customer company in the listening/assessment process concerning outsourced contact centre employees), which monopolises most of social dialogue meetings. On the other hand, it provokes inextricable crisis situations, in which conflicts get bogged down in futile conciliation proceedings, which totally paralyses social dialogue in the company concerned, often for a long period of time.

Furthermore, the project's partners mentioned several measures for improving the situation, at three different levels of social dialogue: at local level, sector level and transnational level.

Local level social dialogue

This first measure involves promoting the Sobane strategy, which many of the participants discovered during the second project seminar. In order to encourage a wide outreach of collective bargaining agreements in Belgian contact centres, a process of promotion could be conducted by union representatives to shop stewards within companies. This measure could be deployed imminently.

Sector-level social dialogue

The second measure retained during this meeting aimed to focus discussion on the issue of psycho-social risks at joint committee 218 level, then to promote the results obtained to the 4 main other joint committees (for the banking, insurance, telecommunications and technology sectors), which in total bring together a major share (estimated at 70%) of inhouse contact centres.

Another solution concerning sector-level social dialogue would be to create a new domain for negotiation. This idea is especially being promoted by CallCommunications.be which hopes to organise a forum on contact centres in the near future, inviting representatives from both the employers and employees. The difficulty of conducting such an approach probably lies in mobilising the employers' side of discussions. There is a great risk that only companies whose conduct is exemplary, who observe the legal framework and encourage

discussion on well-being at work will accept to participate. It could, however, be a first step along the way towards a progressive expansion to the main actors in the sector.

At transnational level

A final solution would be to create a European social label to support the national and European legal frameworks. This label, which could be validated by the trade unions, would contain a series of good conduct rules to be observed by employees and by workers. In order to achieve this, it could use as a basis the European charter recently drawn up by employers' representatives. It could be jointly managed by representatives of companies and the trade unions. It should however be noted that this final measure will be difficult to formalise, mainly for two reasons: firstly, because certain "low-cost" contact centres will not want to enforce this type of charter which would lead to a significant increase in costs; secondly, because some companies with in-house contact centres (such as those in the banking sector) may not perceive the advantage of sharing such a label with companies whose social image is less positive than theirs.

10. Conclusion

The research work and the two national seminars conducted as part of this European project have enabled the presentation of the Belgian legal framework concerning psycho-social risks and more broadly well-being at work. They have also allowed a wide-ranging picture to be painted of the contact centre sector and the social dialogue in place in such establishments, to identify the main factors of psycho-social risks and to present the initiatives implemented to manage such risks. The project's two Belgian seminars have also served as a framework for thinking, involving the various stakeholders in the sector, on how to improve the current situation in terms of well-being at work at different levels of social dialogue. Finally, this European project has been the root of a new sector level approach, the "*Assises des contact centres*", a forum on contact centres whose future work will aim to go beyond the observations of this project and to implement more efficient sector level social dialogue, able to improve, amongst other things, the well-being of employees in the sector.

France

Christophe Teissier and Jean-Luc Charlot

ASTREES

Part 1. Social Dialogue and Psychosocial hazards in France: The context

1.1 Some General Issues

In France, workers' health and safety are protected by a body of legal and regulatory measures. Article L. 4121-1 of the Labor Code defines in general terms the employer's duty to protect the workers' physical and mental health. Workers in turn rely on the implementation of general principles of prevention which can be applied to both physical and mental risks. The employer is thus specifically required to avoid all risks or at least to assess those risks which cannot be avoided. The latter requirement leads to the drawing up of a unique risk-assessment document which is intended to be brought up to date at least once a year. Psychosocial risks fall naturally within the ambit of these measures.

The prevention of psychosocial risks is therefore to be found primarily in the legislation application of health and safety measures in the workplace. This does not however mean that social dialogue does not have a role to play in this matter. For a start, one need only turn to collective bargaining in which employers and worker unions negotiate collective agreements at different levels¹⁷ on issues related to working conditions as well as health and safety in the workplace. Thus it is that collective bargaining can focus directly on issues related to health and safety in the workplace: protective equipment, workplace layout, health services in the workplace, safety education as well as professional-risk assessment. It is furthermore worth emphasizing that for a long time now, social partners have been, and still are, negotiating issues linked to working hours (duration, organization, overtime, etc.) which are known to feature among the list of psychosocial hazards. The fact remains that the report on collective bargaining for 2008 revealed that health and safety in the workplace are, in general, losing ground on the bargaining front¹⁸.

Running parallel to collective bargaining in the strict sense of the word, the dialogue between social partners on issues related to health and safety in the work environment, also takes place by means of the work done by a certain number of specialized bodies who are responsible for the prevention of professional risk. Employer organizations as well as worker union organizations, be it independently or with the State, are indeed responsible for the management of two major Institutions : the INRS (the French National Research and Safety Institute for Occupational Risk Prevention) and the ANACT, (the French National Agency for the Improvement of Working Conditions).

And finally, within the social relations structures in France there are institutions which represent staff exclusively in the domain of health care and safety for workers. This is notably the function of the CHSCT, the Committee for Hygiene, Security and Working Conditions. Set up at the corporate level, the CHSCT is compulsory for all businesses of 50 or more salaried workers. Its general aim is to contribute to the protection of the physical and mental health of workers of a particular company, as well as to see to their security. The committee is made up of the employer as well as a delegation of staff whose members are not elected by the workers themselves but appointed by the elected members of the work

¹⁷ Interprofessional, branches, businesses.

¹⁸ Drawn up and published by the Minister of Labor.

council and staff representatives. Within this structure, the prevention of psychosocial risks is an integral part of the committee's mission allowing it, more specifically:

- to undertake risk analyses;
- to raise the alarm for grave and imminent danger, should the need arise, as well as to launch an enquiry into the cause, together with management after the incident;
- to obtain the services of a specialist, at the cost of management, in a number of hypothetical situations, more specifically in the case of major projects which may modify the health, safety or working conditions of employees.

1.2. Recent Developments

1.2.1. Substituting EU Framework Agreements

At both the national and interprofessional levels, French social partners have substituted the EU Framework Agreement on Work-Related Stress with a national interprofessional agreement signed on 2nd July 2008. Negotiations leading to the signing of this agreement were started in April. The agreement was signed by the 5 representative unions as well as the three main employer organizations. It is the result of a compromise reached very quickly after only four bargaining sessions. It was extended by the French Government in May 2009 to cover all French companies. The agreement aims to create general awareness about the issue of work-related stress and to promote understanding of this problem. The terms of the agreement are largely the same as those of the European agreement although certain differences between the two texts should be emphasized:

- The definition of work-related stress: whereas the European agreement defines stress as "a state which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them", French social partners characterize stress as a state which "arises when there is an imbalance between the perception an individual has of the demands placed on him by his environment and his perception of his own ability to deal with them". This is closer to the definition adopted by the European Agency for Safety and Health at Work and it focuses more on the links between professional stress and management.
- The detection of issues surrounding work-related stress: whereas the European agreement allows for a problem of work-related stress to be detected through the analysis of a certain number of factors, the French agreement makes this analysis compulsory. Furthermore, the French agreement is more detailed than the European agreement in terms of the factors linked to stress in the workplace and it specifically focuses more on the organization of the working environment.
- The responsibilities of employers and workers: the French text places more emphasis than the European agreement on the responsibility of both employers and workers' representatives to prevent, reduce or eliminate a stress-related problem that has been identified. Unlike the European version, the French agreement specifies, in its Article 5, that the implementation of measures to protect the physical and mental health of workers "is the employer's responsibility with the participation and collaboration of workers and/or their representatives".

The European Agreement on Harassment and Violence at Work is still in the process of being adapted at the national and interprofessional levels by French social partners. Negotiations to this effect were started in October 2009 and resulted in an agreement on 26 March 2010 which has been submitted to organizations and is currently awaiting signature. The main difference of opinion between employers and unions was on the inclusion of the idea of the “organization of the working environment” in the text. Although, in the current text, this concept is not acknowledged as being a possible source of harassment or violence, there is nevertheless a provision that, in collaboration with salaried workers or their representatives, the employer will undertake a study of the situations of harassment or violence that have been identified, and will include in that study all the elements of the working environment (individual behavior, management styles, customer relations, the company’s operating style).

1.2.2 The Intensification of Social Dialogue on the subject of Psychosocial Risks

Several factors have lately been identified as leading to more time being devoted to social dialogue on psychosocial risks. The more serious are linked to a number of dramatic suicides recorded in certain companies since 2007 (more specifically by Renault in the automobile industry and France Telecom in the telecommunications sector), but also in the public sector (and more particularly here, in the administration of detention facilities). This unfortunate reality is at the root of multiple initiatives in which social partners have been involved. In October 2007, for example, the French government organized a national tripartite conference on working conditions. This was followed by an independent report commissioned by the government which had major consequences. Known as the Nasse Légeron Report, it put forward a number of measures to use in the fight against work-related stress. More specifically, it emphasized the need to construct indicators of psychosocial risks¹⁹.

More importantly, in October 2009, the French Ministry of Labor announced that it was launching an emergency government plan on the prevention of psychosocial risk in the workplace. This plan had a number of measures which were to be included in the second National plan for Health in the Workplace currently being adopted. Since its primary objective is to speed up the implementation of the French national interprofessional agreement of July 2008 in the corporate world, it urges companies with more than 1000 salaried workers to draw up collective agreements on the prevention of stress or, failing that, to present a concerted plan of action (with the inclusion of worker representatives in the company) on the subject. A list of businesses which have complied with these conditions has been put up on the French Ministry of Labor’s website in a section dealing specifically with health and security in the workplace. Since it was first published on 18 February 2010, the list has been updated regularly. It is difficult to gauge with any precision what the effects of the government plan have been. It is however clear that it has contributed to making stress prevention a subject of discussion within businesses.

¹⁹ At the end of 2008 and following these recommendations, the Minister of Labor requested the establishment of an independent panel of experts to lead the statistical study of psychosocial risks. In October 2009, this panel published a provisional list of indicators of the psychosocial risk factors in the workplace. These are easily accessible at the following link: http://www.travail-solidarite.gouv.fr/IMG/pdf/rapport_08_10-2.pdf (FR)

Moreover, it must be pointed out that many official reports suggest that the role of social dialogue be reinforced in order to create conditions of wellbeing in the workplace. This is more specifically the aim of the report called “Wellbeing and efficiency in the workplace” (« *Bien-être et efficacité au travail* ») submitted to the French Prime Minister in February 2010. In this report, social dialogue “in and out of the company” is made a priority. The report suggests, more specifically:

- that negotiations occur on the risk factors pertaining to each profession, at the level of the different professional sectors
- that the CHSCT be reinforced by:
 - o training being provided to their members on the subject of psychological health
 - o strengthening their legitimacy by having their members elected directly by salaried workers
 - o rationalizing the division of skills across the CHSCT and other staff representative institutions, more specifically the works council.

Any and all reflection on ways of reinforcing social dialogue in the prevention of psychosocial risks must also reach the public sector. Generally speaking, the French government is currently aiming at modernizing social dialogue in the public sector. A Bill is in the process of being debated in parliament²⁰. More specifically, an agreement was reached in November 2009 on the issue of health and security in the workplace in the public sector. This text is aimed at the entire workforce in the public sector in France, irrespective of their employment status (state employees, contract workers...). It sets out a number of measures, including:

- The evaluation and prevention of health problems linked to psychosocial risks (the development of methods and tools and risk prevention; the provision of prevention tools; the drawing up of a nation-wide plan of action to be rolled out locally; the development of dialogue and knowledge about these issues with pertinent players).
- The establishment of CHSCT in the public sector by somehow aligning their role and means with the private sector CHSCT.

Part 2. The Activities of the Project in France

2.1 The Objectives

The “Psychosocial Risks, Services and Social Dialogue Project” was not designed to be a research product or an object of study. Proposed within a different perspective, its first objective was to facilitate the organization of exchanges and reflection between social dialogue players through the convening of two national workshops. These workshops aimed to collectively analyze the practices and strategies used by social dialogue players to face the “ill-being at work” felt by workers. Within that context the possible extension of social dialogue in France on issues of psychosocial risks was put forward.

²⁰ The ‘[Projet de loi relatif à la rénovation du dialogue social dans la fonction publique](#)’

2.2 The Participants

The angle chosen for the implementation of the project was to look at psychosocial risks linked to service industries, defined as those activities requiring direct interaction (whether long-distance or not) between the worker and customer or user. Thus defined, the project was aimed at activities in both the private and public sectors in France.

Initially, the project drew from existing partnerships with two union organizations which had accepted to be involved in planned projects, from the outset. These were the CFDT Ile de France (the Regional Interprofessional Association - URI CFDT IDF) on the one hand and UNSA (the National Association of Independent Unions) on the other. Through these two organizations, the workshops were able to capitalize on the participation of representatives from two other organizations – the SFASS CFDT (Syndicat Francilien des Agents de la Sécurité Sociale) and the UFAP UNSA (L'Union Fédérale Autonome Pénitentiaire) – which cover sectors and professions able to completely fulfill the project criteria.

Representatives from these four organizations participated in both workshops. Moreover, one of CFDT's Secretary Generals, in charge of health in the workplace was able to present and participate in proceedings at the second workshop.

However, in spite of initial intentions, employer representatives (companies and professional organizations) were not present to contribute to the discussions. The various invitations sent to representatives of social security bodies and human resources chiefs from private sector companies in the service industry did not lead to any participation in the workshops.

Nonetheless, this does not in any way mean that employers' point of view was completely absent within the context of activities in France. Indeed, the President of ASTREES and former Director of Social Relations for the SANOFI AVENTIS group participated in discussions which took place in both workshops. In addition, the persons in charge of activities in France were able to interview the Director of Human Resources of the AG2R La Mondiale Insurance Group.

And finally, over and above the promoters of the project representing ASTREES, other experts and practitioners were also able to engage in the debates. An occupational health physician participated in the first workshop. A representative from the Ministry of Labour made a presentation at the second. A consultant in social relations, representing the ALPHA group took part in both meetings.

2.3 Method and Process

Given the background and context of workshop participants, discussions very quickly focused on exchanges about possible strategies to be followed by union players in current (or probable) social dialogue on psychosocial risks, more particularly in the service industry. The term social dialogue was broadly taken to cover all processes of exchange between employers and workers (through their representatives, unions and worker representative institutions). This broad definition obviously includes social dialogue defined as a means of going beyond conflicting interests through the use of negotiated compromise, thereby

creating collective guarantees and, therefore, collective bargaining in the narrow sense of the term.

More specifically, the process followed tried to capture, understand and analyze the strategies used by unions to address “ill-being” in the workplace.

Three lines of questioning were used as a common thread running through both workshops:

The first of these attempted to qualify situations of ill-being in the workplace. In other words, the questioning shared with workshop participants sought to recognize and identify the concerns and events expressed and experienced by workers and used by union organizations to begin to address the issue of “ill-being” in the workplace. The concept of “ill-being” was from the start chosen above the notion of psychosocial risks for a number of corresponding reasons. The notion of occupational ill-being makes it possible not to anticipate the nature of the difficulties felt and/or expressed by workers and faced by union teams who came into contact with workers. The term thus made it possible to include in discussions such problems as stress in the workplace, harassment or violence. It also allows for problems faced by workers to be seen in terms of real working conditions, in other words, to see the actual realities which employee representatives have to face.

The second line of questioning dealt with the social dialogue strategies implemented by these union organizations: processes followed, difficulties (or stumbling blocks) and expected results.

Finally, the third line of questioning dealt with the impact of these processes on those responsible for the organization and staff and those dealing more specifically with questions of “working conditions” (occupational health physicians, CHSCT), as well as the progression of work situations.

The first session dealt with the methods used by the SFASS - CFDT (within actions undertaken in CPAM and CAF) and UFAP (in terms of the administration of detention facilities), through a comparative study of the main players involved, in order to analyze the effectiveness of the procedures followed. This session unfolded in two parts:

- a. In the first instance, the aim was to discover the origins of the union interventions, to identify, in other words, the nature of events leading the union organization to implement one or more actions around the issue of ill-being in the workplace.
- b. In the second, the actions undertaken by unions were examined: tactics, actual actions implemented...

The second session had as its aim to draw useful conclusions in terms of union actions and the development of social dialogue around these questions. On the basis of these conclusions, observations and experiences acquired by unions and identified in the first workshop, the second workshop tried to move the issue forward by looking at:

- the current context in France in terms of the links which exist between social dialogue and taking charge of psychosocial risks;
- the outlook for the development of union strategies and its links with the development of social dialogue.

Part 3. Workshops' Results

We will limit ourselves in this section to render the main lessons drawn from the two national workshops organized in France. These were organized around two broad themes placed at the centre of discussions as was explained in Section 2 of the current report, namely:

- the issue of qualifying a situation of ill-being in the workplace;
- the questioning of strategies adopted by union players.

At the outset we would like to briefly describe the experiences presented by unions at the first workshop and on which subsequent discussions were based.

3.1. Two union experiences of ill-being in the workplace

Two experiences were presented and discussed at the workshops. These come from two separate union organizations which are affiliated to two union associations which differ in terms of social level. Both organizations represent workers involved in public service activities.

The experience of CFDT Ile de France social security agents (SFASS CFDT)

The SFASS CFDT is a local union organization which represents social security bureau workers operating in the Ile de France region. The French social security system was founded in 1945 and covers a range of risks, thereby offering a number of benefits: illness; pension; family; work-related accidents and professional illness. Social security benefits are administered through different bodies at different levels (both nationally and locally). The experience presented by the SFASS CFDT was specially linked to primary health insurance agents (CPAM) and family allowance bureaus in the Ile de France region (CAF). A certain number of the workers in these bodies have direct contact with users. This is most true of reception staff in CPAM offices and social service assistants in the CAF outlets.

For more than 10 years, the French social security system has been undergoing major reform as a result of a number of factors. Generally speaking, changes effected are linked to a desire to improve the system's efficiency in terms of costs and services rendered to users. If one looks at the typology of restructuring for change established by the European Monitoring Center on Change (EMCC), the changes effected can be compared with what is termed "internal restructuring and relocation". As can be expected, the changes have led to a number of consequences on the working conditions of employees at social security bureaus.

In this context, the SFASS CFDT decided in 2005 to gain more insight into the difficulties which employees could have to face. The union consequently set up a committee within its structures to study issues of health and safety in the workplace with the specific aim of gaining a better understanding of the reasons and factors casting light on situations of ill-being. With that aim in mind, a questionnaire was distributed to the whole body of employees in the sector. The questionnaire used was presented as being linked to working conditions but it is important to point out that no explicit mention is made of the terms "stress" and/or "ill-being at work". This proves that the union organization first wanted to

gather information that was as precise as possible on the working conditions of employees. The questionnaire therefore touched on different areas: health, management, relations with colleagues in the workplace, etc.

Responses were then analyzed by the union organization in cooperation with activists from two bodies (covered by the field of action of the SFASS CFDT) specialized in the prevention of professional risk: the INRS and ARACT²¹. The analyses revealed several areas of concern in employees in spite of the fact that employees also spoke of a generally positive attitude towards their working activities:

- A lack of recognition on the part of the employer;
- A lack of sufficient information relating to changes affecting the organization of the work environment;
- Problems linked to accidents in the workplace (in the context of a steep increase in accidents in the workplace) and violence/impoliteness from users.

Based on these findings, the SFASS CFDT decided that it would not be possible, either nationally or locally, to suggest to the employer with any hope of success a number of meaningful initiatives likely to improve employees' working conditions. The organization therefore chose to focus on more limited measures to support employees. These consist of offering employees training seminars to allow them to better complete their annual evaluation interviews. In other words, the choice was made to help employees to become more active during these interviews by, for example, learning how to express to their employer requests concerning their professional development.

Beyond these initiatives, the responses to the questionnaire also led to convincing the union organization that it is possible to deal with the issue of ill-being in the workplace by dealing with working conditions. It was however not possible for the organization to gain the support of the occupational physicians working in the bureaus, nor was it possible to appreciably improve the social dialogue with the employer and its local representatives (even though the employer was informed of the findings of the questionnaire).

To this day and according to the organization, the situation is unsatisfactory. It is in fact very difficult to enter into a dialogue with the employer on strategic questions such as the development of professional careers or violence/rudeness experienced in the workplace. Overall, it seems that the employer does not accept that either the organization of the work environment or working conditions be questioned.

The experience of UFAP UNSA, (Union Fédérale Autonome Pénitentiaire)

To this day, the UFAP is the first union organization to represent guards in detention facilities at a national level in France. The union is affiliated to UNSA (Union Nationale des Syndicats Autonomes), one of the French union organizations to operate at the interprofessional level. In France, detention facilities fall under the Ministry of Justice and that Ministry is therefore responsible for its administration. Guards in detention facilities are state employees. They are recruited through an entrance examination and trained within a specific establishment, the ENAP (Ecole Nationale d'Administration Pénitentiaire). Their status is very different to that of private sector employees but also, albeit to a lesser degree,

²¹ See above, Section 1. National Context

to that of other categories of French state employees. They do not, for example, have the right to strike. For reasons which are all linked to the specificity of their daily work environment, their professional culture is also very specific.

Over the past several years, guards in detention facilities have faced major changes. These changes are specifically linked to a very large increase in prison populations making the guards' work both demanding and dangerous. In the eyes of UFAP representatives, it is obvious that working conditions deeply affect the guards' health. The organization has therefore become involved in a number of actions on both the national and local fronts, to improve the guards' situation in the workplace (remuneration, professional recognition, etc...). The union is critical of the French administration of detention facilities (known as the Administration Pénitentiaire) which, in its opinion, does not take into consideration the problems facing guards. Social dialogue within this administration has a particular organization at different levels (national, regional and within detention facilities themselves) and depends more specifically on particular bodies of staff representation, including the so-called CHS (Hygiene and Safety Committees). The union views this dialogue as being very often formal in nature and therefore unsuited to dealing with problems encountered.

In this general context, the UFAP decided a few years back to focus on a specific and painful problem: the alcoholism which affects a large number of guards in detention facilities. The initial aim was twofold:

- To help the guards who were afflicted;
- To have the Administration Pénitentiaire recognize the problem and its links with the guards' working conditions. Alcoholism was no longer to be considered as being the purely personal problem of guards.

UFAP representatives started out by seeking to gain a better understanding of the problem at hand and, to do so, not only consulted experts in occupational medicine but also representatives of other categories of French state employees who were themselves facing the same kinds of problem, namely in the police force. Subsequently, the executive management of the UFAP considered demanding that a specific clinic be set up for staff falling under the Administration Pénitentiaire. It was however initially very difficult to convince the whole body of federal union members of the legitimacy of such a project. It became apparent that alcoholism was a taboo subject, one which was difficult to bring out into the open in relation with the professional culture of prison guards. In spite of this, the project was finally accepted by union management. The Administration Pénitentiaire, the employer, turned out to be just as difficult to convince. The demand was however finally accepted and in May 2009 the Ministry of Justice signed a cooperation agreement with an existing clinic to accept staff members of the Administration Pénitentiaire experiencing difficulties. The clinic offers care as well as counseling to members of the French national police force as well as members of the Administration Pénitentiaire. It is therefore not exclusively for the latter. Because of this, UFAP continue to demand that a facility for the exclusive use of Administration Pénitentiaire employees be created. However, results which have already been achieved are seen as being successful and providing a first step towards improving the guards' situation, with further progress having to come in the future. This is due to the fact that, according to UFAP representatives, guards in detention facilities still suffer from a lack of recognition from the Administration Pénitentiaire. It is more particularly necessary to move on to other major issues linked to working conditions, such as: career

options and professional advancement; an improvement in work tools (such as the guards' uniforms, for example); the violence of inmates affecting the safety of guards.

3.2. Lessons learnt

3.2.1. Some terms defining situations of ill-being in the workplace

The first line of questioning directed to participants at the workshop dealt with the way of “qualifying” the situations of “ill-being” in the workplace on which they had been asked to reflect: how in fact does one qualify, name, what happens to workers and makes them go into a state of profound unease, of “ill-being”? The recounting of experiences shared during the first session was subjected to an initial interpretation by the ASTREE team which was then submitted to debate during the second session, in order to gain validation by the players involved.

We will render three of these situations here. They are not by any means expected to exhaustively reflect the problem situations encountered during the three service activities which were used as material for the workshops. They do however show what obstructs employees from doing what they consider to be “a job well done”. They therefore allow for the concrete, albeit general, identification of what is contained in the notion of psychosocial hazards.

Mission, workmanship and the realities of the service provided to the user: broad differences?

A first “pathogenic²²” factor in work situations was identified through the “malaise” that is produced in employees who believe that they are exercising a mission and profession which do not seem to be those they have chosen or accepted to exercise.

This is the case of the mission stated for guards in detention facilities which is defined as being “to ensure safety both in- and outside the establishment, to participate in the individualization of the sentence and the rehabilitation of individuals deprived of their freedom and, in collaboration with outside partners, to help inmates, alongside penal rehabilitation services, to prepare their return to freedom”. Guards are readied to carry out this mission within their primary training as trainee guards at the ENAP [Ecole Nationale de l'Administration Pénitentiaire], through an alternance training over eight months and during which, in the second phase, it is specified that “students will be able to take control of the population placed within the hands of justice. That is why the two dimensions of a warden's function are worked more thoroughly: the participation of the rehabilitation of those persons placed within the hands of justice as well as the protecting and rendering safe both goods and people”.

This definition of the mission and profession of detention facility staff make up the moral contract between the employee and the Administration Pénitentiaire (subsequently legitimized by the training received). It is based on this contract that employees are able to

²² A pathogenic factor is identified as such when a problem is not the result of an individual shortcoming but is linked to a generalized condition related to some abnormality in the working situation which “impacts” on most people, most of the time.

construct for themselves a “doctrine of intervention” which contains the cognitive and moral principles which allow them to do their job.

And yet, the situations which employees find themselves having to deal with concretely when carrying out their work duties contradict this contract to a certain extent in that they completely eliminate one aspect of the stated mission, the one which in fact renders the other “acceptable”, tenable, which gives it sense: that amputated dimension is the participation in the rehabilitation of persons placed within the hands of justice. Furthermore, employees are brought to question how it is that they are put by the Administration Pénitentiaire into situations where they cannot respect the very people whom they control (when, for example, because of constant overpopulation in prisons, they have make prisoners sleep on the floor) and by extension, they are led to doubt the “justice” of this public action.

The same applies for the profession of social worker which can be summarized as “providing a relationship of assistance, backed up by a precise and always individual methodology of intervention, allowing for necessary data to be gathered that will allow a situation to be understood, a request for help or counseling to be analyzed and a plan of action to be drawn up which will be evaluated with the recipient of the intervention”. The profession is learnt during a 3 year course in a school of social work at the end of which the student receives a French State Degree. However, the autonomy in “the manner in which counseling is conducted”, which is the specific component of the training (and which makes up the essence of the profession), is thrown into question by the fact that certain follow-up and counseling procedures are developed by a centralized management and have to be implemented in all situations. The enforcing of certain procedures can be perceived, understood and interpreted as being a negation on two fronts. Firstly, the negation of the administration’s proclaimed modernization which has been undertaken to better take into account the needs and contexts of each user but which, in this case, is contested by a visible desire to maintain social control; secondly, the negation of the ability of employees’ professional know-how in developing and implementing a plan of their own.

These situations lead workers to “lose their way” in their job. In other words, they no longer have a point of reference which will allow them to position, conduct, situate and evaluate their action. This factor takes us back to the dimension of the work ethic²³.

The work ethic factor comes into play when what is formally prescribed within the activity fails either because it has not predicted the situation it is supposed to control or because it carries within it a contradiction. This factor is activated in employees’ deliberations in order to compensate for shortcomings in the organizational directives and, if need be, to replace the action within the social meaning which is conferred upon them as workers.

This type of work situation causes the *unlinking* of the meaning and function which employees give their work and the meaning and function provided by prescriptors. It is through a “discordant” assessment placed by management on an activity implemented along ethical factors that employees realize that the meaning of their action has possibly been changed to the point where they have difficulty in finding their way within it.

²³ Fabienne Hanique, Le sens du travail. Chronique d’une modernisation au guichet, Toulouse, 2004, érès

The annual evaluation interview or shedding light on the incoherencies of a certain type of management

The survey carried out on a number of Ile de France CPAM employees showed that the annual evaluation interview constitutes (or is experienced as) one of the “most painful” and “unjust” moments and tools in the new management methods which have been implemented. It seems particularly “unjust” by the fact that employees do not see the link between this evaluation and the decisions which are made thereafter in terms of grading and employee transfers. The interview is a space when a given employee and his/her hierarchical superior are supposed to assess the stated objectives and discuss the hopes and observations of the employee for the following year. In fact, employees attribute a strong symbolic value to it, which focuses their attention and fears, if not their anxiety on this extremely formal moment of power relations. However, by the same token, it seems to them that the results of this “evaluation” are disconnected from the decision-making system with regard to grading, salary increases and possible job transfers to which an employee could be submitted.

The annual evaluation interview is a widely-used practice during which companies attempt to evaluate the skills, results and potential of their employees in the positions assigned to them. There is a particular management discourse which presents it as a management tool which leads to improvement through working on a person’s efficiency in that it is not also possible to better manage an employee’s career and mobility but also the employee’s training needs. This practice arose from the rapid expansion of forward-looking employment and skills management but also from the individual right to education. Companies are relying more and more on the annual evaluation interview in a bid to optimize skills and objectives.

The annual evaluation interview seems to indicate a direction taken by management whose rhetoric, which aims to convince and influence the individual behavior of its workers (“to improve results through improving peoples efficiency”), is weakened by its inability to reduce the gap between what it proclaims to be its values and the concrete practice of management, in this case in terms of working conditions.

When the management of the uniform as work tool leads to a confusion in the roles to be played

From what UFAP participants had to say about work conditions, we were able to identify a “malaise” not from having to wear a uniform but by the effects that a specific use of a uniform can have.

For guards in a prison, the uniform is a major work tool. By putting it on (and passing through the changing rooms where one leaves “in the cupboard” one’s clothes from civil life, from life outside”), one is able to put on one’s role of detention facility guard (thereby allowing the employee to set aside, to separate the “personal-I” from the “professional-I” within a work situation where the main characteristic is to be in a situation of imprisonment).

But the uniform also impacts on the relationship which is established with inmates as a non-verbal language element and as representative of a function and the nature one attributes to such a function.

Currently there are two questions (two opportunities for confusion) which seem to be asked by the way in which the Administration Pénitentiaire takes the issue of uniforms into account.

The first deals with the fact that on the ground there is a “diversity” of uniforms which are more often than not made up of unrelated pieces of uniform (uniforms worn on site are not uniform!). This can lead to a symbolic questioning of the body’s existence or more exactly of the existence of that which indicates to the inmate-user that it is a body (the uniformity of the uniforms, in fact!).

The second question concerns the very evolution of the uniform (now unisex): “polo shirts are to replace standard shirts; trousers are to be “fatigue-style”, inspired by Regional Security Team uniforms (ERIS – Equipes Régionales d’Interventions et de Sécurité), high ankle boots, etc.” If we are to admit that a uniform at least partially conditions the relationship which will be established with the inmate and recognize that the uniform is based on staff who work in situation to “restore safety and security”, it is possible to go one further and hypothesize that by doing so the lines defining these employees’ “mission” is a little more blurred...

3.2.2. What Union Strategies are to be followed to face ill-being in the workplace?

The second line of questioning which was asked of workshop participants dealt with strategies used by unions against situations of ill-being in the workplace when they are called upon to act. Unions had therefore to speak of “union positioning”, tactics and action strategies.

There again, the accounts shared in the previous session were submitted to a primary analysis by the Astrees team which was then, in turn, debated during the second session and making up a validation of players involved.

Let us summarize: on the one hand a questioning of the union player’s positioning with these issues (how to go from positioning as a human rights defender to a “specialist” in organized work?); on the other, sketching possible modes of action.

Union interventions on issues of ill-being in the workplace: a dilemma?

Is it up to union organizations to intervene on issues which belong to the employer or even to “society” in general?

This question asks implicitly whether, on the one hand, unions are playing the right role by “accompanying their members in their suffering”. On the other, it also asks if by intervening on behalf of their members, by accompanying them to a certain extent, they are excluding from themselves, or shifting their more traditional role, seen as “players of social dialogue”.

Should unions follow their members (in illness or anxiety) when employers do not take such issues into account? No, responded spontaneously one occupational physician who was participating in our workshop, basing this policy position more on “what should be” (the general principle of action) than on “what is” (union action situated within a given company). Yes, one would tend to answer if once considered union action within a given organization.

Firstly by questioning the issue of responsibility. Which leads us to the discussion of knowing whether, whatever the supposed role of the organized union is, does it not simply exercise its “responsibility” by intervening on behalf of employees whose situation is either ignored or denied by those whose supposed role would be to do so (employer, occupational medicine, various health and social organizations, etc.).

Then, by questioning the relevance of the dominant role played by health authorities as soon as one questions issues of “ill-being” in the workplace, a dominance which in turn questions the legitimacy of the union’s intervention in their role as partnering employees: ill-being at work causes suffering and listening to that suffering is the “business” of specialists! One can also object that while certain expressions of ill-being require specialist care (alcoholism, for example, or severe stages of depression), certain types of care have a “psychologizing” effect and can fall into excessive paternalism, thereby “victimizing” individuals and denying them their ability to resist. One is therefore fully justified to question the role played by unions in “bolstering” a situation of “insecure identity” (which had been highlighted by the findings of the questionnaire completed by social welfare employees in the Ile de France region) since that situation is brought about by the breakdown of social order (the way in which the CPAM are structured, for example) by means of a commitment to modernizing without allowing for the emergence of a new configuration which could provide a framework for new professional identities.

And finally by questioning the fact that this “new” mode of union action would prevent, forbid or displace their traditional mode of action, seen as “player in social dialogue”, containing within it the claiming of rights. The union actions presented at the first session showed rather that that is not the case. Or rather, that it is more of a reorientation of one tactic in favor of a strategy which remains focused on bringing social dialogue to bear on working conditions and their improvement.

For union representatives of the employees of detention facilities, to take into account and then take control of staff who are addicted to alcohol has the effect of not only relieving these situations of personal injustice but also of forcing the Administration Pénitentiaire to stop denying that the problem exists. Nothing short of that is required before any social dialogue on the subject can even be envisaged.

For the union representatives of Social Security employees, the “battle” to force the body of skills acquired by workers, as demonstrated in their files, to be taken into account has the advantage of “naming” the issue of recognition and, consequently, to build better conditions so that it can become an “object” of social dialogue.

What are the possible actions to follow?

On this point, lessons learnt based on workshop exchanges are to be found within a general context in which union organizations commit to refocusing on work issues (and therefore no longer only on issues of employment).

The union player must become aware of the specificity of his role (as a workplace “specialist”, not a health specialist) and position himself to be able to act appropriately.

As a first approach, it is possible to identify three possible stages of intervention for union organizations. These stages need to be differentiated (it is possible to stop at one or the other phase). Ideally, they should be articulated in such a way that they can alleviate situations of ill-being in the workplace: a warning stage, a discussion on the workplace situation stage, a negotiation stage. The levels of the company at which action is necessary as well as the players who need to be mobilized to implement the different stages of intervention vary, depending on the actual object of the different stages.

The warning stage

The issue here is to transform a “complaint” by one or more employees, who are able to mobilize their union representatives, into a “problem” which is then no longer seen as a personal problem but as a workplace related problem. In other words, it becomes a problem which involves several players and several levels of the company.

The main aim of this stage is to overcome the “contesting” or possible denial of this ill-being. Ill-being in the workplace can be contested by company executives but also, at times, by other employees who would rather maintain the status quo of “being and acting” in the workplace, rather than risking the reawakening of professional differences covered over by stories one tells oneself (like so-and-so who is simply not up to the task, for example).

The means required to implement this warning stage are in fact of very little importance. The two main examples which were used in workshop exchanges (distribution of a questionnaire and drawing up of a project requesting a clinic) showed both their advantages and weaknesses. Other possible means could also cover the use made by employee representatives of “social” indicators allowing for statistical information to be drawn up on the social state of the company (absenteeism, resignations, etc.). Within the framework of this project, it is difficult to call for one or several particular ways of doing things since it is far more a question of “tactics”, the art of conducting a “battle” by combining in different maneuvers the action of different means of “combat” in order to be optimally effective. The “maximum” here can be considered as the creation of conditions which will allow contestations of ill-being in the workplace to be defeated leading to a collective “recognition” that “something” is happening, that this something could be a workplace problem and that it would be appropriate to “set to” taking into account.

The stage of discussing the workplace environment.

In this stage it is not only a question of being able to insert real world knowledge of the work required (the intelligence mobilized by the worker to face the difficult practices of a day’s work) into social dialogue but also, and simultaneously, into the internal structures of the

union organization in order to drive employee representatives to act on the work situation and its contents.

One of the main problems at the very source of ill-being in the workplace is to be found in fact in a “lack of knowledge” on the part of bosses about the real nature of the work required. It is a lack of knowledge due to an increasing focus on the visible and measurable part of the work (what is prescribed and what is produced) or merely on the financial balance sheet (cost/income).

The main problem is to be found in the ability to objectify lived phenomena, in other words, to be able to translate the basic experience into its verbalization and the characterization of what is presented as social and subjective problems. Technically, it is a matter of union representatives who would take charge of the task to distance themselves from the issue sufficiently... Indeed, there is always a risk when facilitating spaces for the collective telling of experiences that the phenomenon of “moaning” is reinforced, thereby becoming, at times, a defensive link used to protect the group.

It is therefore a matter of “inventing” a space for listening, for verbalizing difficulties and obstacles but also frameworks for action to (re)implement the employees own action.

The relevant level to undertake this discussion phase is the work “place”. It is indeed at that level, at least in the private sector and public companies, that legal measures already recognized in the law but hardly used in practice, can be put into effect. One thinks more specifically of the direct and collective right of workers to free expression, introduced in 1982 and currently under L.2281-1 of the current labor code. This tool, which is of course not the only one imaginable, has the added advantage of coming with a reconciliation framework for discussions on the workplace and the channeling of employees’ words through union organizations. Outside the company, more specifically for very small companies, one can envisage making spaces available at the level of communities.

In order to favor the objectification of experiences lived within these spaces for discussion which need to be constructed, it is possible to benefit from reading grids on the pathogenic nature of certain workplace organizations as revealed in work done on psychological (or mental) health in the workplace. Michel Vézina, amongst others, has shown that workplace situations increase the risks of developing mental or physical health problems when they are characterized by a combination:

- of highly demanding psychological tasks reflected by the quantity of work to be done, the mental demands required and the time constraints linked to the work;
- of a low rate of autonomous decision-making reflected by the ability to make decisions about one’s work, but mainly by the possibility of being creative and developing one’s skills;
- of weak social support, meaning by that the totality of useful social interactions which are available in the workplace from colleagues as well as from supervisors;
- of a weak level of recognition in the workplace, included in this being social recognition (appreciation and respect), organizational recognition (job security and career risks) and financial recognition linked to remuneration or a satisfactory salary in terms of the efforts made.

It requires a possible reading grid which leads to shift the issue of health in the workplace to one which moves towards the need to “polish one’s work” to translate the expression by Yves Clot (« soigner le travail »).

The Negotiation stage.

In the current French context, it is without a doubt possible to make out the general lines of two possible approaches towards negotiation between partners on the subject of ill-being in the workplace.

The first is drawn from a process which is taken directly from what one could qualify as being normative and formal. Within this perspective, stress in the workplace can for example be taken as an item of collective bargaining between employers and worker representatives. Social dialogue then takes on the aspect of a mechanism which aims to use well-worn paths which have already been cleared and are promoted by a large number of presenters (experts, consultants, lawyers, etc.), following a structure which could be built around the following steps:

1. Establishing a diagnosis: definition of the players involved at this stage (CHSCT, DP, CE, occupational physicians) and gaining expertise to define the means of building stress indicators, etc.;
2. Formalizing commitments and prevention measures derived from the diagnosis (action plan);
3. Following up on prevention measures over time.

Within this perspective, collective bargaining (as a means of legally formalizing a procedure) can be used right from stage 1²⁴ or only from stage 2.

An approach such as this may prove to be useful, more specifically in that it can start with a process of virtuous and continuous social dialogue and end, with a framework agreement, by entering into increasingly well-defined problems (improvement of the organization and environment of the workplace; concrete methods aiming to reach a balance between private and professional life, etc.). This approach contains doubts and risks: the social dialogue which is started in this way can very well not be extended in time; the mobilizing of players involved can lessen progressively. The modes of action defined can then be reduced to administrative measures consisting of the gathering and analyzing of information and never moving on to truly facing of the problems linked to the workplace and giving rise to the ill-being.

Another approach could be termed pragmatic. It requires that the union player tries, from the outset, to promote the means (both place and players) to discuss the “work environment”, understood as being a collective activity where practical solutions are defined, as well as the contradictions of the productive activity (Dujarrier 2008). It’s a phase which borrows the first two stages of intervention presented in this document (warning and then discussion). In this approach, union representatives do not see the negotiation stage as merely being synonymous with the opening up of general negotiations with the employer on

²⁴ In that case there would be a collective agreement on method if one follows the terminology used by public authorities in the context of the French government emergency plan mentioned in Section one of this report.

issues of stress or harassment. Instead it is far more of a union strategy which has as its first objective the opening up of spaces for discussing real workplace issues. In this perspective, collective bargaining can be seen as a negotiation carried out most probably at the level of the company or the group. Ideally, it is initially requested by the union player “armed” with topics to negotiate, not on stress in general, but on well defined objects (the annual evaluation interview and its follow-up; professional working conditions, etc.). This negotiation stage is nourished by discussions on the working environment and therefore requires the links between these two levels of intervention to be defined (more specifically between the different levels of representation of employees involved in these two separate phases).

Part 4. General Conclusions

The procedure used within the framework of the French activities of the project leads one to consider cautiously the nature of lessons which could be formulated from them. At this stage, it therefore does not seem reasonable to formulate *recommendations*, in the sense of prescriptive statements of a normative nature.

This, on the one hand, for reasons which are linked to the limitations of the procedure set in motion, particularly in the way in which it develops, and based mainly on the holding of two successive daylong workshops for exchange and collaborative analysis. In spite of the care taken by the players themselves in validating the interpretations which were able to be drawn from the analysis of situations studied, it does not seem wise for us to generalize about these lessons learnt. The situations studied are the fruit of particular combinations of elements and contexts and their interpretations can only, at the very best, suggest some lessons for experts, consultants and union players.

And on the other hand for reasons which are particular to the French context which has reached near-saturation point in terms of proposals and recommendation on this topic. The theme of psychosocial hazards is entrenched in a context which has granted it considerable recognition for a number of years now, and this has led to the publication of any number of reports and studies (most of which make their contributions in terms of recommendations). Over and above the risk of being redundant with respect to a certain number of these publications, to produce “new” set of recommendations places us at risk of adding a little more confusion into a problem which to our mind would benefit greatly from being cleared up instead...

We will not have any recommendations in the prescriptive sense of the term, therefore, but we will identify two challenges and sketch out three directions leading to action.

Psychosocial Risks and social dialogue: what is at stake?

Firstly we have termed what is at stake as the *qualification* of “what happens to employees and produces ill-being in the workplace”.

The exchanges and collaborative analyses which took place during our workshops showed up certain problems with (as well as the need to) “qualify” the situations of “ill-being” in the workplace which are likely to arise within companies such as collectivities and public

administrations. This difficulty gives an account of the great number of risk²⁵ factors which can lie behind the term “psychosocial risks”.

Social dialogue, both European and French, suggests definitions of stress in the workplace and moral harassment: two “hold all” categories which in fact do not totally complement each other. To deal with ill-being in the workplace by using these pre-fabricated categories with clear legal and psychological meanings carries with it the risk of imposing a reading of employees’ experiences which could easily cut out or reduce part of the realities of workplace situations which are responsible and attribute to employees certain behaviors, motives and shortcomings cut off from the context of workplace situations. Thus, without prejudice to the intention of signatories, one can be led to thinking that the definition of stress in the workplace as set down in the interprofessional agreement of 2 July 2008, which defines stress as an imbalance of perceptions within the individual, places emphasis above all on the *personal* dimension of the problem of ill-being in the workplace. And yet, envisaging the role of social dialogue as a process whereby these issues can be resolved presupposes the inclusion of several players and several dimensions of the company and work-related situations. It is a way of envisaging *social dialogue firstly as the means of building a “shared” term from a collective discussion on what happens to one and all.*

A second point at issue concerns the objectives which players in the social dialogue may have to face in situations of ill-being in the workplace, which we emphasized as being rooted either in the intention of transforming individual players in relation to the workplace or transforming the work situations in which they are placed.

In the French context, we cannot help but note that a good number of official studies and reports published make the training of players, middle managers strangely enough, in terms of factors relating to psychological health, a critical feature of the struggle against psychosocial hazards. On this point, the risk of confusion arising between objectives and means seems very real to us, stemming from the fact of making the transformation of players in relation to the workplace the objective to reach. If the positioning of the players of social dialogue (employers and worker representatives) is to really aim at examining work activities to try to qualify what is leading to states of ill-being, it is indeed the transformation of “pathogenic” workplace situations which must be aimed at.

²⁵ By referring to the works of Michel Vézina, we would suggest four categories of risk; the following report *Bien être et efficacité au travail*, published in February 2010, contains 11 suggested categories, etc.

Psychosocial hazards, services and social dialogue: what general directions will lead to action?

In order to develop a social dialogue²⁶ which will have some use on questions of ill-being in the workplace, the union player must be equipped with a real strategy. In other words, assign himself certain objectives and define the ways of reaching them.

1. Putting the work situation back in the limelight whilst suggesting a time frame to employees: an objective for union associations.

Within the French context, the import of discourse on employment over the past thirty years or so, has logically led the union player (but also public policy) to unthinkingly neglect questions linked to work conditions when those same working conditions were undergoing deep change over that same period. This view is now largely shared. However, the time has come for it to be reviewed when cases of ill-being in the workplace are making newspaper headlines and when the reform of union representation are forcing, to a certain extent, a restructuring of the link between organizations and workers.

The legitimacy of union organizations on issues of ill-being in the workplace is to be found in their desire to be (or more precisely to become once again) experts on the workplace and not on health in the workplace. This legitimacy needs to be built through redefining their scope and mission closer to the realities of the workplace. This does not mean that they must no longer be interested in the individual situation of employees, more specifically by offering them the support they seek when faced with the problems they encounter. On the contrary, developing the link between organizations and workers is a condition needed if one wishes to know better the reality of the workplace, thereby producing with employees' knowledge which will be useful in leading to action. There are two important elements here which enable one to specify the role of union organization within the context of ill-being in the workplace and proceeding from a dialogue with employers.

2. The relevant level to discuss the workplace is the place where work activities take place.

The definition of modalities which will lead to discussions on organizational work taking place²⁷ most surely belongs at the level of the company. The opening up and organization of spaces for discussion can be the object of social dialogue, at that level, if only because the company has to authorize such a way of developing knowledge about the real work environment.

Social dialogue which is taken to the European and national levels (interprofessional or by section) can, as it is already partially the case, create collective bargaining frameworks which may be used to back actions and measures initiated within the company in that context. When the "regional" level exists in the union organization it can become a place of support and relevant implementation in union interventions.

²⁶ Social dialogue is envisaged here as a means of going beyond diverging interest by means of compromises negotiated between employers and union organizations which represent workers. We are therefore aiming for collective bargaining.

²⁷ A collective activity where practical solutions are decided and the contradictions of productive activities are determined.

3. What is the role of the customer or the user in the production of ill-being? What are the specificities of service activities?

The impact of the customer or user on the working conditions of employees was often expressed during our workshop discussions, especially in terms of the violence or rudeness of which workers can be the victims. However, during discussions, this impact proved to be inseparable from the issues around working conditions and specifically of the modalities of real working conditions. In other words, what characterizes the activities and services studied in the workshops, the existence of “users”, is inseparable from the organizational measures and the practices of the staff who define the conditions of their manifestation and, of course, of their “non-cooperation”. From there, it seemed possible for us to take up the scientific literature on so-called “relational” activities. Services which were the object of questioning during the workshop belong, in fact, to what Jean Gadrey has formalized as relational services, services where the expected result is the transformation of a possession or a behavior on the part of the user or customer. The analysis of these types of services already goes very far back in history and shows that they were characterized by a “co-production” of the service. In other words, the success of the service requires an agreement between the user and provider on what must be transformed and on the manner in which everyone will work together to bring about this transformation. The user’s or customer’s behavior becomes “problematic” (non-cooperative) in the work situation, and therefore for the worker, when the latter's working conditions do not allow the desired coproduction. For example, when customer reception at the CPAM counters aims to limit the time spent with users which in turn does not allow the parties involved to reach an agreement on the object of the service which needs to be provided or on the manner (the succession of procedures) which will allow the service to be performed to the user’s satisfaction.

Of course this is not to deny that acts of violence do exist. But these are also related to service tensions which need to be analyzed so as to reveal what factors there are in workplace organization which do not allow the necessary adjustments to be made for the co-production of services to occur. To achieve any progress on this topic, one is brought back to the two paths of action discussed previously.

Hungary

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Part 1 - National background

I. Short History of the Hungarian Bank Sector

The first Hungarian bank was founded in 1840 and till the second half of the 19th century the development of the sector lagged behind the one of the West-European countries. The boom of the financial market started in the last quarter of the 19th century. In 1873 788 banks operated in the country. Between the two world wars the financial market stagnated. In 1949 the communist party took command and the private bank sector was nationalised. In the 1980s a new period began. In order to support the change from the centralised planned economy to the market economy the Hungarian Central Bank became independent from the government and in 1987 five commercial banks started to operate. From the beginning the international banks founded their local branches, as well. After a consolidation period the position of the financial sector has been stabilised and relatively stable growth began that lasted till the financial crisis in 2009. The average number of employees in the bank sector was 28.829 in 2009 which represent 0.7 % of the total workforce.

II. Main Characteristics of the Hungarian Labour Relations System

From the 1950s onward, the Soviet-type political and economic regime established its model of labour relations in Hungary as well. This kind of LRS can be described with the lack of autonomous actors, of institutions of labour relations, and with the prevalence of trade unions without an express of interest in a representative role being dependent on the party-State. Although this system was transformed to a significant extent into a more democratic and decentralised one, the core of the political and economic system remained intact setting limits to any radical transformations in the system of labour relations.

Changes in the Labour Relations System during the 1990s

The most important source of labour legislation is the new Labour Code (LC) adopted by the freely elected Parliament in 1992. It greatly contributed to the completion of the cumulative institutional changes in the LRS and laid the legal framework for its key institutions (Makó–Simonyi, 1997:228):

- it legitimates the national level institution of interest conciliation, called: *National Council of Reconciliation of Interests (NCRI)*, which was established in 1988 and which changed its name to *Interest Reconciliation Council (IRC)*;
- it regulates the conditions of *collective bargaining and labour disputes (Strike Act, 1989)*;
- it lays down the *rights and conditions of union activities in the firms*,
- it establishes the institutions of employee participation, called *Works Councils* and describes the conditions of their creation and their functions.

Due to the very strong power of the Interest Reconciliation Council (IRC) as a tripartite institution consisting of representatives of the government, the employers and the trade unions, it is worth summarising its *functions, structure and main activities* (Héthy, 2000:23–25, 140–141):

1. The IRC is constituted by *three sides*: the representatives of the employees, of the employers and of the government.
2. The IRC, as to the scope of its authority, covered both the business sector and the public one at the beginning of its function. After a couple of years – with the establishment and separation of the IRC of budgetary institutions – its authority became mostly limited to the business sector. The IRC dealt with those general and fundamental economic, social and labour issues which concerned employees and employers (e.g. carried out negotiations and concluded agreements in such labour issues as the national statutory minimum wage, recommendations for the annual growth of gross earnings in the business sector, consultations on economic, social and labour draft legislation, including the annual state budget, taxation, employment, labour relations, etc. – these are the so-called “pre-legislative consultations”).
3. The social partners in the IRC had the right to be informed, to be consulted and – in some exceptional cases – to consent (in such cases the government is only allowed to act on the basis of agreement achieved in the IRC, e.g. in the case of the national statutory minimum wage, daily working hours, public holidays etc.).

Beside the IRC, in the summer of 1996, a new LRS institution was created called “Labour Mediation and Arbitration Service” (in Hungarian: “Munkaügyi Közvetítői és Döntőbírói Szolgálat”) which aimed to solve labour disputes between trade unions and employers. This institution was set up on the basis of an IRC agreement and functioned as an independent agency under the authority of the IRC.

The structure of sectoral dialogue committees (SDCs)

One of the most recent developments in the Hungarian system of labour relations has been the establishment of the institution of mid-level sectoral interest reconciliation, that of the sectoral dialogue committees (SDCs). A typical characteristic concerning interest reconciliation in Hungary is that it is well-regulated and developed at the national and corporate level, whereas the mid-level and sectoral agreements are almost absent. In 1992, with the cease of the central regulation of wage control—which had been the first prerequisite of collective dialogues—the number of sectoral collective agreements fell back. From this point on, the sectoral level of interest reconciliation became empty quickly. There are a number of factors which can explain this situation. For example, one such factor is that the development of the employer side is lagging behind that of the trade unions; another one is that the existing employer associations are not usually organized at the sectoral level, moreover, they oftentimes function not primarily as employer organizations but rather as professional interest representations.

It is this context in which the sectoral dialogue committees was set up as the forums of mid-level interest reconciliation wish to break. It is worth noting that the upcoming prospect of joining the EU exerted an important influence on the set up this sectoral level of interest reconciliation system which was finally created in 2004. In parallel, with the participation of the representatives of the sectoral organizations responsible for the establishment of the sectoral dialogue committees and that of the government, a tripartite organization was created under the name “the Council of Sectoral Dialogue Committees” so that the social partners might also be able to participate in the preparation of decisions concerning them. At the same time, the Ministry of Employment and Labour set up the Centre for Sectoral Social Dialogue in order that the institutional system of the mid-level dialogue might be run in an operative way.

Because of the lack of experience, we know little of the operation of the sectoral dialogue committees. In some sectors or sub-sectors, such as electricity industry, there is a history of mid-level interest reconciliation, or at least one that involves at least a few employers; this, however, is still exceptional. The same is true for the majority of the Eastern European post-socialist countries. The next table illustrates well the weakness of this level as concerning the wage bargaining practice.

Table 1: Wage bargaining levels in some selected EU-27 countries

Country	Intersectoral level	Sectoral level	Company level
Austria		***	*
Belgium	***	**	*
Czech Republic		*	***
Germany		***	*
Denmark	*	***	**
Greece	**	**	*
Spain	*	**	**
Finland	***	**	*
France		*	***
Hungary	*	*	***
Ireland	***		*
Italy		***	**
Netherlands	*	***	*
Poland		*	***
Sweden		***	*
Slovenia	**	**	*
Slovakia	*	**	**
UK			***

Note: *** = dominant level of wage bargaining; ** = important bargaining level; * = weak bargaining level

Source: Pochet, Ph. et al. (2009), p. 40.

Summarising the general patterns of collective bargaining in the Hungarian Labour Relations System (LRS), we may say that it is characterised by a relatively strong national-tripartite level with a rather limited authority (national statutory minimum wage, recommendations for the annual growth of gross earnings in the business sector, daily working hours, public holidays, etc.) and by the predominance of enterprise (micro) level bargaining while the role

of the branch/industry level bargaining is extremely weak. This system of collective bargaining, in comparison to the EU–15 countries, is decentralised.

Health and safety issues in the social dialogue

Health and safety issues are regulated by laws in Hungary. The Act XCIII of 1993 on occupational health and safety. The objective of this Act is to establish the personnel, material and organisational conditions for ensuring occupational safety and health, in the interest of protecting the health and ability to work of persons in organised employment and improving working conditions, thereby preventing industrial accidents and occupational diseases. The Act regulates quite detailed and strictly the issues related to H&S, therefore social partners' role remains restricted in this area. General tendency that social dialogue focuses on such issues like wages, working time and working conditions in general, but in industries characterised by high level physical (and environmental) risks, like chemistry or pharmaceutical industry, H&S issues are directly addressed both at the sectoral and company level negotiations and agreements. Psychosocial stress, however, remains out of the scope of social dialogue.

As for the general patterns of collective bargaining in the Hungarian Labour Relations System (LRS), it is characterised by the *predominance of enterprise (micro) level bargaining* while the *role of the branch/industry level bargaining is relatively weak*. In other words, the Hungarian labour relations are well-regulated and developed at the national and corporate level, whereas the mid-level and sectoral agreements are almost absent. One of the most recent developments in the Hungarian system of labour relations has been the establishment of the institution of mid-level sectoral collective bargaining that of the Sectoral Dialogue Committees (SDCs). Health and safety issues, especially in terms of psychosocial risks at the workplaces, are relatively rarely implemented at any level of the bargaining system.

Although the framework directive [89/391](#) is formally implemented in the Hungarian regulation on occupational health, work-related stress does not belong to the most important issues of this area. There is a lack of information to what extent the agreement on work-related stress is implemented at the moment by the Hungarian social partners. Both the National Focal Point of OSHA (working within the framework of Hungarian Labour Inspectorate) and the Hungarian Institute of Occupational Health provide information and run consultancy services in order to help both employers and employees to cope with work-related stress, but the focus of their activities is on treating the physical risks of occupational health

Part 2 – Informations about the workshops held

- Participants:

In the framework of project two workshops were held in Budapest; the first one on 3rd December 2009 and the second one on 23rd February 2010. 15 participants attended the first workshop and 18 the second one. The participants represented both the employer and the employee side of the financial sector. The next two tables summarise the list of participants.

Table 2: The list of participants of the first workshop

Name	Company	Function	Status
Miklós Kadala	MKB Bank	HR Director	Lecturer
Katalin Kis	K&H Bank	Trade union	Lecturer
Viktória Baráth	MKB Bank	Trade union	Lecturer
Ibolya Lőrinc	MKB Bank	Trade union	Lecturer
Tamás Márkus	BB Bank	Trade union	Participant
Erzsébet Simon	AEGON Insurance	Trade union	Participant
Beatrix Kozányi	Free Trade Union of Workers in Financial Organisations (PSZDSZ)	Trade union	Participant
Mariann Nagy	CIB Bank	Trade union	Participant
Krisztián Papp	MKB Bank/Call center	Trade union	Participant
Albert Godena	MKB Bank/Call center	Trade union	Participant
Alexandra Máté	MKB Bank	Trade union	Participant
János Müller	Federation of Unions of the Finance Sector (BBDSZ)	President	Participant
Csaba Makó	Institute of Sociology – HAS	Researcher	Lecturer
Péter Csizmadia	Institute of Sociology – HAS	Researcher	Participant
Miklós Illéssy	Institute of Sociology – HAS	Researcher	Lecturer

Table 3: The list of participants of the second workshop

Name	Company	Position	Status
Dr. Judit Balogh	National Institute of Health Development	Advisor	Lecturer
Viktória Baráth	MKB Bank	Trade union	Lecturer
Dr. Csilla Ürömi	MKB Bank	Medical doctor	Lecturer
Albert Godena	MKB Bank/Call center	Trade union	Participant
Katalin Kis	K&H Bank	Trade union	Lecturer
Tamás Márkus	BB Bank	Trade union	Participant
Erzsébet Simon	AEGON Insurance	Trade union	Participant
Irén Fábián	AEGON Insurance	Trade union	Participant
Imréné Mészáros	Hungarian Central Bank (MNB)	Trade Union	Participant
Beatrix Kozányi	Free Trade Union of Workers in Financial Organisations (PSZDSZ)	Trade union	Participant
Mariann Nagy	CIB Bank	Trade union	Participant
Krisztián Papp	MKB Bank/Call center	Trade union	Participant
Alexandra Máté	MKB Bank	Trade union	Participant
Rita Gyurkó	MKB Bank	Trade union	Participant
János Müller	Federation of Unions of the Finance Sector (BBDSZ)	President	Participant
Csaba Makó	Institute of Sociology – HAS	Researcher	Lecturer
Péter Csizmadia	Institute of Sociology – HAS	Researcher	Participant
Miklós Illéssy	Institute of Sociology – HAS	Researcher	Lecturer

The first national workshop aimed to present the project and to collect information on the work-related stress at the sectoral level. The workshop focused on issues, like the specific problem of psychosocial stress in the financial sector, the role of the social partners, the regulatory framework and the institutions of both company and sectoral level social dialogue in coping with the stress-related problems.

Part 3 – Workshops results

Summary of the 1st national workshop

After a short introduction of each participant, Prof. Csaba Makó gave a brief summary on the aim of both the project and the workshop. His lecture consisted of three parts. First, he gave a brief overview on the Hungarian social and economic transformation of the past 20 years stressing the importance of the varieties of capitalism approach in the interpretation of the Hungarian modernisation process. It is an open-ended question yet which social model will evolve in Hungary from among Sapir's four well-known ideal-types: the Continental, the Scandinavian, the Anglo-Saxon or the Mediterranean one.²⁸ It is this context in which the problem of work-related stress is emerging. After this short introduction Prof. Makó gave a brief outline of the Framework Agreement on Work-related Stress signed in 2004 by the main European social partners: European Trade Union Confederation (ETUC), Union of Industrial and Employers' Confederation of Europe (UNICE), European Association of Craft Small and Medium-Sized Enterprises (UEAPME), European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest (CEEP). After presenting the aims, the problems identified and the responsibilities of both the employers and employees laid down in the Agreement, Prof. Makó drew some conclusion from the secondary analysis of the European Working Conditions Survey (EWCS) conducted by the European Foundation for the Improvement of the Working and Living Conditions. He emphasized that on the basis of the survey results the factors influencing the work intensity did not change significantly between 1995 and 2005: the two most important factors are the norms/prescriptions and clients. The second lecture was given by Miklós Illéssy (research associate, Institute of Sociology, Hungarian Academy of Sciences) who continued the statistical analysis of the EWCS 2005 from a comparative perspective. He focused on three main factors: work intensity (measured by the occurrence of tight deadlines at work and working at very high speed) and work life balance. It is interesting to note that in some leading edge countries (like Germany, Sweden, Austria, etc.) the work intensity was as high as in Hungary but at the same the work life balance was also relatively high. From that perspective Hungary was exceptional as the work intensity was one of the highest, while work life balance was among the worst in Europe.

After these introductory lectures, a short discussion and a coffee break the workshop was followed by the presentations of the experts of both the employers and trade unions and the practitioners who meet different forms and sources of stress during their everyday working life. The first lecturer of this section was Mr. Miklós Kadala, HR-Director of the MKB

²⁸ Sapir, 2005

Bank. He examined the problem of psycho-social risks at work from the point of view of the employer presenting the European and the Hungarian legal framework (these kind of psycho-social risks are first mentioned in the Hungarian Labour Code in 2008) and reviewing the main risk factors responsible for them. From among these risk factors he stressed the importance of the followings: fear of losing the job, changes in the requirements to fulfil the job (e.g. development of info-communication technologies), inadequate division of responsibility, decision and competence, weak position of the employees, hierarchical conflicts, work-life imbalance, violence at the workplace, alcoholism due to the long-term stress, etc. All employers had to cope with these problems, and Mr. Kabala presented the system of risk management implemented in the MKB Bank. He mentioned seven main pillars which were established or supported considering the aim to make the work-related psycho-social risks lower. These pillars are the followings: strong trade unions, pre-eminent working conditions, corporate social welfare system and exceptionally good team mentality, medical care, performance evaluation system, operation of an outplacement system in order to make the effects of inevitable lay-offs less dramatic, and finally, special attention is paid to the managers and the core employees (e.g. stress and conflict management trainings, coaching, etc.).

The next presentation was held by Katalin Kis, trade unionist from the K&H Bank. She summarised the most important sources of work-related psycho-social risks from the employee side. She emphasized the constant changes in the work organisation which is a major factor influencing the stress at a workplace. These comprise the changes in the work description, in the requirements attached to the different jobs as well as in the working time arrangements, etc. She also raised the problem of the performance evaluation system. Unreachable and easily reachable performance targets may both contribute to the growing stress, like the separation of the performance evaluation system and the remuneration. Katalin Kis underlined that the wage system itself may be an important stress growing factor (e.g. the proportion of the wage and the bonuses). The next factor is related to the overtime work: how often an employee has to work overtime and how the overtime is organised within the company (e.g. when the employee is informed that he/she has to work overtime). Finally, the lecturer mentioned the fear of losing the job, a factor that became more important in the context of global economic crisis.

Katalin Kis was followed by the presentation of Viktória Baráth who is a member of the trade union operating at the MKB Bank. In her lecture she focused upon the working conditions of the front office employees, a group of workers which is probably the most affected by the work-related psycho-social risks. However, it is not at all surprising that there were many overlapping points with the previous two lectures, therefore we will sum up only the new dimensions she raised. In her lecture, Ms. Baráth classified the potential factors of work-related stress according to the human relations, distinguishing three major groups of factors: the family, the colleagues and the clients. As concerning the first group, she underlined the importance of the family background, to what extent the private life of the employees is balanced. Among the factors related to the colleagues, it was argued that there was an increasing competition not only between the different banks, but also between the different branches of the same bank. One of the most important characteristics of the front office workers that they are in face-to-face contact with the clients, therefore the psycho-social condition (family background, work-life balance, social, cultural and financial conditions) of

the clients may also increase the work-related stress of them. Finally, the lecturer emphasised the importance of the trainings organised by the company which may help the employees to be able to manage the stressful situations or may help to create a supportive atmosphere in the workplace.

The last lecture was held by Ibolya Lőrincz who gave an account on the stressful situation of the employees working in call centres. She distinguished two types of factors determining such kind of situations: factors which can not be influenced or can only be hardly influenced by the employees and the factors which can be influenced more easily by the employees. The first category comprises such potential sources of stressful situation like workplace relations, job description, different company policies, physical or ergonomic arrangements, etc. The second group of factors consists of mental stability, performance, adaptability, etc. According to the lecturer, it is the mutual responsibility of the employer and the employees to create such organisational environment which delimits the number of stressful situations or to negotiate in the case of conflicts or stress.

Summary of the 2nd national workshop

As the Hungarian coordinator of the project in his introduction Csaba Makó gave a short overview the project. He briefly presented the project goals and methods and informed the participants about the preliminary results of the first workshop.

After the short introduction the first presentation was given by Judit Balogh, senior advisor from the National Institute of Health Development. In her presentation she gave a brief overview about the results of a Hungarian national health survey called 'Hungarostudy' that was carried out in 2008. According to the survey results, the ratio of those who complained about the various aspects of the work-related stress has been permanently increasing within the Hungarian working population since 1995. The authors of the study estimate that the economic loss of the Hungarian economy that can be traced back to the work-related stress shall be about 9 Billion Forint a year (approximately 2.340 Billion Euro). Concerning the financial sector, in 2008 27,4% of the financial sector workers reported that he or she had suffered from work-related stress problems. The second part of the presentation was devoted to the question of how to recognize the symptoms of stress. The presenter called attention to the fact that the employees tend to neglect or underestimate the importance of stress beyond some specific somatic symptoms, like diarrhea, headache, chronic distress, etc. On the other hand, it was reflected to the difficulties around measuring the effects of stress. In the 'Hungarostudy' the researchers applied the internationally validated stress questionnaire elaborated by Ziegrist. Based on that an 'index of workplace tension' was created based on the dimensions of 1., satisfaction, 2., control and 3, social support. According to the survey the level of social support is critical among the Hungarian employees: 50,8% of them reported not to get any support from their colleagues and/or superiors. In the last part of the presentation Judit Balogh provided a brief overview about the methods and programs of coping with stress at the workplaces. She made a distinction between the individually-centered and organizational-level initiatives. The former ones are those programs that aim to disseminate knowledge on stress or to achieve changes in the individuals' lifestyle, etc. Although the effect of these programs is relatively weak and sustainable only in a short term perspective, these initiatives are rather popular among the

employers. In this approach the managers delegate the responsibility to the employees for coping with stress. The second approach put the emphasis on the identification of organizational-level stress factors and intents to reduce them by strengthening socially supportive workplace environment. At the end Mrs. Balogh informed the participants about the tenders and calls supporting projects aimed to cope with stress at the workplaces.

The next presentation was held by Dr. Csilla Ürömi who works as an occupational medicine doctor at the MKB Bank. She reported that she is obliged by law to survey the effects of stress on the employees of the bank. According to her almost 30 year-old experiences, the following tendencies could be identified. In the last decades the importance of somatic diseases has decreased in her praxis, while the relative weight of mental problems has increased. Dr. Ürömi mentioned that the older employees seem to cope more efficient with the stress-related problems than the younger colleagues, maybe because of the lack of work experiences in the latter group. One of the major problems is at the bank the absence of adequate coping strategies. The dominant strategy of the employees in coping with stress is taking sedatives and other medicines, instead of changing their way of life. She emphasized that these problems cannot be treated only at individual level but influencing the organizational level is beyond her competence. She also mentioned a good example when the lighting system was completely re-designed in a local bank office according to her suggestions.

The next presentation was held by Albert Godena, who is the trade union representative at the call center of the MKB Bank. The trade union carried out a pilot survey at the call center and a local branch of the MKB in order to measure the risk of work-related stress. In the survey the methodology developed by Thomas Holmes and Richard Rahe was applied. The two researchers at the University of Washington elaborated a test questionnaire that helps to estimate the probability of the possible risk of illness caused by the various stress factors. In their approach the stress can be traced back to the unexpected changes of everyday practices that create uncertainty and instability in the individuals' life. They compiled a list of possible stress-factors that should be evaluated using a 100-item scale. If the final score is bigger than 150 the individual can count on the worsening of his or her health status at a probability of 30 %. If the score is bigger than 300, the probability of worsening of health status is 90 %. 25 employees from the call center and 5 from the branch were asked to fill in the test. The average score of the call center was 170 and the one of the branch was 204. The most typical stress factors were the followings: 'changes of the financial status', 'change of profession', 'change of family status' and 'change of life circumstances'. The final conclusion of the presenter was that the pilot survey was useful, since it turned out that both the employees and managers were interested in participating in such a survey and interpreting its results, as well. It was suggested that the management should pay attention to the individual risk factors of stress and provide psychological support if needed.

The presentations were followed by a collective discussion of the participants where the following issues emerged. There was a consensus among the participants that work-related stress cannot be treated as the problem of the individual, e.g. stress cannot be linked exclusively to the behavior of the individual employees. It was, however, stressed that the collective initiatives to reduce the effects of such 'structural' stress factors, like control over work, employees' autonomy, etc. require more investment and efforts from the

management's side. The separation of the performance evaluation and the remuneration was mentioned here as a typical problem. More participants called attention to the fact that the financial crisis hardly influenced the business targets. It means that the employees have to face unrealistic requirements that render the identification with the organizational goals extremely difficult. The trade union's initiatives to solve these questions are neglected now because of the radical changes in employment caused by the financial crisis. In relation with the structural stress factors mentioned above participants highlighted that one of the most important stressor is the lack of learning time that the management should ensure to employees if the working and economic conditions of the organizations are (rapidly) changing. Participants emphasized the importance of calculability in avoiding stress and Csaba Makó called attention to the significance of the 'job design' in creating low-stress workplaces.

Part 4 – General conclusions

- Definitions of work-related stress / psychosocial-risks, keeping in mind discussions held during the workshops (in respect to this, do you think European social partners definition of work-related stress is fully or partly relevant considering your national context?)

Based on the discussions organised during the project, the social partners in the financial sector define the work-related stress as a chronic excitement of the human organism that can be traced be to workplace situations, e.g. structural factors (stressors) of the workplace.

- Assessment / analysis of social partners strategies about psycho-social risks at national level

Social dialogue at the national level focuses on such issues like wages, working time and working conditions in general, but in industries characterised by high level physical (and environmental) risks, like chemistry or pharmaceutical industry, H&S issues are directly addressed both at the sectoral and company level negotiations and agreements. Psychosocial stress, however, remains out of the scope of social dialogue.

- Issues to be further explored: tools (questionnaires, surveys, collection of best practices, etc..) to be used or not in the field ; role of employees' representatives at workplace level ; role of unions and employers' organizations at sectoral and/or cross- sectoral level ; role of the client/customer.

According to the experiences gained from the two workshops, in spite of the fact that the social partners involved in the project interpret the work-related stress as a phenomenon that can be linked structural (organisational-level) stressors, they have not exceeded the logic of individual-centred solutions of the problem, e.g. psychological counselling, training of employees, etc. Therefore the future research activities should focus on the institutional and cognitive barriers of the implementation of a participative model that favours to the system-level interventions on the structural factors that mediate the psychological and ergonomic components of the occupational illnesses, including stress.

- Impact of European framework agreements: do these instruments have an influence on social dialogue at national level?

Although the framework directive [89/391](#) is formally implemented in the Hungarian regulation on occupational health, work-related stress does not belong to the most important issues of this area. There is a lack of information to what extent the agreement on work-related stress is implemented at the moment by the Hungarian social partners.

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Italy

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Ires

Part 1 - National background

On 8 October 2004, European social partners subscribed the European Framework Agreement on work-related stress, which was adopted in Italy on 9 June 2008, eight months after the deadline set down in the framework agreement itself (October 2007). The Italian adoption of the agreement was limited to a literal translation of the document and, as such, it has not been possible to achieve progress in its enactment following divergences on interpretation between the social partners especially with regard to the singling out of psychosocial risk factors at an organisational level.

The trends emerging from the agreement have been integrated within Legislative Decree 81/2008, a.k.a. the *Testo Unico sulla Salute e Sicurezza*, the consolidating Act on Health and Safety that, introduced in 2008, provided a major overhaul of work-related health and safety legislation in Italy.

The protection activity envisaged in this consolidated act hinges on the assessment of workplace risks, i.e. on the *“global and documented assessment of all the risks that affect the health and the safety of workers within the organisation to which they offer their services with a view to identifying adequate prevention and protection and to define a plan aimed at improving, over time, health and safety levels”*²⁹.

Mandatory for all employers, risk assessment, interventions and prevention activity must be performed through system of risk management that sees the cooperation and involvement of all parties concerned, including company-level prevention and protection services, occupational health doctors, external consultants as well as the safety representatives of the workers, that is provided at company level but also at local level and productive site for complex working contest.

As set down by art. 6 of D. Lgs. 81/08, the permanent advisory commission for work-related health and safety – made up of representatives coming from the central and regional governments and experts operating on behalf of both the employers and the trade unions and supported by public sector research institutes such as Ispesl – has the task of defining the guidelines for the assessment of psychosocial risks. While the actual publication of the guidelines is due on May 2010, risk assessment is already mandatory.

Regarding the *mobbing*, in Italy doesn't exist a systematic legislative definition and there is only the orientation of jurisprudence based on the different lawsuits. From time to time, in the sentences the mobbing is defined as disqualification, workers reassignment for punishment, harassment or other situations of malaise and conflict at work. Thus, in the jurisprudence there is an interpretation of mobbing as a multi-factorial problem (Petrella, 2008). Generally, the prevention of the risk of mobbing is a difficult process: it needs to intervene on the composite articulation of the risk factors, considering that mobbing is a

²⁹ DI Lgs. 81/08 art. 2, comma 1, let. q.

complex phenomenon and it often involve different actors in a company and it originates from the work organization (Ranieri, 2003).

Part 2 – Informations about the workshops held

The methodological qualitative approach of the research is structured by different steps, with the aim to understand the situation of the debate about the psychosocial risks, the different orientations of the social partners, the actual challenging as well as the best practices adopted.

At first, there was been a desk analysis of the laws, the agreements and the literature on the psycho-social risks. Secondly, there was been a work-shop with different social actors: unionists and employers representatives of national organisations, researchers, forensic doctors and experts, as showed in the following table. This work-shop was been moderate by the researcher and registered.

Participants at the Italian national work-shop

Name	Organisation	Function/representative of
Ludovico Ferrone	Cgil – General Italian Confederation of Workers	Head of the national coordination for safety and health at the workplace
Ugo Balzametti	National Department for Social Policy at Fisac-Cgil (Trade Union National Federation for Insurance and Credit Sector Workers)	Nationwide chief for health and safety
Angelo Giuliani	ABI (Italian Banking Association)	Nationwide chief for health, safety and labour
Patrizia Deitingner	Ispesl (Italian Institute for Prevention and Safety at Work)	Senior researcher
Lelia della Torre	Inca Cgil Lombardia (Italian Confederal Institute for Assistance, Regional Department, Cgil Lombardia)	Regional Forensic medicine coordinator
Francesco Avallone	Federconsumatori (National Federation Consumers and Users)	Member of the Presidential committee
Diego Alhaique	"2087" review focusing on "Training and information for work-related safety"	Science Director

The main findings of the workshop have been resumed in a intermediary report and all the participants have been invited to comment this document. After this, a brief interview was submitted to all the participants as well as to other actors with the aim to understand some critical points regarding the definition of stress and the interventions to reduce the risks³⁰.

³⁰ We have interviewed all the participants at the workshop and two additional experts of Cgil: an expert of mobbing (Daniele Ranieri) and a medical of work (Marco Bottazzi).

Part 3 – Workshops results

3.1. Main findings considering the national level

The mandatory aspect of risk assessment has triggered a heated debate in Italy as to what psychosocial risks are and how they should be assessed. Focus group participants, consequently, agreed on the need to define effective assessment criteria.

As to the definition of the guidelines for the assessment of the psycho-social risks, foreseen in the Law 81/08, a number of common issues emerged within the work-shop:

- a. The need to define general criteria with a view to curtailing the present confusion in terms of methodology and to limiting the proliferation of external consulting, recourse to which is at best arbitrary and autonomous.
- b. It is necessary to define models of assessment that are not superficial but in a position to adapt themselves to specific characteristics and requirements by taking into account:
 - the sector
 - company size, which, against a backdrop of productive fragmentation caused by a plethora of small-sized enterprises, may cause significant problems (31)
 - the profession
 - the workers' profiles and the different exigencies (their qualification and skills, gender, age, type of contract, nationality, etc.)
 - the specific traits of the work process: work contents, modalities of work and work organisation, the career of worker, interpersonal relations, the relationship between work and external dimension (especially personal and family life), etc.
- c. It is necessary to develop management systems that are easy to apply with basic training and information. This is all the more crucial in the Italian productive system, which is highly fragmented and where it is consequently necessary to involve all interested parties and enhance their awareness.

With the aim to better understand the risk assessment, Ispesl (Italian Institute for Prevention and Safety at Work) took part in PRIMA-EF, a project aimed at developing a framework at a European level for the management of psychosocial risk with a specific focus on work-related stress and workplace violence (Leka & Cox, 2008³²). While a key proposal in this light was the enhancement of social dialogue (Natali et al., 2008), focus was also given on the factors of success in confronting psychosocial risks³³:

- Consideration of national, cultural and social differences in risk perception and problem awareness of relevant issues.
- Specific approaches for the domains 'work-related stress' and 'violence/harassment/bullying'.

³¹ In 2007, 58.2% of all enterprises had a single employee and represented 15% of total workforce, 36.7% of all enterprises had a staff of less than 10 workers and represented 31.7% of total workforce, while only 32.8% of enterprises employed more than 50 workers. This structural feature of the Italian productive system continues to be very stable and no significant changes have occurred in the early part of 2000 as the distribution of employees and enterprise size remained substantially similar (Istat data-base, 2010).

³² The Italian site of the project is: <http://prima-ef.ispesl.it>; sito internazionale: <http://prima-ef.org>.

³³ Cf. the Prima-Ef Guide-lines: <http://prima-ef.org/Documents/04.pdf>.

- Building a common language among and between social partners on issues, e.g. agree on definitions of key issues.
- Consideration of seemingly paradoxical effects of actions; e.g. awareness raising on violence and bullying may result in a higher level of complaints.
- Inclusion of gender issues, in particular with regard to violence and harassment.

While further pursuing this in-depth investigation, ISPEL's psychology and sociology laboratory is currently developing instruments apt of both assessing stress and identifying the causes of risk in the working organization. The aim is to create a modular and fitting instrument that can be adapted to a range of contexts (such an instrument is currently in the experimental stage: Deitinger *et al.*, 2009).

A recent contribution towards the definition of the Advisory Commission guidelines on psychosocial risks came from the Lombardia Regional Council that, after having consulted social partners, drafted the "Guidelines for the assessment and management of work-related stress"³⁴. To this end, the document singles out a number of criteria designed to form the basis for just such a system of psychosocial risk assessment and management: a) the system must be directly promoted and managed by employers and top management; b) it must be accompanied by adequate information and training to be provided within the company; c) the system must be geared to provide collective solutions where prevention is paramount; d) it must strongly rely on the proactive participation of workers; e) the system must highlight the central role played by internal prevention agents [the person in charge of the prevention and protection service (RSPP), the competent physician, the workers' safety delegate (RLS)]; f) the system must become an integral part (and not remain an extra element) of the overall process aimed at assessing and managing risks.

It is a process that requires a blend of actions and tasks: a) communication and information; b) analyses of papers with a special attention being given to those dealing with risk assessment; c) training; d) direct observation and objective analyses of the work organisation and of the phases where risks are highest; e) analyses of the subjective perception of stress to be compared with the results of direct observation; f) definition of collective prevention solutions as well as those involving individual cases; g) health surveillance; h) monitoring of risk factors and the related measures that are taken.

In this kind of approach it is essential to combine the objective analysis of the working process with the perception of the individuals involved so as to identify the phases during the working process where risks are highest, and therefore to work out those measures that can help to improve the working process itself.

As for psychosocial risks, it is best to avoid an approach of a "individual" kind when dealing with psychological pathologies: it is important for the single worker to tackle the issue not

³⁴ Lombardia Regional Council, Health Department, Decree 13559 of 10 December 2009; website: <http://www.regione.lombardia.it>. At regional level, other guidelines are developed in Toscana: *Valutazione del rischio da stress lavoro-correlato. Prima proposta di linee di indirizzo*, in Proceeding of the conference "Rischio da stress lavoro-correlato: Il progetto dell'area vasta Toscana Nord-Ovest", Luglio 2009; website: <http://www.usl1.toscana.it>.

on an individual basis but in a collective manner by taking into the account the web of relations he is part of.

The work-shop thus agreed that it is crucial to consider the relationship between the worker and the working process as a whole by analysing all phases of the work and the specific working contexts. Productive processes have, in fact, become ever more complex as relations between enterprises within the same productive sector intensify alongside those with clients/consumers. It is therefore the relationship with firms operating externally and that with clients/consumers which, directly and indirectly, define the organisation of work and determine the level of risk to which workers are exposed. This fact will emerge more forcefully further ahead when dealing with the financial sector.

3.2. Main finding considering the financial sector

Over the past three decades radical changes have occurred in working processes within advanced capitalist countries as these have had to face the increasingly tougher competition of a global market as well as the challenge posed by ever changing consumer demands and by technological innovation that have affected the way work is carried out. Wide scale corporate restructuring has heightened labour flexibility and intensity rising the frequency of psychosocial risks faced by workers³⁵.

Starting from the Nineties, the financial sector in Italy has undergone significant changes (cf. Magrin & Piotto I., 2006; Caselli & Lombardo, 2007; Munari, 2007):

- a. The structure of corporate ownership has changed as ever larger banking groups were created in a bid to enhance competitiveness in an increasingly globalised market.
- b. Corporate restructuring has brought about changes to workplace relations as well as to work organisation. Generally speaking, labour processes are increasingly more flexible, both in terms of labour organisation and human resources management as companies try to come to terms with the ever changing demands of clients and with continuous technological innovation. Against this backdrop, changes in work shifts and modalities have become ever more frequent.
- c. Products, too, have undergone far-reaching changes. From being an institution where clients kept their money, banks now sell products such insurance policies and investment packages, and are increasingly called to give out loans and to apply ever stringent measures to valuate clients' solidity and the guaranties they can provide.

In the wake of these changes, as it appear during the work-shop, psychosocial risk factors, too, have increased:

- g. The distance separating workers and management has widened. Relations between the single worker and managerial staff has increasingly become formal, bureaucratic and impersonal.

³⁵ For an in-depth analysis of the dynamics and consequences of restructuring processes in Europe, see the results of the project "WORKS. Work Organisation and Restructuring in the Knowledge Society" available in <http://worksproject.be>; with regard to the consequences on health, see Di Nunzio *et al.*, 2009. On the impact of restructuring on health, see also: Kieselbach (eds), 2009; on the consequence of flexibility on health and safety see: Gallino, 2009.

- h. The influence of the single worker and trade union representatives in the decision-making process has diminished at both company and broader corporate levels.
- i. The relationship between the worker and the client now entails heavier workloads and more responsibilities. In addition, the volume of front-office work has also increased significantly.
- j. Working process now requires wider knowledgeability and continuous updating.
- k. More than ever before, the performance of the single worker is set against the achievement of specific targets.
- l. Widespread corporate restructuring as well as the continuing changes in workforce job allocation, while undermining the professional biography of workers, imply a continual reassessment of merit and skills.

Psychosocial risks have, thus, come under the close scrutiny of both companies and trade unions: the former overall because they have set their sights on maximising workforce efficiency, the latter overall because their concern is to safeguard the psychophysical integrity of workers.

Regarding the psychosocial risks, the focus in the financial sector has been principally given to those aspects where legislation is strongest. As a matter of fact, attention has been given, above all, to robbery risks and to mobbing, issues over which social partners have shown a high degree of understanding.

While legislation is solid in the area of robbery considered as a psychological risk (Di Francesco, 2007), social partners nevertheless continue to differ above all in the definition of the best strategies to apply. The debate, here, is about whether priority should be given to the health and safety of the workers or on the security of wealth.

Mobbing, too, has come under ever closer scrutiny following a 2004 Directive of the Ministry of Public Administration that strengthened the ethical codes to be applied in human resources management in banks and during restructuring.

On the contrary, debate about psychosocial risks has continued to be relatively slack in work organisation, in the definition of careers, in the enhancement of professional profiles and also in the handling of risks arising from day-to-day relational work with clients.

Relations with clients is emotionally taxing not only for the worker but also for the client so much so, in fact, that Federconsumatori, the consumers' association, has revealed that 45% of the complaints it receives concerns banking and insurance issues. It is clear that those financial operators who work in the front-office are part of a relationship that is emotionally-charged for these reasons:

- a. the value content (both in terms of monetary and psychological meaning) that the product/service incorporates is high for both the client and worker;
- b. workers are required to master the contents of the product/service, which are becoming increasingly more complex;
- c. workers must meet the productive targets that have been set beforehand;
- d. workers have little say with regard to the product/services they have to sell.

In the relationship with clients, greater focus was given to call-centre operators in financial institutions because here the assessment of risks also took into account those of a psychosocial kind.

The absence of a broader interest for psychosocial risks is also due to the slant employers have given to the issue, preferring as they do to comply with what has been subscribed at an institutional level, and consequently to apply existing laws. Legislation at national and sectoral levels is the key domain to ensure the implementation of efficient action at company level and across the sector. It is for this reason, as outlined in Paragraph 3.1, that public institutions and social partners have substantially concentrated in implementing existing legislation.

Trade unions, on the contrary, believe that the issue of psychosocial risks should be tackled from an organisational point of view avoiding a merely clinic-medical standpoint. It is, therefore, important to distinguish:

- the assessment of the stress, i.e. the identification of the level of stress faced by workers;
- the assessment of the risks, i.e. the assessment of the factors of risk: the causes that are considered, by law, scientific experimentation and direct observation of workplace conditions, to have caused the psycho-physical problems.

For this reason trade unions have tried to forge closer links with the scientific community in a bid to gain a better understanding of the very complex nature of psychosocial risks and the risk factors. Trade unions oppose a psychiatric approach to psychosocial risks, encouraging action that is not merely limited to providing psychological support but one where focus is given to singling out risks factors within the work organisation and to take action once these risks have been identified.

As emerged during the workshop, the scientific community is currently endorsing a broader vision of the concept of psychological health following the groundbreaking work of Cox and Griffiths (1995), which showed that stress is the negative effect produced by an aggregation of organisational factors and that, consequently, the ideal approach would be to take action right from the very outset. In fact, studies aimed at gaining a deeper insight on psychological health determinants tend to consider the influence of a multiplicity of contextual risk factors and to further investigate their relationship with subjective variables (Nardella *et al.*, 2007). Consequently, studies on and action that have been taken to enhance workplace safety tend to now focus more on the analysis of organisational variables and on trying to involve workers to a greater degree in the evaluation and intervention on the working processes (Maggi & Masino, 2004; Avallone & Paplomatas, 2005). Yet, as shown in a recent study on psychosocial risk management in a number of important financial sector companies, the working environment does not facilitate worker participation. Indeed, a considerable number of workers - 3 out of 4 - clearly affirmed that they were not in a position to actively contribute to the promotion of safety and well-being in their workplace (Macciocu *et al.*, 2008).

Considering the diversity of approaches between employers and trade unions, best-practices in the area of psychosocial risk management concern but a handful of experiences.

Many financial companies have set up listening centres in a bid to come to better terms with the psychological problems of the workers.

At a trade union level, Fisac Cgil has stood out for its implementation of several “best practices”, such as those achieved in the Campania Regional Council:

- a. In the Nineties a toll free number was set up for cases of mobbing that occurred following the widespread restructuring that began at that time. Complaints revealed a general malaise – *distress* – among workers where mobbing was just a part of the problem. That *distress* was mostly due to the changes occurring at the workplace as jobs, shifts and modalities underwent change.
- b. An agreement was set up with the local NHS to provide specialised help for workers under stress.
- c. In 2004 a survey, conducted among banking sector workers with the support of workers’ safety representatives (RLS), showed that more than half of the interviewees believed the incentives system and commercial factors were among the principal causes of stress. Successively repeated in Puglia, the survey highlighted that the incidence of the psychological malaise among bank operators was four times higher than the average nationwide (Pappone *et al.*, 2004).
- d. Help desks operated by a technico-scientific committee made up of physicians, legal experts and RLS were set up in the Naples Chamber of Labour.

Part 4 – General conclusions

The Italian debate about the psychosocial risks and the company’s strategies are strictly oriented by the European agreements as well as by the national laws on health and safety at work (in particular D. Lgs. 81/08) and it feels the difficulty of these rules to give an in-depth normative orientation about the government of the psychosocial risks. For this reason, in the Italian context some specific guidelines are developing at institutional level with the contribution of the social partner to reduce the uncertain interpretation of the concept of “stress”.

In particular, the Italian debate feels, at one side, the difficulty to evaluate the psychological health status, that have more subjective than objective parameters and, on the other side, it feels the difficulty to evaluate the complex range of risk factors that are presents along all the productive processes.

As a matter of fact, in the Italian context there is a tension between two orientation in the psychosocial risks assessment:

- a. at one side, there is the necessity to evaluate the health status of the individuals, considering their psychological status;
- b. on the other side, there is the necessity to evaluate the risks factor with a specific attention on the work organization along all the working process.

Certainly, this two sphere of the risk assessment have to be developed together considering their relationship, it needs to avoid both the risk of a sterile evaluation of the health status (with a merely individual clinical approach) and, on the other side, it needs to avoid a superficial evaluation of the risk factors unable to find the specific causes of health diseases (Costa, 2009).

In particular, it seems that there are two different challenges concerning this two quoted orientations:

1. Considering the evaluation of the psycho-physical health status, it needs to improve the opportunity to affirm the workers' *voice*. In Italy, there is a trend to a simplification of the evaluation, with an increasing of strictly standardized tools to evaluate the psychological health status, as by some questionnaires. Instead, the psychosocial risks assessment give a great opportunity to affirm the worker's voice giving them the opportunity to express themselves by a wide range of methods also considering the qualitative tools, both at individual level (as the in-depth interview also with open or semi-standardized questionnaire) and at collective one (as the focus-group and the working group). The orientation towards a broad and intense self-expression of the workers is basic to improve their opportunity to affirm themselves and to acquire new rights, avoiding the risk of alienation, contrasting the subordination in the working processes and affirming the opportunities to have a certain control over the work organization (Touraine, 1992). For this reasons, the workers' expression cannot be limited to consider the alienation and destruction of the individuals but then, also, it need to consider the opportunities of self-realization and creativity (Wieviorka, 2008).
2. Considering the evaluation of the risk factors, it needs to improve the opportunity to manage all the organisation of the working processes. In Italy, there is a trend to a simplification of the risk assessment, instead a wide range of factors have an impact on the psycho-physical health status, both in the working organization and in the workers' courses of career.

However, the prevention activities has to be the central question and it is necessary to develop a participative risk assessment able to eliminate the causes of distress at the origins. It needs to improve the actions able to eliminate the causes of distress and not only able to reduce their effects on the individual's health, also considering the psychosocial risks virtually present in every changes introduced in the organization of the working processes.

In the specific context of the financial sector, the frequent restructuring processes, the frequent changes in the working organization as well as the strong market orientation of the sector open new and continuous challenges for the psycho-physical health, especially for the front-office workers. Thus, workers needs a strong social support and the opportunity to have a certain influence over the working processes.

However, both at general and sectoral level, it is necessary to develop a participative approach that sees the cooperation and involvement of all parties concerned, including: company-level prevention and protection services, occupational health doctors, external consultants as well as the safety representatives of the workers and the workers themselves, that is provided at company level but also at local level and productive site for complex value chain. In this process, the contribution of the public research about these issues as well as the diffusion of specific formative and informative campaigns have a great importance.

Moreover, the users and consumers, with their expectations and requests have an impact in the organisation of the working processes and in the demand of work, also considering the

work content. For this reason, the users/consumers play a basic role in the psychosocial risk assessment, also considering that workers' wellness could have a positive impact in the relation with the users/consumers and in the quality of the services.

Finally, considering the difficulty regarding the definition of specific rules, the guidelines that are developing at institutional Italian level are basic to improve the interventions. In the Italian context it seems that obligatory rules are the main driver to improve the actions for health and safety. It is to be hoped that further guidelines could be developed at European level by the collaboration of the social partner to favour a normative orientation in the national context. Moreover, for the main reason, it is to be hoped that the social partner collaborates to develop the application and dissemination of best practices with the aim to improve the workers' wellness and the "wellness" of the organisation of the working processes.

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Part 1 UK Background

1.1 Who are key actors

In the UK the key actors in social dialogue around occupational health and safety include government departments, regulators, trades unions and professional associations and employers representatives. In some employment sectors these groups have established strong formal institutions for social dialogue on issues in the workplace including managing stress.

The issue of occupational health and safety cuts across several government departments particularly the Department of Health, the Department of Work and Pensions and the Department of Trade and Industry. Each of these Departments has a different emphasis and promotes differing interests therefore the selection of the relevant department to address occupational health and safety says a great deal about the approach taken to occupational health and safety.

The Health and Safety Executive (HSE) is the key actor in devising and implementing policy on occupational health and safety in the UK. It is an independent regulator aligned to the Department for Work and Pensions who approve its business plans and it regularly reports to Parliament. Its' accounts are scrutinised by the Audit Commission. Its key activities include:

- Working with employers through inspections and advice
- Providing advice to workers, unions and employers
- Developing social dialogue with employers and workers representatives to address occupational health and safety issues. This is a legal requirement to consult both groups on legislation affecting health and safety.
- Raising the profile of occupational health and safety in the general public
- Carrying out and reviewing research into occupational health and safety
- Taking action on serious breaches of health and safety law through improvement notices, prohibition notices and prosecution.

The key institutions for workers include Unions and Professional associations. The unions work at different levels with shop stewards and or health and safety representatives addressing occupational health at the level of the workplace and paid officials feeding into national and sectoral policy through consultation and membership of committees and institutions. The national officials also provide training and support for local health and safety representatives. The Trades Union Conference (TUC) is the federation of most UK unions and represents them in national negotiating over working conditions.

Private sector employers in the UK are represented by a range of sectoral, regional and national federations. At a national level they are represented by the Confederation of British industry which lobbies on behalf of employers and influences policy debates at a UK and European level. It sits on European lobbying groups such as business in Europe and has a representative on the European Advisory Committee on Safety and Health Protection at

Work. Sectoral level employers' representatives are discussed below. Public sector employers are represented by a range of semi-autonomous organisations such as NHS Employers.

1.2 National debates on psychosocial risks

In the UK debates about psychosocial risks in the workplace are led by the Health and Safety Executive. The HSE has commissioned, reviewed and undertaken extensive research into the causes of stress and approaches to identifying stress in the workplace. In consultation with social partners it has developed an approach to stress focusing on collective issues related to the nature of work, the design of work and the work environment rather than focusing on the behaviour and practices of individual workers. It defines stress as occurring when these processes exceed individual workers' capacity and capability to cope.

The HSE promotes a primary prevention approach that attempts to reduce occupational stress in the UK working population as a whole by addressing the work processes and environments which cause stress. It emphasises this population based primary prevention approach rather than focusing on identifying and supporting at risk individuals. Through reviewing existing academic research and consultation with social partners through workshops and written submissions it has identified six primary causes of stress at work or critical stressors:

1. Demands (including such issues as workload, work patterns and the working environment).
2. Control (how much say the person has in the way they do their work).
3. Support (which includes the encouragement, sponsorship and resources provided by the organization, line management and colleagues).
4. Relationships at work (which includes promoting positive working practices to avoid conflict and dealing with unacceptable behaviour).
5. Role (whether people understand their role within the organization and whether the organization ensures that the person does not have conflicting roles).
6. Change (how organizational change (large or small) is managed and communicated in the organization). (see HSE 2001)

It should be noted that culture was initially seen as a seventh distinct critical stressor but was later intergrated into the other six. This issue was discussed in the workshops (see below)

Whilst the approach focuses on reducing stress across the working population the HSE has identified five priority sectors with high levels of work related stress which require particular attention and it has worked with social partners in these areas to reduce work related stress.

These five priority areas are :

- health,
- finance,
- central government,
- local government and
- education

Of these areas, all except finance are overwhelmingly in the public sector. Together they constitute a significant proportion of the UK workforce and include workers of varying income levels and status.

In the early “new labour” era (late 1990s) managing occupational health and safety came to a greater political prominence. The HSE was tasked with establishing a wide scale consultation of the public and social actors to devise an appropriate strategy. Various possible approaches to managing occupational health and safety were considered. These ranged from :

- a quasi-regulatory approach such as an Approved Code of Practice requiring formal compliance and underpinned by a rigorous inspection regime to
- a voluntary system of informal guidance.

Many social partners particularly unions and professional associations supported the development of a regulatory framework using a Code of Practice. However this was not adopted for several reasons:

- The HSE did not have the capacity to implement a strong inspection regime necessary to underpin the Code. I.e. it was not possible to enforce the Code at that time
- There were disagreements about the terminology to be used
- There was very limited empirical evidence in this area
- There was a perception of limited motivation from managers to take the issue seriously. (see MacKay et al 2004 for full discussion of these issues)
- The government was unwilling to adopt a Code of practice

Instead the HSE launched a series of six management standards for work related stress in 2004. This is made up of clear agreed standards of management practice related to addressing the six stressors outlined above. The standards are not legally enforceable but are designed to assist employers fulfil their legal obligations. As such they contain mechanisms and tools for employers to monitor their performance against the standards.

The key approach to identifying and addressing occupational stress has been risk assessment, an approach taken from managing physical hazards in the workplace. This involves identifying hazards (i.e. the psychosocial risks in the organisation of work), exploring their impact on wellbeing and exploring the links between the two. This will clearly identify for groups of workers the sources of stress that negatively impact on workers wellbeing. The risk assessment approach has been adapted from methods of managing physical hazards. Although it is the dominant approach in the UK there is some debate over its applicability. As stress is a psychological process with uncertain relationships between hazards and harm the approaches taken from physical hazards may not always be appropriate for stress management (see Mackay et al 2004 for further discussion).

The underlying principle of management standards approach to occupational stress is to compare desired states of wellbeing with current states. Each of the six management standards is related to one of the six stressors and contains a series of statements an aim for conformity with the standard i.e. what proportion of workers have achieved the desired state. The standards are designed to be short (one side of A4) and clearly written so that both workers and managers can clearly understand them. The states to be achieved are

based on academic research into stress and negotiation with social partners. Whilst the Standards are generic and they rely on the grassroots participation of workers and employers for their implementation.

The standards contain indicator tools and use data collection such as focus groups and workshops to measure the extent to which workers perceive that they have reached the desired states. Organisations are deemed to have met the standards when an appropriate percentage of workers meet the threshold.

Before discussing how these Standards have been implemented in the Health sector we can briefly refer to the key narratives of occupational health and safety in the UK which frame public attitudes. The management of stress and other aspects of occupational health and safety are promoted in the UK primarily through making a business case. Thus stress management is presented in terms of how stress affects workers' productivity through issues like sickness absence, recruitment and retention, mistakes and attitude towards clients. As discussed below this tends to overshadow discussion of stress based on morality or citizenship. There is also a strong popular discourse around "elf (health) and safety" which presents occupational health and safety issues as comic, unnecessarily bureaucratic and largely pointless.

1.3 Transposition of European framework agreements on stress

In England implementation of European framework agreement on work related stress was led by the Department of Trade and Industry. There were very strong synergies between the approaches taken in the European Framework Agreement and the Management Standards outlined above. The department facilitated working groups of social partners and the Health and Safety Executive (HSE) to ensure that the implementation of the management standards would also have the effect of implementing the framework agreement. The department and HSE then promoted the framework agreement through publication of a booklet "work related stress: a guide implementing the European social partner agreement". The HSE then undertook a programme to reduce occupational stress in the five priority areas highlighted above.

1.4 Psychosocial risks and social dialogue in the UK health sector

The UK National Health Service is the country's largest employer with over 1.5 million employees. However workers in health and social work have the highest self-reported work-related ill health of any sector and with an estimated 5 million working days lost due to work related ill-health or injury and low levels of moral and staff retention. These issues are increasingly politically salient and have received widespread political and media attention and have led to a range of government and employer interventions the most recent being the Boorman Review (2009) on health and wellbeing in the NHS which focused on the links between individual staff health and their productivity. This approach reflects increasing popular concerns with user experience and involvement in healthcare. It also largely focussed on the actions of individual workers particularly those at highest risk and the ways in which they could reduce increase their stress risks. It should be noted that this approach is

largely at odds with the dominant approach taken by the HSE. It should also be noted that this was strongly influenced by the business case paradigm.

The NHS is highly unionised with workers represented by a range of trades unions and professional associations. The largest union in the NHS and in the UK more generally is UNISON which is affiliated to the TUC. UNISON represents a range of workers including a minority of nurses, ancillary workers (e.g. cleaners, cooks and porters) and administrators. Other staff in the NHS are represented by a range of professional unions and professional associations including the Royal College of Nurses, the Royal College of Midwives and the British Medical Association (representing doctors). Senior managers are represented by NHS Employers.

The NHS also benefits from a wide range of institutions which facilitate social partnership at different levels. These include the NHS Social Partnership Forum which institutionalises discussion between unions, employers and the Department of Health on decision making in the NHS. The NHS Staff Council is composed of unions and employers representatives and is responsible for negotiating terms and conditions of employment. In 2009 it produced a document “improving working lives in the NHS- a framework” (NHS Staff council 2009) which set out to highlight best practice in promoting wellbeing through partnership working. The Partnership for Occupational Safety and Health in Healthcare (POSHH) is a sub committee of the NHS staff council which addresses issues of Occupational health and safety in the NHS and private sector. It consists of unions, employers and the HSE. It works with NHS Employers and the department of Health to develop national occupational health and safety strategies and promote its implementation. It has developed and evaluated national standards and strategies on occupational health and safety including stress management.

In these institutional frameworks unions and other workers associations have played pivotal roles in addressing stress. This has included developing systems of local safety representatives and providing them with training them in identifying and managing stress and relationships with managers. Associations have established systems of support such as employment advisers and peer support networks for staff experiencing difficulties. Unions and associations have empowered their members in stress management through running workshops on awareness, understanding stress and ways of addressing it. These groups have also produced toolkits and other online resources for raising awareness of psycho social risks in the workplace.

Part 2 Information about the workshops held..

Two all day workshops were held in London on January 21st and March 4th at the Women’s Library at London Metropolitan University.

2.1 Selection of participants

The workshop organisers aimed to run small focused workshops with key stakeholders who had been active in developing strategy through social partnerships at a national level. In addition we also wanted to compare the experiences of those involved at the national level

with the experiences of those in the workplace therefore we also targeted local and regional activists.

For the first group we reviewed the websites of POSHH and the NHS Staff Council to discover the key participants in national social partnerships. These people were contacted via email and telephone, if we received a positive response we also asked for suggestions of other national stakeholders and details of local activists. This was supplemented by using contacts in the Trades Unions, Professional Unions / Associations and HSE. Although we received a positive response from NHS Employers their representative was unable to attend either workshop due to clashes with other commitments. The first workshop took place just after the publication of the Boorman Report (2009) however the authors of the review were not able to attend the workshops.

Attendees at workshop 1

Lesley Gaskill RCM

Leroi Henry Working Lives Research Institute

Prof Colin Mackay HSE

Sian Moore Working Lives Research Institute

Anna Nurazia London Metropolitan University Business School

Dr Michael Peters BMA

Kim Sunley RCN / PosHH

Apologies

Robert Baughan UNISON

Karen Jennings Unison / NHS Social Partnership Forum

Donna Payne Royal College of Physiotherapists

Julian Topping NHS Employers

Prof David Walters

Attendees at workshop 2

Robert Baughan UNISON

Leroi Henry Working Lives Research Institute

Lesley Gaskill RCM

Steve Jefferys Working Lives Research Institute

Robert Johnson RCN

Prof Colin Mackay HSE

Anna Nurazia London Metropolitan University Business School

Dr Martin Peters BMA

Kim Sunley RCN / PosHH

Apologies

Sian Moore Working Lives Research Institute

Julian Topping NHS Employers

2.2 Objectives of the workshops

Aims and Objectives for UK workshop one

- Outline the project to participants
- Explore how stress risks in the workplace are identified and addressed by social partners in the health sector
- What forms of social dialogue take place in addressing stress in the health sector
- What processes and tools have been developed through social dialogue
- What were expected outcomes of interventions
- What barriers and facilitators were experienced
- What were the outcomes for health workers

Aims and Objectives for UK workshop two

- Review the key themes from workshop 1
- Highlight voices from the grassroots
- Highlight case studies of best practice in social partnerships
- Review challenges to social partnerships
- Messages to take to the Paris workshop

2.3 Format of workshops

The workshop consisted of informal presentations by the participants using power point slides and hand outs. The presentations were interspersed with questions, comment and discussion from the other participants based on their experiences in social partnerships in workplaces, regions and nationally.

Workshop 1

- Leroi Henry introduced the workshop, outlined the background and objectives of the project and discussed the aims of the workshop
- Colin Mackay discussed the regulatory framework in the UK and its application to the health sector,
- Kim Sunley introduced the work of PoSHH and gave case studies from the RCN,
- Michael Peters introduced the work of doctors for doctors and discussed the role of professional cultures,
- Lesley Gaskill outlined case studies of addressing stress for midwives
- Sian Moore wound up the event.

Workshop 2

- Leroi Henry introduced the workshop and discussed its aims
- Robert Baughan discussed the work of UNISON in policy formation and at the grassroots
- Robert Johnson discussed the role of union activists in social partnerships
- Leroi Henry facilitated a discussion of themes emerging from the two workshops
- Steve Jefferys facilitated discussion on the key messages to take to the Paris Workshop

Part 3 Key themes emerging from the workshops

- There was consensus from the participants that a social partnership approach with strong participation and commitment from all partners is a prerequisite for the success in management standards approach. However successful partnerships require union representatives and managers to act as champions. This requires resources and a great deal of support. For all participants the critical determinant of successful social partnerships in the management standards model was the full cooperation and support from local senior managers and line managers. Participants argued that some managers do not understand the concept of partnership working, some adopt a confrontational management style whilst others are strongly committed to partnership working. It has generally proved very difficult to get senior managers to participate in stress reduction activities, however, once senior managers are engaged this trickles down to line managers who then also become more engaged.

Research by poshh and evidence from all participants stated that the explicit support from line managers is critical for success. This support and cooperation underpinned all other interventions around occupational health and safety. There was an awareness that stress management had to be seen in the context of NHS managerial hierarchies to avoid making line managers scapegoats for failings at a more senior level. It was argued that the very high turn over of managers in the NHS undermines stable social partnerships as relationships based on trust must be re-established with new managers. Furthermore there was awareness that in the context of many managers being promoted on the basis of their clinical or technical skills rather than managerial skills they needed support and training to engage in partnership working and to identify and manage occupational stress.

- The participants emphasised the importance of approaches to occupational stress based on primary prevention, a collective focus on changing the nature of work, the ways in which work is organised and the work environment rather than changing the behaviour and practices of individual workers. This is clear in the issues raised by the participants as the key causes of workplace stress:
 - Management of workloads and demands
 - The implementation of change and regulations
 - The fragmentation of work and limited job satisfaction
 - Increasing patient demand

Participants highlighted that these issues had been identified through a range of methods including focus groups, workshops and questionnaires. They drew strong links between these issues and the six stressors outlined in the HSE management standards.

This focus on primary prevention was evident in criticism of the recent Boorman report on health worker wellbeing in the NHS which some participants argued emphasised individual issues such as promoting healthy lifestyles and individual treatment rather than addressing the ways in which organisational and structural issues impacted on occupational health.

- The distinction between the individual and collective approaches to occupational health was not clear cut. All the participants emphasised the role of social partnerships in constructing a working environment in which individual workers can make healthy choices. Participants also emphasised that individual workers had to take responsibility for their own health through making the right lifestyle choices. We discussed the non-reporting of stress-related illness by health workers and their obligations to report their illness in order to support patients and fellow workers. Other worker responsibilities related to partnership working included undertaking training, active participation and trust in unions and cooperating with risk assessment exercises.

Participants highlighted the critical role of peer relationships in defusing sources of stress and addressing stress. However these individual aspects were constrained by wider structural pressures on health workers particularly related to change and instability, which have inhibited peer relationships and the ability of peer networks to cope with stress, and have reduced the space for individual reflection.

- The management standards approach used in the UK to implement the European Framework was seen as a necessary compromise between a Code of Practice and guidance. Some union representatives and professional associations initially expressed disappointment as at the time they would have preferred a stronger Code of Practice with a rigorous system of enforcement. However there was little government support for this and the HSE did not have the resources or capacity to engage in a rigorous regime of inspection and prosecution against set performance indicators. Therefore the HSE adopted a model of management standards underpinned by social partnerships in line with the European Framework. The unions and professional associations discussed how they now used the system of management standards as a basis for negotiation with employers and a way of educating line managers and an access point to address other issues. They again stressed the fact that managers are the critical actors in social partnerships in managing occupational health.
- Management standards and more strict enforcement were not regarded as mutually exclusive, for example the HSE has used improvement notices on non compliant trusts when they have failed in their legal duties.
- Several participants also outlined how litigation is usually not in interests of workers and is often too individualised to be used in occupational health. There was discussion of how the UK common law is an imperfect tool to address psycho social harm due to the difficulties in establishing a duty of care and establishing causation between its' breach and harm.
- Participants discussed three strands of promoting wellbeing in the workplace: moral, legal and business case. In the UK health sector the dominant approach to managing psycho social risks is now closely tied to promoting the business case for stress reduction which is now seen as the hook to engage managers in stress reduction

agendas. In particular social partners have highlighted a clear link between stress in the workforce and two business issues: worker productivity and patient safety. For example social partners have promoted the adoption of stress management and reduction by highlighting statistical evidence collected by the Healthcare Commission which indicates a correlation between worker reported stress and negative patient experiences. There was also much discussion of the relationship between stress and productivity issues such as absenteeism and worker retention. Participants highlighted the fact that although both are mentioned in the NHS constitution, worker health and safety is always seen as subordinate to patient safety

The unions and associations illustrated how at national and local levels emphasising the links between worker stress, productivity and patient safety are critical for facilitating management engagement with stress reduction. Possh has highlighted institutional incentives to promote stress reduction strategies for example in partnership with the NHS litigation authority they have negotiated a 30% insurance discount for Trusts³⁶ meeting health and safety standards.

Several participants mentioned negative effects of emphasising the business case for stress reduction for example it can undermine the moral component of protecting workers. This approach could also lead to box ticking, cherry picking and superficial approaches to health and safety. Also in the context of cost cutting and the politicisation of healthcare reforms the emphasis on productivity may well disempower workers and undermine attempts to address stress. It was noted that focusing on the business case for stress reduction could lead to an inaccurate perception that improving wellbeing is self financing and could lead to a withdrawal of resources to support stress reduction strategies.

There was some question over whether this emphasis on promoting the business case for stress reduction is a consequence of adopting a management standards approach. The majority of participants did not feel that the two were interrelated.

- Participants drew a strong distinction between policies emanating from social partnerships at a national level and the ways in which health and safety and other regulation were implemented in workplaces. They emphasised the pivotal roles played by individual managers and union officials and the need for them to champion the issue of stress management. Participants highlighted the high level of variation in engagement with stress management between Trusts which was related to the autonomy and critical role of individual managers and leaders.
- Several participants stressed that successful social partnerships needed strong unions who had the confidence of workers, in order to broker deals with managers and to bring workers on board. To operate in social partnerships union officials needed a high degree of training, support from the national union and the time and resources.

³⁶ Trusts the basic legal entity in the NHS they include individual hospitals and groups of NHS primary care and mental health care providers.

- The approach of many unions, associations and health workers to the management of stress by regulations and other interventions is highly influenced by a strong negative perception of regulation. This is related to past experiences of regulations such as the working time directive which were seen in negative terms. They were often implemented in an autocratic manner and led to increased fragmentation and reduced continuity of care leading to decreased satisfaction and increased stress. Regulations were seen as being implemented as a means of cost cutting and increasing managers' power at the expense of workers. These experiences made it more difficult to mobilise support amongst health workers for stress management interventions.
- Participants emphasised the importance of pride in ones work and identification with the workplace and how stress is part of a wider process of dissatisfaction, disconnection and disengagement from the workplace. Issues such as fragmentation of work and contracting out of services reduce pride in ones work, identification with the institution, challenges professional cultures and reduces loyalty and affiliation to the workplace. These processes were seen as reducing the ability of workers to self manage stress and to inhibit the development of peer support.
- The participants discussed a range of approaches to identifying stress in the workplace. This included the use of tools, staff surveys and other questionnaires to identify the causes and locations of stress in the workplace. Unions and professional associations highlighted how they were able to identify stress hot spots through receiving repeated complaints about particular trusts and departments. Conversely there were also incentives to focus on areas with less overt problems where managers were proactively supportive of stress management. Once an area was located workshops and focus groups were held to identify the sources of stress and decide what issues to be taken to senior managers. There was a consensus amongst the participants that whilst this stage of identifying stress is easy, actually addressing stress is more difficult.

Approaches to managing stress included training for managers, human resources professionals, unions and workers. This was undertaken by unions, professional association and the HSE in the form of workshops and life coaching sessions. The success of these interventions was dependent on high levels of participation in training, the allocation of time off to participate and importance of staff champions such as strong well trained safety representatives who promote participation.

Participants highlighted positive outcomes such as structural changes including establishing institutions and communications systems. empowering workers to address the sources of stress through increasing their involvement in processes which were regarded as sources of stress such as rostering and the use of predictive software in managing demand in high stress areas such as Accident and Emergency departments.

Participants again discussed the importance of management engagement with interventions and highlighted the critical importance of evaluation and follow ups to ensure that meaningful structural change resulted from these interventions.

- The roles of organisational and professional cultures in identifying and addressing stress were key themes that recurred throughout the workshop. There was a strong perception that these cultures had not been sufficiently addressed by the current management standards. Professional cultures seemed particularly important for doctors and midwives. With the former having a tendency to not address the immediate causes of stress by covering up personal problems, not taking care of their wellbeing and not seeking help. This was aggravated by professional and organisational cultures which subsumed individual identities and were manifested in practices such as working through illness. These cultural practices were underpinned by a perception that stress related illness would not be regarded sympathetically by managers. For example health workers tended to not present to doctors with stress related illness due to a fear of repercussion from line managers and a strong perception that staff who were absent with long term stress rarely returned to work.
- Participants highlighted the diversity of staff in the NHS and how this diverse staff experienced differing levels of stress. For example it was argued that black and minority ethnic workers who make up a substantial proportion of the health workforce suffer relatively high levels of stress. There were also significant differences between different medical specialties which could be partially but not entirely accounted for by different levels and types of contact with the public. Participants also highlighted the differing levels of stress and causes of stress between men and women and emphasised the importance of pressures outside the workplace.
- There was discussion of how workers' occupational health is seen subordinate to patient safety and user engagement and participants highlighted an underlying tension between agendas around on the one hand patient safety and user engagement and on the other hand workers rights. This was put into the context of increasing public expectations and increased demands on health workers coupled with reduced time and resources for individual patients. It was felt that patients often did not realise the impact their demands and complaints had on workers' stress.
- Increased contact between the HSE and unions and associations at a national and local level was seen as being of critical importance in the future. Participants emphasised that safety representatives needed more training to build their skills in identifying the sources of stress, mobilising and educating workers. They also needed support in developing their abilities to engage with and enthuse managers many of whom who were apathetic about workplace stress. Similarly employment advisors and mentors needed support in being able to identify stress and in developing their

empathetic skills. Generally it was felt that social partners required greater resources particularly at the local level to engage with stress reduction.

- Participants agreed that underpinning all these issues was the prospect of substantial financial cuts to the UK health budget and to the HSE and other programmes to address stress. There was a fear that in an environment of cuts and focusing on “front-line services” at the expense of other areas, occupational health would be de-prioritised. Furthermore in an era of public sector retrenchment the causes of stress would be intensified and pressures on managers will increase.

At both workshops the participants discussed several examples of good and bad practice and highlighted the following issues as prerequisites for successful partnership working as a long term process:

- Champions in staff and management were pivotal. This included strong engaged managers acting in partnership with strong unions and professional associations.
- All social partners required resources to engage in partnership working this included full time release for union safety representative and training for all participants.
- Strong social partnerships required a high degree of trust. This was often developed through active local social partnership forums which meet regularly in order to develop relationships
- The indicator tools in the HSE management standards were seen as critical in identifying sources of stress and acting as a means for partnership working.
- The basic principles of partnership working included consultation and trust, open communication and producing results.

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