

Analysis of the determinants of workplace occupational safety and health practice in a selection of EU Member States

Executive Summary

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Introduction

The aim of this project was to provide insight into how the environment in which an establishment operates affects the way it manages workplace occupational safety and health (OSH). The work forms part of the follow-up to the European Agency for Health at Work (EU-OSHA) European Survey of Enterprises on New and Emerging Risks (ESENER). ESENER and its secondary analyses showed that, although the European Framework Directive 89/391/EEC aims to provide workers in all Member States with a common minimum level of protection from work-related risks, the precise way in which these legislative provisions translate into OSH management in the workplace varies significantly from one country to another, as well as by industry sector and organisation size. This highlights the importance of the environment in which OSH management takes place in determining the form and approach taken to such management. A number of contextual factors determine this environment, most importantly, traditions of regulation, industrial relations and social protection, and their current style and character. In addition, other significant contextual factors include OSH support infrastructures (for example, the availability and competence of specialist support services and information); and wider contextual features such as the economic climate, labour force training and qualifications, the structure of the labour market and the organisation of work.

The project took as its starting point the well-established idea that EU Member States can be grouped in various combinations for the purposes of comparison according to features that are of particular interest to the planned analysis. On the basis of existing knowledge of the comparative contexts of OSH regulation, the researchers identified seven groups of countries reflecting broadly similar contextual influences in terms of regulatory character and style, labour relations, social protection systems and other national regulatory, economic and social characteristics that are likely to be influential over the operation of regulatory requirements on workplace OSH management. These groups were:

1. Central: Austria, Belgium, Germany, Liechtenstein, Luxembourg, Netherlands, Switzerland.
2. Nordic: Denmark, Finland, Iceland, Norway, Sweden.
3. Ireland, United Kingdom.
4. Southern/Latin: France, Greece, Italy, Portugal, Spain.
5. Eastern: Bulgaria, Croatia, Czech Republic, Hungary, Poland, Romania, Slovenia, Slovakia, Turkey.
6. Smaller Southern: Cyprus, Malta.
7. Baltic States: Estonia, Latvia, Lithuania.

These are necessarily broad groupings and inevitably the fit of individual Member States within their group is imperfect in some cases. Nevertheless, they reflect in general terms the implementation of the approaches to risk management that are the basis of the Framework Directive and form part of the trajectory of the development of process orientated regulation on health and safety issues within the various traditions of OSH regulation across the EU. From these groups the authors made their selection of Member States for inclusion in the project with the intention that the countries chosen for study were both:

representative — of their group; and pragmatic — such that their contacts and the publically available information would allow effective study. The selected Member States were:

1. Central: Germany.
2. Nordic: Sweden.
3. United Kingdom.
4. Southern/Latin: France, Spain.
5. Eastern: Bulgaria.
6. Smaller Southern: Cyprus.
7. Baltic States: Latvia.

Methods

As part of the follow-up to ESENER, the project took the three broad areas that were the focus of the survey and its subsequent secondary analyses as its basis: occupational safety and health management; psychosocial risk management; and the involvement of workers and their representatives in these two areas. The aim of the research was:

- To provide a description and reasoned analysis of the most important factors affecting the way OSH is managed in the workplace — i.e. the environment.
- To consider how this environment affects these three broad areas — i.e. the influence of the environment on workplace OSH practice.

In order to achieve these aims a pragmatic and innovative mixed-methods approach was adopted involving desk research, secondary analysis of the ESENER data and new qualitative data collection. For the latter, it was felt particularly important that key expertise from each of the selected Member States was dynamically combined with broader expert views at both the EU and wider international levels. To ensure this, two panels were established. Both the National Expert Panel and the Advisory Board were made up of experts from each of the Member States selected for study, with the Advisory Board also including internationally recognised experts from within and outside the EU. The project's research team prepared a guidance framework and summaries of relevant ESENER data for each of the National Experts to use to support their preparation of a paper describing how the characteristics of the regulatory framework, employment relations traditions and other key factors affected enterprises' management of health and safety at work in their Member State. These papers were circulated to the Advisory Board prior to an international workshop at which both panels of experts and the

project's research team considered and discussed the papers and the themes of the research more widely.

These workshop papers, together with the researchers' re-consideration of the ESENER data, were used as the basis for the findings and material presented in the report.

Findings

The findings focus on ESENER's three main areas of interest, namely: occupational health and safety management, psychosocial risk management and the involvement of workers and their representatives. In each case the authors draw out the factors that emerged as key influences in relation to differences between the selected Member States apparent in the ESENER data.

Occupational health and safety management

The first of the four secondary analyses of ESENER that preceded this project derived a composite measure of the scope of OSH management which allowed the characterisation of enterprises along a continuum. Applying this measure to the selected Member States and the regulatory groups of which they were broadly representative showed significant variation. Specifically, enterprises from Sweden and the United Kingdom, as well as those from the Nordic group more generally, had the highest average scores, indicating the presence of the greatest number of OSH management measures, while those from the Baltic States, Smaller Southern and Central groups had the lowest average scores. In the Nordic countries and Ireland and the United Kingdom the operation of national process orientated regulatory standards emphasising a participatory approach to OSH management largely predates the Framework Directive by around 20 years. These differences within the ESENER data, therefore, suggest that it is not only the characterisation of the environment by goal-setting rather than prescriptive legislative approaches that is important, but also the extent and degree to which those approaches are embedded in a Member State's regulatory regime (i.e. the degree of fit between the EU process-based approach and a country's existing institutions, systems and structures). In particular, regulatory systems with a longer tradition of process-based participatory OSH management which were, therefore, least challenged by the implementation of the Framework Directive, are associated with greater levels of OSH management practice implementation.

The project's national expertise confirmed this finding. However, it also suggested that, within this broad context, a number of other factors and characteristics are influential. These operate at several levels and include: the perceived costs of OSH implementation and legislative compliance — comprising those perceived by employers (financial, technical and temporal costs), those perceived by employees (their job security) and those

perceived by national and EU policy makers (the economic and administrative burden on businesses); the support infrastructure available to enterprises — both in terms of specialist services and information, and labour inspectorate support, monitoring and enforcement; and the wider economic and political climate — in particular the economic crisis and associated changes in labour market and employment arrangements.

Psychosocial risk management

ESENER and its earlier secondary analyses also showed significant links between occupational safety and health management and the management of psychosocial risks. Specifically, enterprises with good management of general OSH risks also manage psychosocial risks better, though the management of psychosocial risks largely lags behind that of general OSH risks. The researchers' consideration of the ESENER data confirmed this hierarchical relationship and again showed a range of levels of psychosocial risk management measures from Sweden and the Nordic group at the highest end of the spectrum to Cyprus and the Smaller Southern countries' group at the lowest end. Taken together, these findings suggest that psychosocial risk management might be considered as an 'advanced subset' of OSH management which, as such, is necessarily influenced by a similar set of factors — something which our experts also confirmed. In addition, they suggested three further inter-related factors that are influential over OSH management, in particular psychosocial risk management, all of which focus on the recognition of risk and its significance to the safety, health and well-being of workers. First, traditions of national level research into OSH both generally and specifically in relation to psychosocial risks and their management are key drivers of debate and development among policy makers and OSH actors, as well as within society more widely, and so also of national discourse on OSH definitions and priorities socially and politically. Second, the role of the social partners is central not only to this wider debate but also to the facilitation of the practical application of research knowledge to workplace practice. Third, EU level policy and legislation set significant markers for Member States, perhaps in particular those in which national level traditions of research and expertise are less well established.

Worker participation in OSH management

Both occupational safety and health management and the management of psychosocial risks are closely linked to the third area of interest – worker participation in OSH management. The earlier secondary analysis of ESENER which focused on worker representation concluded that the combined effects of the involvement of workers and their representatives with high levels of management commitment towards OSH management were associated with reporting positively on measures of health and safety management both generally and in relation to psychosocial risks. Furthermore, that work suggested that this combination of worker involvement and management commitment was more likely to be found in countries with more embedded approaches towards participative OSH management in their regulatory

systems than in countries where these approaches are the result of more recent legislative changes. Again, this was apparent in the consideration of the ESENER data, with proportionally more respondents from Sweden and the Nordic countries, and from the United Kingdom and Ireland group, reporting that this key combination of factors was present in their enterprise.

However, the researchers' findings also suggest that in countries where the EU version of participative process-based regulation sits less comfortably with Member States' own arrangements, variation reflected structural differences in those countries' labour relations systems, and the level of their maturity. As a result, in some newer or substantially reformed systems the role of workplace representation is not well-developed or supported in relation to OSH management (e.g. the former Soviet Bloc countries); while in others which are highly developed, superimposing the EU model has been made challenging by their basis around institutions, structures and processes in which the conceptualisation of OSH is substantially different (e.g. the centrality of the works council in co-determination in Germany). In addition, factors including the role of regulatory inspection, the resourcing of appropriate training and information provision for worker representatives and the presence of strong trade unions with an active engagement in health and safety issues were also identified as significantly influential.

Determinants

The ESENER data, supported by the findings of the project experts' national reports, therefore suggest that the application of national measures to transpose EU requirements in relation to occupational safety and health management is not uniform either in terms of implementation or operational outcomes. A number of contextual and environmental factors were identified as being influential over OSH management practice generally and in relation to psychosocial risk specifically, as well as over the role of worker representation and consultation in both these areas. These factors operate at a number of levels and lead to different outcomes in different Member States reflecting the countries' various circumstances and traditions. They fall into five broad categories:

- EU and supra-national influences, including:
 - The Framework and other Directives.
 - Wider political and policy influences (such as the level of emphasis on OSH and the minimal implementation of, for example, the EU social partners' agreement on work-related stress).
 - The "Europeanisation" requirements of accession.
 - The economic crisis.
- National governance and regulation and the OSH system, including:
 - Regulatory approach (in particular, the degree to which process orientated participatory systems are embedded in

traditional approaches, and structures and provisions for various forms of participation and consultation.

- Wider political and policy influences (for example, the level of emphasis on OSH, deregulation, and the role of occupational health professionals, as well as the length and depth of research and political focus on specific areas such as psychosocial risks).
- The labour inspectorate (for example, traditions and changes in relation to their provision of support, focus of attention, enforcement style and resourcing).
- Labour relations, trades unions and employers' organisations and processes, including:
 - Employee voice (for example, arrangements for worker representation and consultation and the balance of power between labour and capital).
 - Social dialogue (in particular the traditions and relative maturity of labour relations systems and social partners' support provision).
- Economic restructuring, including:
 - Economic, workforce and labour market changes.
 - Enterprise size.
 - Costs (including costs of implementation and legislative compliance as perceived by employers and employees).
 - Wider political and policy influences (such as support for representation).
- Other related systems (e.g. social welfare, health etc.), including:
 - The priority of and data available on OSH (for example, workplace level understanding of the concepts and practicalities of process-based OSH management, and the availability of reliable OSH data).
 - Specialist services (including their quality, independence and implications for enterprise level expertise).
 - Insurance and other institutional agencies.

Conclusions

The project's findings identified five broad categories of determinants which operate at a number of levels and produce varying results in different circumstances. However, the single most common environmental context that all the countries we studied shared was *change*. Change has occurred across the spectrum of work restructuring and reorganisation and the restructuring and repositioning of the wider economic, regulatory, political and cultural contexts in which it is embedded — with consequences for the operation of general health and safety and psychosocial risk management, as well as the role of worker

representation, and consequently also for the safety, health and well-being of workers.

Their findings suggest, therefore, that the determinants of OSH management practice operate within a dynamic environment. **Management processes** (for health and safety generally as well as those addressing psychosocial risks specifically and the role of worker representation and consultation within them both) sit at the heart of this environment and are embedded within the proximal elements of influence found in national **health and safety systems** (including actors such as those representing the special health and safety interests of trade unions and employers, occupational health and safety interest groups, professional bodies and individual professionals in the OSH field, all of whom are part of the scientific, medical and legal system; the process of national discourse on health and safety management including the policies of the actors and the debates on the reform of OSH regulation; and the processes through which problems and solutions are defined within the scientific/medical and legal system and how such definition is brought to bear upon the formal actors in national decision making on OSH). These **management processes** and **national health and safety systems** are in turn influenced by three further areas, all of which also influence each other. These three areas are:

- **Governance** in general, in which elements such as its organisation and structure, its policies on acceptable levels of deviance and compliance and on regulation/deregulation impinge on the regulation of health and safety management and therefore on its practice.
- The **relations between capital and labour**, including the structure and operation of the labour market, and changes therein, employment law, unionisation, national industrial relations systems and the degree of corporatism evident in national systems.
- The national **economic system**, in terms of the state of the national economy, shifts in the profile of production (for example, from goods to services in the countries we have studied) and the organisational restructuring that has been a major feature of economic development during the past twenty years.

As we have said, this environment is not static but rather is subject to continuing change over time which, in recent decades, has been rapid and has profoundly influenced the determinants of OSH management practices in all the countries we have studied. Such changes have included those:

- Brought about by globalisation and its attendant labour market restructuring, budgetary deficits and decline in unionisation.
- In the political composition of governments and their ramifications amongst the policies of regulatory bodies, and social, economic and (even) professional actors.

In addition, all of this is subject to influence from the EU level, as well as to other supra-national influences, both within OSH policy and in the relationship of such policy to more general EU economic and social policies. Furthermore, it is important to bear in mind that these spheres of influence over the environment in which management processes are embedded impact not only on OSH management at the workplace directly, but also on each other, with the consequences of this and its combined effects also influential over workplace OSH management practices.

The authors make clear within their report that they are aware of the limitations of this research. First, as a policy oriented project with a limited time-frame and budget, this work has been carried out as an exercise in scoping expert perspectives on OSH management policy and determinants. Rather than being the result of a specific analytical technique, therefore, the report presents a composite of those expert views, and as such must be taken as an expert perspective grounded on a number of evidential sources rather than a strictly evidence-based analysis. Second, the quantitative data the project draws on have their own shortcomings. As is acknowledged elsewhere, the ESENER data are in general drawn from enterprises that are operating ‘at the best end of the spectrum of OSH management’, they do not include direct measures of OSH performance and they cannot determine the quality or effectiveness of OSH management measures in place in an enterprise. Other data on health and safety experience drawn on in this report are subject to similar limitations and, as they are from a variety of sources, are not directly comparable and at best offer only a partial perspective. Nevertheless, their findings are consistent with those from a number of other sources and are supported by European injury data which suggest that those countries that their research points to as operating at the better end of the spectrum, namely the Nordic countries and the United Kingdom and Ireland, do in fact have lower injury rates. The authors therefore think that: these findings are legitimate and robust; and further that there is a strong case for using them as the basis for the further qualitative investigation of the determinants of workplace OSH practice and the relationships between them that they have identified in their analytical model as being influential within the dynamic and fast-moving environments in which such management takes place.

Finally, the authors think that two key messages for policy makers emerge from their analysis. First, many of the determinants of good practice they have identified are changing in ways that point to them being less significant in the future as positive effects on OSH. Current and future OSH strategy at the EU level needs to take some account of this. Second, the impact upon Member States of steers from the EU, whether they are regulatory, economic or political, varies enormously according to existing national infrastructures and processes already in place.

From the perspective of improving good practice and reducing the harm caused by negative work exposures, this suggests that EU policy makers need to be extremely sensitive to these issues when contemplating supranational strategies. It further implies that it is mistaken to assume that a ‘common position’ has been

achieved with regard to the determinants of good practice across all Member States within the EU. In terms of improving the prevention of harm and the quality of the experience of work for millions of European citizens, therefore, their findings indicate strongly that there is no lessening of the need for a robust prevention strategy on health and safety at work on the part of the EU in order to provide a significant and sensitive steer for the continuation of national efforts in this respect in the future.

Further information

Analysis of the determinants of workplace occupational safety and health practice in a selection of EU Member States, 2013 — Report — Available at:

<https://osha.europa.eu/en/publications/reports/analysis-determinants-workplace-OSH-in-EU/view>

Analysis of the determinants of workplace occupational safety and health practice in a selection of EU Member States, 2013 — Annex — Available at:

<https://osha.europa.eu/en/publications/reports/annex-analysis-determinants-workplace-OSH-in-EU/view>

Further information is available at: www.esener.eu

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The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work.

The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1996 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments and employers' and workers' organisations, as well as leading experts in each of the Member States and beyond.

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