FONDAZIONE RUBES TRIVA
SICUREZZA, LAVORO, AMBIENTE

Relationships and roles of the safety figures in the environmental hygiene sector

Consultation between Occupational Health and Safety manager and employees (OHSM-OHSE) and Worker Safety Representatives (WSRs) about old and new emerging risks.

Edited by:

Giuseppe Mulazzi

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Documento distribuito gratuitamente da Fondazione Rubes Triva

Presentation

"I don't like that man. I must get to know him better"
Abramo Lincoln

"Every action done in company ought to be with
some sign of respect to those that are pre-sent"
George Washington

The Foundation's Board of Directors decided, unanimously, to launch a broad consultation among all professional figures who, for various reasons, play an important role in the management of health and safety at work in environmental hygiene companies.

The survey, which was held in different Italian Regions, has involved Occupational Health and Safety manager and employees (OHSM - OHSE), Worker Safety Representatives (WSRs) and top management, has detected the main issues of the accident prevention regulations in relation to the evolution of corporate and organizational changes of the companies with regard to the emergence of new risks, also those of a psychosocial nature.

From these consultations it possible to draw some consideration starting from regulatory framework (Italian Legislative Decree n.81 / 2008) which implements the European Directive and is focused on a system where the organizational factor of prevention, the persons involved, procedures and technical requirements, require the necessary skills for the implementation of the company's prevention obligations.

In order to ensure an effective system of prevention of accidents in the case of organizational and technological developments is essential to provide, besides technical and scientific knowledge of the equipment and of the substances used in production processes, consultation and listening processes with all the figures involved in injury prevention in the workplace.

Today, partly because of the legislative evolution regarding health and safety at work, industrial relations have taken in many situations a participatory character, or rather, less conflictual. it is also useful to point out the persistence of a culture that considers the organization of work as a "risk factor", instead of considering it an essential element for an effective implementation of policies for safety at work.

Several studies and researches, including those conducted by the Foundation Rubes Triva, show that health and safety policies to be effective, must be received by workers. Many obligations are unfortunately considered as' formal requirements", for example the risk assessment is essential as well as mandatory, it is closely related to the role of safety representatives, their communication and control activities, but, to be effective, needs active behavior of all the parties involved.

Even the "Sustainability Reports" are likely to be perceived as a purely formal act if they do not highlight investments and management processes in a strategic vision on activities to be implemented for the protection of the health and safety of workers.

Studies also show that the perception of health and safety in the workplace is closely related to communication and feedback by management. Rules, procedures, health and safety policies and training ensure the achievement of a high level of communication quality (disclosure).

Massimo Cenciotti

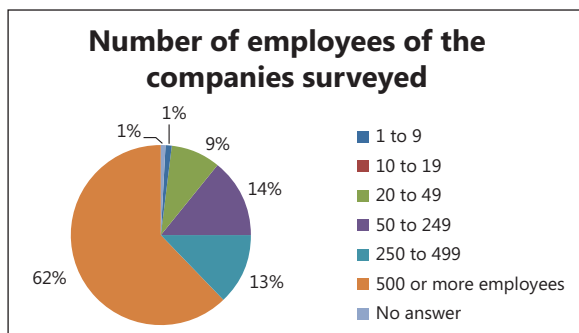President Rubes Triva Foundation

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CHAPTER I

The national consultation between Occupational Health and Safety employees (OHSE) and Occupational Health and Safety Manager (OHSM) in the environmental hygiene sector in Italy

In the early months of 2016 were held in Naples, Venice, Bologna and Rimini, the consultations between Occupational Health and Safety employees (OHSE) and Occupational Health and Safety Manager (OHSM) and top management representing 40% of companies in the environmental health sector.

The consultation, conducted through questionnaires, was oriented to incorporate the relevance of the company's prevention system in the environmental hygiene sector, and to investigate the establishment of a structure equipped with necessary skills for the implementation of the obligations of health and safety at work .

The filled questionnaires are referable for 53% to independent companies and 44% to companies belonging to a group of companies. The graph below shows the size units of the companies involved in the consultation in terms of number of employees.

Number of employees of the companies surveyed

1%	■ 1 to 9
1%	■ 10 to 19
9%	■ 20 to 49
14%	■ 50 to 249
13%	■ 250 to 499
62%	■ 500 or more employees
	■ No answer

OCCUPATIONAL HEALTH AND SAFETY POLICIES

Injury prevention in the company is the basis to develop policies for improving the safety conditions in the workplace. The consultation was useful to bring out some considerations about the management of the prevention and protection services (SPP) for security (Art. 31 - Legislative Decree no. 81/2008). Notwithstanding the obligation of the employer to directly perform the tasks of prevention and risk protection (Art. 34 Legislative Decree no. 81/2008), the consultation revealed that the expert's security figure is internal to the company in 65% of cases, the competent doctor in 51% of cases is an outsourced service, as well as for the psychologist (50% of cases), for the expert in ergonomics (77% of cases) and for the health and safety consultant (56% of cases).

A first observation of this data should be conducted considering the amendments to the Health and Safety Framework Law (Legislative Decree no. 81/2008) introduced by Law n. 98 August 9, 2013, in response to the infringement procedure opened against Italy by the European Commission. Indeed, in accordance with such provisions, the use of external services for prevention and protection activities must take place in the absence of 'internal' employees without professional skills.

On the other hand, the legislator, with the art. 31 paragraph 4 of the Legislative Decree no. 81/2008, wanted to suggest that, "*because of the sensitivity of its powers, the prevention and protection service, when it is inside the company has a pretty deep knowledge of the organizational and productive context of the company*",

therefore the risk assessment and the identification of protective measures is presumed to be higher.

The health and safety of workers must be supported by training initiatives and by documented and disseminated management procedures. The 68% of the surveyed companies have adopted OHS policies, a management system or an action plan, nevertheless, the 61% of the figures consulted believe that this produces a moderate impact on workers' health, while the 32% think that this impact is substantial.

The widespread opinion noted that it is necessary to activate for the purposes of continuous improvement, a regular review of management in order to identify areas of improvement, especially in the case of organizational changes.

As for the reasons for the failure to adopt a management system, the most frequent responses were the lack of time and the lack of the necessary financial resources.

In literature there are many studies that have tried to define the importance and the role of OSH policies in the field of business management, very few of these studies have investigated the perceptions of employees in the prevention and protection service, from the point of view of the characteristics and nature of the approach, in other words, if the willingness to pursue the goals in health and safety is due to compliance with legal obligations or to trade union pressure or due to a greater focus by companies in pursuing economic, social and environmental targets.

From research conducted both by the University of Roma Tre[1] and the Institute of Management of the Scuola Superiore Sant'Anna of Pisa[2] is clear that companies in the environmental hygiene sector reached a good level of implementation of OSH management.
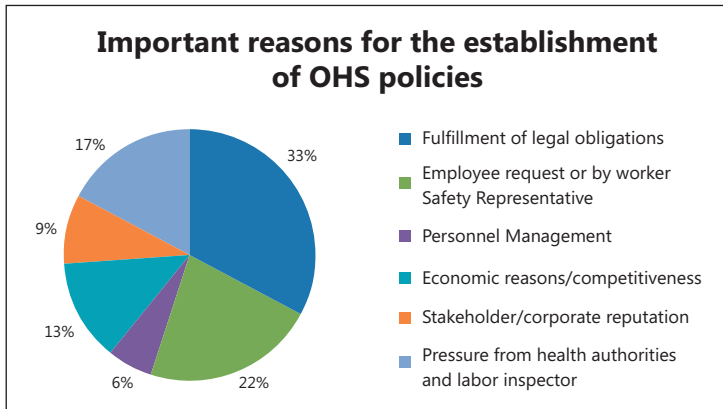
The aspect that emerges from the above graph shows a distribution of reasons for the implementation of OSH policies also unexpected. Indeed, the development of OHS policies, in accordance with "legal obligations" or to respond to a "duty of care", it is considered important reason for 33% of respondents.

The figure taken in itself could be considered as resulting from an attitude *"passive and adaptive to the law",* but if this is compared to 22% and 13% of responses according to which the OHS policies

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[1] AA.VV., "Osservatorio sui sistemi di gestione per la salute e sicurezza sul lavoro nel settore dei servizi ambientali", (2014), Collana I quaderni della Fondazione Rubes Triva.

[2] M. Frey, M. Battaglia, E. Passetti "Investire in sicurezza nel settore dell'igiene ambientale", (2013), Franco Angeli Editore.

arise from instances that start from employees or from their safety representatives or from business economic reasons, compared with the figure of 17% related to fears resulting from pressure exerted by the supervisory authorities, it is possible to assume that the attitude of the companies in the adoption of OSH policies, according to respondents, is "proactive".

The risk assessment

The organizational and operating profiles and the workforce employed by companies in the environmental hygiene sector emphasizes the need to build a security prevention systems at work tailored to the size of medium and large companies. Considering the dimensional structure, it is reasonable to believe that the responsibility for a proper administration of health and safety at work can only be shared with top management and with those who really are delegated to management functions "day by day" in the operating activities .

Indeed, the organizational factor for the purpose of prevention is able to define the procedures, requirements and expertise to create a *"reliable and safe system parameters combining the efficiency of the protection and worker's satisfaction"*[3] *(L.E.Golzio).*

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[3] Golzio L. E., "La prevenzione dei rischi e la tutela della salute in azienda. Il Testo unico e il decreto correttivo n. 106/2009. (IPSOA – Milano – 2009).

The following graph shows the rate at which health and safety issues are addressed during the top management meetings in order to highlight if in the company organization obligations and responsibilities are properly distributed and how it is perceived the involvement of managers on security issues at work.

Frequency with which OHS issues are discussed in top management meeting

- Regularly
- Occasionally
- Almost never
- No answer

34%
33%
3%
30%
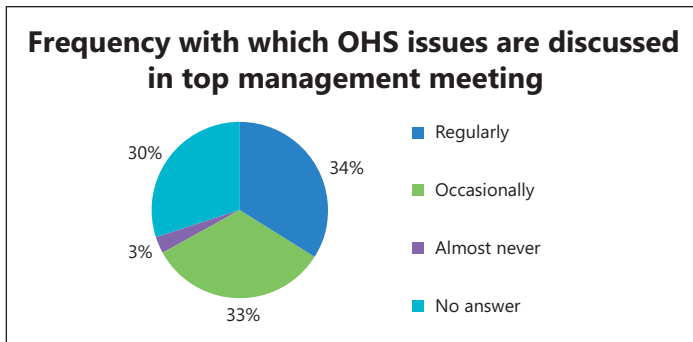
Experts and lawyers have emphasized the systemic nature of the Legislative Decree 81/2008 in order to build the enterprise security system. Through the obligation of risk assessment with the features specified in Article 28, the planning of the risk assessment system must contain the preventive measures and measures of protection by specifying the procedures which must be implemented.

The risk assessment process is a task with a systematic evaluation process *"to whose drafting and revising all parties must work together[4] (A. Andreani) and in close connection with the production line"*

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[4] Andreani A., "La valutazione dei rischi", in Olympus n. 44/2015.

The survey has allowed to learn that workplaces are regularly monitored for the purposes of risk assessment in 92% of cases, and this activity is carried out for 59% by internal company figures if there are changes in personnel or work organization (43%), on request of the employees (24%), at regular intervals without any particular reason (33%).

Areas regularly subject to risk assessment

- Equipment and work place
- Work organization
- Working hours (long or irregular)
- Hierarchical relationship

4%
10%
51%
35%

Actions taken as a result of risk assessment

- Modifications to equipment or work place
- Survey changes
- Changes in working hours
- Training supply

41%
45%
6%
8%
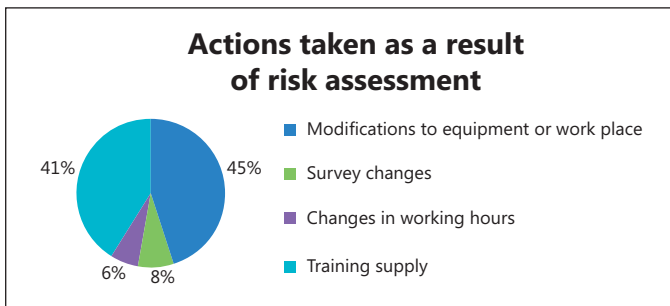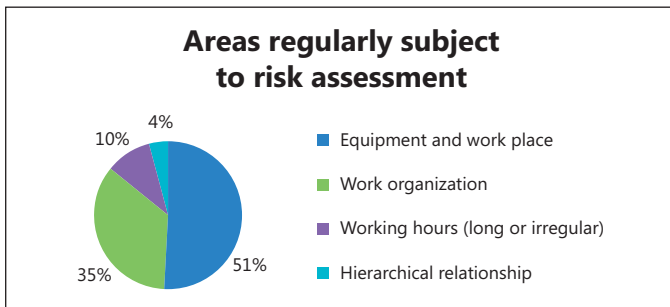
When the risk assessments are not performed regularly this is due to: too long and expensive assessments, lack of necessary skills, legal obligations too complex and finally, the conviction that there is no need for the lack of "big problems".

The survey shown that the main difficulties detected in dealing with the issues of health and safety are: the lack of awareness, lack of corporate culture, the poor sensitivity (respectively 23%, 24%, 23%), lack of resources (21%), lack of experience (5%), lack of technical assistance and guidance (4%).

The surveyed companies receive information about health and safety issues from the following sources:

Sources from which companies derive information on health and safety at work

■	National Institute for Insurance against Accident at work
■	OSHA
■	Bilateral body
■	Local health authorities
■	Labor inspector
■	Employers association
■	Trade union
■	OHS experts
■	Insurance companies
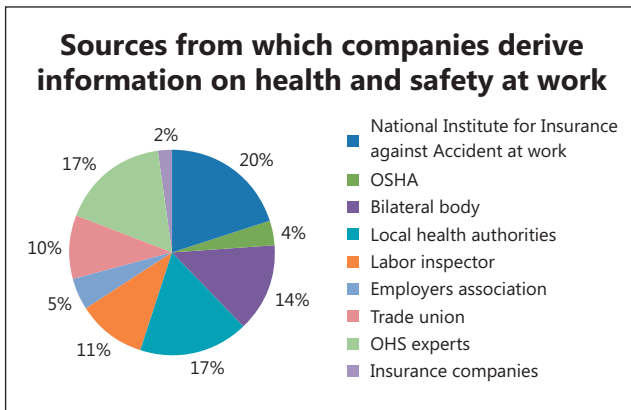
THE SANITARY SURVEILLANCE

Before an employee is hired and during the course of employment, the employers must ensure, at his own expense, that the doctor carries out a number of visits and medical examinations in accordance with Article 41, paragraph 2 of Legislative Decree 81/2008 .
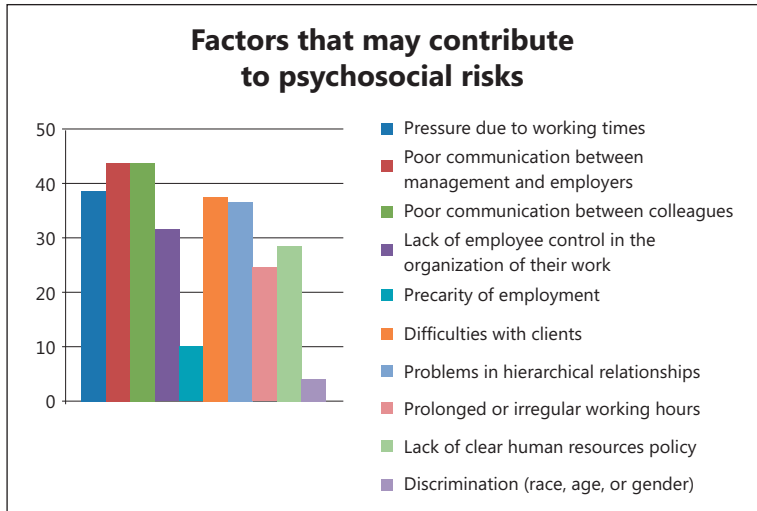
When companies monitor by law the health of their employees with regular medical visits, the sick leave due to an accident, that emerges from the results of the consultation, is systematically analyzed by 71% of companies, this means a good system of health surveillance carried out in the companies, although 42% of the respondents said that their company does not take any support measures for workers returning to service after a long absence, despite checking the suitability of the worker for the resumption of work (art. 41, paragraph 2, letter. e-ter).

It should be recalled that the periodic medical examination is carried out *"to check the workers' state of health and assess his/her suitability for the specific job"* (art. 41, paragraph 2, lett. b), as well as on the occasion of the change of job tasks (lett.d).

Very interesting are the statements of those interviewed regarding the risks they consider a major concern in the field of health and safety at work: in first place, with 25%, are accidents, followed by musculoskeletal disorders with 21%, dangerous substances with 16%, noise and vibration, and work-related stress both with 14%, and finally the violence and harassment respectively 6% and 4%.

In particular, several factors may contribute to the occurrence of stress, violence and harassment in the workplace; they concern the way work is organized and are often referred to as "psychosocial risks".

The chart below shows which of these factors are considered more closely related to the occurrence of such risks.

Factors that may contribute to psychosocial risks

Legend:
- Pressure due to working times
- Poor communication between management and employers
- Poor communication between colleagues
- Lack of employee control in the organization of their work
- Precarity of employment
- Difficulties with clients
- Problems in hierarchical relationships
- Prolonged or irregular working hours
- Lack of clear human resources policy
- Discrimination (race, age, or gender)

It is interesting to note that both items considered more related to the presence of psychosocial risks concern the sphere of communication: poor communication between management and employees and poor collaboration between colleagues.

At present 65% of companies have a procedure for the assessment of work-related stress and, with regard to psychosocial risks, the companies declare that in the last three years the main measures adopted were as follows: training 34%, redesign of the working area 16%, changes of working hours 14%, confidential counseling for employees 11%, changes of the survey procedures 10%.

Only 44% of companies inform their employees about psychosocial risks and their effects on health and safety. The 43% of companies improves the working time when they are excessively long or irregular while 11% believe that these problems are not present in their companies.
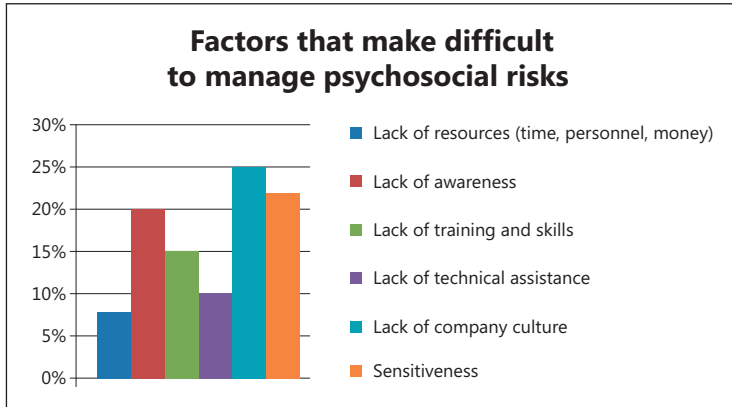
The reasons that have prompted companies to face and assess the psychosocial risks were mainly: the fulfillment of legal obligations (50%), the request by employees or worker safety representatives (WSRs) (31%), and, marginally, high absenteeism (8%), the decline in productivity or quality (6%), stakeholders and corporate reputation (3%), pressure by local health agencies (ASL) (2%).

As a whole, 38% of people surveyed believed quite effective the measures taken by the own company to manage psychosocial risks, while 26% of them think they are not effective enough.

It is relevant to note that the measures in question were shared in 65% of cases with the workers or their representatives, who have been actively encouraged to participate in the implementation and assessment of measures to be taken with regard to those risks only in 40% of cases.

Should be considered the fact that 66% of them believes that the assessment of these risks and measures to be taken is more difficult than the other risks and so in 47% of cases, the companies rely on external consultants.

The reasons for these difficulties are related to several factors, first among them, with 25%, the lack of company culture, as shown by the following chart.

Factors that make difficult to manage psychosocial risks

- Lack of resources (time, personnel, money)
- Lack of awareness
- Lack of training and skills
- Lack of technical assistance
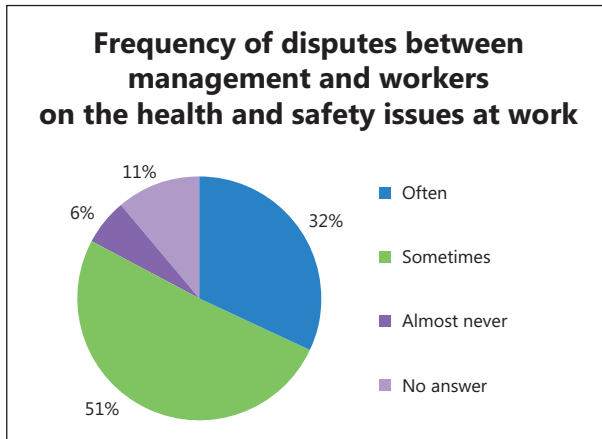- Lack of company culture
- Sensitiveness

The 82% of people surveyed believes that information or additional support on this issue would be useful for the company.

The most useful information are: how to design and implement preventive measures (43%), how to include psychosocial risks in the risk assessment (30%) and how to deal with specific issues such as violence, harassment and work-related stress (27%).

During the discussions between the company and union representatives of workers, issues related to health and safety at work are considered very important in 47% of cases and quite prominent in 40% of cases.

These issues are the cause of disputes between management and workers and the frequency is showed in the graph below.

Frequency of disputes between management and workers on the health and safety issues at work

11%
6%
32%
51%

- Often
- Sometimes
- Almost never
- No answer

Conclusions

The development of health and safety prevention strategies in the workplace are goals to be achieved through policies that make them effective through decision-making and organizational mechanisms, with the adoption of tools and analysis methods that allow to achieve the goals.

The consultation highlighted the need to implement initiatives that can increase the ability to perceive the risks in the different cycles of working and for some risks, such as bacteriological and ergonomic, it is necessary to activate a constant monitoring in view of their possible association also in disorders of the psychological sphere.

These considerations can find, if not immediate comprehensive answers, at least indications of perspective. In conclusion it seems appropriate to point out some observations arising from the consultations, on the importance assigned by law to the obligations of the administrators/employers about the adequacy of the risk assessment system planning.

Recalling Articles 17 and 28, section 2, letter. d), of Legislative Decree n. 81/2008, the adequacy principle required for the prevention and protection activities from risks, involves the identification of *"procedures for the implementation of measures and roles in the corporate organization that must ensure to achieve them and to which only persons with appropriate skills and powers must be assigned".*

A complex company organization requires moments of sharing, consultation, planning, predictability and supervision.

CHAPTER II

National consultation with Worker Safety Representatives (WSRs) in the environmental hygiene sector

During the year 2015 they were held in Milan, Naples and Venice, the consultations of WSRs from companies in the environmental hygiene sector.

The consultation of the Worker Safety Representatives (WSRs) has raised some considerations about the role and the tasks WSRs plays in the company. The considerations underline the difficulties in the relationship, both with the employers both with workers.

The opinion by WSRs is that there is a scarcity of information, so it is difficult to see the results of the decisions agreed within the company through the consultations and this fact could cause a limited contribution to the proactive aspects of everyday working practice. The organization issues and the management of relations between the individual worker and the components of the prevention and protection service become therefore difficult to optimize.

It should be remembered that both the European Framework Directive 89/391 and, more recently, the Legislative Decree 81/2008 have reiterated the cardinal principle of the need for active participation of workers in OSH policy with the involvement of their representatives, defined in Article 2 of

Legislative Decree no. 81/2008, with specific tasks assigned by the Decree (art. 50) and with the possibility of an involvement of joint committee.

From our experience we have to point out that, when OHS policies are fragmented and uncoordinated due to the lack of importance that the employer recognizes to the participation of representatives of workers, workers tend to exclude themselves and feel extraneous and not very active.

Viceversa, when the company provide forms of worker representation and high levels of management commitment in an appropriate context in which to operate, there is a better perception of the success of measures taken to manage risks, an influencing factor which ensures that policies and action plans for health and safety are effectively implemented.

This is also evident from the responses to the questionnaire published by ESENER - OSHA and adapted by the Foundation to Italian hygiene sector on new and emerging risks and submitted to the participants in the consultation.

The protection of health is a right and a necessity guaranteed by Italian Constitution. If work organization within the company meets the management of health and safety criteria actively and reactively through corrective actions resulting from accident event, it is also true that the company organization is inadequate with respect to the continuing evolution of the applicable regulations.

The company which acts proactively, leverages on "cultural awareness", on the continuous training of workers, and through the active participation of workers in prevention policies, implements preventive and corrective actions during the work activity in constant evolution.

The consultation also revealed some significant points about the functioning of the periodic meeting (required by Italian law on health and safety issues) and the level of participation by the stakeholders.

The "regular meeting" is considered the right place to foster dialogue among the participants that, despite having different and sometimes conflicting roles in the organization of work, can have a fruitful exchange on the main challenges of the safety and health at work. The "regular meeting" allows to exercise the right of consultation and checking the taking over of commitments for the adoption of measures required to improve health and safety conditions at work by defining measurable and achievable goals, and having the opportunity in that meeting to formulate proposals and suggestions.

It is important to emphasize that in the National Collective Labour Agreement "Federambiente" (typical of the environmental hygiene sector) the "regular meeting" has taken on a more stringent periodic connotation in terms of frequency, in fact it is at least four times a year, and represents the central element of the safety management system at work.

The analysis of the questionnaires shows that when a management system for health and safety at work is adopted, companies reach a health and safety management level of satisfactorily. This data is, inter alia, confirmed by the decreasing of accidents, as is shown in the most recent data provided by INAIL (the National Institute for Insurance against Accidents at Work).

Nevertheless, the survey carried out has allowed to highlight that the involvement of workers and WSRs, regarding the improvement actions to address the emerging risks of ergonomic and psychosocial nature, it is still not very effective because the involvement mechanisms are not defined by specific organizational policies within companies which are not equipped with structured tools for the evaluation and information of the results, attributable to poor cooperation between the various actors who work in with regard to health and safety at work.

It is widely believed among the representatives of workers for health and safety (WSRs) that an effective preventive action is possible through the adoption of a Occupational Safety and Health Management System (OSHMS).

Our experience allows us to share that opinion because several studies, also in the hygiene sector, shows that where a management system is correctly applied, there are better working conditions for employees with a positive influence on the image of company and an improvement in financial results.

During the consultation, the interventions of the workers safety representatives(WSRs) have been analyzed and many of these point out the lack of appropriate tools to perform an effective right of control over organizational activities relating to the effective implementation of the safety measures of in the company.

Must be dutifully noted that the participation and control, through a system of rules capable of ensuring a comprehensive model for the strengthening of participatory "collective" dimension in the health and safety system is not clearly specified in the Legislative Decree no. 81/2008 although, to be fair, in accordance with art. 50, paragraph 1, the collective bargaining may enrich the participation dimension by strengthening the prerogatives granted to workers safety representatives (WSRs).

The collective bargaining can be decisive in defining a more operational role, (art. 51 paragraphs 3 and 3a), compared to the legislative formulation of Joint Bodies (such is the Rubes Triva Foundation) in the field of health and safety which qualifies the role of workers' representatives with collaborative purposes and promotion in line with its nature.

Finally, we must thank, also on behalf of the Foundation Board of Directors, the companies that have collaborated on the consultation, workers safety representatives (WSRs) who participated in a proactive manner to the success of the consultation.

Qualitative post-test evaluation of ESENER:

National overview report - ITALY

European Risk Observatory

Authors: Jim Hillage, Alice Sinclair, Beth Foley, Institute for Employment Studies,

Carsten Brück, Reka Zayzon, Katariina Röbbelen-Voigt, Kooperationsstelle Hamburg IFE GmbH,

Emanuela Carta

Project Management: William Cockburn (EU-OSHA)

1 Italy National Overview Report

1.1 National context

1.1.1 Section 1 Structure of the Italian Economy

▪ **Composition of the labour market**

The Italian labour market is characterised by low employment rates, low participation of women in the labour market and high youth unemployment rates.

According to latest Eurostat statistics, the EU27 unemployment rate in May 2012 was 10.3 per cent. Italy was just below this level with an unemployment rate of 10.1 per cent. A comparison of these figures with the same period of 2011 shows that the Italian unemployment rate has risen at a greater pace than the European average, +1.9 percentage points against +0.8.

In 2011, the employment level in Italy was 56.9 per cent against an EU27 average of 64.3 per cent. This phenomenon is partly related to low participation of women in the labour market. In 2011, 48.5 per cent of women of working age were categorised as inactive (i.e not seeking work), compared with 26.9 per cent of men.

However, the economic crisis brought about some interesting changes. The unemployment rate for women rose from 7.9 per cent in 2007 to 9.7 per cent in 2011 and the inactivity rate decreased from 49.3 per cent to 48.5 per cent during the same period. In comparison, male unemployment and inactivity rates increased by 2.7 per cent and 1.3 per cent respectively. This may partially be explained by the fact that a greater number of women are now actively seeking employment.

The Italian labour market is also characterised by remarkable age differences in the level of participation and job opportunities. The levels of youth unemployment have worsened as a result of the recession. Prior to the economic crisis, the employment rate of young people aged 15-29 was 14.5 per cent against 6.2 per cent of people aged 19-64. In 2011, youth unemployment rates soared to 20.5 per cent against 8.5 per cent of 15-64 average.

In 2012, almost one in two workers (48%) were employed in the service sector, followed by 21 per cent in manufacturing, and 19 per cent in trade. Eight per cent of workers were employed in construction, and three per cent in agriculture. Since 2008, there has been a significant reduction of employment in construction (-9%) and manufacturing (-5.1%). Additionally, there are significant geographical differences; almost 52 per cent of all workers are concentrated in the North while 21 per cent are in the central regions and 27 per cent in the South.[1]

1.1.2 Section 2: Human Resources

Interestingly, there has been a recorded rise in employment levels in the last year. This is not necessarily linked to an improving economy, but to pension reforms which have impacted on the employment levels of women and older workers in particular. The female employed population rose by 110,000 (+1.2%). Likewise, the employment level of people aged 50 plus went up by 4.3 per cent. In comparison, the youth labour market shows remarkable losses: employment of people aged 15-29 went down by -2.8 per cent (-93,000) and employment for people aged 30-49 decreased by -0.5 per cent (-66,000). Another interesting feature is that employment levels of immigrants increased (+8.2%) compared to a decline in employment levels for Italian citizens (-0.4%).[2]

The Bank of Italy reports that between 2010 and 2011 there had been an increase of female employment in the sectors of industry (1.3%) and services (1.1%), mainly in the sub-sector of

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[1] Istat data downloaded 18072012 from dati.istat.it
[2] Istat, 'Rapporto annuale 2012. La situazione del paese.', Rome, 2012, pp. 44-46

services to people (5.7%). According to the annual report, these trends are explained by a number of factors related to the lower impact of the crisis in sectors with a high concentration of female employment, the increase of labour demand in sectors such as personal services with a high concentration of single and immigrant women, and the 'activation' of married women in the labour market to compensate the loss of income from partners.[3]

- ▪ **Employment contracts**

A distinctive feature of the Italian labour market is the number of reforms that have been implemented in recent years and the diverse range of employment contracts that now exist as a result. Non standard employment contracts have implications for the levels of protection of workers, in particular young workers and women.

In the late 90s a number of reforms were implemented with the aim of introducing more flexibility and modernising the old matching system of labour supply and demand. The first reform was a package of measures, the so called '*Pacchetto Treu*' (Law n. 196/1997), which regulated for the first time temporary agency work. It was followed by other reforms such as the D.Lgs. 368/2001, with its main focus on temporary contracts, the Law n.30/2003, known as the 'Biagi Law', and the legislative decree n.276/2003, which regulated the 'atypical' contractual forms already existing and introduced new forms of contracts. All these reforms aimed mainly at supporting the employment of women, young people and older workers and deeply changed the Italian labour markets. Although data suggest that the increase of employment levels in the following years was mainly related to these new forms of flexible contracts, the enhanced flexibility led to a remarkable segmentation of the labour market, with significant differences in terms of protection, income, work arrangements, access to training (including basic health and safety training), career prospects etc., affecting mainly young people and women.

The variety of contractual forms in Italy is probably an exceptional case in Europe and, due to the high level of segmentation, it is now almost impossible to measure the level of non-standard contracts. Tronti et al[4] classifies different employment arrangements on the basis of a clustering system. The main criteria adopted to group the different types of employment arrangements are the stability of the work relationships, which refers to temporary or permanent jobs; the working time regimes, which distinguishes between full-time employment and different types of part-time regimes; the entitlement to social rights, in this case there is a range of options from full-entitlement to partial and no-entitlement. A final criterion identified is 'the degree of atypicalness', to distinguish between standard contracts (open-ended, full-time regular employment with full entitlement to social rights), 'strictly atypical' contracts (very far from the standard contracts) and 'partly atypical' with some atypical features. However, the authors acknowledge that this classification leaves out all workers who are in self-employment as a result of personal choice or agreement with employers to avoid employment contracts.

In 2011, a total of 2,719 million workers (11.8% of people in employment) had an 'atypical' temporary employment contract as occasional or co-ordinated long-term freelancers (*collaboratori occasionali or collaboratori coordinati e continuativi*) or project freelancers (*lavoro a progetto*). These atypical workers account for 13.4 per cent of all workers with an employment contract and this percentage goes up to 35 per cent amongst young people aged 18-29. The expansion of employment in 2011 was related mainly to temporary contractual forms, thus further amplifying the split in the labour market between workers with regular contracts and those without.[5] To this picture needs to be added those who start a position as self-employed but actually work only for one client (the *mono-commitenza*). In Italy this phenomenon is known as 'the army of the self-employed' (*l'esercito delle partite iva*).

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[3] Banca D'Italia,'Relazione Annuale', Rome, 2012, p.97

[4] Tronti, L., F. Ceccato and E. Cimino., (2004), "Measuring Atypical Jobs: Levels and Changes", OECD *Statistics Working Papers*, 2004/01, OECD Publishing. http://dx.doi.org/10.1787/304848747482

[5] Istat, 'Rapporto annuale 2012. La situazione del paese.', Rome, 2012, pp. 44-46 and pp. 124-129

Flexibility and precarious working conditions are often associated with increased workload, diminished social support (including connections with trade unions) and poor working environments. A recent survey commissioned by the Ministry of Labour on young precarious workers shows that temporary and atypical workers are less likely to have access to a trade union and receive professional training (including training on health and safety) than permanent workers, and to feel they have career prospects.[6]

- **Work related injuries and occupational diseases[7]**
- **Work accidents**

In recent years there has been a decreasing trend in the number of work-related accidents, partly related to falling levels of employment. In 2011, the National Institute for Work Accidents Insurance (INAIL)[8] registered 725,000 accidents, a decrease of 6.6 per cent compared to 2010. At the time this report was written INAIL estimates for 2011 on fatal injuries at work ranged between 910 and 930.

It needs to be clarified that the Italian system of work-related statistics includes accidents that happened in the workplace and accidents which occurred during commuting time. Taking this into account, the declining trend is greater for accidents that happened during commuting time (-7.1%) than those at the workplaces (-6.5%). Overall, 90 per cent of declared accidents occurred at the workplace.

However, it is necessary to highlight that in the last year the improved levels of employment involved only women and were located mainly in the service sector, a sector with typically low work related accident rates. In comparison, male dominated, typically high risk sectors such as construction, manufacturing and agriculture continued to be affected by declining employment levels. Taking into account the pattern of job losses and the risk profile in different sectors, the 'real' decline in work related accidents was estimated at around -5 per cent for all accidents and -4 per cent for fatal accidents.

People aged between 35-49 account for 44 per cent of work-related accidents. Fatal cases declined mainly for young people under 35, although this group has been affected by deteriorating trends in employment levels, while there was an increase of fatal accidents for people aged 50-64. There was also an increase in work-related deaths for women during commuting time between 2010 and 2011.

- **Work related diseases**

Since 2004 there has been an upward trend in declared cases of occupational diseases. In 2011 there were 46,558 recorded cases of occupational disease. The increase is linked to two main factors: changes in the types of diseases officially recognised as occupational in nature and the intensification of information, training and dissemination activities on new and emerging risks.

There exists a 'dual system' of recognition of occupational diseases. There are work-related illnesses automatically recognised as occupational diseases, the so called 'listed illnesses' (*malattie professionali tabellate*). These include, for example, asbestos related diseases. In addition, there are 'unlisted illnesses' (*malattie professionali non tabellate)* for which the burden of proof rests with employees who must prove the link between the work environment and the illness in order for it to be acknowledged as a work-related disease. This system has significant implications on insurance schemes and compensation procedures, data gathering and estimates of

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[6] Di Nunzio, D., 'Young workers and precarious work in Italy: impact of flexibilization on working conditions', Presented at Working Conditions Surveys (WCS): Convergences and Divergences, Seminar organised by the European Trade Union Institute (ETUI), Presentation n. 1/2012, Brussels, 2012

[7] INAIL, 'Rapporto annuale 2011. Parte quarta statistiche infortuni e malattie professionali', Rome, 2012, pp.1-32

[8] The workers compensation authority provides the compulsory insurance for all workers in activities defined as risky by the law, it carries out awareness rising activities, has implemented a number of tools to monitor employment and accident trends, it provides small and medium size enterprises with training and advice in the field of prevention.

national statistics, as well as on attitudes, information and awareness amongst society and employers.

Only in 2008 the Legislative Decree No.81/2008 introduced changes in the way statistics on occupational disease are presented, with a significant impact on the recognition of some professional diseases such as hand-arm vibration and noise-related diseases. Workers do not now need to prove the link between these types of health issues and their work environment. Thus, professional diseases unknown or underestimated in the past are now officially recognised and receiving more attention from both policy makers and employers. Crucially, employers are liable for compensation.

In 2010 the Ministry of Labour provided methodological guidelines for employers to assess work-related stress in the work environments as indicated by the Decree 81/2008.

1.1.3 Section 3: Overview of the public OSH infrastructure

The Italian legislative framework and administrative system on occupational health and safety is rather complex, due to factors linked to the system of governance and administrative bureaucracy. First, Italy is historically characterised by a deep-rooted and extensive legislative, administrative and executive devolution to Regions and Provinces. Secondly, particularly on the subject of health and safety there has been a parallel development of responsibilities for surveillance and securing compliance between National Labour Inspectorate (Ispettorato Nazionale del Lavoro) and Regional Public Health Agencies (ASLs). Finally, inspectorate responsibilities, the existence and operation of an insurance system and requirements for data collection vary according to economic sectors and occupation.

▪ **Legislative framework on OSH**

To provide a comprehensive and systematic picture of the Italian legislative framework on OSH is not so straightforward; therefore this paragraph attempts to present the most important legislative developments in recent years.

The legislative framework on health and safety has been built up over the years upon layers of regulations and laws at different levels: the Constitution, the Civil Code and a series of presidential and legislative decrees.[9]

The legislative milestone on health and safety obligations is the DLgs 626/94 which transposed the European Commission Framework Directive on safety in the workplaces and other directives. The Safety at Work Charter 2000[10] ratified and completed the legislative process of the decree 626/94 (in addition to a number of other decrees and regulations on health and safety). This Charter is the main framework document from which the current Italian regulatory strategy on health and safety[11] has been developed.

The DLgs No.195/2003 introduced significant changes to the decree 626/94 with regard to the professional requirements of people responsible for protection and prevention services (Rspp). Additionally, the Law No.39/2002 resolves a discrepancy between the national and European regulation by specifying that employers have the duty to assess '*all*' health and safety risks for employees.[12]

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[9] Bergman, D., Davis, C., 'International comparison of health and safety responsibilities of company directors', HSE Research Report RR535, London, 2007, p.43
[10] "Carta 2000" Sicurezza sul lavoro http://aiman.qs-m.eu/documenti/carta2000.pdf
[11] The NERCLIS Project: Volume 1 – Annex I, pp.210
[12] Nardella, C., Deitinger, P., Aiello, A., 'La rilevazione del rischio psicosociale: rassegna di metodologia e strumenti di misura', *Fogli di informazione, No 1, 2007*

In 2001, following an amendment to the constitution, the legislative power on 'health and safety at work' passed to Regional Governments and this became an area of legislation where only fundamental principles are defined by national legislation. Therefore, authorities with legislative powers on occupational health and safety are now: the Ministry of Labour and Social Policies, the Ministry of Health, the Regions and Autonomous Provinces of Trento and Bolzano.

The main legislative body that covers the organisation and functions of labour inspections comprises the DLgs No.124/2004, the MD of 20 April 2006 known as the Code of Conduct for Labour Inspectors, DLgs No./2008 on health and safety in the work place and the MD of 18 September 2008. [13] The DLgs No.81/2008, which implements the Law No.123/2007, was modified and updated by the DLgs No.106/2009 on health and safety in the work place. Therefore the reference document is now a unified version which integrated the two previous regulations with updates and recent changes, the so called '*Testo unico coordinato*'.

This attempt to provide a brief description of the legislative framework on OSH in Italy is not exhaustive of the body of regulations, laws and decrees which regulates health and safety in Italy. As previously mentioned, the national legislation provide only general principles and Regions might or might not legislate on this matter. Therefore, it is difficult to provide a clear national picture.

- **Regulatory inspection system and institutions involved**

In Italy, two main bodies have responsibilities for inspection and surveillance; these are the Italian Surveillance Authority for Occupational Health and Safety (The Labour Inspectorate) and the Regional Health Agencies (ASLs) of the National Health Service. The Labour Inspectorate is part of the Ministry of Labour. At national level, it comprises the General Directorate for Inspection Activities. At local level, it comprises the Regional Labour Directories (DRLs for each Region apart from Sicily and Trentino Alto Adige) and the Provincial Labour Directive (DPLs). DPLs and DRLs report to the central government while ASLs respond to regional administrations All these bodies, including the national coordinator of ASLs, are members of the Central Commission on the Coordination of the Inspection Activities (*Commissione centrale per il coordinamento dell'attivita' di vigilanza*.

The General Directorate was established with DLgs No.124/2004 with the specific aim of providing some structure and coordination to inspection activities carried out by organisations at different levels and with different responsibilities on health and safety at work and illegal work. These organisations include DRLs, DPLs, ASLs and other agencies or insurance institutes such as INPS, INAIL, INPDAP. Thus the General Directorate is responsible for planning, identifying priorities and risk areas, monitoring and coordination of inspection activities.[14]

The Regional labour directories coordinate the work of the Provincial labour directories and supervise their inspection activities. They are also involved with tackling illegal work and trafficking of workers, including child labour. The DPLs are responsible for inspection activities in the areas of employment and safety and employ both general labour inspectors (monitoring employment relationships) and technical safety inspectors.[15]

Inspections are carried out by inspectors from ASLs. The DPLs perform inspections on health and safety issues (according to the regional coordination frameworks) in the majority of sector. However, certain sectors are covered by other public bodies; for example off-shore work, the quarries and mining sector, and land transport (apart from state railways) are the responsibility of other departments from corresponding ministries. Since ASLs report to the Ministry of Health, some Regions, to avoid situations of 'self-inspections', for example in hospitals and other organisations in the health sector, have created additional bodies in charge of health and safety controls.[16]

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[13] ILO webpage: http://www.ilo.org/labadmin/info/WCMS_126019/lang--es/index.htm
[14] http://www.lavoro.gov.it/Lavoro/SicurezzaLavoro
[15] ILO: http://www.ilo.org/labadmin/info/WCMS_126019/lang--es/index.htm
[16] The NERCLIS Project: Volume 1 – Annex I, pp.210

In addition to this complicated administrative system, there are a number of other bodies and organisations in charge of different functions related to occupational health and safety. The National Institute for Work Accidents Insurance (INAIL) is the Italian workers' compensation authority. This public body covers multiple roles. In addition to insurance activities, it provides information, training, and assistance on health and safety at work. Until 2010 a crucial role in research, information and promotion of workplace prevention on health and safety at work was held by ISPESL (the National Institute of Occupational Prevention and Safety). This institute has now been incorporated within and its functions allocated to INAIL.

An important role in planning and implementation of prevention and protection measures is held by the Permanent Advisory Committee for health and safety at work (*Commissione Consultiva Permanente per la salute e sicurezza sul lavoro*) established at the Ministry of Labour and Social Policies in 2008. The Commission includes representatives from: the Ministries of Labour, Development, Agriculture, and Infrastructure; the Prime Minister's Office; the Regions; Trade Unions; and employer bodies.

- **Roles and responsibilities of inspectors**

Workplace inspections can be carried out by inspectors from DPLs and ASLs, but the majority of OHS inspections are performed by ASLs. Inspectors have a primary role of detecting misconduct and enforcing the law rather than a preventive role. Inspectors can carry out visits without any authorisation and enter the workplace at any time, ask for all relevant documents and speak with people in charge. Inspectors have the duty to send details of any violation to the prosecutor. They can impose a fine and issue instructions with details of measures that need to be taken and arrange appropriate deadlines. If employers comply with the instructions and pay the corresponding fine the prosecution process is closed. Usually criminal proceedings are pursued only in the case of severe or fatal accidents.[17]

- **National strategy on OSH**

The multiplicity of actors and legal frameworks means there is no set Italian national strategy on OSH. Nevertheless, it is possible to identify some changes and developments in the general approach to health and safety strategies and prevention in the workplace.

To start with, the DLgs 629/94 changed significantly the social role of INAIL, from an agency with solely insurance responsibilities to an agency with an active role and responsibilities in terms of planning, prevention, information, dissemination and support. The institutional approach changed dramatically in 2008 with the D.Lgs 81/2008 and others, which highlighted the lack of a structured system and established the need for work to be better coordinated between all agencies and organisations involved in OSH at national, regional and provincial level. The decree emphasised the importance of a collective and organised approach at policy and administrative level and shifted the focus of efforts more towards prevention, information and active support to employers and workers. At policy and administrative level, this strategy led to the establishment of regional committees in charge of coordinating national and local strategies. National principles are now provided by the Pact for Health and Prevention in the Workplaces (*Patto per la salute e la prevenzione nei luoghi di lavor*) and the National Plan for Prevention 2010-2012 (*Piano nazionale della prevenzione 2010-2012*).[18]

At national level, strategies and programmes are supposed to be identified and developed by the Steering and Evaluation Committee for active policies and the national coordination of surveillance activities (*Comitato per l'indirizzo e la valutazione delle politiche attive e per il coordinamento nazionale delle attività di vigilanza in material di salute e sicurezza*

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[17] The NERCLIS Project: Volume 1 – Annex I, pp.211; Bergman, D., Davis, C., 'International comparison of health and safety responsibilities of company directors', HSE Research Report RR535, London, 2007, p.51

[18] Galli, P., Di Leone, G., 'Il D.Lgs. n. 81/08: ruolo dei Servizi di Prevenzione e Sicurezza negli Ambienti di Lavoro delle ASL' Giornale Italiano di Medicina del Lavoro ed Ergonomia, 2010, 32:4, Suppl. 211-225, Pavia (downloadable from: http://gimle.fsm.it/)

sul lavoro) established by DLgs 81/2008. As well as providing national strategies, the committee is intended to develop guidelines on policies, sets objectives and programmes, and outlines annual programmes for priority sectors according to information provided by regional committees and European priorities. It also coordinates the surveillance activity at national level, guarantees the exchange of information at institutional level and identifies priority areas of research. However, while the legislative framework is in place, it has yet to be established in practice.

The merger of INAIL with the two research institute ISPESL and IPSEMA was also part of this coordination strategy. INAIL has now a much greater role than just insurance. It carries out advisory activities on the management of health and safety the organisation of human resources as well as production activities to improve workplace conditions, as well as dissemination activities. In this role INAIL organises seminars, conferences and workshops. It also collects statistics, and carries out and disseminates research on health and safety.

1.1.4 Section 4: Overview of OSH obligations for enterprises

▪ **Legislative framework for enterprises**

The DLgs 81/2008 (unified text with the DLgs No.106/2009) states that the employer has the duty to set up a prevention and protection service within the organisation or productive unit, or alternatively to appoint external people or organisations to do so. The internal service or external people appointed identify risk factors and carry out the risk assessment, identify and develop adequate preventive measures and safety procedures, and provide information on occupational risks and health and safety procedures.

The human resources assigned to these services (either internal or external), or people with responsibilities on prevention and safety, must have a level of competence and professional requirements adequate to the business characteristics. All professionals involved in these services must have at least an upper secondary school diploma and attend specific training courses, according to their responsibilities, on health and safety and professional illnesses. Depending on regional legislative frameworks, training courses can be organised by Regions, universities, INAIL, trade unions, employer bodies, the fire brigade, other institutes or training agencies.

The institution of the internal prevention and protection service is compulsory in all industrial companies with more than 200 employees, public or private organisations in the health and social care sector with more than 50 employees; companies in the mining industry with more than 50 employees; in electric power stations and in all companies that work with dangerous substances. In these companies, the employer cannot externalise the prevention and protection service. In all other situations, employers can delegate the activities of the prevention or protection service to external consultants.

In companies with more than 15 employees, employers are required to organise a meeting at least once per year with the head of the protection and prevention service, the representative of workers for health and safety and the occupational health doctor. In this meeting, the employer or the head of the prevention service present the risk assessment document, trends of accidents and occupational illnesses, criteria for risk prevention, information activities and training programmes on safety and prevention at work.

It is worth highlighting that in Italy the primary duty holder is the employer. However, unlike many other countries, the employer is always a person within the company (the company director or a senior manager) rather than the legal entity of the company. Therefore, in small or medium size companies it is relatively straightforward to identify the 'employer' as the director or general

manager. In companies with more than one unit and highly autonomous units, the duty holder will depend on the structure of the company.[19]

- **Participation and co-determination rights of workers**

Article 20 of DLgs 81/2008 states that workers have the duty, together with the employer and people in charge of health and safety, to:

1. ensure the application of health and safety regulations in the workplace;
2. follow the instructions and comply with the regulations implemented by the employer;
3. use equipment and handle dangerous substances correctly;
4. use the safety equipment provided in an appropriate way;
5. point out to the employer or people in charge of health and safety any possible danger or fault in equipment;
6. not remove safety equipment;
7. participate in training activities organised by the employer and complete all medical checks required by law.

Thus, workers are called on to assume an active role in prevention and safety management. The organisation of OSH in companies is a collaborative model where workers are involved (or should be involved) in constantly reassessing possible risks and hazards in the workplaces, checking procedures and ensuring compliance with safety rules.

Although on paper the OSH model should be based on a cooperative model, it is hard to verify the extent to which organisations follow this model, with remarkable differences between small and micro businesses and amongst regions.

ESENER reported that all establishments surveyed in Italy had an H&S representative and Italy had the highest level of involvement of line managers and supervisors in the management of health and safety. A high percentage of companies (98%) reported having health and safety representatives, whilst only 16 per cent of companies had a health and safety committee.[20]

Having said that, it is crucial to consider these data in the light of the Italian context, where the bulk of the economy is supported by micro businesses. Trade unions are active mainly in organisations with over 20-30 employees and 2,719 million workers have an 'atypical' temporary employment contract.

1.1.5 Section 5: Approach to risk assessment

The DLgs 626/94 introduced a different approach to risk management based on the concept that risk management in organisations is a collective responsibility. Thus risk control became a 'system of risk management' where different people are involved at different levels.

People specifically involved in the risk assessment are: employers, the head of the prevention and protection service - Rspp (*Responsabile del servizio di prevenzione e protezione*), this can be an internal manager or an external consultant; a workers representative for health and safety, Rls (*Rappresentante dei lavoratori per la sicurezza*); and authorised occupational health doctors (*Dottore competente*). The final document from the risk assessment is the risk assessment document, DVR (*Documento di valutazione dei rischi*). Employers must carry out the risk assessment together with the head of the prevention and protection service, an authorised occupational health doctor and consultation with the workers' representatives for health and safety.

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[19] Bergman, D., Davis, C., 'International comparison of health and safety responsibilities of company directors', HSE Research Report RR535, London, 2007, p.45

[20] EU OSHA, 'Managing safety and health at work', ESENER report pp. 24-98 (http://osha.europa.eu/en/publications/reports/esener1_osh_management/)

All companies are required to carry out risk assessment, according to rules specified in DLgs 81/2008. However, micro businesses with fewer than ten employees are only obliged to self-certify their risk assessment. The self-certified risk assessment must be carried out on the base of standardised risk assessment procedures (*procedure standardizzate*) provided by the permanent advisory committee. The deadline to develop this procedure was June 2012. The implications of self-certification are considerable given that in 2008 the average size of companies was 3.9 employees and that 94.7 per cent of active companies were micro businesses with fewer than ten employees.[21]

The risk assessment must cover all risks or hazards related to technical equipment, chemicals or work environment. The risk assessment must cover risks for specific groups of workers, for example risks related to women and older workers, pregnant workers, migrant workers and workers employed on non-standard employment contracts. The risk assessment document must have a clear date and, in case of changes to production processes or work organisation, accidents or inspections, employers need to carry out a new risk assessment.

The risk assessment document is an official document and must comprise:

8. an assessment of all risks in the workplace and assessment criteria used;
9. preventive measures adopted following the risk assessment;
10. required measures to improve safety in the workplace;
11. identification of procedures and human resources within the company in charge of implementing the required changes;
12. name of the head of the protection and prevention service, worker representatives and the occupational health doctor who participated in the risk assessment procedure;
13. identification of areas of work and tasks at high risk that require specific training and experience.

This document must be kept safe and accessible in the workplace. Employers have the obligation to consult with the worker representatives on the results of the risk assessment and discuss beforehand the contents of the report.

Recent analysis of ESENER data show that 99 per cent of Italian establishments surveyed carry out risk assessment or similar measures. The majority of establishments utilise safety experts (93%), occupational health doctors (97%) and general OSH consultancies (62%).[22] Having said that, it is important to mention that companies participating in the survey are likely to be the organisations with high standards or good procedures in place and therefore represent a self-selected sample of 'good examples'. The European Working Condition Observatory (EWCO) points out that the revision to the DLgs 81/2008 in 2009 introduced significant changes by relaxing regulations on risk assessment for micro businesses (which were not covered by ESENER 2009). The Agriculture and Food industry workers federation express serious concerns about the negative impact of the new regulations and the self-assessment procedure on seasonal sectors (eg agriculture, hotels, restaurants, food and beverage) as the threshold of ten employees was calculated on annual average workforce.[23]

The representatives of workers for health and safety do not have a formal bargaining role as union representatives, rather a monitoring role, and some concerns have been raised with regard to the level of their actual involvement in designing and implementing safety measures in workplaces and support available from employers. A study commissioned by an organisation of health and safety representatives in 2005 on safety at work in the health sector in Piedmont region found that the prevention and protection services were heavily understaffed due to lack of resources. The study analysed data between 2001 and 2002 of accidents compensated by INAIL and causing more than

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[21] Ilsole24ore, 'Imprese Italiane con dimensioni ancora ridotte' (http://www.ilsole24ore.com/art/norme-e-tributi/2010-10-27/imprese-italiane-dimensioni-ancora-214216.shtml?uuid=AYBq0geCWebsite accessed July 2012)
[22] EU OSHA, 'Managing safety and health at work', ESENER report p. 26 and p.31 (http://osha.europa.eu/en/publications/reports/esener1_osh_management/)
[23] Giaccone, M., 'Italy: EWCO comparative analytical report on Information consultation and participation of workers concerning health and safety', 2010

three days of absence, in 28 organisations in the health sector. Implementation of health and safety procedures and prior consultation with worker representatives were positively correlated with good preventive measures and high levels of implementation of the DLgs 626/94. Regular meetings to discuss risk assessment and safety strategies, consultation with worker representatives and procedures were all strong indicators of employers' commitment to a safe work environment. However, in almost half of the organisations surveyed the risk assessment document was drafted without prior consultation with worker representatives and dissemination of results was inadequate or absent. This indicates that in many cases risk assessment was seen as a mere bureaucratic procedure.[24]

1.1.6 Section 6: Drivers for taking measures on OSH

Inspections are usually a strong driver for taking measures. Inspectors from the labour inspectorate are mainly engaged with reactive inspections, while it is more difficult to find information on the type of involvement of inspectors from regional health agencies (ASLs) in reactive or proactive work. The work of ASLs inspectors is heavily dependent on territorial context; each region differs by type of economy, legislative framework, administrative efficiency, level of involvement of social partners and financial capacity. For example, the meaning of 'reactive' and 'proactive' inspections differ from other European countries and sometimes depends on the development of regional policies and strategies. Having said that, in recent years there has been a general increase of planned inspections which can be categorized as proactive work undertaken within prevention strategies.[25]

Interesting data from the report from the Ministry of Labour on surveillance and prevention activities shows the difficult Italian situation in terms of lack of resources. The report draws attention to the fact that increasing levels of reported violations on implementation of preventive measures are due to two factors: the impact of the crisis on the construction sector and the insufficient number of inspectors with technical competence.[26]

1.1.7 Section 7: Level of concern at national level with OSH risks

EU regulations have a crucial role in the development and promotion of health and safety at work. The Council Directive 89/391/EEC, with all Directives that followed, had a remarkable impact on national regulations and approach to safety in workplaces.

At national level, the work of the Permanent Advisory Committee and Regional Committees of Coordination (*Comitati Regionali di coordinamento*) is crucial in driving activities on the ground. The Permanent Advisory Committee identifies possible issues on the implementation of regulations on health and safety and drafts an annual report on the implementation of the health and safety regulations, outlining possible developments. It decides about promotional activities, validates good practices and finally develops the standard procedures for risk assessment according to sector risk profiles.

1.1.8 Section 9: Worker involvement and participation in OSH

Within the framework of strategies outlined by the Permanent Advisory Committee, the Regional Committees of Co-ordination provide regional guidelines in compliance with national and regional regulations.

However, there is a perceived gap between the legislative level, and the implementation of regulations and their enforcement at workplace level. Looking at the complexity of the legislative

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[24] Co.Ra.L.S, 'LA sicurezza sul lavoro nelle aziende sanitarie della regione Piemonte', Turin, 2005
[25] The NERCLIS Project: Volume 1, Annex I, pp.212
[26] Ministry of Labour and Social Policies, 'Rapporto annuale sulla attività di vigilanza in materia di lavoro e previdenziale', Anno 2011

framework, the number of actors involved in OHS with different roles both at national and local level, the implementation of laws and enforcement of regulations requires a high level of efficiency and co-ordination between administrations, agencies, social partners, employer bodies and all actors involved in the process.

1.2 Participants

Table 1 presents the sample by size of company and sector. The sample comprised: two micro establishments (10-19 employees) in food manufacturing and education; two small establishments (20-49 employees), one in public administration and the other a microbiological laboratory; four medium-sized establishments (50-149 employees), in the sectors of manufacturing, pharmacy and food processing, and; seven large establishments (more than 150 employees) in the sectors of social services and public health care, energy, media, logistics and transport. All but three establishments were in the private sector. A total of eight establishments were branches of larger multi-site companies.

Table 1: Achieved sample breakdown Italy

Sector	Size	No. establishments (corrected categorisation)	No. employee representatives interviewed
Producing	Micro/very small (10 to 19)	1	1
	Small (20 to 49)	1	-
	Medium (50 to 149)	4	4
	Large (150+)	1	1
Private services	10 to 19	-	-
	20 to 49	-	-
	50 to 149	-	-
	150+	5	3
Public services	10 to 19	1	1
	20 to 49	1	1
	50 to 149	-	-
	150+	1	1
Total		15	12

Notes: In one establishment the TNS categorisation was incorrect.

In total, 15 management representatives were interviewed. All of these held the role of RSPP for the company, except for in one case. Interviewees were in charge of the implementation and monitoring of health and safety policies and management systems. In two large multi-site companies, interviewees were at the top of the hierarchical ladder, responsible for health and safety at a group level. In these cases their responses focused on the whole organisation rather than on just one site. In two cases interviewees were external consultants not employed by the organisation. The majority of interviewees had been working in their organisation for many years, the average job tenure was around 15 years. Almost all interviewees were highly specialised with degrees in chemistry or engineering and had undertaken all training required by the legislation for RSPPs.

In 12 of the 15 establishments, an additional interview was carried out with an employee representative. All employee representatives had been elected by their colleagues. Many of them

were also union representatives and they were usually in their second term as RLS or union rep. Only a couple had been recently elected. The job profile of employee representatives varied widely, from administrative work to social workers, technicians, architects, metal workers, mechanics, or those responsible for maintenance in the establishment.

1.3 Main findings

This section of the report addresses the technical issues and summary of responses for each question, looking at each area of the survey in turn.

1.3.1 Management of health and safety

▪ **Technical points**

> **MM155/ER200 – 'Is there a documented policy, established management system or action plan on health and safety in your establishment?'**

In half of the establishments visited there was some uncertainty over the meaning and interpretation of 'documented policy', 'management system' and 'action plan'. In some cases, interviewees provided a positive answer but in their subsequent explanations it was clear that they were referring to other documents or systems, primarily the risk assessment document. In Italy it is a legal requirement to perform the risk assessment and to keep the risk assessment document, called the DVR (*Documento di valutazione rischi*) in the workplace; it seems that some interviewees considered these as their 'documented policy' or 'management system' of health and safety risks.

In two establishments, the management representative and employee representative provided inconsistent answers due to different interpretations of the question. For example, in one public administration establishment the management representative said they did not have a policy or system in place and were actually behind with the statutory risk assessment (some parts of the organisation had never been assessed). In contrast, the employee representative answered 'yes' to the question but misinterpreted the DVR as a policy on health and safety. In another medium-sized establishment in the manufacturing sector the management representative answered 'no' because the company had not yet had the policy system certified, although all processes were in place according to policy requirements. In contrast, the employee representative answered 'yes' to the question but his examples referred to the implementation of basic safety procedures. Greater clarification is required on what is meant by these different terms.

> **MM156/ER202 – 'In practice, how much of an impact does this policy, management system or action plan have on health and safety in your establishment? Does it have a large impact, some impact, or practically no impact?'**

A number of technical points emerged concerning this question, including the definition, measurement and heterogeneity of 'impact' and applicability to different types of establishments. Some interviewees found it difficult to interpret the meaning of 'impact' and hesitated when answering the question. Interpretations varied, from those looking at the effect of the policy on a range of business aspects to its effect on measurable outcomes such as the number of accidents or near-misses.

> *'There is an impact if you have fewer accidents and fewer near misses, this is what is tangible, how you measure it in actual terms.'*

Management representative, Medium-sized manufacturing establishment

Management representatives tended to define impact in terms of tangible or intangible health and safety outcomes, such as reduction in the number of accidents or near misses, improved behaviour and better awareness of risks. Some management representatives were conscious about the impact of the policy on other organisational processes such as production and human resources. In contrast, employee representatives were more likely to refer to physical changes in the work environment, such as new equipment and machines, and greater employee compliance with safety rules. In public-sector establishments, 'impact' was mainly interpreted as 'having rules in the workplace', which were seen to have improved greatly over the last five to ten years.

In large multi-site companies, management representatives tailored their answers to the whole organisation rather than the site at which the interview took place. In these cases, interviewees highlighted the heterogeneity of the impact across the different sites and the influence of concurrent external factors. For example, in a large food distribution and catering company the workforce was split between different sites and catering facilities were run in other company premises. In this organisation, the impact of the health and safety policy depended partly on the culture and safety rules implemented by the company owning each site; the policy had a much greater impact on workers posted at sites with well-developed safety systems than those with looser rules. In a social care organisation, both the employee and management representatives highlighted that the impact of their policy on employees was high but on the premises was nil as the company did not own these.

According to a minority of management representatives, the impact of the policy was also heterogeneous across employees as it was dependent on their age and nationality. Older members of staff and employees with a non-Italian backgrounds were felt to be more reluctant to comply with safety rules and more resistant to cultural change.

Responses to the question were also affected by whether agency or contract workers were commonly used. In a large transport establishment, the management representative said that their company's management system had no impact because all transport activities were outsourced to agencies or self-employed people. This made it particularly difficult for them to enforce safety rules at the site.

> **MM159/ER 214 – 'Overall, how would you rate the degree of involvement of the line managers and supervisors in the management of health and safety? Is it very high, quite high, quite low or very low?'**

In the Italian version of the questionnaire, the wording 'line managers and supervisors' was translated to '*direzione e dirigenti*', which refers to staff at the top of the hierarchical structure such as directors and management. In small and micro family-run businesses '*la direzione*' is the owner of the company. More than two thirds of interviewees referred to managers and directors when answering this question, suggesting that it is not equivalent to the UK version. Employee representatives often referred to the involvement of the safety manager (who was usually the person who had completed the management representative interview).

Interviewees in large establishments (but also some in small establishments) found it difficult to provide an overall assessment of involvement. In many cases, the involvement was considered patchy, rated as high for top management and low for middle managers, or vice versa.

'It depends what you mean by 'dirigenti'. The human resources management at higher level, yes, but my line manager doesn't care at all like all other line managers. I don't know what they are interested in, but it is not safety for sure.'

Employee representative, large energy establishment

Interpretation of 'involvement' varied widely across organisations. In some cases it was identified as the company commitment to H&S and the activities carried out in the workplace; others identified the commitment of the safety manager in keeping high safety standards and engaging with employees. In small and micro business it was often interpreted as perceived interest of the owners in safety issues and employees' problems. In one case involvement was about awareness and technical knowledge of H&S. Some management representatives interpreted involvement as 'positive attitude' toward H&S and collaborative behaviour.

▪ **Interpretations**

Only one management representative stated that the establishment did not have a policy or management system in place. However, as noted above, some of those from public organisations incorrectly identified the risk assessment document and safety procedures as evidence of a policy or management system. The majority of management representatives referred to international guidelines and well-established frameworks on which their management systems were based and nine organisations held certificates such as OHSAS (Occupation Health and Safety Assessment Series for health and safety management systems). There was a noteworthy difference between private and public organisations; the latter were less likely to have a certified policy or a management system for health and safety. In a number of small establishments, the main drivers behind having a policy were requirements from international clients or the owner's commitment.

All interviewees except one believed the policy or management system had a large impact or at least some impact on the establishment. Agreement between management representatives and employee representatives was high, although this was more likely where the establishments had certified OSH policies or good health and safety systems.

The majority of interviewees rated involvement of line managers and supervisors (or managers and directors, see above) as high and management and employee representatives gave similar answers. However, some interviewees expressed their frustration at the lack of interest or collaboration from managers, which impacted negatively on the culture amongst employees. This was mainly the case in public-sector establishments. In two public-sector establishments, the management and employee representatives gave differing answers (the employee representatives considered the involvement as very low, while the management representatives believed it was very high or patchy).

1.3.2 Levels of concern with OSH risks

▪ **Technical issues**

> **MM200/ER250 – 'For each of the following issues, please tell me whether it is of major concern, some concern, or no concern at all in your establishment?' 01) Dangerous substances (eg dusts, chemical, biological); 02) Accidents; 03) Noise and vibration; 04) Musculoskeletal disorders; 05) Work-related stress; 06) Violence or threat of violence; 07) Bullying or harassment**

This was the single most controversial question tested in the interviews. Many interviewees found it difficult to understand the sense of the question or, in particular, how to interpret the word 'concern.' There were inconsistencies in interpretations across establishments, between management and employee representatives at the same establishment and even within single interviews.

Interviewees' interpretations of the question varied enormously and included whether the risk was present, the potential severity of the risk, the extent to which the risk could be managed, how it was actually managed and how much attention it received from the establishment. Some actually recommended replacing the word 'concern' with 'attention' as they thought this was better at covering awareness, assessment and management of a risk.

'Well it depends what you mean by 'concern'- if you mean that we care about it and take preventative measures, yes.'

Management representative, micro food manufacturing establishment

'Concern for me means that there is a specific problem and I need to dedicate time and resources to solve the problem.'

Management representative, medium-sized manufacturing establishment

'I wouldn't say that I'm concerned, I would say that there is great attention on these issues.'

Management representative, large public health care establishment

'I'm not sure I like the word 'concern', what do you mean? I would prefer to use the word 'attention', in the sense that there is great attention given to assessing our risks and managing them... Concerned for me relates to lack of knowledge, whilst we spent time understanding and assessing our risks, therefore managing them as well as we can. For this reason I'm not concerned but I give it great attention and consideration.'

Management representative, medium-sized manufacturing establishment

In their verbal responses, management representatives seemed uncomfortable labelling major hazards in their establishments a 'concern', preferring to say that these received great attention. For example, in a couple of establishments the management representative explained that he gave 'great attention' to dangerous substances and MSDs (areas of major risk for the company), but was 'not concerned' about accidents because of the low occurrence of these.

It was unclear for a couple of interviewees whether the question was asking about their own personal levels of concern or concern from the organisation's point of view.

'You mean the concern that I have as RLS or concern from the company's perspective? I would say I understand this question as concern from me as RLS.'

Employee representative, large food supply establishment

There were sometimes differences in opinions between management representatives and employee representatives which related to the use of different reference points. In multi-site companies management representatives tended to think about the risks for the organisation as a whole, whereas the employee representatives focussed only on risks at the site in which the interview was carried out. Often the latter was a headquarters where office work was carried out, so less likely to present major risks.

▪ **Interpretations**

In some of the establishments, employee and management representative views on the level of concern with certain risks varied. It emerged that in organisations with high health and safety standards, managers showed a higher degree of concern than employee representatives; in contrast in organisations with lower health and safety standards employee representatives usually showed greater concern than management representatives.

01) Dangerous substances

In six establishments, dangerous substances were an area of major concern or were given 'great attention' because of the presence of chemical or biological risks, even though these were well

managed. In other establishments, they were a minor concern because use of such substances was low.

02) Accidents

All interviewees stated that their establishments had good records on accidents, and that the frequency of these occurring was either very low or nil. However, several management representatives still believed these were of major or some concern because there was always a probability of an accident occurring. In these cases, employee representatives' responses were usually in line with management representatives.

03) Noise and vibration

Noise and vibration were generally considered an area of no or only some concern, either because the hazards were not present or because the risk assessment had proved that levels were below the legal threshold. There were no significant differences between employee and management representative responses.

04) Musculoskeletal disorders (MSDs)

MSDs were a major concern in a range of establishments, including those in health care, social services, logistics, manufacturing and public administration. One management representative from the manufacturing sector said MSDs were a major concern in her establishment because machines were usually built without consideration of their ergonomic design. A minority of management representatives also thought MSDs were a concern because they had an ageing workforce.

05) Work-related stress

In almost two-thirds of the establishments, management representatives considered work-related stress as either no concern or some concern, based on the results of their risk assessments or the fact that the establishment offered a friendly work environment. Employee representatives tended to be more concerned about work-related stress than management representatives and saw it as a new area of risk which was difficult to manage and assess. In a minority of cases, their views were in stark contrast to those of the management representatives. For example, in a large public health care establishment the management representative had no concern about work-related stress because a risk assessment had found low levels of stress. In contrast, the employee representative was highly concerned; he said that stress was still a '*taboo*' topic and defined the way the risk assessment was carried out as '*simply a joke*'.

06) Violence or the threat of violence

Violence or the threat of violence was a major concern only to interviewees from health and social care services (because of the potential for attacks from patients) and policing (because of the potential for attacks from the public).

07) Bullying or harassment

A minority of interviewees believed bullying or harassment was of some concern. In general, interviewees referred to friendly work environments in their establishments.

1.3.3 Approach to risk assessments

▪ **Technical issues**

> **MM161/ER207 – 'Are workplaces in the establishment regularly checked for safety and health as part of a risk assessment or similar measures? '**

The answers to this question need to be interpreted in light of the Italian legislative framework, which requires employers to carry out a risk assessment every four years or every time there is a significant change and to keep the risk assessment document, called the DVR (*Documento di valutazione rischi*) in the workplace. As such, all Italian establishments should provide a positive answer to this question, although in reality there may be notable differences in their approaches to risk management. In this sample, the management representatives from establishments with well-structured policies and management systems pointed out that their safety checks went well beyond the statutory risk assessment requirement and were carried out much more frequently than was legally required.

> **MM162 – 'Are these risk assessments or workplace checks mostly conducted by your own staff or are they normally contracted to external service providers?'**

Interviewees felt that the four response options to this question (conducted by own staff, contracted to external providers, both about equally, and no answer) did not fully represent what happens in practice and would have preferred a multiple response choice.

As above, the responses to this question need to be understood in the context of the Italian legislation on risk assessments. Management representatives from large, multi-site companies pointed out that the term 'risk assessment' is only used to refer to the legal procedure and document (DVR), and does not cover any other checks that may be instigated by internal policies. Whilst 'checks' are often carried out by internal staff, the legal 'risk assessment' procedure is complex and often requires external expertise, either to assess level of risks or because the legislation requires specific certification. As such it was unclear to interviewees which they should refer to in their answers.

Often the management representatives distinguished between three levels of checks: a) statutory 'risk assessments' required by the Italian legislation; b) general workplace safety checks and c) more specific measurements of risk levels (eg noise, dust) or equipment. In large establishments, there were usually several levels of checks occurring. The safety manager of one large establishment explained that who was involved in performing these tasks depended on the nature of the check being carried out; 'risk assessments' were carried out by internal employees but also external experts if required; site audits were performed by an organisation external to the company but under the same parent company; whilst monthly checks on emergency exits, fire doors, emergency procedures were carried out by internal managers. In another large establishment, a media company, there were external workers dedicated to daily monitoring of the workplace.

> *'Here you open a door on a complex world. It is more complicated that the options you gave me - according to the level of expertise needed, purposes or measurements it can be done by internal or external experts.'*
>
> Management representative, medium food processing establishment

> *'For standard risks, this is done by internal staff. There are other specific risks that come from external causes that need to be checked by external experts... The reality is complex so it depends on the needs.'*
>
> Management representative, large food supply establishment

> **MM163 – 'On which occasions are these risk assessments or workplace checks carried out?'**
>
> **01) Following a change in the staffing, layout or organisation of work; 02) At the request of employees eg in case of complaints; 03) At regular intervals, without any specific cause**

This question led to highly inconsistent responses between establishments, again because of the differences between 'risk assessments', general and specific checks. Responses to the question depended on which of these the management representative referred to. Sometimes management representatives referred to more than one type of check within the same interview.

All management representatives explained how the organisation re-assessed different parts of the legal risk assessment document every time there was a significant change in products, work processes, new machines etc. However, in some establishments other workplace checks were carried out more frequently following requests from employees or without reason. A management representative in a large private social service establishment explained that whilst their safety checks were performed following all the situations listed, legal risk assessments were not. In a large energy establishment, the management representative said that they would not carry out a risk assessment at the request of an employee, but would run other safety checks. Additionally, it seemed that management representatives referred to the statutory risk assessment in some items and to routine safety checks in others.

> **MM164 – 'Which of the following areas are routinely considered in these checks? '01) Equipment and working environment; 02) The way work is organised; 03) Irregular or long working hours; 04) Supervisor-employee relationships**

This question was largely well understood by the management representatives. 'Working environment' was mostly interpreted as the physical space and only a handful of interviewees understood it could also include the social environment and working relations. In establishments where irregular or long working hours were not assessed, the reasons provided referred to fixed working hours or rigid shift patterns. It is unclear whether the appropriate response here would have been 'not applicable' rather than no.

> **MM166 – 'And which of the following actions have been taken as a follow-up to these checks?'**
>
> **01) Changes to equipment or working environment; 02) Changes to the way work is organised; 03) Changes to working time arrangements; 04) Provision of training**

From the interviews it was clear that negative responses to this question did not necessarily indicate poor management or bad working conditions. For example, in one establishment the management representative answered no to all items, the reason being that the company had fairly recently moved to a new site and upgraded all equipment, so they had no issues to address. Similarly, no changes had been made to working time arrangements or the way work was organised because employees had high levels of flexibility in organising their work, whilst training was systematically provided.

Often management representatives said that changes were not made to working time arrangements because hours or shifts were fixed. Again, it is unclear whether the appropriate response here would have been 'not applicable' rather than 'no'.

There was a tendency amongst management representatives to agree with the last item even if this was not made as a follow-up to a check. In eight of the 15 establishments, management representatives answered that yes, training had been provided, but later explained that this was the result of other internal procedures, not workplace checks.

> **ER209 – 'Do you have a say in the decisions on when and where these risk assessments of workplace checks are carried out?'**

One employee representative from a large public health care establishment asked for clarification about the meaning and purpose of this question. He explained that whilst they have an input in so far as they can make complaints and requests, it is not standard procedure for them to be included in these decisions. Generally they are not asked for their opinions as *'RLSs are seen as a nuisance.'*

> **ER210 – 'If the risk assessment or workplace check identifies a need for action: Is the necessary follow-up action taken? '**

This question did not raise any issues and was well understood by all employee representatives.

> **ER211 – 'And are you as health and safety representatives usually involved in the choice of follow-up actions? '**

It emerged in the interviews that a minority of employee representatives did not clearly see the difference between this and question ER209. One interviewee explicitly state that he thought the questions were the same.

In addition, the question was interpreted in different ways. One employee representative said he was 'involved' in the sense that he was informed about follow-up actions, whereas others saw involvement as making an active contribution to the choice of follow-up actions. In one establishment, it was clear that the response options did not allow the full picture of involvement to be detailed. An employee representative from a public administration establishment explained how, whilst not usually involved, it depended on the topic or type of procedure.

> *'Yes on some issues, such as work-related stress and other new procedures. No on everything else.'*
>
> Employee representative, small public administration establishment

> **MM169/ER213 – 'Are there any particular reasons why these checks are not regularly carried out?'**

None of the management representative interviews were routed onto this question as all stated that they carried out risk assessments.

- **Interpretations**

All interviewees said that risk assessments were carried out in their establishments. In organisations with more advanced health and safety systems, additional safety checks and auditing processes were also performed much more frequently. Some management representatives (and a few employee representatives) explained that the legislation of risk assessments looked good on paper but did not provide effective management of hazards in the workplace, largely because it was impractical and bureaucratic. Often the statutory risk assessment procedure was considered a 'tick box exercise' and it was felt that organisations that wanted to achieve high health and safety standards would need to implement additional internal policies.

'Yes, absolutely all sites have the risk assessment document, although to be honest this is just a document to make the legislator happy. Our [internal] risk assessment policies and documents are dynamic in the sense that there are always things to check and to change as this work is a moving object in a dynamic environment. We are constantly working to improve our assessment capacity…. The real problem is that as soon as you finish your risk assessment document, it is already history. We have issues to cover and situations that arise every single day, so we need to have flexible procedures and documents that are 'alive'.'

Management representative, large energy establishment

The extent to which checks were carried out regularly varied across the establishments, from daily monitoring, to monitoring once or twice per year. In establishments with less sophisticated health and safety procedures (particularly those from public services), management and employee representatives sometimes disagreed on how regularly checks were made.

'Regularly means that it is planned and is done more than once per year.'

Management representative, medium-sized manufacturing establishment

'I spend half of my time with the employees, so I know everything that happens every day. Regularly for me is daily attention. Plus I have a yearly check from the occupational doctor.'

Management representative, micro manufacturing establishment

'I come over twice per month, to speak with the manager and I usually have a look around.'

Safety manager, Micro organisation in education

'Regularly means at a minimum according to legislative requirements.'

Employee representative, micro education establishment

In the majority of establishments, routine safety checks were carried out by internal employees, usually the safety manager. Companies tended to have highly specialised safety managers (eg chemical/mechanical/civil engineers etc) according to their risk profile. The statutory risk assessment and more specific risks were sometimes also assessed and checked by internal staff. However, in all establishments there were some risk assessments that required external consultants, either because the company did not have the internal expertise or because the legislation required certification. In two establishments, checks and risk assessments were all conducted by external staff because the safety managers responsible for these checks were themselves external consultants.

In the majority of establishments, risk assessments and workplace checks were carried out following all the situations presented in MM163 (ie following a change in staffing, layout or organisation of work, at the request of employees and at regular intervals without specific cause). One exception to this was a large public healthcare establishment which only conducted checks or risk assessments at regular intervals. Three management representatives said they did not perform checks or risk assessments at regular intervals without a specific cause.

Some management representatives clarified their responses to item 1 (following a change in staffing, layout or organisation of work) as risk assessments were not prompted by all three of these situations. For example, an interviewee from a micro-sized establishment in food manufacturing reported that risk assessments were prompted by changes in the layout and

organisation of work but not by changes in staffing; in these cases he just '*kept a close eye*' on the new employee.

Equipment and the working environment were routinely considered in risk assessments in all establishments, whilst the majority of interviewees also stated that their risk assessments considered the way work is organised. In half of the establishments, irregular or long working hours were considered in risk assessments. In a large transport establishment, the management representative explained that irregular or long working hours were not assessed as all transport activities were outsourced to external agencies, which are responsible for assessing these risks themselves. Supervisor-employee relationships were formally assessed in risk assessments in only six establishments, but others said that they assessed this through other means. The Italian legislation on risk assessment does not require an assessment of this area.

Almost all interviewees said that they had made changes to equipment and the working environment following risk assessments; two thirds of organisations had made changes to work organisation and almost the same proportion had made changes to working time arrangements. Training was provided in all establishments.

All employee representatives stated that they had a say in decisions on when and where risk assessments and workplace checks were carried out, but the level of their involvement varied widely. In many establishments in the private sector there was full collaboration from management, and employee representatives were encouraged to participate in the whole OSH process. This was quite the opposite in some of the public-sector establishments, where employee representatives' only role was to sign the statutory DVR. A minority of employee representatives felt that they lacked the technical knowledge to make a useful contribution to these decisions.

'Yes I have [been involved], although there is a limit to our expertise [as RLSs]. This is his job and he [the safety manager] is certainly more competent than me. But if we ask for checks or make any type of enquiry they look into it immediately.'

Employee representative, large private social service establishment

'I do not have the technical expertise but the safety manager always explains to everyone why things need to be done, how they will be done etc… When they did the risk assessment on noise and vibration I was there but even though they explained the process I felt I did not have the technical expertise to judge. But it is important to be involved anyway.'

Employee representative, medium-sized manufacturing establishment

All employee representatives said that necessary follow-up actions to risk assessments were taken in their establishments. However, one employee representative complained that, in his establishment (a large public establishment in the health care sector) management did the bare minimum to comply with the law; often changes made were not enough to guarantee a safe workplace. He gave the example of fire alarm and evacuation procedures that met the criteria for the DVR but were totally inadequate in the case of a real fire.

All but two of the employee representatives said they were usually involved in the choice of follow-up actions to a risk assessment. As for ER209, the level of involvement varied. For example, in a medium-sized food processing establishment the employee representative was always actively involved in checks and risk assessment processes and prompted many of the checks and follow-up actions. At the opposite end of the spectrum, an employee representative from a large public healthcare establishment was only involved in the sense that he had to sign the DVR (as required by the legislation). An employee representative from a micro establishment in the public education sector said that, although involved, he usually had to insist on it.

1.3.4 Drivers of and barriers to measures on OSH

- ▪ **Technical issues**

> **MM171 – 'In your establishment, how important are the following reasons for addressing health and safety? For each one, please tell me whether it is a major reason, a minor reason, or no reason at all.'**
>
> **01) Fulfilment of legal obligation; 02) Requests from employees or their representatives; 03) Staff retention and absence management; 04) Economic or performance-related reasons; 05) Requirements from clients or concern about the organisation's reputation; 06) Pressure from the labour inspector**

In the Italian questionnaire the word 'major' is translated to '*prioritario*' (priority) in the question, but '*importante*' (important) in the response options. This was confusing for both the interviewer and the interviewees. Some management representatives switched between saying items were 'important' or a 'priority' during the interview.

One of the external consultants felt he was ill-equipped to answer this question as he did not know what drove the establishment to address health and safety. Please note that in Italy, many of the RSPPs are external consultants (please refer to the national context description for more on this).

One management representative thought it would be useful to separate staff retention from absence management in item 3 as these are completely different areas. In his establishment (a micro-sized enterprise in food manufacturing) staff retention was not important because turnover was low, but absence management was a priority and was monitored closely.

A number of management representatives found it difficult to pinpoint the meaning of 'economic or performance-related reasons' (item 4). Three different meanings emerged: a) whether a well-managed health and safety system leads to a healthier workforce and therefore to better economic performance; b) whether the company uses a system of KPIs to assess financial performance which include safety behaviour, and; c) whether economic reasons are important in the sense that they limit investments in health and safety.

Pressure from the labour inspector (item 6) was deemed a major reason for addressing health and safety in almost all the establishments. However, most of these answers were made from a hypothetical standpoint, ie related to what would occur if an inspection was made, rather than because pressure had already been placed on the establishment.

> **MM172 – 'In your establishment, what are the main difficulties in dealing with health and safety? Please tell me for each of the following whether it is a major difficulty, a minor difficulty, or not a difficulty at all.'**
>
> **01) A lack of resources such as time, staff or money; 02) A lack of awareness; 03) A lack of expertise; 04) A lack of technical support or guidance; 05) The culture within the establishment; 06) The sensitivity of the issue**

A number of management representatives were unclear to whom 'a lack of awareness', 'a lack of expertise' or 'a lack of technical support' should refer, whether safety managers and their health and safety team or employees.

> *'A lack of expertise - who are you referring to? Lack of expertise from me, the workers, or the directors? This is not clear… I understand this as lack of expertise from workers.'*

Management representative, large transport establishment

'Lack of expertise from whom? In the sense that I lack of expertise or the employees? If this is related to me and my staff involved in health and safety I don't think so, in the sense that this is our job and I believe we have all the training and knowledge we need. If this relates to the employees, maybe yes.'

Management representative, large private social services establishment

'Do you mean awareness amongst the health and safety personnel or workers in general? It is a major problem with employees in the sense that some workers do not understand the importance of health and safety rules, particularly if they are of a certain age.'

Management representative, large food distribution establishment

Items 2 (a lack of awareness) and 5 (the culture within the establishment) were often considered to be the same or very similar.

A couple of management representatives, in responding to item 5, wanted to differentiate between internal and external workers. They explained that there was a big difference between the culture of in-house employees (not a difficulty for the establishment) and external workers (a major difficulty for the establishment).

Four management representatives thought the meaning of 'sensitivity of the issue' (item 6) was unclear. One suggested that the 'issue' here should be better defined.

'You should identify better your area of interest here. If we are talking about an emergency door that needs to be closed, than this is not a sensitive issue. But if we are talking about harassment, yes this is a sensitive issue.'

Management representative, large transport establishment

- **Interpretations**

The responses to MM171 (reasons for addressing health and safety) were as follows:

01) Fulfilment of legal obligation

This was considered a major reason for addressing health and safety in all establishments, and many interviewees said this was their absolute priority.

02) Requests from employees or their representatives

These were considered major reasons for addressing health and safety in the majority of establishments. In organisations with well-developed management systems, interviewees often felt that employees were those best placed to spot issues and suggest solutions.

03) Staff retention and absence management

These were major reasons for addressing health and safety in only three establishments. The majority of management representatives stated that these were either minor reasons or not reasons at all because the company had very low turnover and high job tenure.

04) Economic or performance-related issues

These were considered a minor reason for addressing health and safety in over half of the establishments. However, the explanations underlying responses differed. In some cases management representatives rated them as minor because they did not think these issues were

related to health and safety, in other cases they did so because there were no constraints placed on health and safety budgets. Only two management representatives said these were major reasons for addressing health and safety because they felt that good health and safety management systems had a positive impact on overall business performance.

05) Requirements from clients or concern about the organisation's reputation

These were considered major reasons by two-thirds of the management representatives. In many of these establishments, this was because the organisation worked with multinational companies or clients that had 'zero accidents' policies.

06) Pressure from the labour inspector

This was deemed a major reason for addressing health and safety in almost all the establishments. The management representatives told how the consequences would be significant if an inspection occurred and they were found not to be compliant with some aspect of the law. The management representative of an establishment with sites across Italy explained how the different legislative frameworks in different regions made them fearful of receiving an inspection. Only in three establishments did management representatives believe this was a minor reason for addressing health and safety, on the grounds that they never had problems with inspectors.

The responses to MM172 (difficulties in addressing health and safety) were as follows:

01) A lack of resources

This was considered either a minor difficulty or no difficulty at all in the majority of establishments as health and safety was given priority.

02) A lack of awareness

This was considered a major problem in six establishments. In a large transport establishment, where the transport side of the business was outsourced to agencies, the management representative told how many of their agency workers lacked awareness. In a couple of establishments management representatives lamented a lack of awareness of OSH amongst middle managers.

> *'Maybe not from my side and those involved in health and safety, but there is a lack of awareness amongst the middle managers - those that are between the directors and the employees. There is more awareness now compared to a few years ago but I still need to work on it. This is due to the fact that they still focus on the job itself first, while 'the quality of job' is an abstract concept for them.'*

> Management representative, large private social services establishment

03) A lack of expertise, and 04) a lack of technical support or guidance

In the majority of establishments these did not present difficulties. Management representatives interpreted this question as relating to their own expertise and technical knowledge, which they considered high.

05) The culture within the establishment

This was a major difficulty in six establishments and minor in two. In some cases this was because the company worked with external workers who lacked training in safety behaviour and tended to ignore rules at the site; in other cases the main issue related to an ageing workforce as older workers were resistant to cultural changes.

06) The sensitivity of the issue

This was a major problem in a minority of establishments. In some of these the management representatives explained that they needed to be sensitive in how they dealt with older workers or employees from other countries, who were often less willing to adapt and follow safety rules.

1.3.5 Worker participation and involvement

▪ **Technical issues**

> **ER102 – 'Is there a permanent committee or working group consisting of members of the management and representatives of the employees dealing with safety and health in this establishment?'**

Half of the employee representatives said they did not understand this question. They often asked for the statement to be repeated and for explanation of the terms 'permanent committee' and 'working group'.

'What do you mean by 'permanent committee'? No, we don't have this, but there are people that are trained in health and safety procedures.'

Employee representative, medium-sized manufacturing establishment

'What do you mean by 'permanent committee'? If you mean groups that work on specific health and safety projects, yes. There are some groups with managers and technicians that are permanent.'

Employee representative, medium-sized pharmaceutical establishment

> **ER107 – 'How often do controversies related to safety and health arise between the management and the employee representatives? Is this often, sometimes, or practically never the case?'**

A few employee representatives thought the term 'controversies' was too strong, as it implies a stalemate between management and employee representatives, a situation which may even lead to legal disputes.

'No, we don't have controversies. This is a strong word. For me 'controversies' is when there is a tension, a problem where there is no way to find a solution or a common ground. We don't have these situations.'

Employee representative, medium-sized manufacturing establishment

'Well, 'controversies' is not the right word, seems that there are legal actions with them. Let's say we have open issues, but not controversies.'

Employee representative large energy establishment

'Controversies for me are problems... unresolved issues for which employers and employees do not find a common solution or agreement. This is not our case.'

Employee representative, medium-sized manufacturing establishment

> **ER205 – 'Are employees in this establishment regularly informed about safety and health in the workplace?'**

Around one-third of employee representatives were unclear about this question. Some interviewees thought it was about any training received and others about information on how to perform tasks and what to be careful about. One interviewee believed use of the word 'informed' made this question vague.

> *''Regularly informed', it could be anything, even the signs that we have around the site. I could say immediately yes, but then what does 'regularly' mean? I would take the word 'regularly' off the question and be specific about what 'informed' means for you.'*

> Employee representative, medium-sized manufacturing establishment

> **ER215_05 – 'Please tell me whether you agree (1), neither agree nor disagree (2), or disagree (3) with the following statement: 'Our management gives proper consideration to occupational safety and health issues raised by employee or their representatives.'**

This question did not raise any particular issues. One employee representative felt that the phrase 'proper consideration' was vague and open to interpretation.

▪ **Interpretations**

Only two of the employee representatives stated there was a permanent committee or working group consisting of members of the management and representatives of the employees dealing with safety and health in their establishment.

The majority of employee representatives said that controversies regarding OSH issues never occurred in their establishment, whilst in a small public administration and large public health care establishment employee representatives said they happened often. Most employee representatives considered controversies between employee representatives and safety managers, whilst others thought about disagreements on OSH between employees and the company as a whole.

The majority of interviewees believed that employees in their establishment were regularly informed about OSH issues. They discussed use of a range of media including safety signs, information on boards, intranets, newsletters, meetings with the safety manager and videos on safety procedures.

The majority of employee representatives agreed that their management gave proper consideration to OSH issues raised by employees or their representatives. For the majority of interviewees, 'proper consideration' was taken to mean showing an interest in employee issues, taking them seriously and also acting upon these or at least providing a response 'proportional' to the problem. In two public-sector establishments, the employee representatives neither agreed nor disagreed with the statement. One of these complained that his organisation did the bare minimum to comply with legislative requirements and employees did not feel comfortable raising health and safety issues. The second believed the level of consideration was patchy, with large discrepancies across divisions and low attention to issues where employees were on non-standard employment contracts. In another large public health care establishment, the interviewee disagreed with the statement on the grounds that there were major problems with the buildings and poor controls on safety behaviour amongst external workers. Although these issues were often raised by employees, they were not dealt with effectively.

1.3.6 Resources and training in OSH issues

▪ **Technical issues**

Generally the questions in this section were well understood by employee representatives and few technical issues emerged.

> **ER150 – 'Do you as the employee representative for safety and health usually get sufficient time off from normal duties to perform these tasks adequately? '**

There were no technical issues with this question.

> **ER154 – 'Does the management provide you with the necessary information for carrying out your health and safety tasks properly?'**

A couple of employee representatives thought this question referred to training only, and did not consider other types of information they had received.

> **ER155 – 'Do you usually receive information on time and without having to ask for it?'**

One interviewee asked for clarification that this question was about information on health and safety, so it may be worthwhile including this in the question.

> **ER159 – 'On which of the following issues have you or your health and safety representative colleagues received training? '01) Fire safety; 02) Prevention of accidents; 03) Chemical, biological, radiation or dust hazards; 04) Ergonomics; 05) Violence, bullying or harassment; 06) Work-related stress; 07) Discrimination (for example due to age, gender, race or disability)**

Sometimes it was difficult for interviewees to distinguish between the training they had received as an employee representative and training received as an employee. A few of the employee representatives needed to have the term 'ergonomics' explained to them.

> **ER160 – 'Is this training sufficient or would more training in any of these fields be desirable? '**

There were no technical issues with this question.

> **ER162 – 'Which of the following are the main reasons for receiving no or not sufficient training on these issues?'**
>
> **(1) Difficulties to get time off for such training, (2) Lack of information about available courses, (3) Available courses are not appropriate for our situation, (4) Difficulties to get the financial resources for the training.**

There were no technical issues with this question.

▪ **Interpretations**

Only three of the employee representatives complained that they had insufficient time to perform their duties adequately. Almost all the employee representatives believed that management in their establishment provided them with the necessary information for carrying out their tasks properly, and that this was received on time without them having to ask for it.

Two-thirds of interviewees had received training in fire safety, the prevention of accidents and work-related stress. Half had received training in ergonomics, but less than half had undergone training on violence or discrimination. In some cases the training was considered insufficient, largely because the quality of the training was poor. The courses were considered old-fashioned and interviewees complained that they focussed solely on legislation.

> *'I would say that I don't need more training but different training, not a tick box exercise. They need to give more space to the creativity of teachers. But, maybe this is a topic that it is difficult to make interesting, I don't know. I only know that I have enough of the same stuff year after year.'*

<div align="center">Employee representative, medium-sized manufacturing establishment</div>

1.3.7 OSH and organisational performance

▪ **Technical issues**

For all of these questions, a handful of management representatives thought that the response options should include 'don't know' as well as 'no answer'.

> **MM402 – 'How would you rate the level of absenteeism in your establishment compared with other establishments in the sector? Is it very high, quite high, about average, quite low or very low?'**

A number of management representatives said this question was difficult to answer because they did not have comparable data from other establishments. Some did not know the level of absence in their own establishment; two were external safety managers who would not be privy to this sort of data (please note that in Italy the RSPP can be an external contractor). Some management representatives asked what precisely 'absenteeism' was meant to include and the type of absence referred to in answers varied; some included all absence, even maternity leave, whilst others only considered absence due to work-related accidents or illness. Under Italian legislation, employers are required to record commuting accidents; some organisations included absence due to these incidents whilst others did not.

> *'I think it may be about average, but it is difficult to answer this question because we don't have data to compare and then we don't know if the absence is related to illnesses or other reasons. There is no data available for absence due to accidents or injuries in our sector, so I don't know how to compare. I can only check my data over the years and see that we are improving.'*

<div align="center">Management representative, medium-sized manufacturing establishment</div>

> *'For absenteeism do you mean absenteeism for illnesses or for other reasons? The way I measure absenteeism includes all type of illnesses, plus maternity leave.'*

<div align="center">Management representative, medium-sized manufacturing establishment</div>

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> **New Question – ' Compared to other organisations of your size and sector in Italy, how well would you say you perform in terms of health and safety outcomes such as the number of accidents and injuries at work, and the level of sickness absence?'**

A couple of management representatives said it was difficult for them to assess overall performance as they did not know about all the outcome measures listed. Whilst they monitored accidents, they did not monitor absence. Judgements were not always based on comparisons with establishments in other sectors. Instead, they were based on longitudinal data within an establishment (ie how much it had improved) or, for multinational organisations, comparisons with other branches of the company.

> **MM403 – 'How would you rate the current economic situation of this establishment? Is it very good, quite good, neither good nor bad, quite bad or very bad?'**

There were no technical issues with this question, other than that it should have a 'don't know' response option.

> **New question – 'Compared to other organisations of your size and sector in Italy, how well would you say you perform in terms of business outcomes such as profit, turnover or other relevant measures of performance?'**

One management representative disliked giving an overall assessment as, in his case, the answers were different for each performance indicator listed.

> *'If I have to give an average it is quite good, although it changes for each indicator. The profit is the same, but the turnover is greater, we work harder to get the same results we had before the crisis.'*

> Management representative, micro food manufacturing establishment

Management representatives from public organisations believed this question did not apply to them as they do not have business outcomes like private companies.

▪ **Interpretations**

Half of management representatives believed the level of absenteeism was very low in their establishments compared to others. One third said it was average whilst three simply did not know. Judgements were often based on informal knowledge of the sector rather than official data, or longitudinal data from within the same establishment. Two thirds of management representatives believed the organisation performed better than others on health and safety outcomes.

Half of the management representatives believed the economic situation of their company was quite good or very good. Interviewees from larger establishments said this was their personal view as they were less likely to have access to data on business performance than those from smaller establishments. Almost half of respondents believed the company performed better than average although a number gave no answer to this question.

1.4 Collecting health and safety performance data

Only four out of 15 establishments returned the proforma and in some cases the data was incomplete. For example, data on hours spent on health and safety was often only added for the

three examples on the sheet (employee1, employee2 and employee3) even if the management representative had noted that more than three individuals were involved in health and safety tasks.

It is worth considering whether the data on costs is meaningful in the absence of any other organisational data, such as number of employees at the establishment, type of contracts and other expenditures.

For those establishments that returned the proforma, the results varied substantially due to the differing size and nature of work carried out. For example, in a micro manufacturing establishment, there was one manager in charge of health and safety who spent 20 hours per month on health and safety tasks. In contrast, in a large energy company 110 managers and 350 employees held responsibilities for health and safety. Unsurprisingly, the expenditure on health and safety across these two establishments differed greatly. The micro-sized establishment spent €2,500 in health and safety services and almost €5,000 in equipment during 2011, whilst the equivalent figures in the large company were €8,280k and €5,512k. Not all of the proformas included data on accidents and related absence. A medium-sized manufacturing establishment reported 11 accidents in 2011 which led to 99 working days lost (four per cent of overall working time). In the large energy establishment already mentioned there were ten accidents over the same period, which led to 247 working days (1.9% of working time).

1.5 Summary and conclusions

In this section we draw out the general conclusions and key points about the questionnaire that emerged from the interviews in Italy.

Some technical issues emerged in different sections of the questionnaire. In addition to specific issues with individual questions, there were some common themes concerning:

- Use of terms which could be interpreted in multiple ways.
- Translation issues that meant the question was not equivalent to the English version.
- Use of different reference points by management representatives (whole organisation) and employee representatives (interview site only).
- Difficulties giving overall assessments as practice varied across the establishment/organisation.

The main technical issues for each section of the survey are summarised in turn below.

- **Approach to management of health and safety**

The main issue in this section referred to the meaning and interpretation of 'documented policy', 'management system' and 'action plan' in questions MM155/ER200. Some interviewees incorrectly identified the statutory risk assessment process and related document as evidence of such a policy or management system. Different understandings of the question led to inconsistencies between management and employee representatives from the same organisation.

The main technical points in questions MM156/ER202 related to: a) the definition of 'impact'; b) the difficulties measuring impact and its scale, and; c) the heterogeneity of 'impact' across categories of workers and establishments in multi-site organisations. A variety of examples of 'impact' were provided, some of which referred to measurable outcomes such as accidents or near-misses, and others which considered more intangible outcomes such as the implementation of safety procedures and improved safety behaviour. In large multi-site companies, management representatives found it difficult to focus solely on the site at which the interview was held and tailored their answers to the whole organisation. In these cases the heterogeneity of impact across sites was strongly emphasised, particularly if the buildings or workplaces where staff were placed were owned by other companies. Management representatives sometimes felt compelled to distinguish between 'impact on employees' and 'impact on physical premises'. There was also heterogeneity of impact across employees according to age and nationality and whether workers were directly employed by the company or by an external agency.

In question MM159/ER214 there were clear translation issues. In the Italian version of the questionnaire, the wording 'line managers and supervisors' was translated to '*direzione e dirigenti*', which refers to staff at the top of the hierarchical structure such as directors and management. As a result, many responses were based on the involvement of senior management and directors rather than line managers and supervisors. In some establishments, mainly large organisations, the involvement was considered patchy and dissimilar between senior management and middle managers so it was difficult to give an overall assessment.

▪ **Levels of concern with OSH risks**

Question MM200/ER250 was the most controversial question tested in the interview. Interviewees found it difficult to understand the sense of the question and the meaning of the word 'concern', which led to inconsistent interpretations across establishments, between management and employee representatives at the same establishment and even within single interviews in response to the different risks. Answers varied and were based on different criteria such as whether the risk was present, the potential severity of the risk, the extent to which the risk could be managed, how it was actually managed and the level of attention given to it. Some responses were affected by social desirability bias; some managers felt uneasy labelling major hazards a 'concern', preferring to say that that they received 'great attention' instead. In multi-site organisations, managers tended to think about the risk profile of the organisation as a whole, while employee representatives focused on risks where the interview was held, which again led to inconsistent answers.

▪ **Approach to risk assessments**

Answers to questions in this section need to be contextualised to the Italian legislative framework. All establishments in Italy would be expected to provide a positive answer to MM161/ER207 as Italian legislation requires employers to carry out a risk assessment every four years (or every time there is a significant change) and to keep the risk assessment document, called the DVR (*Documento di valutazione rischi*) in the workplace. However, a simple 'yes' or 'no' answer here did not provide a realistic picture and overlooked notable differences in approaches to risk management. In establishments with well-structured policies the management and safety checks went well beyond the statutory risk assessment requirement.

The main controversial issue in this section related to the fact that 'risk assessments' and 'workplace checks' were seen as two separate entities. In Italy the term 'risk assessment' is mainly used to refer to the legal procedure and document (DVR), a far more complex and comprehensive procedure than 'workplace checks' instigated by internal policies. Responses to MM162 and MM163 (who carries out these risk assessments or workplace checks and on which occasions these are carried out) varied depending on which type of check the interviewee chose to refer to. It may be useful to split these questions into two, and ask separately about 'risk assessments' and 'workplace checks'. Even with this change, it would be worth allowing multiple responses to MM162; 'risk assessments' and 'workplace checks' were sometimes carried out by both in-house staff and external contractors, but rarely in equal amounts, so answers here tended not to represent what happened in practice.

From discussions with interviewees, it was clear that negative responses to question MM166 (follow-up actions taken) did not necessarily indicate poor management or working conditions; organisations with good OSH management did not always need to make changes. Additionally, there was a tendency amongst management representatives to agree in MM166 that training had been provided even if this was the result of other internal policies rather than a follow-up to a check. Clarification may be required that this question is about changes made following risk assessments/workplace checks only.

The questions on risk assessment aimed at employee representatives generally worked well. Question ER211 (whether involved in the choice of follow-up actions), was interpreted differently by different interviewees. Some said they were involved even if they were only informed about the chosen follow-up actions whereas others had made an active contribution to the choice.

▪ **Drivers of and barriers to management of health and safety**

It was highlighted that external consultants (regularly responsible for health and safety in Italian companies) might not be equipped to answer questions on what drives establishments to deal with health and safety or causes difficulties for them.

Question MM171 was translated in such a way that confused both the interviewees and the interviewer. In the Italian questionnaire the word 'major' has been translated to '*prioritario*' (priority) in the question, but '*importante*' (important) in the response options, so it was not clear how interviewees should respond. There were also a few issues with the specific items listed. Some management representatives raised concerns about item 3 (staff retention and absence management) as it addresses two separate issues, for which responses were not always the same. A number of interviewees were confused by the meaning of item 4 (economic or performance-related reasons), and item 6 (pressure from the labour inspector) was often answered from a hypothetical standpoint.

In question MM172, managers were unsure whether difficulties relating to 'a lack of awareness', 'a lack of expertise' or 'a lack of technical support' should refer to deficiencies amongst themselves and their health and safety teams or other employees. Items 2 (a lack of awareness) and 5 (the culture within the establishment) were often considered to be the same or very similar, suggesting that the full meaning of 'culture' was not understood.

▪ **Worker participation and involvement**

Generally the questions in this section worked well, but there were some exceptions. In question ER102, some employee representatives did not understand what was meant by 'permanent committee' or 'working group'. In question ER107, some thought use of the term 'controversies' was too strong as it implies a complete stalemate between management and employee representatives rather than disagreements. There were some inconsistencies in responses to question ER205, as a few interviewees only considered information delivered to employees through training rather than other media.

▪ **Resources and training in OSH issues**

This section did not raise particular issues and generally the questions were well understood by employee representatives. However, some minor technical issues emerged. As for question ER205, a few interpreted ER154 (about information on health and safety received from management) as referring to training only. For some it was not clear that question ER155 (whether information was received on time) still referred to information about health and safety rather than other topics. In question ER159 on training received, some interviewees found it difficult to distinguish between training they had received as an employee representative and as an employee, and a few were unclear of the meaning of 'ergonomics'.

▪ **OSH and organisational performance**

This section raised issues because many lacked access to data within their own and comparable data from other establishments. This affected both the original and new versions of the questions, so overall the new additions did not offer any improvements. In all cases levels of accidents were well monitored by the establishment but only a few monitored levels of absenteeism. Safety managers from large organisations did not always have information on the economic and financial performance of their establishments. Many of the responses to questions in this section were based on best guesses and personal judgement rather than hard evidence. In addition management representatives from public organisations believed the new question on business outcomes did not apply to them, only to private organisations.

▪ **Collecting data on OSH resources and performance**

Only a handful of organisations returned the proforma and those that did often left sections incomplete. Additionally, the results varied substantially. It was not possible to conduct a comparative analysis due to the differing size of the establishments, nature of work carried out and the way in which the data were collected or presented.

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European Agency for Safety and Health at Work

E-mail: information@osha.europa.eu

http://osha.europa.eu

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(EU-OSHA) – European Agency for Safety and Health at Work

Psychosocial risks in Europe:
Prevalence and strategies for prevention

Executive summary

Introduction

This executive summary is based on a joint report on psychosocial risks at work from the European Agency for Safety and Health at Work (EU-OSHA) and the European Foundation for the Improvement of Living and Working Conditions (Eurofound). It draws on the complementary work of the two agencies, which is reflected in their different roles. Acknowledging the complexity of the relationship between health and work, the report presents comparative information on the prevalence of psychosocial risks among workers and examines the associations between these risks and health and well-being. It also looks at the extent to which establishments take action to tackle psychosocial risks and describes interventions that can be adopted in companies. An overview of policies in six Member States is included.

Policy context

Raising the quality of working conditions is a goal of the EU; Article 151 of the Treaty on the Functioning of the European Union states that Member States should work towards the promotion of employment and the improvement of working conditions. Ensuring the health and well-being of workers throughout their working lives is a prerequisite to achieving the Europe 2020 objective to increase employment across the EU. The 1989 Framework Directive on measures to improve safety and health at work obliges employers to implement preventive measures to guard against occupational accidents and diseases; accordingly, psychosocial risks must be addressed in organisations' health and safety strategies. In addition, the European social partners have recognised the importance of psychosocial risks by signing the Framework Agreements on Work-related Stress (2004) and on Harassment and Violence at Work (2007). These agreements represent a commitment to the development and application of their content at national level.

Key findings

In Europe 25% of workers say they experience work-related stress for all or most of their working time, and a similar proportion reports that work affects their health negatively. Psychosocial risks contribute to these adverse effects of work.

The most common risks relate to the type of tasks workers perform – for example, whether tasks are monotonous or complex – and to work intensity. High work intensity is associated with negative health and well-being outcomes, especially work-related stress.

Violence and harassment are less frequently reported, but have a strong negative relationship with well-being. Other working conditions, such as a good work–life balance and social support, have a positive influence.

The incidence of some psychosocial risk factors has fallen since 2005. Fewer people report working long hours and a lack of social support. However, job insecurity has grown, and one-fifth of workers still work long hours or have irregular schedules. Recently, increases in work pressure and violence and harassment have been reported in some countries; this is associated with workplace changes brought on by the economic crisis.

In general, differences in working conditions between groups of workers are sector-related. However, there are gender differences not necessarily related to sector – for example, men working longer hours or women facing more difficulties in their career development.

Psychosocial risks are of concern to a majority of companies: nearly 80% of managers express a concern about work-related stress, and nearly one in five considers violence and harassment to be of major concern. Looking at single risks, managers' greatest concerns relate to time pressure and difficult customers, patients and pupils. Despite these concerns, fewer than one-third of establishments have procedures in place to deal with such risks.

Evidence suggests that tackling hazards to psychosocial well-being is not a single event, but a process with different stages that require changes in the work environment. Interventions taken at company level are best implemented through a structured process, and this is most successful if accompanied by active worker involvement.

Information provided to companies to help them tackle psychosocial risks is most likely to be effective if it delivers an approach that

can be targeted at the company's state of readiness for change, and at the specific risks in the company and sector. There is no single solution with regard to psychosocial risks, but many effective approaches have been implemented in companies all over Europe.

At policy level, legislation and social partner initiatives have contributed to the implementation of psychosocial risk prevention. Social dialogue is a driver for improving working conditions. Examples in the report highlight policies to deal with psychosocial risk at Member State level, either through legislation or inspection, by providing practical tools, or through the involvement of social partners. However, policies are not developed to the same extent in all European countries, which can be explained by the different traditions of social dialogue and different governmental approaches, often related to the importance countries give to psychosocial risks.

Policy pointers

- Policymakers and stakeholders responsible for improving working conditions and risk prevention have to consider the specific psychosocial risks for different groups of workers.
- In line with the Europe 2020 objective to increase employment rates, attention should be paid to tackling the risks to which workers are most commonly exposed, such as the specific problems related to task type or high work intensity, and those with a strong impact on work sustainability, such as violence or harassment.
- The increasing recognition of the importance of the psychosocial work environment and the need to tackle psychosocial risks has to be translated into actual implementation of preventive policies, especially in countries where few companies have procedures to deal with psychosocial risks. Practical guidance can play an important

role in complementing legal requirements, especially for smaller companies.
- Social dialogue at different levels, from the EU to the workplace, helps raise awareness of psychosocial risks and helps in the development of policies and actions at establishment level. Further developments in this regard should continue, especially in countries where policies are still less developed.
- Measures to prevent psychosocial risks are best implemented on the basis of the traditional risk management framework. Companies are more successful in preventing psychosocial risks if well-functioning occupational safety and health management is already in place.
- Policymakers should reflect on how to increase women's participation in the labour market, while maintaining and improving the working conditions in general. Addressing issues related to working time and career development can contribute in this area.
- Job insecurity is related to some negative health outcomes. Development of holistic policies on employment, career development, socioeconomic support and restructuring can help to address the causes and consequences of job insecurity.

Further information

This summary is extracted from the report 'Psychosocial risks in Europe: Prevalence and strategies for prevention', available at www.eurofound.europa.eu/publications/htmlfiles/ef1443. htm and https://osha.europa.eu/en/publications/reports/ psychosocial-risks-eu-prevalence-strategies-prevention/view. It is available in 25 languages at www.eurofound.europa.eu/ publications/htmlfiles/ef14431.htm and https://osha.europa. eu/en/publications/reports/psychosocial-risks-eu-prevalence-strategies-prevention-summary/view.

Giuseppe Mulazzi
Expert on labor policies and industrial relations, health and safety in the workplace trainer. He's the Managing Director of the Rubes Triva Foundation.

Monica Bigliardi
Health and safety trainer specialized in psycho-pedagogical issues. Training area of the Rubes Triva Foundation.

Translation by: Nadia Ramazzini
Legal expert of health, safety and environment management systems. She's responsible for European affairs of the Rubes Triva Foundation.