Assessing health and safety risks in the hospital sector and the role of the social partners in addressing them: the case of musculoskeletal disorders (MSDs) and psychosocial risks and stress at work (PSRS@W)

Report of the social partners' conference on approaches to the issue of psychosocial risks and stress at work in the hospital sector
Helsinki - 10 November 2015

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Sarah Rutten-Ketelaar (Academic Medical Center, Amsterdam) presenting: 'Applying workers' health surveillance to manage PSRS@W'.

1. Introduction

Healthcare is one of the most significant sectors in the EU economy employing directly around one in every ten workers in the EU[1]. The sector, however, faces major challenges that are multi-faceted and complex and that stem from the combined effect of different societal and economic factors, specifically:

- Workforce ageing and lack of new recruits, leading to shortages of health professionals;
- Retention problems in a number of health occupations due to demanding working conditions, limited career prospects and non-competitive remuneration;
- Skills mismatch and regular upgrading and upskilling requirements in a context of increased use of new technologies, development of new care patterns and rising number of elderly patients and patients with chronic conditions, multimobidity, obesity and dementia;
- Increasing demands and expectations of patients for higher quality care, more involvement in decision making regarding health services provided and greater emphasis on preventative care.

Moreover, the health sector is currently under strain due to austerity measures and budgetary cuts resulting from the deep economic crisis affecting EU Member States, directly and negatively impacting health systems, the delivery of health services and the health workforce.

One major priority of the joint work programme 2014-2016 of the European Sectoral Social Partners HOSPEEM and EPSU is the promotion of occupational safety and health. Against this backdrop, HOSPEEM and EPSU jointly elaborated a two-year EU project entitled "*Assessing health and safety risks in the hospital sector and the role of the social partners in addressing them: the case of musculoskeletal disorders (MSDs) and psycho-social risks and stress at work (PSRS@W)"*, for which they received financial support from the European Commission. MSDs and PSRS@W have been chosen as the two focal topics as they are the most frequently reported occupational hazards in the hospital sector across the EU and as they significantly impact workers' health and well-being, organisations and society as a whole.

Health workers are more prone to PSRS@W than other professional groups because given their direct contact with patients they are in the frontline and face societal problems more than others. The current context of austerity and budgetary cuts, societal changes and the multiple social maladjustments among the population

[1] In 2010 there were around 17.1 million jobs in the healthcare sector which accounted for 8% of all jobs in EU-27. Data from Eurostat (2011) NACE Rev.2 categories 86 & 87.

particularly put health workers under pressure. These peripheral phenomena impact the work in hospitals and have a direct effect on the occurrence of PSRS@W.

The common aim of this project is to identify how actions aimed at preventing and managing these two occupational hazards can contribute to improved health as well as to more attractive retention conditions within the hospital/healthcare sector and can lead to improved efficiency in the management of healthcare institutions and workplaces by reducing costs linked to loss of productivity, sick leave and occupational diseases. The project also aims to help HOSPEEM and EPSU members assess the impact of musculoskeletal disorders and psychosocial risks and stress at work on the management of healthcare institutions and healthcare personnel and identify effective actions to tackle them. This is based on fact finding and the exchange of existing good practices at hospital level, on tools, on joint social partners' initiatives as well as on government policies and legislation aimed at preventing or reducing musculoskeletal disorders and psychosocial risks and stress at work.

The activities foreseen under the project, i.e. the organisation of two conferences in Paris and Helsinki, should help EPSU and HOSPEEM and their respective members work towards common views as to the analysis of the risks in hospitals and other health institutions, their relative weight, their incidence on specific groups of health workers or health professions and identify relevant existing measures, good practice examples and guidance in order to address them. With the two conferences EPSU and HOSPEEM pursue the objective of raising awareness amongst employers and workers (and their representatives) on the importance of an effective risk assessment and management of these two occupational hazards. Moreover, these events aim to foster the exchange of information and knowledge as well as mutual learning across European countries.

HOSPEEM and EPSU are committed to contribute to tackle these challenges, in particular in view of the extent to which they affect the health workforce, by making active and effective use of social dialogue at EU level.

The reports drafted from each conference are one of the deliverables of the project[2]. Another deliverable is the setting up of dedicated webpages on the HOSPEEM and EPSU websites[3] containing European and country specific documents related to MSD- and PSRS@W-prevention and giving access to the complete set of presentations given at both conferences.

[2] The report of the first social partners' conference on approaches to the issue of musculoskeletal disorders held on 25 March 2015 in Paris is available at http://hospeem.org/?p=2970 and http://www.epsu.org/a/10895

[3] http://hospeem.org/activities/projects/osh-project-material-and-guidance / http://www.epsu.org/a/10999

The results of the second social partners' conference on approaches to the issue of psychosocial risks and stress at work in the hospital sector (Helsinki 10 November 2015) are presented in this report.

2. The Helsinki PSRS@W Conference

On 10 November 2015, HOSPEEM and EPSU (with the support of the Finnish EPSU affiliates JHL, Superliitto and Tehy) organised a conference in Helsinki with around 80 participants[4] from 18 EU Member States[5] being physically present, mainly from national trade unions' and employers' organisations. It was also attended by representatives from the European Commission[6] and EU-OSHA and by national experts in the field of psycho-social risks and stress at work. As it was streamed live on the Internet more interested people elsewhere in Europe had the opportunity to be virtually present[7].
This event was the contribution of HOSPEEM and EPSU to the EU-OSHA 2014-2015 "Healthy Workplaces Manage Stress" Campaign, as official campaign partners.

The conference aimed at supporting a broad fact-finding exercise on the main risk factors related to psycho-social risks and stress at work in the hospital/healthcare sector, highlighting good practices to assess the risks and identifying instruments and measures that can help preventing, managing and/or reducing the risks. Improvements would be beneficial in various regards as they would support effective recruitment and retention policies, reduce sickness absence and costs for employers and improve the health and safety of the workforce and thereby also the quality of service provided to patients in the hospital/healthcare sector.

The panel discussion at the end of the day, in the back the message wall is visible (yellow posts)

Throughout the day, particular attention was paid to the role and initiatives of social partners from local, national and European level in this regard. The speakers either had an employer's, employee's, research or hospital practitioner's background. As the number of presentations was limited only some Member States were represented 'on stage'. Presentations[8] were given by experts and/or HOSPEEM members or EPSU affiliates from the following countries: Finland, France, Germany, the Netherlands, Sweden and the UK. EU-OSHA and the European Commission were also represented.

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[4] The full list of participants is presented in Appendix #2

[5] Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, Finland, France, Germany, Ireland, Italy, Latvia, Lithuania, The Netherlands, Norway, Romania, Sweden and the United Kingdom.

[6] DG EMPL, Health and Safety Unit

[7] More than 200 people followed the live streaming of the event at one point or another during the day and more than 350 people watched the recording of the conference after the event (source: statistics supplied by the service provider).

[8] An abstract of all the presentations can be found in Appendix #3

Simultaneous interpretation was provided from and into English, French, German and Finnish. During the day, participants, either physically or virtually present, had the possibility to post comments, ask questions, make remarks, etc. on a message wall that was displayed in the conference room. All relevant comments are presented in a separate document available on the HOSPEEM and EPSU websites[9].

Most speakers underlined that there is an urgent need for stress management. For example James Tracey (Leeds Teaching Hospital NHS Trust, UK) and Kim Sunley (Royal College of Nursing, RCN, UK), presented data showing that stress is the biggest reason behind sickness absence in the UK, that over 40% of the UK organisations saw an increase in mental health problems[10], that 30% of NHS staff suffer from stress every year and that the cost of stress in the UK is annually €1.67 billion, resulting in loss of 105 million days.

Also the 'Healthy Workplaces Manage Stress' campaign guide[11] presented by the European Agency for Safety and Health at Work mentions a recent pan-European opinion poll[12] that revealed that 51 % of all workers reported that work-related stress is common in their workplace and around four in ten workers think that stress is not handled well in their workplace.

Additionally, Peter Kelly (Health and Safety Executive, HSE, UK) shared UK statistics (2013-2014) showing that on a three-year average health professionals (in particular nurses) reported the highest rates of total cases of work-related stress, depression or anxiety and that in 2013-2014 the number of new cases of work-related stress, depression or anxiety was 244.000.

The chair of the conference (Margret Steffen, ver.di, Germany) also underlined the issue by stating that mental illnesses diminish the performance of the employees concerned, are responsible for about 13% of the days off work and will become the most frequent cause of early drop out in the near future.

Although the type of expertise and background of the speakers differed and although they came from different Member States, a couple of common grounds could be identified for a number of issues. These 'themes' are presented in the five sections below.

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9 http://hospeem.org/?p=2974 / http://www.epsu.org/article/conference-2-addressing-psycho-social-risks-and-stress-work-hospital-sector

10 Chartered Institute of Personnel and Development (CIPD) 2015 Annual Absence Report. Available at: https://www.cipd.co.uk/binaries/absence-management_2015.pdf

11 http://hw2014.healthy-workplaces.eu/en/campaign-material/introducing-the-campaign-guide

12 Pan European opinion poll on occupational safety and health, European Agency for Safety and Health at Work, 21 March 2013. Available at: https://osha.europa.eu/en/safety-health-in-figures

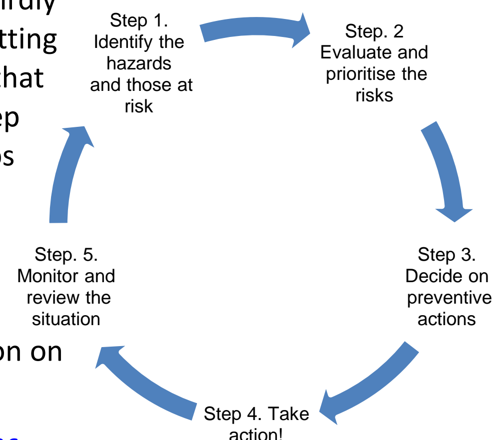
Further information on the event, including a full set of presentations can be found on the dedicated pages of both the HOSPEEM and EPSU websites[13]. A recording of the conference can still be watched until 10 November 2016 on the following link: http://www.mediaserver.fi/live/conferencehelsinki

2.1 Theme 1: Hierarchy of prevention

As Julia Flintrop (EU-OSHA) underlined in her presentation, for reducing the issue of PSRS@W the hierarchy of prevention needs to be followed. First risks for PSRS@W should be avoided or eliminated by technical, organisational or personal measures. When this is impossible, the risks should be reduced and minimised. When the latter is also not possible, individual measures, for example modifying behaviour, should be taken.
This was also supported by the French contribution. Catherine Allemand (SYNDEX) and Valérie d'Almeida (CFDT-SSS Bayonne), stated that '*primary prevention directly addresses the causes of PSRS@W with the aim to eliminate or reduce sources of stress stemming from the work organisation in order to reduce the negative impact on the physical and psychological health of employees*.'
The need for this hierarchy of prevention was also underlined by the message wall posts of Nico Knibbe (LOCOmotion, NL) '*Don't teach nurses how to cope with stress, we should take away the source!*' and Herbert Beck (ver.di) *'We have hundreds of studies, researches etc. but only a few effective strategies for solving the problems of PSRS@W. So the focus should be on prevention and on necessary measures, developed by the social partners'.*

2.2 Theme 2: Step by step

This second theme 'step by step' is illustrated by the five-step approach as presented by Julia Flintrop. The first step is to identify the hazards and those health workers at risk. Secondly, evaluate and prioritise the risks and thirdly decide on preventive actions. The fourth step is putting these planned actions into concrete action. After that the actions should be monitored and reviewed (step 5), possibly leading to new hazards or target groups (step 1).



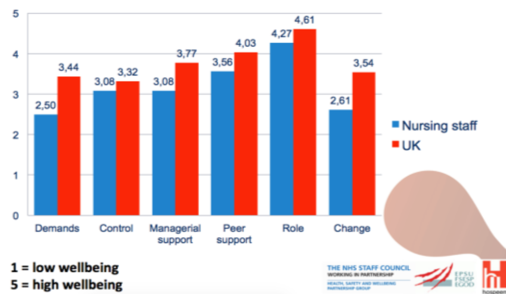
During the day several examples of working this way were presented. The Swedish contribution by Anders Westlund, Malin Vadelius and Tord Andersson on

[13] http://hospeem.org/?p=2974 / http://www.epsu.org/a/10896

the handling of harassment in Region Gävleborg (Sweden) underlined the usefulness of an employee survey on a regular basis (in the Swedish example it has been done every second year), leading to information for steps 1 and 2. Also Catherine Allemand and Valérie d'Almeida showed how data can be helpful in solving PSRS@W in an emergency department. They analysed the distribution of emergency passages in an emergency department of a general hospital. Data showed that the busiest days were Saturdays, Sundays and Mondays. Based on this and other types of information (for example field observations) the analysis done by SYNDEX on behalf of CFDT-SSS recommended extra free weekends for a better work-life-balance, and adding additional staff during the first part of the night. Therefore the importance of safe and adequate staffing levels in preventing PSRS@W was underlined by using available data.

A thorough assessment can also lead to the insight that there is a direct connection between PSRS@W and MSD issues. Nico Knibbe pointed out that if a nurse has back pain she/he will suffer from stress and the other way around. Peter Kelly gave the practical example that if a nurse feels time pressure (stress) she/he is less likely to use a patient lifter. And Tjitte Alkema (HOSPEEM) posted on the message wall '*Do you know the connection between musculoskeletal disorders and psychosocial stress? Together they cause more than 50% of all absenteeism at work!*'.

The need and opportunities for assessment (Steps 1 and 2) were emphasised by James Tracey and Kim Sunley. They presented the HSE Stress Assessment Tool with 35 questions about PSRS@W, the cause and the solutions. The tool was designed to be completed by teams, leading to active involvement of the workers. The outcomes of the assessment should lead to concrete actions written down on the HSE Stress Action Plan.



HSE Health and Safety Executive — Management Standards for Tackling Work Related Stress

Action plan template

Standard area	Desired state	Current state	Practical solutions	Who will take the work forward?	When?	How will staff receive feedback?	Action completed?

Example of the results of an assessment with the HSE Stress Assessment Tool (left) and the HSE Stress Action Plan (right).

The Dutch contribution by Sarah Ketelaar (Academic Medical Center, Amsterdam) showed how a stepwise approach, basically tailoring the PSRS@W programme by using data, can also work on an individual level. She underlined that insight in personal work-

related health, ability to deal with job demands and work ability can lead to effective early intervention at an individual level. This can be personal advice, but it can also lead to interventions at organisational level.

Albert Nienhaus (BGW, Germany) pointed out that risk assessment concerning stress at work can be performed in different ways, for instance through standardised general questionnaire/survey, job specific standardised questionnaires or moderated discussions.

Sarah Ketelaar, but also Albert Nienhaus, James Tracey and Kim Sunley emphasised that before doing an assessment, it should be very clear that the individual worker and the management are willing to act upon the issues that might arise. This should be done formally in a statement of intent.

2.3. Theme 3: The Demand-Control-Model[14]

Several presenters used the Demand-Control-Model to show that PSRS@W is a function of how demanding a person's job is (time pressures, conflicting demands, amount of work, degree of concentration required, etc.) and how much control (discretion, authority or decision, etc.) the workers have over their own responsibilities. This creates four kinds of jobs: passive, active, low stress and high stress.

	Low Job Demand	High Job Demand
Low Control	Passive Job	High-stress Job
High Control	Low-stress Job	Active Job

The goal of a programme aiming at the reduction or prevention of PSRS@W should firstly be to eliminate the high stress jobs, but secondly convert the passive, high stress and low stress jobs into active jobs as this not only leads to engaged, satisfied and less stressed workers, but also to more productivity, job commitment, innovativeness and better health (reduction of sick leave). Presenters like Albert Nienhaus and Saija Koskensalmi (Finnish Institute of Occupational Health) underlined that this will lead to a 'win-win' situation for both workers and employers.

Sarah Ketelaar gave an example of how implementing self-rostering (offering more control over working times) had a positive effect, i.e. it has reduced fatigue during night shift and it has improved the work-life balance[15].

Also 'jobcrafting' as presented by Saija Koskensalmi can be seen as a way to gain more control over ones job and to dose the level of demand. Job crafting is shaping a job by the worker to make it fit better to her or his capacities, competencies, resources, etc.

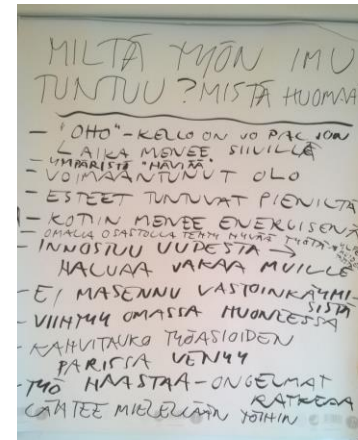
[14] Karasek – Theorell 1990

[15] Nijp et al 2012, Scand J Work Environ Health, Joyce et al 2010, Cochrane Database Syst Rev

What is important is that this is done by the employees themselves, of course facilitated and coached by the employer. Job crafting seems to overlap with the concept of workers' health surveillance (WHS) as presented by Sarah Ketelaar, although here the worker seems to be in charge at a lower level. WHS is a work-related health examination (online questionnaire plus a physical examination by a doctor's assistant), voluntary and job-specific. After taking part in the examination the results are discussed with the employee leading to advice about how to cope with PSRS@W.

2.4. Theme 4: Worker participation

This fourth theme links with theme 3 as worker participation more or less overlaps with the concept of 'high' control as mentioned in the Karasek Demand-Control-Model. Different presenters underlined worker participation as a key element in preventing and reducing PSRS@W. First of all Peter Kelly stressed the need for engagement: '*If you want to make a change you need to bring employees into the decision making process, involve them. They have to feel engaged*'.



Finnish example of worker participation workshop.
"How do you feel at work today?"

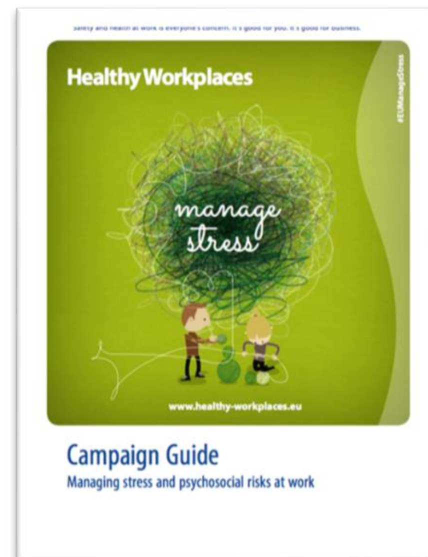
Julia Flintrop also stated that workplaces that have formal worker representation are more likely to report management commitment to safety and health, are more likely to have preventive measures in place for both general OSH and psychosocial risks and are more likely to involve employees (consultation and participation) in the process of OSH and psychosocial risk management. Also if workplaces have formal worker representation and a high level of management commitment to OSH, they are more likely to report that their organisation's OSH and psychosocial risk management are effective.

Additionally Catherine Allemand and Valérie d'Almeida stated that '*employee participation will become the pillar for the development of risk prevention*' and James Tracey and Kim Sunley presented research findings that 'participation' and 'being kept informed' have a positive effect on workers' health. This was supported by Kirsi Sillanpää (Tehy, Finland) in the closing panel: '*Employees need to be able to influence their work, otherwise stress increases*'.

Saija Koskensalmi and Albert Nienhaus mentioned another way of translating the concept of 'worker participation' into practice: discussion groups at work floor level. Questions like '*What is nice about my job?*', '*What worries or disturbs me about my job?*', '*How can we improve things?*', '*What actions can we take?*' and '*What actions does the employer need to take?*', can be asked during such discussion groups leading not only to knowledge for steps 1, 2 and 3 of the risk assessment process (see theme 2)

but also to involvement of the worker and improvement of the feeling of control over his or her work (see theme 3, Demand-Control-Model).

Useful material on how to involve workers in decision making regarding their work and how to encourage them to contribute to developing, for example, methods of working and schedules can be found in the EU-OSHA 2014–2015 Campaign publications and materials (Healthy Workplaces Manage Stress).



Campaign guide of the EU-OSHA Healthy Workplaces Manage Stress campaign

2.5. Theme 5: Leadership

Albert Nienhaus presented strong evidence for the direct connection between leadership and workers' health and well-being at the workplace. On the basis of 86 studies involving 34,000 participants, it appears that 15 to 40% of the variance of the well-being variables among workers is explained by leadership[16]. Committed, proactive and supportive leaders who coach employees to craft their jobs, give workers control over their own jobs as much possible, improve team spirit and tailor the level of demand will increase job commitment, productivity, innovativeness and decrease PSRS@W. Stress being contagious and having a domino effect, all hospital staff are affected, including leaders and managers. Therefore, they also need to be involved in stress management so that workers' health and well-being at the workplace is ensured.

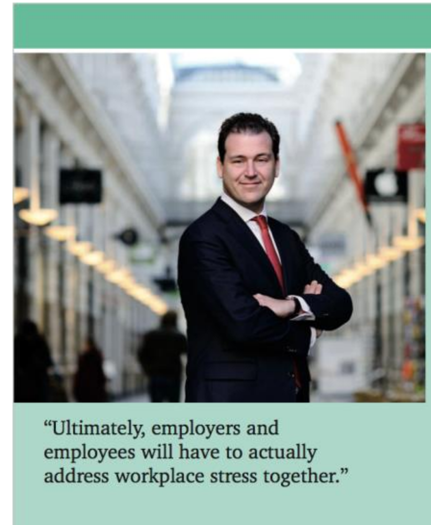
Additionally James Tracey and Kim Sunley presented research conducted by Zeal Solutions concluding that a positive team culture, supportive management behaviours, taking people's views into account, participation as well as being kept informed have a positive effect on health. They stressed that all these elements need effective management support and leadership and highlighted that supportive management behaviours counteract potential risks.

[16] Vincent S, et al. under review.

3. Take home messages

Based on the speakers' presentations, the plenary discussions, the posts on the message wall and the concluding remarks of the closing panel[17] the following 'take home messages' can be formulated:

- As PSRS@W have an impact at the same time on the worker (poor well-being and job satisfaction), managers (less motivated and productive workforce), the organisation (increased absenteeism, presenteeism[18], increased accident and injury rates) and society (costs and burden on individuals and society as a whole), trade unions, employers and governments should work together in preventing and managing this issue. Working in partnership and coordination to combat PSRS@W provides clear benefits and added value and leads to a win-win situation.
- As health professionals suffer from work-related stress more than any other professional group, doing nothing is not an option.
- Act quickly to reduce impact. Do not wait until the problems happen, do something before. When people are off work it is harder to get them back, it is more costly and it has implications on the rest of the team.
- Health workers need to be looked after now if they are to be effective later.

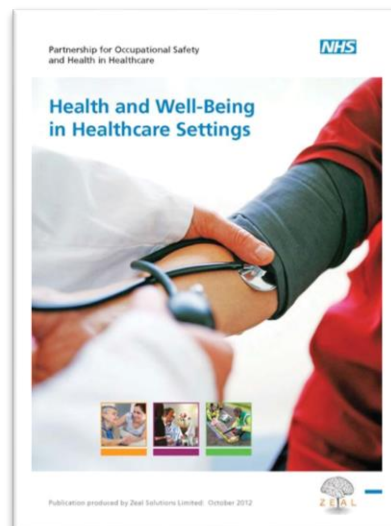


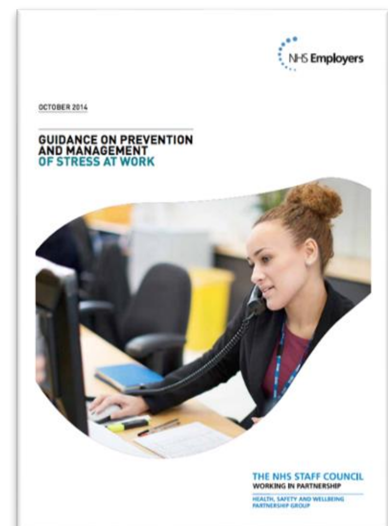
Dutch Good Practices 'Healthy Workplaces Manage Stress'.

- Prevention is better than cure. Do not cope with PSRS@W, take away the source(s) of PSRS@W.
- Safe and adequate staffing levels can play a helpful role in preventing PSRS@W. Inadequate staffing levels can lead to higher risks of PSRS@W and subsequent work overload.
- Guidelines for preventing risks and their implementation are required.
- MSDs and PSRS@W are interlinked, they cannot be separated and should therefore be jointly assessed.
- It is important to identify and map the possible risk factors in due time. It is important to act, not only to analyse.
- Make sure the organisation wants to act before an assessment is performed and preferably write this down in a cooperation agreement.

[17] Kirsi Sillanpää, Tehy (EPSU), Johanna Karlström, KT (HOSPEEM) and Zinta Podniece, DG EMPL (European Commission), participated in the closing panel.
[18] Workers turning up for work when sick and unable to function effectively.

- Keys for successful implementation of a PSRS@W reduction programme are primary prevention (Theme 1: hierarchy of prevention), assessment (Theme 2: step by step), converting passive high stress and low stress jobs into active jobs (Theme 3: the Demand-Control-Model), facilitating worker participation (Theme 4) and introducing committed and proactive leadership (Theme 5).
- Employees need to be engaged and involved into the decision making process in order to make change possible. Communication is decisive in that respect.
- Do not forget the managers, they are workers and get stressed too. Managers can get sandwiched between frontline workers and demands to meet organisational targets.
- It is crucial to have conversations with workers who suffer from work-related stress and with those particularly at risk.
- A number of tools and good practices are available in Europe to fight PSRS@W. They often need to be better known, implemented and used. A number of user-friendly, effective practical tools for assessing and reducing PSRS@W in the workplace are available on the website of the EU-OSHA "Healthy Workplaces Manage Stress" campaign: http://hw2014.healthy-workplaces.eu/en
- Social partners should make the best possible use of the results of the conference and the project in the social dialogue/collective bargaining.

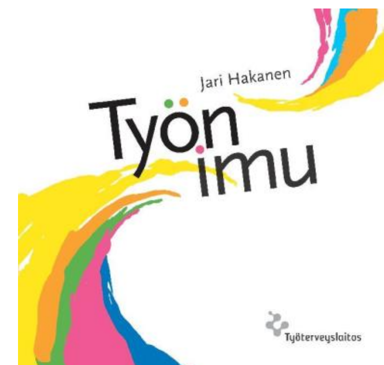




4. Summary to move forward

The Helsinki PSRS@W conference held on 10 November 2015, the second major activity foreseen under the HOSPEEM-EPSU project on health and safety risks in the hospital sector, supported a broad fact-finding on the main risk factors of psycho-social risks and stress at work in the hospital/healthcare sector and contributed to identify and highlight good practices, effective measures and practical tools that can help assessing, preventing, managing and/or reducing PSRS@W.

Alongside musculoskeletal disorders, psychosocial risks and stress at work are the most frequently reported health and safety hazards in the hospital/healthcare sector in Europe. Improvements would be beneficial for the worker (more well-being and job satisfaction), managers (better motivated and productive workforce), the organisation (reduction of absenteeism, presenteeism[19], accident and injury rates) and society (costs and burden on individuals and society as a whole).



The presentations given illustrated how preventive actions, risk assessment and good management of psycho-social risks and stress at work can contribute to improved workers' health and safety, to better quality care for the patients, to more attractive retention conditions for the workforce in the hospital sector and to improved efficiency in the management of healthcare institutions by reducing the negative effects PSRS@W have on the individual worker and/or on the good functioning of hospital/healthcare institutions and services.

Five keys for successful implementation of PSRS@W reduction programmes in the hospital/healthcare sector were identified during the conference, namely primary prevention, assessment, converting passive, high stress and low stress jobs into active jobs, facilitating worker participation and stimulating committed and proactive leadership.

A strong focus was placed on the crucial role played by local, national and EU social partners in this regard. This was reflected in the presentations, many of which building on existing good practices and grassroots experience.

The conference was a key step for the sectoral social partners in the hospital sector in identifying instruments and forms of work organisation supportive in achieving healthier and safer working conditions.

[19] Workers turning up for work when sick and unable to function effectively.

This report and more generally the project deliverables, findings and results will be disseminated at national and EU level. They will constitute a basis for further discussions and will feed into the future work of the Sectoral Social Dialogue Committee for the Hospital Sector on occupational safety and health related issues.

EPSU's and HOSPEEM's joint work on the issue of psycho-social risks and stress at work will continue in 2016 and beyond, in particular through the collection and dissemination of existing good practices. The insights from the Helsinki conference will be discussed and assessed with a view to reach joint conclusions on relevant action to be taken to help preventing and reducing psycho-social risks and stress at work for the health workforce. Several possible follow-up activities are being considered.

HOSPEEM and EPSU will assess the relevance of drafting a joint declaration on occupational hazards in the hospital and healthcare sector (with a particular focus on psycho-social risks and stress at work), focusing on social partners-based initiatives.

The possibility of adopting a Framework of Actions on occupational safety and health in the context of the next joint HOSPEEM-EPSU work programme 2017-2019 will be discussed.

In the framework of a future joint project HOSPEEM and EPSU foresee a specific project activity on OSH related issues, using the information gathered during the OSH project as a basis.

The relevance and feasibility of organising a follow-up activity on patient safety and safe and healthy work environments, linked to initiatives of DG SANTE on patient safety, will also be assessed.

Appendix # 1: Agenda, speakers and topics of the conference

Morning session

Chair: Dr. Margret STEFFEN, Germany (EPSU)

08.30 – 08.40	**Welcome and introduction,** *Dr. Margret STEFFEN*
08.40 – 08.45	**Welcome,** *Marjut MCLEAN, Vice-president, TEHY*
08.45 – 09.00	**"From Paris to Helsinki"**, *Nico KNIBBE, LOCOmotion Research NL (contracted expert)*
09.00 – 09.40	**Session 1: Setting the scene: causes of psycho-social risks and stress at work (PSRS@W) in the hospital/health care sector**
	Managing stress and psychosocial risks at European workplaces, *Julia FLINTROP, EU-OSHA*
	Questions and answers
09.40 – 10.40	**Session 2: Risk assessment and risk management in the field of PSRS@W**
	Stress in Healthcare – Can we measure and prevent stress in healthcare, *Albert NIENHAUS, BGW*
	Psychosocial risk prevention within health care profession in the EU, *Peter KELLY, Health and Safety Executive (HSE), UK*
	Questions and answers
10.40 – 11.10	*Coffee Break*
	Session 3: Better managing PSRS@W
	Applying workers' health surveillance to manage PSRS@W, *Sarah RUTTEN-KETELAAR, Academic Medical Center, Amsterdam*

Handling of harassment in Region Gävleborg, Sweden, *Anders WESTLUND, Malin VADELIUS and Tord ANDERSSON,* Region Gävleborg, Gävle, Sweden

Risk assessment and primary prevention of psychosocial risks and stress in the context of the restructuration of an institution of the CAPIO Group in Bayonne, France, *Valérie D'ALMEIDA, CFDT Bayonne, and Catherine Allemand, SYNDEX*

Questions and answers

12.30 – 13.45 *Lunch Break*

Afternoon session

Chair: Bjørn HENRIKSEN, SPEKTER, Norway (HOSPEEM)

13.45 – 14.45 **Session 4: Better preventing PSRS@W**

Working in partnership for an improved prevention of PSRS@W, *James TRACEY, Leeds Teaching Hospitals NHS Trust, and Kim Sunley, Royal College of Nursing (RCN)*

Questions and answers

14.45–15.15 **Session 5: How can workers cope with their job demands and stay engaged?**

Well-being through work – "How can workers cope with their job demands and stay engaged", *Saija KOSKENSALMI, Finnish Institute of Occupational Health*

15.15 – 15.45 **Closing panel,** m*oderated by Nico KNIBBE, LOCOmotion Research NL.*
Participants: Kirsi SILLANPÄÄ, TEHY (EPSU), Johanna KARLSTRÖM, KT (HOSPEEM) and Zinta PODNIECE, DG EMPL, (European Commission).

Appendix # 2: Delegates, represented countries and their organisations

N°	Member of	Country	Organisation	First name	Last name
1	EPSU	Austria	GDG-KMSfB	Karl	PRETEREBNER
2	EPSU	Austria	Vida	Willibald	STEINKELLNER
3	HOSPEEM	Austria	Vienna Hospital Association	Monika	BINDER
4	HOSPEEM	Austria	Vienna Hospital Association	Ulrike	NEUHAUSER
5	EPSU	Belgium	CGSP-ACOD ALR-LRB Bruxelles	Rudy	JANSSENS
6	EPSU	Bulgaria	CITUB	Slava	ZLATANOVA
7	EPSU	Cyprus	KTAMS	Ihsan Güven	BENGIHAN
8	EPSU	Cyprus	KTAMS	Ahmet	VAROĞLU
9	EPSU	Cyprus	PA.SY.DY	Andronikos	ANDRONIKOU
10	EPSU	Cyprus	PA.SY.DY	Zoe	ANTONIOU
11	EPSU	Denmark	DNO	Marianne	SCHULZ
12	HOSPEEM	Denmark	Danish Regions	Malene	VESTERGAARD SOERENSEN
13	EPSU	Denmark	FOA	Charlotte	BREDAL
14	HOSPEEM	Estonia	Estonian Hospitals Association	Hedy	EERIKSOO
15	HOSPEEM	Finland	CLAE	Henrika	NYBONDAS-KANGAS
16	HOSPEEM	Finland	HUS	Susanna	PUUMI
17	EPSU	Finland	JHL	Sari	BACKLUND
18	EPSU	Finland	JHL	Tuula	HAAVASOJA
19	EPSU	Finland	JHL	Merja	LAUNIS-AHTIANEN
20	EPSU	Finland	JHL	Anne	LÖNNBERG
21	HOSPEEM	Finland	Kuntatyöantajat Local Gov. Employers	Taija	HÄMÄLÄINEN

22	HOSPEEM	Finland	Kuntatyöantajat Local Gov. Employers	Eeva	NYPELÖ
23	EPSU	Finland	SuPerliitto	Sari	ERKKILÄ
24	EPSU	Finland	SuPerliitto	Merja	HYVÄRINEN
25	EPSU	Finland	SuPerliitto	Leena	KAASINEN
26	EPSU	Finland	SuPerliitto	Arja	NIITTYNEN
27	EPSU	Finland	SuPerliitto	Silja	PAAVOLA
28	EPSU	Finland	SuPerliitto	Tiia	RAUTPALO
29	EPSU	Finland	TEHY	Anna	KUKKA
30	EPSU	Finland	TEHY	Kaija	Ojanperä
31	EPSU	France	CFDT Santé Sociaux	Cyrille	DUCH
32	EPSU	France	CFDT Santé Sociaux	Maryvonn e	NICOLLE
33	EPSU	Germany	Ver.di	Herbert	BECK
34	EPSU	Germany	Ver.di	Brigitte	SCHERO
35	EPSU	Germany	Ver.di	Rudolf	SCHOEN
36	EPSU	Germany	Ver.di	Margret	STEFFEN
37	EPSU	Ireland	INMO	David	HUGHES
38	HOSPEEM	Italy	ARAN	Elvira	GENTILE
39	HOSPEEM	Latvia	Latvian Hospital Association	Jevgenijs	KALEJS
40	EPSU	Lithuania	LSADPS	Kristina	MECELIENE
41	HOSPEEM	Netherlands	NFU	Monica	TEUNS
42	HOSPEEM	Netherlands	NVZ	Sabine	SCHEER
43	HOSPEEM	Netherlands	OLVG	Marielle	VAN PAMPUS
44	EPSU	Norway	NNO	Tore	DAHLSTRØM
45	EPSU	Norway	NUMGE	Signe	HANANGER
46	HOSPEEM	Norway	SPEKTER	Bjørn	HENRIKSEN
47	EPSU	Romania	EPSU	Marina	IRIMIE
48	HOSPEEM	Sweden	Akademiska Sjukhuset	Birgitta	KAUPPINEN BEN YAHIA
49	HOSPEEM	Sweden	Centrum för HR	Jeanett	KLINGTOFT
50	EPSU	Sweden	Kommunal	Margaret ha	JOHANSSON
51	EPSU	Sweden	Kommunal	Liz	SILKE

52	HOSPEEM	Sweden	SALAR	Ned	CARTER
53	EPSU	Sweden	Vårdförbundet	Annica	MAGNUSSON
54	EPSU	Sweden	Vårdförbundet	Nina	BERGMAN
55	EPSU	Sweden	VISION	Anneli	HAGBERG
56	HOSPEEM	UK	NHS Employers	Naomi	BENNIGSEN
57	HOSPEEM	UK	NHS Employers	Kate	LING
58	EPSU	UK	RCM	Amy	LEVERSIDGE
59	EPSU	UK	UNISON	Alan	LOFTHOUSE
60	EPSU	UK	UNISON	Debra	TICKLE
SECRETARIAT					
61	EPSU	Belgium	EPSU	Mounia	BOUDHAN
62	EPSU	Belgium	EPSU	Penny	CLARKE
63	EPSU	Belgium	EPSU	Mathias	MAUCHER
64	HOSPEEM	Belgium	HOSPEEM	Sara	FASOLI
65	HOSPEEM	Belgium	HOSPEEM	Emilie	SOURDOIRE
66	HOSPEEM	Netherlands	HOSPEEM	Tjitte	ALKEMA
SPEAKERS					
67	Other	Belgium	EU-OSHA	Julia	FLINTROP
68	HOSPEEM	Finland	CLAE	Johanna	KARLSTRÖM
69	Other	Finland	FIOH	Saija	KOSKENSALMI
70	EPSU	Finland	TEHY	Marjut	MCLEAN
71	EPSU	Finland	TEHY	Kirsi	SILLANPÄÄ
72	EPSU	France	SYNDEX	Catherine	ALLEMAND
73	EPSU	France	CFDT Santé Sociaux	Valérie	D'ALMEIDA
74	Other	Germany	BGW	Albert	NIENHAUS
75	Other	Luxembourg	EC - DG EMPL - Social Aff & Inclusion	Zinta	PODNIECE
76	Other	Netherlands	AMC	Sarah	RUTTEN-KETELAAR
77	Other	Netherlands	LOCOmotion	Nico	KNIBBE
78	Other	Sweden	Region Gävleborg	Tord	ANDERSSON
79	Other	Sweden	Region Gävleborg	Anders	WESTLUND

80	Other	Sweden	Region Gävleborg	Malin	VADELIUS
81	EPSU	UK	RCN	Kim	SUNLEY
82	Other	UK	HSE	Peter	KELLY
83	HOSPEEM	UK	Leeds Teaching Hospitals NHS Trust	James	TRACEY
Other Participants					
84	N/A	Estonia	Tallinn University of Technology	Jaana	SEPP
85	N/A	Estonia	Health Care College of Tallinn	Piia	TINT

Appendix # 3: Abstracts of the presentations

Session 1: Setting the scene: causes of psycho-social risks and stress at work

Julia FLINTROP, EU-OSHA, Bilbao, Spain

(Note: due to a strike Mrs Flintrop was not present at the conference. Peter KELLY took over her presentation)

Julia Flintrop will give an overview on the topic “Managing stress and psychosocial risks at European workplaces“. Her presentation will cover the key objectives of the EU-OSHA 2014-2015 Healthy Workplaces Campaign “Health Workplaces Manage Stress”. She will look at the 5 steps to address psycho-social risks and stress at work/the workplace (PSRS@W) and in the hierarchy of prevention. Julia Flintrop will present data from the ESENER Survey run by EU-OSHA and focus on data from the sector “human health and social work activities” in view of the identification and the management of PSRS@W and with regard to the dimension of “workers’ participation”. At the end she will introduce the relevant EU-level legal background when addressing PSRS@W and different approaches of EU MS based on the two instruments “legislation and labour inspection”.

Session 2: Risk assessment and risk management in the field of PSRS@W

Albert NIENHAUS, Berufsgenossenschaft für Gesundheitsdienst & Wohlfahrtspflege (bgw), Hamburg, Germany

Good morning ladies and gentlemen. I am glad to be part of the conference and to be able to contribute some thoughts to it. Before I start my topic, I would like to introduce myself briefly. I am a MD trained in occupational medicine and in epidemiology with a MPH from the University of Los Angeles. At the University clinics of Hamburg Eppendorf I am heading a working group performing research on occupational health in nursing and healthcare. We are closely cooperating with the BGW, the Social Accidence Insurance for the Healthcare and Welfare sector. It was in this scope that I got to know Margret Steffen from Verdi. Mrs. Steffen, thank you for the invitation to this conference.
Our research group is conducting different studies concerning a wide array of topics such as infectious diseases, musculoskeletal disorders or burnout in HCWs, violence against HCWs and the influence of leadership on the health and wellbeing of HCWs. That is why we have a lot of experience in risk assessment and survey technics.

This brings me just to my first topic. Can we measure stress in healthcare? The answer is simple and clear: yes, we can! But before I will dwell on this in more detail, let us go back for a minute to the situation 25 years ago. Not only the Berlin Wall was still standing but there seemed to be a wall between OSH experts and workers in Germany, as well. At that time most experts were acting on the assumption that they should mistrust workers and their perception of working conditions as workers always tend to complain about working conditions hoping for a pay rise as compensation for dirty, heavy and dangerous work.

When I wrote my doctoral thesis about the working conditions of road maintenance workers in 1989 I had to write 100 pages in order to justify why my research study was based on interviews with workers and why I did not base my study on blood or urine tests. This situation has changed completely within the last 25 years. EU regulations and the adoption of the German Arbeitsschutzgesetz to the EU requirements helped to bring these changes about. 25 years later the picture is completely different. Nowadays workers refuse to answer questions and this has something to do with this pig. But I will come back to the pig later. Now let's have a look at the instruments we got in order to measure stress at the workplace.

There are two well recognized concepts of occupational stress, the effort reward imbalance by Johannes Sigrist and his working group from Marburg and Düsseldorf in Germany and the job demand and decision latitude model of Karasek and his working group.

Let's have a brief look at these two well established concepts. Derived from these concepts the Copenhagen Psychosocial Questionnaire was developed. The COPSOQ has the advantages of in cooperating the two different stress concepts and of having a long history of practical experience with the questionnaire. The COPSOQ is translated into different languages and it can be applied to different sectors of the industry. This means comparisons between different industries and workplaces are possible and even comparisons between different countries are possible. For instance if we look at the workload and compare different industries we are surprised that the workload in nurses is not higher rated than in most other industries. On the other side we see that meaningfulness of work content is higher rated by nurses than by most other professions. But these are aggregated data only. If we look at the workshop level we will see big differences. Here are data on the assessment of the quality of leadership in dialysis units. On average leadership is rated more or less ok. But there are units which need improvements. I will come back to leadership later.

The COPOQ is not the only useful questionnaire for measuring stress at the work place. If you have a look at the website of the German OSHA (Bundesanstalt für Arbeitsschutz und Arbeitsmedizin) and search for Mitarbeiterbefragung (workplace surveys) you will get a long list of instruments and might feel inclined to abandon your project being spoilt for choice.

But let's get back to the survey of the dialysis units. We offered the dialysis units in Germany the opportunity to participate in a survey on stress on the workplace. The participating units received a report comparing their results with those of other dialysis

units as well as proposals for actions to be taken to solve weak points (stress) and to build upon strong points (resources) in their units.
The units could use the survey and the report as their own risk assessment of the psychosocial situation in their workplaces and as a starting point for the continuous improvement process: analyze, plan, act, evaluate. In order to facilitate the task for the dialysis units, external consultation by OSH experts was offered.
We were interested in particular how the units proceeded with the reports of our risk assessment, whether they informed the nurses and HCWs about the results or planned or realized any actions following the advice given.
The results of this survey were rather depressing. Only every second dialysis unit informed the nurses. Only 20% used external consultation which came for free and only one quarter of the units took some actions to improve working conditions.
My impression is that during the last years so many surveys on stress at the workplace were performed and so little action was taken that workers are tired of taking part in these surveys. This is a problem for me as researcher because the response rates in our surveys get so poor. But it is also a problem for occupational health and health promotion as the perception and knowledge of the workers are not used in order to continually improve the work environment and the work conditions. This might not only be bad for workers health but also for productivity and quality of products or services. Therefore the question arises whether there are more effective ways to perform risk assessments and to start the analyze-plan-act-evaluate circle.
In my opinion moderated discussions about risk assessment (moderierte Gefährdungsanalyse) could be an alternative. These are discussion groups at the work floor level in which problems concerning work are discussed and potential remedies are identified. These discussions are more effective when they are organised by trained persons either from the enterprise or from outside.
However the most important question to be answered before you start the moderated discussion about risk assessment is whether you are willing to take actions when problems become obvious. The best way to discuss and solve this issue is to create a steering committee which plans the risk assessment and which is responsible for making sure that actions are planned and realized.
What are potential actions to be taken? Leadership and violence at the work place might be potential problems that need answers and actions. Therefore I will give a short insight in these two topics before I conclude my presentation.

Peter KELLY, Health and Safety Executive (HSE), Leeds, United Kingdom

Peter Kelly will elaborate on psychosocial risk prevention within the health care profession in the EU. His focus will be on the context conditions and effects of work-related stress in the health sector. UK Statistic show that on a three-year average health professionals (in particular nurses) show the highest rates of total cases of work-related stress, depression or anxiety. He will present the HSE Management Standards addressed to the NHS leadership to better address PSRS@W. They cover the six primary sources of

stress at work: demands (e.g. work patterns and work environment), control, support (i.e. encouragement, sponsorship and resources provided by the organisation, line management and colleagues), relationships, role (this refers to the own role and role conflicts) and (organisational) change. These management standards and supporting processes are designed to 1) help simplify risk assessment for stress, 2) encourage employers, employees and their representatives to work in partnership to address work related stress throughout their organisation; and 3) provide the yardstick by which organisations can gauge their performance in tackling the key causes of stress. He will put the emphasis on the importance to communicate with staff and to inform the workers about challenges and support to address different forms of PSRS@W. He will conclude by underlining that not doing anything is not an option and encourage to use the EU OSHA psychosocial risk campaign material in the hospitals and other health care facilities.

Session 3: Better managing PSRS@W

Sarah RUTTEN-KETELAAR, Academic Medical Center, Amsterdam, The Netherlands

Sarah Rutten-Ketelaar will talk about the use of workers' health surveillance to manage PSRS@W. She will look at international (ILO) and national (here: Dutch) definitions of "health surveillance" and at conditions for health surveillance to be effectively used. The speaker will present results from health surveillance from the hospital/health care setting, looking at physicians and at nurses and allied health professionals. She will present the concrete functioning of workers' health surveillance in practice, the main elements and the main target (i.e. the individual worker). In a final step Sara Rutten-Ketelaar will present examples for measures to do interventions on the organisational level. Whereas the first looks at stress and high perceived work load of resident physicians, the second deals with the need for recovery after work. A third example is built around the exposure to aggressive and/or traumatic incidents and a forth illustration looks into the perceived team atmosphere and the contact with colleagues and supervisor. The speaker will conclude with summarizing the reasons speaking in favour of the implementation of workers' health surveillance in hospitals.

Anders WESTLUND, Malin VADELIUS, Tord ANDERSSON, Region Gävleborg, Sweden

Anders Westlund, Malin Vadelius and Tord Andersson will team up to present the role of social partners in handling of harassment in their home region Gävleborg in Sweden. They start with explaining the reasons for the decision to take action and then inform about the legal framework(s) in place and their methodological approach. They explain how the cooperation between management and workers' representatives was shaped and put into practice. They will explain how the risk of harassment has been built in the training of managers and the implementation of human resource strategies and how

evidence on actual problems and risks is being collected based on employee surveys. The three speakers will also look into the preventive action taken and distinguish between action taken at signs of harassment and the contents and set-up of investigation procedures in case of harassment.

Catherine (Allemand, SYNDEX, Paris), Valérie D'ALMEIDA (CFDT Bayonne, Bayonne, France)

Catherine Allemand and Valérie d'Almeida will look into activities around risk assessment & primary prevention of psychosocial risks and stress in the context of the restructuration of an institution of the CAPIO Group in Bayonne (France) in the framework of the so-called "Belharra Project" as part of the medical strategy of Capio especially for out-patient care. The reorganisation of medical services has brought about a significant evolution of the organisation of activities and the work organisation of the teams. Bearing in mind the aim of well managing organisational change it also meant a need to develop support measures for the workers in view of the preservation of their physical and mental health. The presentation will look into the extent and the forms of worker participation and clarify the role of different institutions and committees (such as the consultative committee for hygiene, safety and working conditions) at local and regional level, but also how the management was part of the project. The French colleagues will highlight their work with regard to the risk assessment focusing on primary prevention of PSRS@W. They will also deal with the relationship between workload(s) and PSRS@W, not least by looking closer at three aspects: 1) the pace of the work; 2) staff resources: workforce and staff-patient-ratios and 3) the management of patient flows and of the work organisation. This is done by looking at three types of services: 1) emergency services, 2) continuous care units and 3) surgical outpatient units. For all type of services and challenges recommendations to the hospital management have been elaborated that will be presented.

This is the link to the PREZI Presentations
EN: http://prezi.com/r3-x31destjx/?utm_campaign=share&utm_medium=copy
FR: http://prezi.com/oxwmpe8vdykq/?utm_campaign=share&utm_medium=copy

Session 4: Better preventing PSRS@W

James TRACEY, Leeds Teaching Hospital NHS Trust, Leeds, United Kingdom
Kim SUNLEY, Royal College of Nursing (RCN), London, United Kingdom

James Tracey, the Management Side Chair, and Kim Sunley, the Staff Side Chair, will present the UK social partnership work for an improved prevention of PSRS@W as designed and implemented by the Health, Safety and Wellbeing Partnership Group (HSWPG) in the UK. Two of its key objectives are to raise standards of workplace health,

safety and wellbeing in healthcare organisations and to promote a safer working environment for health staff. The speakers will explain the tools used by the HSWPG to support the goals of the work in partnership. They will present the HSE Stress Assessment Tool and the related Stress Action Plan, with illustrations of results from staff surveys. They will explain the reasons why a focus on and investment in successfully managing stress is important and beneficial for the two sides of labour. James Tracey and Kim Sunley will refer to the specific conditions and challenges for managing health and wellbeing of staff in health care settings and to research results supportive a successful management models. The two speakers will refer to guidance developed to better manage and prevent stress, focusing on effective measures and the partnership approach and what it implies for managers.

Session 5: How can workers cope with their job demands and stay engaged?

Saija KOSKENSALMI, Finnish Institute of Occupational Health (FIOH), Helsinki, Finland

Saija Koskensalmi will address the question how workers can cope with their job demands and stay engaged, with wellbeing at work being the ”framing” concept. She will refer to the ”ingredients” for wellbeing at work. Work engagement – defined as a positive and stable, affective-motivational state of fulfilment – is characterised as the key point for the well-being of workers. Saija Koskensalmi will look into the reasons for which for workers/employees having a number of resources is relevant for work engagement. She will deal with different mixes of job demands on the one hand and job resources on the other and under which conditions there can be a balance between the two. The second part of her presentation is devoted to elements and “instruments” to increase work engagement. Work-related resources playing an important role in this regard can be related to job tasks, organisation, interaction or own personal resources and situations; illustrations will be presented. Saija Koskensalmi will also approach the topic of “job crafting”, i.e. the shaping of a job by a worker/employee to fit better to her/his capacities, competencies, resources, etc. Work engagement will be portrayed as based on a sequences of small positive steps.