Promoting effective recruitment and retention policies for health workers in the EU by ensuring access to CPD and healthy and safe workplaces supportive of patient safety and quality care (2017-2018)

Report of the Social Partners' Conference on Occupational Safety and Health

A sound mind in a sound body – Taking care of those who take care of us

Vilnius, 23 to 24 May 2018

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Contents

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All cartoons in this report were made by Suus van den Akker. The conference videos were produced by Julian Hale and Oscar Corrons (NOP Films) and will be shared on dedicated web pages of the HOSPEEM and EPSU websites. Transfer devices for hands-on sessions were made available at the conference by Arjo.

1. Introduction

On 23 and 24 May 2018, EPSU and HOSPEEM, with the support of the Lithuanian EPSU affiliate Lietuvos sveikatos apsaugos darbuotojų profesinė sąjunga (LSADPS), hosted a conference in Vilnius entitled '*A Sound Mind in a Sound Body – Taking care of those who take care of us*'. The event was organised to pursue and deepen the social partners' thematic focus on the prevention and reduction of the two occupational health and safety hazards most widespread in the European hospital/healthcare sector: musculoskeletal disorders (MSD) and psychosocial risks and stress at work (PSRS@W). It brought together more than 100 participants from 17 EU Member States and two non-EU countries, including 30 participants from Lithuania.

The conference was held in the framework of the joint project (2017-2018)[1], of which the goals are firstly supporting the sectoral social partners in the hospital/healthcare sector and their national member organisations to achieve improved and attractive recruitment and effective retention conditions and, secondly, facilitating the identification of good practice examples, the exchange of knowledge and mutual learning processes.

The conference provided a forum for exchange and debate on a number of initiatives jointly carried out or supported by the social partners in the hospital sector to improve prevention and to more effectively reduce musculoskeletal disorders and psychosocial risks and stress at work.

HOSPEEM and EPSU were honoured by the presence of Dr. Vytenis Andriukaitis, European Commissioner for Health and Food Safety, Directorate-General for Health and Food Safety (DG SANTE). He referred to relevant initiatives of the European Commission in the context of the modernisation of the occupational safety and health legislation and of his Directorate-General on patient safety and the health workforce – including in the context of the new SEPEN initiative (= Support for the hEalth workforce Planning and forecasting Expert Network)[2] and a Public Health Best Practice Portal[3] – and called for a continued cooperation and exchange with EPSU and HOSPEEM. The Commissioner underlined the necessity of these actions by mentioning the challenges of

[1] Project n°VS-2017-0017 "Promoting effective recruitment and retention policies for health workers in the EU by ensuring access to CPD and healthy and safe workplaces supportive of patient safety and quality care".

[2] http://healthworkforce.eu/

[3] https://webgate.ec.europa.eu/dyna/bp-portal/

the healthcare workforce such as ageing, recruitment issues, work-life balance difficulties, low payment and imbalance between rural and urban areas. As on earlier occasions, Andriukaitis renewed his support for their joint work and the importance of a social Europe *('Only a social Europe has the future'*).

HOSPEEM and EPSU were also delighted that Dr. Malgorzata Milczarek from the European Agency for Health and Safety at Work (EU-OSHA), joined the closing panel. She informed the participants about past and planned initiatives of EU-OSHA on MSD and PSRS@W relevant for the partners in the EU-level sectoral social dialogue in the hospital/healthcare sector. Furthermore, she elaborated on the research (e.g. based on European Survey of Enterprises on New and Emerging Risks) done or published by EU-OSHA and on the relevant material produced by EU-OSHA for risk assessment, information (NAPO, OSH wiki; e-guides) and dissemination. Dr. Milczarek also indicated that the European Healthy Workplaces Campaign for 2021 and 2022 will focus on the prevention and reduction of MSD, building on a thematic overview elaborated by EU-OSHA until 2020. Core elements of this campaign are among others support for policy development at EU and national level, for improved prevention actions and for sustainable reintegration of workers with MSDs. HOSPEEM and EPSU expressed their interest to see their past and ongoing work on MSD reflected in this campaign and seek an exchange with EU-OSHA on how to best take into consideration their sectoral activities and focus.

2. The Vilnius Conference

The conference was opened by a panel of representatives of the Lithuanian social partners and institutions, involving Aldona Baublytė, President, Lithuanian Trade Union of Healthcare Employees, representing EPSU, Prof. Habil. Dr. Vinsas Janušonis, President, Lithuanian National Association of Healthcare Organizations, representing HOSPEEM, and Rita Zubkevičiūtė, Chief Labour Inspector, State Labour Inspectorate for Accidents and Occupational Diseases.

The social partner representatives informed about the national situation and their experiences, opportunities and the major problems in relation to their future work on MSD and PSRS@W to be addressed in their country. Rita Zubkevičiūtė referred to statistics on occupational diseases showing that MSD accounts for nearly half of them and that PSRS@W are mostly caused by the risks 'night and shift work' and 'intimidation, threats and violence'. She also elaborated on the fields of action in relation to a national safe patient handling standard set in 2013.

Presentations by representatives of HOSPEEM members and EPSU affiliates came from Bulgaria, Cyprus, Denmark, Finland, France, Germany, Lithuania, the Netherlands, Sweden and the United Kingdom. The speakers identified successful approaches, instruments and initiatives to better prevent and more effectively reduce MSD and PSRS@W. They assessed the role played by social partners at different levels and how the policies, measures or projects help to improve the health and safety of workers and/or patients. Other contributions presented results and insights from ongoing or recently finalised research also in the field of MSD and PSRS@W, aiming at helping European social partners and their members to design and implement future activities on an improved evidence basis.

Looking at the health professions most often referred to, the majority of the presentations and discussions dealt with nurses, healthcare support staff and doctors as well as, for the first time at an EPSU-HOSPEEM conference, with particular challenges faced by ambulance workers and paramedics when it comes to MSD and PSRS@W and relevant solutions to address them.

The conference was organised in three plenary sessions and three break-out sessions. The first plenary session focused on how to better prevent and address PSRS@W, the second in relation to MSD and the third focusing on policies, measures and joint social partner initiatives to improve occupational safety and health in the framework of a structured involvement of both management and workers' representatives in hospitals/healthcare institutions.

The three corresponding breakout sessions were set up to foster discussions and the exchange of experiences. During the breaks, delegates could practice with lifting devices, individual take home messages could be posted on a message wall in the main conference room, a sketch artist drew cartoons during the presentations and a video team interviewed representatives of HOSPEEM members and EPSU affiliates[4] as well as other speakers and participants of the conference. The compiled and integrated results are included in this conference report and in a joint EPSU-HOSPEEM document. The incorporated take home messages (Chapter 3) from speakers and participants will set out possible joint action points for both organisations and/or for their national member organisations.

Wrapping up and concluding on the conference, Tjitte Alkema, member of the Dutch Hospital Association (NVZ), and Secretary General of HOSPEEM, Dr. Margret Steffen, Vereinte Dienstleistungsgewerkschaft (ver.di), Germany, President of the Standing Committee 'Health and Social Services', representing EPSU, shared important 'learning experiences'. They also elaborated on proposals by HOSPEEM and EPSU for follow-up work on MSD, PSRS@W and OSH and, in general, in the context of the Sectoral Social Dialogue Committee for the Hospital/Healthcare Sector (SSDC HS).

On behalf of EPSU Margret Steffen highlighted three points of key importance in order to develop safe working environment and conditions: The need 1) to pursue a multidimensional approach when 'designing' working conditions, work organisation, work equipment and managerial behaviour; 2) of guidelines to prevent risks and of tools and procedures for the social partners to implement and make effective existing laws, regulations and rules; 3) of access to continuing education and training on the health and safety risks for the workforce. Tjitte Alkema underlined the benefits of a partnership approach, welcomed that at the Vilnius conference the aspect of leadership/management models was addressed and indicated the interest of HOSPEEM to work towards, together with EPSU, on a Framework of Actions covering Occupational

[4] The videos will be shared on dedicated webpages of the HOSPEEM and EPSU websites.

Health and Safety that would support social partners at the different levels to better address it.

Throughout the conference, five common grounds were identified. As multiple contributors underlined that, because of the urgency regarding MSD and PSRS@W issues, immediate action is required these common grounds defined as 'Actions' are presented in the five paragraphs below.

2.1. Action 1: Start!

In his contribution, Commissioner Vytenis Andriukaitis stated that *'In Europe, we have great ideas, great projects, but we need to implement them more effectively'*. According to Nico Knibbe (LOCOmotion) the EPSU-HOSPEEM conferences in Paris, Helsinki and Amsterdam not only showed the size, nature and causes of the MSD and PSRS@W issues, they also unveiled workable and tested solutions already implemented 'on the ground' (i.e. as a rule on workplace level) and often in partnership between employers/management and health workers and/or their representatives or trade unions: '*We have a problem, it is getting bigger and bigger and we know how to solve it. So, let's get on with it*'.

Several presenters considered gathering reliable data on the issues as the first step for starting effective activities aimed at the prevention or reduction of MSD and PSRS@W. This is to highlight the size of the issue for decision-makers, to build a network, find funding and to be able to monitor the initiative once it is implemented. From Lithuania Rita Zubkevičiūte (State Labour Inspectorate for Accidents and Occupational Diseases) mentioned the necessity of collecting data regarding MSD and PSRS@W: '*If we have evidence we can think about new legislation or changing legislation and we can help our people*'. Tjitte Alkema (HOSPEEM) agreed: *'Make the consequences of absenteeism and of psychosocial stress and physical exhaustion visible in organisational results. So, by making it clear what also the economic effect of these two risks is, it raises awareness also with the senior management*'.

The benefits of having a good data collection and a sound data basis was exemplified by Lars Andersen (Danish National Research Centre for the Working Environment) who presented information on the MSD prevalence among Danish healthcare workers and related activities, including by the social partners, to reduce the risks and work-related physical strain. Furthermore, Zoyia Antoniou (Cyprus Nurses and Midwife Trade Union) studied five public hospitals in Cyprus following the RN4CAST protocol, revealing a time bomb among the Cypriot nurses: 49% of nurses would leave their current job, if they could, due to job dissatisfaction. She referred to a number of other challenges for the nursing profession, but also elaborated on the efforts of all social partners is to raise the quality of nursing care and patients' safety and satisfaction by offering CPD.

From Germany, Sebastian Starystach and Christina Streib (University of Heidelberg) presented the results a standardised survey among 2 500 registered nurses in order to learn more about the psycho-social stress they experienced and to be able to build a prevention programme tailored for these nurses. It illustrates the benefits of a comprehensive and participatory approach at the level of a hospital/workplace – involving the hospital management and representatives at the staff and works council – that builds on an assessment of psycho-social risks and stress for nursing staff in line with the provisions of the German Occupational Health and Safety Act. In addition, positively assessed organisational development was initiated by using a Health Circle to implement structural and cultural changes at organisational level.

A final example comes from the Bulgarian Social Partners: Slava Zlatanova (Federation of Trade Unions in Health Care) and Krasimir Grudev (National Union of Private Hospitals) focused on workplace violence that revealed that since 2014, more than 600 attacks have been committed where doctors, nurses, paramedics or ambulance drivers were involved. The majority (91.2%) does not report the incident to the police. The trade union study of workplace violence project has shown a proliferation of violence in healthcare in form of both physical violence and mobbing, aggression, non-respectful behavior, etc., often due to a lack of institutional support or unhelpful organisational conditions. The social partners have worked together in Working Condition Committees by identifying risk factors and doing preventive action. They have supported training via distance learning platforms and encouraged the reporting on problems and incidents.

2.2. Action 2: Involve relevant people and institutions!

Active participation of the workers is identified as the key ingredient of a successful implementation of MSD, PSRS@W or CPD/LLL interventions. Taija Hämäläinen (KT Local Government Employers) from Finland stated that *'you have to involve the people working there and have discussions with them about what they find are the biggest problems and the biggest stress factors and then try to find the solutions together.'* From the Netherlands Elise Merlijn (FNV) agreed: *'You can make all kinds of protocols and rules but it's very important to listen to the employees and to look at how they can do their work in a proper way'.*

Keynote speaker Anna Karlsson (West Skaraborg Sweden) presented useful principles from a 'service design concept' within the area of home care. She also advocated to involve patients, relatives and workers in the discussions and decisions on the design of the service provision and organisation: *'It brings joy, accountability and facilitates changes'*.

Comparable to the 'service design concept', Sebastian Starystach and Christina Streib advocated a participatory approach: 'The Health Circle', in which those affected by a possible structural change (such as the nursing staff) are included in the problem definition and solution process. The constant involvement of the caregivers as experts did not only allow for a continuous feedback on problems and mismatches between the actual workload and the necessary structural changes as to work organisation and work intensity but, at the same time, increased the motivation of employees as they felt their opinions and experiences were valued and taken into account which was in turn essential for the successful implementation of measures in coordination with the hospital management.

Additionally, experimenting with a new shift system in the Finnish home care sector, Merja Hyvärinen (Finnish Union of Practical Nurses) concludes that '*change does not happen by copying or by dictating top down. Change needs genuine co-operation between the workers and the managers*'. This participatory project showed that the new shift system enables better recovery from work, reduced the need to work overtime and increased the feeling of control over one's work.

Active participation of the health care workers is also recognised by the French contribution: '*Staff involvement is at the heart of the project. These are actors of the service who best know the problems on-site*' (Midi Konan & Fabienne Tartaise, French Democratic Confederation of Labour Health and Social Services). The so-called 'discussion forums' allowed decision-making as close as possible to the realities on the ground and based on a structured involvement of the workforce representatives in the exchange with the hospital management.

These kinds of forums can also be found in Lars Andersen's intervention of who referred to the use of workshops with nurses to brainstorm about solutions, prioritise solutions and make plans for action leading to better use of assistive transfer devices in a Danish hospital.

As sometimes workers and/or their representatives at the workplaces are often not sufficiently consulted and potentially involved in the design and implementation of MSD, PSRS@W or CPD/LLL programmes the experiences of the above-cited contributors can be eye-openers. On the other hand, based on their experience with projects against workplace violence in Bulgaria, Slava Zlatanova and Krasimir Grudev argue that staff involvement is important, but not enough: *'It can only be successful if the efforts of all stakeholders, from workers and employers to all bodies of society and the state, are united'.*

2.3. Action 3: Link!

The past three EPSU-HOSPEEM conferences covered the topics of MSD (Paris), PSRS@W (Helsinki) and CPD/LLL (Amsterdam). The Vilnius conference made clear that these three topics are strongly interlinked and therefore cannot be treated separately. The events and other documents and initiatives of HOSPEEM and EPSU clearly illustrate the benefits of a comprehensive approach to the health and well-being of the workforce in hospitals and health care facilities that covers both their physical and psychological needs and demands, and this is also well shown in the daily practice in healthcare.

An example of the latter was given by Brigitte Schero (Ver.di) who said that '*if a nurse needs a lifting device in order to reduce the risk of getting back pain [MSD], she needs to be well trained [CPD/LLL] and also, she needs to have (or needs to feel that she has) enough time [PSRS@W] for the transfer with the device. Or when a healthcare worker experiences violence during her work, the mental stress [PSRS@W] makes her more vulnerable for MSD's. But for coping adequately with the event she needs to be trained or coached adequately [CPD/LLL]*'.

Several speakers mentioned these interconnections. For example, Alice Casagrande (FEHAP) in her intervention on sexual harassment in French hospitals from a patient's and worker's perspective and considering the impact on the quality of care made links with PSRS@W and CPD/LLL. Taija Hämäläinen stated that on the one hand priorities for certain OSH issues have to be set, but on the other hand it is important to keep in mind the links between the quality of care and the well-being at work of the staff delivering the care. Also, research from Bulgaria presented by Slava Zlatanova and Krasimir Grudev demonstrated the significance of workplace violence affecting work satisfaction, working capacity, the physical and mental health of staff and the quality of work. From a Cypriot perspective, Zoyia Antoniou presented that as participation in CPP/LLL protects nurses and increases patients' satisfaction, the Cyprus law requires nurses to participate in conferences for at least 32 hours in order to revalidate their nursing licence every four years.

Since 'everything is connected to everything', for social partners and scientists, there is a risk of drowning in this complicated matter and feeling 'overwhelmed' while watching healthcare institutions go down the downward spiral. Where do we start? Gathering data? Assessment of occupational hazards and the state of play? Training? Team dialogues? Rebuilding the hospital? Implementing lifting equipment? Interestingly,

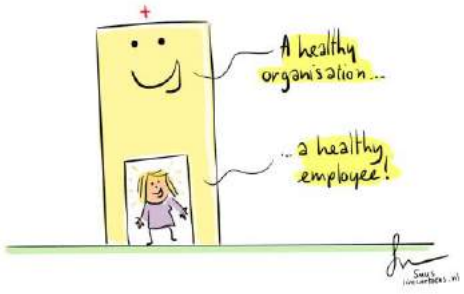
presenters argued that it is not necessary to deal with all the issues simultaneously to stop the spiral. A single-track solution could help as well. For example, Anouk Ten Arve (Stichting IZZ) presented a Dutch research showing that employees working in healthcare organisations with a positive organisational climate score lower on musculoskeletal disorders. So, this 'organisational climate' could be used as a lever to work on several issues such as MSD and PSRS@W.

In the same line of thinking from France, Midi Konan and Fabienne Tartaise advocated for a better recognition of workers in healthcare: *'The more people feel recognised, the better each sick person will be cared for'*. Better staff involvement in relation to the improvement of the health and safety of the workers and organisational development is at the heart of the local initiative they presented and that has been launched to promote the 'Quality of Life at Work' approach, again involving hospital management, workers' representatives and trade union representatives. It should also contribute to obtain, as of 2020, certification from the French National Authority for Health, which insofar supports measures by hospitals and other health care institutions to improve both the quality of care and of life at work.

Anouk Ten Arve shared her positive experience with a continuous dialogue about health and safety using three practical steps: a team poll, a team dialogue based on the results of the poll and the visit of a board member on the ward. This initiative will be rolled out in Dutch hospitals in the second half of 2018.

2.4. Action 4: Plan and implement measures for a good organisational climate!

As research reveals that employees working in healthcare organisations with a positive organisational climate are less likely to be affected by and suffering of musculoskeletal disorders and emotional exhaustion (Anouk Ten Arve) and that good working conditions are one of the best ways to attract and retain qualified, engaged employees, one major conclusion from the event is that it is important to work on the improvement of the organisational climate and work environment (Sebastian Starystach & Christina Streib).



Sabine Gregersen (Employers' Liability Insurance Association for Medical Services and Welfare Work - BGW) elaborated on the ingredients to '(re)organise' the organisational climate: firstly knowing about employees' strengths and opportunities for their professional and career development (in order to delegate tasks that fit), secondly

encouraging the mutual exchange between supervisor and employee and, lastly, clarifying responsibilities, providing relevant information, setting reasonable goals, giving performance feedback, showing appreciation, and being fair. This 'learning experience' was presented in her contribution to the important role leadership behaviour plays in maintaining employees' health, building on empirical research assessing the impact of different leadership models.

A successful practical example of coping with stress by improving the organisational climate in a British ambulance trust was presented by Kevin Charles (East Midlands Ambulance Service NHS Trust). The Trust started by setting up a working group, involving union and staff representation from across the service to help shape the programme. The Trust's Chief Executive was the senior responsible officer for the programme, which helped to demonstrate strong visible leadership, and a project lead was appointed to help drive change.

2.5. Action 5: Share!

As referred to by the European Commissioner Andriukaitis, the European Commission set up an online public health portal hosting numerous good practices from all over Europe. The goal of the initiative is to openly share relevant information on good practices and initiatives in various areas of public health.

Also, on national level similar examples can be found: Anna-Mari Jaanu, (KT Local Government Employers), presented the Finnish web portal 'Kunteko' where over 200 good practices can be found, focusing on the long-term improvement of productivity, performance and working life quality of workers in the Finnish local government sector (including hospitals). Additionally, Kunteko offers support from consultants for implementing the good practices. The Swedish social partners' run initiative 'Suntarbetsliv', presented by Gunnar Sundqvist (SALAR) and Margaretha Johansson (Kommunal) enables to share online tools and materials for improving the work environment striving for a healthy working life, ranging from prevention and reduction of violence at the workplace to the prevention of sharps injuries. Managers and health and safety representatives are the primary audiences. All materials are available free of charge.

Regarding the prevention and reduction of MSD Anna Kukka (Union of Health and Social Care Professionals in Finland) and Leena Tamminen-Peter (Ergosolutions BC Oy AB) presented SOTERGO, an interactive communication network about ergonomics in the social and healthcare sector. Like Kunteko, SOTERGO is not restricted to an online

database with good practices but also facilitates a yearly seminar, e-learning and a personalised membership card (7 000 members). SOTERGO is supported by social partners.

A comparable Dutch online source of information in the field of MSD was presented by Nico Knibbe. Good practices can be found online and practical tools like instructional videos (3 million YouTube views) and e-learning (30 000 courses every month) seem to meet the need of healthcare workers, students and informal carers for practical knowledge.

Although these shared initiatives can be a goldmine for good ideas, several issues need to be addressed: firstly, who decides what is a good, best or maybe a bad practice? The quality and source of the information need to be reliable and evidence-based as much as much as possible. Secondly, transferability – a good practice in one Member State is no guarantee of success in another Member State due to differences in culture, politics and the organisational and financing structures of the national healthcare system. Thirdly, sharing information on a website does not automatically mean that it will be used. Continuous monitoring of the use (visits, download, etc.) is required to be able to adapt the information or the way it is communicated. Finally, there are also differences regarding the structures and capacities of the social partners, institutions for information, consultation and negotiation (including e.g. health and safety committees at the workplaces and the role of health and safety representatives) and the regulatory frameworks set by different layers (national or local) of legislation or by collective agreements in place as well as regarding the topics addressed by the national social partners at workplace and sectoral level.

3. Take-home messages

Based on the speakers' presentations, the plenary discussions, the discussions in the three breakout sessions, the participants' and speakers' interviews (videos), the post-it's on the message wall and the concluding remarks of the closing panel, the following 'take-home messages' can be formulated:

- Draw a joint proposal as European social partners to highlight the importance of the prevention and reduction of musculoskeletal disorders which could be transposed into tangible EU action (e.g. in form of a framework of action on health and safety at the workplace to hold organisations accountable),
- Develop guidelines, tools and good practices for social partners so existing laws, regulations and procedures (for example on risk assessment) can be implement and enforced,
- Exchange and implement good practices and tested initiatives to prevent and reduce MSD and PSRS@W, stemming from different European Member States more effectively,
- Share good practices in online databases and via webpages and continuously monitor their use (visits, download, etc.) and include them in CPD/LLL initiatives,
- Gather data on the nature and size of the OSH issue(s) as the first step of an effective initiative – and as part of a risk assessment for a particular hospital/healthcare institution – to prevent or reduce MSD and PSRS@W issues,
- Raise awareness and improve knowledge of the economic effect of OSH risks and about mid- and long-term benefits of investing in OSH measures, also on senior management level consequently increasing willingness to take effective action,
- Staff involvement is fundamental but not enough; ensure successful joint efforts of all stakeholders in MSD, PSRS@W or CPD/LLL programmes, including, employers, workers, patients, governments, social insurance bodies (including statutory accident and occupational disease insurances), health and safety agencies, etc.,
- Successfully implement MSD, PSRS@W or CPD/LLL programmes by ensuring active participation of workers and their representatives,
- Learn from existing evidence on organisational climate and its positive effect on musculoskeletal disorders and emotional exhaustion of health staff,
- Address the issues of MSD and PSRS@W together as they are often strongly interlinked. The same holds of CPD/LLL where it concerns the various OSH risks,
- Consider focusing on specific areas to safeguard OSH, such as organisational climate, because it is not necessary to address all issues simultaneously to stop the downward spiral,
- Provide and initiate educational programmes on OSH related matters at an early stage of a health worker's career to avoid OSH risks early on.

4. Summary to move forward

On 23 and 24 May 2018, EPSU and HOSPEEM, with the support of the Lithuanian EPSU affiliate Lietuvos sveikatos apsaugos darbuotojų profesinė sąjunga (LSADPS), hosted a conference in Vilnius by the name of '*A Sound Mind in a Sound Body – Taking care of those who take care of us*'. The event was organised to pursue and deepen the social partners' thematic focus on the prevention and reduction of the two occupational health and safety hazards most widespread in the European hospital/healthcare sector: musculoskeletal disorders (MSD) and psychosocial risks and stress at work (PSRS@W).

It brought together more than 100 participants from 17 EU Member States and from two non-EU countries, including 30 participants from Lithuania. The conference provided a forum for exchange and debate on a number of initiatives jointly carried out or supported by the social partners in the hospital sector to better prevent and to more effectively reduce musculoskeletal disorders MSD and psychosocial risks and stress at work (PSRS@W).

As the presentations and discussions at the conference underlined the urgent need for immediate action aimed at preventing and reducing MSD and PSRS@W among health care workers, five 'actions' can be identified: Regarding the first one (Action 1: 'Start!') several presenters considered gathering reliable data on the mentioned issue(s) as an important step for starting an effective initiative. Secondly, active participation of the workers (Action 2: 'Involve!') is identified as the key ingredient of a successful implementation of MSD, PSRS@W and CPD/LLL programmes. As the conference made clear that these three aspects are strongly interlinked and therefore cannot be treated separately, the third action is 'Link!'. Interestingly presenters argued that it is not necessary to deal with all the issues at the same time, focusing on specific areas of OSH to start with is also effective. Furthermore, as research reveals that employees working in healthcare organisations with a positive organisational climate score lower on musculoskeletal disorders and emotional exhaustion the fourth action is: 'Plan and implement measures for a good organisational climate!'. The final action (Action 5: 'Share!') is about sharing good practices in practical national and international online databases and continuously monitoring the use (visits, download, etc.).

EPSU and HOSPEEM have expressed their intention to pursue the thematic work on the two conference topics in 2018 and 2019. They will be disseminated at national and at EU level and will feed into the future work of the Sectoral Social Dialogue Committee for the Hospital Sector.

Appendix 1: Agenda, speakers and topics of the conference

Social Partners' Conference on Occupational Safety and Health

A SOUND MIND IN A SOUND BODY

Taking care of those who take care of us

Vilnius, 23 - 24 May 2018

Wednesday, 23 May 2018

12:00 – 13:45 Registration

12:30 – 13:30 Welcome lunch

Chair Dr. Margret Steffen, President (EPSU Standing Committee "Health and Social Services")

14:00 – 14:45 **Welcome Note** (with translation)
Rita Zubkevičiūtė, Chief Labour Inspector (State Labour Inspectorate for Accidents and Occupational Diseases)

Aldona Baublytė, President (Lithuanian Trade Union of Healthcare Employees – LSADPS)

Prof. Habil. Dr. Vinsas Janušonis, President (Lithuanian National Association of Healthcare Organizations – NAHCO)

14:45 – 15:30 **Keynote Speech** (with translation)
Anna Karlsson, Physician and Member of the integrated mobile care team (West Skaraborg)

15:30 – 16:00 **Setting The Scene** (with translation)
Nico Knibbe, Project Consultant (LocoMotion)

16:00 – 16:30 Coffee break

16:30 – 17:45 **Plenary 1 – Psychosocial Risks and Stress at Work** (with translation)
The impact of psychosocial risks at work on the quality of medical services in Bulgaria (the role of employers and trade unions)
Mag. Pharm Slava Zlatanova, Deputy Chairwoman (Federation of Trade Unions in Health Care – FTUHC) and Krasimir Grudev, Elected Board Member (National Union of Private Hospitals – NUPH)

Prevention of violence on health workers
Alice Casagrande, Head of the life-long training, innovation and voluntary work department (Fédération des Etablissements Hospitaliers et d'Aide à la Personne Privés Non Lucratifs – FEHAP)

18:00 - 19:30 Dinner

20:00 Social event (with translation)

Wifi access: Holiday Inn

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Thursday, 24 May 2018

08:30 – 09:00 Welcome coffee

Chair Tjitte Alkema, Secretary General (European Hospital and Healthcare Employers' Association – HOSPEEM)

09:00 – 09:30 **Speech** (with translation)
Dr. Vytenis Andriukaitis, Commissioner for Health & Food Safety (European Commission)

09:30 – 11:00 **Plenary 2 – Organisational Climate** (with translation)

Risk assessment of psychosocial stress for nursing staff according to the provisions of the Occupational Health and Safety Act – an example of a comprehensive and participative approach in the University Clinic Heidelberg
Sebastian Starystach (University of Heidelberg) and Christina Streib (University of Heidelberg)

Organisational climate
Anouk ten Arve, Programme Manager (Stichting IZZ) and Marc Spoek, Manager (Stichting IZZ)

Measuring health-promoting leadership within the scope of the risk assessment
Dr. Sabine Gregersen, Head of Health Sciences (Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege – bgw; Grundlagen der Prävention und Rehabilitation & Arbeitsmedizin und Gefahrstoffe)

11:00 – 11:30 Coffee break

11:30 – 13:00 **3 Breakout Sessions**

1

Session 1 – Psychosocial Risks and Stress at Work (EN only)
Moderator: Taija Hämäläinen, Labour Market Adviser (KT Local Government Employers)

Intervention to enhance satisfaction of nurses in the work environment, to prevent burnout and to improve services provided to patients
Zoyia Antoniou, Secretary (Cyprus Nurses and Midwife Trade Union – PASYDY)

Suntarbetsliv
Gunnar Sundqvist, Investigator (Swedish Association of Local Authorities and Regions – SALAR) and Margaretha Johansson, National Officer (Kommunal)

Supporting staff mental health in East Midlands Ambulance Trust
Kevin Charles, Chaplain & Staff Support Lead and Tracy Cunningham, Community Paramedic (East Midlands Ambulance Service NHS Trust)

Wifi access: Holiday Inn

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Thursday, 24 May 2018

11:30 – 13:00 **3 Breakout Sessions (continued)**

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Session 2 – Musculoskeletal Disorders (EN only)

Moderator: Malene Vestergaard Sørensen, Chief Adviser (Danske Regioner)

Physical work environment among healthcare workers

Lars Andersen, Professor (National Research Institute for working environment – NFA)

SOTERGO and the ergonomic patient handling card

Anna Kukka, Work Environment Specialist (Union of Health and Social Care Professionals in Finland – TEHY) and Leena Tamminen-Peter, Independent Occupational Health Ergonomic and Economics Expert

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Session 3 – Organisational Climate (with translation)

Moderator: Herbert Beck, Member of Trade Union Council (Vereinte Dienstleistungsgewerkschaft – Ver.di)

Vuosaari homecare

Merja Hyvärinen, Legal Adviser (The Finnish Union of Practical Nurses – SuPer)

Innovative flexible rostering; the right person, in the right place at the right time

Elize Hooftman, Manager FIER/Capacity Manager (Groene Hart Ziekenhuis) and Elles van der Neut, Team Leader FIER (Groene Hart Ziekenhuis)

Presentation of trade union work to prevent PSR in the context of "quality of work programmes" (in a public-sector hospital)

Konan Midy and Fabienne Tartaise, Centre Hospitalier Douarnenez, Bretagne (French Democratic Confederation of Labour Health and Social Services – CFDT SSS)

13:00 – 14:00 Lunch break

14:00 – 15:15 **Plenary 3 – Occupational Safety and Health** (with translation)

Kunteko 2020 - Programme for improving working life in Finnish local and county government

Anna-Mari Jaanu, Programme Manager (Kunteko)

The Workplace of Medical Worker – An Appropriate Platform for Health Innovation and Collaboration

Raimonda Eičinaitė-Lingienė, Head (Occupational Health Centre, Institute of Hygiene)

15:15 – 16:00 **Closing Panel** (with translation)

Tjitte Alkema, Secretary General (European Hospital and Healthcare Employers' Association – HOSPEEM)

Dr. Margret Steffen, President (EPSU Standing Committee "Health and Social Services")

Dr. Malgorzata Milczarek, Project Manager (EU-OSHA)

Wifi access: Holiday Inn

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This conference is supported with funds from the European Commission

Appendix 2: Delegates, represented countries and their organisations

Member of	Organisation	First Name	Last Name	Country
EPSU	TUHWB	Olga	ALEHNO	Belarus
HOSPEEM	HOSPEEM	Tjitte	ALKEMA	Belgium
Other	NFA	Lars	ANDERSEN	Denmark
EC	European Commission	Vytenis	ANDRIUKAITIS	Belgium
EPSU	PASYDY	Andronikos	ANDRONIKOU	Cyprus
EPSU	PASYDY	Zoe	ANTONIOU	Cyprus
EPSU	JHL	Sari	BÄCKLUND	Finland
HOSPEEM	HOSPEEM	Céline	BARLET	Belgium
HOSPEEM	NAHCO	Laura	BARTKIENĖ	Lithuania
EPSU	LSADPS	Aldona	BAUBLYTĖ	Lithuania
EPSU	Verdi	Herbert	BECK	Germany
EPSU	SIPTU	Paul	BELL	Ireland
EPSU	LSADPS	Rasa	BLEIFERTIENĖ	Lithuania
EPSU	EPSU	Mounia	BOUDHAN	Belgium
HOSPEEM	ARAN	Marta	BRANCA	Italy
EPSU	OSZSP ČR	Ivana	BŘEŇKOVÁ	Czech Republic
HOSPEEM	FEHAP	Alice	CASAGRANDE	France
Other	East Midlands Ambulance Trust	Kevin	CHARLES REVD	United Kingdom

Other	Video Production	Oscár	CORRONS	Belgium
Other	East Midlands Ambulance Trust	Tracy	CUNNINGHAM	United Kingdom
EPSU	NNO	Tore	DAHLSTRØM	Norway
HOSPEEM	Health Service Executive	John	DELAMERE	Ireland
EPSU	FeSP-UGT	Rodrigo	DESIDERIO	Spain
EPSU	CFDT Santé Sociaux	Cyrille	DUCH	France
Other	Lithuanian Hygiene Institute	Raimonda	EIČINAITĖ-LINGIENĖ	Lithuania
HOSPEEM	HOSPEEM	Sara	FASOLI	Belgium
HOSPEEM	NAHCO	Danutė	GELUMBICKIENĖ	Lithuania
UEHP	European Union of Private Hospitals	Ilaria	GIANNICO	Belgium
EPSU	Kommunal	Yvonne	GRÄSMAN	Sweden
Other	Institute for Statutory Accident Insurance and Prevention in Health and Welfare Services	Sabine	GREGERSEN	Germany
HOSPEEM	NAHCO	Sigitas	GRISKONIS	Lithuania
HOSPEEM	NUPH	Krasimir	GRUDEV	Bulgaria
HOSPEEM	NAHCO	Jolanta	GUDAITIENĖ	Lithuania
HOSPEEM	NAHCO	Salomėja	GUSTIENĖ	Lithuania
Other	Video Production	Julian	HALE	Belgium
HOSPEEM	CLAE	Taija	HÄMÄLÄINEN	Finland
EPSU	NUMGE	Signe	HANANGER	Norway
HOSPEEM	Spekter	Bjørn	HENRIKSEN	Norway
EPSU	Verdi	Marek	HINTSCHES	Germany

Other	Groene Hart Ziekenhuis	Elize	HOOFTMAN	Netherlands
EPSU	INMO	David	HUGHES	Ireland
EPSU	SuPerLiitto	Merja	HYVÄRINEN	Finland
Other	Local Government Employers KT	Anna-Mari	JAANU	Finland
EPSU	LSADPS	Vaclovas	JANKAUSKAS	Lithuania
Other	NAHCO	Vinsas	JANUŠONIS	Lithuania
EPSU	Kommunal	Margaretha	JOHANSSON	Sweden
EPSU	LSADPS	Eufemija	JUKNIENĖ	Lithuania
EPSU	LSADPS	Izolda	JURJONIENĖ	Lithuania
EPSU	LSADPS	Dalia	JUŠKEVIČIENĖ	Lithuania
HOSPEEM	Latvian Hospitals Association	Jevgenijs	KALEJS	Latvia
Other	Skaraborg Region, Närsjukvårdsteamet Västra Skaraborg, Västra Götalandsregionen	Anna	KARLSSON	Sweden
EPSU	LSADPS	Rima	KARVELIENĖ	Lithuania
EPSU	SuPerLiitto	Eija	KEMPPAINEN	Finland
HOSPEEM	NVZ	Rogier	KINGMA	Netherlands
EPSU	LSADPS	Rūta	KIRŠIENĖ	Lithuania
Other	LOCOmotion	Nico	KNIBBE	Netherlands
EPSU	TEHY	Anna	KUKKA	Finland
EPSU	UNISON	Alan	LOFTHOUSE	United Kingdom
EPSU	LSADPS	Henrita	MAŠTAUSKAITĖ	Lithuania
EPSU	EPSU	Mathias	MAUCHER	Belgium

EPSU	FNV	Elise	MERLIJN	Netherlands
EPSU	CFDT Santé Sociaux	Konan	MIDY	France
EPSU	LSADPS	Živilė	MIKALAUSKIENĖ	Lithuania
Other	EU-OSHA	Malgorzata	MILCZAREK	Spain
HOSPEEM	HOSPEEM	Simone	MOHRS	Belgium
EPSU	CFDT Santé Sociaux	Maryvonne	NICOLLE	France
EPSU	TEHY	Kaija	OJANPERÄ	Finland
EPSU	NNO	Anita	RABBEN ASBJØRNSEN	Norway
EPSU	JHL	Anne	RANTA	Finland
HOSPEEM	NVZ	Sabine	SCHEER	Netherlands
EPSU	Verdi	Brigitte	SCHERO	Germany
EPSU	Verdi	Rudolf	SCHOEN	Germany
HOSPEEM	NAHCO	Vida	ŠEREIKIENĖ	Lithuania
EPSU	LSADPS	Valentina	ŠKELIOVA	Lithuania
HOSPEEM	NAHCO	Aleksandras	SLATVICKIS	Lithuania
EPSU	LSADPS	Algis	SODAITIS	Lithuania
Other	Stichting IZZ	Marc	SPOEK	Netherlands
Other	University of Heidelberg	Sebastian	STARYSTACH	Germany
EPSU	Verdi	Margret	STEFFEN	Germany
Other	University of Heidelberg	Christina	STREIB	Germany
HOSPEEM	NAHCO	Daiva	SUDMANTIENĖ	Lithuania

HOSPEEM	SALAR	Gunnar	SUNDQVIST	Sweden
EPSU	RCN	Kim	SUNLEY	United Kingdom
Other	Ergosolutions BC Oy AB	Leena	TAMMINEN-PETER	Finland
LSADPS	CFDT Santé Sociaux	Fabienne	TARTAISE	France
Other	Stichting IZZ	Anouk	TEN ARVE	Netherlands
HOSPEEM	FEHAP	Laetitia	TIBOURTINE	France
HOSPEEM	NAHCO	Jurgita	VAITIEKIENĖ	Lithuania
Other	Sketch-up Artist	Suus	VAN DEN AKKER	Netherlands
Other	Groene Hart Ziekenhuis	Elles	VAN DER NEUT	Netherlands
Other	Arjo	Jan	VAN MEGEN	Netherlands
Other	Zorgnet-Icuro	Bob	VAN SANTBERGEN	Belgium
HOSPEEM	NAHCO	Irma	VENCKIENĖ	Lithuania
HOSPEEM	Danske Regioner	Malene	VESTERGAARD SØRENSEN	Denmark
EPSU	LSADPS	Asta	VILČINSKIENĖ	Lithuania
HOSPEEM	NAHCO	Diana	VIRKETIENĖ	Lithuania
HOPE	European Hospital and Health Care Federation	Eva	WEINREICH-JENSEN	Denmark
HOSPEEM	NAHCO	Rasa	ZAKARIENĖ	Lithuania
HOSPEEM	NAHCO	Lina	ZDANAVIČIENĖ	Lithuania
HOSPEEM	NAHCO	Irina	ZELENIENĖ	Lithuania
EPSU	FTU-HS	Slava	ZLATANOVA	Bulgaria
Other	State Labour Inspectorate	Rita	ZUBKEVIČIŪTĖ	Lithuania

Appendix 3: Abstracts of the presentations

The impact of psychosocial risks at work on the quality of medical services in Bulgaria (the role of employers and trade unions (FTU-HS))

Mag. Pharm Slava Zlatanova, Vice President (Federation of Trade Unions in Health Care – FTUHC) and Krasimir Grudev, Board Member (National Union of Private Hospitals – NUPH).

Presentation of a survey on the impact of psychosocial risks at work on the quality of medical services in several hospitals in Sofia and the country. Particular attention to the problem of third-party violence in healthcare is paid. The joint role of employers and trade unions in reducing these risks is investigated including measures laid down in the collective bargaining, through the committees on working conditions, through legislative initiatives and others. The results of the survey, the conclusions made, and the future joint actions planned will be presented and discussed.

Prevention of violence on health workers

Alice Casagrande, Head of the Life-long training, innovation and voluntary work department (Fédération des Etablissements Hospitaliers et d'Aide à la Personne Privés Non Lucratifs – FEHAP).

FEHAP works on this subject since 2013, on the aspect of patients' abuse through the National Committee of Good Treatment and patients' Rights in France. In this working group, there are lots of partners :

- Regional agencies of health,
- Health Minister,
- Trade unions (CFDT / CGT),
- Non-profit organizations,
- Croix-Rouge

At the beginning, this working group worked on the patients' bad treatments and now there is an ongoing reflection about the positioning of health workers on this question because themselves can be victims of violence.

They observed that to have good treatments for patients, health workers need first to feel safe at work. And to limit the violence of workers, patients have to be treated safely too.

So, the major points that are discussing these days with the partners are:

- To build a managerial culture on the situations of bad treatments and their follow-up;
- The link with the CPD of health workers, to prevent these situations and to form them how to react, to be helped (in the continuity of the 1st conference);
- To equip professionals for a better spotting of bad treatment/violence

Risk assessment of psychosocial stress for nursing staff according to the provisions of the Occupational Health and Safety Act – an example of a comprehensive and participative approach in the University Clinic Heidelberg

Sebastian Starystach (University of Heidelberg) and Christina Streib *(University of Heidelberg)*

Objective

- The project surveys the mental stress of nursing staff as well as the subsequent implementation of preventive measures in the context of a risk assessment of psychosocial stress. The presentation focused on the process of risk assessment from the step of making an inventory to the implementation of concrete measures.
- The overall goal of the project is to identify and to initiate necessary structural changes in the work of nurses. A participatory approach is pursued, in which those affected by a possible structural change, the nursing staff, are also included in the problem definition and solution process. The instrument of organisational development chosen is the health circle (Gesundheitszirkel). Targeted by the measure are the roughly 2 500 registered nurses at Heidelberg University Hospital.
- In addition, training and development concepts are being developed that empower nurses to use this means of organisational development themselves, without having to be accompanied in detail by external experts. In this way, the health circle is not only a measure of organisational but also of the development of the personnel.
- By doing so, the legally established, but in practice, underdeveloped risk assessment of mental stress for the hospital context (and potentially beyond) can be carried out successfully and with broad participation of the workforce

Results (so far)

- The concept used for carrying out a risk assessment of psycho-social stress according to the provisions of the German Occupational Health and Safety Act is suitable for the hospital context.
- The constant involvement of the caregivers as experts (as to their own situation) did not only allow for a continuous feedback between actual workload and the necessary structural change but at the same time increased the motivation of employees which was essential for the implementation of measures.
- The presented concept did not only strengthen the voice and the involvement of the staff but also enabled a constructive discussion between employees and employer representation. Possible conflicts in the change of the organisational structure could be prevented by the inclusion of all relevant status groups in the Steering Committee.

- The concept thus makes it possible to translate the given legal framework of the German Occupational Health and Safety Act into a concrete procedure that makes a joint contribution to the improvement of working conditions for both employees and employers

Organisational climate
Anouk ten Arve, Programme Manager (Stichting IZZ) and Marc Spoek, Manager (Stichting IZZ).

Stichting IZZ is a collectively of employees working in the Dutch healthcare sector. Founded in 1977 by healthcare employers and employees, Stichting IZZ arranges collective health care insurance for its members and conducts research in order to improve the health and safety of healthcare employees.
Since 2012, Stichting IZZ analyses the health care utilisation of health care employees with collective IZZ health care insurance on a yearly basis. The analyses show that there are large differences in employee health care utilisation between health care organisations. To explain these differences, Stichting IZZ has partnered with Erasmus University Rotterdam in a collaborative research project. The research results show that the organisational differences in employee health care utilisation are related to differences in organisational climate. Organisational climate refers to employees' perceptions of the policies, practices and procedures concerning physical and psychological health and safety within the organisation. The results furthermore reveal that employees working in healthcare organisations with a positive organisational climate score lower on musculoskeletal disorders and emotional exhaustion.
Rising health care costs, labour shortages, and an increasing demand for care are expected in the near future of healthcare sectors all around Europe, including the Netherlands. Given these circumstances, improving the health and safety of healthcare employees is becoming increasingly important. Based on these developments and the research results described above, social partners in the Netherlands (employers and trade union organisations) have started projects to improve the organisational climate of healthcare organisations.
Links: www.izz.nl/hospeem-epsu / Videos: About IZZ, IZZ Approach & IZZ Story

Measuring health-promoting leadership within the scope of risk assessments.
Dr. Sabine Gregersen (Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege – bgw, Leitung Bereich Gesundheitswissenschaften: Grundlagen der Prävention und Rehabilitation & Arbeitsmedizin und Gefahrstoffe).

What important role leadership behaviour plays for maintaining employees' health has become a topic of growing interest in research and practice for some time. In recent years, the number of studies on the relationship between leadership and employee well-being has increased tremendously. Transformational leadership is the leadership

concept that has been most frequently linked to employee well-being. However, this leadership

concept has not been specifically developed to predict employee well-being. Thus, the gain of knowledge regarding health-promotion is limited and it is difficult to develop interventions that foster health-promoting leadership.
This contribution presents results of a study that investigated the relevance of different leadership concepts to the health of employees in the healthcare and social services sector and thus are best able to predict employees' mental health.
412 employees working in the health care and social service sector were surveyed about their direct leader's behaviour and their mental health. To measure leadership behaviour, different established leadership concepts were used. Statistical analyses aimed to examine which of the leadership concepts best predict psycho-social risks and stress beyond transformational leadership. Two concepts, leader-member exchange theory and the health- and development-promoting leadership behaviour, as well as the lack of initiating structure, were found to be the most powerful tools. The findings of this study provide insights into how leaders may promote good health among their employees.
As demographic changes and an ageing workforce become increasingly evident, health-promotion has become an important endeavour for management to keep employees healthy and efficiently working.
Therefore, it is crucial to develop action-oriented recommendations for managers to enable them to foster their employees' job resources and to reduce situations that may lead to stress and pressure among employees in healthcare and social services. The findings of the study help to develop approaches that enhance safe and healthy workplaces. The findings may also be used to develop training programs for (line) managers and to evaluate the implementation of health-oriented leadership.
Related evaluation study "FÜHR GESUND": www.fuehr-gesund.de

The Kunteko Programme
Anna-Mari Jaanu, Programme Manager, Kunteko

The aim of the programme is to promote the long-term improvement of productivity, performance and working life quality in the Finnish local government sector (including hospitals). The programme's first phase took place between 2015-2017 and funding has been applied for the second phase 2018-2020. The programme extends across all Finland, taking into account the individual needs of each municipal organisation or unit and supporting their development in various ways. Kunteko supports co-operative development in local government organisations. It means that staff and management developed services, working practices and processes and the quality of working life together. Kunteko offers many kinds of support for the working life development in municipal organisations. The services are free or low cost. They are implemented by

consultants and service providers as well as by the programme's cooperation partners. the services include:

- 2-day training for staff responsible for the development
- 1- to 2-day coaching/consultation for individual municipal organisations
- Learning networks with various themes
- Development networks with various themes

Kunteko has also gathered good practices on a web portal, where they can be easily viewed by other interested organisations. Currently, there are 232 development practices and stories shared at the tekojen tori (marketplace of actions) Links: www.kunteko.fi/tekojen-tori, www.kunteko.fi/kunteko-in-english

The Workplace of Medical Worker – An Appropriate Platform for Health Innovation and Collaboration

Raimonda Eičinaitė-Lingienė, Head (Occupational Health Centre, Institute of Hygiene)

The Lithuanian Institute of Hygiene is a budgetary institution of the Ministry of Health, which carries out state functions in the areas of monitoring Lithuanian residents' health state and healthcare institution activities, assessing public health inconsistencies and public healthcare technologies. Occupational Health Centre of the Institute develops research on the effects of the working environment on health as well as the assessment of occupational healthcare technologies, while also preparing and testing innovative interventions in the occupational healthcare practice. The information will include international projects implemented by the Institute of Hygiene, medical musculoskeletal system diseases, occupational diseases in Lithuania, risk factors and injuries, stress in the health sector and prevention, recommendations, Hygiene Institute's Occupational Safety and Health Initiatives.
Links: www.hi.lt/en/

Intervention to enhance satisfaction of nurses in the work environment, to prevent burnout and to improve services provided to patients

Zoyia Antoniou (Cyprus Nurses and Midwife Trade Union - PASYDY)

CPD of Nurses is important is Cyprus as this provides the opportunity to nurses to update their knowledge and be informed of current evidence-based practice. This is the reason why the Cyprus law requires from nurses to participate in conferences for at least 32 hours of duration in order to revalidate every four years their licence to practice nursing. Our union, as one very important stakeholder of the health care system - since many nurses and midwives as a member of the union - welcomes every effort that is made from organised bodies to provide CPD educational programs. In addition, our union welcomes and supports but makes use of the findings or research and other projects that deal with CPD or support of nurses. Important organised bodies that provide CPD programs or participate in other projects on psychosocial risks are the educational sector

of the Nursing Services of the Ministry of Health and the Cyprus University of Technology (Department of Nursing). The educational sector of the Nursing Services of the Ministry of Health organises educational programs for psychiatric nurses regarding crisis management. These programs allow psychiatric nurses to gain experience and knowledge on how to deal
with crisis situation within their organisation. In addition, the educational sector offers a one-day course on burnout prevention and management. Finally, qualified psychiatric nurses offer individual counselling services to nurses of the various department (more specifically oncology and haematology department) who require support due to the nature of the patient they deal with.
All the above are offers at no cost for the participants and is part of the obligation that nursing services have to support nurses. The department of nursing of the Cyprus University of Technology (CUT) is the largest department of nursing in Cyprus. Recently, in collaboration with the nursing services of the Ministry of Health and the financial support of the Cyprus Nurses and Midwives Association, conducted a replication of the RN4CAST study in Cyprus. The RN4cast project is an international effort to understand the nursing work environment - including burnout among nurses. Finding of this study are currently used to implement interventions to enhance satisfaction of nurses from their work environment, prevent burnout and improve the services provided to patients.

Suntarbetsliv

Gunnar Sundqvist, Investigator (Swedish Association of Local Authorities and Regions – SALAR) and Margaretha Johansson, National Officer (Kommunal)

Suntarbetsliv was created and is owned by the social dialogue partners in the public sector to create tools and materials to improve the work environment. Managers and safety representatives are the primary audiences. The organization has created a web-based work environment training program tailored to the public sector. In addition, a number of tools and checklists for topics such as threats and violence at the work-place, sharps injuries, organizational and social conditions, and better meetings have been created. All materials are available free of charge.
News and information describing good examples of collaboration are made available on Suntarbetliv´s website (see below).

Below you will find short descriptions of two tools from Suntarbetsliv:

1. Better Working Environment Training Program

This web-based training program is for those who need to learn about work environment activities from scratch. Participants learn an effective method of working with health and safety improvements in their organization and also get a basic knowledge of laws and regulations. In addition, they learn how to search for more knowledge about the work environment and how to manage both physical and psychosocial work environment issues at their workplace.

Working with health and safety issues is largely about evaluating situations, asking the right questions, communicating, collaborating and being able to find the information needed. All this is taught through practical exercises during the training program. The program is aimed at managers and safety representatives and others who need to know how health and safety issues should be handled.

2. The Organizational and Social Work Environment Compass – OSA Kompassen

This tool was developed as a practical aid to implementing the Work Environment Authority regulation on concerning the organizational and social work environment. The tool focuses on the areas covered in the regulation: workload, working time and victimization. It gives a brief introduction to what the systematic work environment is and what the regulations on organizational and social work environment contain.
Links: www.suntarbetsliv.se, www.afaforsakring.se, www.skl.se

Supporting staff mental health in East Midlands Ambulance Trust
Kevin Charles, Chaplain & Staff Support Lead and Tracy Cunningham, Community Paramedic (East Midlands Ambulance Service NHS Trust)

The Trust started by setting up a working group, involving union and staff representation from across the service to help shape the programme. The trust chief executive was the senior responsible officer for the programme, which helped to demonstrate strong visible leadership, and a project lead was appointed to help drive change. A lead chaplain/staff support role was also involved.

Outcome
There is now a range of support options available to staff ranging from P2P support (all departments now have P2P/PCW volunteers in place) through to more specialist options including TRiM. Staff are able to access these systems themselves, but the trust also takes a proactive approach to staff wellbeing, by encouraging P2P/PCW volunteers to look out for staff that may need assistance and offering them a TRiM assessment. Although the programme is still being evaluated, there were 150 TRiM activations in the first month of the service and 236 staff made use of the P2P/PCW network in the first quarter of its existence (April - June 2105). The total number of staff contacts with the P2P / PCW network was 1398 in year one.
Links: www.nhsemployers.org/-/media/Employers/Publications/Health-and-wellbeing/EMAS---Final.pdf

Physical work environment among healthcare workers
Lars Andersen, Professor (National Research Institute for working environment – NFA)

The National Research Centre for the Working Environment has performed several projects in the area of healthcare workers, physical workload, musculoskeletal pain and sickness absence. The presentation covered research in this area in relation to 1)

epidemiological work on risk factors among healthcare workers for developing musculoskeletal pain and sickness absence, and 2) intervention studies at Danish workplaces with physical exercise and increased use of assistive devices.

SOTERGO and the ergonomic patient handling card

Anna Kukka, Work Environment Specialist (Union of Health and Social Care Professionals in Finland – Tehy) and Leena Tamminen-Peter (Independent Occupational Health Ergonomic and Economics Expert)

Example the cooperation of employers, trade unions, authorities (The Ministry of Social Affairs and Health safety) is successfully managing and preventing MSDs in the health sector. SOTERGO, an interactive communication network on ergonomics in the social and healthcare sector.

At the social and health care we have some communities which have made an investment in the programme for training MSD and purchase of equipment leading to cost reduction for employers and society. Exemplary from one Southern Finland municipality (Kouvola) where The Ergonomic patient handling card®' - education scheme started in 2013. The home care units have training for all their workers. Their 3½ -year statistics (2013-2016) showing a gradual decrease of sickness absences due to MSDs of 29%. The reduction of sick leave days is over 1 2000 days (46 766 days in 2013, extrapolated 34 692 days in 2016). We have several other municipalities which have achieved the same kind of results from the management of occupational safety, health and environment in-home care (and investment to training and purchase of equipment). We can ask some manager/head nurse from those municipalities home care units to give a presentation in conference.

Link: www.sotergo.fi

Vuosaari homecare

Merja Hyvärinen, Legal adviser (The Finnish Union of Practical Nurses – SuPer)

The workload in-home care has increased in recent years. The number of patients and the complexity of their needs have grown. At the same time, the number of workers has decreased. Vuosaari homecare, situated in the capital Helsinki, decided to **reduce the** workload of homecare workers and promote the quality of services by launching a project in 2015-2016.

During the project homecare workers (practical nurses and registered nurses) and their managers reorganised homecare work and shifts together. They have many good effects of these changes. We suggested that this could be good combination (linked to each other); first management of the safety and second an example where workers (practical nurses and registered nurses) and their manager's reorganised homecare work and shifts together and also promote the quality of services

Elements of reorganisation of homecare work and shifts by the homecare workers (practical nurses and registered nurses) and their managers:

- Only the necessary tasks (medication etc.) are performed in the mornings, other tasks are distributed more evenly during the day and the week,
- Workdays on weekends do not differ from workdays on weekdays,
- Fewer staff are now needed in the morning shift and more in the evening shift. The evening shift starts already at 1 pm and the morning shift continues until 4 pm,
- Daily working hours were lengthened to 9 hours (voluntary), shifts are planned by the workers themselves,
- Rota: 2-4 days' work, 2-4 days off (this system allowed two extra days off in a 3-week rota)
- There is a substitute pool to cover any unforeseen need of substitutes.

The effect of these changes: reduction of work stress and ethical burden and recovery from work is more efficient both during the working day and between the working shifts.

Best Proven Idea of the 'Idea Yacht Innovative Roasting'

Elize Hooftman, Manager FIER/Capaciteitsmanager (Groene Hart Ziekenhuis) and Elles van der Neut (Groene Hart Ziekenhuis)

Last year social partners united in the Labour Market Hospitals Foundation (StAZ) organised an 'Idea Yacht' to contribute to a better balance between work and private, and reducing work pressure. They found that the FIER department of Gouda's Green Heart Hospital (Groene Hart Ziekenhuis) has proved to be 'word and deed' in the field of flexible and innovative roasting for its own hospital. A good timetable ensures that the number of employees is better matched to the core question of the moment.
With an internal flex pool (the FIER) with fixed jobs and investment in education and training, the Green Heart Hospital addresses the need for flexible staffing and optimal coordination of capacity and working hours. Over time, fluctuations in workload are known. The nurses work from FIER where necessary and where their competencies are connected to the care question. They are trained to work for a cluster of up to three departments and are routed according to the patient pattern (care intensity, number of patients). One day in advance they hear what department they work according to their schedule. Nurses are pleased with this method because they contribute to good care, lower workload and job satisfaction. They choose consciously for alternation. It's not about postings; In principle, FIER always has sufficient offer.
If hospitals are able to tailor the personal occupancy to the peaks and decreases of bed occupancy and care, they save costs while maintaining the quality of care. Therefore, a culture change is needed. Flexibilization begins with you but together you make sure the right person is in the right place at the right time.

Presentation of trade union work to prevent PSR in the context of "quality of work programmes" (in a public-sector hospital)

Konan Midy and Fabienne Tartaise, Centre Hospitalier Douarnenez, Bretagne (French Democratic Confederation of Labour Health and Social Services – CFDT SSS)

For 4 years the High Authority for Health (HAS) has initiated work on quality of life at work (QVT) within the framework of the certification of health facilities: Public Service Hospital (FPH), the associative (FEHAP, UNICANCER), Home Hospitalization (FNEHAD) and Lucrative (FHP). Quality of life at work is one of the dimensions of the V2014 certification

Concept Quality of life at work in health facilities

The High Health Authority (HAS) and the National Agency for the Improvement of Working Conditions (ANACT) have decided to join forces because they are convinced that improving the quality of life at work in health facilities is contribute effectively to the quality of care.

Where room for manoeuvre seems to be shrinking, the quality of life at work opens new avenues to promote multiple initiatives that are in keeping with the primary purpose of the hospital mission: to care and take care. Today, stakeholders in the sector share a strong conviction: the more people who work in health care institutions will feel recognised, the better each sick person will be cared for and the better they will be accompanied.

Implementation

- In 2016, social clusters to do the concrete work in the health care institutions were set up at the regional level. The social partners are involved in the process.
- In 2017, the General Directorate of Health Supply (DGOS), the High Health Authority (HAS) and National Agency for the Improvement of Working Conditions (ANACT) did launch a call to apply for the cluster approach Regional Health Agencies (ARS).
- The CFDT social health federation encouraged the CFDT teams of health establishments to ask their management to take part in this work. We believe that this is a real opportunity to change the approach and take into account QWL in institutions.
- Across the country, 189 establishments have engaged in experimentation.
- We propose that 2 people from the CFDT social health section of the Douarnenez Hospital (situated in the Bretagne) involved in the pilot project attend the conference to present the work do so far and the experiences: 1) Partner actors involved; 2) Working methodology (5 sessions collective grouping of 7 institutions + work between the sessions in the institutions); 3) Objectives; 4) Results
- In 2017, 4 fields of action have been defined: 1) Promoting quality of life at work processes for business performance and improving working conditions; 2) Prevent professional wear and promote job retention and the quality of career

paths; 3) Prevent occupational risks by improving the organization of work; 4) Accompany technical and organisational changes

Links:

www.has-sante.fr/portail/jcms/c_990756/fr/qualite-de-vie-au-travail

www.has-sante.fr/portail/upload/docs/application/pdf/2015-09/has_anact-10questionsqvt.pdf

www.anact.fr/themes/qualite-de-vie-au-travail

solidarites-sante.gouv.fr/professionnels/ameliorer-les-conditions-d-exercice/qualite-de-vie-au-travail/article/la-qualite-de-vie-au-travail

Appendix 4: Message wall posts

During the conference, delegates were encouraged to write messages on post-it's and stick them on a dedicated wall in the conference room. During the previous conference in Amsterdam, we had a total number of 52 messages placed on this wall. This time we had 16. They were written in English or French and are reproduced below in English.

Cyprus:

- Trying to detect condition how the nurses feel about their working condition through research (RN4CAST) - research based information
- Nursing services has an educational sector through the MoH who is providing CPD and LLL to all nurses depending on their needs for free during working hours - needs assessment
- Try to address TPV and other incidences through systematic social dialogue together with the government
- Anticipated expectation is that the working conditions will be organised on a decentralised level through autonomous hospitals

France:

- How to overcome/solve the shortage of medical and paramedical personnel?
- Need of good working conditions, but prevention of MSD and PSRS will only work if there is a sufficient number of staff!
- We see the risk of scarcity of staff and an increase of bad working conditions
- To bring about change it needs motivated doctors

Sweden:

- The social dialogue is beneficial at all levels
- Focus on improving prevention through collaboration, rather than confrontation
- Be practical and user-friendly

United Kingdom:

- Holistic approaches including work and life even at a personal level
- Focusing on and receiving the support from both staff and management level will result in effective change
- Every step count, even the smallest

Country/countries of author not clear

- Not working harder (is needed) but working smarter! *[to 98% Netherlands]*
- The satisfied employee increases the productivity and become more performant