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**Report on the implementation of the European social partners'
Framework Agreement on Work-related Stress**

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0. EXECUTIVE SUMMARY

This report analyses the implementation of the Framework Agreement on Work-related Stress, ('the Agreement'), which the European cross-industry social partners concluded as an autonomous agreement in October 2004 under art 154-155 of the TFEU. The report examines how this Agreement was implemented by national social partners in Member States, and what effect this had on national responses to work-related stress. It also reviews the current level of protection employees have from work-related stress. It examines policy developments and social partners' initiatives in each Member State, and highlights the value-added of the Agreement. However, it also identifies shortcomings in implementation, and limitations in workers' protection. Although there is now wide consensus that work-related stress is a serious issue, and despite significant progress, protection available to workers in Europe is still uneven.

Background

The EU is committed to promoting the health and safety of workers. To this end, it adopted a framework directive (1989) which establishes principles and methods of action, then a series of individual directives which set minimum standards with regard to specific work-related risks. Towards the end of the 1990s, debates on occupational health and safety paid increasing attention to stress as an emerging occupational health risk. In 2002, the Commission launched a consultation with EU social partners on whether there should be an EU initiative to ensure a minimum level of protection against work-related stress, given the wide discrepancies in legislation and guidance in Member States. In response, EU social partners informed the Commission of their intention to negotiate an agreement under the Treaty provisions, and they concluded this agreement in 2004.

The Agreement

The aim of the Agreement is to increase awareness and understanding, and to provide employers and workers at workplace level with an action-oriented framework to identify and prevent or manage problems of work-related stress. It highlights that stress is an occupational risk factor and has therefore to be prevented, according to the principles and methods which underpin EU occupational health and safety policy.

The Agreement was concluded by UNICE (now BUSINESSEUROPE), the European Centre of Employers and Enterprises providing Public services (CEEP) and the European Association of Craft, Small and Medium-sized Enterprises (UEAPME) on the employers' side, and the European Trade Union Confederation (ETUC) (and the Liaison Committee Eurocadres (Council of European Professional and Managerial Staff)/CEC European Managers) on the employees side. It is an *autonomous* agreement, i.e. an agreement that is not a legal instrument, but has to be implemented by the members of the EU signatories in accordance with the procedures and practices specific to management and labour and the Member States.

The implementation of autonomous agreements has to follow the specific rules and practices of each country's national industrial relations systems, which vary considerably. The implementation process cannot therefore be regarded as equivalent to the legislative transposition process for EU directives, and comparable outcomes cannot be expected.

Implementation

National social partners implemented the Agreement by national collective agreements or agreements on recommendations and guidance, as well as complementary activities, such as the development of practical tools or surveys. This contributed to and took place in the context of increasing awareness about work-related stress, not only among management and workers, but also among public authorities, labour inspectorates, occupational health and safety agencies, and health experts and practitioners. The initiatives that these actors took, including legislation, interacted with those taken by social partners.

The implementation of the Agreement was a significant step forward and added real value in most Member States while some shortcomings in coverage, impact of measures, and the provision of a comprehensive action-oriented framework were identified.

On the one hand, the Agreement has facilitated consensus in the EU that work-related stress is a structural problem linked to work organisation, though it affects individuals differently. Identifying, preventing and managing work-related stress is necessary and possible. Practical guidance on doing so is now available, along with tried and tested tools to remedy the situation.

At national level, the following results must be highlighted:

- A bi-partite or tri-partite social dialogue on work-related stress was held in all countries.
- The Agreement triggered or substantially accelerated social dialogue and policy development in 12 Member States where work-related stress had mostly been an expert issue.¹
- The Agreement led to the creation and dissemination of practical guidance and tools in many Member States, including their adaptation across borders.
- Even in countries where work-related stress had already been on the agenda, the Agreement gave a boost to efforts to raise awareness and to agree on guidance.
- The Agreement was followed by amendments to the regulatory framework in seven Member States², bringing the number of countries with a legal framework that explicitly addresses psychosocial risks and/or stress to 14.
- The Agreement was implemented by binding national collective agreements in five countries.³

As a result, a set of principles and rules is now enshrined in a majority of Member States (either through legislation or through binding collective agreements)⁴. In other Member States, social partners have concluded agreements that were not declared generally binding, or joint guidelines with a substantial, joint effort to promote awareness-raising and follow-up.⁵

¹ Czech Republic, France, Italy, Cyprus, Latvia, Luxembourg, Poland, Portugal, Romania, Slovenia, Slovakia, Norway.

² Belgium, Latvia, Lithuania, Hungary, Portugal, Slovakia, Italy.

³ Denmark, Greece, France, Italy, Romania.

⁴ Netherlands, Finland, Sweden, Belgium, Denmark, UK, Iceland, Norway, Italy, France, Greece, Romania, Latvia, Hungary, Slovakia, Portugal, Lithuania, Bulgaria, Estonia.

⁵ Spain, Luxembourg, Austria, Ireland, Germany, Czech Republic.

On the other hand, as regards coverage, the Agreement has not been implemented in all Member States⁶, and where social partners have chosen non-binding agreements and unilateral action, not all workers are covered (which is of particular relevance in Member States where psychosocial risks are not explicitly addressed in the legal framework, and where stress is not fully recognised as an occupational health risk by all parties). As regards impact, this report identified 12 Member States in which social partners do not seem to have used to the full the potential of the Agreement for improving awareness and understanding of work-related stress and the proposed solutions.⁷ Substantial and joint efforts to improve awareness and understanding are essential, and may even offset the lack of a binding agreement and limited coverage. As regards the action-oriented framework, in some Member States, it is unclear whether workers and employers have easy access to a comprehensive action-oriented framework that covers all areas addressed in the Agreement (work organisation, working conditions, communication, and subjective social factors).⁸ In addition, in many Member States, not all of the areas addressed in the Agreement are included in the national implementing measure.

This means that there are persistent discrepancies in the levels of protection available across Member States, and that it is not possible to conclude that a minimum level of protection has been established throughout the EU.

Worryingly, social partners in Bulgaria, Estonia, Greece, Italy, Lithuania, and Malta have not reported on the implementation of the Agreement. This gives rise to heightened concern, given that social partners in Bulgaria, Estonia, Lithuania and Malta did not report on the first European social partners' autonomous agreement on telework either. Follow-up and reporting on the implementation of autonomous agreements across the EU is a minimum requirement, in line with Article 155(2) of the TFEU.

Conclusion

When the Commission launched its consultation of social partners in 2002, its objective was to improve protection for all workers throughout the EU. The EU social partners' agreement's objective was to provide a framework for better addressing work-related stress at the workplace level. It has certainly contributed to raising awareness, promoting a set of principles and rules and building consensus within the EU about the structural nature of work-related stress and the need for concerted responses to it. However, there is room for improvement, both at national and EU level, as regards extending protection, and further developing adequate responses to the challenge. There is therefore scope for all stakeholders to consider further initiatives to ensure that the objective is reached.

⁶ In Malta, Cyprus, Poland and Slovenia social partners have not reported follow-up to their general declarations concerning the implementation of the Agreement, which would complement the general legal framework in these countries.

⁷ Bulgaria, Estonia, Greece, France, Italy, Hungary, Malta, Lithuania, Poland, Romania, Slovenia, and Slovakia.

⁸ Estonia, Malta, Poland, Portugal, Romania, Slovenia.

1. INTRODUCTION

The Framework Agreement on Work-related Stress ('the Agreement') is the second *autonomous* agreement negotiated by the European cross-industry social partners, UNICE (now BUSINESSEUROPE), the European Centre of Employers and Enterprises providing Public services (CEEP) and the European Association of Craft, Small and Medium-sized Enterprises (UEAPME) on the employers' side, and the European Trade Union Confederation (ETUC) (and the Liaison Committee Eurocadres (Council of European Professional and Managerial Staff)/CEC European Managers) on the employees side, based on articles 154 and 155 of the EU Treaty⁹. It was signed on 8 October 2004, following a Commission consultation launched in 2002. It provides an action-oriented framework for employers, workers and their representatives to identify, prevent and manage stress that is related to work. In addition, European social partners confirm that tackling work-related stress is an obligation under EU legislation on occupational health and safety. In line with the 'autonomous option' made possible by the EU Treaty, the European social partners chose to implement the Agreement under the responsibility of their members, in accordance with the customary procedures and practices for industrial relations in each Member State.

The Commission fully recognises the negotiating autonomy of social partners and gives priority to monitoring undertaken by them. However, in the case of autonomous agreements resulting from an Article 154 consultation, the Commission assesses the extent to which the agreement contributed to the achievement of the EU's objectives, since an autonomous agreement temporarily suspends the legislative process initiated by the Commission at EU level¹⁰. This report assesses the extent to which implementing the agreement has contributed to achieving the social partners' objectives, and second, the EU objective of ensuring a minimum level of protection against work-related stress. It examines in detail the measures that social partners and public authorities have taken in EU Member States and in the EEA countries whose social partners take part in European social dialogue, i.e. Iceland and Norway. It takes account of the views expressed by European social partners.

The information in this report is based on the following sources:

- European social partners' joint implementation report of 15 December 2008 and joint reports by national social partners;
- replies from Member States' authorities to a questionnaire sent by the Commission (received in the first half of 2010);
- replies from national correspondents of the European Foundation for the Improvement of Working Conditions (Eurofound) to a questionnaire for the comparative analytical report on work-related stress¹¹
- information from the European Industrial Relations Observatory (EIRO);

⁹ The first autonomous agreement was the European Framework Agreement on Telework, 2002.

¹⁰ As explained in its Communication 'Partnership for change in an enlarged Europe — enhancing the contribution of European social dialogue' (COM(2004)557). In addition, the EU Health and Safety at Work Strategy 2007 – 2012 calls for drawing conclusions from the Agreement's implementation.

¹¹ <http://www.eurofound.europa.eu/ewco/studies/tn1004059s/index.htm>

- a report prepared for the Commission by a team of independent experts¹²;
- academic literature¹³;
- information publicly available on the internet, e.g. on social partners' websites.

As a consequence, the comprehensiveness and quality of information varies from Member State to Member State. There is as yet no in-depth study on the legal provisions in all Member States.

This report is structured as follows. **First**, it gives background information on stress at work, the relevant EU body of law, and the Agreement. **Second**, it describes implementation, country-by-country. **Third**, it assesses the choice of implementing instruments, the legal framework at national level, and the level of protection resulting from these. It then suggests lessons that could be learned from the implementation process. It **concludes** by highlighting the value-added and the weaknesses of the Agreement's implementation before making suggestions for further work. The **annex** presents detailed country-by-country information.

1.1. Work-related stress, psychosocial health risks, well-being at work, and social dialogue

Stress is one of a group of so-called psychosocial risks that are an increasing occupational health concern. While perceived differently by individuals, stress, violence, and harassment at work are linked to the way work is designed, organised and managed, as well as to its economic and social context.

Psychosocial risks can lead to emotional reactions (irritability, emotional withdrawal, anxiety, sleep problems, depression, burnout), cognitive reactions (difficulty in concentrating, remembering, making decisions, decreased creativity), behavioural reactions (abuse of drugs, alcohol, and tobacco; destructive behaviour, loss of motivation), and are also associated with physiological reactions, such as musculoskeletal disorders, particularly back problems, weakened immunity, peptic ulcers, heart problems, or hypertension. Protracted exposure to stress can therefore have serious negative consequences for the individual, and lead to a loss of well-being for them as well as members of their household. The performance of organisations is likely to worsen. The society suffers from a loss of capacity for work, direct costs linked to health spending and loss of quality of life.

Studies on the cost of health are challenging and sparse. The annual social cost of work-related stress in the EU-15 was estimated at 20 billion Euro in 1999,¹⁴ based on conservative estimates that at least 10 per cent of all work-related ill health costs are work-stress-related. In

¹² Labour Associados (2010) Study on the implementation of the European social partners' agreement on work-related stress.

¹³ Prosser, T. (2007) 'Europeanization through procedures and practices? The implementation of the Framework Agreements on Telework and Work-related Stress in Denmark and UK', FAOS Forskningsnotat 077; Leka, S., Cox, T. (2008) 'The European Framework for Psychosocial Risk Management: PRIMA-EF', I-WHO Publications, Nottingham; Ertel, M., Stilianow, U. (2009) 'Bekämpfung psychosozialer Risiken am Arbeitsplatz — politischer Kontext und Sozialer Dialog in der erweiterten EU', Arbeit, Heft 4, Jg. 18, S. 353-365.

¹⁴ European Commission, DG Employment and Social Affairs (2002) Guidance on work-related stress — Spice of life or kiss of death? Prepared by Lennart Levi, and Inger Levi, Luxembourg.

France, a 2007 study estimated that the cost of stress at work amounted to a minimum of 2 to 3 billion Euro per year¹⁵. In the UK, it was estimated that 10 million working days are lost as a result of anxiety, depression and stress, which employees linked directly to work and working conditions¹⁶.

Prevalence and cost of work-related stress

According to the 2009 scoreboard of the EU Strategy on Health and Safety at Work, national surveys (where these exist) indicate that over the last 10 years, work-related stress levels have increased in six Member States (Denmark, Germany, Latvia, Austria, Slovakia, Finland), remained stable in two (Netherlands, UK) and fallen in one (Sweden). Over the last three years, they have risen in nine (also in Bulgaria, Estonia, Ireland), remained stable in three (also Belgium), and only fallen in Sweden.¹⁷

Findings of the European Working Conditions Survey 2010

In line with the three main theoretical models¹⁸, factors likely to lead to the development of work related stress can be categorised as follows: work demands, room for manoeuvre, social relations, emotional demands, value and ethical conflicts, and employment insecurity.¹⁹

Recent data from the 2010 European Working Conditions Survey (EWCS) seems to indicate a slight long-term increase in the occurrence of factors that can lead to work-related stress. Work demands overall increased. The share of workers who report that they work to tight deadlines at least a quarter of their working time rose from 50% in 1991 to over 60% in 2010. However, the increase appears to have stabilised at this level since 2005. The picture is almost identical for those who work at high speed. In addition, 18 % of workers are not satisfied with their work-life balance. In contrast, room for manoeuvre (work speed, method, and order of tasks) and reported social support have not been increasing. According to the Labour Force Survey ad hoc module on occupational health and safety 2007, 23% of the workers reported exposure to time pressures or overload of work that would harm their health.

Regarding emotional demands, client contact is a source of pleasure and gratification, but in certain circumstances it may turn into a difficult pressure. Client contact (almost) all of the time increased slightly to 44% within the last 10 years. 5% deal with an angry client most of their working time. 30% of workers are required to hide their emotions. 18% report that a mistake in their work could cause physical injury and 35 % that it could cause financial loss for their company. While social support remains high in general at 85%, 11% report having been subjected to verbal abuse at work in the last month. 5% also report threats and humiliating behaviour. Violence (2%) and harassment at work (4%) are rare but serious events at the workplace.

¹⁵ INRS (2007) Le cout du stress professionnel en France en 2007

¹⁶ The Sainsbury Centre for Mental Health (2007), Mental health at work: developing the business case.

¹⁷ EU Advisory Committee on Safety and Health at Work: Scoreboard 2009 — Community strategy on health and safety at work.

¹⁸ Demand control model (Karasek 1979 and Karasek-Theorell 1990), the effort reward imbalance model (Siegrist 1996) as well as the organisational justice model

¹⁹ Indicateurs provisoires de facteurs de risques psychosociaux au travail, Dares-Drees, Gollac et al, 2009

Regarding value and ethical conflicts, 9% experience ethical conflicts or suffering. 16% report not being able to achieve work of quality. The same proportion of workers feels that they are not doing useful work.

When measuring employment security by asking workers directly about their perception of the stability of their employment relationship (subjective insecurity), 16% indicate that they might lose their job in the next 6 months; compared to 14% in 2005. A more qualitative form of insecurity is linked to the management of change: 31% of workers report having experienced substantial restructuring within the last 3 years and 40% report that new technologies or processes were introduced. Change that results in the loss of characteristics of the work that were important to the workers and is not carried out in an appropriate way can impact negatively on health.²⁰

Wellbeing at work and European social partners' Framework Agreement on Violence and Harassment at Work

Effective occupational health policy must address all psychosocial risks. It should, in fact, promote wellbeing at work in general. This is now the position of many policy makers and experts, including ministries from several Member States, which made comments to this effect in the preparation of this report. The Community Strategy on Health and Safety at Work 2002-2006 cited the objective of attaining wellbeing at work for the first time (COM(2002) 118), and this was confirmed for 2007-2012 (COM(2007) 62). This approach is shared by the European Agency for Safety and Health at Work, the European Pact for Mental Health²¹ that is being promoted by the European Commission, and other European initiatives, such as the European Network for Workplace Health Promotion.

In fact, the European social partners, fully aware of the importance of psychosocial risks, decided to conclude a separate autonomous agreement on Violence and Harassment at Work (April 2007). The European social partners' report on the implementation of that agreement is expected in 2011.

Drivers of stress-related practices at establishment level

The European Agency for Health and Safety at Work ran a Europe-wide survey that gives an interesting insight into the role of social partner and employee participation in occupational health and safety practices in European establishments in 2009. The European Survey of Enterprises on New and Emerging Risks' (ESENER) asked managers, and workers' health and safety representatives about how health and safety risks are managed at their workplace, with a particular focus on psychosocial risks²².

Its findings suggest that psychosocial risks tend to be treated more seriously when the legislation is clear and when it is made an issue because employees (including managers) are aware of it, and through social dialogue. According to ESENER, legislation and employee demands are the main drivers for improvements in occupational health and safety. Among

²⁰ Psychosocial risks and health effects of restructuring. Background paper to the conference 'Investing in well-being at work: Addressing psychosocial risks in times of change' organised by the European Commission and the Belgian EU Presidency, 22 – 24 November 2010
<http://ec.europa.eu/social/main.jsp?catId=88&langId=en&eventsId=290&furtherEvents=yes>.

²¹ http://ec.europa.eu/health/mental_health/policy/index_en.htm.

²² http://osha.europa.eu/en/publications/reports/esener1_osh_management.

managers, 91 % said they addressed occupational health and safety to meet legal obligations, and 76 % in response to requests from employees or their representatives. Only in Latvia, Lithuania, Poland and the UK are clients' concerns, or concerns about the organisation's reputation, more important than employee demands. In the Czech Republic and Germany, pressure from labour inspectorates is more important than requests from employees.

Staff retention and absence management are also drivers, along with pressure from labour inspectorates, and economic or performance-related reasons (all between 50 and 60 %). The same factors account for the management of psychosocial risks at establishment level, but at a lower level: 63 % for legislation and 36 % for employee requests. The latter are actually more important than legislation in Denmark, Estonia, Greece, Lithuania, the Slovak Republic, Finland and Sweden.

The practical significance of public sector actors should not be underestimated although it obviously varies depending on the structure of the industrial relations system in any given country. When managers were asked where they obtain occupational health and safety information, they cited contracted health and safety experts, labour inspectorates, official institutes for health and safety at work, in-house services and insurance providers first; and only then do they turn to employers' organisations (30 %) and trade unions (20 %).

The importance of social dialogue for healthy workplaces

The ESENER survey also confirms that employee participation, whether formal (through works councils or trade unions) or informal (direct involvement of workers), is associated with better quality management of health and safety in general, and psychosocial risks in particular.

Eurofound²³ research concludes that social dialogue closely connected to the shop-floor level in a strong framework provided by law as well as national and sectoral social dialogue is most efficient in improving working conditions. Trade unions play a very important role, as do sectoral employer organisations, since they organise and articulate the interests of company-based actors and vice-versa. Social partners and social dialogue play a key role in helping to create better jobs and improve the quality of work and working conditions. They do this through influencing policy decisions, negotiating social pacts and collective agreements, as well as through taking part in specific programmes and policies. In addition, 'on all levels – national, including tripartite dialogue, sectoral and company or enterprise levels – the parties need to have a clear idea of their aims, as well as the commitment to work together with other parties. In some areas, such as occupational health and safety, the ultimate goals of the parties involved in social dialogue often converge, making progress potentially easier. However, being committed to implementing the proposed measures is also crucial in terms of the outcomes'.²⁴

²³ European Foundation for the Improvement of Living and Working Conditions (2009) Working conditions and social dialogue.

²⁴ European Foundation for the Improvement of Living and Working Conditions (2007) Working conditions and social dialogue.

1.2. The EU Health and Safety at Work *acquis*: Framework Directive, 89/391/EEC, individual directives and Directive 2010/32/EU

At EU level, health and safety at work was pinpointed as an issue from the end of the 1980s (following the Single Act), with the adoption of the 'Framework Directive' (Council Directive 89/391/EEC). This was conceived so as to promote key principles which would subsequently be complemented by individual directives. At that time, stress was not yet high on the occupational health and safety agenda.

Council Directive 89/391/EEC on the introduction of measures to encourage improvements in health and safety at work contains general principles concerning the prevention of occupational risks, the protection of health and safety, the elimination of risks and hazards, provisions for information, consultation, and balanced participation in accordance with national laws and/or practices, and training of workers and their representatives, as well as general guidelines for implementing the above.

The employer, in accordance with Article 5.1, has a duty to ensure the health and safety of employees in all work-related aspects. Within the context of their responsibilities, the employer has to take measures needed to ensure that health and safety is guaranteed. These include preventing occupational risks, and providing information and training, as well as facilitating appropriate organisation and the means to sustain it.

The employer has to implement these measures on the basis of the general principles of prevention: avoiding risks; evaluating risks which cannot be avoided; combating risks at source; adapting work to the individual, especially as regards the design of work places, the choice of work equipment, and the choice of working and production methods. This is particularly important in alleviating the effects of monotonous work, or work at a pre-determined work-rate, so as to reduce the impact of these on health. The employer has a duty to develop a coherent overall prevention policy covering technology, organisation of work, working conditions, social relationships, and the influence of factors related to the working environment. Collective protective measures have priority over individual protective measures.

The Framework Directive does not single out any particular risk; nor does it refer to stress at work which was not considered as a major issue at the time of the Directive's adoption. However, it is important to note that, according to the EU Court of Justice case law (case C-49/00 of 15 November 2001), 'it follows both from the purpose of the directive, which, according to the 15th recital, applies to all risks, and from the wording of Article 6(3)(a) thereof, that employers are obliged to evaluate all risks to the safety and health of workers. It should also be noted that the occupational risks which are to be evaluated by employers are not fixed once for all, but are continually changing in relation, particularly, to the progressive development of working conditions and scientific research concerning such risks'.

Given its character, the Framework Directive does not specify which risk factors are likely to create work-related stress and should be included in a risk assessment, nor does it specify measures to combat stress. Provisions concerning specific risks or specific workplaces are laid down in individual EU health and safety directives adopted in accordance with Article 16 of the Framework Directive.

Three other European directives refer to the need to consider mental stress when assessing risks in specific circumstances. Council directive 90/270/EEC, on the minimum health and safety requirements for work with display screen equipment²⁵, points out that ‘employers shall be obliged to perform an analysis of workstations in order to evaluate the safety and health conditions to which they give rise for their workers, particularly as regards possible risks to... problems of mental stress’. Council directive 92/85/EEC, on the introduction of measures to encourage improvements in the health and safety at work of pregnant staff and those who have recently given birth or are breastfeeding²⁶, states that guidelines on risk assessment must cover mental fatigue and other types of mental stress. The Council Directive 2010/32/EU implementing the Framework Agreement on prevention of sharps injuries in hospitals and the healthcare sector concluded by HOSPEEM and EPSU (OJ L L 134, 1.6.2010, 66), refers to psychosocial factors. It stipulates that both risk assessments and overall prevention policies have to take into account work-related psychosocial factors.

1.3. Commission consultation

Work-related stress became an increasing concern throughout the EU during the 1990s. Growing awareness, the introduction of measures to prevent it in some Member States, and expert work at EU level led to raising the question of a specific EU initiative to address it. In line with the provisions on social policy in the Treaty, the Commission launched a first-stage consultation with social partners on stress and its effects on health and safety at work on 2 December 2002²⁷. In accordance with Article 138(2) of the EC Treaty (Article 154(2) of the TFEU), partners were asked to give their opinion on whether there should be Community action on protecting workers from occupational stress.

In the document launching the consultation, the Commission referred to preparatory work by the Advisory Committee on Safety, Hygiene and Health Protection at Work,²⁸ the European Foundation for the Improvement of Living and Working Conditions, and the European Agency for Safety and Health at Work²⁹. The Commission had pointed out the need to review ‘psychological, social and physical factors which might contribute to stress at work, how they interact together and with other factors in the work organisation and environment’ in its Guidance on ‘Risk Assessment at Work’³⁰. The Commission had also published ‘Guidance on Work-related Stress’³¹. This provides general information on the causes, effects and consequences of work-related stress, both for employees and organisations. It also offers general advice on how work-related stress problems and their causes can be identified, and proposes a practical, flexible framework for action that can be adapted to suit national and individual company situations. The focus is on prevention of work-related stress, rather than on treatment. The Guidance was non-binding, and was addressed to Member States and their social partners.

²⁵ OJ L 156, 21.6.1990, p. 14.

²⁶ OJ L 348, 28.11.1992, p. 1.

²⁷ Available in DG Employment, Social Affairs and Equal Opportunities’ document database: <http://ec.europa.eu/social/keyDocuments.jsp?langId=en>.

²⁸ European Commission: Report on work-related stress. The Advisory Committee for Safety, Hygiene and Health Protection at Work. Brussels: European Commission, 1997.

²⁹ <http://osha.europa.eu/en/topics/stress>.

³⁰ European Commission: Guidance on risk assessment at work. Brussels: European Commission, 1996.

³¹ European Commission: Guidance on work-related stress - Spice of life or kiss of death? Luxembourg: Office for Official Publications of the European Communities, 2000.

The document noted that whereas Community legislation applied to some extent stress-related problems were widespread, and on the rise. Most Member States did not regulate on the matter. It noted marked differences in the design and provision of guidance across the EU, particularly between Member States of the north and north-west of the EU-15, and those of the south. There were significant differences, both as to how explicitly legislation addresses psychosocial questions, and how pro-active labour inspectorates were on the matter. This meant that levels of protection varied widely across the EU. The Commission concluded that the gaps in Community law and national legislation would make action at Community level necessary to ensure that workers had a minimum level of protection.

1.4. European Framework Agreement on Work-related Stress

1.4.1. Summary of the negotiation process

The European cross-industry social partners concluded a Framework Agreement on Work-related Stress on 8 October 2004. This was signed by the European Trade Union Confederation (ETUC), also representing the EUROCADRES/CEC Liaison Committee, the Confederation of European Business (BusinessEurope then called UNICE), the European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest (CEEP), and the European Association of Craft, Small and Medium-sized Enterprises (UEAPME).

In its consultation, the Commission noted with interest that the European social partners had agreed in their first joint multiannual work programme for the period 2003-2005, adopted on 28 November 2002, to organise a seminar with a view to negotiating a voluntary agreement on stress at work. The Commission had already taken the decision to launch the first consultation on the possible direction of a Community initiative on work-related stress in the Community Strategy on Health and Safety 2002-2006³² on 12 March 2002. The Commission wanted the consultation document to contribute to the discussions of the social partners within the framework of their work programme, before pursuing a Community initiative in this field.

On 17 September 2003, ETUC (and the EUROCADRES/CEC Liaison Committee), BusinessEurope, UEAPME and CEEP informed the Commission that they had opened negotiations on work-related stress and that ‘the aim of these negotiations is to conclude a voluntary agreement to be implemented by the members of the signatory parties in the Member States’. The negotiations lasted eight months and led the conclusion of a draft autonomous agreement, which was then approved by the signatory parties’ internal decision-making bodies.

The Framework Agreement on Work-related Stress was the second autonomous agreement concluded by European social partners. The first was the European Framework Agreement on Telework (2002). In contrast to previous framework agreements between the social partners, particularly those on parental leave, part-time work and fixed-term work (implemented through Council directives), social partners decided to implement the Agreement on Work-related Stress through the members of the signatory parties, in accordance with the procedures and practices specific to management and labour and the Member States, as provided for in

³² COM (2002) 118 final.

Article 139(2) of the EC Treaty (now Article 155(2) of the TFEU). Implementation was to take place over three years, from the date of signature.

After four years, the European Social Partners adopted a joint report on the implementation of the Agreement, published on 15 December 2008.

1.4.2. Summary of the content

The **aim** of the Agreement is *‘to increase the awareness and understanding of employers, workers and their representatives of work-related stress, and to draw their attention to signs that could indicate problems of work-related stress’*. Its **objective** is *‘to provide employers and workers with a framework to identify and prevent or manage problems of work-related stress’*.

European social partners agree that work-related stress is a **shared concern** and they recognise the economic and social benefits of tackling it. The Agreement applies to all establishments regardless of size. European social partners recognised that harassment and violence are important potential stressors at the workplace, and they agreed to negotiate a specific agreement on these issues later.³³ That is why the European Framework Agreement on Work-Related Stress does not deal with violence, harassment and post-traumatic stress.

The Agreement does not provide a definition of stress, but describes it as *‘a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them’*. It is not a disease, but it *‘may reduce effectiveness at work and may cause ill health’*. In European social partners’ view, prolonged exposure to pressure is problematic, though individuals are *‘well adapted to cope with short-term exposure to pressure, which can be considered positive’*. It makes clear that the Agreement *‘is not about attaching blame to the individual for stress’*, and treats stress as a multifaceted phenomenon that is caused by factors related to the work content, working conditions, the work environment and organisation of work, as well as more subjective factors.

European social partners confirm that the rules of the EU Health and Safety **Framework Directive** (Directive 89/391/EEC) also apply to stress as a risk factor (see 1.1.5). This means that the preventive approach of the Directive shall be followed, i.e. avoid risks, evaluate those that cannot be avoided, and combat them at source. Consequently, the Agreement stipulates joint action to prevent, eliminate or reduce problems of work-related stress where and when they are identified. *‘The responsibility for determining the appropriate measures rests with the employer’*, but they *‘will be carried out with the participation and collaboration of workers and/or their representatives’*. Workers must comply with protective measures.

Building on this reference, the Agreement provides an **action-oriented framework**. This includes non-exhaustive examples of indicators, risk factors and measures that should guide action.

Suggested **indicators for the identification of stress-related problems** are high absenteeism, high staff turnover, frequent interpersonal conflicts, or complaints by workers.

³³ European Framework Agreement on Harassment and Violence at Work, concluded on 27 April 2007.

The Agreement provides an optional list of risk factors or **stressors** to be analysed:

- Work organisation and processes (working time arrangements, degree of autonomy, match between workers' skills and job requirements, workload, etc.)
- Working conditions and environment (exposure to abusive behaviour, noise, heat, dangerous substances, etc.)
- Communication (uncertainty about what is expected at work, employment prospects, or forthcoming change (such as restructuring or new technologies/processes, etc.) and
- Subjective factors (emotional and social pressures, feeling unable to cope, perceived lack of support, etc.).

Regarding concrete **measures** to take, the Agreement leaves some flexibility: *‘Preventing, eliminating or reducing problems of work-related stress can include various measures. These measures can be collective, individual or both. They can be introduced in the form of specific measures targeted at identified stress factors or as part of an integrated stress policy encompassing both preventive and responsive measures.’* European social partners recall that organisations can call on external expertise. Measures should be regularly reviewed. Examples of measures are:

- Management and communication measures, such as
 - clarifying the company’s objectives and the role of individual workers,
 - ensuring adequate management support for individuals and teams,
 - matching responsibility and control over work,
 - improving work organisation and processes, working conditions and environment,
- Training managers and workers to raise awareness and understanding of stress, its possible causes and how to deal with it, and/or to adapt to change,
- Providing information to and consultation with workers and/or their representatives in accordance with EU and national legislation, collective agreements and practices.

Unnecessary burdens for SMEs must be avoided in the implementation process. The Agreement finishes with a non-regression clause explaining that its implementation does not constitute valid grounds to reduce the level of protection afforded to workers.

Whereas the Framework Directive 89/391/EEC mentions several of the areas in which risks can arise in general terms, the Agreement on Work-Related Stress is more specific and raises matters that are not specifically addressed in it. These include risks that may arise because of poor communication, lack of clarity about tasks set, the organisation's objectives, employment prospects, and envisaged changes. The Framework Directive does not set out specific measures to counter risks, but it does provide for employee involvement. Some provisions of the Agreement on Work-Related Stress that are directly covered by the EU Framework Directive are regulated by national legislation transposing this Directive. This is the case for the worker’s duty to comply with protective measures, rules on the use of external expertise, and the regular review of measures.

1.4.3. Responsibility for implementation

Clause 7 of the Agreement lays down the process for implementation, and defines the responsibilities for implementation and reporting:

Implementation and follow-up

In the context of article 139 of the Treaty, this voluntary European framework agreement commits the members of UNICE/UEAPME, CEEP and ETUC (and the liaison committee EUROCADRES/CEC) to implement it in accordance with the procedures and practices specific to management and labour in the Member States and in the countries of the European Economic Area.

The signatory parties also invite their member organisations in candidate countries to implement this agreement.

The implementation of this agreement will be carried out within three years after the date of signature of this agreement.

Member organisations will report on the implementation of this agreement to the Social Dialogue Committee. During the first three years after the date of signature of this agreement, the Social Dialogue Committee will prepare a yearly table summarising the on-going implementation of the agreement. A full report on the implementation actions taken will be prepared by the Social Dialogue Committee during the fourth year.'

With this formulation including the direct reference to the implementation method covered by the first alternative in Article 139(2) of the EC Treaty (now Article 155(2) of the TFEU), the autonomous Agreement puts the main responsibility for implementation on the signatories' member organisations at both national and sectoral levels, in accordance with the practices specific to each industrial relations systems. By virtue of the Agreement's approval by the European organisation's internal decision-making bodies, member organisations have accepted this responsibility. The Agreement is not a legal instrument, but it is binding on the signatories, and their members that must act upon it. The autonomous Agreement provides flexibility on how it is implemented, not on whether it is implemented.

Negotiations started before 10 new Member States joined the EU on 1 May 2004, but in both the employers' and the trade unions' negotiation delegations, representatives from those new Member States took part throughout the negotiation process. The Agreement also became binding for European social partners' member organisations from Bulgaria and Romania, when those countries joined on 1 January 2007. However, social partners from former candidate countries had already been involved to some extent in negotiations, and the signatories invited *'their member organisations in candidate countries to implement this agreement'* (Clause 1). Furthermore, member organisations in EEA countries taking part in European social dialogue (Iceland and Norway) also committed themselves to implementing the Agreement.

Social partners agreed that implementation would take place according to normal procedures and instruments in national industrial relations systems. Traditional approaches to employer-worker relations and collective bargaining at all levels and to the role of legislation and contractual arrangements in each country had to be respected. Implementation of the Agreement would therefore vary from country to country. The Treaty defines the obligation to follow *'procedures and practices specific to management and labour and the Member States'*,

i.e. the instruments chosen and the procedures for their adoption should follow the usual practice for dealing with similar issues in national industrial relations.

2. IMPLEMENTATION IN THE EU MEMBER STATES, ICELAND AND NORWAY

This chapter gives an overview of actions taken by social partners at European level, and implementation measures that national social partners and public authorities have taken in the 27 EU Member States, as well as Iceland and Norway, whose social partners take part in European social dialogue. Detailed country-by-country information follows in an annex.

European cross-industry social partners have assisted and advised their member organisations throughout the implementation process. Their Social Dialogue Committee adopted a report on implementation of the Agreement on 18 June 2008. A final version³⁴ was presented to the press and general public on 15 December 2008. The report is based on joint national reports from member organisations in 21 EU Member States, Iceland and Norway. Final joint reports have not been received from Bulgaria, Estonia, Greece, Italy, Lithuania, and Malta. The overall report gives an overview of activities that followed the Agreement. It discusses challenges linked to specific industrial relations systems and social partners' capacity to negotiate and act. It explains that the dominance of guidelines, tools and campaigns is due to the nature of the Agreement, and insists on the value-added and the fact that the Agreement was a catalyst for awareness and action. It raises some general questions on implementing autonomous agreements that should be discussed in further deliberations on the common understanding of social dialogue instruments.

In addition to the signatories of the Agreement, several European sectoral social partners have included work-related stress in their social dialogue, particularly in the sectors of central government administration, education, private security, construction, and electricity.

The section below gives short summaries of the situation in Member States, Iceland and Norway.

Belgian social partners concluded a national agreement on work-related stress as far back as 1999. This was declared generally binding in the private sector and, in 2007, was integrated into legislation that introduces, inter alia, the figure of the internal or external psychosocial prevention advisor. Extensive guidance and practical tools were developed or promoted by social partners and public authorities. Belgium has a long-standing tradition of both social dialogue and occupational health and safety.

Although formal social dialogue structures could be used in **Bulgaria**, its social partners have not yet reported on implementation of the Agreement. One of the employers' organisations has developed membership services in occupational stress management. Occupational health and safety ordinances already explicitly addressed psychological and social risk factors at work before the Agreement. The labour inspectorate has included the issue of stress in its inspection and advice activities.

In the **Czech Republic**, the tripartite Economic and Social Council agreed on implementation by law, but eventually the general provisions of the EU Health and Safety Framework Directive, and rules on monotonous and fixed-pace work that involves mental strain, are part

³⁴ Available at: http://ec.europa.eu/employment_social/dsw/public/displayRecord.do?id=5121.

of the legislative framework. Social partners promoted the Agreement both jointly and separately.

Danish social partners in local and regional, as well as in state administrations, have concluded agreements stipulating that workplace social dialogue bodies must develop guidelines to identify, manage and prevent stress. These have been complemented by a large range of joint measures. Private sector social partners were of the opinion that the Agreement was already implemented through existing regulations and several sectoral agreements. The legal framework addresses psychosocial factors explicitly.

German cross-industry social partners have not yet formally implemented the Agreement at national level, but have informed their members at sectoral and company level, mostly on an individual basis. They disagreed on suitable strategies and instruments for the assessment of work-related stress, but this issue has largely been solved in dialogue among all relevant parties. A few company agreements have been reported. Social partners undertook complementary measures through the statutory occupational accident insurance and health insurance organisations (self-administered bodies that are jointly run by representatives of employers and those insured, which also have a preventive function. Sectoral social partner organisations separately developed several practical instruments for stress measurement or management. Most of these activities did not refer to the Agreement.

Estonian social partners have not yet reported on implementation. Occupational health and safety legislation covers in a general way the risk factors and measures related to psychological risks. The Estonian labour inspectorate launched a campaign in cooperation with social partners and developed complementary measures.

Irish social partners asked the Labour Relations Commission to draft a Guide on Workplace Stress in 2007. This guide incorporates the Agreement and recommends use of the Safety Authority's 'Work Positive' risk assessment tool. Given the limited follow-up there has been to the Guide, the Irish Trade Union Congress is of the view that a statutory code of practice would be a more appropriate implementing instrument.

Greek social partners concluded a binding national agreement in 2008. This transposes the entire Agreement.

In **Spain**, social partners implemented the Agreement through their national inter-confederal agreements (2005 and 2007), which guide collective bargaining at lower levels and made a substantial effort to raise awareness, as well as introducing some complementary measures. There is no explicit legal framework and public authorities are not reported to have taken substantial steps in the field of work-related stress.

In **France**, social partners concluded a national agreement that was extended by the Government in 2008. It goes beyond the Agreement. Implementation at the company level is supported by the Government's intervention. This is related to an intense public debate regarding restructuring and management practices. Information and guidance are becoming increasingly widely available.

Italian social partners concluded a national cross-industry agreement that is binding on their members in 2008. The European Agreement's preventive approach regarding psychosocial

risks was incorporated in the revised occupational health and safety law in 2008 and 2009. Specialised agencies and labour inspectorates stepped up their work on guidance on work-related stress following the Agreement.

Cypriot social partners adopted the Agreement and agreed a policy statement on the implementation process at national, sectoral and establishment level in 2008. No follow-up has as yet been reported. The labour inspectorate supports the social partners by awareness-raising.

Latvian social partners adopted a declaration on cooperation that includes a general recommendation to members in 2006. They also undertook awareness-raising and complementary measures. This is combined with legislative amendments on risk assessment and measures to address psychosocial risks in 2007.

Given the weaknesses in **Lithuania's** autonomous social dialogue structures, methodological guidance on psychosocial risks was built into occupational health and safety regulations following the Agreement. Lithuanian social partners have not yet reported on the implementation of the Agreement.

In line with industrial relations practices in **Luxembourg**, social partners followed a tripartite approach in their Economic and Social Council. In 2006, together with the Government, they adopted comprehensive guiding principles for the organisation level, and agreed on campaigns and other measures to improve knowledge of the issues.

In **Hungary**, the Agreement was implemented through legislation (2007) on the initiative of the social partners in the National Interest Reconciliation Council. Legislation is the main instrument in the area of occupational health and safety in Hungary. The labour inspectorate plays an important role as it provides practical guidance.

Maltese social partners have not yet reported on implementation of the Agreement. Trade unions and public authorities organise awareness-raising and training courses.

In 2006, **Dutch** social partners' labour foundation updated a brochure on work-related stress that makes recommendations to actors at organisation level. This was done in the context of an explicit legal framework that includes 'occupational health and safety catalogues' laying out mandatory provisions agreed by sectoral social partners, as well as of numerous awareness-raising and complementary activities by social partners and public authorities.

Austrian social partners adopted joint guidelines that acknowledge the relevance of the general occupational health and safety provisions in the country's legislation and of existing collective agreements and company level practices. In particular, it promotes the Impuls test, an occupational stress management tool that had previously been developed with social partners. Austrian social partners and their chambers have a strong, institutionalised role in employment and social policy governance, including the promotion of occupational health.

In **Poland**, the social partners have so far adopted a joint declaration (2008) that covers some elements of the Agreement and made a commitment to rules of cooperation on how to proceed further. Trade unions and the labour inspectorate have taken initiatives to improve awareness and knowledge. Social partners seem to disagree about whether the general

provisions of occupational health and safety legislation are sufficient. There will be a review of the implementation process in 2011.

Portuguese social partners carried out a few dissemination activities, and trade unions made efforts to raise awareness, and to carry out studies and training, mostly in cooperation with the employers' organisation in the services sector (CCP) and the Working Conditions Authority. Agreements and projects in a few companies were reported. In the absence of far-reaching results through social dialogue, in 2009, the Portuguese legislator included psychosocial risks in a general way in the occupational health and safety legislation.

Romanian social partners agreed on so-called 'management standards' inspired by the Agreement, though less comprehensive, in their national collective labour agreement for 2007-2010. This sets binding minimum standards for all employers and employees. This was followed up by some sector-level agreements. Very few awareness-raising efforts have been reported. The labour inspectorate is the main body that provides guidance to employers and workers.

The **Slovenian** tri-partite Economic and Social Council has not yet agreed on a way to implement the Agreement on work-related stress, due to ongoing discussions on principles of how to identify, prevent and manage work-related stress. Social partners have agreed on further work to develop good practices and build confidence. In contrast, Slovenia (partially) implemented European autonomous agreements on telework and on violence and harassment through legislation.

In **Slovakia**, following consultations in the Economic and Social Council, legislation now makes detailed provisions on the assessment of mental workload, and measures to manage this successfully. However, social partners did not report having carried out awareness-raising, or complementary measures.

Finnish social partners implemented the Agreement through joint recommendations (2007) and a large range of joint dissemination and complementary measures. This is embedded in a long tradition of intervention from public authorities, agencies and social partners. Finnish legislation lays down explicit obligations to address physical and mental workload that can lead to stress. The occupational health care provider has an important role in combating work-related stress.

Swedish social partners in the private sector (2005) and in the public sector (2006) agreed on guidelines that leave the choice of implementing instrument to rank-and-file levels of social dialogue. This has led among others to several general sectoral agreements. In particular in the private sector, social partners disseminated and complemented these guidelines jointly. Many actors had previously provided instruments to tackle work-related stress. Swedish legislation obliges employers to protect workers' health from physical and mental strain, and they have to take physical, psychological and social conditions into account.

In the **UK**, employers and unions have been concerned about work-related stress since the 1990s. The public authorities took a decision on how to address it at the end of 2000, and opted to ask the Health and Safety Executive to develop non-binding Management Standards. Social partners were involved in this process, and in 2005, they decided to promote the

Management Standards jointly as a way of implementing the Agreement. This was done with a Guide, adopted with the Government. Such tri-partite activity at national level is exceptional in the UK.

Norwegian social partners in the private and public sectors saw the general provisions on protection from mental strain set out in the Working Environment Act as a satisfactory legal foundation. In 2007, they developed joint recommendations that adapt and develop the Agreement so as to motivate and contribute to discussions and action at organisation level. They have also developed separate complementary measures, also with the labour inspectorate.

Icelandic social partners implemented the Agreement in 2007 with a collective agreement that is binding on their members. The legal framework specifies that the schedule of preventive measures based on a risk assessment should provide a good overview of risk and stress factors, and preventive measures.

3. ANALYSIS OF THE IMPLEMENTATION PROCESS AND OUTCOMES

Any assessment of the implementation of autonomous agreements has to take account of their specific character. The implementation of autonomous agreements follows the rules of each country's national industrial relations system. These vary as regards the roles of the national trade union and employers' organisations, as well as public authorities. The implementation process cannot therefore be regarded as equivalent to the legislative transposition process for EU directives, and comparable outcomes cannot be expected.

Although European social partners opted for an autonomous Agreement, implementation is likely to involve public authorities in one way or another because:

- (i) social partners share responsibilities with a range of public and semi-public institutions in the area of occupational health and safety,
- (ii) the Agreement fits in a general framework of national and EU legislation,
- (iii) public authorities and social partners in some Member States had already taken initiatives on stress at work before the Agreement was adopted.

The report takes a results-based approach. It indicates, where information is available, whether activities have taken place as a direct follow-up to the Agreement. But all known agreements, laws, tools etc. that contribute to meeting the Agreement's objectives are included in the assessment, whether they came into being before or after the Agreement, and whether or not they were the result of the Agreement. It is important to take account of previous activities on the part of social partners and public authorities, as well as the legal framework. In fact, the choice of instruments at national level can often only be understood against this background.

Below is an overview of the instruments and procedures of implementation, and a summary of relevant legislation that either pre-dated the Agreement, or resulted from it. These are followed by conclusions on whether objectives have been met. Finally, there are suggestions as regards lessons learned, and an assessment regarding the added value of the Agreement, weaknesses in implementation, and suggestions for future work.

3.1. Choice of instruments

The implementation instruments can be grouped roughly in four categories:

- national collective agreements;
- general agreements or recommendations and guidelines;
- joint declarations;
- legislation.

They may be complemented by actions and material that promote and facilitate the application of the Agreement's action-oriented framework.

National collective agreements: Binding, cross-industry collective agreements at national level that establish rights and obligations for the signatory parties and their members have been concluded in Belgium (as far back as 1999), Denmark (public sector) France, Italy, Romania, and recently in Greece. They were declared generally binding in Belgium, France and Romania.

General agreements or recommendations and guidelines for rank-and-file members are widespread. Their formal status varies. In Spain, they are built into the interconfederal agreement that plays an important guiding role for collective bargaining. In Finland and Sweden, social partners agreed on joint guidelines for bargaining or other joint activities at the sectoral and company level. The Finnish text was adapted to local circumstances. In Holland and Luxembourg, social partners jointly addressed a comprehensive action-oriented framework based on the Agreement as recommendations to the organisation level, via their Labour Foundation and tripartite social dialogue council respectively. In Ireland, Austria and the UK, social partners agreed to jointly promote a practical tool for the level of the organisation that had been developed prior to the Agreement.

Declarations: In Germany, social partners separately disseminated the Agreement to each of their members for their consideration. In Cyprus, they adopted the Agreement, made a commitment to implement it, and called on member associations to adapt it at sectoral and organisation level in 2008. However, no follow-up has been reported so far. Polish social partners agreed on rules of cooperation and committed themselves to sending general recommendations to members who negotiate at sectoral and organisation level. The tripartite social dialogue council in Slovenia made a general commitment to follow up, but this has remained without result.

Legislation: In five Member States, legislation was the main implementing instrument: Latvia, Lithuania, Hungary, Portugal, and Slovakia. It was part of implementation in three: Belgium, Czech Republic, and Italy. It is not clear in all cases whether this occurred at the request of social partners, or after consultation with them. In Latvia, Hungary and Slovakia, legislation was substantially amended at the initiative of social partners, and/or after consultation with them. Social partners were consulted in Lithuania. The Italian interconfederal agreement laid the ground for including provisions on psychosocial risks in the revised legislation on occupational health and safety. Implementation will depend on guidelines developed by the Italian advisory committee for occupational health and safety. In Belgium, the national cross-industry collective of 1999 was integrated into legislation and hence extended to the public sector. In the Czech Republic, the tripartite social dialogue council agreed on implementation by law, but eventually the general provisions of the EU Health and Safety Framework Directive and rules on monotonous and fixed-pace work that involves mental strain are part of the legislative framework.

Social partners in Bulgaria, Estonia, Lithuania, and Malta have not yet reported on implementation of the Agreement.

Complementary activities: In many Member States, social partners have developed complementary activities, such as training, stress barometers, assessment tools for establishments, the provision of concrete advice to actors at establishment level, guidance documents, or general surveys to gather data and raise awareness. In Ireland, Austria and the UK, implementation consisted of joint promotion of guidance approved by social partners. In Belgium, Denmark, Spain, Sweden and Finland, social partners themselves developed joint guidance documents and/or ready-to-use tools. The German occupational health insurers and general health insurers, which are administered by social partners themselves, provide tools, training and advice. German social partners have developed separately stress-barometers for individual workers, as well as assessment tools for SMEs. In many countries, social partners

also provide training on psychosocial risks, for example in Norway, but also in Cyprus, with the labour inspectorates, Latvia and Portugal. Spanish trade unions and the Romanian labour inspectorate have adapted practical tools from other EU Member States to circumstances in their countries.

As to whether the instruments and procedures chosen follow usual practice for dealing with similar issues in national industrial relations, the answer is yes, in most cases. In a few cases, trade unions said they were not satisfied with the compromise reached regarding the instrument, as they felt that a different method would have been better. This was particularly the case in Ireland and Poland. In several Member States, ministries and public agencies said instruments of a more binding character potentially existed or that such issues were usually dealt with by legislation, without, however, advocating alternative solutions (e.g. Cyprus, Greece, Netherlands, or Romania). Most Member States have occupational health and safety policy advisory committees on which social partners are represented. However, in several cases, these committees were not involved in the implementation process.

3.2. Legal framework

Legislation in half the Member States makes no explicit reference to psychosocial risks, while in the other half, such risks are addressed in different forms and in varying degrees of detail, though rarely as comprehensively as in the Agreement itself.

In 10 Member States, legislation refers neither to work-related stress, nor to psychosocial risks or mental health explicitly. In four Member States, health and safety legislation stipulates that the employer is obliged to protect not only the physical, but also the mental health of workers.

Legislation in 13 Member States, plus Norway and Iceland, addresses psychosocial risks to varying extents and using different terms. In Bulgaria, Denmark, Estonia, the Netherlands, Iceland, Italy, Portugal, Finland, Sweden and Norway, employers are generally obliged by law, on the basis of the preventive approach set out in the framework legislation, to assess and take measures against or to actively address psychological and social factors, psychosocial risks, mental workload, or other aspects associated with stress that can have adverse effects on workers' health. In others, the legal framework furthermore defines or gives examples of risk factors and defines areas of intervention (Hungary, Latvia, Lithuania, and Slovakia). They rarely cover the complete range of risk factors and measures proposed by the Agreement.

Belgium integrated the general provisions of the national cross-industry agreement of 1999 into an individual regulation concerning psychosocial risks that includes stress, violence and harassment. It sets out specific rules, and creates and defines the role of the psychosocial prevention advisor. It is regarded as an individual regulation that makes the framework legislation on wellbeing at work operational.

In Finland, the occupational healthcare provider also provides expertise and help in situations in which employees show symptoms of work-related stress. In particular, if an employee has reason to suspect they are overburdened at work, and that this is putting their health at risk, the occupational health care provider has to perform a workload assessment, providing the employee presents sufficient grounds for this procedure.

The Dutch health and safety legislation involves social partners in applying it by giving them the opportunity to negotiate ‘health and safety catalogues’ that offer solutions to the occupational health and safety problems that are relevant for any given sector. Once accepted by the labour inspectorate, these catalogues define how companies in the entire sector are to meet the target requirements of the Working Conditions Act.

3.3. Level of protection

The present report assesses the implementation process against the aims and objectives of both the Commission and European social partners.

The Commission considered the EU objective to be the provision of a **minimum level of protection** against work-related stress throughout the EU. Such a minimum level shall be understood to be based on a joint confirmation that stress is an occupational health risk linked to various factors in the work environment, and that the general obligations and the preventive approach set out in the EU Health and Safety Framework Directive apply accordingly. In addition, a set of shared principles and rules should be enshrined either in a social dialogue instrument with sufficient coverage and of sufficiently binding nature or in a legal framework (legislation, regulation, case law) that addresses work-related stress or psychosocial risks explicitly.

European social partners intended to **raise awareness and understanding** and to draw attention to signs that could indicate problems of work-related stress. Their objective was to **provide a framework to identify and prevent or manage** such problems. Therefore, it is assumed that social partners should undertake efforts to disseminate the Agreement or the implementing instrument, and to raise awareness and improve knowledge. The implementing instrument should effectively and permanently provide at least all of the listed elements of the action-oriented framework to the actors at workplace and sector level who can apply the framework according to circumstances.

There has been significant progress in introducing a minimum level of protection from work-related stress. However, implementation at the level of the sector or organisation does not seem to be systematic throughout the EU. Implementation varies according to factors such as: legal status and options for enforcing the implementing instrument; level of coverage; the representative status of the signatories, whether on the employers’ side or that of trade union organisations, and their balance of power; and finally, the consistency and extent of social partners’ efforts to facilitate implementation. That is why knowledge and effective application at workplaces may be expected to vary considerably from country to country. Autonomous agreements cannot guarantee comparable outcomes, binding status and full coverage in all countries. They simply provide a framework, and cannot secure nor enforce minimum labour standards or fundamental social rights.

The impact of implementing the Agreement should be visible in the spread of procedures and measures that organisations apply so as to identify, prevent or manage work-related stress, and in the long run, in the prevalence of stress-related ill-health. The data available and the number of mediating factors do not allow for evaluation of the impact. Nevertheless, data from the ESENER survey (see 1.1.1.) enables comparison of stress management practices in

European organisations, and can put the implementation of the Agreement into perspective. This is done in annex 3.

Table 1.1.: Results of the implementation of the European Framework Agreement on Work-related Stress

Social partners' Involvement Instrument	Substantial joint efforts of social partners	Moderate or unilateral efforts of social partners	Limited social partners initiatives	No social partners initiative so far
National collective agreement or social partner action based on explicit legal framework	NL, FI, SE BE, DK, UK ³ FR ⁴ ICE, NO	IT	EL, RO	
Non-binding instrument based on general legal provisions	ES (agreement) LU, AT (re-commendations)	IE (recom-mendations) CZ, DE ²		
Mainly legislation	LV ¹	HU ¹ , SK ¹ (SP initiated) PT ¹		LT ¹ BG, EE
No action reported or declaration with limited follow-up			CY ⁵ , PL SI	MT
Notes: Situation in early 2010. This overview necessarily simplifies differences within categories. 1 Regulation following European Framework Agreement 2 Joint action indirectly through statutory self-governed accident insurance bodies that have a preventive mission 3 Recognised as occupational health risk in common law 4 National agreement, persistent problems at company level led to government intervention 5 Formal, joint recognition of pertinence of the general legal framework				

Social partners in Belgium, Denmark, Netherlands, Finland, Sweden, the UK, Iceland, and Norway adopted a shared set of principles and rules, based on a pre-existing legal framework that refers to stress or psychosocial risks. In Ireland, Luxembourg and Austria, where explicit legal provisions do not exist, social partners adopted recommendations, and an agreement on guidelines in Spain. With the likely exception of Ireland and Luxembourg, the recommendations were complemented by coherent joint awareness-raising or guidance measures. In Spain, the Agreement catalysed a substantial bi-partite social dialogue. In other countries, activities had started before 2004, and the Agreement gave new impetus to the work of social partners. In Latvia, social partners initiated a new regulation on work-related stress, and made an effort to complement this with a joint commitment to improving social dialogue at all levels. However, it is not clear whether and how this has been followed up.

However, several observers and trade unions raised doubts about the effectiveness of non-binding recommendations and about the limited number of organisations and workers that could be reached by social dialogue instruments in some countries. The fact that there is tripartite cooperation with the government and the health and safety agencies in Ireland and UK (and to a certain extent in Luxembourg) can be interpreted as a response to the fact that collective bargaining cover is below the EU average of 60% in those countries. Social partners in Ireland and the UK also relied on guidance drawn up by health and safety executive agencies, whose work they influence to some degree because of their status as board members. In other Member States where fewer than 60% of workers are covered by collective bargaining, implementation of the Agreement has either been weak, or relied on legislation.

Where collective bargaining agreements at national level and legislation are used a shared set of principles and rules can be regarded as established, though most implementing legislation and the Romanian national collective labour agreement are not as comprehensive as the Agreement.

With regard to some Member States, however the information available raises the question as to whether social partners have made a concerted effort to promote the application of collective agreements and legislation at sectoral and establishment level. For example, dissemination appears to have been limited in Greece, and the same goes for complementary measures. In France, Italy, Lithuania, Slovakia, Romania and Hungary, the government or other public institutions, such as labour inspectorates, occupational health and safety agencies or health insurers, play an important role because of their complementary activities. In particular the French and Hungarian governments have accelerated the follow-up to the cross-industry national agreement and legislative amendments at company level. In Portugal, it seems that the government amended health and safety legislation after a period in which the social partners could not agree on far-reaching implementation.

In Bulgaria and Estonia, there was already legislation mentioning psychological and social risks in place before the Agreement, but only the Bulgarian employers' organisations have been reported as active in the field of psychosocial risk management. One employers' organisation and the labour inspectorate provide guidance to actors in establishments. In Estonia, the labour inspectorate recently initiated cooperation with social partners. In Germany, joint dissemination of the Agreement at a small number of events was reported. Otherwise trade unions, employers' organisations and (semi-)public institutions continue complementary work that for the most part, does not refer to the Agreement. Sectoral social partners take joint action indirectly through self-administered occupational accident insurance bodies, which also have a preventive mission.

In Slovenia, Poland and Cyprus, there seems to have been little progress so far in following up joint commitments. It is also not clear whether social partners in these Member States have undertaken major awareness-raising or complementary activities. In Germany, Malta, Poland and Slovenia, social partners do not seem to have jointly confirmed, in a formal way, that the general provisions of their framework legislation apply to protection from work-related stress, nor that they should be the foundation for managing work-related stress. There seems to be disagreement on interpretation of these points. In Malta, social partners have not reported any activity to raise awareness, nor to provide an action-oriented framework. There does not

appear to be a specific instrument that would ensure a minimum level of protection from work-related stress.

As far as raising awareness and knowledge is concerned, social partners and public institutions have either jointly or separately made significant efforts, though there are wide variations. Although social partners disseminated the Agreement or its national implementing measures in almost all Member States, the intensity and consistency of the campaigns vary; and so does the degree of cooperation between the two sides of industry. Limited awareness-raising by social partners was reported in Bulgaria, Estonia, Greece, France, Italy, Hungary, Malta, Lithuania, Poland, Romania, Slovenia, and Slovakia. As indicated, public institutions play an important role, although their activities are often not related to the Agreement.

Guidance on dealing with work-related stress that includes most elements of the action-oriented framework is available in all countries apart from Estonia (where public authorities have started work) and Malta. But it is unclear whether employers and workers and their representatives have such guidance at their disposal in Poland, Portugal, Romania, and Slovenia. Public institutions, rather than social partners, provide an action-oriented framework in Hungary, Bulgaria, Lithuania, and Slovakia. In the latter three, the framework is on the whole not explicitly linked to the Agreement, which was translated, but apparently not widely disseminated as guidance.

3.4. Possible lessons learned from the implementation of the Agreement

This report, like the European social partners' implementation report of 2008, raises important issues concerning work-related stress and social dialogue, as well as the implementation of autonomous agreements based on Article 155 TFEU.

Challenges ...

In their implementation report, European social partners discussed challenges encountered during implementation.

... related to the quality of industrial relations

First, they observed challenges 'due to the lack of experience with autonomous social partner negotiations and not fully developed social dialogue structures',³⁵ particularly in Member States that joined the EU in 2004 and 2007. To address working conditions issues that go beyond the core competencies of social partners, i.e. pay and working time, there have to be autonomous social dialogue structures in place, and social partner organisations need to be sufficiently representative, with a minimum of resources. Furthermore, the problem-solving capacity of social dialogue depends on the ability of employers' organisations and trade unions to commit their members to the outcomes of negotiations.

These factors appear to account for problems in the implementation process in Bulgaria, the Czech Republic, Estonia, Lithuania, Hungary, Malta, Poland, Romania and Slovakia, where public authorities play an important role. But also in Greece, a national-level collective agreement was only concluded recently, and little complementary activity has been reported. Similarly, in Portugal, social partners had difficulties agreeing an implementation instrument

³⁵ European social partners (2008) Implementation of the European Autonomous Agreement on Work-related Stress, Brussels.

through their bi-partite autonomous social dialogue. In addition, all the countries where social partners seem to face difficulties in pursuing a sustained effort to make a framework for action available to actors at the level of the organisation belong to this group.

On the other hand, social partners in some new Member States have taken active steps and reported that implementing the Agreement has improved autonomous, bi-partite social dialogue structures and procedures. Not only have Latvian social partners agreed to implement it through legislation in a tri-partite dialogue, they also made a joint commitment and recommendations autonomously. In Romania, social partners acted quickly after EU accession by integrating the Agreement into their national-level social dialogue, though progress on follow-up at rank-and-file levels is less clear. In Poland, an autonomous process has been set in motion at national level.

Second, low organisational density of trade unions and employers' associations can put brakes on implementing social partners' agreements autonomously. In particular where collective agreements are not extended, or where only recommendations and complementary measures are used, the number of employers and employees covered directly may be low. In some Member States with limited numbers in trade union membership, the influence of unions in employee participation bodies at organisation level may help to compensate for this.

Third, some organisations which are European social partner members, i.e. mostly the national confederations, are not directly involved in collective bargaining in their Member States, and/or have little authority over affiliates active in sectors and organisations. This is shown in the relatively low authority unions have over their rank and file in the new Member States (except for Slovenia), Greece, Portugal and the UK. On the employers' side, there is no such index. However, it is significant that between 2000 and 2010, the central Czech, German, and UK national employers' associations have at no point negotiated or signed agreements with the unions or the government, simply because this is not their role.³⁶

... related to the topic of work-related stress

Given that the Agreement only described work-related stress, discussions about the definition of stress took place in some Member States. The same goes for the distinction between work-related and non-work-related stress, and whether the way in which work is organised can actually lead to stress. There were also discussions concerning the feasibility of measuring stress, and the (cost-)effectiveness of measures to manage it. Many perceived work-related stress as too complex, too subjective, and too sensitive to be addressed systematically. A general lack of awareness among the general public, in the workforce, but also in employers' and trade union organisations was also reported, for example in Portugal and Romania.

On the other hand, it seems that discussions, clearly triggered by the Agreement, contributed to:

- (i) shared understanding of the problem in many countries where this debate had not taken place before, a new or significantly intensified social dialogue on the issue, particularly in new Member States and
- (ii) dissemination of tried and tested instruments for addressing work-related stress.

³⁶ European Commission, Industrial Relations in Europe 2010 report, forthcoming.

Enhanced frameworks at national level

The Agreement has not become the point of reference for all actors, including social partners, in all Member States. Some thought it was not binding enough, many that it was not exhaustive enough, or that it did not add value to existing regulatory and guiding instruments. Therefore, in some Member States it was not used as such, but rather as an impulse to continue existing work. In others, the Agreement was enhanced. For example, individual signs of stress-related problems were added to the list of potential identifiers (Finland, Luxembourg). The Austrian, French, Dutch, Luxembourgish and Norwegian implementing instruments include difficulties in reconciling work and private obligations among potential risk factors. The French cross-industry national agreement formulates the risk factors in a more explicit way, and adds excessive and systematic long hours, systematic pressure that must not be institutionalised within the organisation's approach to managing staff, and a lack of privacy. It has also a more compulsory approach to risk assessment the results of which are made the basis of stress management. An approach that stresses the preventive and collective approach and suggests or prescribes risk assessments and/or staff surveys can be found in several implementing instruments and in existing regulatory frameworks, for example, in Denmark, the Netherlands, Norway, Lithuania, Portugal, Finland, Sweden, and the UK.

Several activities described in this report address management practices and the knowledge and commitment of managers regarding work-related stress, for example, in Norway. These have been identified in research as important success factors for stress management activities. The French national agreement mentions organisations' approaches to managing staff, and the French government has launched a project to develop a module on occupational health and safety and to include it in curricula or management training. Similarly, the UK HSE has developed a tool to help managers assess whether they display effective behaviour for preventing and reducing work-related stress. It is also developing resources for those who train managers. The Norwegian Working Environment Act requires top managers to take part in health and safety training that features knowledge about work-related stress.

Sector-specific rules on the identification, prevention and management of work-related stress tend to be more detailed and exhaustive than general ones. Stress factors, their interaction and appropriate measures to counter them vary from sector to sector. In many Member States, the activities of social partners and of public authorities have been tailored to the needs of specific sectors.

The importance of joint understanding and action

Instruments that are jointly developed, disseminated and applied by social partners express a consensus and make policy on work-related stress more effective. Conversely, effective implementation of the Agreement seems to be compromised:

- if social partners have not jointly confirmed the relevance of a general occupational health and safety legal framework for work-related stress management,
- if they have not confirmed that it is a matter of common concern that can yield benefits for both sides, and
- if joint dissemination and complementary measures are limited.

Similarly, where social partners rely on public institutions to devise guidance, they must buy into it and disseminate it jointly. They can directly reach the workplace in implementation, provided they are sufficiently representative and resourced.

Important role of public authorities in occupational health and safety issues

Due to the importance of legal regulations, social partners share responsibilities in occupational health and safety with public authorities. The implementation of the Agreement has shown that public authorities can give impetus, declare collective agreements generally binding, legislate, and take complementary action. It has also shown that ministries, labour inspectorates, and occupation health and safety agencies play an important, and sometimes dominant role virtually everywhere. Labour inspectorates in particular not only enforce legal obligations, but advise and guide companies on how to deal with work-related stress, often in cooperation with social partners. But it should not be forgotten that social partners themselves influence the work of dedicated agencies in many countries, or that they themselves manage occupational accident and health insurance bodies such as those in Germany and Austria. The degree of shared understanding concerning psychosocial risks at work is therefore also important for these institutions in carrying out preventive activities.

Continued progress in implementation of European autonomous agreements

Social partners were able to build partly on the experience with the telework agreement from 2002 to 2006. This was a groundbreaking achievement for European and national social partners. With few exceptions, the implementation instruments for work-related stress and telework are similar, despite the different nature of the agreements. In fact, no implementation of the telework agreement was reported in Cyprus, Lithuania and Romania, where social partners have taken steps to implement the Agreement on Work-Related Stress. On the whole, agreements, guidelines and recommendations for work-related stress tend to be less prescriptive, particularly in the Czech Republic, Germany, and Luxembourg. Last but not least, whereas the rules on telework were implemented by legislation in Poland and Slovenia, this was not possible for work-related stress.

In many instances, work-related stress was new on the social partners' agenda, which meant that national actors needed to discuss and agree on their responsibilities for implementation. Some may have had initial doubts and reservations concerning their involvement and commitment. Implementation involves a continuous process of learning — including across borders — and confidence-building. The process has already yielded lessons for implementing autonomous agreements at national level in future, particularly on violence and harassment at work, and will no doubt continue to do so.

The importance of European social partners' coordinating role has been recognised by all actors. The lessons to be learnt should provide input for discussions planned in the European social partners' joint work programme for 2009-10 on a common understanding of social dialogue instruments, including autonomous agreements.

The Agreement has been taken as a starting point for a related social dialogue in five sectors at EU level: education, central government administration, private security, construction, electricity. In particular the partners in the newly-established European social dialogue committee in the education sector and in the test-phase social dialogue in the central government sector have developed a major joint project and structured dialogue on work-related stress.

4. OUTLOOK

The implementation of the Agreement is a significant step forward though shortcomings remain regarding the coverage across the EU, the impact in several Member States and the provision of a comprehensive action-oriented framework. The Agreement's value-added and shortcomings are summarised in the executive summary.

Given Member States' different starting positions, industrial relations systems and occupational health and safety practices, different impacts were to be expected. The Agreement must be considered as part of general policy development throughout the EU, leading to raised awareness and better prevention of work-related stress. Implementation is ongoing. In some countries, the first concrete results and even first steps did not occur until 2008 or later, and social partners declared themselves willing to continue their dialogue. Hence, the impact of the Agreement is likely to increase with time.

The evidence in this report is expected to assist social partners at EU and national level, as well as national authorities, to better address work-related stress, particularly in Member States where the implementation of the Agreement should be enhanced.

As a first step, further efforts to extend the implementation and the impact of the Agreement could be undertaken. Social partners could pursue discussions where implementation has yet to start, or where it has not yet been finalised. In countries where only unilateral, complementary and fragmented implementing measures have been taken, social partners could resume their dialogue so as to adopt joint instruments and increase the number of organisations and workers covered by them. Member State authorities could also consider regulation, guidance and awareness-raising where necessary. It is acknowledged that autonomous agreements are not binding on Member States, but it has been observed that some public authorities have taken initiatives, particularly where social partners have found it difficult to achieve substantial results.

The impact of the Agreement could be improved by raising awareness and knowledge about it and/or its implementation instrument, by stepping up efforts to improve take-up at sectoral and workplace level, by developing sector-specific instruments, and by providing practical guidelines and ready-to-use tools where this has not happened. Monitoring and reporting of developments is important, particularly where social partners rely on non-binding instruments. Where necessary, implementing instruments of a mandatory nature could be envisaged.³⁷

The experience gathered with this Agreement is very important. Consensus is developing about the seriousness of the problem among the general public, and is reflected in debates triggered on the issues raised. The consensus extends to the need to put in place effective

³⁷ The EU supports the further implementation process by highlighting the European Framework Agreement on Work-related Stress in its own policy documents, in particular the EU Health and Safety at Work Strategy, by disseminating information (e.g. joint conference with the European social partners in 2009, EU Presidency conference on psychosocial risks in times of change in November 2010, EU Mental Health Conference and European Social Dialogue Liaison Forum in 2011) as well as through funding. The European Commission's budget heading 'Social Dialogue – Industrial Relations' supports transnational projects and social partners can benefit from European Social Fund support for projects on the implementation of European Framework Agreements, in particular in Convergence Regions.

preventive tools to ensure the protection of workers against the health risks of stress at work. Experience has been gathered in many Member States, sectors and organisations showing that where effective action is taken, this can have a real impact.

The report concludes that implementation of the Agreement has not yet ensured a minimum degree of effective protection for workers from work-related stress throughout the EU. It shows that all stakeholders need to consider further initiatives to ensure that this goal is achieved. The Commission's services are ready to contribute to such efforts to ensure that the objectives of EU policy in this domain are achieved within a reasonable timeframe, including through further monitoring the impact of the Agreement.

ANNEX 1: EU LEVEL ACTION AND COUNTRY-BY-COUNTRY STATE OF PLAY

Information on each country is structured as follows: Implementation instrument(s); coverage and binding character; legal framework; complementary activities; role of public authorities; material transposition of the Agreement's contents, especially the provision of an action-oriented framework; discussions of procedures and practices chosen, where appropriate.

1. Action taken by social partners at European level

Cross-industry social partners

European cross-industry social partners have assisted and advised their member organisations throughout the implementation process. European organisations have disseminated, presented and explained the Agreement to their members on various occasions, particularly under their integrated programme, specifically under the section devoted to social dialogue capacity-building. This included a mentoring programme, a translation fund and dissemination via the websites of the ETUC Resource Centre and the European Employers' Resource Centre.³⁸

Unilaterally, the ETUC organised a series of training sessions, workshops and seminars on European social dialogue and specifically on the Agreement throughout 2007 and 2008, with financial support from the EU. It also ran a specific project in 2005, during which it drafted a guide to make the Agreement easier to understand and to help members with implementation.

The Polish trade union NSZZ Solidarność, in partnership with other cross-industry social partners, carried out a transnational project concerning the Agreement in 2007. This included training, a brochure, and negotiation workshops in Poland, as well as an international conference at which social partners from Italy, Lithuania, Malta and Slovenia were able to have an exchange about the challenges they encountered in implementing the Agreement. This project, co-funded by the EU, culminated in a workshop for Polish social partners, at which they decided on the first steps of the implementation process.

The implementation clause of the Agreement introduced annual progress tables with short updates on implementation measures taken in Member States. Rather than waiting for four years for feedback, drawing up such tables created an incentive for national social partners to be active in implementation. It also facilitated final reporting, and was a means of keeping the public informed about developments.

The European social partners' Social Dialogue Committee adopted a report on the implementation of the Agreement on 18 June 2008, subject to later additions and changes made by secretariats. A final version³⁹ was presented to the press and general public on 15 December 2008. The report was based on joint national reports from member organisations in 21 EU Member States, Iceland and Norway. Final joint reports were not received from Bulgaria, Estonia, Greece, Italy, Lithuania, and Malta. The report gives an overview of activities that followed the Agreement. It discusses challenges linked to the variation in industrial relations systems and in social partners' capacity to negotiate and to take action. It

³⁸ For more detail, European Social Partners (2008) Implementation of the European Framework Agreement on Work-related Stress.

³⁹ Available at: http://ec.europa.eu/employment_social/dsw/public/displayRecord.do?id=5121.

explains that the dominance of guidelines, tools and campaigns is due to the nature of the Agreement, and emphasises its added value, as well as its role as a catalyst for awareness and action. It raises some general questions on implementing autonomous agreements that should be discussed in further deliberations on the common understanding of social dialogue instruments.

European sectoral social dialogue

In addition to the signatories of the Agreement, several European sectoral social partners have included work-related stress in their social dialogue.

EUPAN and TUNED⁴⁰ adopted joint guidelines on work-related stress in **central government administrations**⁴¹ on 19 December 2008, under the auspices of the French EU Presidency, in the framework of the 2008-2009 test phase of ‘an enhanced informal social dialogue’ in central government administrations.

The aim of the joint guidelines and follow-up is to increase awareness and understanding of work-related stress. It refers to and adapts the text of the Agreement to the central government sector. It is shorter than the Agreement, and does not include all elements of the action-oriented framework. However, it makes clear that a prior analysis of risk is required in order to identify whether there is a problem of work-related stress.

Tackling work-related stress is important for central government administrations, not just for the health of the many employees in this sector, but also because of the role they play in promoting health and safety awareness and good practice. Research shows that stress exposure is as prevalent as in other sectors, but that the amount of sick leave taken is above the average for all sectors.

On 16 November 2009, EUPAN and TUNED issued a report on good practice and policies on work-related stress⁴² to provide concrete illustrations of the joint position and to help refine lessons learned on how to combat and prevent stress at work. A dozen case studies were collected and validated by the social dialogue steering group. The cases were selected on the basis of agreed criteria, including, as a prerequisite, the involvement of trade unions and employees to identify problems and develop solutions. They cover the following 11 Member States: Austria, Belgium, Denmark, Czech Republic, Finland, France, the Netherlands, Poland, Spain and Sweden.

The newly-created European Sectoral Social Dialogue Committee for **Education** (June 2010) included the issue of ‘stress, violence and harassment’ in its work programme for 2010-2011. Social partners in education will consider ‘the application of the cross-sectoral agreements to the circumstances of Education, with a view to improving the teaching and learning environment (...)’.

⁴⁰ EUPAN is an informal network of the Directors General responsible for Public Administration in the Member States of the EU. TUNED is the Trade Unions’ National and European Administration Delegation, representing state sector trade unions affiliated to the EPSU (www.epsu.org) and CESI (www.cesi.org).

⁴¹ <http://www.epsu.org/a/4462>.

⁴² <http://www.epsu.org/a/5963>.

In the run-up to setting up the committee, the European Trade Union Committee for Education (ETUCE) conducted a first project on teachers' work-related stress in 2007, and produced a guide to the Agreement from a teachers' perspective. It also led to the adoption of ETUCE's 'Action Plan on Teachers' Work-Related Stress' in 2008, which includes a list of actions to be implemented at European, national (teacher trade unions) and school level. Actions include: exchange of national good practice regarding the implementation of the Agreement; awareness-raising and lobbying national/local authorities on the need for action to tackle stress at work; and promoting the implementation of risk assessments in schools. In the course of 2008 and 2009, ETUCE undertook further work to implement its Action Plan and to support national teachers' unions in implementing the Agreement. An online Health and Safety Network was set up among its member unions. ETUCE also conducted two surveys among its member organisations, on good practice in risk assessment, including work-related stress, and on including psychosocial hazards in social dialogue and teachers' union strategies on health and safety. The results of these surveys fed into a seminar and a conference which took place in 2009.

In a declaration adopted on 9 June 2008, the Sectoral Social Dialogue Committee **Private Security** acknowledged that work-related stress is a matter of increasing importance throughout Europe. In the private security industry, it not only affects health, well-being and family life, but it disrupts organisational efficiency and increases costs. The social partners CoESS and UNI-Europa conducted studies and surveys on the most prevalent features of work-related stress. They agreed a list of preventive measures that could be taken at national level by employers or workers to implement adequate policies. The declaration made no reference to the cross-industry Agreement.

In January 2006, social partners in the **construction industry** signed a joint recommendation on the prevention of occupational stress in the sector, referring to their previous joint declarations and the Agreement. FIEC and EFBWW took into account the specificities of the construction sector and agreed that tackling stress at work could lead to greater work efficiency and better occupational health and safety. The European Construction social partners stated that a positive policy should be developed in their sector to prevent, reduce and combat stress-related problems, 'once the reasons of the work-related stress and the way they affect different people involved have been investigated and determined'. They recommended this approach to their member federations at national level. FIEC and EFBWW recently included follow-up at EU level in their work programme.

European social partners in the **electricity** sector (Eurelectric, EPSU, EMCEF) signed a joint declaration on stress in 2007. They endorsed the Agreement and informed their affiliates about the progress table on its implementation. They encouraged affiliates to consider the extent to which the Agreement and national measures covered them, and to specify whether separate agreements and measures were needed.

2. Belgium

Belgian social partners adopted a cross-industry collective labour agreement (convention collective de travail/collectieve arbeidsovereenkomst) within the National Labour Council (Conseil national du travail/Nationale Arbeidsraad) on managing prevention of stress caused by work (CCT/CAO no. 72) on 30 March 1999, i.e. well before the Agreement entered into force. The collective labour agreement no. 72 was extended by the Royal Decree of 21 June 1999. As of 2007, the Royal Decree of 17 May 2007⁴³ concerning the ‘prevention of psychosocial load including violence, and moral or sexual harassment at work’ addresses all psychosocial risks, including stress. Both texts are based on the law of 4 August 1996 with regard to the wellbeing of employees during the execution of their work, which transposes the EU Health and Safety Framework Directive. Both apply the principles of the Agreement to the management and prevention of stress caused by work. Whereas the Royal Decree of 1999 addresses collective problems of work-related stress, the Royal Decree of 2007 addresses collective and individual aspects of psychosocial risks.

In accordance with Belgian law, collective agreements concluded by the National Labour Council and extended by the Government are binding on all workers and employers in the private sector. The rules of the Royal Decree of 1999 cannot therefore be imposed on employers in the public sector. The Royal Decree 2007, however, applies to both the private and public sectors. Following the collective labour agreement no. 72, a large number of sector and sub-sector collective agreements were concluded, for example, in the Joint Committees for the metal, insurance, and banking sectors. Following an evaluation of these agreements, social partners, through the National Labour Council, issued a brochure on ‘Stress Prevention’, covering the practical application of the collective labour agreement in 2004. The brochure explains the content of this agreement and offers companies guidelines on developing their policy on stress at work.

The collective labour agreement no.72 (1999) and the Royal Decree of 17 May 2007 make the principles of the health and safety framework legislation operational. They integrate the issue of stress into prevention policy at company level; implement analysis identifying risks, then evaluating them, and taking preventive measures with the collaboration of the Internal and/or External Services for Prevention and Protection at Work (and, more specifically, the psychosocial prevention advisor since the entry into force of the Royal Decree of 17 May 2007), with the intervention of employee consultative bodies (especially the Committee for Prevention and Protection at work); etc.

The 2007 Royal Decree introduces the post of psychosocial prevention advisor, who provides expert support for employers and employees in the development and application of a prevention policy. S/he is a member of the internal or external service for prevention and protection at work. Employers have to appoint a psychosocial prevention advisor who is responsible for the prevention of violence, harassment and sexual harassment at work. Generally speaking, the same person advises the employer concerning health and safety prevention in general. There are legal requirements in terms of training and certificates for those who wish to qualify as psychosocial prevention advisors.

⁴³ Based on the initial Royal Decree of 11 July 2002 concerning the protection against violence and moral or sexual harassment at work.

The statutory texts do not provide possible identifiers. They mention areas in which risks may be detected: tasks, conditions of life at work, working conditions, labour relations, i.e. they cover the areas of risk factors raised in the Agreement without being specific. Collective labour agreement no.72 mentions in particular monotonous and fixed-pace work. It also suggests employee surveys as a useful means of detecting stress-related problems. As far as potential measures are concerned, the Royal Decree clarifies the legal obligations of information and consultation. No other measures are proposed. Collective labour agreement no.72 also stresses the legal obligations to provide information on the role of the individual worker, without going into detail on management and communication measures. Only collective labour agreement no.72 defines stress, as a state perceived as negative by a group of workers, accompanied by physical, mental and/or social complaints or dysfunction as a consequence of workers not being able to fulfil requirements or to meet expectations set at work.

The social partners' brochure provides a pragmatic, comprehensive plan for designing policy on stress, derived from social dialogue practices at the workplace. It is more detailed on all aspects of the action-oriented framework in the Agreement. The employer must identify any risks of stress when making a general analysis of the work situation, and the brochure describes a step-by-step approach to evaluation and action. It also draws attention to specific risks that arise in times of restructuring and the introduction of new technologies. The annex explains different methods of identifying problems and risk analysis (objective analysis of work situations, questionnaire based, participative analysis), discusses their pros and cons, and gives concrete examples of these methodologies. Together with this brochure, collective labour agreement no. 72 fully implements the Agreement. The Federal Ministry of Employment, Work and Social Dialogue points out that all aspects of the European Agreement's action-oriented framework are also discussed in the network of professional actors for the prevention of psychosocial risks.

Social partners chose to have an agreement in the framework of the National Labour Council as they link work-related stress with working conditions, a view shared by the Government. Extension to the whole economy is a common procedure. The Royal Decree of 17 May 2007 was adopted after social partners were consulted in the national health and safety advisory committee.

3. Bulgaria

Bulgarian social partners who joined the European social dialogue at the beginning of 2007, i.e. the Confederation of Independent Trade Unions in Bulgaria (KNSB/CITUB), the Confederation of Labour Podkrepa, the Bulgarian Industrial Association (BSK/BIA) and the Union for Private Economic Enterprise (SSI/UPEE), have not yet implemented the Agreement. So far, the trade union side has translated it into Bulgarian. Some collective bargaining agreements in the education and health sectors refer to stress, but these mentions are not related to the Agreement. Bulgaria has not implemented the Agreement on Telework either.

The Bulgarian Health and Safety at Work Act is aligned with the EU Health and Safety Framework Directive. Healthy and safe working conditions are defined as protecting the 'physical, psychological and social well-being of working persons'. Ordinance No 7 of 23 September 1999 on Minimum Requirements for Safety and Health at Work in Workplaces and for the Use of Working Equipment provides for the adequate control of psychological and social factors and alleviation thereof through the application of preventive programmes, specific to the respective type of labour, intended to reduce mental pressure and stress at work (Article 220). Paragraph 1, item 8 of the Additional Provision sets out the definition of psychological and social factors in the context of the ordinance, including under- or overloading, monotony, no scope to manage the tasks assigned, limited social contacts at work, no support from the management, poor work incentives, and the psychological environment at the workplace. Ordinance No 15 of 31 May 1999 regulates rest periods, depending on factors including the burden and stress involved in a specific type of work, the work environment, the work process, and the results of risk assessment. Frequent, short breaks are to be introduced for work that entails greater psychological and mental burden (item 13 of the Annex to Article 8 of the Ordinance).

Stress at work was among the topics at several national conferences in which social partners took part, both during negotiation of the Agreement and afterwards. The BIA has developed questionnaires for the appraisal of work-related stress at organisation level. These have been applied since 2005 within its long-term occupational safety and health training programme for employers and their representatives in safety committees and safety groups. On the basis of findings, measures and services are offered to individual employers, to enable them to develop programmes to limit stress. Managements can decide to implement the programmes at organisation level.

Since 2009, the General Labour Inspectorate has included stress in its inspections. The inspector asks the employees – inter alia – whether they work to tight deadlines, experience time pressure, a lack of autonomy, or harassment. The inspector also checks whether there are programmes for stress prevention. Labour inspectors provide copies of a guide for risk assessment of the mental workload in small and medium enterprises. The guide was developed by a working group set up by the ISSA (International Social Security Association) and funded by the governmental Working Conditions Fund.

According to information available, neither the tri-partite social dialogue structures, nor bi-partite social dialogue at sector and dominant company level have been used to implement the Agreement. In Bulgaria, tri-partite social dialogue is organised in the National Council for Tripartite Cooperation and in sectoral councils. The government consults all recognised social

partners (including organisations that are not members of the European social partners) on all legislation relevant to the social and economic status of workers and/or concerning labour relations. In addition, social partners take part in a range of tripartite institutions dealing with issues related to employment, including occupational health and safety.

4. Czech Republic

The Confederation of Industry of the Czech Republic (SP ČR) and the Czech-Moravian Confederation of Trade Unions (ČMKOS) jointly translated and distributed the Agreement among their members. Social partners discussed its implementation within the tripartite Economic and Social Council and agreed with the Government to implement it through the Labour Code, which was overhauled in 2006.

Social partners raised awareness on work-related stress with employers and employees both jointly and separately. In 2007, they included the issue in a practical information booklet on European social partners' autonomous agreements. Information was also disseminated through social partners' periodicals and websites. ČMKOS was a partner in an international Leonardo da Vinci project 'Stress Prevention Activities' that produced educational materials and a guide on work-related stress. In the Czech version, the guide includes the text of the Agreement. Results of the project were shared with SP ČR that has announced a sectoral approach concentrating its efforts on sectors most affected by work-related stress. ČMKOS also recommended that negotiators incorporate the issue of stress at work into collective bargaining from 2008 onwards. The recommendation does not seem to have led to significant results.

Public authorities supported implementation insofar as further non-legislative tools are concerned. The Czech Ministry of Labour and Social Affairs, together with the Occupational Safety Research Institute, have carried out educational activities (e.g. publishing manuals for companies on how to identify, evaluate and manage work-related stress) and research ('Workplace stress — prevention opportunities', 2008-2009).

Social partners stated they were not satisfied with the legal regulation and that they were considering proposing an amendment to the Labour Code to ensure better implementation of the Agreement. The Labour Code Act No 262/2006 Coll. (*Zákoník práce*) includes the general provisions of the EU Framework Directive. The issue of work-related stress is not explicitly regulated. Further provisions are included in Act No 309/2006 Coll. law on further requirements with regard to occupational safety and health, and Government Decree No 361/2007 Coll., which lays down conditions for occupational health protection. It contains specific (working time) rules on protection against 'work with psychological strain' (*práce s psychickou zátěží*), defined as work of monotonous nature, at an enforced pace. This definition is considerably narrower than that in the Agreement.

The Agreement helped to launch a public debate and to have the phenomenon recognised as an issue which needs to be addressed. The public authorities and social partners agree that the level of awareness and understanding was low prior to the Agreement, and that it has grown since. There are also more stress management courses now, as part of continuous vocational training for employees.

Legislative regulation of labour matters is common practice in the Czech Republic as collective agreements only cover about 30 per cent of employees.

5. Denmark

The Associations of Local Government Employees' Organisation (KTO) and 'Local Government Denmark (LGDK)' and 'Danish Regions'⁴⁴ concluded a collective agreement that implemented the Agreement in 2005 (OK-05 — Collective Bargaining Agreement 2005). The contents of the Agreement were included in a protocol that up-dated agreements on cooperation committees at local and regional sector workplaces. The protocol stipulates that Cooperation Committees (SU) and Co-determination Committees (MED) must work out guidelines for the workplace to identify, manage and prevent stress at work and make them part of ongoing work. A corresponding agreement was concluded in the state sector (including central administration, defence, the police and universities), also in 2005.

The Co-determination Committee (MED-udvalg) is the main channel of employee representation at workplace level in the public sector, as it can build on and replace a Cooperation Committee by agreement. It consists of an equal number of representatives of employees and management. The employee representatives are elected. In the public sector, Co-determination Committees incorporate the health and safety system.

During the 2008 round of collective bargaining, social partners in the state sector, as well as in regional and local government sectors, reaffirmed that Cooperation Committees will continue their work on work-related stress. This affirmation is part of an agreement on well-being and health that refers to all aspects of the psychosocial work environment.

The Danish Health and Safety at Work Act adds an obligation to assess psychosocial conditions to the general provisions of the EU Health and Safety Framework Directive. Article 7 stipulates that work must at all stages be performed in a fully justifiable way concerning health and safety in accordance with a single, total evaluation of physical, ergonomic and psychosocial factors in the working environment that may in the short or long term influence physical or psychological health.

Social partners in the private sector therefore considered that the Agreement had already been implemented through existing rules and regulations, and that it was substantially addressed in several sectoral agreements in Denmark prior to its signing.

Nonetheless, in the public sector, there had been few activities before 2004. As all employers in the public sector take part in social dialogue, the implementation of the Agreement directly affected working conditions for about a third of the Danish workforce. In October 2007, a quarter of all municipalities agreed on guidelines, and half of all municipalities were working on them. More than half the regions were also negotiating guidelines.

The central discussion forum of KTO, LGDK and Danish Regions, the Personnel Policy Forum, accompanied the implementation of agreements with a large-scale campaign. Social partners published four magazines on stress between December 2005 and March 2008. They organised a major conference (1000 participants) in 2005, and issued a 125-page handbook with information and practical tools in March 2008. They complemented this work with many resources made available on their website. In addition, the social partners agreed on a

⁴⁴ KTO is a joint negotiation body of all county and municipal employee unions which are themselves members of ETUC.

substantial guide for local cooperation committees' work in June 2006, concerning their tasks in this field, as well as advice on how to identify, handle and prevent work-related stress. In the state sector, social partners launched a pilot project tool, 'The Stress Barometer', designed to measure work-related stress among employees. There are plans to evaluate the tool for use in government institutions.

In December 2005, the Danish government adopted priorities for the total approach to the working environment until the end of 2010. One aim was to improve the psychological working environment and reduce sick leave due to psychological risk factors by 10 percent by 2010. Increasing the number of organisations taking measures concerning the psychological working environment was another goal. As with the legislation, stress was not addressed separately, but was understood to be covered by closer attention to the wider psychosocial working environment. In 2006, the Danish labour inspectorate, the NWEA (National Working Environment Authority), decided that all its guidance should contain a section on psychosocial risk factors. It uses 62 trade related risk assessment checklists which especially address small companies. The NWEA also drew up 36 sector-specific working environment guidance documents with overviews of typical problems, and general advice on how to solve them.

In terms of material transposition, the Danish implementing measures in the public sector go beyond the content of the Agreement.

In the public sector, it is not the first time that the social partners have implemented EU regulations via their Cooperation Agreement. This instrument had already been used to implement the two EU Directives on Anti-discrimination (2000/78/EC and 2000/43/EC), and the EU Employee Information and Consultation Directive (2002/14/EC). In October 2009, KL, the Danish Regions and KTO published a complete description of the implementation process in English.

6. Germany

The German cross-industry confederations, the Confederation of German Employers' Associations (BDA) and the German Trade Union Confederation (DGB) took largely separate initiatives to implement the Agreement. This was based on a joint translation of mid-2005.⁴⁵ They informed members and supported implementation in practice through both joint and separate activities, such as organising large conferences or making presentations, publishing brochures, articles and newsletters, or dissemination through sectoral and regional member organisations, as well as developing tools to prevent and manage work-related stress. A few company agreements (for example Daimler AG) as well as the introduction of comprehensive health promotion policies in some companies (Gothaer Versicherung, Debeka Versicherung) have been reported. A sectoral collective agreement for private and public banks from June 2010 included a joint declaration that called on companies to introduce measures to reduce mental strain, including realistic objectives, autonomy and a comprehensive risk analysis. German social partners act also through the statutory occupational accident insurance and health insurance organisations that are self-administered jointly by representatives of employers, workers and those insured. These bodies stepped up work on raising awareness, improving knowledge and providing guidelines and tools concerning work-related stress.

German occupational health and safety legislation transposes the general principles of the EU Health and Safety Framework Directive. Company doctors have the statutory task of advising employers on issues related to occupational psychology (Article 3 of the *Arbeitssicherheitsgesetz* — Occupational safety law).

Apart from company agreements, none of the reported instruments is compulsory. It is difficult to assess how many employers, workers and their representatives have been reached by awareness-raising and training measures. Trade union density is estimated to be 20%, and around 60% of the workforce is employed by organisations that are members of employers' associations. In practice, the participation of works councils in occupational health matters at company level is very important.

However, the complementary activities of sectoral occupational accidents insurance bodies can be considered as social-partner activities, and they cover the whole economy. Statutory occupational accident insurance bodies are run by their members (companies) and those insured (employees) on the basis of parity. Insurers also have a preventive role and inspect workplaces, give advice etc. A special training guideline was implemented for all sectors to enable inspectors to identify work-related stress problems and to consult on measures to solve these. Initiated by the Agreement, a multi-sectoral working group drew up a list of approved instruments so as to coordinate and optimise tools already used in practice. Furthermore, German health insurance bodies, self-administered along the same principles based on parity, stepped up their activities on preventing work-related stress. These included publishing general information, and running activities such as workshops, training courses and lectures or well-known internet-based tools, as well as offering consultancy services to employers.

There are many examples of complementary measures at national, sector and organisation level. The DGB produced a survey entitled 'Good Work' on the quality of work. The

⁴⁵ The Confederation of Municipal Employers' Associations cooperated closely with the BDA. Specific activities of the German Confederation of Skilled Crafts (ZDH) have not been reported.

resulting index includes some risk factors that can lead to work-related stress. It is a very broadly-based awareness-raising tool. In a 2005 brochure, BDA explained its position on the issue and its interpretation of several provisions of the Agreement, without explicitly referring to them. It opposes formal company agreements (which it considers useful only in exceptional cases) and sectoral collective agreements, as well as the systematic inclusion of psychosocial aspects in risk analysis. Their inclusion should be subject to clear indications of stress-related problems. It also mentions the indicators in the Agreement and explains measures that can be taken to prevent, eliminate or manage stress.

Sectoral social partner organisations have also carried out, mostly separately, awareness-raising and training around the Agreement. They have also developed tools for training and risk analysis. The mining and power-generating sectors have developed a self-learning tool called ‘Your stress manager — interactive DVD-ROM to prevent and cope with stress’ for all their companies and employees. The trade union IG Metall has developed an assessment tool called ‘Stress Barometer’ in written form and as a CD for self-evaluation, addressed to employees.

An instrument for the assessment of work-related mental strain specially designed for SMEs was developed, promoted and evaluated scientifically by an institute of the German metal and electro industry. It can be administered by experts already employed in enterprises as a screening instrument, and is suitable for all sectors. This is considered important, as SMEs are reluctant to address work-related stress if this involves expensive external consulting. Several employers’ associations distributed this package.

With regard to public authorities, the German Joint Occupational Health and Safety Strategy 2008-2012 aims to develop instruments to reduce mental strain as a transversal theme in two of its three priority areas, musculoskeletal disorders and occupational accidents. The strategy is a statutory coordination instrument for German public authorities and occupational health and safety institutions of the federal and *Länder* level. It has been developed in close cooperation with social partners who promoted the issue of work-related stress. Trade unions would have preferred work-related stress to have been given self-standing status as a priority area. The coordinating committee of the regional labour inspectorates (*Länderausschuss für Arbeitsschutz und Sicherheitstechnik*) has issued several guidelines on mental strain at the workplace. This should ensure uniform practice regarding supervision and advice from labour inspectors, as well as providing assistance to companies. The Federal Institute for Occupational Safety and Health recommends several procedures designed to help companies carry out risk assessments that include stress.

The large volume of information materials and tools taken together covers all aspects of the Agreement. But social partners disagreed on suitable strategies and instruments for assessing work-related stress. According to the social partners, this problem is largely solved in dialogue with all responsible partners, particularly through the insurance bodies.

In Germany, bi-partite social dialogue does not take place at national level. Sectoral organisations negotiate collective agreements. Occupational health and safety issues are rarely included in these, and are mostly dealt with at organisation level. Legislation gives works councils a strong role in the process of risk assessment and definition of measures.

Occupational accident insurance and health insurance bodies are a pillar of the German occupational health and safety system, and an instrument of social partnership.

7. Estonia

In Estonia, the Agreement was translated and published, but social partners have not formally confirmed the translation, nor have they reached any agreements or reported to European social partners.

Work-related stress is regulated in Estonian legislation by the Occupational Health and Safety Act (*Töötervishoiu ja tööohutuse seadus*). It defines occupational health as ‘physical, mental and social well-being’. Under ‘general requirements’ it refers explicitly to psychological risk factors. Article 9 defines psychological risk factors as monotonous work or work not suited to the abilities of a worker, poor work organisation, working alone for an extended period of time, or other similar factors that may gradually cause changes in the mental state of a worker. To prevent physical and mental stress, employers shall adapt the workplace and organisation of work to suit the workers as far as possible, taking into account, inter alia, physical, mental, gender and age characteristics of the worker.

This means that Estonian health and safety legislation covers the areas of risk factors and measures set out in the Agreement in a general way. However, it does not address social and subjective factors, nor the dimension of communication in the organisation.

The Labour Inspectorate initiated a survey on the state of work-related stress in 2009. In 2010, it conducted a nationwide public awareness campaign on work-related stress, in partnership with the Estonian Trade Union Confederation and Estonian Employers’ Confederation. Different awareness-raising methods are being used: a general communication campaign, conferences on work-related stress, publication and distribution of information brochures, a thematic web site, and an electronic risk evaluation tool for employers. An internet-based occupational stress assessment instrument should enable employers to evaluate and improve the management of work-related stress in their organisations.

Collective bargaining in Estonia takes place mostly at the level of the organisation (with the exception of sectoral social dialogue in transport and healthcare), but working conditions and occupational health and safety are on the agenda. The organisational density of employers and trade unions is among the lowest in the EU. As the minimum wage is the only topic for social dialogue at national level, there appears to be no institutional infrastructure to deal with implementing a European autonomous agreement; the agreement on telework has not been implemented either.

In the view of the public authorities, most Estonian organisations have not reacted to signs of work-related stress. Both employers and external occupational health experts often lack the necessary knowledge and experience with this issue. This should be changed by the Labour Inspectorate’s campaign.

8. Ireland

In Ireland, the national social partners — the Irish Business Employers Confederation (IBEC) and the Irish Congress of Trade Unions (ICTU) — jointly requested the assistance of the Labour Relations Commission (LRC) in coordinating the drafting of a Guide on Workplace Stress⁴⁶ (published in October 2007) to implement the Agreement. The coverage of the Guide is national and multi-sectoral. It has no binding effect.

The Irish Safety, Health and Welfare at Work Act 2005, which follows the general preventive approach of the EU Health and Safety Directive, requires employers specifically to put in place systems of work which protect employees from hazards which could lead to mental or physical ill-health (Sections 19 and 20). Employers are also obliged to safeguard employees from the stressful effects of improper conduct at work.

As regards case law, a 2005 High Court judgment (*McGrath v. Trintech*) suggests that it is not sufficient for a plaintiff to show that s/he has suffered serious damage as a result of work-related stress. They must also prove that the stress-induced injury was the consequence of a breach of statutory duties on the part of the employer, or that the latter was guilty of negligence and that this negligence was the cause of the harm suffered. However, the courts have made clear that mental health is included in the definition of health, so attention to mental health issues (such as stress) forms part of the obligations on employers.

The content of the LRC Guide corresponds to the action-oriented framework in the Agreement.

The LRC Guide refers to the Health and Safety Authority's (HSA) 'Work Related Stress — An Employers Guide', published previously, which it describes as a key step in enabling organisations to move forward in conjunction with employees and their representatives. It notes that the HSA's initiative was further enhanced when it developed the 'Work Positive' programme providing guidance on risk assessment and possible interventions. Irish social partners agreed that the partnership approach reflected in the HSA's initiatives and in the preparation of the LRC Guide would have a significant impact in reducing work-related stress.

The HSA launched an audit tool, 'Work Positive', for risk assessment in organisations in 2002. This was developed in partnership with Health Scotland. Its purpose was to provide employers with an easy-to-use, cost-effective tool to assess risks which can lead to work-related stress. In 2005, the Authority embedded the UK Management Standards into 'Work Positive', so that comparisons could be made across the UK and Ireland. Then in 2008-2009, the HSA partnered targeted industries in an intervention at workplaces to carry out risk assessments identifying and facilitating control measures and addressing stress factors over a 12-month cycle. In 2010, the HSA embarked on further improvements to the 'Work Positive' tool, adding some open question sets and making it available free of charge in an on-line format.

In a separate response to the Commission in 2010, the ICTU reported that, in contrast to the follow-up lacking at national level, trade unions have negotiated effective and appropriate policies to prevent and respond to work-related stress at establishment level.

⁴⁶ <http://www.lrc.ie/documents/publications/codes/workstressguide.pdf>.

IBEC will launch a training programme for employers, designed to enable managers to understand the basics of managing stress in their work force, and to develop personal and organisational approaches for dealing with it. The course was designed using the principles set out in the Agreement.

Discussions in the LRC at the time of the response to the Commission questionnaire in 2010 showed that there had been no active dialogue between social partners at national, sectoral or enterprise level on the implementation of the Guide or on its adequacy as a means of implementing the Agreement. Implementation has accordingly been confined to separate initiatives by social partners, and to complementary activity on the part of the HSA.

The HSA reported that just over half the organisations in the finance, manufacturing, construction, education, and wholesale and retail sectors had had risk assessments carried out for stress-related hazards in 2009. These were the findings of HSA field inspections with a focus on psychosocial risks, including stress and bullying issues, and policies and procedures for dealing with them.

The Irish public authorities would welcome the renewed involvement of the social partners to improve the application of the Agreement in Ireland and to work in collaboration with the HSA on developing the Work Positive tool at sector and enterprise levels.

The Irish Department of Enterprise, Trade and Innovation explained that there is an established practice in Ireland for the social partners to have recourse to tripartite statutory bodies on which they are represented to develop and promote good practice. These bodies have a record of impartial support for social partner agreements negotiated at national level, as well as practical experience of collective bargaining and developments in workplace industrial relations and working conditions. The outcome of these consultations may take the form of statutory codes or, in the case of the Guide on Workplace Stress, guidance material without statutory backing.

In the view of the ICTU, there is a lack of precedent for this compromise approach, as the Guide is the only LRC document of its kind. It argues that the correct established procedure and practice to tackle this and similar issues in Ireland would be through primary legislation, backed up with Statutory Codes of Practice. ICTU's analysis is that the lack of a legal character has seriously undermined the use of the Guide, and that European Framework Agreements can only function when both social partners agree to work together to tackle complicated and difficult issues in a consensual way. The absence of consensus, structure or procedure to require social dialogue had, in ICTU's opinion, meant that the Guide had not featured on the industrial relations or health and safety landscape. The ICTU compared the LRC Guide with the tri-partite Guide that was agreed by social partners and the Government in the UK. It sees the latter as carrying stronger 'tripartite endorsement' that involved a 'range of tripartite activities, in which TUC were involved together with CBI, CEEP UK and FPB'. The ICTU said it was 'seeking the adoption of a similar tripartite approach facilitating involvement for workers and their unions'.

9. Greece

Greek social partners included the immediate obligation to implement the Agreement in the National General Collective Labour Agreement (*Εθνική Γενική Συλλογική Σύμβαση Εργασίας* — EGSSE) for 2008-2009, signed on 26 March 2008. The text of the Agreement is annexed to the EGSSE and forms an integral part of it. The EGSEEE was signed on the workers' side by the Greek General Confederation of Labour (GSEE), and on the employers' side by the Hellenic Federation of Enterprises (SEV), the General Confederation of Greek Small Businesses and Trades (GSEVEE) and the National Confederation of Greek Traders (ESEE). However, they have not reported on implementation of the Agreement to their European confederations.

The EGSEE determines minimum working conditions for workers throughout the country.

In addition to the general provisions of EU health and safety framework legislation, only the Presidential Decree No 17/96 provides that in undertakings with more than 50 workers, the employer must use the services of an occupational doctor who shall advise employers, workers and their representatives on measures regarding the physical and mental health of workers, as well as regarding questions of work physiology and psychology (para 1, article 4).

No complementary activities of the Greek social partners have been reported.

The Technical and Sanitary Inspectors of the Labour Inspectorate examine whether psychosocial risks and appropriate measures are included in the written occupational risk assessment, particularly in sectors prone to risk. They also advise employers and workers through oral and written recommendations. The Ministry of Labour and Social Security ran a campaign on healthy workplaces in 2008-2009, and published a book that should serve as a tool for occupational risk assessment, including stress.

The Greek Ministry of Labour and Social Security explains that the transposition of EU legislation is usually carried out by Presidential Decree, following extensive social dialogue within the Health and Safety at Work Council (SYAE). The Agreement has not been discussed in the SYAE.

10. Spain

Spanish social partners incorporated the Agreement's main principles into the biennial 'Interconfederal Agreements on Collective Bargaining' (*acuerdos interconfederales para la negociación colectiva — AINC*) in 2005 and 2007. The agreements address the main aspects of employment relations and wage issues and are signed by the most representative trade unions, the General Workers' Union (UGT) and the Trade Union Confederation of Workers Commissions (CC.OO.), and on the employers' side by the Spanish Confederation of Employers' Organisations (CEOE) and the Spanish Confederation of Small and Medium-sized Enterprises (CEPYME).

The agreements are not legally binding, but address recommendations and priorities to the signatories' member organisations when they enter into collective bargaining. These can be inserted and adapted, where relevant, into binding collective agreements at sectoral, regional or company level to create rights and obligations for workers and employers. In the opinion of the signatories, joint recommendations are of exceptional value to negotiators, guiding them with regard to priorities and ways of approaching them. Although the trade unions' organisational density is only 14%, a high level of membership in employers' organisations (75%) leads to bargaining coverage of 88% of Spanish workers. Furthermore, a joint Follow-up Commission was established, whose task it is to verify the results obtained and to highlight possible difficulties related to implementing recommendations.

Some sectoral and regional agreements have been reported, including national agreements in the chemical industry, as well as in parts of the press, commerce and universities; regional agreements in HORECA, care services and call centres, as well as a regional cross-industry agreement in Castilla La Mancha.

The Spanish occupational health and safety regulation incorporates the general provisions of the EU Health and Safety Framework Directive. Recently, some Spanish Courts have referred to the AINC and the annexed European Agreement as specifying the way in which employers must comply with their duty to prevent, eliminate or reduce work-related stress.

The Agreement was disseminated as an annex to AINC's to all trade union and employers' organisations. It was commented on in many articles and published on the internet. Employers' organisations published an explanatory memorandum circulated internally. The CEOE, CCOO and the UGT published studies comparing the contents of ensuing agreements with that of the AINC. Trade unions developed a large range of campaigns, material and training on the issue of work-related stress. For example, the CCOO led and made available to the public an adaptation of COPSOQ, a method for evaluating psychosocial risks that was developed in Denmark. The UGT has published four general and 10 sector-specific guides and has organised a large range of activities through its Permanent Observatory of Psychosocial Risks. The employers' association provides advice on psychosocial risk management directly to companies through their sectoral and regional structures. The encompassing CEOE's Risk Prevention Committee also shares experiences in the field of prevention and management of work-related stress. However, it seems that these activities are mostly targeted at increasing understanding, rather than providing practical tools for managing risks.

The Spanish government supports the social partners' approach in its Strategy for Safety and Health in the Workplace 2007-2012. However, this strategy does not provide for public initiatives on the issue of occupational stress.

According to the trade unions' analysis, about 100 out of 5000 bargaining units included provisions on work-related stress in their agreements. However, considering this relatively low level of follow-up, it has to be kept in mind that addressing psychosocial risks in establishments' occupational health and safety practices does not necessarily depend on formal agreements.

11. France

French social partners negotiated and concluded a cross-industry national agreement (*accord national interprofessionnel*) on work-related stress on 2 July 2008. The agreement was signed by the main employers' organisations (MEDEF, CGPME and UPA) and the main trade union confederations (CFDT, CFE-CGT, CFTC, CGT-FO and CGT). At the request of the signatories, the agreement was extended to all employers and workers by a Government Decree of 23 April 2009.

As a result, it is binding on all employers and workers within its professional and territorial scope. Sector-wide and company-specific collective agreements can supplement and adapt the rules to take account of the specificities and needs of certain sectors and undertakings.

Following a number of workplace suicides that triggered wide public debate, the Government launched an emergency plan on the prevention of stress at work. Among others, this called on all companies employing more than 1000 workers to open negotiations on the implementation of the cross-industry national agreement before February 2010. This led to a steep increase in company-level negotiations. Until then, only a very small number of companies had concluded agreements following up the cross-industry national agreement. Agreements adapting provisions to specific sectors remain rare. Only in the gas and electricity industries has an agreement been reported. In November 2009, an agreement on health and safety was concluded in the public sector. This provides explicitly for the assessment and prevention of psycho-social risks, the development and implementation of related tools, a national action plan that includes local administrations, and training for those responsible on the ground.

In France, the Labour Code transposes the general principles of the European Health and Safety Framework Directive. The law No 2002-73 of 17 January 2002 amended some of the provisions concerning prevention (current art. L. 4121-1 of the labour code) by specifying that the employer must take measures to protect not only the physical but also the mental safety of the worker. In addition, a single risk-assessment document, which has to be brought up to date at least once a year, must explicitly include the psychosocial risks of moral and sexual harassment.

The social partners manage, with the state and on their own, the main bodies in charge of promoting occupational risk prevention, the National Agency for the Improvement of Working Conditions (ANACT), and the Research and Safety Institute (INRS). Both bodies have issued extensive guidance on the issue of work-related stress.

As well as calling for company-level negotiations, the government's emergency plan also included an information campaign targeting SMEs. This featured seminars in all regions, the creation of a dedicated Ministry website (www.travailler-mieux.fr), as well as a call to take psychosocial risk into account in cases of restructuring. The plan has led to the integration of work-related stress as one of 14 objectives in the second national occupational health plan 2010-2014. The government has also launched a project to develop and include a module on occupational health and safety into the curricula of management schools. They will stress the importance of psychosocial risks. The project focuses on and includes experts from French-speaking countries.

The cross-industry national agreement includes all the provisions of the Agreement and goes further on several aspects. It describes stress as a state that ‘arises when there is an imbalance between the perception that someone has of the constraints that his or her environment poses on him and the perception of his or her own resources to face them’. It adds several potential indicators of stress-related problems: high frequency of work accidents, violent acts against oneself or others, even if they are not numerous, and a significant increase in non-scheduled visits to the medical service. It stipulates that the employer *must* assess stress factors to identify problems, since one of the objectives of the French agreement is to identify ‘problems of stress at work as early as possible’. In addition to being more explicit about potential stress factors, the French cross-industry national agreement adds the following risk factors: excessive and systematic long hours, systematic pressure should not be institutionalised within the organisation's approach to managing staff, and lack of privacy and difficulties in reconciling personal and professional life. It also emphasises the role of company doctors, as well as the obligation to implement measures that were identified.

In French industrial relations, the extension of agreements is used regularly to ensure complete coverage by collective agreements. However, it was observed that for a certain time, the national agreement had formally been in place without being used. This could also be due to the fact that occupational health and safety issues are usually regulated by law.

The government publishes the names of companies that have concluded agreements on its website. In May 2010, 984 of around 1350 companies had informed the Ministry of their activities, 331 had concluded an agreement on procedure or on substance, or an action plan with the employees’ and or trade union representation, 559 had started negotiations, while 94 had yet to take action.

12. Italy

The Italian social partners⁴⁷ implemented the Agreement through an ‘interconfederal agreement’ (*accordo interconfederale*) concluded on 9 June 2008. The Interconfederal Agreement on the transposition of the European Framework Agreement contains all the provisions of the European text in an almost literal translation, including the implementation provisions.

When occupational health and safety legislation in Italy was revised, the provisions of the Agreement were introduced by Article 28, paragraph 1 of the Legislative Decree of 9/04/2008 n. 81⁴⁸. This explicitly introduces the obligation for private and public employers to include in the risk assessment ‘all risks to safety and health of workers, including those groups of workers exposed to special risks, including those related to work-related stress, according to the European agreement of 8 October 2004’ and to take measures accordingly. This article was later integrated and modified (art 18, paragraph 1-bis, of the legislative decree of 3 August 2009, n 106⁴⁹) and now stipulates that the assessment of psychosocial risks has to be done in line with guidelines developed by the Permanent Consultative Commission for Health and Safety at Work as specified in Art 6, paragraph 8, letter m-quarter. The Permanent Consultative Commission for Health and Safety at Work is currently working on these guidelines. This body is composed of an equal number of representatives of public administrations and regions and of social partners. Entry into force was postponed from 1 August 2010 to 31 December 2010 by the law of 30 July 2010 n. 122.

Interconfederal agreements are based on common law and are therefore not enforceable *erga omnes*. However, they are binding on employers and workers belonging to the signatory associations. They are also binding on other workers and employers who explicitly sign the agreement, or incorporate its content into individual employment contracts. Its implementation process is unclear, not least given that it relates to the implementation process of a European autonomous agreement. However, the preventive approach based on identification and assessment of stressors has been made binding on all employers and employees by law.

The National Institute for Occupational Safety and Prevention (Ispesl), the Italian Workers’ Compensation Authority, as well as regional authorities that are responsible for occupational health policies and inspection have been addressing work-related stress for several years. This process has been accelerated by the ‘interconfederal agreement’ and the ensuing Legislative Decree of 2008. The Inter-regional Workplace Prevention Committee adopted an Operational Guide for the Evaluation and Management of Risk of Work-Related Stress in March 2010. Ispesl also issued a Methodological Proposal for the Assessment of Work-Related Stress.

The combination of these instruments covers all provisions of the Agreement and its action-oriented framework.

⁴⁷ The signatory parties are the national employers’ organisations Confindustria, Confapi, Confartigianato, which are members of the European employers’ associations, and Legacooperative, AGCI, Confservizi, Confagricoltura and Coldiretti, as well as the most representative trade union confederations CGIL, CISL and UIL. Two of the three Italian member organisations of UEAPME (Confesercenti and CAN) have not signed the ‘interconfederal agreement’.

⁴⁸ Ordinary supplement to n. 108/L of Gazzetta Ufficiale n.101 of 30/04/2008.

⁴⁹ Ordinary supplement to n.142/L of Gazzetta Ufficiale n. 180 of 05/08/2009.

Collective bargaining does not usually deal with issues of occupational health and safety, which are regulated by law in Italy.

13. Cyprus

The Cypriot social partners agreed a policy statement on the implementation of the Agreement in June 2008⁵⁰. They adopted the Agreement and agreed to start a dialogue on its implementation, scheduled to begin in the third quarter of 2008. Social partners called on their member organisations to begin dialogue at sectoral or company level to adapt the Agreement to sectoral circumstances. The process was to be completed within a short time span, the length of which would be agreed by both sides. Ideally, this was to take place before the next collective agreement is renewed, either at sectoral or company level. For their part, the five signatory organisations committed themselves to monitoring the process, and to assist their members by providing them with technical support and any other help they may request. At the same time, they also called on organisations which are not among their members to approve and implement the Agreement. Social partners informed their members through seminars and articles.

Cypriot legislation transposes the general provisions of the EU health and safety framework legislation.

The social partners' policy statement was also signed by the Minister of Labour and Social Insurance. The Department of Labour Inspection provides help and assistance to social partners in the form of information, training and printed material to promote the goals of the Agreement.

Whereas national tripartite social dialogue is well established in Cyprus, collective bargaining only takes place at sectoral, and mostly at establishment level.

⁵⁰ The employers' organisations which signed the agreement were the Cyprus Chamber of Commerce and Industry (Κυπριακό Εμπορικό και Βιομηχανικό Επιμελητήριο, ΚΕΒΕ) and the Employers and Industrialists' Federation (Ομοσπονδία Εργοδοτών και Βιομηχάνων, ΟΕΒ). The trade unions signatory to the agreement were the Democratic Labour Federation of Cyprus (Δημοκρατική Εργατική Ομοσπονδία, ΔΕΟΚ), the Pancyprian Federation of Labour (Παγκύπρια Εργατική Ομοσπονδία, ΡΕΟ) and the Cyprus Workers' Confederation (Συνομοσπονδία Εργαζομένων Κύπρου, ΣΕΚ).

14. Latvia

The Latvian Free Trade Union Confederation (LBAS) and the Latvian Employers' Confederation (LDDK) concluded a framework agreement on work-related stress on 12 April 2006. Under the agreement, which is not a collective agreement, the signatories undertook to facilitate the implementation process, particularly by disseminating information to members of employers' and trade union organisations, other institutions and the general public. They also sought to ensure that collective agreements at sectoral and local level took account of the aims and provisions of the European Agreement.

In addition to the Latvian Labour Protection Law that lays down the general provisions of the EU Health and Safety Framework Directive, the Regulation of Cabinet of Ministers No 660 of 2 October 2007 'Procedures for the Performance of Internal Supervision of the Working Environment' defines more specific rules on risk assessment (see below). It followed the Latvian social partners' adoption of the Agreement, but the extent to which social partners were involved in the legislative procedure is not clear.

Social partners undertook many activities to disseminate information among their members, public institutions and the public. Jointly, social partners included issues concerning the work environment and work-related stress in their project on 'Practical Application of Labour Relations and Health and Safety Regulations in Enterprises and Branches'. This is supported by the European Social Fund and will last until 2013. It provides consultation centres in five regions of Latvia, where employers and employees can get advice on labour relations and health and safety issues. LBAS organised seminars for social partners on strengthening social dialogue with a special focus on occupational health and safety, job security and work-related stress. It also organised training for trade union representatives at company level. It had the ETUC interpretation guide translated, and offered advice for collective bargaining. LDDK organised workshops on health and safety for management representatives. It also contributed to implementing the agreement through a web-based questionnaire about work-related stress. Its members were informed about results and advised on prevention.

Social partners also cooperate with the public authorities. In May 2007, LBAS signed a cooperation agreement with the State Labour Inspection to encourage assessment of psychosocial risks in companies, to develop measures and to cooperate on the evaluation of their implementation. Social partners organised an awareness-raising campaign on stress together with the State Labour Inspection ('Stop overwork!'), and another in cooperation with the Ministry of Health ('Love your Heart!').

The legislative framework does not address the measures, nor all of the potential risk factors (particularly in the area of communication) proposed in the Agreement. However, through the agreement of the Latvian cross-industry social partners, the complete Agreement was made known and recommended to members. According to Regulation of the Cabinet of Ministers No 660, the employer is obliged to carry out at least once a year an internal supervision of the work environment, as well as a risk assessment. This has to include psychosocial risks: working hours, shortage of working time, monotonous work, inability to influence working procedures, work in isolation, increased responsibility, strained psychological atmosphere at work, violence, and other psychological factors that could raise stress at work. When a risk

factor, including work-related stress, has been identified, the employer must determine and carry out protective measures in order to eliminate or reduce the risk.

So far, the actions of both social partners and public authorities have consisted mainly of awareness-raising and dissemination of information. According to the Ministry of Welfare, statistics on workplace practice are not available, and there is no obligation to have a dedicated policy on stress, nor to report on it. Eurofound observes that occupational safety and health is rarely an issue in collective agreements.

15. Lithuania

Lithuanian social partners have not reported any activities with regard to implementation of the Agreement. The Lithuanian authorities explain that following the signature of the Agreement, the Ministers for Health and for Social Security and Labour approved methodological guidance for the analysis of psychosocial risk factors on the basis of the existing legal framework on 24 August 2005. Social partners had the opportunity to examine the draft methodological guidance in the tripartite Occupational Safety and Health Commission.

In Lithuania, the Labour Code, the Law on Safety and Health at Work and their implementing regulations regulate occupational health and safety. The procedure for assessing occupational risk is covered by Regulations for occupational risk assessment approved by Order No A1-159/V-612 of the Minister for Social Security and Labour and the Minister for Health of the Republic of Lithuania of 16 October 2003 (Žin., 2003, No 100-4504). This legal act imposes a duty on employers to organise the evaluation of psychosocial factors causing work-related stress, to protect workers from psychosocial risks or to minimise such risks as much as possible. Point 3.14 of the Regulations defines a psycho-social factor as one which causes mental stress in workers as a result of working conditions, job requirements, work organisation, work content, relations among workers or relations between the employer and workers in an undertaking. Point 18 stipulates that the risk from exposure to psychosocial factors is identified according to the methodological guidance and relevant standards.

Following the signing of the Agreement, methodological guidance for the analysis of psychosocial risk factors, laying down general principles for assessing psychosocial risk factors, was approved by Order No V-669/A1-241 of the Minister for Health and the Minister for Social Security and Labour of the Republic of Lithuania of 24 August 2005 (Žin., 2005, No 105-3897). For the purposes of this guidance, the term ‘work-related stress’ is defined as the reaction of a worker to unfavourable psychosocial factors in working conditions, job requirements, work organisation, work content, relations among workers and/or relations with the employer. Each undertaking has an obligation to assess psychosocial risk factors, i.e. to identify problems of work-related stress. The guidance contains a list of recommended methods for evaluating psychosocial risks.

To raise the awareness of occupational safety and health professionals regarding the impact of psycho-social risk factors on health, and to familiarise them with modern methods of research into such factors, a training programme for the assessment of ergonomic and psycho-social risk factors was approved by Order No V-12 of the Minister for Health of the Republic of Lithuania of 4 January 2006 (Žin., 2006, No 5-179).

The Lithuanian authorities report that the Solidarity trade union organised a seminar in the social care sector. Participants discussed stress related to working conditions in the sector.

The State Labour Inspectorate has signed agreements on cooperation in developing social dialogue on employment relationships and occupational safety and health in undertakings, institutions and organisations of the Republic of Lithuania with the national trade union associations (the Lithuanian Labour Federation, the Lithuanian Trade Union Confederation and the Lithuanian trade union Solidarity) and the national associations of employers’

organisations (the Lithuanian Industry Confederation and the Lithuanian Confederation of Business Employers). During inspections, inspectors of the State Labour Inspectorate promote the implementation of measures from the action plan in the agreement, and advise the organisations on how to apply those measures.

In 2009, the State Labour Inspectorate checked a total of over 10 000 undertakings, paying special attention to the assessment of occupational risk (physical, ergonomic and psychosocial factors) at workplaces. Of the undertakings checked, 70% were found to have complied with occupational risk assessment requirements.

Collective bargaining coverage is low, and work-related stress does not play a role in collective agreements. But in the view of the Lithuanian authorities, the entry into force of the legal framework has contributed to greater focus on work-related stress and more active involvement of social partners in evaluating and addressing this problem.

16. Luxembourg

The Luxembourgish social partners and the Government adopted in the Economic and Social Council (Conseil économique et social, CES) guiding principles with a view to implementing the Agreement. In their 'Opinion on stress at work' of 15 June 2006, the social partners and Government decided that, given the Agreement's nature, its transposition by a binding cross-industry agreement was not appropriate. Instead, a set of principles should guide employers, workers and their representatives at company level. In addition, the social partners and Government made a commitment to jointly explore solutions to the challenge.

The Luxembourgish legislation transposes the general provisions of the European Health and Safety Framework Directive. The CES guiding principles stress that public occupational health and safety services should be involved in stress management, given their important role in assisting employers in fulfilling their obligations.

A number of activities, mainly intended to improve awareness and knowledge, are being carried out by public actors and social partners. Social partners and the Government agreed on surveys at national and sectoral level and on campaigns targeting different audiences. Public authorities report a series of surveys that have been run since 2006 to improve understanding of the situation. The Independent Trade Union Confederation of Luxembourg (OGB-L) announced that it would be carrying out a survey in 2010. In addition, companies are obliged to draw up an inventory of jobs at risk on the basis of a document drawn up by the Ministry of Health Occupational Health Division. Stress is not included among the characteristics of a post at risk as defined by the legislation. However, some companies included stress on their own initiative. Training and seminars are regularly organised by the Chamber of Commerce, the Chamber of Trades, and the Chamber of Employees (Luxembourg has an elaborate chamber system). Brochures have been published by a trade union-led association. The labour inspectorate has published a guide.

The CES guidelines describe in detail the negative individual and organisational consequences of work-related stress. They provide a step-by-step approach that follows the Agreement in broad terms regarding procedures, identifiers, stressors and measures, and defines the specific duties and rights of workplace actors in line with national practices. They group potential risk factors differently (content, physical environment, working conditions, relations at work) and add others, such as too much work, monotony, team work, breaks, remuneration, reconciliation of professional and private life, or lack of recognition. Potential measures that are added are more participative management, and stimulating the worker to take an active part in the development of his/her career. The guidelines also describe secondary measures, i.e. measures that help workers cope with stress. Social partners acknowledge, however, that these alone cannot eliminate stress in the long run. Given the Government's involvement, remedial measures are addressed in the recommendations, and the parties approve initiatives for individual support services financed by public institutions, in particular trade union-led associations.

The Luxembourgish social partners have not reported to their European federations on the implementation, but the CES transmitted the guiding principles to the European Commission.

17. Hungary

In Hungary, the Agreement was implemented through legislation. It was discussed in the tripartite National Interest Reconciliation Council (Országos Érdekegyeztető Tanács, OÉT). At the initiative of the social partners, the government proposed legislative amendments, mostly to the Occupational Health and Safety Act. The amendment to the Health and Safety at Work Act (Act XCIII. of 1993), which came into force at the beginning of 2008 (Act CLXI. of 2007), added stress as a risk factor, and also defines it. As a consequence, employers must explicitly pay attention to work-related psychosocial risks that may generate, among other things, stress.

In addition to the legal obligation covering the whole economy, the occupational health and safety committee of the OÉT invited the sectoral social dialogue committees to discuss sector-specific implementation of the Agreement. So far, only the agriculture sectoral social dialogue committee seems to have conducted a study on the issue. In general, social partners reported that the process of implementing the Agreement triggered considerable interest in the media, promoting greater awareness about stress.

The Hungarian Labour Inspectorate supported implementation by issuing guidelines that provide a basis for employers to identify factors they must consider in the course of a risk assessment.

MSZOSZ, the dominant union outside the state sector, and the largest employers' organisation, MGYOSZ,⁵¹ signed a declaration in which they express interest in cooperating in the field of occupational health and safety on 9 March 2010. This declaration pays special attention to work-related stress.

Paragraph 54, (1) d) of the Act XCIII of 1993 on Labour Protection of the Labour Code now stipulates that in order for work to be carried out in a way that does not endanger health and is safe, the employer is obliged to take into consideration, among the general requirements, the human factor when designing the workplace, choosing work tools and work processes, with special regard to reducing the duration of monotonous, fixed-paced work and its detrimental effects, to work schedules, to avoiding strain caused by psychosocial risks resulting from carrying out work. It defines the concept of this last, new risk factor in the following way (paragraph 87, 1/H): the sum of impacts of work organisation, work schedule, uncertainty of employment and other factors affecting the employee's behaviour, which may bring about stress, work-related accidents and psychosomatic illnesses. The corresponding risk assessment must be reviewed each year. The Act also contains a definition for evaluations of work hygiene, which are procedures suited to exploring physical, chemical, biological, ergonomic, and psychosocial agents present in the work environment, establishing their level, and determining quantitatively the burden they pose (Article 87(5/A)). The practical application of this provision might be hindered by the fact that there are as yet no measurable criteria for stress. In addition, psychosocial conditions are included in the list of occupational diseases and occupational aptitude tests must take into account psychosocial factors.

⁵¹ The National Association of Hungarian Trade Unions (Magyar Szakszervezetek Országos Szövetsége, MSZOSZ) is one of the Hungarian ETUC members. The Confederation of Hungarian Employers and Industrialists (Munkaadók és Gyáriparosok Országos Szövetsége, MGYOSZ) is the Hungarian BusinessEurope member.

The Labour Inspectorate's guidance includes many aspects of the Agreement. It goes beyond it by providing a longer list of symptoms of work-related stress. The risk factors and measures correspond to those suggested in the Agreement. In addition, it stresses the role of general occupational health promotion. With these guidelines, the labour inspectorate seems to play a major role in the dissemination of the Agreement's contents. The same applies to the practical application of the legal framework based on its consultation and enforcement functions.

In Hungary, health and safety issues are regulated by law. The government involves the social partners through consultations on draft legislation in the OÉT. Therefore, the implementation of the Agreement through legislation after consultation with social partners, and, in fact, at their initiative, can be regarded as the usual procedure in Hungary. The role of bi-partite social dialogue remains restricted in occupational health and safety. In general, issues such as wages, working time and working conditions in general dominate the social dialogue agenda. However, in sectors that are characterised by high levels of physical (and environmental) risks, such as the chemicals or pharmaceutical industry, occupational health and safety issues are addressed directly at both sectoral and company level, including in negotiations and agreements. Psychosocial stress, however, has so far remained out of the scope of social dialogue, which is dominated by the company level.

18. Malta

Maltese social partners have not reported on the implementation of the Agreement. According to the Maltese Ministry of Education, Employment and Family, trade unions and company management have recently included clauses in their collective agreements that provide for psychosocial evaluation, review and management. They would not follow a preventive approach but be mainly concerned with the late identification of psychological effects and their management. Trade unions also regularly organise awareness-raising and training courses for their shop stewards.

The Maltese Occupational Health and Safety Authority Act (2000) (Cap. 424) obliges the employer to prevent psychosocial ill-health and defines a preventive approach in line with the EU Health and Safety Framework Directive.

The Occupational Health and Safety Authority has since its creation in 2000 pursued activities related to stress at work, with an emphasis on awareness-raising through conferences, seminars and training courses, in which social partners have been involved.

Social partner agreements in Malta usually take the form of collective agreements between a union (or unions) and an individual enterprise. Issues related to occupational health and safety are also addressed in these agreements. No specific implementation of the European Framework Agreement on Telework has been reported either.

19. The Netherlands

The Dutch Labour Foundation (*Stichting van de Arbeid*)⁵², the national consultative body of the three main trade union federations and the three main employers' associations, up-dated its existing brochure, entitled 'Busy (at) work?! Dealing with work pressure and stress', in October 2006. Dutch social partners concluded that implementation of the Agreement would be most successful where work-related stress was integrated into dialogue or consultation between management and works councils. The brochure is addressed to everyone in a company, from shop floor to management.

As of January 2007, the amended Working Conditions Act (*Arbeidsomstandighedenwet*) stipulates that, in the private sector, tailor-made solutions should be agreed by sectoral social partners through a tool known as the health and safety catalogue. The catalogue can be prepared voluntarily by social partners, and consists of measures that can and must be taken to meet the target requirements set out in the Act. In sectors where work-related stress is identified as a problem, social partners describe methods they consider appropriate for compliance. The catalogue needs to be approved by the labour inspectorate and should be kept up-to-date and amended if necessary. The Dutch labour inspectorate uses the catalogue for their inspections. The new legislation is concrete in setting requirements, but provides for flexibility in identifying specific solutions as to the means. This policy aims to cover all sectors by a health and safety catalogue. In several sectors, social partners have committed themselves to preventing work-related stress in an agreement: business and financial services, cleaning industry, automobile industry, carpentry industry, hotel and catering industry, agriculture, health, care, and education.

As regards regulation, Article 3, paragraph 2 of the Law on Working Conditions contains the following (target) provision: 'The employer shall implement within the general working conditions policy, a policy to prevent or otherwise to reduce psychosocial work pressure'. The explanatory memorandum stipulates the following: 'Psychosocial work pressure is to be understood as sexual harassment, aggression and violence, bullying and work pressure on the job which cause stress.' Article 2.15 of the Working Conditions Decree (headed: Measures to prevent or reduce psychosocial work pressure) develops this in the following provision:

'1. If workers are or may be exposed to psychosocial work pressure, the risks in relation to psychosocial work pressure are assessed in the context of the risk inventory and evaluation (...) referred to in Article 5 of the Law, and measures are defined and implemented in the action plan taking into account the state of scientific knowledge, to prevent psychosocial work pressure, or if that is not possible, to reduce it.

⁵² The Labour Foundation is a private consultative and cooperative body incorporating the main employers' federations (VNO-NCVW (BusinessEurope member), MKB (UEAPME member) and LTO) and the main trade unions and ETUC members (FNV, CNV and MHP).

The Foundation provides a forum in which its members discuss relevant issues in the field of labour and industrial relations. Some of these discussions result in memorandums, statements or other documents in which the Foundation recommends courses of action for the employers and trade unions that negotiate collective bargaining agreements in industry or within individual companies.

2. Employees who carry out work involving risk of exposure to psychosocial work pressure are given information and training about the risks of psychosocial work pressure as well as on measures intended to prevent or reduce this pressure.’

The brochure of the Labour Foundation that is the national social partners’ main instrument of implementation is, like other general publications, addressed to a wide audience of employers and employees. It is taken into account in social dialogue at their discretion. Therefore, coverage cannot be assessed. The brochure is available on the Labour Foundation’s website. In practice, it is likely to facilitate the social dialogue at the workplace and builds on the explicit legal obligations and the health and safety catalogues policy.

The brochure reproduces and discusses a description of work-related stress. It then provides a five-step approach: Identification, measurement/assessment of risk factors, measures, how to deal with measures taken, and evaluation. Each step is illustrated with concrete examples. Among the identifiers, only absenteeism and staff turnover are mentioned. As far as risk factors are concerned, a reference to existing tools and support institutions is provided, but not the list from the Agreement. It recommends a list of measures concerning work organisation and the individual that should be combined to offer tailor-made mixes. It also includes reconciliation of private and work life. Evaluation should be regular and use indicators such as absenteeism and staff turnover. The annex contains the complete translated European Agreement and a summary of the applicable legislation.

A web-based stress-measurement tool was developed specifically for the public state sector, as part of a general employee satisfaction research project (‘Internet-monitoring through a web-based questionnaire’). The tool enables management to discover stress-generating spots in their organisation and to react accordingly.

Social partners in the central government administration initiated pilot projects on stress as part of the central government 2007-2010 collective agreement. These focus on pilot organisations with quantitatively measurable ‘production’ and structured working processes where employees have little scope to regulate their workload.

The Dutch Labour Inspection developed a method for identifying work-related stress in the company (‘workload detection method’) and a questionnaire to identify sources of work-related stress (‘workload questionnaire’). The workload questionnaire is offered to employees via the internet.

Social partners see this approach as fitting well into the Dutch approach, in which sectoral and company level dialogue between employers and workers plays the most important role when defining instruments to be used to prevent work-related stress. The brochure facilitates this dialogue. The Dutch authorities remark that unlike usual practice, the Foundation's brochure is not aimed primarily at negotiating partners (to be taken into account in their bargaining), but directly at managers, works councils and trade union representatives.

20. Austria

The Austrian cross-industry social partners WKÖ, IV, VÖWG, ÖGB, BAK, LK⁵³ adopted joint guidelines to publicise the Agreement, to raise awareness of work-related stress and to help avoid it. They explain the main content of the Agreement and point to activities and measures that already exist in Austria. These include a practical tool for use in organisations, the IMPULS test, as well as existing collective agreements and company-level practices concerning short breaks and work-life balance, measures for crisis management (helplines), stress prevention as part of workplace health promotion, and systematic efforts to integrate groups at the margins of the labour market. The guidelines explain that the Agreement does not replace the provisions of the Austrian occupational health and safety legislation. One way to identify signs of work-related stress would be to carry out appropriate risk assessment, in line with occupational health and safety law.

The Austrian occupational health and safety protection law (Paragraph 7 Z4 of the *ArbeitnehmerInnenschutzgesetz — AschG*) is understood to provide the legal framework for protecting workers from psychosocial risks. It transposes the general provisions of the EU Health and Safety Framework Directive. For risk assessment, external expertise not only from occupational health physicians, but also from occupational psychologists should be called upon, if required.

The guidelines do not define an addressee and can hence be understood to address all levels of social dialogue in Austria, though particularly the level of the organisation. The guidelines are not binding, and organisations may follow them at their discretion. The Austrian cross-industry social dialogue covers up to 99% of the workforce. The additional signatures of VÖWG and LK have ensured that the public and agriculture sectors are also explicitly covered.

The guidelines have been annexed to an updated publication that social partners produced on the IMPULS project (*Impuls-Broschüre*). They can be found, together with a jointly-agreed translation of the Agreement, on the workplace health promotion website that the social partners co-manage (www.arbeitundgesundheit.at). No further campaigns are reported.

The IMPULS test was developed by occupational and health psychologists in cooperation with the WKÖ, BAK, and ÖGB. It is supported by the Austrian Social Insurance for Occupational Risks (AUVA) and the IV. It offers an analysis of working conditions of an entire company or of individual workplaces. It is designed to detect stress factors and optimise the resources needed to alleviate them. The test consists of 26 questions, including the following 11 thematic aspects: room to manoeuvre, variety of tasks, ability to perform tasks in their entirety, social support, cooperation, appropriate job profile, workflow, workload, working environment, possibilities for development, information processes and participation. The IMPULS test determines an employee's individual IMPULS score, i.e. the status quo.

⁵³ WKÖ — Wirtschaftskammer Österreich (Austrian Federal Economic Chamber), IV — Industriellenvereinigung (Federation of Austrian Industries), VÖWG — Verein der öffentlichen Wirtschaft und Gemeinwirtschaft Österreichs (Austrian Association for Public and Social Economy), ÖGB — Österreichischer Gewerkschaftsbund (Austrian Trade Union Federation), BAK — Bundesarbeitskammer (Austrian Chamber of Labour), LK — Landwirtschaftskammer (Chamber of Agriculture).

Additionally, a target score is identified for optimal working conditions. The resulting web-diagram indicates areas of intervention where the status quo and target scores diverge. The IMPULS project requires the commitment of management, support of employee representatives, and sufficient information to employees, who participate voluntarily. Employees fill out the test anonymously. The tests are analysed by external consultants and the results reported to management, employees and their representatives. On the basis of the results, measures are agreed and implemented.

The IMPULS test covers more ways of identifying stress-related problems than those indicated in the Agreement. It covers and goes beyond risk factors and measures proposed by the Agreement, but does not deal with managing individual and organisational change.

With their non-binding guidelines, Austrian social partners have built on existing initiatives for the workplace level. Collective bargaining in Austria mainly focuses on remuneration and working time, and very rarely touches on qualitative issues, which are usually dealt with through information, consultation and co-determination at establishment level.

21. Poland

The Polish social partners⁵⁴ adopted a Joint Declaration on Preventing and Combating Work-Related Stress on 14 November 2008 to implement the Agreement. The objective is to increase awareness among employers, employers' organisations, trade unions and employees of the consequences of work-related stress, as well as of methods of combating it, and of the benefits of implementation for businesses. It provides some elements of the Agreement's action-oriented framework and rules of cooperation on how to proceed with implementing it.

The Polish Labour Code and the Regulation of the Minister of Labour and Social Affairs of 26 September 1997 on general rules for health and safety at work transpose the general provisions of the European Health and Safety Framework Directive. In the opinion of the Ministry of Labour and Social Affairs, the Central Institute for Labour Protection and employers' organisations, the resulting obligation to assess occupational risks by taking into account all working environment factors includes psychosocial factors, as these are linked to the working environment. The trade union confederation NSZZ Solidarność points out that the norms currently in force 'PN-80/Z-08052: Safety at Work; Dangerous and Harmful factors present at the work place; Classification' and 'PN-N-18002: 200, Management system of health and safety at work; General guidelines of occupational risks assessment' do not include references to psychosocial risks at the workplace. In its opinion, there is no unambiguous framework in Poland setting out employers' obligation to identify, assess, prevent and manage psychosocial risks at work.

The Joint Declaration does not bind the signatories, but Polish social partners are committed to promoting relevant activities. An estimated 16% of employees are trade union members, and companies accounting for around 20% of employment are members of employers' organisations.

The Agreement was promoted by means of a project carried out by NSZZ Solidarność in 2006-7, supported by the trade union confederation OPZZ, and the three employers' organisations that eventually signed the Joint Declaration. The project included training courses on the issue, an international conference, and a brochure with its proceedings which included a jointly-agreed working translation of the Agreement. Polish public authorities provided expert knowledge in the course of the talks. The Polish labour inspectorate has been running a campaign on counteracting the negative effects of mental overload and stress at work since 2006. It distributes management standards, best practice, and methods to prevent stress, through conferences, seminars, training and company visits. This campaign is not directly related to social partners' efforts.

In their Joint Declaration, Polish social partners do not refer to obligations stemming from applicable legislation. They mention some of the risk factors of the Agreement (without mentioning subjective factors such as emotional and social support) and one potential

⁵⁴ Konfederacja Pracodawców Polskich (KPP — Confederation of Polish Employers) [this organisation has recently changed its name to Pracodawcy RP (Employers of Poland)], Polska Konfederacja Pracodawców Prywatnych 'Lewiatan' (Polish Confederation of Private Employers 'Lewiatan') and Związek Rzemiosła Polskiego (ZRP — Polish Skilled Trades Association). NSZZ Solidarność (Independent and Self-Governing Trade Union 'Solidarność'), OPZZ (All-Poland Alliance of Trade Unions). In addition to these affiliates of the European social partner organisations, the Forum Związków Zawodowych (FZZ — Forum of Trade Unions) signed the declaration.

indicator, absenteeism, but indicate that the list is not exhaustive. In line with the Agreement, they refer to the usefulness of external services, but agree that this might constitute a barrier for small and medium-sized enterprises. Social partners commit to initiatives that improve awareness and knowledge in the areas covered in the Agreement, without quoting the potential measures set out in the action-oriented framework. The most important level of intervention is seen as the organisation, where solutions adapted to specific needs should be developed, including company-level agreements. The signatories also call on all their members to include the issue of work-related stress in any collective negotiations that concern the working environment. To exchange experience and best practice, signatories are to report annually on relevant activities. These are to be discussed at regular meetings, organised in turn by employers and trade unions. Given the currently insufficient level of awareness, social partners also agreed to hold new talks and negotiations by the end of 2011.

As far as follow-up to the Joint Declarations is concerned, no agreements at sector or company level, nor any social partners' activity report have as yet been reported.

Working conditions and occupational health and safety at work do not seem to be prominent in collective bargaining that takes place at sector and primarily at organisation level. It is, however, dealt with through information and consultation at organisation level. At national level, the European Framework Agreement on Telework was implemented by legislation amending the Labour Code on the basis of a bipartite agreement reached at the Social Dialogue Roundtable for European Integration (OSDIE). This structure was not revived. The only reference to national level social dialogue in the case of the Agreement was an invitation to all social partners represented in the Polish Tripartite Commission for Social and Economic Affairs to enter into negotiations.

22. Portugal

The Portuguese cross-industry social partners⁵⁵ have not undertaken a joint initiative to implement the Agreement.

The occupational health and safety framework law No 102/2009 of 10 September 2009, however, states that the employer should ensure that exposure to psychosocial risk factors does not constitute a risk for the occupational health of the worker. In addition, work should be adapted to the worker with a view to reducing psychosocial risks.

All of the European social partners' Portuguese member organisations disseminated the translated Agreement to their members. The two main trade union confederations, CGTP-IN and UGT, also organised training. The Portuguese Commerce and Services Confederation (CCP), which is not a member of the European social partner organisations, signed a protocol with CGTP-IN in 2007. It included dissemination, a study on work-related stress in the commerce sector, and a training kit recognised by the National Institute on Employment and Training. In 2008, CCP and CGTP-IN agreed a protocol with the National Working Conditions Authority (ACT) on studies in the commerce, road transport, and temporary agency work sectors, as well as on training and awareness-raising actions. In mid-2010, this protocol was still being implemented.

Several companies also undertook actions inspired by the Agreement. At EDP Produção, an agreement on prevention of psychosocial risks was signed. This includes a risk assessment through a survey of workers, the inclusion of stress management in occupational medicine carried out in the company, and a plan for the medical and psychological development of workers. Also APOCEEP (Portuguese CEEP affiliate) 'CP — Caminhos-de-ferro Portugueses, E.P.' and the bank 'Montepio Geral' developed projects in the field of work-related stress.

In the context of the 2008–2012 National Occupational Health and Safety Strategy, the ACT supported several awareness-raising events held by sectoral social partners. Social partners are represented within the ACT.

It should be noted that the 2008–2012 Strategy also stipulates that the tripartite National Council of Occupational Hygiene and Safety (CNHST) must monitor the implementation of agreements concluded under the European social dialogue in the area of occupational health and safety.

No further initiatives on the part of the Confederation of Portuguese Industry (CIP) are reported. The above-mentioned social partners reported in 2008 that the Agreement had little impact in Portugal due to a lack of awareness on the part of the general public, as well as among trade unionists and managers; and due to competing issues on the social dialogue agenda.

⁵⁵ The Confederation of Portuguese Industry (Confederação da Indústria Portuguesa, CIP) and the Confederation of Trade and Services of Portugal (Confederação do Comércio e Serviços de Portugal, CCP) are the most important employer confederations, with CIP (BusinessEurope member) representing industry and services and CCP focusing on services.

General Portuguese Workers' Confederation (Confederação Geral dos Trabalhadores Portugueses, CGTP), General Workers' Union (União Geral de Trabalhadores, UGT) (ETUC members).

23. Romania

Romanian social partners implemented the Agreement through the 2007-2010 national collective labour agreement (published in the Official Monitor on 29 January 2007)⁵⁶. In chapter 3 on health and safety at work, Article 37 introduces ‘management standards’ concerning stress, which employers would make all necessary efforts to implement at company level. This was followed by the adoption of similar provisions in some sector-level agreements: food industry, tourism, industrial design, aircraft production, and new foreign companies.

The ‘management standards’ refer to the following elements:

- Content of work, namely working time, compatibility of a job’s demands with the employee’s skills and qualifications, ergonomics, information and consultation on the exact role and on job requirements,
- Control, i.e. the employer will encourage the employee to use their capacity and initiative at the workplace, developing a system with the trade unions to stimulate workers (rewards, access to vocational training etc.),
- Applicable company agreements to establish the timing and the practical modalities for providing employees with information regarding changes in working conditions,
- Health and Safety Committees and Joint Commissions at the company will analyse, as they appear, information on bad practices at the workplaces and recommend corrective measures.

The national collective labour agreement is signed by all representative social partners. It is binding for all employers and employees. It sets minimum standards that can be improved, but not reduced through agreement at sector and company level. There is so far no data on the application of Art. 37 of the 2007-2010 agreement.

⁵⁶ On the employers’ side the signatory parties are the Alliance of Employers’ Confederations of Romania (Alianța Confederațiilor Patronale din România, ACPR) and its members: Romanian Association of Building Entrepreneurs (Asociația Română a Antreprenorilor de Construcții, ARACO); National Confederation of Romanian Employers (Confederația Națională a Patronatului Român, CNPR); National Council of Romanian Employers (Consiliul Național al Patronilor din România, CoNPR); Confederation of Employers in Industry, Services and Trade (Confederația Patronală a Industriei, Serviciilor și Comerțului, CPISC); Romanian National Employers (Patronatul Național Român, PNR); General Union of Romanian Industrialists (Uniunea Generală a Industriașilor din România, UGIR); National Council of Private Small and Medium-sized Enterprises in Romania (Consiliul Național al Întreprinderilor Private Mici și Mijlocii din România, CNIPMMR); and General Union of Romanian Industrialists 1903 (Uniunea Generală a Industriașilor din România 1903, UGIR 1903). In addition to those members of the European employers’ associations, there are three more signatories: Employer Confederation of Romanian Industry (Confederația Patronală din Industria României, CONPIROM); Romanian Employers (Patronatul Român, PR); National Union of Employers with Private Capital in Romania (Uniunea Națională a Patronatelor cu Capital Privat din România, UNPCPR).

On the trade unions’ side the signatory parties are the ETUC members National Trade Union Confederation ‘Cartel Alfa’ (Confederația Națională Sindicală ‘Cartel Alfa’, Cartel Alfa), National Trade Union Bloc (Blocul Național Sindical, BNS), National Confederation of the Free Trade Union Fraternity of Romania (Confederația Națională a Sindicatelor Libere din România Frăția, CNSLR Frăția), Democratic Trade Union Confederation of Romania (Confederația Sindicatelor Democratice din România, CSDR), as well as one additional trade union organisation National Trade Union Confederation ‘Meridian’ (Confederația Sindicală Națională Meridian, CSN Meridian).

The existing Romanian legislation transposes the general principles of the EU Health and Safety Framework Directive in the Labour Code (art. 171 of Law 53/2003) and the Law on Health and Safety at Work (Law 319/2006). There were no previous social partner agreements concerning work-related stress.

Social partners also report training courses in large companies and within trade union organisations. The national trade union confederation Cartel Alfa has concluded a partnership concerning work-related stress with the National Institute for Public Health. It is not reported if and how the Romanian social partners disseminated the Romanian translation of the Agreement.

Public authorities supported implementation indirectly. Regional Labour Inspectorates have been running a project on work-related stress since 2007. Among others, a best practice guide (ELVIE) produced by one of the French regional agencies for the improvement of working conditions, ARACT Martinique, was translated and published on the website of the Romanian Labour Inspectorate. It offers companies an action-oriented framework concerning stress management.

Article 37 of the national collective labour agreement for 2007-2010 does not refer directly to the Agreement. It does not define or describe work-related stress. There is no joint acknowledgement of the fact that the obligation to ensure the health and safety of employees also applies to psychosocial risks, nor any reference to the principles and procedures defined in occupational health and safety legislation. The minimum standards do not refer to the identification of stress-related problems or analysis of risk factors. However, they oblige employers and trade unions/employee representatives to take measures in certain areas, without following the logic of the Agreement. They do not mention autonomy or matching responsibilities with control, but refer to incentives and rewards. Procedures on the provision of information on working conditions are delegated to the workplace level. Training on work-related stress for employees and workers is not included. Regarding information and consultation at the workplace, the task of the relevant bodies is defined by taking what seems to be a reactive approach.

The national collective labour agreements are an important instrument for regulating labour matters in Romania, and their scope includes occupational health and safety matters. However, their impact might be compromised by difficulties in social dialogue at sector and company level, due to ongoing restructuring in the economy. The Ministry of Labour, Family and Social Protection notes that similar issues related to work and occupational health and safety are tackled by national legislation, in particular the Labour Code and the Law on Health and Safety at Work.

24. Slovenia

The Slovenian social partners and Government declared in the 2007-2009 Social Agreement that they would implement the Agreement 'by concluding special agreements in the same way as European social partners have done'⁵⁷. All parties also made a commitment to concluding tripartite agreements on tackling stress. However, the working party of the tri-partite Economic and Social Council (ESS) that was appointed on 16 May 2005 to prepare the ground for implementation could only agree on the Slovenian translation of the European Agreement. ESS adopted it on 23 April 2008.

Slovenian social partners explain that employers' representatives argued that work-related stress risk assessment should not be considered as part of obligatory risk assessment. They fear a considerable financial burden, with no positive effects for most employers. Instead, a voluntary system is proposed in cases where indicators for individual employers show high levels of work-related stress. They argue that a national agreement on work-related stress should promote a safety culture based on human values, and that the process should involve workers' participation. The ESS working party on stress at work says that to build confidence and prevent abuse, awareness-raising is needed, along with methods to distinguish work-related stress from non-work-related stress. Whereas employers' organisations consider awareness-raising and exchange of good practice as tools to build confidence and prevent abuse, trade unions have no reservations about implementing the Agreement.

The Occupational Health and Safety Act (ZVZD, Official Gazette of the Republic of Slovenia [OG RS] Nos 56/99 and 64/01) implements the general provisions of the EU Health and Safety Directive.

Social partners work separately, but have also recently been involved in work jointly with University institutes, in projects that address psychosocial risks at work and aim to develop support tools for managing them. The Ministry of Labour, Family and Social Affairs provides general information on its website, and the trade union confederation ZDSS informed its members and the public about stress at work in 2004 and 2007. No other campaign activities have been reported.

As for procedures, social partners explain that the greatest difficulty is that there is no national precedent in the Slovenian industrial relations system on how to transpose European autonomous agreements at national level. Some parts of the European Agreements on Telework and on Violence and Harassment were implemented through tripartite negotiations on amendments to the Employment Relationships Act (Official Journal of RS, No 103/2007) in 2007.

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Apart from the members of the European social partner organisations, the Association of Employers of Slovenia (ZDS), the Chamber of Craft and Small Business of Slovenia (OZS), and the Association of Free Trade Unions of Slovenia (ZSSS), the other signatory parties are the Government of the Republic of Slovenia, the Chamber of Commerce and Industry of Slovenia (GZS), the association of craft and small business employers (Združenje delodajalcev obrti in podjetnikov Slovenije GIZ), the Slovenian Chamber of Commerce (TZS), the Confederation of Trade Unions of Slovenia — Pergam (KSS Pergam), the Confederation of Trade Unions '90 of Slovenia, the confederation Neodvisnost ('Independence'), the Confederation of New Trade Unions of Slovenia (KNSS), the Slovenian Union of Trade Unions — Alternativa, the 'Solidarnost' trade union confederation, the Confederation of Public Sector Unions of Slovenia (KSJS), and the Independent Trade Unions of Slovenia (NSS).

25. Slovakia

Slovak social partners agreed with the Government in the tripartite Economic and Social Council (ESC) to implement the Agreement by legislation, as all parties considered that this would be most effective. All amendments were discussed and approved in the ESC.

In addition, social partners reported that several collective agreements, particularly at branch and company level, regulate the issue of work-related stress, and that they were considering concluding a cross-industry agreement on the issue.

In addition to the general provisions stemming from the EU Health and Safety Framework Directive, several other legal instruments address mental workload explicitly. Paragraph 6, article 1, of the Act on Safety and Health at Work (No 124/2006 Coll.) adds factors affecting mental workload and social factors to the areas of occupational risks. Under Act No 355/2007 Coll., on the protection, promotion and development of public health, public health authorities carry out public health surveillance of working conditions affecting mental workload, among other factors. According to Paragraph 38, Article 2, the employer is required to ensure that mental workload on employees is evaluated, and to provide technical, organisational and other measures to eliminate or reduce excessive mental workloads. Article 133 of the Labour Code Act No 311/2001 Coll. (*Zákonník práce*), dealing with standardisation of work, stipulates that work intensity standards must be agreed before work is started, and that it must be regulated by collective agreement, or other consultation with employees' representatives. If the parties are not able to conclude an agreement, the labour inspectorate can take relevant decisions.

The Decree of the Ministry of Health No 542/2007 Coll. on details of health protection against physical strain at work, mental workload and sensory load at work, provides a detailed framework for the management of work-related stress. Article 5 sets out an exhaustive list of risk factors which are evaluated in terms of mental workload: work on call/ peak-load or work under time pressure; enforced rate of work; monotony of work; noise and other effects distorting concentration; social interaction; material and organisational responsibility; risk to life and health of self or other persons; shift work, overtime or night work; non-standard working environment and physical discomfort. The Decree also identifies the characteristics of employees' subjective reaction to mental workload, which are also considered to be risk factors: mental overload; monotony; non-specific congestion and reduced ability to concentrate.

Article 7 lays down three types of measure which can eliminate or reduce excessive mental workload.

1. Technical measures consisting of a) ergonomic adjustment of the workplace, b) restriction of sensory load and c) quality of work environment.
2. Organisational measures: a) organisation of work, including ways to improve and streamline the activities of employees, changing to different activities in case of very monotonous work, staff rotation, removal of interfering factors at work, a clear definition of tasks and b) work and rest schemes, including proper rotation of shifts and adequate breaks.
3. Other measures: a) management system, b) positive motivation for staff to perform their duties, c) recruitment of appropriate workers to exposed posts and difficult working operations in terms of resistance to psychological stress, d) preventive medical examinations.

The Decree the Ministry of Health No 542/2007 Coll. provides a procedure for assessing mental workload, the criteria of excessive mental workload and preventive measures against increased mental workload.

The Ministry of Labour, Social Affairs and Family of the Slovak Republic supported the legislative process by creating working groups with social partners. Furthermore, the public authorities supported implementation through education and awareness-raising. Regional public health offices and labour inspectorates provide employers and employees with information and counselling on work-related stress prevention. In 2004, the National Labour Inspectorate trained 18 labour inspectors in the identification of stressors in the workplace, their elimination and prevention of work-related stress. Prevention of work-related stress is also addressed in the National Health and Safety at Work Strategy for the years 2008–2012.

Slovak social partners welcomed the Agreement because work-related stress is an increasing phenomenon. According to the Ministry of Labour, Social Affairs and Family of the Slovak Republic, public health authorities would welcome a common European methodology for assessing health risks resulting from mental workload.

26. Finland

Finnish social partners signed a joint recommendation on preventing and managing work-related stress on 19 November 2007. It was agreed by those organisations regularly involved in collective bargaining in Finland and which are representative of both the private and public sector⁵⁸. Their objectives are to highlight the importance of preventing work-related stress, to increase awareness, to draw attention to symptoms, and to present various measures to prevent and manage work-related stress. Following expert hearings, social partners adopted the Agreement to Finnish circumstances, taking into account pre-existing responsibilities on the basis of laws, decrees and regulations laid down by the authorities and in collective initiatives.

The Finnish social partners' recommendation does not have the legal status of a collective agreement, i.e. in contrast to other national agreements it is not generally binding. However, the Finnish industrial relations system is strongly structured and collective bargaining coverage is high (around 90%).

In Finland, the legislative basis for dealing with work-related stress is the revised Occupational Safety and Health Act (738/2002), which lays down general principles in line with the EU Framework Directive, and the Occupational Health Care Act (1383/2001). The Occupational Safety and Health Act refers explicitly to physical and mental risk factors. In the risk analysis, the employer must remember that an overload of work may cause stress. In addition, if an employee is seen to be exposed to workloads that may endanger his or her health, an employer who has become aware of the matter must, under Section 25 of the Act, take measures to analyse the workload factors and to avoid or reduce the risk. The workload may be either physical or mental.

The occupational health care provider is also involved in the recognition, prevention and management of work-related stress. The occupational health care provider must, under Section 12 of the Occupational Health Care Act, investigate and assess health and safety conditions at work, having regard not only to exposure to harmful substances, but also to workload, working arrangements and the risk of accidents and violence. These factors must be taken into account in planning work, working methods and work spaces. The occupational health care provider also provides expertise and help in situations in which employees display symptoms of work-related stress. In particular, if an employee has reason to suspect that work burdens him or her excessively, causing a risk or hazard to their health, the occupational health care provider must perform a workload assessment if the employee presents sufficient grounds for this procedure.

The signatories disseminated the European Agreement and their recommendation in a joint effort through websites, journals and a seminar series in eight Finnish cities. This was done in cooperation with a research institute, the Centre for Occupational Safety, which contributed a brochure on work-related stress management. In addition to social partners, many other organisations have provided information and material concerning work-related stress,

⁵⁸ Confederation of Unions for Professional and Managerial Staff in Finland (AKAVA), Central Organisation of Finnish Trade Unions (SAK), Finnish Confederation of Salaried Employees (STTK), Confederation of Finnish Industries (EK), Commission for Church Employers (KiT), Commission for Local Authority Employers (KT), the State Employer's Office (VTML).

including the Ministry of Social Affairs and Health, research institutes, private sector pension insurers and occupational safety and health inspectorates, but their activities have not been reported as being linked specifically with the Agreement.

Both Finnish social partners and the Ministry of Social Affairs and Health consider that all aspects of the action-oriented framework have been sufficiently taken into consideration in the social partners' recommendation. It builds on the description of work-related stress provided by the Agreement. In addition to identifiers at workplace level, it draws attention to individual signs of problems with work-related stress, for example, changed behaviour, tiredness, aggressiveness, cynicism etc. It recommends regular performance reviews between supervisor and employee, encouraging staff to speak up and discuss matters openly, and employee satisfaction surveys as additional means of identifying work-related stress problems. The social partners emphasise the preventive approach that guides the applicable Finnish legislation. The Finnish recommendations describe comprehensively and in detail the rights, obligations and roles of the various actors: employer, staff representatives, working community (colleagues), and occupational health provider. Finally, it adds 'securing and developing the preconditions of supervisory work' to possible measures contained in the Agreement.

The Ministry of Social Affairs and Health points out that labour market and working life issues are usually addressed on a tripartite basis. Regular negotiations are held with cross-industry organisations, e.g. in the framework of the Advisory Committee on Occupational Safety and Health and the Advisory Committee on Preparation of Occupational Safety Regulations. Almost all legislation and policies are based on a tripartite consensus. The recommendation on work-related stress, however, was formulated between the two sides of industry without the involvement of the State. It also lacks binding force on the signatories and beyond, which would be normal practice in Finland.

27. Sweden

The Confederation of Swedish Enterprise (Svenskt Näringsliv) as well as the Swedish Trade Union Confederation (Landsorganisationen, LO), the Swedish Confederation of Professional Employees (TCO) and the Swedish Confederation of Professional Associations (Sveriges Akademikers Centralorganisation, SACO) signed a joint agreement for the private sector concerning implementation of the Agreement on 16 June 2005. Their agreement contains a strict translation of the Agreement into Swedish. The social partners agreed that their agreement should serve as a guideline for initiatives to identify, prevent or manage problems of work-related stress. It leaves scope for deciding how exactly to implement their agreement: the possibility, but not the obligation, to sign collective agreements at branch level; action plans; policy documents; guidelines and training. A similar agreement was concluded for the public sector by the Swedish CEEP section and LO, TCO, SACO in spring 2006. Its general recommendations were repeated at lower levels in agreements with the Swedish Organisation for Local Enterprises (KFS), as well as by social partners in local authorities and regions (SALAR and PACTA) that signed a collective agreement in April 2005 on cooperation and the work environment ('FAS 05'). It includes the implementation of the Framework Agreement as an issue for future commitment. Further such non-binding agreements were reported in the steel-metal and mining industries, the hotel and catering sector, and commerce.

The only collective agreement with mandatory provisions concerning work-related stress, covering 18 000 installation electricians, was concluded by the Swedish Electric Contractors' Association (EIO) and the Swedish Electricians' Union (SEF) in May 2004, i.e. coinciding with the end of the negotiations on the Agreement. This agreement stipulates that employers must enter into negotiations on measures whenever a union representative indicates that the physical and psychological workload will result in ill-health. In the last resort, the Work Environment Authority will be called on for a final decision.

As regards legislation, the responsibilities of the employer on issues regarding the working environment are stipulated in the Work Environment Act (Arbetsmiljölagen, AML) of 1977. This states that every company has to regard health and safety as a natural part of its everyday work and that 'technology, work organisation and job content shall be designed in such a way that the employee is not subjected to physical or mental strains which can lead to ill-health or accidents'. It also refers to working time, remuneration and autonomy (chapter 2: section 1)⁵⁹. In relation to this all companies in Sweden have to comply with the mandatory provisions of the Systematic Work Environment Management (systematiskt arbetsmiljöarbete, SAM (2001)). This regulatory instrument states that employers must actively address all physical, psychological and social factors affecting employees' health. The accompanying, non-binding recommendations explain that ill-health can also mean mental disturbances of various kinds that include, for example, various forms of stress reactions (AFS 2001:01). It then explains

⁵⁹ 'The employee shall be given the opportunity of participating in the design of his own working situation and in processes of change and development affecting his own work. Technology, work organisation and job content shall be designed in such a way that the employee is not subjected to physical or mental strains which can lead to ill-health or accidents. Forms of remuneration and the distribution of working hours shall also be taken into account in this connection. Closely controlled or restricted work shall be avoided or limited. Efforts shall be made to ensure that work provides opportunities of variety, social contact and cooperation, as well as coherence between different tasks. Furthermore, efforts shall be made to ensure that working conditions provide opportunities for personal and vocational development, as well as for self-determination and professional responsibility.'

that ‘there are many different factors at work by which the employee is physically and mentally affected. (...) They include, for example, noise, air quality, chemical health hazards and machinery, as well as organisational conditions such as work load, working hours, leadership, social contacts, variation and the possibility of ‘rest and recovery’.

From 2005, the Confederation of Swedish Enterprise and LO, TCO, and SACO ran a joint project that focused on work-related stress. The goal of the project was to provide support for employers, supervisors, employees and their union representatives. A handbook to inspire and guide supervisors and employees was published, as well as a book on the topic (in Swedish and English). This work was done in cooperation with Prevent, a cooperative institute of Svenskt Näringsliv, LO and the Council for Negotiation and Cooperation (Förhandlings- och samverkansrådet, PTK). They have also developed a survey to assist in the work of implementing the Agreement. This comprises 35 questions concerning work-related stress. The survey is administered by Prevent.

Many other complementary activities have been carried out at sectoral level and in companies. In general, many social partner organisations continued or developed activities that had started before 2004. For example, the Central Government Social Partners’ Council have, since 2003, provided financial and expert support to government agency efforts to improve the working environment and reduce sick leave (programme ‘Go for Health’ (Satsa friskt)).

The content of the Agreement is provided to employers and workers and their representatives in translations annexed to national agreements. Guidance in the private sector social partners’ handbook is more exhaustive.

Given well-developed social dialogue and the traditional role of social partners in regulating the work environment, such activities should reach a large number of workplaces. Trade union density is estimated at 68%, and employers bound by employers’ organisations cover around 85% of the Swedish workforce. However, it is reported that many trade unions would prefer binding provisions in collective bargaining agreements, as they consider the regulatory framework as being not sufficiently encompassing and explicit enough, in the absence of detailed and binding psychosocial provisions from the Swedish Work Environment Authority.

28. United Kingdom

The UK social partners implemented the Agreement through a booklet called ‘Work-related Stress: a Guide — Implementing a European Social Partner Agreement’. It was drafted jointly by the Confederation of British Industry (CBI), the Trades Union Congress (TUC), the UK branch of CEEP, and the Forum for Private Business (FPB), with the support of the Department of Trade and Industry, the government department responsible for industrial relations at the time. The jointly funded booklet was launched by ministers and representatives of social partners in July 2005.

The Guide is a non-binding instrument addressed to the whole economy. It was drawn up with the intention of providing a guide to the basics of the Agreement, linking this to guidance and support already available in the UK. It adapts the text of the Agreement and recognises that by implementing the Management Standards, organisations would implement the Agreement. The Management Standards approach places a strong emphasis on employers, employees and their representatives working in an ongoing partnership to develop effective and practicable solutions. The guidance is thus addressed to individual organisations.

Management Standards were developed from 2001 onwards by the Health and Safety Executive (HSE), together with the social partners. After a test phase, they were launched in November 2004. The approach is a preventive one, based on risk assessments. In carrying out such an assessment in relation to work-related stress the Management Standards set out six areas of work that can have a negative impact on employees’ health (demands, control, support, relationships, role, and change) and six standards for measuring good management practice. Each standard is accompanied by a desired state of well-being in the organisation. It describes the organisational behaviour that must be present to achieve the respective standard. The text of the Standards is short and clearly written, so that both workers and managers can use them. Surveys, focus groups and other methods are proposed for gathering evidence.

The Management Standards should help organisations to comply with their legal obligation to protect the health of workers, enshrined in the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. They contain the general provisions of the EU Health and Safety Framework Directive. In their Guide, the cross-industry social partners jointly re-confirm that health of workers is to be understood as including mental health, and that the employer has the duty to assess the risk of stress-related ill-health arising from work activities. These principles had already been established by case law, and the Court of Appeal provided non-statutory guidance in 2002.

The guidance brochure has been widely promoted and disseminated by all four organisations through via the published booklet, websites, e-mail alerts, conferences, etc. Social partners’ websites refer to a single hub, the HSE’s website. In addition to this, from 2005 onwards, HSE, with the support of the social partners, embarked on a stress priority programme which focused on five sectors that exhibited the highest levels of work-related stress, central government, local government, health services, finance, and education (including higher and further education). This programme included actions such as a dedicated helpline and guidance on the HSE website. During 2006/7, a series of over 60 healthy workplace solutions workshops took place, focusing on the practical implementation of Management Standards and continuing the sectoral approach. HSE also organised training workshops with the TUC

for safety representatives in organisations on the importance of worker involvement in tackling work-related stress. There has also been work with the Teacher Support Network, which is affiliated to the National Union of Teachers. This has produced a version of the Management Standards approach for the education sector.

Recently, the HSE has produced a free downloadable tool to help managers assess whether they currently display effective behaviour for preventing and reducing stress at work. The aim is to help managers reflect on their management style. HSE will add to this in 2010 by producing a package of online resources for managers and those who train managers. This is the result of surveys which indicate that 60% of employees reported that dealing with their managers was the most stressful aspect of their job⁶⁰.

The Management Standards cover almost all aspects of the action-oriented framework contained in the Agreement. They are often more comprehensive and detailed. It adds the use of surveys as an important method for identifying problems with work-related stress, and mentions productivity data as a further indicator. One of the Standards to be achieved is that 'employees indicate that the organisation engages the workers frequently when undergoing an organisational change'. Information and consultation of workers is an important measure in the Agreement, but it does not link this as clearly to the management of change and its potentially negative impact on health. However, the UK Management Standards do not consider the impact of physical working conditions on stress.

Trade union representatives were reported to have preferred an Approved Code of Practice. These Codes give advice on how to comply with the law by, for example, providing a guide as to what is 'reasonably practicable'. For example, if regulations use words such as 'suitable and sufficient', an Approved Code of Practice can illustrate what this requires in particular circumstances. Approved Codes of Practice have a special legal status. If employers are prosecuted for a breach of health and safety law, and it is proved that they have not followed the relevant provisions of the Approved Code, a court can find them at fault unless they can show that they have complied with the law in some other way.

The UK industrial relations system makes no provision for formal cross-industry collective bargaining, and the CBI, the UK Section of CEEP and TUC do not negotiate such agreements on behalf of their members. There are very few precedents for a dialogue at national level, one of the few being, for example, the implementation of the first European autonomous agreement on Telework.

⁶⁰ HSE, CIPD, Investors in People (IiP).

29. Norway

The Norwegian social partners,⁶¹ together with employers for state employees (the Ministry of Government Administration and Reform) established a working group that drew up joint recommendations in 2007. These were disseminated within the organisations and posted on all partners' websites with a link to the Norwegian translation of the Agreement. With these guidelines and other complementary measures (see below), Norwegian social partners intended to motivate and contribute to discussions, cooperation and action at establishment level. The guidelines are non-binding and addressed to all sectors. Over 60% of workers in the private sector work in companies that are affiliated to employers' organisations and more than 50% are unionised. Reportedly, there are no collective agreements stipulating rules on the management of stress at work.

Members of working environment committees and safety representatives should take part in established training based on the biennial basic agreement that is concluded by cross-industry social partners. This programme consists of 40 hours of training on working environment issues.

Social partners confirmed jointly that the Working Environment Act covers the content of the Agreement and gives a satisfactory legal foundation for addressing work-related stress. Despite the fact that the Act does not refer to work-related stress, the social partners consider that its general provisions have been formulated on the basis of knowledge about what causes such stress. In particular, it stipulates that technology, work organisation, execution of work, working hours and pay systems have to be arranged in such a way that the employees are not exposed to adverse physical and mental strain. The Act also requires top managers of organisations to take part in health and safety training that also features knowledge on work-related stress.

In 2006, social partners, the Ministry of Government Administration and Reform and the Ministry of Labour and Social Inclusion renewed a 2001 agreement called 'Letter of Intent regarding a more inclusive working life' (*Inkluderende arbeidsliv*, IA-agreement). This is intended to contribute to achieving a more inclusive working life, the reduction of sick leave and disability pensions, and developing and utilising individuals' resources and working capacity through active work. Establishment activity to improve the working environment, including successful management of work-related stress, forms a very important part of this agreement.

The employers' organisation NHO has initiated a project called 'Mastery, coping, knowledge and tools', intended to improve employees' abilities to cope with work-related stress through systematic reflection and training. The target group is frontline workers (airports/flight crew and staff in the hospital sector). The methods used in this project have also been implemented in the nursing sector. The trade union LO has, for instance, initiated a survey on 'Working

⁶¹ The Norwegian Confederation of Trade Unions (LO), Confederation of Unions for professionals (Unio), Confederation of Vocational Trade Unions (YS), as well as Confederation of Norwegian Enterprise (NHO), Employers Association Spekter (SPEKTER), Norwegian Association of Local and Regional Authorities (KS), Federation of Trade and Service (HSH). The Federation of Norwegian Professional Associations (Akademikerne) added to the coverage of the guidelines and complementary activities although it is not a member of a European social partner organisation.

Conditions in Norway' which includes questions concerning the psychosocial working environment and work-related stress.

The labour inspectorate has published a brochure on work-related stress in cooperation with social partners, in addition to its guidelines on 'Organising and arranging work and the workplace' which also deal with work-related stress.

As regards the content of the joint guidelines discuss in an educational style the description of stress, its causes (including an acknowledgement of difficulties in reconciling work and private obligations), the negative consequences of stress for individuals and for organisations, and the issue of differentiating stimulating challenges from negative stress. They emphasise the importance of assessing the risk of stress in the same way as other types of hazards at work. They also develop cooperation among employees, as well as health and safety officers and shop stewards, within individual enterprises. The guidelines provide more indicators of stress-related problems, such as a rise in errors, passive or anxious employees, or results of surveys and reports from safety representatives. They propose a large number of risk factors along the lines of the Agreement, but do not consider the physical work environment. The range of possible measures to manage stress emphasises efforts to ensure social support, and refers specifically to what managers and employees can do, for instance, speaking out, being inclusive and assisting colleagues.

30. Iceland

The Icelandic Confederation of Labour (ASI) and the Confederation of Icelandic Employers (SA) signed a collective agreement to implement the Agreement on 7 June 2007. The agreement contains in Articles 1 to 4 the main content of Articles 1 to 4 of the Agreement. In Article 5, the agreement refers to applicable legislation. The signatories state that they are of the joint opinion that Icelandic legislation gives a satisfactory legal foundation for preventing and eliminating work-related stress. They are of the opinion that by using the processes and methods stipulated in the legal framework, the aims of the Agreement can be achieved. Finally, according to Article 6 of the agreement, the parties will establish a Consultation Committee with two representatives from each side to monitor implementation of the agreement. The agreement is to be construed in accordance with the European Agreement.

The social partners' collective agreement sets out minimum rights and obligations for all employees covered by the parties to the agreement.

The Act on Working Environment, Health and Safety in the Workplace (No 46/1980) and the Regulation on Organisation and Execution of Work on Health and Safety in the Workplace (No 920/2006) transpose the general provisions of the EU Occupational Health and Safety Directive. The Act obliges the employer to promote workers' mental and physical well-being (Article 66). The Regulation specifies that the schedule of preventive measures based on a risk assessment shall provide a good overview of the risk and stress factors and preventive measures for preventing or reducing the risk of damages to health and accidents due to working conditions, as well as promoting employees' safety, health and well-being. (Section VIII; Article 26).

**ANNEX 2: OVERVIEW OF THE IMPLEMENTATION OF THE FRAMEWORK AGREEMENT ON
WORK-RELATED STRESS**

	Implementation instrument	Legal framework ⁶²	Dissemination and complementary measures	Action-oriented framework	Sector-specific activities
BE	National collective agreement for private sector (1999)	Individual regulation on PSR (<i>Extension to public sector</i>)	Campaigns, guidelines, tools	X	X Collective agreements
BG		Assess psychological and mental burden; list of related risk factors	EO's training and guidance	(x) by labour inspectorate	-
CZ	Unilateral recommendations to establishment level	<i>General provisions</i>	Separate and joint dissemination material	X Translation	Planned by employers' side
DK	National collective agreement in public sector (Private sector: 'existing')	'Psychological health'; psychological conditions in RA	Major joint campaign with guidance and tools (public sector)	X	X
DE	Unilateral recommendations to establishment level		Limited joint dissemination; ongoing separate awareness raising and tools (for SMEs); Tools, training and advice by insurers	X	X Self-administered (parity) occupational insurance
EE		'Mental wellbeing'; psychological risks broadly to be taken into account			
IE	Recommendations to establishment level	'Mental health'	HSA guidance and tools	X	
EL	Generally binding national collective agreement			X	
ES	Social partner agreement providing guidelines		Joint and separate events and material; websites; tools (trade unions); advice (employers)	X	Several sectoral agreements and guides
FR	National collective agreement extended	'Mental health'	Guidelines, tools, emergency plan (mostly public)	X Enhanced	Gas and electricity; public
IT	National collective agreement	<i>PSR to assess</i>	Few dissemination activities; guidelines from public authorities	X	?
CY	Joint declaration and recommendations without follow-up		Training in coop with labour inspectorate; web-based employers' tool	X	-
LV	Joint declaration and guidelines	<i>Assess PSR incl. examples; stress is risk factor; [Consulted]</i>	Joint and separate dissemination	X	
LT		<i>Psychosocial risks defined; case-law: 'mental wellbeing'</i>		Only by public institution	

⁶²

Italics indicate amendments following the Framework Agreement.

	Implementation instrument	Legal framework ⁶²	Dissemination and complementary measures	Action-oriented framework	Sector-specific activities
LU	Recommendations to establishment level		Separate and joint activities to improve awareness and knowledge	X	
HU		Assess PSR (defined) that may lead to stress	Limited dissemination, some studies	Only by public institutions	Attempted
MT		'psychosocial health'	Awareness raising by trade unions and public authorities		
NL	Recommendations to establishment level	Protect from and assess psychosocial work pressure	Limited joint dissemination; web-based measurement tool (public)	X	Regulatory approach with sectoral 'catalogues'
AT	Recommendation of 'impuls test' to establishment level		Joint action and material	X	?
PL	Joint declaration with elements of a recommendation		Limited information by trade unions; labour inspectorate	Not fully in recommendations	-
PT		Protect from psychosocial risks	Joint dissemination with services employers, studies, and training kit; social partner-public cooperation	X Translation	Studies
RO	National collective agreement extended		Separate; tool by labour inspectorate	Not fully in agreement	Sectoral agreements
SI	Joint declaration without follow up		Separate and recent joint projects to develop guidance	Translation, but dissemination?	-
SK		Assess/protect from social factors and mental workload; Risk factors and measures listed		Only by public authority	X
FI	Agreement on guidelines for sectors and companies	Assess mental risks; take into account workload leading to stress; occupational health care provider	Significant joint dissemination events and material	X Enhanced	?
SE	Guidelines in private and public sector for sectors and companies	Assess/protect from mental strain, actively address all psychological and social conditions	Dissemination and guidebook for supervisors and employees within joint development project	X	Several sectoral agreements
UK	Recommendation to companies to use HSE Management Standards	(Recognised as occupational health risk in case law)	Coherent joint support of HSE guidance	X SPs use public institution's guidance	HSE focuses on five sectors
ICE	National collective agreement	'mental well-being'; assess stress factors	Not reported	X	
NO	Recommendations for companies	Do not expose to adverse physical and mental strain	Joint dissemination and training; separate training and material	X Enhanced	(X)

ANNEX 3: POSSIBLE INDICATIONS ON THE IMPACT AT ORGNISATION LEVEL

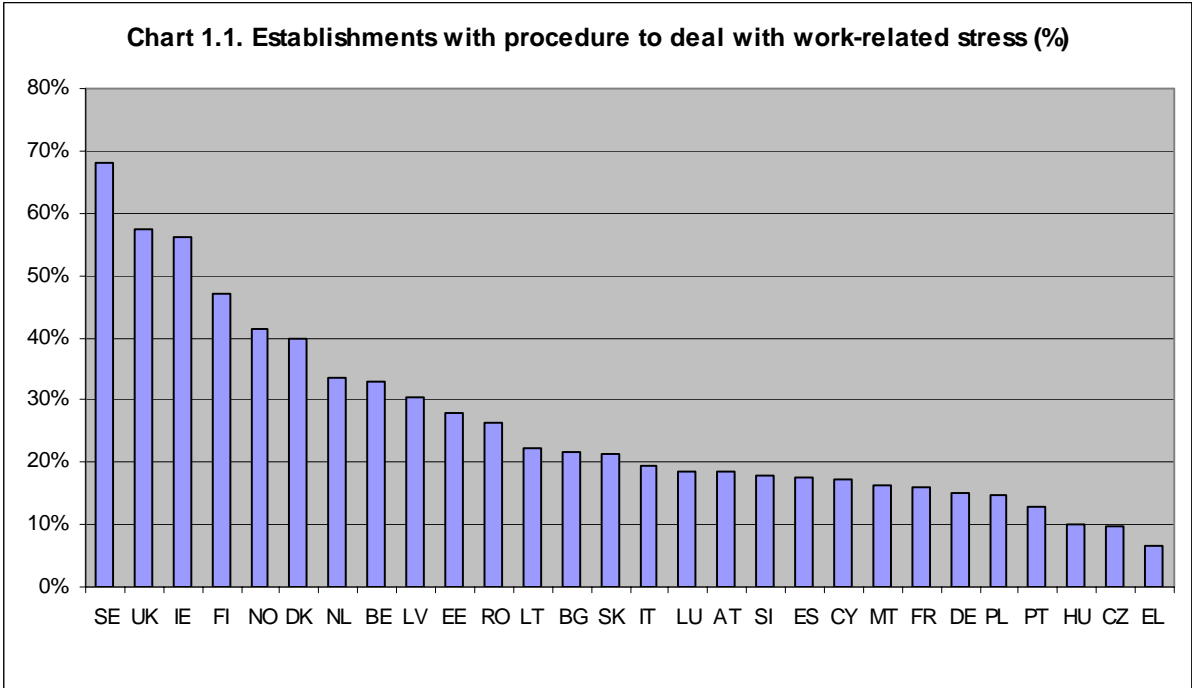
The impact of the Agreement’s implementation should be visible in the prevalence of stress-related ill-health and in the spread of procedures and measures that establishments apply to identify, prevent or manage work-related stress.

However, it may be difficult to assess impact. First, it will only develop over time. Second, it is mediated by many other factors, such as economic structures, activities of other actors, in particular the public authorities, traditions of occupational health and safety management, management and work organisation practices, coverage and quality of employee representation at the workplace, etc.

Nevertheless, data from the ESENER survey (see 1.1.1.) enables stress management practices in European establishments to be compared for the first time, thereby putting implementation of the Agreement in perspective.

The survey asked whether organisations had a procedure to deal with work-related stress, i.e. a more ‘formal’ and system-based approach. It also asked whether they had taken measures in the last three years, i.e. a more ‘ad-hoc’ and reactive approach.

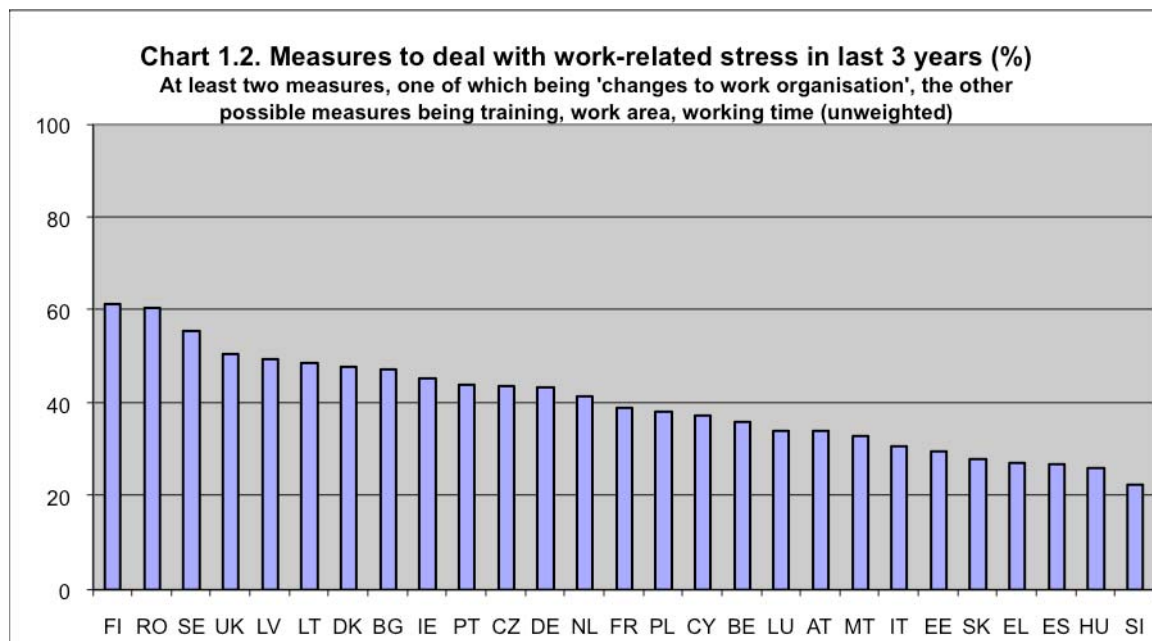
Chart 1.1. shows that the proportion of establishments with established procedures to deal with work-related stress ranged from 68% in Sweden to 6% in Greece.



Source: European Agency for Health and Safety at Work, ESENER

Chart 1.2. shows the share of establishments that had taken at least two measures to manage work-related stress in the last three years, namely ‘changes to the way work is organised’, and in addition one of the following: ‘provision of training’, ‘a redesign of the work area’,

‘changes to working time arrangements’. It shows – in a way that aims at not overestimating occasional, one-off measures – how many establishments have taken measures that can be most closely linked to work-related stress.



Source: European Agency for Health and Safety at Work, ESENER

Only in Sweden, the United Kingdom, Ireland, Finland, Norway, Denmark, Netherlands and Belgium did more than a third of organisations have a procedure in place. In all of these countries, the implementation of the European Agreement built on pre-existing initiatives, and added dynamism to a general policy.

The data also show that many organisations are able to take measures without having a formal policy or agreement dedicated to managing stress. Germany, the Czech Republic and Portugal stand out in this respect. In fact, the regular participation of workers through information, consultation and possibly co-determination in the occupational safety and health policy of a company or an organisation is not necessarily based on formal agreements concerning work-related stress, but flow from general practice and relevant legislation based on the EU body of law in this field. This aspect is hence not necessarily included in reports on the implementation of the Framework Agreement.

Among Member States where less than 20% of organisations have an established procedure, there are nine where there have been relatively few measures in the last three years, mostly from Southern Europe: Greece, Italy, Cyprus, Spain, Luxembourg, Hungary, Malta, Austria and Slovenia. Greek social partners, as well as social partners and the Government in Italy, have only recently established a formal framework based on the Agreement. But the example of Spain shows that the impact of implementation may take a long while to show in terms of workplace practices, and possibly points to a lack of binding rules. Equally, the joint recommendations of Austrian social partners, as well as changes to Hungarian labour legislation, do not yet seem to have had the desired effect.

ANNEX 4: FRAMEWORK AGREEMENT ON WORK-RELATED STRESS

8 October 2004

1. Introduction

Work-related stress has been identified at international, European and national levels as a concern for both employers and workers. Having identified the need for specific joint action on this issue and anticipating a Commission consultation on stress, the European social partners included this issue in the work programme of the social dialogue 2003-2005.

Stress can potentially affect any workplace and any worker, irrespective of the size of the company, field of activity, or form of employment contract or relationship. In practice, not all work places and not all workers are necessarily affected.

Tackling stress at work can lead to greater efficiency and improved occupational health and safety, with consequent economic and social benefits for companies, workers and society as a whole. Diversity of the workforce is an important consideration when tackling problems of work-related stress.

2. Aim

The aim of the present agreement is to

- increase the awareness and understanding of employers, workers and their representatives of work-related stress,
- draw their attention to signs that could indicate problems of work-related stress.

The objective of this agreement is to provide employers and workers with a framework to identify and prevent or manage problems of work-related stress. It is not about attaching blame to the individual for stress.

Recognising that harassment and violence at the work place are potential work related stressors but that the EU social partners, in the work programme of the social dialogue 2003-2005, will explore the possibility of negotiating a specific agreement on these issues, this agreement does not deal with violence, harassment and post-traumatic stress.

3. Description of stress and work-related stress

Stress is a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them.

The individual is well adapted to cope with short-term exposure to pressure, which can be considered as positive, but has greater difficulty in coping with prolonged exposure to intensive pressure. Moreover, different individuals can react differently to similar situations and the same individual can react differently to similar situations at different times of his/her life.

Stress is not a disease but prolonged exposure to it may reduce effectiveness at work and may cause ill health.

Stress originating outside the working environment can lead to changes in behaviour and reduced effectiveness at work. All manifestations of stress at work cannot be considered as work-related stress. Work-related stress can be caused by different factors such as work content, work organisation, work environment, poor communication, etc.

4. Identifying problems of work-related stress

Given the complexity of the stress phenomenon, this agreement does not intend to provide an exhaustive list of potential stress indicators. However, high absenteeism or staff turnover, frequent interpersonal conflicts or complaints by workers are some of the signs that may indicate a problem of work-related stress.

Identifying whether there is a problem of work-related stress can involve an analysis of factors such as work organisation and processes (working time arrangements, degree of autonomy, match between workers skills and job requirements, workload, etc.), working conditions and environment (exposure to abusive behaviour, noise, heat, dangerous substances, etc.), communication (uncertainty about what is expected at work, employment prospects, or forthcoming change, etc.) and subjective factors (emotional and social pressures, feeling unable to cope, perceived lack of support, etc.).

If a problem of work-related stress is identified, action must be taken to prevent, eliminate or reduce it. The responsibility for determining the appropriate measures rests with the employer. These measures will be carried out with the participation and collaboration of workers and/or their representatives.

5. Responsibilities of employers and workers

Under framework directive 89/391, all employers have a legal obligation to protect the occupational safety and health of workers. This duty also applies to problems of work-related stress in so far as they entail a risk to health and safety. All workers have a general duty to comply with protective measures determined by the employer.

Addressing problems of work-related stress may be carried out within an overall process of risk assessment, through a separate stress policy and/or by specific measures targeted at identified stress factors.

6. Preventing, eliminating or reducing problems of work-related stress

Preventing, eliminating or reducing problems of work-related stress can include various measures. These measures can be collective, individual or both. They can be introduced in the form of specific measures targeted at identified stress factors or as part of an integrated stress policy encompassing both preventive and responsive measures.

Where the required expertise inside the work place is insufficient, competent external expertise can be called upon, in accordance with European and national legislation, collective agreements and practices.

Once in place, anti-stress measures should be regularly reviewed to assess their effectiveness, if they are making optimum use of resources, and are still appropriate or necessary.

Such measures could include, for example:

- management and communication measures such as clarifying the company's objectives and the role of individual workers, ensuring adequate management support for individuals and teams, matching responsibility and control over work, improving work organisation and processes, working conditions and environment,
- training managers and workers to raise awareness and understanding of stress, its possible causes and how to deal with it, and/or to adapt to change,
- provision of information to and consultation with workers and/or their representatives in accordance with EU and national legislation, collective agreements and practices.

7. Implementation and follow-up

In the context of article 139 of the Treaty, this voluntary European framework agreement commits the members of UNICE/UEAPME, CEEP and ETUC (and the liaison committee EUROCADRES/CEC) to implement it in accordance with the procedures and practices specific to management and labour in the Member States and in the countries of the European Economic Area.

The signatory parties also invite their member organisations in candidate countries to implement this agreement.

The implementation of this agreement will be carried out within three years after the date of signature of this agreement.

Member organisations will report on the implementation of this agreement to the Social Dialogue Committee. During the first three years after the date of signature of this agreement, the Social Dialogue Committee will prepare a yearly table summarising the on-going implementation of the agreement. A full report on the implementation actions taken will be prepared by the Social Dialogue Committee during the fourth year.

The signatory parties shall evaluate and review the agreement any time after the five years following the date of signature, if requested by one of them.

In case of questions on the content of this agreement, member organisations involved can jointly or separately refer to the signatory parties, who will jointly or separately reply.

When implementing this agreement, the members of the signatory parties avoid unnecessary burdens on SME's.

Implementation of this agreement does not constitute valid grounds to reduce the general level of protection afforded to workers in the field of this agreement.

This agreement does not prejudice the right of social partners to conclude, at the appropriate level, including European level, agreements adapting and/or complementing this agreement in a manner which will take note of the specific needs of the social partners concerned.