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Healthy Work **Strategies**

How to Prevent Psychosocial Risks in Healthcare and Long-term Care Sectors in the EU (2022) - Legislation

This case study briefly summarizes **legislation on work-related psychosocial risks** in the European Union, solely from research reported in section 3 of "Work-related psychosocial risks in the healthcare and long-term care sectors."¹

As stated on the report summary page²:

Work-related psychosocial risks (PSR) are a major contributor to the burden of disease in Europe. The health impacts of PSR are evident in the healthcare and long-term care sectors and were brought to everyone's attention by the Covid-19 pandemic. This introductory guide presents the key aspects of PSR in the healthcare and long-term care sectors...

The contents are based on the results of an evidence review of scientific literature and analysis of interviews with trade union representatives in Germany, Spain, and Sweden, brought together in the ETUI report 'Psychosocial risks in the healthcare and long-term care sectors: evidence review and trade union views'. This guide aims to clarify what work-related PSR are, and to inspire further trade union actions on PSR to ensure safe and healthy workplaces for healthcare and care workers.

See Appendix A (Section 3 of the report¹) for:

a discussion on legislation regarding work-related PSR in the EU.²

References:

1. Barbara Helfferich, Paula Franklin. (2022, Nov. 22). <u>Work-related psychosocial risks in the healthcare and long-term care sectors (report PDF)</u>. In ETUI, The European Trade Union Institute. Retrieved from https://www.etui.org/.



2. Barbara Helfferich, Paula Franklin. (2022, Nov. 22). <u>Work-related psychosocial risks in</u> <u>the healthcare and long-term care sectors (summary page)</u>. In ETUI, The European Trade Union Institute. Retrieved from https://www.etui.org/.

Appendix A

"Legislation on work-related psychosocial risks in the EU"

The below is an excerpt, Section 3, from "Work-related psychosocial risks in the healthcare and long-term care sectors" (report).²





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Introductory guide for trade unions european trade union institute

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According to the EU Framework Directive on Occupational Safety and Health (Directive 89/391/EEC), employers are obliged to protect workers' health and safety in all aspects of work. Employers must consider how to avoid or eliminate any risks at their source; in terms of PSR this would mean, for example, optimal work organisation. The least effective level of prevention is the personal level, which in the case of PSR could for example concern an employer offering only anti-stress training to workers without changing the ways in which work is organised. (OSH Wiki)

European social partners have adopted two framework agreements covering certain specific PSR: European framework agreement on Stress (2004) and on *Workplace bullying and violence at work* (2007). However, these agreements are not legally binding, and their implementation has been inconsistent among the Member States.

Despite the common obligations laid out in the EU Framework Directive, Member States do not share common standards and principles regarding PSR. On the contrary, legislation on PSR differs widely between Member States, resulting in an unequal protection of workers. Some Member States have no specific regulation on the issue at all, others have regulated parts of the problem, and others still have a fairly sophisticated and complete regulatory system on the issue. For example, labour in central and eastern European countries can be characterised by a number of distinctive features, such as long working hours and low wages, high job insecurity, and a gender pay gap (Yarmolyuk-Kröck 2022), some of which may lead directly to increased psychological risks at work.

For specific information on the legal framework in your country see Cefaliello A. (2022) Comparison of the legal and policy regimes on PSR, Report, ETUI, [Forthcoming].

Figures 2-5: Countries in red have the legal provision.



Figure 3 Legal provisions addressing psychosocial risk factors



Figure 4 Legal provisions addressing work-related stress

Figure 5 Legal provisions addressing workplace bullying





Interviews with trade union representatives show that where there is legislation, implementation is hampered by a lack of resources, such as in the form of labour inspectors, lack of political will and accountability and punitive measures to push reluctant employers to address PSR: 'Ultimately, it depends on the priority politicians make in terms of money for healthcare and how the employer distributes it in healthcare.' (Vårdförbundet, Sweden)

Research shows that jobs in which women are most exposed to psychosocial risks are in the healthcare sector (Eurofound 2021). In this specific context, gender blindness is expressed as a failure to recognise the roles and responsibilities imposed on women who work in this sector. Nurses find their profession devalued by gendered rules emerging from the care contents of their tasks. Representing nursing as a vocation results in a demand for aptitudes such as self-sacrifice and availability. Such representations clash with professional definitions based on knowledge requirements, the complexity of tasks, technical training and labour rights. Furthermore, low levels of unionisation hinder the prevention of PSR in the long-term care sector across the European Union. This creates widespread and deep inequalities, which themselves are sources of psychosocial risks. (Casse et al. 2020)

'Working in an [unhealthy] psychosocial work environment is a gender equality issue as the workload is socially and psychologically to a large extent in occupations that are dominated by women. It is the contact professions that place extremely high demands on the employee to be able to meet people in different life situations here and now with a professional approach. [Workers'] high ill-health rates, sick leaves and such are closely linked to an unhealthy work environment. This needs to be addressed as a serious problem.' (Kommunal, Sweden)