



Peer Review on “Legislation and practical management of psychosocial risks at work”

Peer Country Comments Paper - Republic of Ireland

Working positively in a service economy

Stockholm (Sweden), 3-4 October 2019

DG Employment, Social Affairs and Inclusion



EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

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September, 2019

LEGAL NOTICE

Manuscript completed in September 2019

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Luxembourg: Publications Office of the European Union, 2020

PDF ISBN 978-92-76-22125-8

doi:10.2767/88159

KE-02-20-728-EN-N

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1 Introduction

This paper has been prepared for the Peer Review on "Legislation and practical management of psychosocial risks at work". It provides a comparative assessment of the policy example of the Host Country (Sweden) and the situation in the Republic of Ireland. For information on the host country policy example, please refer to the Host Country Discussion Paper¹.

2 Scale and nature of psychosocial risks at work

2.1 Irish labour market statistics relevant to psychosocial risks, gender and self-employment

Ireland can be characterised as a service economy with almost 76 % of the working population being employed in the services sectors.² The main sectors of employment for females include human health and social work (22.3 % compared to the EU-28 average of 18.6 %), education (12.4 % compared to 12.0 % in the EU-28) and wholesale/retail (14.3 % compared to 15.1 % in the EU-28). For males, the main sectors of employment are in industry (16.5 % compared to 23.0 % in the EU-28), followed by wholesale and retail, repair of motor vehicles (13.1 % compared to 13.2% in the EU-28) and construction (11.8% compared to 11.2% in the EU-28). Female-dominated sectors are consistent with the majority of other EU countries - human health and social work (81.7% compared to 78.0 % in the EU-28) and education (75.4 % compared to 72.0 % in the EU-28).³ In relation to psychosocial risks, service sector work relies to a large part on the interaction with patients, clients and customers, and workers are specifically exposed to particular psychosocial factors arising from these interactions, such as bullying, harassment, violence or repressing true feelings when serving customers.⁴

A considerable and increasing share of Irish workers are employed in SMEs (71 %), which is above the EU-28 average with 67 %.⁵ This poses particular challenges on psychosocial risk management with many small and micro businesses not having access to training, occupational health services or health and safety competence within the company. In relation to occupational health services, Ireland does not have a mandatory requirement on all employers to provide occupational health services to their employees.

Similar to the EU-28 average, 14 % of all in employment are self-employed with a noteworthy high percentage of 70 % self-employed without paid employees among all self-employed people⁶. The percentage of 36 % of self-employment in the construction industry is 10 percentage points higher compared to the EU-28 average, a specific characteristic of the Irish construction sector. This may be explained by the extended

¹ Nilsson, B. (2019) How new legislation can change the approach to psychosocial risks at work, Host Country Discussion Paper – Sweden. Peer Review on 'Legislation and practical management of psychosocial risks at work'. Stockholm, Sweden, 3-4 October 2019. European Commission, DG Employment, Social Affairs and Inclusion.

² <https://www.cso.ie/en/releasesandpublications/er/lfs/labourforcesurveyquarter22019/> [Accessed 02/09/2019].

³ Central Statistics Office. Women and Men in Ireland 2016. Available at: <https://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2016/employment/> [Accessed 24/08/2019].

⁴ https://oshwiki.eu/wiki/Psychosocial_issues_in_the_service_sector [Accessed 11/09/2019]

⁵

<https://ec.europa.eu/docsroom/documents/29489/attachments/15/translations/en/renditions/pdf> [Accessed 02/09/2019]

⁶ <https://www.cso.ie/en/releasesandpublications/er/lfs/labourforcesurveyquarter12019/> [Accessed 02/09/2019].

chain of subcontractors and employment agencies involved in matching mainly unskilled, self-employed workers with clients.

2.2 Extent and trend of psychosocial risks

According to the Sixth European Working Conditions Survey⁷ Ireland scored close to the EU-28 average in the work intensity index, slightly higher (better) in the social environment index and in the skills and discretion index. A comparison of Irish psychosocial risk job profiles with the EU-28 showed that Irish workers tend to work more commonly in 'under pressure jobs' (19 % compared to 13 % in the EU-28). 'Under pressure jobs' are characterised by a poor social work environment including bullying coupled with low support from managers and high work intensity. 'Under pressure jobs' showed significant associations with poor subjective well-being, satisfaction with working conditions and work-life balance. However, 'poor quality jobs', characterised by low levels of skill and discretion, earning and job prospects, were less common in the Irish sample than in the EU-28 (12 % compared to 20 %).

The representative Irish Work Behaviour Study⁸ with a sample of 1 764 adult employees focussed on the exposure to workplace 'ill-treatment' using the Negative Acts Scale, including bullying, incivility, psychological harassment, abusive supervision and the experience of witnessing such acts. This research, funded by the Institute of Occupational Safety and Health (IOSH) found that 43 % had been exposed to at least one act of ill-treatment in the past two years out of a list of 21 typical behaviours, 48 % reported witnessing at least one behaviour weekly. Bullying prevalence was 9 % (at least two negative behaviours weekly) and prevalence of severe bullying was 2 % (two or more negative behaviours daily) with clear predominance in the service sectors. There were no consistent significant differences between gender, although women reported slightly higher levels of both experiencing and witnessing ill-treatment. Results produced by the ESENER2 study⁹ with European small to large companies, represented by their health and safety experts, revealed a relatively high prevalence in Ireland (68 % compared to 58.5 % in the EU-28) of psychosocial risks associated with dealing with difficult customers, patient and pupils. This is consistent with the predominance of the services industry in Ireland. Health and safety experts also reported high prevalence of time pressure in their establishments equal to the EU-28 average (43 %).

Generally, Irish studies comparing psychosocial risks of employed and self-employed workers are lacking.

2.3 Extent and trends of stress and illness related to psychosocial risks

While the health outcomes of psychosocial work risks are manifold ranging from heart disease to cancers, the associations with mental health are best researched in Ireland. Analyses of the Irish Quarterly National Household Survey (QNHS) data have shown that 'stress, anxiety and depression' (SAD) accounted for 13 % of all self-reported work-

⁷ Eurofound (2017), Sixth European Working Conditions Survey – Overview report (2017 update), Publications Office of the European Union, Luxembourg. Available at: <https://www.eurofound.europa.eu/surveys/european-working-conditions-surveys/sixth-european-working-conditions-survey-2015> [Accessed 21/07/2019].

⁸ Hodgins M., Pursell L., Hogan V, Mac Curtain S. And Mannix-McNamara P, Lewis D, 2017. Irish Workplace Behaviour Study. Wigston, IOSH. Available at https://www.nuigalway.ie/media/healthpromotionresearchcentre/files/Irish-workplace-behaviour-safety-report_FULL-REPORT.pdf [Accessed 11/09/2019].

⁹ European Agency for Safety and Health at Work, 2016, Second European Survey of Enterprises on New and Emerging Risks (ESENER-2) Overview Report: Managing Safety and Health at Work. Available at: <https://osha.europa.eu/en/tools-and-publications/publications/second-european-survey-enterprises-new-and-emerging-risks-esener> [Accessed 10/07/2019]

related illnesses and that the length of absence due to these illnesses was somewhat longer than for other types of work-related illness¹⁰. The prevalence of SAD between 2004-2013 was highest in the female-dominated education, health and public administration sectors. This was also reflected by a higher prevalence of SAD in women compared to men. Self-employed workers had a lower risk of SAD independently of the sector.

Between 2010 to 2015, the percentage of self-reported stress doubled in Ireland from 8 % to 17 % as shown in a recent report with analysis of data of the fifth and sixth European Working Conditions surveys using a combined stress measure (experiencing stress in work 'always' or 'most of the time' and at least one of three common stress reactions, namely general fatigue, anxiety or sleep disturbances). In comparison to nine economically comparable Western countries (United Kingdom, Denmark, Sweden, France, Belgium, Germany, Italy, Spain and Greece) Ireland was one of the countries with the steepest increase in stress, although stress levels were below the EU-28 average. The highest levels of stress were reported for workers in the health sector, public administration and manufacturing. This may be explained by the uptake of the Irish economy after the economic recession with associated pressures. Compared to the host country, Sweden, Irish stress levels were higher but not significantly different in 2010 nor in 2016. In both countries the levels increased.¹¹

3 Legislation and practical management of psychosocial risks at work

3.1 Brief overview of Irish legislation and policy

In the Republic of Ireland, psychosocial work risks are covered by the health and safety legislation (Safety, Health and Welfare at Work Act 2005¹²), although psychosocial risks are not explicitly stated in the legislation. In accordance with the EU Health and Safety Directive (89/391/EEC), the Safety, Health and Welfare at Work Act 2005 defines roles and responsibilities of employers in preventing mental and physical ill health of workers. Employers have a general duty to take all reasonably practicable steps to ensure the health and welfare of their employees, including protecting against any personal injury to mental health (Part 2, Section 8 of this Act). Guidance to the legislation provided by the Health and Safety Authority (HSA) highlights the obligation of employers to assess the risks of all known hazards including psychosocial hazards. Risk management of psychosocial hazards involves the same basic principles and processes as for other workplace hazards: the hazard must be identified, the risk assessed and control measures identified, implemented and evaluated¹³. This act also covers the self-employed. In comparison to the Swedish example, the legislation is less detailed and does not mention any specific dimensions of psychosocial hazards, such as 'organisation of work' or 'content of work'.

¹⁰ Russel H, Maitre B, Watson D. 2016, Work-related musculoskeletal disorders and stress, Anxiety and Depression in Ireland: Evidence from the QNHS 2002–2013. Available at: <https://www.esri.ie/system/files/media/file-uploads/2016-09/RS53.pdf> [Accessed 02/09/2019]

¹¹ Russell H, Maitre B, Watson D, Fahey E. 2018, Job stress and working conditions. Available at: <https://www.esri.ie/system/files?file=media/file-uploads/2018-11/RS84.pdf> [Accessed 01/09/2019].

¹² Safety, Health and Welfare at Work Act (2016). Available at: <http://www.irishstatutebook.ie/eli/2005/act/10/enacted/en/print.html> .

¹³ Health and Safety Authority Ireland (no date) Work-related stress – A guide for employers. Available at: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Work_Related_Stress_A_Guide_for_Employers.pdf. [Accessed 24/07/2019]

Working time is regulated by an act separate to health and safety legislation, the Organisation of Working Time Act 1997¹⁴ which provides additional relevant legislation in relation to psychosocial risks. Poor organisation of work duration and timing, provision of rest periods and breaks and organisation of shift systems constitute major psychosocial risk factors with a range of adverse health effects.¹⁵

The Safety, Health and Welfare at Work Act is enforced by the Health and Safety Authority (HSA), the Organisation of Working Time Act is enforced by the Workplace Relation Committee (WRC). Both authorities carry out inspections, and also provide guidance, training and information. The WRC also offers conciliation and mediation service in case of a conflict.

The Irish Safety, Health and Welfare at Work Act provides a relatively weak legal basis for enforcing compliance to psychosocial risk management by inspectors, especially if decisions are challenged in court. In response to the increasing stress-related problems, 20 years ago the HSA hired a senior organisational psychologist to cover this area and also act as an inspector. To date, no additional psychologists in psychosocial risk management have been hired, which means that a single psychologist has a national remit for the improvement of workplace systems as far as employee well-being, stress, mental health and safety is concerned.

3.2 Practical management of psychosocial risks

There have been a range of initiatives to tackle psychosocial risks at work in Ireland, including awareness raising and educational campaigns. The most prominent initiative is the roll-out of the Work Positive project by the HSA¹⁶. It involves a free confidential online survey for organisations to assess psychosocial hazards, mainly following the six UK HSE management standards for psychosocial risks: demands, control, support, social relations, change management and job role. After completion of the survey, Work Positive provides a practical confidential online report, which identifies risk areas and gives clear recommendations on ways to improve working conditions and employee well-being. An upgraded, extended Workplace Stress Audit tool was launched in March 2017, and is now called Work Positive^{CI} with inclusion of a Critical Incident assessment¹⁷. This element was added through a partnership between the HSA, the State Claims Agency and the Critical Incident Stress Network Ireland (CISM). The roll-out of this enhanced tool was supported by a nation-wide media campaign in 2017. Training has been carried by the HSA on an ongoing basis.

Work stressors are scored using a benchmark scoring system by comparing the individual organisation scores with those of other Irish organisations that have completed the survey. Work Positive^{CI} guides employers also in the implementation of this audit within the organisation using four practical steps in alignment with the Psychosocial Risk Management European Framework (Prima-EF):

- prepare the organisation (e.g. create a steering group, appoint a coordinator, develop project plan);
- assess psychosocial risks (apply survey, assess risks, outcomes and current measures to tackle psychosocial risks);

¹⁴ Organisation of Working Time Act (1997). Available at:

<http://www.irishstatutebook.ie/eli/1997/act/20/enacted/en/html>

¹⁵ Artazcoz, L., Cortès, I., Escribà-Agüir, V., Bartoll, X., Basart, H. and Borrell, C. (2013), Long working hours and health status among employees in Europe: Between-country differences, *Scandinavian Journal of Work, Environment and Health*, Vol. 39, No. 4, pp. 369–378.

¹⁶

https://www.hsa.ie/eng/Workplace_Health/Workplace_Stress/Work_Positive/Work_Positive_Project_2005-2007/ [Accessed 01/09/2019].

¹⁷ Health and Safety Authority Ireland (2017) Work Positive^{CI}. Available at: <https://www.workpositive.ie/> .[Accessed 27/08/2019].

- develop an action plan (communicate results, prioritise, key deliverable, senior management commitment); and
- review and evaluate the changes.

Although the Irish Work Behaviour Study provides some descriptive results of the Work Positive items used in their study¹⁸, there are no nationwide formally published evaluations of the implementation of the Work Positive^{CI} guidelines in Irish companies. Systematic research would be useful in order to generate representative benchmark values by industry and to inform implementation strategies. The application of Work Positive is voluntary but is expected and acknowledged as a form of risk assessment for psychosocial hazards by the labour inspectorate. Although enforcement of psychosocial risk management is limited, the HSA has been proactively advising companies to use the Work Positive tool and to implement improvements in the psychosocial work environment.

Work Positive^{CI} is also suitable for SMEs and microbusinesses, however there is another online risk assessment tool (BeSMART), specifically designed for small companies. BeSMART is a free online tool that guides users to generate occupation-specific risk assessments and safety statements. Although focussed on the assessment of physical risks, this simple assessment tool integrates the assessment of selected psychosocial risks into the overall assessment, e.g. lone working, violence and aggression.¹⁹

These efforts appear to have influenced companies in Ireland. The second European Survey on New and Emerging Risks²⁰ found, that 80 % of the included Irish enterprises with at least 20 employees had an action plan against bullying and harassment in place which compares very favourably to the EU-28 average of 48 %. 80 % had an anti-violence action plan (EU-28 average 55%) and 60% a stress action plan (EU-28 average 33%). According to ESENER2, Ireland ranked fourth after the United Kingdom, Spain and Italy in providing employees with training to prevent stress and bullying. Despite these efforts, there appears to be a lack of expertise in workplaces, specifically in relation to assessing risks. ESENER2 found that half of Irish employers had insufficient information how to assess psychosocial risks. In addition, the involvement of health and safety professionals in psychosocial risk management tasks has not been fully implemented into organisations. A recent survey of Irish and British members of the Institute of Occupational Safety and Health (IOSH) employed as health and safety professionals in organisations showed that only 34 % of the Irish professionals were involved in psychosocial risk management in their organisation with the lowest proportions in the construction and the hospitality, entertainment, recreation sectors.²¹ These somewhat contradictory results illustrate the need for a comprehensive evaluation of the implementation success of action plans to prevent psychosocial risks and the evaluation of the related training effectiveness in Ireland.

Recent trends show a strategic shift of relevant stakeholders, such as the HSA and IOSH, from a focus on safety and accident prevention towards occupational health. One of the

¹⁸ Hodgins M., Pursell L., Hogan V, Mac Curtain S. And Mannix-McNamara P, Lewis D, 2017. Irish Workplace Behaviour Study. Wigston, IOSH. Available at https://www.nuigalway.ie/media/healthpromotionresearchcentre/files/Irish-workplace-behaviour-safety-report_FULL-REPORT.pdf [Accessed 11/09/2019].

¹⁹ https://www.hsa.ie/eng/Small_Business/BeSMART_ie/What_is_BeSMART_ie/ [Access 01/09/2019]

²⁰ European Agency for Safety and Health at Work. 2016. Second European Survey of Enterprises on New and Emerging Risks (Esener-2). Overview report: Managing safety and health at work. [Accessed 29/08/2019].

²¹ Leitao S, Greiner BA. 2018. Psychosocial, safety culture and health promotion management – Are health and safety practitioners involved. Safety Science, 91, 84-92.

key objectives in the published HSA strategy 2016-2018²² has been the increased focus on health and well-being in response to statistics showing that absences due to work-related illnesses have been higher than those due to work accidents with musculoskeletal disorders and work-related stress as major causes of absence. Illness due to stress reactions and musculoskeletal disorders are well-known health outcomes of psychosocial work risk factors, which may in the case of work-related musculoskeletal disorders interact with psychical work exposures.²³ Planned actions by the HSA included increasing the involvement of inspectors in ergonomics and manual handling risk management, continued development of the occupational health section of the HSA website, and involvement of inspectors dealing with psychosocial issues.

Different from the Swedish example, there is no explicit gender-specific strategy for psychosocial risk management nor recommendations for gender-sensitive risk assessment of physical or psychosocial risks as recommended by EU-OSHA²⁴. Nevertheless, one of the foci of the HSA in relation to ensuring the assessment of psychosocial risks has been the female-dominated healthcare sector in acknowledgment of the high stress-related absences and illness rates.²⁵ Guidance for risk assessment do not include a particular reference to gender, perhaps not to discriminate against a particular gender. The focus is on the workplace and the working conditions rather than the individual.

3.3 Enforcement by Health and Safety Authority

Bullying has been identified as a target area for enforcement by the Health and Safety Authority. A Code of Practice for Employers and Employees²⁶ has been developed together with social partners outlining procedures how to prevent bullying, how to deal with such cases and how to put organisational structures into place. Bullying at work is clearly defined in this code as 'repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual's right to dignity at work' (ibid., page 5).

Legally the Code of Practice is grounded in the employer duties under section 8 (2) (b) of the Safety, Health, Welfare and Work Act 2005 in relation to 'managing and conducting work activities in such a way as to prevent, so far as is reasonably practicable, any improper conduct or behaviour likely to put the safety, health and welfare at work of his or her employees at risk'. It also applies to employees in relation to their duties under section 13 (1) (e) of the 2005 Act to 'not engage in improper conduct or behaviour that is likely to endanger his or her own safety, health and welfare at work or that of any other person'. The role of HSA is to monitor if employers and

²² Health and Safety Authority. 2016, Strategy statement 2016-2018. Dublin. Available at: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Corporate/Strategy_Statement_2016-2018.html [Accessed 29/08/2019].

²³ Costa B, Viera ER 2010 Risk factors for work-related musculoskeletal disorders-A systematic review of recent longitudinal studies. *American Journal of Industrial Medicine*, 53,3,285-323.

²⁴ <https://osha.europa.eu/en/tools-and-publications/publications/factsheets/43> [Accessed 29/08/2019]

²⁵

https://www.hsa.ie/eng/publications_and_forms/publications/corporate/hsa_annual_report_2018.pdf [Accessed 02/09/2019].

²⁶ Health and Safety Authority Ireland Code of Practice for Employers and Employees on the prevention and Resolution of Bullying at Work (2007). Available at: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Code_of_Practice_for_Employers_and_Employees_on_the_Prevention_and_Resolution_of_Bullying_at_Work.html [Accessed at 01/09/2019]

employees are meeting their obligations and duty of care under the 2005 Act, give advice and support and also promote and ensure compliance with this Code of Practice. HSA can mandate that the procedures in this Code of Practice is followed when a bullying complaint is made and can use its powers of enforcement in case of a serious uncontrolled bullying hazard when the safety, health and welfare of employees is at risk.

3.4 Additional processes

An extensive national consultation process was undertaken by the Irish government to get public input for a 'Healthy Workplace Framework'²⁷. This strategy is currently under review by the government and expected to be published later in 2019. It will provide flexible guidance on how to create healthy workplaces in recognition that workplaces influence the physical, mental, economic and social well-being of workers and in turn, the health of their families, communities and society. The development of the framework has been supported by HSA and reflects the ethos of the Healthy Ireland Framework and the National Corporate Social Responsibility Plan. The consultation process and the media coverage of this process most likely influenced the public opinion about workplace well-being, health promotion and health behaviour change and work stress.

4 Assessment of success factors and transferability of the host country example

4.1 Demystification of the area, public opinion and awareness

The host country's regulation may be only partially transferable to Ireland. Particularly useful appears to be the changed branding by shifting the language away from 'psychosocial' to 'organisational and social work environment'. This language shift is well reflecting the effort in the Irish context to define psychosocial risks as conditions of work rather than of the individual. The consistent use of this language would also help further demystifying psychosocial risks in Ireland. Although a demystification process has already been happening over the past few years owing to the publication of risk assessment tools, training and awareness programmes, there still appears to be stigma attached to psychosocial issues, especially if they are seen as an individual problem rather than a work environment issue. In the public discourse and the media, the discussion on psychosocial risks continues with a primary focus on the individual and on individual differences in the perception of work and in coping with stress. 'Well-being', 'mental health at work' and 'health promotion' emerged as new key topics and initiatives, often disconnected from a health and safety (regulatory) perspective and often focussed on individual behaviour change. Stigma associated with psychosocial issues appears to influence the practical risk management within enterprises in Ireland. In the ESENER-2 study 40 % of Irish enterprises reported the reluctance to talk openly about the issues as the major difficulty in psychosocial risk management, a proportion that compares high relative to the EU-28 average of 30 %.

4.2 Not a question only for specialists, involve all inspectors

This is an interesting suggestion, which appears to have worked well for the host country and could be considered for Irish inspectors as well. While the strategy statement of the Irish HSA generally supports this idea, it may be difficult to put into practice. Specialist knowledge, expertise and experience is required in formal inspections in relation to psychosocial hazards, especially if decisions are challenged in court. However, the role of health and safety professionals in the task of implementing psychosocial risk management, should not be overlooked. The training of these frontline workers needs

²⁷ McAvoy, H., Bergin, D., Kiernan, R., Keating, T. (2018) Consultation on the development of a Healthy Workplaces Framework for Ireland: A report prepared for the Department of Health. Dublin: Institute of Public Health in Ireland [Accessed 29/08/2019].

to be expanded. Nowadays, professionals with knowledge and expertise in physical as well as psychosocial risk management are needed, and a careful review of the third-level institution training programmes need to happen together with the new capability framework by the International Network of Safety and Health Practitioner Organisations (INSHPO).²⁸ Courses at Master level developed by third level Irish institutions are currently contributing to building capacity in systematic psychosocial risk management. These courses with a focus on psychosocial risk management train health and safety professionals to take leadership in the assessment and management of psychosocial risks and equip them also with the underlying theoretical frameworks and knowledge derived from implementation science.²⁹

4.3 Support for individual workplaces

Support for SMEs is needed in Ireland considering the high percentage of employees in smaller businesses. The Swedish framework with focus on the three specific risks (workload, victimisation and working hours) appears to be too narrow. In the Irish context, the UK management standards have been successfully used together with standards about bullying prevention and management of critical incidents. Given the variety of Irish small and micro enterprises across different sectors, individual workplaces may be better supported when using a wider framework with a range of clearly defined categories to facilitate the assessment of psychosocial risks and to inform the public discussion.

4.4 Connect regulations to current research

In contrast to the host country Sweden, there is no Irish institution that coordinates work-related research at national level. Such an institution would be of great use, especially for the scientific evaluation of implemented psychosocial risk management procedures with publication in peer-reviewed journals. This could then further inform future practice not only in Ireland but also in the wider EU.

²⁸ International Network of Safety and Health Practitioner Organisations (ISHPO) (2017). The Occupational Health and Safety Professional Capability Framework: A global framework for practice. International Network of Safety and Health Practitioner Organisations (INSHPO). Park Ridge, IL, USA. Available at: <http://www.inshpo.org/docs/INSHPO%202017%20Competence%20Framework%20Final.pdf> [Access 11/09/2019].

²⁹ <https://www.ucc.ie/en/publichealth/programmes/postgraduate/mscinoccupationalhealth/>

5 Questions

- What happens if the employer does not incorporate any of the recommended measures? There needs to be precision in the use of the terms 'regulation', 'policy', 'guidance'. Perhaps this is a translation issue?
- I was impressed about the involvement of stakeholders in the consultation process of the legislation. What recommendations could be given to other countries how to initiate such a process and actually act on scientific evidence? Often political agendas influence the discussion.
- In my experience, the preconception of psychosocial risks as an individual problem is dominating the discussion. Risk assessment of psychosocial risks is seen as not feasible due to interindividual differences. A culture change needs to happen, however how can this be initiated and maintained?

Annex 1 Summary table

The main points covered by the paper are summarised below.

Scale and nature of psychosocial risks at work

- Ireland scored similar to the EU-28 average in relation to the work intensity index, slightly better in the social environment index and the skills and discretion index in the sixth European Working Conditions Survey. However, more people are working in 'under pressure jobs' than the EU-28 average, characterised by a poor social work environment including bullying coupled with low support from managers and high work intensity.
- Ireland is one of the European leaders in workplace bullying research. High self-reported prevalence figures may, however, indicate raised awareness in this area.
- A high proportion of employees are employed in smaller enterprises, no comprehensive evaluation of the extent and nature psychosocial risks is available for smaller companies.
- Ireland was one of the countries with the steepest increase in self-reported stress from 2010 to 2016 according to analyses using the fifth and sixth European Working Conditions Surveys, although stress levels were below the EU-28 average. The highest levels of stress were reported for workers in the health sector, public administration and manufacturing.

Legislation and practical management of psychosocial risks at work

- The Irish Health and Safety Act covers psychosocial risk indirectly and provides a relatively weak basis for enforcing psychosocial risk management. The Safety, Health and Welfare at Work Act mandates employers to ensure the health and welfare of their employees including protection against any personal injury to mental health. Guidance provided by the Health and Safety Authority specifically refers to psychosocial work hazards.
- There is a particular focus by the regulatory body in the enforcement of strategies to prevent workplace bullying. This is reflected in a high proportion of implemented conflict resolution and anti-bullying action plans in enterprises. However, results are somewhat contradictory and there is a need for comprehensive evaluation of the implementation success of action plans and the evaluation of the related training effectiveness.
- Practical management in enterprises is promoted through the widely implemented Work Positive^{CI} tool for risk assessment of psychosocial risks, recognized as a formal risk assessment by the HSA. To date a detailed published evaluation report is not available that provides a summary of Work Positive scores for different sectors and company sizes. The effectiveness of implemented risk management measures has not been scientifically evaluated.
- There has been a strategic shift from safety and accident prevention to health by the HSA.
- There has been no specific gender focus in the risk assessment and management of psychosocial risks. However, inspections carried out by the HSA recently focussed on the female-dominated health care sector. A discussion about the need and scope of a gender-sensitive approach is needed with the social partners to develop a clearer strategy, possibly in the context of workplace diversity. Irish guidance documents may be reviewed with respect to providing guidance for gender-sensitive risk assessment and for addressing particular risks in gender-dominated sectors or jobs.

- Specific support for SMEs and micro businesses in psychosocial risk management is lacking. The widely used BeSMART tools may be revised and include a more detailed assessment of psychosocial risks.
- A government workplace health and well-being framework is expected to be published later in 2019 which may have a large effect on public opinion and further strategies.

Assessment of success factors and transferability of the host country example

- The new branding and changed use of language appears to be very useful also for Ireland to shift public awareness away from the individual to the work environment and also avoids use of the term 'stress', which has been used with different meanings in the public discourse. A review of the Irish legislation and guidance documents in relation to terminology and explicit mentioning of the 'social and organisational work environment' would be useful.
- Applicability in relation to getting all inspectors involved in psychosocial risk assessment is questionable for the Irish context due to high specialisation of inspectors. In addition, there are less inspectors per worker in Ireland than in other countries and added burden of inspections may be difficult. However, the idea of training inspectors in psychosocial risk assessment is worthwhile discussing.
- The Swedish framework with focus on three selected risk areas (victimisation, workload and working times) appears to be too narrow, especially in the context of risk assessment in smaller businesses a diversification of psychosocial risks is more useful.
- The reconsideration of the role, tasks and training of front-line health and safety professionals is needed to facilitate implementation of psychosocial risk assessment and management strategies by professionals knowledgeable in this area.
- Involvement of third-level institutions is recommended with development of new training curricula that include training in evidence-based practice for front-line health and safety professionals.
- A national research institution on workplace health research is lacking in Ireland, such an institution, similar to the Swedish example, would be useful to coordinate research activities between universities, funding agencies and social partners and develop a strategic plan in this area.

Questions

- What happens if the employer does not follow the regulation?
- What happens if the employer does not incorporate any of the recommended measures?
- What can be learned from the Swedish example in relation to initiating consultations with stakeholders?
- The preconception of psychosocial risks as an individual problem is dominating the discussion, how can a culture change be initiated and maintained?

Annex 2 Example of relevant practice

Name of the practice:	Work Positive ^{CI}
Year of implementation:	Starting in 2005, augmented in 2017 with critical incidents
Coordinating authority:	Health and Safety Authority
Objectives:	<p>The Work Positive^{CI} is an online risk assessment tool for psychosocial risks including critical incidents together with guidance for implementation and case studies. It involves a free confidential online survey for organisations to assess psychosocial hazards. The questionnaire mainly assesses the six dimensions of the United Kingdom HSE management standards for psychosocial risks: demands, control, support, social relations, change management and job role. Recently, the assessment of critical incidents was added. After completion of the survey, Work Positive provides a practical confidential online report, which identifies risk areas and gives clear recommendations for risk management.</p> <p>Work Stressors are scored using a benchmark scoring system, which allows comparison of company results with the results of other organisations that have participated the survey. The benchmark comparison group consists of a sample of over 13,000 Irish employees and 82 organisations that have taken the Work Positive survey.</p> <p>The questionnaire also assesses wellbeing of employees in both directions, positive and negative and provides a traffic light coding system for easy interpretation. The online homepage also provides step-by-step guidance in the implementation of the survey into a larger company wide strategy, and promotes involvement of different stakeholders in the planning and the implementation of the survey and resulting action plans as well as in the dissemination of results.</p>
Main activities:	The HSA offers training in the use of the tool, collection of data for comparison.
Results so far:	There are no formally published results of the use of the Work Positive ^{CI} . Potential areas for further research include publication of nationally representative benchmark values by sector, evaluation of the short-term and long-term health and safety benefits, the uptake of the instrument by SMEs and qualitative evaluation of the barriers and drivers for implementing the Work Positive instrument.

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