



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

Peer Country Comments Paper - Lithuania

**A different approach compared to Sweden,
but similar success factors**

Stockholm (Sweden), 3-4 October 2019

DG Employment, Social Affairs and Inclusion



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Table of Contents

1	Introduction	1
2	Scale and nature of psychosocial risks at work.....	1
2.1	Nature of psychosocial risks at work in Lithuania	1
2.2	Incidence of psychosocial risks.....	2
2.3	Management of psychosocial risks	3
3	Legislation and practical management of psychosocial risks at work	4
3.1	Main legal acts regulating OSH (including psychosocial risks at work) in Lithuania	4
3.2	Implementation of OSH policy in Lithuania	5
3.3	Gender aspects, SMEs and self-employed	6
4	Assessment of success factors and transferability of the host country example	7
5	Questions	8
6	List of references	9
	Annex 1 Summary table	11
	Annex 2 Example of relevant practice.....	14
	Annex 2 Data annex	15

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 Lithuania. For information on the host country policy example, please refer to the Host Country Discussion Paper¹.

The paper consists of two main sections. The first section analyses the scale and nature of psychosocial risks at work in Lithuania, focusing on both the incidence, and the management of psychosocial risks, whereas the second section covers the main legal acts regulating occupational safety and health (OSH) (including psychosocial risks at work) in Lithuania as well as implementation of OSH policy in Lithuania.

Even though there are no specific requirements in Lithuania for ensuring adequate psychosocial conditions for women or employees of small and medium enterprises (SMEs) in the work environment, according to the OSH legislation, every employee must have safe and healthy working conditions, and all provisions for managing occupational risks (including psychosocial) apply to all employees. Self-employed people are not covered by OSH legislation in Lithuania, as they are not regarded as employees.

Lithuania has chosen and consistently follows a slightly different path than Sweden, which is more individualised and based on the assessment of five factor groups. However, the prevalent success factors are the same as in Sweden.

2 Scale and nature of psychosocial risks at work

2.1 Nature of psychosocial risks at work in Lithuania

According to the main document committed specifically to the psychosocial risks – the Methodological Guidelines for Assessing Psychosocial Occupational Risk Factors (Dėl Psichosocialinių profesinės rizikos veiksnių tyrimo metodinių nurodymų patvirtinimo)² (Order, 2005), amended in 2018 (for more details see section 3.1) – psychosocial factors are assessed in Lithuania by evaluating the following criteria:

- Working conditions (e.g. night work or shift work, work requiring exposure to chemical, biological, ergonomic, physical or natural factors);
- Working requirements (e.g. workload, work pace, time allocated to job tasks, time to meet deadlines, responsibility, emotional requirements, matching of skills/abilities with job requirements);
- Work organisation (e.g. duration of working time, peculiarities of work role and work pay, job security, organisational justice, availability of training, career opportunities, isolation, particular change management features, possibilities of work-family balance);
- Work content (e.g. influence of work process and results, monotony of tasks, meaningfulness of work);
- In-company relations among employees and/or between the employer and employees and/or relations with third parties (e.g. support from colleagues and managers, conflicts, physical and psychological violence at work).

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://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.261219/asr>

Data collected on the factors above are used to identify factors leading to psychosocial stress at work, as well as to assess the likely effects on occupational health and well-being (effects on psychological health, mental and general health, capacity for work). After the analysis of psychosocial factors, further actions are taken, subject to the risks indicated, and in accordance with the General Regulations of Assessment of Occupational Risks (Dėl Profesinės rizikos vertinimo bendrųjų nuostatų patvirtinimo)³ (Order, 2012). There are no specific surveys in Lithuania to analyse practices of assessment, elimination and prevention of psychosocial factors. However, some summaries can be drawn from international (Eurostat, EU-OSHA, Eurofound) and national (State Labour Inspectorate, Institute of Hygiene⁴) surveys as well as from one-off studies/surveys conducted by researchers (Bastakyte, 2013; Dirgeliene, 2010; Geneviciute-Janoniene, 2015) or social partners⁵ (for more details see section 2.2 and 2.3).

2.2 Incidence of psychosocial risks

According to LFS Ad hoc module "Accidents at work and other work-related health problems" results (Eurostat, 2013), in Lithuania the share of persons reporting exposure to risk factors that can adversely affect mental well-being in 2013 was 17.4 % (whereas in EU-28 this share was 28.1 % and in Sweden – 44.2 %⁶). According to the survey, women in Lithuania (same as in other EU countries) were more often exposed to risk factors that can adversely affect mental well-being than men (Table 1, Annex 3).

The biggest share of Lithuanian employees, same as in other EU countries, indicated that the main factor, that can adversely affect mental well-being is time pressure or overload of work – this factor was indicated by 13.5 % of Lithuanian employees; in EU-28 and Sweden this share was accordingly 23.3 % and 39.9 % (Table 2, Annex 3).

Harassment or bullying as the main factor that can adversely affect mental well-being was indicated by 2.5 % and violence or threat of violence – by 1.5 % of Lithuanian employees. Women in Lithuania were more often than twice affected by harassment or bullying comparing to men (accordingly 3.5 % and 1.4 %); in other countries this difference among men and women was smaller (Table 2, Annex 3).

According to Statistics Lithuania (Statistics Lithuania, 2013) among the victims of psychological violence in the workplace, every fifth was a trade worker and every sixth was from the human health care and social work sectors. The survey also demonstrated that mental health problems (stress, depression or anxiety) were the second most frequent (13 %) work-related health problem (resulting from work or worsening due to work) (after the problem relating to bones, joints or muscles – 61 %). Women more often than men identified stress, depression or anxiety as the main work-related health problem (19 % and 9 %, respectively).

According to majority of indicators, analysed at European Working Conditions Survey (EWCS, 2015) and related to work intensity (working at very high speed, working to tight deadlines, need to hide one's feelings, handling angry clients), social environment (adverse social behaviour, level of fairness, cooperation and trust, discrimination at

³ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.435935/asr>

⁴ <http://hi.lt/lt/darbo-aplinkos-tyrimai.html>

⁵ For example, in 2014, the Lithuanian Education Trade Union together with the Lithuanian Education Employees Trade Union carried out the Study of the Emotional Environment of Teaching Staff aimed at identifying cases of psychological violence against schoolteachers and limits thereof.

⁶ It is interesting to note, that in case of factors affecting physical health there is no such a considerable difference – according to the same survey, share employees reporting exposure to risk factors that can adversely affect their physical health in 2013 in Lithuania was 54.8 %, whereas in EU-28 and Sweden – 50.9 % and 60.1 % respectively).

work) and working life perspectives (worrying about work when not working, feeling too tired after work to do some of the household jobs which need to be done), Lithuania stands at rather good position – Lithuanian indicators are same or better, comparing to the EU average. According to the same source of information, more Lithuanian employees think that their colleagues help and support them and their managers help and support them (Table 3, Annex 3).

Rather similar results (relatively good indicators displaying psychosocial risk factors present in the establishment) are presented for Lithuania by Second European Survey of Enterprises on New and Emerging Risks (ESENER-2)⁷ as well. For example, presence of time pressure in the establishment was indicated by 16 % of Lithuanian companies, comparing to 43 % EU average (Table 4, Annex 3).

Unfortunately, there is no information on the incidence of psychosocial risks among self-employed persons in Lithuania.

2.3 Management of psychosocial risks

According to ESENER-2 survey, organisations in Lithuania take into account OSH aspects and risk assessment at the workplace. Roughly 77 % of respondents pointed out that their establishment regularly carried out workplace risk assessments (the EU average – 77 % as well). Risk assessment is mainly conducted by external service providers (reported by 62 % of respondents). However, the survey showed that employers were insufficiently informed about how to carry out workplace risk assessments. Only less than half of them (45 %) said they had sufficient information on how to include psychosocial risks in risk assessments (the EU average – 56 %) (EU-OSHA, 2014).

As already mentioned, Lithuanian companies are rather positive about the psychosocial environment in the workplace in comparison with other EU countries: much fewer Lithuanian establishments indicated presence of psychosocial risk factors at the workplace. Moreover much fewer Lithuanian establishments (among those who reported the presence of the relevant psychosocial risk factors) indicated that they lack information or appropriate prevention measure to effectively address the problem (Table 4, Annex 3). Such a (comparatively) good results in Lithuania can be presumably explained by the insufficient awareness and/or inability of Lithuanian companies to identify the psychosocial risk. On the other hand, we have no basis to confirm or deny this presumption, due to the lack of specific research.

It should be noted as well that according to the aforementioned ESENER survey, most psychosocial risk management measures were applied in a smaller share of enterprises in Lithuania, compared to the EU average (only companies that confirmed the presence of risk factors were considered). For example, an action plan to prevent work-related stress was developed in 24 % of Lithuanian enterprises (EU average – 34 %), procedures in place to deal with bullying or harassment were implemented in 27 % of Lithuanian enterprises (EU average – 47 %) (Table 5, Annex 3).

Similarly, measures applied to prevent psychosocial risks in the last three years, such as: reorganisation of work in order to reduce job demands and work pressure; set-up of a conflict resolution procedure; intervention if excessively long or irregular hours were worked, were applied in the smaller portion of enterprises in Lithuania compared to the EU average (Table 5, Annex 3).

2537 Lithuanian companies were inspected by the State Labour Inspectorate (SLI) between 2013 and 2018. Some of the main findings related to Occupational Health and Safety were the following⁸:

- 57 % of companies reported that they assess psychosocial risk factors;

⁷ <https://osha.europa.eu/en/surveys-and-statistics-osh/esener>

⁸ https://www.vdi.lt/PdfUploads/KL_bendrinis_UkioSubjekto_DSS.pdf

- 67 % of companies reported that occupational risks posed by psychosocial risk factors are taken into account when organising work in the company;
- 50 % of companies reported that individuals working alone in the company are provided with technical means for keeping regular contacts;
- 35 % of companies reported having in place preventive measures against violence and intimidation at work.

At the same time, to be noted that the data above should be analysed and interpreted with some reservations, as they have been drawn from special inspections rather than from representative surveys of companies.

3 Legislation and practical management of psychosocial risks at work

3.1 Main legal acts regulating OSH (including psychosocial risks at work) in Lithuania

The main legal act regulating OSH (including psychosocial risks at work) in Lithuania is the Law on Safety and Health at Work of the Republic of Lithuania No IX-1672 (01 07 2003) (Lietuvos Respublikos darbuotojų saugos ir sveikatos įstatymas)⁹ (the Law). According to the Law "Safe and healthy working conditions shall be ensured for every worker regardless of the nature of business, the type of employment contract, number of workers, profitability of the company, workstation, working environment, work type, the duration of the working day (shift), the worker's citizenship, race, nationality, sex, sexual orientation, age, social background, political views or religious beliefs".

Art. 11 of the Law sets forth the duty of the employer "to ensure safety and health of workers at work in all work-related aspects [...]. Measures of safety and health at work shall be financed by the employer himself. According to the Law "in seeking to implement the employer's duty, a person representing the employer shall organise the implementation of preventive measures (technical, medical, legal, organisational, and others) intended for the prevention of accidents at work and occupational diseases, by laying down the procedure for implementing and controlling such measures in the company, appointing the persons authorised by the employer and setting for them concrete assignments on the implementation of the preventive measures".

In order to ensure safety and health at work, the employer may appoint one or more specialists in health and safety at work or establish an occupational safety and health service. In the absence of such persons in the company, or if the number of the said persons is insufficient to adequately organise the preventive measures of occupational safety and health, the employer may conclude a contract with a natural or legal person concerning the performance of the functions of the occupational safety and health service or part of such functions.

The person representing the employer, or the persons authorised by the employer, must inform workers and consult with them on all issues concerning the state of occupational safety and health, the planning of its improvement, organisation, implementation and control of the measures. Occupational health and safety committees shall be set up and workers' representatives with specific responsibility for the safety and health of workers shall be appointed for the above-mentioned purpose.

Art. 39 of the Law also defines assessment of occupational risks: "The compliance of work equipment, working conditions, out of them the working environment, with the requirements of regulations on safety and health at work shall be determined after having carried out the investigation of occupational risks and assessed the results of

⁹ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.215253/asr>

such investigations". The assessment of occupational risks (AOR) at the company shall be organised by the person representing the employer or the person authorised by the employer.

The general procedure for AOR in companies is laid down in the General Regulations of Assessment of Occupational Risks (AOR Regulations) (Order, 2012). The purpose of AOR is to identify existing and potential risks at work, eliminate such risks and/or, when the risks are impossible to eliminate, implement prevention measures to protect workers against occupational risks or reduce such risks. The AOR Regulations also define a psychosocial occupational risk factor as "a factor causing mental stress for employees and triggered by working conditions, job requirements, work organisation, job content, in-company relations among employees or between the employer and employees".

The AOR Regulations stipulate that psychosocial occupational risk factors (PSORF) are assessed in compliance with methodological guidelines for assessing PSORF (PSORF Guidelines) (Order, 2005), which define requirements for assessing PSORF and set out qualification requirements for persons assessing those factors.

All aforementioned legislation is permanently improved and amended. The main recently amended piece of legislation was the PSORF Guidelines which were reviewed and recast in 2018 (in force as of 1 May 2019) (Order, 2019). The review of the PSORF Guidelines took into account changing work conditions in companies, the needs and possibilities of small enterprises (for more details see section 3.3) and updated the list of factors subject to assessment (for more details on factors see section 2.1).

3.2 Implementation of OSH policy in Lithuania

3.2.1 Role of public institutions

The Ministry of Social Security and Labour of the Republic of Lithuania (MSSL) and the Ministry of Health of the Republic of Lithuania (MH) are not only responsible for developing the national policy in the area of OSH but also for implementing it (including the organisation, coordination and monitoring aspects).

Compliance with the requirements of OSH legislation by the companies is controlled by the State Labour Inspectorate of the Republic of Lithuania (SLI) (Art. 47 of the Law). The SLI is a state-control institution subordinated to the MSSL. The competence of the SLI covers all regulations governing OSH, the prevention of accidents at work and occupational diseases, as well as violation of labour law and compliance with the Labour Code.

In addition to the control function, the SLI carries out counselling and educational activities: it provides consultations to employees, workers' representatives, persons representing the employer and persons authorised by employers on the application and implementation of OSH legislation, conclusion of collective agreements, establishment of trade unions (TUs); arranges and/or organises the preparation and dissemination of the respective methods, methodological recommendations and best practice guidance (Order, 2009). In performance of the functions delegated to it, the SLI cooperates and exchanges information with state and municipal authorities and bodies, TUs, works councils, employers' organisations (EOs), and counterparts in other countries.

In order to disseminate information and carry out prevention of psychosocial risks, the National OSH Action Plan for 2017–2021 (Nacionalinis darbuotojų saugos ir sveikatos 2017–2021 metų veiksmų planas)¹⁰ (Order, 2017) provides for, inter alia, "to promote best practices related to the prevention of psychosocial health problems at work by presenting to stakeholders' representatives the results of studies on effects of the

¹⁰ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/4c0fe8233fb911e7b8e5a254f4e1c3a7?jfwid=-x5bl5rbp7>

working environment on mental health on an annual basis". Responsibility for the performance of this activity rests with the Institute of Hygiene (IH) under the MH.

The IH recommends that Lithuanian companies would use the UK Health and Safety Executive's stress management tool, Management standards for work-related stress¹¹, which are based on best practices and scientific evidence, and are adapted to Lithuania, too. IH also prepared a number of other recommendations¹² in the area of psychosocial risk management; the SLI has developed Recommendations for assessing psychosocial risk factors and stress at work¹³, some agencies (Office of the Equal Opportunities Ombudsperson, various educational establishments) have approved their in-home rules for prevention of harassment, sexual harassment or abuse.

3.2.2 Participation of the social partners

In order to co-ordinate the interests of the State, workers and employers in the sphere of safety and health at work, the Occupational Safety and Health Commission of the Republic of Lithuania (the Commission) is established on the principle of tripartite co-operation (Resolution, 2002).

The Commission is an advisory body to the Minister of Social Security and Labour in the area of OSH policy. It analyses OSH draft legislation, makes recommendations and proposals to the MSSL, the MH, other state institutions and bodies; where necessary, submits proposals to relevant state authorities regarding the appropriateness to develop new OSH legislation, as well as to modify or amend existing legislation; analyses reports by the SLI on the status of occupational safety and implementation of labour laws, analyses the OSH situation, makes proposals to the MSSL, the MH, other state institutions and bodies, EOs, TUs and companies in relation to measures and methods for improving OSH; analyses OSH improvement programmes and projects and their performance.

Besides participation in the activities of the Commission, social partners sometimes also initiate/participate in organisation of awareness-raising campaigns (various seminars, professional knowledge contests for OSH professionals) (LPSK, 2008; Verslo aljansas, 2019), implementation of joint projects (LSADPS, 2018), in various OSH commissions (Solidarumas, 2013), establishment of the trade union inspectorate (Solidarumas, 2017), other initiatives.

Although statutory preconditions for social partners' participation in ensuring the implementation and enforcement of existing policies are in place in Lithuania and individual initiatives of social partners are implemented, according to the conclusive findings of the IH, 'in order to improve the effectiveness of the OSH system in Lithuania, it is necessary to strengthen the role of the social partners in ensuring the implementation and enforcement of existing OSH policies' (Institute of Hygiene, 2015). This is particularly relevant in case of the psychosocial risk factors, as existing initiatives of the social partners are mainly focused on the protection of employees' rights (e.g. fair remuneration, working time, prevention of accidents at work).

3.3 Gender aspects, SMEs and self-employed

There are no specific requirements in Lithuania for ensuring adequate psychosocial conditions for women or SMEs workers in the work environment. However, as mentioned above, the Law applies to every company, and every employee must have safe and healthy working conditions, and all provisions for managing occupational risks (including psychosocial) apply to all employees. It is noteworthy that the 2018 update of the PSORF

¹¹ <http://hi.lt/lt/streso-darbe-valdymo-standartai.html>

¹² <http://hi.lt/lt/pagrindinis-menui/leidiniai/rekomendacijos-2.html>

¹³

<https://www.vdi.lt/AtmUploads/PsichosocialiniaiRizikosVeiksniaiStresoDarbeVertinimoRekomendacijos.pdf>

assessment guidelines took into account the needs and possibilities of small enterprises by providing a reference to Lithuanian-adapted stress management standards (mentioned above) developed by the UK Health and Safety Executive which can be used by the companies to assess psychosocial risks and which establishes more flexible qualification requirements for persons (establishing that competences can be acquired through separate training programmes on relevant issues, total training duration 16 hours).

To facilitate the assessment of occupational risks by small and medium-sized enterprises, the SLI is actively involved in the development and dissemination of OiRA (Online interactive Risk Assessment) in cooperation with the EU-OSHA. Currently, 12 OiRA tools are available for companies to assess risks for the following economic activities: car repair, office work, woodworking, wholesaling and retailing of non-food products, mining and quarrying, cleaning of premises, sewing services, manufacture of plastic products, manufacture of furniture, laundry services, hotel and restaurant services, and agriculture. These OiRA tools also include psychosocial risk management issues.

Self-employed people are not covered by OSH legislation in Lithuania, as self-employed are not "employees".

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

On the one hand, the attempts of the host country to objectify psychosocial risk factors may create better conditions for the processes of assessment and prevention of those factors and ensure more effective management of psychosocial risks at work. On the other hand, we can say that Lithuania has chosen and consistently follows a slightly different path which is more individualised and based on the assessment of five factor groups: 1) working conditions, 2) job requirements, 3) work organisation, 4) job content and 5) in-company relations among employees and/or between the employer and employees and/or relations with third parties. As mentioned above, the data collected on these factors are summarised and used to identify factors leading to psychosocial stress at work areas well as to assess the likely effects on occupational health and well-being. After the analysis of psychosocial factors, further actions are taken to assess and eliminate occupational risks, subject to the risks indicated.

Although Lithuania applies a slightly different approach compared to the Swedish practice, we can say that the large majority of success factors indicated by the host country are relevant and applied in Lithuania. Similar to the Swedish case, the following success factors are prevalent/used in Lithuania:

- *Demystification of the area*: five factor groups used for the psychosocial risk assessment in Lithuania are clearly defined.
- *Public opinion and awareness*: especially the SLI, but also other public institutions carry out a wide-ranging awareness raising activities for the public and business on a continuous basis.
- *A broad and comprehensive information initiative*: IH and the SLI have developed a wide range of methodological guidelines and measures for companies.
- *The social partners can have an impact*: although social partner organisations in Lithuania are considerably less resourced in terms of both human and financial resources, compared to the Swedish colleagues, national-level social partners are striving to play an active role in the OSH-related matters.
- *Support for individual workplaces*: Lithuania has currently developed a number of recommendations and tools intended for small and medium enterprises (e.g.

the British methodology adopted for Lithuania by the IH, OiRA¹⁴ tool prepared by the SLI in cooperation with EU-OSHA).

- *Make sure that this is not a question only for specialists in the supervision; Invest in broad supervisory campaigns:* SLI has a broad network of actively working inspectors who regularly consult companies on all OSH-related issues, including psychosocial risks.
- *Be clear about what the authority will not demand:* all the regulations related to OSH, including psychosocial risks, are governed very strictly and clearly – inspections and assessments at workplaces are conducted in accordance with the pre-posted questionnaires and pre-established procedure. Therefore, Lithuanian companies know very clearly what the authorities will and what they will not demand.
- *Connect the regulation to current research:* although periodic surveys of psychosocial occupational risks¹⁵ and recommendations for policymakers are in place in Lithuania, it could be still said that this area is not well researched and there could be more research studies, in particular as refers to organisational practices in assessing and reducing psychosocial risks at work.

5 Questions

- The host country paper mentions "The total number of reported work-related ill health and occupational diseases to the national social insurance has decreased for a long period of time. However, during the period 2010-2016, the reported number of work-related ill health and occupational diseases caused by organisational and social factors in Sweden increased (SWEA, 2019)". Which (diagnoses of) work-related and occupational diseases caused by organisational and social factors are reported in Sweden? What is the system of reporting, investigation, determination and registration of work-related and occupational diseases?
- Would it be possible to evaluate how much of SWEA's resources (human and financial) and activities are committed to the psychosocial risks related issues? And how many inspectors has SWEA (among them – working with psychosocial risks related issues)?
- "Three overall organisations to coordinate cooperation between social partners" ("Prevent", "Suntarbetsliv" and "Partsrådet") are mentioned in the host country paper. Could you a little bit elaborate on the background of these organisations – who are founders and how are funded activities of these organisations?
- The same questions regarding "a number of industry-specific work environment committees consisting of relevant social partners" – who are founders and how are funded activities of these committees?
- The film "The Challenge" was mentioned in the host country paper. Maybe it would be possible to see it during the Peer Review meeting?

¹⁴<https://oiraproject.eu/en/>

¹⁵<http://hi.lt/lt/darbo-aplinkos-tyrimai.html>

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Annex 1 Summary table

The main points covered by the paper are summarised below.

Scale and nature of psychosocial risks at work

- According to valid legislation psychosocial factors are assessed in Lithuania by evaluating five factor groups: 1) working conditions, 2) job requirements, 3) work organisation, 4) job content and 5) in-company relations among employees and/or between the employer and employees and/or relations with third parties.
- According to LFS, the biggest share of Lithuanian employees (13,5 %), same as in other EU countries, indicated that the main factor, that can adversely affect mental well-being is time pressure or overload of work. Mental health problems (stress, depression or anxiety) were the second most frequent (13 %) work-related health problem (after the problem relating to bones, joints or muscles – 61 %). Women more often than men identified stress, depression or anxiety as the main work-related health problem (19 % and 9 % respectively)
- According to majority of indicators, analysed at EWCS and related to work intensity, social environment and working life perspectives, Lithuanian indicators are same or better, compared to the EU average. Relatively good indicators displaying psychosocial risk factors present in the establishment are presented for Lithuania by the ESENER survey as well.
- According to the ESENER survey, less than half of employers (45 %) said they had sufficient information on how to include psychosocial risks in risk assessments (the EU average – 56 %). Most psychosocial risk management measures were applied in the smaller share of enterprises in Lithuania, compared to the EU.
- According to the information of the State Labour Inspectorate, 57 % of inspected companies reported that they assess psychosocial risk factors and 35 % companies reported having in place preventive measures against violence and intimidation at work.

Legislation and practical management of psychosocial risks at work

- The Law on Safety and Health at Work sets forth the duty of the employer "to ensure safety and health of workers at work in all work-related aspects". The procedure for assessment of occupational risks (AOR) is laid down in the General Regulations of AOR. The purpose of AOR is to identify existing and potential risks at work, eliminate them and/or, when the risks are impossible to eliminate, implement prevention measures to protect workers against occupational risks or reduce such risks.
- Psychosocial occupational risk factors are assessed in compliance with the Methodological Guidelines for Assessing Psychosocial Occupational Risk Factors which were reviewed and recast in 2018 taking into account changing work conditions and the needs and possibilities of small enterprises.
- The Ministry of Social Security and Labour (MSSL) and the Ministry of Health are responsible for the formation of the state policy in the area of OSH and also for the organisation, coordination and controlling of the implementation of the policy thereof. Compliance with the requirements of OSH legislation by enterprises is controlled by the State Labour Inspectorate (SLI) – a state-control institution subordinate to the MSSL. In addition to the control function, the SLI carries out counselling and educational activities.
- In order to disseminate information and carry out prevention of psychosocial risks, the National OSH Action Plan for 2017–2021 provides for, inter alia, promotion of

"best practices related to the prevention of psychosocial health problems at work [...]". Recommendations in the area of psychosocial risk management have been prepared by the Institute of Hygiene (IH) (including adaptation of the UK HSE Stress Management Standards), SLI and other institutions. To facilitate the assessment of occupational risks by SMEs, the SLI is actively involved in the development and dissemination of OiRA tools (including psychosocial risk management issues) in cooperation with the EU-OSHA.

- In order to co-ordinate the interests of the State, workers and employers in the OSH area, the Occupational Safety and Health Commission of the Republic of Lithuania is established on the principle of tripartite co-operation. The Commission is an advisory body to the Minister of Social Security and Labour. Social partners also initiate/participate in the organisation of awareness-raising campaigns, implementation of joint projects, etc.

Assessment of success factors and transferability of the host country example

- Lithuania has chosen and consistently follows a slightly different path, in comparison to Sweden, which is more individualised and based on the assessment of five factor groups. Data collected on the factors mentioned above are summarised and used to identify factors leading to psychosocial stress at work are identified and to assess the likely effects on occupational health and well-being of employees. However, the same success factors are prevalent in Lithuania as they are in Sweden.
- The psychosocial risk factors are clearly defined; the SLI, IH, but also other public institutions carry out wide-ranging awareness rising activities for the public and business on a continuous basis; a wide range of methodological guidelines and measures for the companies as well as a number of recommendations and tools intended for SMEs is developed.
- SLI has a broad network of actively working inspectors who regularly consult companies on all OSH-related issues, including psychosocial risks. All regulations related to OSH, including psychosocial risks, are governed in Lithuania very strictly and clearly – inspections and assessments at workplaces are conducted in accordance with the pre-posted questionnaires and pre-established procedure. Therefore, Lithuanian companies know very clearly what the authorities will and what they will not demand.
- Although periodic surveys of psychosocial occupational risks and recommendations for policymakers are in place in Lithuania, it could be still said that this area is not well researched and there could be more research studies, in particular referring to organisational practices in assessing and reducing psychosocial risks at work.

Questions

- The host country paper mentions "The total number of reported work-related ill health and occupational diseases to the national social insurance has decreased for a long period of time. However, during the period 2010-2016, the reported number of work-related ill health and occupational diseases caused by organisational and social factors in Sweden increased (SWEA, 2019)". Which (diagnoses of) work-related and occupational diseases caused by organisational and social factors are reported in Sweden? What is the system of reporting, investigation, determination and registration of work-related and occupational diseases?
- Would it be possible to evaluate how much of SWEA's resources (human and financial) and activities are committed to the psychosocial risks related issues? And

how many inspectors has SWEA (among them – working with psychosocial risks related issues)?

- "Three overall organisations to coordinate cooperation between social partners" ("Prevent", "Suntarbetsliv" and "Partsrådet") are mentioned in the host country paper. Could you a little bit elaborate on the background of these organisations – who are founders and how are funded activities of these organisations? The same questions regarding "a number of industry-specific work environment committees consisting of relevant social partners" – who are founders and how are funded activities of these committees?
- The film "The Challenge" was mentioned in the host country paper. Maybe it would be possible to see it during the Peer Review meeting?

Annex 2 Example of relevant practice

Name of the practice:	Revision of Methodological Guidelines for Assessing Psychosocial Occupational Risk Factors (Order, 2005)
Year of implementation:	2018 (Amended guidelines came into force on 1 May 2019)
Coordinating authority:	Ministry of Health of the Republic of Lithuania and Ministry of Social Security and Labour of the Republic of Lithuania
Objectives:	To adapt the Methodological Guidelines for Assessing Psychosocial Occupational Risk Factors to match changes in working conditions and the needs and possibilities of enterprises, particularly small-sized enterprises.
Main activities:	<p>In Lithuania, to carry out the assessment of psychosocial risks, companies have to assess psychosocial factors in accordance with the Methodological Guidelines for Assessing Psychosocial Occupational Risk Factors, approved in 2005.</p> <p>In view of changing working conditions and in order to enable small enterprises to carry out self-assessment of psychosocial risk factors, a working group of representatives of public authorities, employers' and employees' organisations, and universities was set up in 2018 to prepare an updated version of the Guidelines. The update takes into account changes in working conditions and refines the list of psychosocial factors that can be assessed in the companies (five factor groups: (1) working conditions, (2) job requirements, (3) work organisation, (4) job content, and (5) in-company relations among employees and/or between the employer and employees and/or relations with third parties).</p> <p>In the light of progress in science and technology, instead of the obsolete list of recommended methodologies for assessing psychosocial factors, it is stated that psychosocial factors should be assessed using best practices and research-based methodological guidelines and/or those recommended by international organisations. An example of such a methodology is the UK HSE Stress Management Standards, adapted to Lithuania by the Institute of Hygiene. Requirements for professionals conducting assessments of psychosocial factors have been revised taking into account the needs and possibilities of small-sized enterprises, i.e. it is stipulated that these professionals should have additional 16-hour training in given issues (instead of previously required 36-hour training courses) and the higher-education requirement is cancelled. In addition, the updated Guidelines state that persons conducting assessments of psychosocial factors should ensure the confidentiality of the information obtained during the assessments.</p>
Results so far:	The amended guidelines came into force on 1 May 2019 after being previously presented to the Occupational Safety and Health Commission of the Republic of Lithuania (tripartite commission for balancing the interests of social partners).

Annex 2 Data annex

Table 1. Persons (15-64) reporting exposure to risk factors that can adversely affect mental well-being by gender in 2013 (%)

	Total	Men	Women
EU-28	28.1	27.7	28.5
Lithuania	17.4	16.1	18.7
Sweden	44.2	40.0	48.8

Source: Eurostat, 2013

Table 2. Persons (15-64) reporting exposure to risk factors that can adversely affect mental well-being by gender and factor in 2013 (%)

	Harassment of bullying			Violence or threat of violence			Time pressure or overload of work		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
EU-28	2.6	2.0	3.2	2.2	2.1	2.4	23.3	23.6	22.9
Lithuania	2.5	1.4	3.5	1.5	2.1	0.9 ¹⁶	13.5	12.6	14.3
Sweden	2.9	2.4	3.4	1.5	1.0	2.0	39.9	36.6	43.4

Source: Eurostat, 2013

Table 3. Some results of the European Working Conditions Survey, 2015 (%)

Question		Lithuania	EU-28
Does your job involve working at very high speed?	(Almost) all of the time	13	23
Does your job involve working to tight deadlines?	(Almost) all of the time	16	27
Does your job require that you hide your feelings?	Always or most of the time	31	31
Does your job involve handling angry clients?	(Almost) all of the time	9	11
Subjected to adverse social behaviour	Yes	16	16
Level of fairness, cooperation and trust		73	75
Have you been subjected to discrimination at work in the last 12 months?	Yes	4	7
How often in the last 12 months have you worried about work when you were not working?	Always or most of the time	9	14

¹⁶ Low reliability

How often in the last 12 months have you felt too tired after work to do some of the household jobs which need to be done?	Always or most of the time	13	21
Do your colleagues help and support you?	Always or most of the time	80	71
Does your manager help and support you?	Always or most of the time	71	58

Source: EWCS, 2015

Table 4. Psychosocial risk factors at work: findings from ESENER-2 (proportion of companies replying affirmatively, %)

Psychosocial risk factors	Do the following risk factors are present in your establishment?		Does your establishment lack information or appropriate prevention measure to effectively address the problem?*	
	Lithuania	EU average	Lithuania	EU average
Time pressure	16	43	9	21
Poor communication or cooperation within the organisation	4	17	5	29
Employees' lack of influence on their work pace or work processes	13	13	6	25
Job insecurity	10	16	3	27
Having to deal with difficult customers, patients, pupils, etc.	39	57	7	18
Long or irregular working hours	12	23	5	19
Discrimination	1	2	n/a	n/a

Source: ESENER, 2014

* The question was presented to the establishments having reported the presence of the relevant psychosocial risk factor.

Table 5. Psychosocial risk management measures: findings from ESENER-2 (proportion of establishments replying affirmatively, %)

Psychosocial risk prevention measures	Lithuania	EU average
Action plan in place to prevent work-related stress	24	34
Procedure in place to deal with bullying or harassment	27	47

Procedure in place to deal with cases of threats, abuse or assaults	40	55
Measures taken for psychosocial risk management within the past three years:		
Reorganisation of work to reduce work-related challenges and stress	27	38
Confidential counselling for employees	37	37
Set-up of a conflict resolution procedure	26	30
Intervention if excessively long or irregular hours are worked	20	26

Source: ESENER, 2014

*The question was presented to the establishments with 20 or more employees.

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