

WORKPLACE STRESS: a collective challenge



WORLD DAY FOR SAFETY AND HEALTH AT WORK
28 APRIL 2016



WHAT IS WORK-RELATED STRESS?

Stress is the harmful physical and emotional response caused by an imbalance between the perceived demands and the perceived resources and abilities of individuals to cope with those demands.

Work-related stress is determined by work organization, work design and labour relations and occurs when the demands of the job do not match or exceed the capabilities, resources, or needs of the worker, or when the knowledge or abilities of an individual worker or group to cope are not matched with the expectations of the organizational culture of an enterprise.



THE CAUSES

The workplace factors that can cause stress are called **psychosocial hazards**.

Psychosocial factors (hazards) were defined by the ILO in 1984 as the “interactions between and among work environment, job content, organizational conditions and workers’ capacities, needs, culture, personal extra-job considerations that may, through perceptions and experience, influence health, work performance and job satisfaction”.



EXAMPLES OF PSYCHOSOCIAL HAZARDS

CONTENT OF WORK

- Work environment and work equipment;
- Task design;
- Workload, work pace;
- Work schedule.

CONTEXT OF WORK

- Organisational culture and function;
- Role in the organisation;
- Career development;
- Decision latitude, control;
- Interpersonal relations at work;
- Home-work interface.



THE MAGNITUDE OF THE PROBLEM

- **Globalization** and **dramatic changes** in the world of work:
 - ➔ Technological development, innovation, digitalization;
 - ➔ New forms of work organization and restructuring;
 - ➔ New forms of employment and labour relations;
 - ➔ Higher job demands and workload;
 - ➔ Ageing and demographic changes in the workforce;
 - ➔ Poor work-life balance.
- **Global economic crisis** and **recession**:
 - ➔ Unemployment, job insecurity and precarious employment.



STRESS IMPACT ON WORKERS' HEALTH, SAFETY AND WELLBEING

Stress impact can vary according to individual response.

High stress levels can contribute to developing health-related impairments and unhealthy coping behaviours.

HEALTH IMPAIRMENTS

- Cardiovascular disease (CVD);
- Musculoskeletal disorders (MSDs);
- Burnout;
- Depression and anxiety;
- Suicide.

COPING BEHAVIOURS

- Alcohol and drug abuse;
- Increased cigarette smoking;
- Unhealthy diet;
- Insufficient physical activity;
- Sleep disorders.



STRESS IMPACT ON PRODUCTIVITY AND ECONOMIC COSTS

Psychosocial hazards and work-related stress are associated with:

- ➔ Increased absenteeism and presenteeism;
- ➔ Reduced motivation, satisfaction and commitment;
- ➔ Staff turnover and intention to quit;
- ➔ Reduced efficiency and accuracy in performance.

All these problems affect productivity, competitiveness and the public image of the enterprise.



LEGAL FRAMEWORK AND PRACTICE

The **prevention** of psychosocial risks and the **protection** of workers' **mental health** can be addressed by:

- **Binding legal instruments**, such as:
 - International Labour Standards → ILO legal instruments setting out basic principles and rights at work;
 - Regional Standards → Declarations, directives and other instruments adopted by regional institutions;
 - National legislation → Labour Codes, OSH Laws, OSH Acts, specific OSH regulations;
 - Collective agreements → Social partners' agreements complementing or going beyond national legislation for the benefit of workers represented in the negotiations;
- **Non-binding standards and tools** promoting harmonised action in the prevention and control of psychosocial risks and work-related stress at national and enterprise levels (technical standards, guidelines, protocols, intervention tools, training materials).



INTERNATIONAL LABOUR STANDARDS

Occupational Safety and Health Convention, 1981 (No.155) & Rec. (No.164)

➔ Adoption and application of an OSH policy aiming at protecting workers' **physical and mental health** by means of the adaptation of machinery, equipment, **working time, work organization and work processes** to the **physical and mental capacities** of workers.

Occupational Health Services Convention, 1985 (No. 161) & Rec. (No.171)

➔ Roles and functions of occupational health services in assisting employers, workers, and their representatives in establishing and maintaining a safe and healthy working environment, including the **adaptation of work to the capabilities of workers** so as to facilitate optimal **physical and mental health** at work.

Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) & Rec. (197)

➔ Requirements and functions of a national structure, relevant institutions and stakeholders responsible for implementing a national and enterprise-level OSH policy and building a **preventive OSH culture**.



REGIONAL STANDARDS

Framework Directive on Safety and Health at Work, 1989 (EU)

➔ Employers responsibility to ensure workers' health and safety in **every aspect** related to work.

Directive on the minimum safety and health requirements for work with display screen equipment, 1990 (EU)

➔ Employers responsibility to evaluate the safety and health conditions, particularly as regards possible risks to eyesight, physical problems and problems of **mental stress**.

Social and Labour Declaration, 1998 (MERCOSUR)

➔ Workers' right to the protection of their **physical and mental health**.

Andean Instrument on Safety and Health at Work, 2004 (Andean Community)

➔ **Organization and management of work** and **psychosocial factors** included in the definition of “working conditions”.

Directive on prevention from sharp injuries in the hospital and healthcare sector, 2010 (EU)

➔ Employers responsibility to ensure the safety and health of workers in every aspect related to their work, including **psychosocial factors** and **work organization**.



NATIONAL LEGISLATION

Can provide for the **prevention** of psychosocial risks and work-related stress and the **protection** of workers' mental health and well-being, through:

- The scope of OSH laws, acts and regulations;
- The objectives of OSH institutions;
- The definition of “health”, “disease” or “injury”;
- The aims of occupational health or occupational medicine;
- Specific regulations on psychosocial risks;
- Employers' responsibilities and workers' rights;
- Risk assessment and management;
- Information and training;
- The functions of OSH services (including workers' health surveillance);
- Specific regulations on measures against workplace violence, psychological or moral harassment (bullying / mobbing).



INCLUSION OF MENTAL DISORDERS IN THE ILO LIST OF OCCUPATIONAL DISEASES

ILO Recommendation on the List of Occupational Diseases, 2002 (No.194)

ILO list (updated in 2010) specifically includes mental and behavioural disorders

2.4. Mental and behavioural disorders

2.4.1. Post-traumatic stress disorder

2.4.2. Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker



INCLUSION OF STRESS RELATED DISORDERS IN NATIONAL LISTS OF OCCUPATIONAL DISEASES

Examples of **stress-related disorders** included in national lists of occupational diseases are:

- Post-traumatic stress disorder (PTSD);
- Mental disorders, depression;
- Burnout;
- Fatigue, diseases caused by overload;
- Neurosis, psychoneurosis;
- Sleep disorders, insomnia;
- Alcohol addiction;
- Diseases due to psychosocial risks or work-related stress.

In some countries, stress-related disorders are compensated through a **complementary system**, even if they are not included in the national list of occupational diseases.



STRATEGIES FOR THE PREVENTION OF PSYCHOSOCIAL RISKS AND THE PROMOTION OF MENTAL HEALTH AT WORK

Several **international organizations**, **regional institutions** and **national authorities** are active in the prevention and management of psychosocial risks, the promotion of mental health at work through research, advocacy and the implementation of specific initiatives.

In several countries, **labour inspectorates** have developed guidance to help inspectors assess psychosocial risk management measures adopted by the employer during their workplace visit.



NATIONAL STRATEGIES AND INITIATIVES

Examples of initiatives implemented at national level by ministries of labour and other OSH authorities, social security institutions, research institutes, social partners and professionals' associations are:

- Inclusion of psychosocial risks within OSH **national strategies** and **policies** or adoption of specific national strategies on mental health;
- Organization of **awareness-raising campaigns** on work-related stress and mental health at work;
- Development of **research** on psychosocial risks and work-related stress;
- Design and publication of **guidelines** and **protocols** for the prevention and management of psychosocial risks and work-related stress;
- Creation of specific **risk assessment and management** and **intervention** tools.



GLOBAL TRENDS

- Similar **working situations** in developed and developing countries vs **different approaches** to deal with them.
- **Policy** and **legislation** still fragmented focusing on coping behaviours and health consequences. Development of specific related legislation has increased in recent years in several countries.
- National **data** on the magnitude of the problem that can influence public policies still insufficient in developing countries. Global data not available. Few regional data available but not comparable.
- Growing interest on work-related stress in developing countries, particularly in **research** and workplace **intervention**.
- **Confusion between the terms “stress” and “psychosocial risk”** in some developed and developing countries . Work-related stress often considered as a disorder or disease and not as the first sign of a problem.
- A **comprehensive approach to the prevention** of psychosocial risks and awareness on their impact on workers’ health still not widespread and appropriately tackled in the workplace.



A COLLECTIVE APPROACH TO PREVENTING AND CONTROLLING THE CAUSES OF WORK-RELATED STRESS

- Implement **collective risk assessment and management measures** for psychosocial risks as it will be done with other workplace risks.
- Adopt **collective and individual preventive and control measures** and **engage workers** and their representatives in their implementation.
- Improve the **coping ability** of workers by increasing their **control** over their tasks;
- Enhance **organizational communication**.
- Allow workers' **participation** in decision making.
- Build up **social support** systems for workers within the workplace.
- Take into account the **interrelation** between **working** and **living** conditions.
- Assess the **needs** of the organization by taking into consideration organizational, individual and individual/organizational **interactions** when evaluating workers' health requirements.



KEY PRIORITIES IN ILO FUTURE ACTION

- Promote the recognition of psychosocial hazards at work as the origin of work-related stress and other mental health impairments in **policies** and **legislation**.
- Support the update of **national lists of occupational diseases** to recognize work-related stress and associated mental health impairments and assist in the design of recognition criteria.
- Promote the incorporation of psychosocial hazards into **risk assessment and management measures** and the implementation of **collective preventive measures** (as done with other workplace risks) by adapting work organization and working conditions.
- Support the improvement of competencies for **research** and **intervention** in developing countries.





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