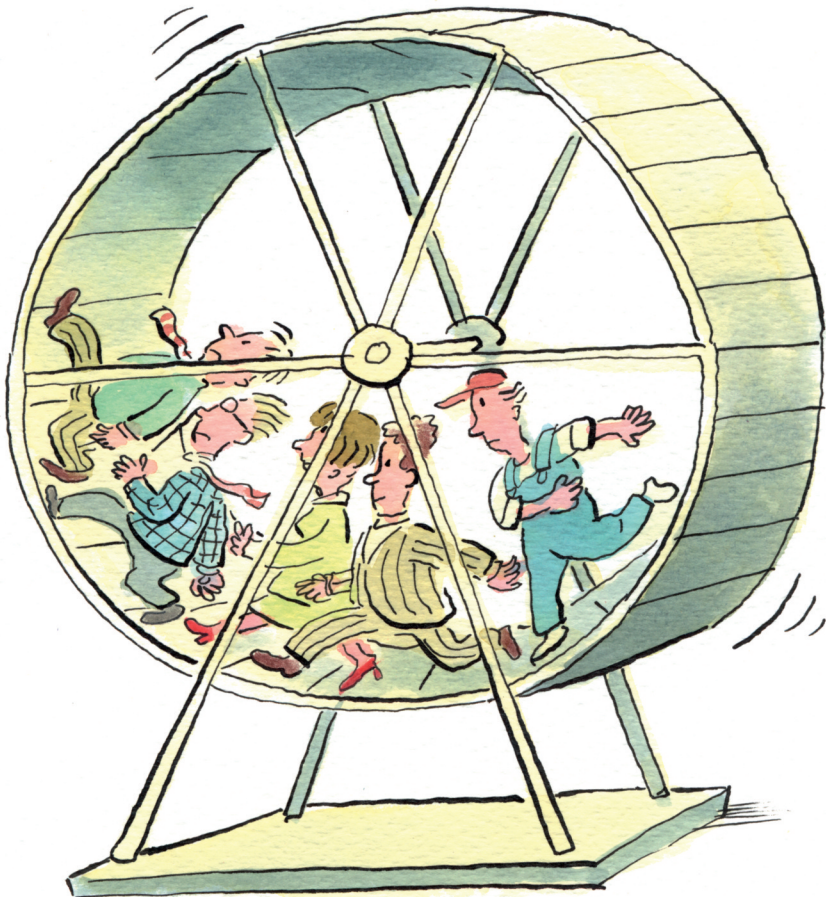


EZA Project co-ordination 2010

Stress

A Challenge for Health at Work





With kind support of the European Union

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FOREWORD

Health and safety at work is a classic and important issue for workers' organisations. As jobs change, new challenges are thrown up in this field. Whereas it used to be a matter of preventing the risks of physical accidents, today coping with stress at work is one of the most pressing tasks.

For several years now a group of member centres of the European Centre for Workers' Questions (EZA) has concentrated on this issue in its projects. Following an initial cycle of seminars in the 2005 / 2006 education and training years on preventing risks of accidents at work, some of the project partners of that time regrouped in the 2010 education and training year to examine the question of how workers' organisations could help prevent stress at work.

I am especially grateful to Silviu Ispas, Director of the [Institutul de Formare Economică și Socială \(IFES\)](#) from Cluj / Romania, who co-ordinated both series of projects, was involved with his training institute in both activities with a seminar and also wrote a part of this report, for his considerable, valuable commitment. I would also like to thank the project leaders of the [Centro de Formação e Tempos Livres \(CFTL\)](#), particularly João Paulo Branco and Antonio Brandão Guedes, who organised events in both seminar cycles and contributed suggestions with substantial content through their continual work on the issue in Portugal.

Michael Schwarz was in charge of the scientific part of this report, my colleague Matthias Homey co-ordinated the content of the activities from the EZA office. From the [European Agency for Safety and Health at Work](#) in Bilbao (EU-OSHA), Dr. Dietmar Elsler made a presentation at one of the seminars that gave major stimuli for the entire project series. The European Commission's Directorate-General for Employment, Social Affairs and Inclusion supported our activities with content and funding.

Our aim with this brochure's results and recommendations for action is to give workers' organisations and their multipliers ideas for their daily tasks in health and safety at work, and we would be delighted to receive your suggestions and comments on this issue of importance to all workers. Our contact details are on the back of the brochure.

Roswitha Gottbehüt
Secretary General EZA

INTRODUCTION

The European Union's policy on ensuring health and safety at work is based on Art. 137 of the Treaty establishing the European Community, in which the member states assign pertinent responsibilities to the Union. The Directive 89/391/EEC on the introduction of measures to encourage improvements in the health and safety of workers at work lays down general principles. Other European legislation in this field addresses specific problems, such as chemicals, noise and the special treatment of pregnant employees. The aims and priorities of the European policy are described in detail in the [EU Strategy 2007-2012 on Health and Safety at Work](#). In this document, whose aim is to reduce the number of work-related accidents by 25 per cent by 2012, it says:

“The Commission aims with this Communication to encourage all the parties involved to make a concerted effort to reduce the high cost of occupational accidents and diseases and to make well-being at work a tangible reality for European citizens”.

The issue of “health and safety at work” is also the focus of the EZA member organisations, which see themselves as players and promoters of social dialogue. Various member centres have already tackled this issue. In 2006 it was addressed by the Romanian training institute IFES (Institutul de Formare Economică și Socială) in its seminar “Health and safety at work as an important theme of the European social dialogue”. A total of three seminars were held on the subject in 2008 and 2009. The Belgian member centre [HIVA \(Onderzoeksinstituut voor Arbeid en Samenleving\)](#) dealt with the topic of “Health and safety at work for flexible working conditions”, the Hungarian trade union [MOSZ \(Munkástanácsok Országos Szövetsége\)](#) discussed “The trade unions’ duty to ensure health and safety at work” and the

Italian workers' organisation [ACLI - ENAIP \(Associazioni Cristiane Lavoratori Italiani - Ente Nazionale ACLI Istruzione Professionale\)](#) addressed the question of "Quality of work, quality at the workplace".

In this respect it is also worth mentioning the joint project carried out by the Portuguese centre CFTL (Centro de Formação e Tempos Livres), the Romanian training institute IFES, and TRINITY, the former training institute of the Danish trade union [Krifra](#), in 2005-2006. In this period a series of three international seminars, a national research study by CFTL and several workshops served to prepare a conference on health and safety at work, held in Lisbon in January 2006. Its focus was on the physical risks (accidents, vapours, volume of noise etc.) at the workplace. The final conference of the co-ordinated projects referred to above was organised by IFES in Târgu Mureș / Romania in June 2006, taking a local chemical factory as an example to show that much greater importance must be attached to preventing damage to health.

The EZA members' interest in various aspects of the issue was also documented by three international seminars and a working group on **Stress at Work** in 2010-2011. The focus was on the increase in stress and psychosocial disorders. The four events were part of a project co-ordination and the results evaluated in a thematic and seminar-specific respect.

1 PROJECT CO-ORDINATION SEMINARS

The Catalan workers' organisation CEEFT (Centre d'estudis europeu per a la formació dels treballadors) addressed the question of "The financial and economic crisis - what became of health and safety at work?" during its seminar in Barcelona (Spain) in September 2010.

"The role of the social partners in preventing work-related stress" was discussed by the Romanian training institute IFES in Sibiu (Romania) in October 2010.

In October 2011, the [Lëtzebuenger Chrëschtliche Gewerkschafts-Bond \(LCGB\)](#) tackled the issue of "Health and safety at work" during its seminar in Dommeldange (Luxembourg). The focus was on preventing burn-out and other stress-related health problems.

In February 2011, the Portuguese workers' organisation CFTL set up a working group to analyse the results of the three preceding EZA seminars on "Health and safety at work".

2 METHOD

The aim of this publication is to edit the key input into and discussions during the three seminars and the working group by topics, and to present a structured synopsis of necessary measures and of current developments and trends in stress at work. To enable as complete and up-to-date a picture as possible of the current status of discussion and development on this issue, besides the seminar results reference is also made to relevant publications and documents of the European Agency for Safety and Health at Work (EU-OSHA) and the [European Foundation for the Improvement of Living and Working Conditions \(Eurofound\)](#).

3 MAIN PART

3.1 THE CONCEPT OF WORKPLACE HEALTH PROMOTION

The concept of health promotion was developed and enshrined in 1986 by the [World Health Organisation \(WHO\)](#). According to the WHO, it is a process aimed at enabling people to exert more influence on their state of health and to actively improve their health. Accordingly, health should be promoted at work, in the social living environment, in schools and hospitals.

The 1997 [Luxembourg Declaration](#) on Workplace Health Promotion in the EU gives a definition of workplace health promotion (WHP). It is described as a modern corporate strategy aimed at preventing sickness (work-related illnesses, accidents, occupational illnesses, stress) at work and boosting potential for health through targeted health-promoting conditions of work and organisation in job design and HR management, thus improving employees' health and efficiency. It encompasses all joint measures by employers, employees and other social players.

Workplace health promotion (WHP) measures can be taken in three areas: firstly, behaviour-oriented measures aim at changing employees' behaviour. This can be promoted, for instance, through seminars on stress management, by relaxation training, dietary advice and courses on addiction prevention. Secondly, condition-oriented measures aim at changing workplace conditions. Healthy working conditions can be achieved by better work organisation, noise protection, working time organisation, rest rooms and better ergonomics at the workplace. Thirdly, system-oriented measures try to create a good working atmosphere, co-operation between colleagues and team spirit, as well as to improve relations between management and employees. Team development, leadership training, conflict management

and prevention of bullying and harassment are suitable measures in this respect.

The long-term aim of these measures is to reduce company sickness costs and absenteeism, and to increase efficiency and productivity. The costs of sickness-related absence can be subdivided into direct costs (productivity decrease per hour) and indirect costs (expenditure on organisation, use of temporary workers, loss of productivity). The indirect costs exceed direct



costs by a factor of two to four. According to a study by the German Association of Company Health Insurance Funds, health promotion schemes help reduce employee absenteeism by 12 to 36 per cent and increase productivity investments by a factor of four to six.

Thus the benefit of workplace health measures both for the company and for the employees is plain to see. Companies profit from the reduction in sickness-related days lost, from the increase in motivation, the increase in productivity, the decrease in fluctuation, better communication and co-operation, the improved working atmosphere, the lower workload, the reduction in stress factors, a better corporate image and corporate identity. The employees suffer fewer health problems, enjoy greater work satisfaction, an increase in physical, mental and social well-being, a lower workload, healthier behaviour and less stress.

3.2 PREVENTION POSSIBILITIES

The European Agency for Safety and Health at Work (EU-OSHA)

(<http://osha.europa.eu/en>) makes an important contribution on European level to maintaining existing standards of health and safety at work. OSHA, which had a representative at the seminar of the Catalan workers' organisation CEEFT, is the European Union organisation set up in Bilbao in 1996 to improve working conditions in respect of health and safety at work. Its main task is to collect, analyse and disseminate technical, scientific and economic information on this issue to the Community bodies, member states, social partners and other relevant players. The agency's aim is to establish a preventive European work culture with secure, health-promoting and productive jobs, to create awareness of risks, emerging risks and prevention possibilities, to identify and pass on good practice, and to promote co-operation between the member states in relation to the exchange of information and research as well as networking. The agency is a tripartite organisation that works together with national government representatives, members of the European Commission, workers' and employers' representatives.

It is assisted by strategic groups of advisers from the "Information on Work Environments" area and the "European Risk Observatory". The brief of the [European Risk Observatory \(ERO\)](#) is to identify new and emerging risks in health and safety at work with a view to improving the early implementation of effective preventive measures. To achieve this aim the observatory provides an overview of the situation of health and safety at work in Europe, describes trends and underlying factors, and anticipates changes in the world of work and their presumable impact on health and safety at work. The agency's main information network consists of "focal points" in the member states, accession countries and EFTA states¹. The focal points are

1 The EFTA states are Iceland, Liechtenstein, Norway and Switzerland.

appointed by each government as official representatives and are usually national bodies that deal with matters relating to health and safety at work. The focal points assist the agency by supplying information and through their work with national networks, governments, workers' and employers' representatives.

According to European Agency for Safety and Health at Work surveys, every year 167,000 workers die of work-related illnesses, accidents and handling materials and substances that are dangerous or hazardous to health. The Labour Force Survey 2007 shows that 8.6 per cent of workers suffer from work-related health problems and 3.2 per cent have sustained work-related accidents. According to the EU Community Strategy 2007-2012, the majority (76%) of costs incurred with accidents and work-related illnesses are covered by state funds, the rest being borne by the injured persons and their families (13%) and the employers (11%).

As a stimulus to boosting *preventive measures and activities*, for the main part in Europe insurance incentives are created that are in general directly related with accident rates in companies. Tax breaks for companies that pursue preventive approaches are practised in Latvia, the Netherlands and Germany. In Italy the accident insurance funds help repay the interest on loans invested in promoting a better working environment. In addition, most member states operate funding mechanisms for training and putting innovative concepts into practice. The certification and auditing of preventive mechanisms and concepts in companies is a further incentive, especially if the costs this incurs are reimbursed by insurance companies or state agencies.

In addition to these incentives, it is important that a company's management and executives take to heart, champion and communicate health and safety and stress prevention as a core feature of job design as well as devel-

op and implement long-term strategies. The dialogue with workers about potential risks is a major starting point. The result of targeted health promotion and behavioural prevention in companies is better working conditions, a better work atmosphere, increased staff motivation and greater attention to the labour force by the management. Raising the focus on health therefore protects against impairments to health, improves the state of health and in the long run increases employee satisfaction and the success of the company. In this regard particular emphasis should be laid on the OSHA report of 2009 “OSH in figures: stress at work – facts and figures”² that addresses work-related stress in the EU member states and its different forms and degrees in relation to age, gender, sector, type of employment, employment status and psychosocial risks.

2 c.f. European Agency for Safety and Health at Work (EU-OSHA) (pub.): OSH in figures: stress at work – facts and figures, obtainable from http://osha.europa.eu/en/publications/reports/TE-81-08-478-EN-C_OSH_in_figures_stress_at_work

3.3 THE CURRENT STATE OF RESEARCH

Besides the *European Agency for Safety and Health at Work*, the *European Foundation for the Improvement of Living and Working Conditions (Eurofound)* (<http://www.eurofound.europa.eu>) also focuses on the physical, mental and social well-being of workers as well as work-related stress, illnesses and the health challenges for the disabled. Various Eurofound studies show that musculoskeletal illnesses and stress are the two most common work-related health problems.

This is also backed up by the Eurofound report on work-related stress published in 2010³, which studied this issue in the 27 member states, identifying the central risk factors as a heavy workload, long working hours, little work autonomy, little co-operation among colleagues, and changes in work organisation. The most frequent consequences of stress in individual, organisational and social terms are physical and mental problems, absenteeism, poor work results, increased expenditure on health, and lower productivity. As work-related stress already represents a major cost factor for companies and countries, identifying problem-solving approaches in the EU member states for developing a coherent prevention policy is very important. A key step in this direction was the “European Autonomous Framework Agreement on Work-Related Stress. Report by the European Social Partners”⁴, as this improved the co-operation between workers and employers and made it possible to implement framework agreements on a national, sectoral and company level, as well as on the level of the social partners, with the inclusion

3 cf. European Foundation for the Improvement of Living and Working Conditions (Eurofound) (pub.): *Work-related Stress*, 2009, available under www.eurofound.eu

4 cf. ETUC/ BUSINESSEUROPE/ CEEP/ UEAPME (pub.): *Implementation of the European Autonomous Framework Agreement on Work-Related Stress. Report by the European Social Partners*. Adopted at the Social Dialogue Committee, 2008, available from http://www.etuc.org/IMG/pdf_Final_Implementation_report.pdf

of national agencies. Apart from the individual and organisational consequences of work-related stress, the study also highlights the social consequences and attempts an analysis of relevant possibilities of intervention in terms of their effectiveness. This makes it clear that the new EU member states are considerably more affected by work-related stress than the EU-15 states, and that public debate on this issue is still at an early stage in some countries. Although initiatives on stress management and stress relief are now on the agenda in many companies and organisations, stress is a complex phenomenon, since personal feeling and individual resilience play an important role in dealing with work-related stress.

3.3.1 STRESS AND BURN-OUT



Eurofound has been addressing the issue of stress since 1993. The 2005 survey on working conditions in Europe⁵ concluded that stress was one of the most common work-related health problems and already affected 22 per cent of the European labour force. Stress describes a non-specific reaction of the body to any demand, and is subdivided into positive stress, termed “eustress”, and negative stress, known as “distress”. Whereas with eustress the stress phase is followed by a recovery phase, this is not the case with distress. Stress is directly related with job satisfaction, is often the cause of other health problems and in the worst case can result in burn-out.

⁵ European Working Condition Survey 2005, available from <http://www.eurofound.europa.eu/surveys/ewcs/>

Burn-out is the feeling of mental, physical and emotional fatigue that results in a decrease in the ability to perform, psychosomatic reactions and despair. According to estimates, in the near future some 25 per cent of all gainfully employed people will be affected by burn-out. That is why it is of crucial importance to develop and implement national policies to improve job-related psychosocial stress factors in the individual member states. This entails drafting appropriate legislation, inspecting workplaces, circulating information on stress, conducting scientific studies on the issue, creating economic incentives to implement preventive measures, reviewing existing insurance policies and involving workers. Besides preventive measures on a company level, suitable measures on an individual level are likewise of fundamental importance. These include the workplace health promotion measures explained in 4.1.

With regard to health, besides work-related stress and burn-out Eurofound identified several key challenges and developments, which are addressed in greater detail below.

3.3.2 DISABILITY AND CHRONIC ILLNESSES

17 per cent of the population and 15 per cent of people of working age have chronic illnesses or disabilities. There are twice as many workers without disabilities in the labour market as there are disabled workers, whilst the unemployment rate among the latter group is three times as high and the level of income much lower. In some member states, about 10 per cent of the population of working age are drawing benefits owing to long-term incapacity for work. Chronic illnesses, especially stress-related and mental problems, are a major factor in many workers deciding to opt for early retirement schemes. That is why effective measures taken at the onset of an illness are vital, as less than 50 per cent of those affected return to work

after being absent for more than three to six months. What is more, companies also have to cope with the reintegration of sick employees. This calls for a holistic approach, which involves not just the sick workers themselves but also their families, the employer, a doctor and the company's health officer or staff development officer.

3.3.3 THE AGEING OF THE WORKFORCE

The increasing age of the workforce makes it vital to study existing problems of health at work, in particular the problems of elderly workers. These include fewer opportunities for on-the-job training, limited professional development opportunities and limited access to new technologies. The "4th European Working Conditions Survey" showed that elderly workers' decision to carry on working depends very much on the following factors: firstly on existing career opportunities and job security, secondly on their own state of health and well-being, thirdly on whether there are opportunities for further development, and fourthly on the balance between private life and work. That is why good working conditions are a fundamental precondition for good long-term jobs and staying employed for a long time.

3.3.4 DEMAND FOR CARERS

The developments described in 4.3.3 produce an increasing demand for carers. However, the rise in demand is countered by poor working conditions in this sector, and the profession is made less attractive by low wages, a low social status and high rates of turnover and burn-out. As the care sector offers a large number of jobs in the public and private sector, future policy must encompass both approaches and promote them. Support for such private care facilities by financial incentives or back-up services will be one of

the major challenges in the next few years. A high level of security thus forms the basis for creating attractive care jobs and for costing the financial feasibility of care.

3.3.5 THE INCREASE IN INDIVIDUAL/PRIVATE CARE WORK

The 2005 Eurobarometer survey on health in the EU-27 reaches the conclusion that the combination of state and private care facilities calls for an individual organisation of work and working time organisation to enable workers to care for dependant family members. If this materialises, workers' care activities can be reduced, their productivity at work increased and their quality of life improved. Since the enlargement of the EU eastwards, an increase in family care work has been observed along with a higher degree of intergenerational assistance. More than 80 per cent of EU citizens prefer care services that allow them to stay in their own home. However, the increasing extent of intergenerational assistance also means a double workload for those gainfully employed.

3.4 THE FUTURE OF THE HEALTH SECTOR AND SOCIAL SECURITY SYSTEMS

Future trends point to a rise in private care activities, to the recruitment of additional health professionals from outside Europe, to pensioners becoming active in retirement, to an increase in environment-related diseases, such as skin cancer, and to greater resistance to antibiotics.

Another trend is the increasing internationalisation of healthcare stakeholders and patients' organisations, an impressive example of which is the "International Alliance of Patients' Organizations" (IAPO)

(<http://www.patientsorganizations.org>). In the future this may mean that consumer organisations can and will counter the interests of the healthcare and pharmaceutical industry on a national and international level.

New information and communication technologies (ICT) likewise play their part in far-reaching changes in the relationship between patient and doctor. Besides the exchange of information relevant to illness between doctors and health professionals there are also new methods of remote diagnosis, telemedicine, genomics and robotics. This calls for the training of specialised healthcare computer scientists to develop intelligent ICT. At the same time, however, this development means the risk of an increasing politicisation of the health sector, particularly with regard to the funding system. Tax-funded, contribution-funded and privately financed systems are already vying with each other in the individual member states.

Despite the fact that the chief responsibility for providing health services lies with the member states, there is a noticeable increase in campaigns and initiatives on European level. The measures range from exchanging information and discussing best practices between the member states right through to initiatives on standardising health initiatives, the mobility of patients and health professionals in the internal market, and support for high-tech innovations in the biotech sector, such as genomics.

As the workers' organisations see it, the funding of health and social security systems requires the free provision of all relevant services for the lowest income group. In addition, contributions must be scaled according to income to ensure maximum cover and quality. On top of that is the gradual decentralisation of responsibility onto the local level to enable individual needs to be met by local basic medical care. Moreover, the development and training of skills for the "high-tech health sector" is of major importance. The aim must be to maintain comprehensive primary care in the health sector for all workers to prevent a division between the haves and the have-nots.

3.5 SEMINAR RESULTS

The seminars reached the unanimous conclusion that guaranteeing health and safety at work and reducing work-related stress was in the interest of everyone concerned: workers are spared occupational illnesses/their long-term consequences, companies save money through less absenteeism and loss of earnings, and the state needs to spend less money on people affected by occupational illnesses. The results of the individual seminars are differentiated again below.

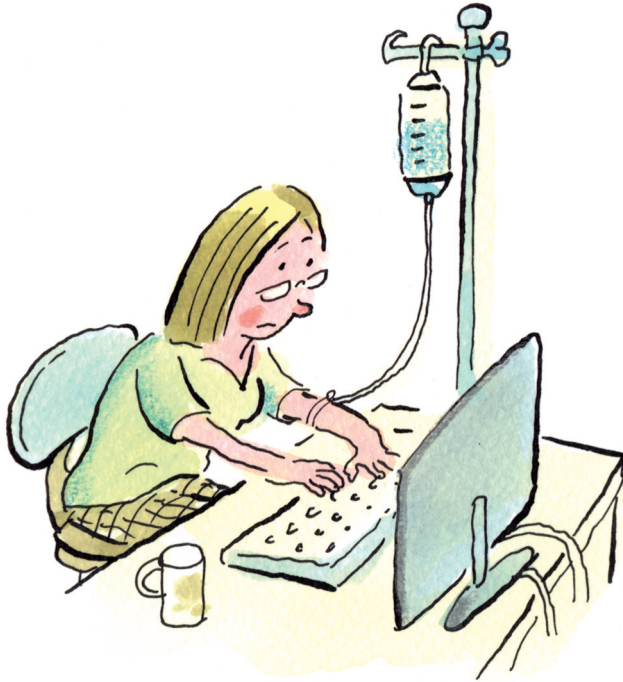
3.5.1 CEEFT

The CEEFT seminar concentrated on the economic situation as well as social and professional integration characterised by the economic crisis, and shed light on various possibilities of social inclusion, such as the possibility of specific training courses or companies assuming greater social responsibility to reduce job-related risks – in particular to reduce job-related stress. The aim of a comparative analysis of political measures to reduce job-related risks was to elucidate the different strategies and realities in different EU member states; and the importance of a balance between corporate interests and the workers' right to health was highlighted.

The dilemma in which many workers find themselves with regard to questions of health and safety at work was discussed in the context of the current financial and debt crisis. On the one hand, companies have a tendency to cut costs by reducing the quality of jobs, while employees tend to compromise on safety in the establishment of their conditions in the interest of keeping their jobs. For this reason, there must be a guarantee with the involvement of the social partners that the current standards for health and safety at work are not further relaxed.

Whilst the number and frequency of work-related accidents continue to decrease even in times of crisis, there is a noticeable increase in part-time employment, temporary work and self-employment. As already stated, the increasing restructuring of many companies has a negative impact on the protection of health at work, mental and cardiovascular illnesses are on the rise, and the risk of losing one's job owing to sickness-related absences of more than six months from work is likewise greater.

3.5.2 LCGB



The LCGB seminar discussed the importance of health and safety at work, debated the significance and cause of occupational stress and burn-out syndrome, and highlighted the consequences under labour law of burn-out and unhealthy working conditions. According to the seminar-goers, in future health protection and good conditions of prevention must be regarded as a social and corporate duty. At the end they discussed the current “EU Strategy 2007-2012 on Health and Safety at Work”.

The seminar demonstrated that we must abandon received ideas of health and safety at work. Accidents at work caused by improper use of tools and equipment are no longer the biggest problem. Now increasing performance requirements, stress, overwork, insecure job prospects and the incompatibility between job and private life feature among the main problems responsi-

ble for 50 to 60 per cent of job-related illnesses. In particular there has been a marked increase in chronically degenerative diseases and psychosocial illnesses. In Luxembourg 19 per cent of all accidents at work occur in 3 per cent of the companies and account for 21 per cent of insurance costs. The majority of accidents happen not in the building and industrial sector as they once did, but in small and medium-sized enterprises (SMEs). In this scenario it is the workers' organisations' task to put a greater focus on the SMEs, to identify the changing problem situation, to demand that the political agenda be updated accordingly, and to make company managers aware of health protection.

Finally the seminar-goers said that work-related accidents and illnesses represent a huge burden on public and private social security systems. That is why, they went on, co-ordinated and strategic measures were required, as well as co-operation between the parties involved – workers, employers, national governments and the European Commission.

3.5.3 IFES

The IFES seminar focused on the role of the social partners in preventing stress at work and was given scientific assistance by a Belgian and a Romanian university. It also presented results of pertinent research studies – in particular the Eurofound study on work-related stress referred to in 4.3 – and discussed new findings on the causes and effects of individual, organisational and economic stress. Another important topic of the seminar was preventing occupational stress and reducing its consequences, with a survey on this issue carried out in Germany, Austria, Portugal, Spain and Slovakia being presented. In the final part of the seminar they analysed what part the social dialogue partners could play in introducing the European Autonomous Framework Agreement on Work-Related Stress.

The seminar emphasised that stress can be caused by various factors in the work environment, such as low wages the workers cannot live on, insecure jobs that risk being lost at any time, and unemployment. What has been observed in Romania in this respect is that primarily multinationals are concerned with health & safety at work and preventing work-related stress because they are intent on maintaining the existing positive image.



The seminar-goers stressed that the trade unions must come up with ideas on amending legislation in this area and should press for the introduction of provisions in collective wage agreements on a European and national level. And the public still has to be made aware of the most common causes of stress.

3.5.4 CFTL

In Portugal the issue of work-related stress has been gaining in importance among various trade union and university organisations since 2002. It is the same with on-the-job training, training courses, studies and days of action in companies on this issue. According to the seminar-goers this can also be explained by the European Agency for Safety and Health at Work's measures with regard to work-related stress. The previous project co-ordination seminar results were discussed again by the CFTL working group, involving various experts from the EZA member organisations. The working group reached the following conclusions:

1. The preconditions for creating “more and better jobs”, one of the principal objectives of the Europe 2020 Strategy, are considering the quality dimension of work as well as the health and safety of workers at work.
2. The social partners' work must be geared to keeping employees informed. Members of the workforce must develop awareness of proper behavioural patterns at work.
3. The personal background/environment and a good balance between work and private life are crucial to managing and preventing job-related stress. These two areas are of fundamental importance to the development of future prevention concepts.

4. The Portuguese blog “Wellness at Work” contributes to the exchange of information on working conditions and work-related stress, attracting an average of 100 visitors a day from different countries (<http://bestrabalho.blogspot.com/>). This blog should be made better known throughout the EZA network.
5. A project for coping with stress at work ought to be developed in the medium term. The focus should be on carrying out an extensive study in several EU countries and developing a seminar concept for the presentation of results by the organisations represented in the working group.
6. A section on “stress at work” should be added to the EZA member centres’ websites and issues relating thereto discussed by means of a new blog to be set up.

4 PROSPECTS AND RECOMMENDATIONS FOR ACTION

Stress at work has a profound impact on the economic and social life of our age. The prevention strategies used determine individual and organisational performances as well as the quality of our present and future life.

To come up with a preventive policy of health at work, workers' existing health problems must be considered and the potential risks to which they are exposed must be identified. Work must also be allocated and organised in such a way that workers' interests are also taken into consideration.

When targeted prevention policies are drawn up (see 4.2), it is important to incorporate the main causes of work-related stress, such as bad organisation of work and working conditions, low wages, the incompatibility of family and working life, as well as the support of the personal environment, and to come up with solutions that tackle these causes.

Health & safety at work and the individual feeling of stress are subject to constant change, varying from region to region and from country to country. Whenever new problems arise, new solutions are required that must vary according to the country-specific context.

Work-related stress can only be managed by two-track measures – changing the legal framework and human behaviour. The efforts made by the EZA member centres interested must reflect this.

Workers' organisations must put forward proposals for amending legislation in this area and push for the introduction of better health and safety at work provisions in collective wage agreements on a European and national level.

Workers' organisations must focus more on SMEs, because that is where the most problems occur with regard to work-related stress, and making the management of these companies aware of health protection.

In the context of the financial and debt crisis, we must impress on workers that, far from keeping jobs, compromising on safety when working conditions are established incurs extra costs.

As the workers' organisations see it, the funding of health and social security systems requires contributions to be scaled according to income and responsibility decentralised onto the local level to enable individual needs to be met by local basic medical care.

The EZA network's constant interest in this issue must be maintained, as the international dimension of the seminars enables a transnational exchange of experiences, solutions and relevant practices (some best practice, some not) and ensures effective circulation of the results through the publishing of brochures.