Deliverable 3.2

National Policy Briefs

Austria, Belgium, Denmark, Estonia and Italy

September 2025

Co-funded by the European Union

This document forms Deliverable 3.2 of the PSYR-IR project. It brings together the Policy Briefs for the five countries in the scope of the project: Austria Belgium, Denmark, Estonia and Austria, both in English and the national language.

This is the joint work of:
Austria: Ursula Holgrewe, Maddalena Lamura & Tatjana Neuhuber, ZSI
Belgium: Lise Szekér, Liesbeth Op de Beeck, Sem Vandekerckhove & Karolien Lenaerts, HIVA – KU Leuven
Denmark: Lise Szekér & Karolien Lenaerts, HIVA – KU Leuven
Estonia: Mari-Liis Ivask, Marina Järvis, Karin Reinhold & Jelena Hartšenko, Taltech
Italy: Silvia Caneva, Ilaria Fiore & Diletta Porcheddu, Adapt.

September, 2025

For more information type the e-mail address of the corresponding author

Please refer to this publication as follows:
PSYR-IR project (2025). Deliverable 3.2. National policy briefs: Austria, Belgium, Denmark, Estonia and Italy. PSYR-IR – The opportunities for industrial relations to prevent and manage psychosocial risks in post-pandemic workplaces.

This publication is also available via https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

This publication is part of PSYR-IR – The opportunities for industrial relations to prevent and manage psycho-social risks in post-pandemic workplaces, which has received funding by the European Commission, DG Employment, Social Affairs and Inclusion.

Co-funded by the European Union

PSYR-IR

PSYR-IR

Policy brief

https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

Strengthening mental health in Austrian workplaces: with a focus on the healthcare sector

September 2025

Ursula Holtgrewe, Maddalena Lamura (ZSI – Centre for Social innovation GmbH)

Context

This policy brief is based on the research of the PSYR-IR project conducted in Austria (Holtgrewe et al., 2025). The project, running from 2023 to 2025, explored opportunities for industrial relations to prevent and manage psychosocial risks in post-pandemic workplaces. Research took place on the European level (Habraken et al., 2024) and nationally, in Austria, Belgium, Denmark, Estonia and Italy. The project team focused on both psychosocial risks at large and specifically in selected sectors. In Austria, healthcare specifically was investigated. In each country, researchers reviewed relevant literature, conducted interviews with experts and social partner representatives in the field, and ran a survey among workers in the selected sectors. In Austria, ten expert interviews took place and 263 healthcare workers, recruited through trade union and Chamber of Labour contacts and through the survey company Norstat, completed the online survey.

OSH and psychosocial risk in Austria

In Austria the revised **Occupational Health and Safety Act of 2013** explicitly integrated psychosocial risks into OSH regulation. As in OSH generally, to address various dimensions of psychosocial risk social partners, dedicated authorities and bodies of expertise collaborate closely on guidelines and initiatives. They offer ample information and support to companies, workers and workers' representatives. General awareness and destigmatisation of mental health issues has also, slowly, been improving, especially with increasing public awareness of mental health issues following the Covid-19 pandemic. Experts agree that the institutional side is well aligned with the European state of the art, and Austrian institutions both learn from and contribute to European initiatives.

Legally, **risk assessment** is the responsibility of each employer. The law foresees a continuous improvement cycle in which risks are assessed, prevention and mitigation measures identified and implemented, the measures' effectiveness evaluated, and further improvements made. However, gaps lie in the implementation and general enforcement of OSH legislation, and specifically in employers' adoption of this continuous improvement philosophy. In a recent survey of work councillors and OSH representatives, fewer than one in eight surveyed work councillors reported that 'their' company addressed psycho-social risks through the whole legally mandated cycle of improvement (Adam et al., 2024, S. 95).

This cycle assumes that OSH is a **win-win-configuration** for workers and employers in which better health and job satisfaction of workers improves labour retention and productivity as well. Despite ongoing collaboration, the interest of social partners and their political counterparts in psycho-social risk and prevention remains somewhat asymmetrical in Austria: for workers and their representatives, the issues are increasingly vital as they affect working people's whole lives.

Summary

In Austria, OSH regulation, social partnership and dedicated authorities and institutions all address psychosocial risk in line with the European state of the art. OSH is the legal responsibility of employers, and the law foresees a continuous improvement cycle. Social partners and OSH actors offer ample information, advice and support to companies, workers and workers' representatives. However, gaps between the legislation, general OSH enforcement, and the implementation of continuous improvement persist.

Healthcare workers are highly exposed to psychosocial risks, with higher vulnerability along age and socio-demographic characteristics. Problematic working conditions in the healthcare sector were exacerbated during Covid-19 and still pose challenges.

The policy brief outlines the situation of psychosocial risk prevention in OSH at large and in the healthcare sector and provides recommendations to policy, social partners and OSH actors for both subjects.

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

Employers, as caring as they may be, adopt the idea of mutual gains somewhat tentatively. Employer representatives tend to interpret their legal responsibility in the light of managerial prerogative and remain averse to mandatory procedures that are considered burdensome.

In enforcing legal provisions, **the Labour Inspectorate** navigates this conflict of interest. The authority has limited resources that have not been aligned with the general rise in employment in Austria (Adam et al., 2024), and the likelihood of companies being inspected in the has decreased from 2019 to 2024 (EU-OSHA, 2024). The authority sets annual priorities in sectors and issues, emphasises advice over sanctions and takes a generally measured and didactic approach to companies, also in addressing 'new' issues such as digitalisation or gender and diversity (Arbeitsinspektion, 2019). Hence, the OSH system in Austria offers ample information, support and advice to the willing. Good and very good practices and initiatives can certainly be found in Austria.

However, the **gaps in implementation and enforcement** are large, and they affect vulnerable groups of workers more than others. Vulnerability increases at the intersection of sociodemographic characteristics and employment status. Small and medium-sized enterprise employees, those in low-skill and low-wage occupations (often in outsourced services), migrants, women, young workers, mobile workers, and the precariously employed carry particular risks, with women and migrants disproportionately exposed to discrimination or violence and harassment. In addition, these groups often lack the workplace resources and power to act and perceive few alternative options when exposed to poor working conditions and in precarious employment. Mobile workers are harder to reach by unions and OSH bodies that offer information and support. Hence, there is room for improvement in the implementation of the law and the use of the capacities of the OSH community.

While there is research being conducted in Austria on OSH, job quality and psycho-social risk, much of it is scattered among varied disciplines and institutions, small-scale projects and programmes. Psychosocial risks as well as 'new' or increasing risk configurations of digitalisation and algorithmic management, cost-cutting in the economic crisis, organisational change, customer contact, precarious working and new forms of employment require **more transdisciplinary research**. For a start, experts and researchers would like to see more data on actual inspections, assessments and outcomes, and more research on the efficacy of specific practices and initiatives (cf. Kloimüller, 2025). Offering accessible evidence of 'what works' in which contexts may also increase the motivation of companies to engage with psychosocial risk management.

Union and labour experts in both the healthcare sector and the field of OSH at large agree – and the PSYR-IR survey confirms – that in addition to formal representation **direct participation of employees** is key to more effective and sustained initiatives, especially those with a more preventive emphasis. This may feed into virtuous circles of engagement, knowledge exchange, commitment of all involved, and the experience of success and generation of further ideas. The process itself – if results are generated – may already contribute to better mental health of participants, as they experience appreciation, self- and team efficacy and collaboration that contribute to better mental health.

Advancing psychosocial risk prevention in OSH: recommendations

Experts and stakeholders disagree on the question whether more regulation in the shape of an implementation ordinance for the obligatory risk assessment is needed, or if 'soft law' and better communication are to be favoured. Since the number of labour inspectors and inspections has not increased in line with the increase in employment and new OSH issues in Austria (Adam et al. 2024), an **increase in labour inspection staff** would support both strategies. **More hours of obligatory involvement of OSH professionals**, especially work and organisation psychologists (and possibly paying them via collective funds instead of companies directly commissioning them), may also increase capacities to address psychosocial risk.

In the light of **precarious and new forms of work**, work in outsourced services such as transport or cleaning, or mobile and platform work, the application of OSH management is challenging. The Labour Inspectorate regularly set priorities in these sectors, but working on client's sites, in private households or along long subcontracting chains, workers, managers and workplaces are hard to reach. Ways to include such workers in OSH instruction or assessment on clients' sites or in collaboration with their own employers should be encouraged. In the public sector, ways to include OSH prevention in the **procurement of risk-prone services** could also be explored. Whereas much OSH expertise, information and many initiatives are sector-specific, some **learning across sectors** can be helpful. For instance, the construction sector has a long tradition of addressing the risks of multi-employer and networked worksites and some institutional provisions for sector-specific employment risks.

Beyond the purview of current mainstream labour and social policy in a period of economic stagnation, **effective sanctions** may also be explored. Indeed, according to the ESENER employer survey (EU-OSHA, 2024), the legal obligation, demands of the labour council, and penalties do motivate companies to manage OSH. Offering incentives for mere compliance with the law is generally not a good idea, but surcharges on employers' social security contributions in cases of unmitigated OSH risk exposure might be considered – but would require a large and politically unlikely revision of the mechanisms through which the social security system assigns responsibilities.[1]

In communication and information, social partners, the Labour Inspectorate and AUVA might focus more on **showcasing both good practices and 'entry-level' initiatives** that have been proven to work. Targeted research can support this. This is in line with the Labour Inspectorate's didactic approach and may help employers to overcome concerns over the efforts required. Visible involvement of practitioners from both the employee and

1 Trade unions in Austria demand a 'bonus-malus' system in unemployment insurance to incentivise the employment of older workers: https://www.derstandard.at/story/3000000278221/sollen-unternehmen-draufzahlen-die-kaum-aeltere-beschaeftigen

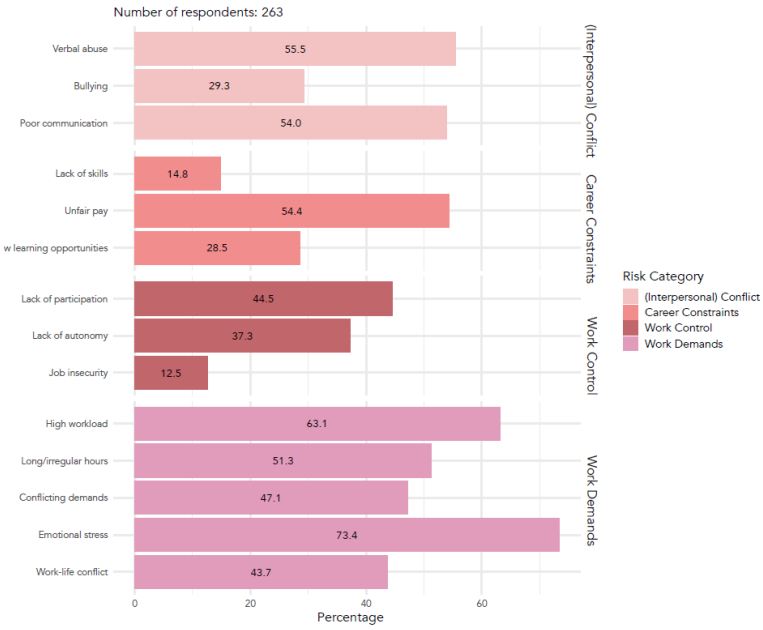
employer/management side can enliven the OSH community's discussions and debates. Larger-scale **transdisciplinary research initiatives** in collaboration of the **social and health policy** domains are also recommended and could be aligned with European programmes and should feed into professional training on psychosocial risk.

Research and training of professionals in psychosocial risk prevention as well as worker representatives, unionists and HR managers could also **extend to** methods **of direct worker involvement and participation**. Our research suggests that such processes simultaneously contribute to effective risk prevention and improvements in mental health. Some research and practice initiatives in related contexts, such as the Chamber of Labour's 'Digitalisierungsfonds' (= Fund for digitalisation), already develop and promote ways of involving workers in the transformation of work. Workers' insights can contribute to targeting and adapting initiatives to the respective needs and situation of diverse groups of workers. Not least can workers' lived experience complement the professionalism of OSH experts, widen the perspective of possible solutions, and broaden the knowledge base on OSH.

Psychosocial risks and their management in the healthcare sector

The PSYR-IR survey in Austria confirms healthcare workers' high exposure to psychosocial risk: almost three quarters of respondents suffer from stress, more than three fifths from high workloads, and more than half report verbal abuse, unfair pay, poor communication, or long or irregular working hours respectively (Figure 1), generally in line with previous and representative surveys.

Figure 1 **Psychosocial risks among healthcare workers, PSYR-IR survey in Austria**



Yet healthcare providers do implement measures. However, workers report that preventive measures addressing stress, long working hours, or pressurised work, which require some work organisation, are less present in their workplaces than those providing support (Figure 2). Notably, public and private sector health providers had fewer initiatives implemented, whereas non-profit sector and public-private sector employees reported more action.

More than half of respondents in the PSYR-IR survey said their employer provided access to psychological support or conflict resolution training respectively. More than 40% reported procedures against third-party violence, surveys asking employees about psychosocial risks, anti-stress trainings or awareness-raising initiatives. Prevention measures were less frequent: 35.9% of respondents said their employer had increased autonomy at work, 25.8% noted work reorganisation to mitigate stress, and less than 20% reported action on long or irregular work hours or stress prevention procedures.

Figure 2 **Reported implemented measures by sector, PSYR-IR survey in Austria**

Measures	Total	By sector			
		A joint private-public organisation or company (n = 83)	The not-for-profit sector or an NGO (n = 62)	The private sector (n = 33)	The public sector (n = 70)
Access to psychological support (n=129)	52%	60.2%	58.1%	33.3%	45.7%
Action on long/irregular work hours (n=49)	19.8%	16.9%	27.4%	21.2%	15.7%
Anti-bullying/harassment procedure (n=83)	33.5%	36.1%	29%	36.4%	32.9%
Ask employees about stressful aspects (n=110)	44.4%	36.1%	53.2%	48.5%	44.3%
Awareness-raising on health/safety (n=103)	41.5%	38.6%	48.4%	39.4%	40%
Conflict resolution training (n=128)	51.6%	56.6%	59.7%	30.3%	48.6%
More autonomy (n=89)	35.9%	37.3%	51.6%	36.4%	20%
Procedures for third-party violence (n=117)	47.2%	48.2%	58.1%	42.4%	38.6%
Stress prevention procedures (n=44)	17.7%	18.1%	22.6%	21.2%	11.4%
Training on well-being/stress (n=104)	41.9%	39.8%	48.4%	30.3%	44.3%
Work reorganisation to reduce pressure (n=64)	25.8%	24.1%	37.1%	18.2%	21.4%

Social partners and policy addressing psychosocial risk in Austria

Through the Covid-19 pandemic problematic working conditions in the healthcare sector became conspicuous, although they were noted before. Then, staffing shortages and public awareness increased. Currently, in the healthcare sector, unionists and experts focus on staff and skills shortages, high work intensity and unpredictable work schedules as **'root causes' of psychosocial risk**. They prioritise addressing these systemic risks, which exacerbate psychosocial risk configurations or may even undermine more specific efforts targeted at psychosocial risks in a narrower sense.

For unions, the awareness and the visibility of staff and skills shortages present opportunities. As workers find a more favourable labour market, employers feel the pressure of possible exits, and the public appreciate the needs and demands of workers. Unions increasingly coordinate their activities. Both unions and policy actors explore incremental improvements both in national policy and on the organisational, regional, or sub-sectoral level. Tensions are perceived between the post-pandemic awareness of the needs for investment in health and social care and the current government's budgetary constraints and priorities on decreasing public and social security spending.

Advancing psychosocial risk prevention in healthcare: recommendations

Recommendations for improving psychosocial risk prevention in healthcare need to be taken up in **connection with wider policies** to improve that sector's efficacy and sustainability, reconfigure care pathways, address staff shortages and so on. While the complexity is daunting, the interplay of all these factors suggests that synergies can be created. Taking incremental steps is not always satisfying but appears inevitable.

Centrally, the PSYR-IR survey results for Austria show that **measures addressing workers' psychosocial health have a positive impact and more preventive measures improve the situation even more.** Hence, as in OSH at large, **wider implementation** should be pursued – including assessment, continuous improvement and accompanying research to improve the evidence. Preventive measures should be prioritised, such as stress prevention procedures, and work reorganisation to reduce time pressure or overly long work hours and render shift plans and work schedules more reliable.

Nevertheless, more **remedial initiatives** may be useful as well, in several ways: in providing immediate help, in demonstrating that 'something is being done', raising and signalling the commitment of management and OSH professionals and gradually bringing forward some cultural changes that support further improvement. This, however, will generate disappointment among workers when done superficially, hence needs following through. For example, easy access to peer and professional help should be introduced where it does not exist and be clearly communicated. An exchange of the organisation's OSH professionals and managers with the counsellors involved – while guaranteeing anonymity – could provide further insight on problem areas and possible routes of improvement.

Indeed, clear and repeated **communication of existing and forthcoming measures** in organisations and regions should not be neglected. This may be one lesson from the gaps to be found between employers' (EU-OSHA 2024) and workers' awareness of available measures.

Coordination and mutual learning among the segments and domains of the sector and beyond is advisable since both public and private sector organisations appear to lag behind in taking initiatives. This may be a problem of collective goods if healthcare providers shortsightedly compete for staff, but joint efforts are more likely to improve the situation and level the playing field on that end.

In line with experts' insights in our study, we also recommend the **development of common standards**, for example on **staffing levels** (or minima at least) or collectively agreed **working time regulations**. Just possibly, the healthcare sector could provide a testbed for incentivising good practices and advances beyond legal requirements through its **funding and procurement procedures**.

This entails recognising that **smaller-scale and less organised segments of the healthcare sector**, such as mobile care, agency work, social care, or subcontracted services, have fewer capacities to address these issues and are harder to reach by OSH professionals, labour inspectors, and trade unions. AUVA's services for SMEs are available, but a mixture of **awareness raising** that plausibly demonstrates the mutual gains for workers and employers, **mutual learning**, and **some pressure** through, for example, procurement procedures should be targeted to these parts of the sector.

Although healthcare workers and managers are quite aware of psychosocial risk and its impacts, we still recommend **awareness raising** as some stigma is still attached to mental health issues in the sector. **Organisational and team cultures** play a part and contribute to a frequent reluctance of workers and managers to seek timely support (Duden et al., 2023).

As in OSH at large, **strengthening worker participation in the development and implementation** of initiatives and measures (not restricted to OSH) bears several potential benefits. Especially in a sector with multiple stakeholders, governance levels and interests, workers' specific expertise and insight into their needs and challenges can be harnessed to ground policy efforts, connect them to practical work situations and problem areas, raise engagement and the sense of efficacy of both workers and stakeholders, and save healthcare providers and public funds misdirected or ineffective investments.

Finally, the specific and persistent challenges of the healthcare sector such as emotionally difficult situations, difficult, abusive or violent patients, shift work covering 24/7 availability of the service, or staff shortages are also found in other **essential services**, such as police, security, education, social work or prison staff. One example is the issue of 'missed care', a concept and set of indicators developed in nursing (Cartaxo et al., 2022). This means workers coping with work overload by missing out on tasks that they deem to be professionally necessary. This undermines their sense

of responsibility and their own professional standards, and in the works of a works councillor interviewed, ‘eats away at people’. It also impacts quality of care and support for patients and informal carers, and in the long run may increase disease burdens, workloads and the cost of healthcare. In effect, ‘missed care’ results in ad-hoc rationing of services putting work and service quality at risk as well as public trust in the respective service. Again, the array of **knowledge sharing, research, stakeholder dialogue, worker participation, and mutual learning across sectors and policy domains** is needed to render work in essential services more favourable for mental health and thus, sustainable.

References

Adam, G., Allinger, B., Eichmann, H., & Schadauer, A. (2024). *Arbeitnehmer: innenschutz in Österreich: Eine Bestandsaufnahme – mit Zukunft*. FORBA. https://www.forba.at/wp-content/uploads/2024/06/Arbeitnehmer_innenschutz-in-Oesterreich.pdf

Arbeitsinspektion. (2019). *Selbst-Check für Betriebe: Unterschätzte Risken im Arbeitsschutz*. BMASGK. https://www.arbeitsinspektion.gv.at/Zentrale_Dokumente/Uebergreifende_Themen/Good-Best_Practice/selbst-check_fuer_betriebe_unterschaetzte_risiken_im_arbeits.pdf

Cartaxo, A., Eberl, I., & Mayer, H. (2022). Die MISSCARE-Austria-Studie: Zusammenfassende Implikationen und weiterführende Überlegungen. *HeilberufeScience*, *13*(S2), 79-82. https://doi.org/10.1007/s16024-022-00391-1

Duden, G. S., Reiter, J., Paswerg, A., & Weibelzahl, S. (2023). Mental health of healthcare professionals during the ongoing COVID-19 pandemic: A comparative investigation from the first and second pandemic years. *BMJ Open*, *13*(3), e067244. https://doi.org/10.1136/bmjopen-2022-067244

EU-OSHA. (2024). *First findings of the Fourth European Survey of Enterprises on New and Emerging Risks (ESENER 2024)*. EU-OSHA. https://osha.europa.eu/sites/default/files/documents/ESENER-first-findings-2024_EN.pdf

Habraken, M., Széker, L., Lenaerts, K., Holtgrewe, U., Klingbacher, L., Caneve, S., Fiore, I., & Porcheddu, D. (2024). *Industrial relations and policy working paper. D2.2 of the PSYR-IR project*. HIVA-KU Leuven. https://hiva.kuleuven.be/en/research/theme/workandor/p/Docs/d2-2_industrialrelationsandpolicywp_final.pdf

Holtgrewe, U., Lamura, M., & Neuhuber, T. (2025). *National Case Study Report - Austria. PSYR-IR – The opportunities for industrial relations to prevent and manage psychosocial risks in post-pandemic workplaces.* KU Leuven.

Juraszovich, B., Rappold, E., & Gyimesi, M. (2023). *Pflegepersonalbedarfsprognose Update bis 2050*. Gesundheit Österreich GmbH. https://jasmin.goeg.at/id/eprint/3378/1/Pflegepersonalbedarfsprognose%20Update%20bis%202050_bf.pdf

Kloimüller, I. (2025). *Psychosocial risk prevention – strategies and legislation | Austria*. EU-OSHA.

PSYR-IR

Policy brief

https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

Stärkung der psychischen Gesundheit in Österreichs Betrieben: mit Fokus auf das Gesundheitswesen

September 2025

Ursula Holtgrewe, Maddalena Lamura (ZSI - Zentrum für Soziale Innovation GmbH)

Kontext

Dieser Policy Brief basiert auf den österreichischen Forschungsergebnissen des Projekts PSYR-IR (Holtgrewe et al., 2025). In dem von 2023 bis 2025 laufenden Projekt wurden Möglichkeiten der Sozialpartnerschaft zur Prävention und zum Management psychosozialer Risiken am Arbeitsplatz untersucht. Die Forschung fand auf europäischer Ebene (Habraken et al., 2024) sowie auf nationaler Ebene in Österreich, Belgien, Dänemark, Estland und Italien statt. Das Projektteam hat sowohl auf psychosoziale Risiken im Arbeitsschutz allgemein untersucht als auch die Situation in ausgewählten Branchen. In Österreich haben wir das Gesundheitswesen genauer in den Blick genommen. In jedem Land haben die Forscherinnen die einschlägige Literatur analysiert, Interviews mit Expertinnen und Vertreterinnen der Gewerkschaften und Arbeitgeber geführt und eine Umfrage unter Arbeitnehmerinnen in den ausgewählten Branchen durchgeführt. In Österreich wurden zehn Expertinnen interviews geführt, und 263 Beschäftigte des Gesundheitswesens, die über Gewerkschafts- und Arbeiterkammerkontakte sowie über das Umfrageunternehmen Norstat rekrutiert wurden, haben an der Online-Umfrage teilgenommen.

Arbeitsschutz und psychosoziale Risiken in Österreich

In Österreich wurden mit dem überarbeiteten **Arbeitnehmerinnenschutzgesetz (ASchG) von 2013** psychosoziale Risiken ausdrücklich in die Arbeitsschutzvorschriften aufgenommen. Wie beim Arbeitsschutz im Allgemeinen erarbeiten die Sozialpartner, die zuständigen Behörden und Fachgremien die Leitlinien und Initiativen zu psychosozialen Risiken in engem Austausch. Sie bieten Unternehmen, Arbeitnehmerinnen und Arbeitnehmervertreterinnen umfangreiche Informationen und Unterstützung. Auch die Öffentlichkeit ist, insbesondere während und nach der Covid-Pandemie, sensibler für die Themen der psychischen Gesundheit geworden, und psychische Erkrankungen und Störungen sind weniger stigmatisiert als früher. Die Expertinnen sind sich einig, dass die österreichischen Institutionen durchaus auf dem europäischen Stand der Praxis arbeiten, von europäischen Initiativen lernen und zu diesen beitragen.

Rechtlich gesehen liegt **die Arbeitsplatzevaluierung** in der Verantwortung der Arbeitgeberinnen. Das Gesetz sieht einen kontinuierlichen Verbesserungszyklus vor, in dem Risiken bewertet, Präventions- und Minderungsmaßnahmen identifiziert und umgesetzt, die Wirksamkeit der Maßnahmen bewertet und weitere Verbesserungen vorgenommen werden. Allerdings gibt es Lücken bei der Umsetzung und allgemeinen Durchsetzung der Arbeitsschutzvorschriften, insbesondere bei der Übernahme dieser Philosophie der kontinuierlichen Verbesserung durch die Arbeitgeberinnen.

Zusammenfassung

In Österreich befassen sich die Arbeitsschutzvorschriften, die Sozialpartnerschaft sowie die zuständigen Behörden und Institutionen mit psychosozialen Risiken gemäß europäischen Standards. Der Arbeitsschutz ist die gesetzliche Aufgabe der Arbeitgebenden, und das Gesetz sieht kontinuierliche Verbesserungen vor. Die Sozialpartner und die Akteure im Bereich des Arbeitsschutzes bieten umfangreiche Informationen, Beratung und Unterstützung an. Es bestehen jedoch nach wie vor Lücken zwischen den Rechtsvorschriften, der allgemeinen Geltendmachung des Arbeitsschutzes und den tatsächlichen kontinuierlichen Verbesserungen.

Beschäftigte im Gesundheitswesen sind in hohem Maße psychosozialen Risiken ausgesetzt. Die problematischen Arbeitsbedingungen, die sich während der Covid-19-Pandemie noch verschärft haben, stellen nach wie vor eine Herausforderung dar.

Das Policy Brief gibt einen Überblick über die Prävention psychosozialer Risiken im allgemeinen Arbeitsschutz und im Gesundheitssektor. Es enthält Empfehlungen für Politik, Sozialpartner und Akteure im Arbeitsschutz.

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

In einer kürzlich durchgeführten Umfrage unter Betriebsräten und Beauftragten für Sicherheit und Gesundheitsschutz bei der Arbeit gab weniger als jeder achte befragte Betriebsrat und -rätin an, dass in 'ihrem' Unternehmen psychosoziale Risiken über den gesamten gesetzlich vorgeschriebenen Verbesserungszyklus hinweg gemanagt werden (Adam et al., 2024, S. 95).

Dieser Zyklus geht davon aus, dass Arbeitsschutz eine **Win-Win-Konstellation** für Beschäftigte und Arbeitgeberinnen ist, bei der eine bessere Gesundheit und Arbeitszufriedenheit der Arbeitnehmerinnen auch die Bindung an den Arbeitsplatz und die Produktivität verbessert. Trotz der laufenden Zusammenarbeit ist das Interesse der Sozialpartner und ihrer politischen Partnerinnen an psychosozialen Risiken und Prävention in Österreich nach wie vor asymmetrisch: für die Arbeitnehmerinnen und ihre Vertreterinnen sind diese Themen von zentraler Bedeutung, da sie das gesamte Leben der Erwerbstätigen betreffen. Die Arbeitgeberseite, so rücksichtsvoll manche Unternehmen und Managerinnen auch sein mögen, nimmt die Idee des gegenseitigen Nutzens eher zögerlich auf. Die Arbeitgebervertreterinnen neigen dazu, ihre rechtliche Verantwortung im Lichte des Direktionsrechts zu interpretieren, und nehmen weitere rechtliche Pflichten als Belastung wahr.

Bei der Durchsetzung der gesetzlichen Bestimmungen bewegt sich **die Arbeitsinspektion** in diesem Interessenkonflikt. Die Behörde verfügt über begrenzte Ressourcen, und das Verhältnis von Arbeitsinspektorinnen zu Beschäftigten wurde in den letzten Jahren nicht an den allgemeinen Anstieg der Beschäftigung in Österreich angepasst (Adam et al., 2024). Aus diesem Grund ist die Wahrscheinlichkeit, dass Unternehmen in Österreich kontrolliert werden, ist von 2019 bis 2024 gesunken (EU-OSHA, 2024). Die Arbeitsinspektion setzt jährlich Prioritäten in Bezug auf Branchen und Themen, legt den Schwerpunkt auf Beratung statt auf Sanktionen und verfolgt im Allgemeinen einen maßvollen und didaktischen Ansatz gegenüber Unternehmen, auch wenn es um 'neue' Themen wie Digitalisierung oder Gender und Diversität geht (Arbeitsinspektion, 2019). Das österreichische Arbeitsschutzsystem bietet somit eine Fülle von Informationen, Unterstützung und Beratung für alle, die diese nutzen möchten. Gute und sehr gute Praktiken und Initiativen sind in Österreich durchaus zu finden.

Die Lücken bei der Umsetzung und Durchsetzung sind jedoch beachtlich und betreffen manche, oftmals ohnehin benachteiligte Gruppen von Arbeitnehmerinnen stärker als andere. Besonders gefährdet sind Beschäftigte in kleinen und mittleren Unternehmen, Geringqualifizierte und Geringverdienende (oft im Bereich der ausgesourcten Dienstleistungen), Migrantinnen, Frauen, junge Arbeitnehmerinnen, mobile Arbeitnehmerinnen und prekär Beschäftigte. Frauen und Migrantinnen sind dabei überproportional häufig Diskriminierung, Gewalt und Belästigung ausgesetzt. Alle diese Gruppen verfügen oft nicht über die Ressourcen und die Macht am Arbeitsplatz, um sich Unterstützung zu besorgen, und sehen nur wenige Alternativen, wenn sie schlechten Arbeitsbedingungen ausgesetzt sind und in prekären Beschäftigungsverhältnissen arbeiten. Mobile und prekär beschäftigte Arbeitnehmerinnen sind zudem für Gewerkschaften und Arbeitsschutzgremien, die Informationen und Unterstützung anbieten, schwerer zu erreichen. Es gibt daher Raum für Verbesserungen bei der Umsetzung des Gesetzes und der Nutzung der Kapazitäten der Institutionen und Praktikerinnen des Arbeitsschutzes.

In Österreich gibt es zwar Forschungsarbeiten zum Arbeitsschutz und zu psychosozialen Risiken, doch ist ein Großteil dieser Arbeiten auf verschiedene Disziplinen und Institutionen sowie auf kleine Projekte und Programme verteilt. Psychosoziale Risiken sowie 'neue' oder zunehmende Risikokonfigurationen durch Digitalisierung und algorithmisches Management, Kostensenkungen in der Wirtschaftskrise, organisatorische Veränderungen, Kundenkontakt, prekäre Arbeitsverhältnisse und neue Beschäftigungsformen erfordern **mehr transdisziplinäre Forschung**. Zunächst wünschen sich Expertinnen und Forscherinnen mehr Daten über tatsächliche Inspektionen, Bewertungen und Ergebnisse sowie mehr Forschung über die Wirksamkeit bestimmter Praktiken und Initiativen (vgl. Kloimüller, 2025). Zugängliche Nachweise darüber, was in welchem Kontext funktioniert, könnten auch die Motivation der Unternehmen erhöhen, sich mit psychosozialem Risikomanagement zu befassen.

Gewerkschafts- und Arbeitsexpertinnen im Gesundheitssektor und im Allgemeinen Arbeitsschutz sind sich einig - und die PSYR-IR-Erhebung bestätigt dies -, dass neben einer formellen Vertretung **die direkte Beteiligung der Arbeitnehmerinnen** der Schlüssel zu wirksameren und nachhaltigeren Initiativen ist, insbesondere zu Initiativen mit einem stärkeren präventiven Schwerpunkt. Solche Mitsprache kann einen positiven Kreislauf aus Engagement, Wissensaustausch, Verbindlichkeit, Erfolgserlebnissen und der Entwicklung weiterer Ideen in Gang setzen. Der Prozess selbst - sofern Ergebnisse erzielt werden - kann bereits zu einer besseren psychischen Gesundheit der Teilnehmenden beitragen, da sie Wertschätzung, Selbst- und Teamwirksamkeit sowie Zusammenarbeit erfahren.

Psychosoziale Risikoprävention beim Arbeitsschutz vorantreiben: Empfehlungen

Expertinnen und Stakeholderinnen sind sich uneinig darüber, ob mehr Regulierung in Form einer Durchführungsverordnung für die verpflichtende Gefährdungsbeurteilung notwendig ist, oder ob 'soft law' und bessere Kommunikation zu bevorzugen sind. Eine **Aufstockung des Personals der Arbeitsinspektion würde** beide Strategien unterstützen. **Mehr Stunden, in denen Fachleute für Arbeitsschutz**, einschließlich Arbeits- und Organisationspsychologinnen**, verpflichtend einbezogen werden** (und möglicherweise über kollektive Fonds bezahlt werden, statt dass die Unternehmen sie direkt beauftragen), könnten auch die Kapazitäten zur Bewältigung psychosozialer Risiken erhöhen.

Angesichts **prekärer und neuer Arbeitsformen** wie ausgelagerter Dienstleistungen in den Bereichen Transport oder Reinigung, mobiler Arbeit oder Plattformarbeit ist die Anwendung des Arbeitsschutzes eine besondere Herausforderung. Die Arbeitsinspektion setzt in diesen Sektoren zwar regelmäßig Prioritäten, doch bei der Arbeit an Kundenstandorte, in Privathaushalten oder entlang langer Lieferketten sind Arbeitnehmerinnen, Managerinnen und Arbeitsplätze nur schwer zu erreichen. Es braucht Wege, diese Arbeitnehmerinnen in die Unterweisung oder Bewertung des Arbeitsschutzes an ihren Arbeitsplätzen oder in Zusam-

menarbeit mit ihren eigenen Arbeitgeberinnen einzubeziehen. Im öffentlichen Sektor könnte auch überlegt werden, wie Arbeitsschutz und Prävention bei **der Beschaffung risikobehafteter Dienstleistungen** berücksichtigt werden könnten.

Zwar sind viele Fachkenntnisse, Informationen und Initiativen im Bereich Arbeitsschutz branchenspezifisch, doch kann auch der **Erfahrungsaustausch zwischen den Branchen** hilfreich sein. Das Baugewerbe hat beispielsweise eine lange Erfahrung im Arbeitsschutz auf Baustellen mit mehreren Arbeitgeberinnen und sowie einige institutionelle Bestimmungen für branchenspezifische Beschäftigungsrisiken.

Über den Rahmen der derzeitigen allgemeinen Arbeits- und Sozialpolitik hinaus können in Zeiten wirtschaftlicher Stagnation auch **wirksame Sanktionen** erprobt werden. Laut der ESENER-Arbeitgeberinnen befragung (EU-OSHA, 2024) werden Arbeitgeberinnen tatsächlich durch die gesetzliche Verpflichtung, die Forderungen des Betriebsrats sowie durch Sanktionen dazu motiviert, für Sicherheit und Gesundheitsschutz bei der Arbeit zu sorgen. Im Allgemeinen sind Anreize für die bloße Einhaltung von Gesetzen keine gute Idee, aber Zuschläge zu den Sozialversicherungsbeiträgen der Arbeitgeberinnen in Fällen, in denen psychosoziale und andere Risiken nicht beseitigt oder gemindert werden, könnten in Betracht gezogen werden. Dies würde jedoch eine umfassende und politisch unwahrscheinliche Überarbeitung der Mechanismen erfordern, mit denen das Sozialversicherungssystem Verantwortlichkeiten zuweist.[1]

Bei der Kommunikation und Information könnten sich die Sozialpartner, die Arbeitsinspektion und die AUVA noch stärker darauf konzentrieren, **sowohl bewährte Verfahren als auch 'Einstiegsinitiativen'**, die sich bewährt haben**, vorzustellen**. Gezielte Forschung kann dies unterstützen. Dies steht im Einklang mit dem didaktischen Ansatz der Arbeitsinspektion und kann Unternehmen und Managerinnen dabei helfen, Bedenken hinsichtlich der erforderlichen Anstrengungen und Investitionen zu zerstreuen.

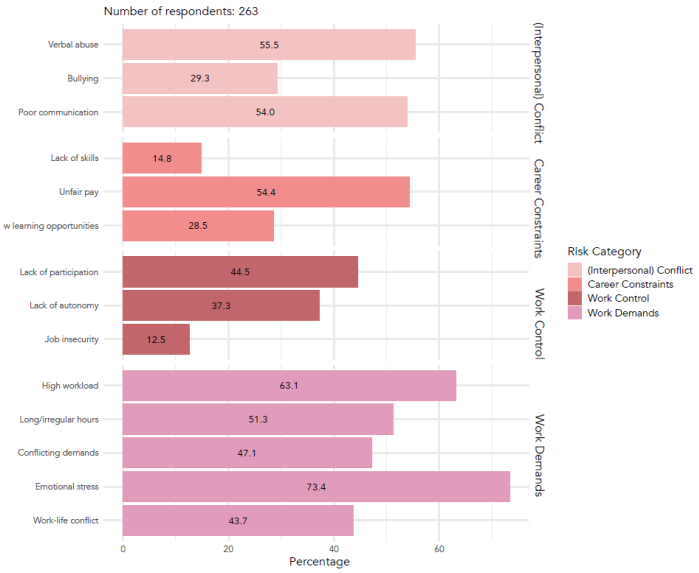
Empfehlenswert sind auch größer angelegte **transdisziplinäre Forschungsinitiativen** in Zusammenarbeit von **Sozial- und Gesundheitspolitik**, die mit europäischen Programmen abgestimmt werden könnten und in die Weiterbildung zu psychosozialen Risiken einfließen sollten.

Die Forschung und Ausbildung von Fachleuten im Bereich der Prävention psychosozialer Risiken sowie von Arbeitnehmerinnen vertretern, Gewerkschafterinnen und Personalerinnen könnte auch **Methoden der direkten Einbeziehung und Beteiligung der Arbeitnehmerinnen** umfassen. Unsere Forschungsergebnisse deuten darauf hin, dass solche Prozesse gleichzeitig zu einer wirksamen Risikoprävention und zur Verbesserung der psychischen Gesundheit beitragen. Einige Forschungs- und Praxisinitiativen in verwandten Kontexten, wie z.B. der Digitalisierungsfonds der Arbeiterkammer, entwickeln und fördern bereits Methoden zur Einbeziehung von Arbeitnehmerinnen in die Reorganisation der Arbeit. Die Erkenntnisse der Beschäftigten selbst können dazu beitragen, Initiativen gezielt auf die jeweiligen Bedürfnisse und die Situation unterschiedlicher Gruppen von Arbeitnehmerinnen abzustimmen. Nicht zuletzt kann die gelebte Erfahrung der Arbeitnehmerinnen die Professionalität der Arbeitsschutzexpertinnen ergänzen, die Perspektiven möglicher Lösungen erweitern und die Wissensbasis über Arbeitsschutz ausbauen.

Psychosoziale Risiken und ihr Management im Gesundheitssektor

Die PSYR-IR-Erhebung in Österreich bestätigt, dass Beschäftigte im Gesundheitswesen in hohem Maße psychosozialen Risiken ausgesetzt sind. Fast drei Viertel der Befragten leiden unter Stress, mehr als drei Fünftel unter einer hohen Arbeitsbelastung, und mehr als die Hälfte berichtet über Beschimpfungen, ungerechte Bezahlung, schlechte Kommunikation oder lange bzw. unregelmäßige Arbeitszeiten (Abbildung 1). Dies deckt sich mit früheren, repräsentativen Erhebungen.

Abbildung 1 Psychosoziale Risiken bei Beschäftigten im Gesundheitswesen, PSYR-IR-Umfrage in Österreich



Betriebe im Gesundheitswesen führen durchaus Maßnahmen durch, um diese Beanspruchungen zu mindern. Die Arbeitnehmerinnen berichten jedoch, dass Präventivmaßnahmen gegen Stress, lange Arbeitszeiten oder Arbeitsdruck, die eine gewisse Arbeits(re)organisation erfordern, an ihren Arbeitsplätzen weniger präsent sind als Unterstützungsmaßnahmen, die bei den Personen oder Vorfällen ansetzen (Abbildung 2). Bemerkenswert ist, dass Beschäftigte in sowohl öffentlichen als auch privatwirtschaftlichen Betrieben von weniger Initiativen berichten als, Beschäftigte gemeinnütziger oder öffentlich-privater Betriebe.

Mehr als die Hälfte der Befragten in der PSYR-IR-Umfrage gab an, dass ihre Arbeitgeberinnen Zugang zu psychologischer Unterstützung bzw. Konfliktlösungstraining bieten. Mehr als 40% berichteten über Verfahren gegen Gewalt durch Dritte, Erhebungen, in denen die Mitarbeitenden zu psychosozialen Risiken befragt wurden, Anti-Stress-Schulungen oder Sensibilisierungsinitiativen. Primäre Präventionsmaßnahmen waren weniger häufig: 35,9%

1 Gewerkschaften in Österreich fordern etwa ein 'Bonus-Malus'-System in der Arbeitslosenversicherung, um Anreize für die Beschäftigung älterer Arbeitnehmer zu schaffen: https://www.derstandard.at/story/3000000278221/sollen-unternehmen-draufzahlen-die-kaum-aeltere-beschaeftigen.

der Befragten gaben an, dass ihre Arbeitgeberinnen die Autonomie am Arbeitsplatz erhöht haben, 25,8% berichteten von einer Umstrukturierung der Arbeit, um den Stress zu verringern. Weniger als 20% berichteten von Maßnahmen gegen lange oder unregelmäßige Arbeitszeiten oder von Stresspräventionsverfahren.

Abbildung 2 Gemeldete umgesetzte Maßnahmen nach Sektor, PSYR-IR-Umfrage in Österreich

Measures	Total	By sector			
		A joint private-public organisation or company (n = 83)	The not-for-profit sector or an NGO (n = 62)	The private sector (n = 33)	The public sector (n = 70)
Access to psychological support (n=129)	52%	60.2%	58.1%	33.3%	45.7%
Action on long/irregular work hours (n=49)	19.8%	16.9%	27.4%	21.2%	15.7%
Anti-bullying/harassment procedure (n=83)	33.5%	36.1%	29%	36.4%	32.9%
Ask employees about stressful aspects (n=110)	44.4%	36.1%	53.2%	48.5%	44.3%
Awareness-raising on health/safety (n=103)	41.5%	38.6%	48.4%	39.4%	40%
Conflict resolution training (n=128)	51.6%	56.6%	59.7%	30.3%	48.6%
More autonomy (n=89)	35.9%	37.3%	51.6%	36.4%	20%
Procedures for third-party violence (n=117)	47.2%	48.2%	58.1%	42.4%	38.6%
Stress prevention procedures (n=44)	17.7%	18.1%	22.6%	21.2%	11.4%
Training on well-being/stress (n=104)	41.9%	39.8%	48.4%	30.3%	44.3%
Work reorganisation to reduce pressure (n=64)	25.8%	24.1%	37.1%	18.2%	21.4%

Sozialpartner und Politik im Umgang mit psychosozialen Risiken in Österreich

Die problematischen Arbeitsbedingungen im Gesundheitssektor wurden durch die Covid-19-Pandemie offensichtlich, obwohl sie bereits zuvor bekannt waren. Personalengpässe wurden sichtbarer und die Öffentlichkeit wurde aufmerksam. Derzeit konzentrieren sich Gewerkschafterinnen und Expertinnen im Gesundheitssektor auf Personalmangel, hohe Arbeitsintensität und unvorhersehbare Arbeitszeiten als **'Hauptursachen' für psychosoziale Risiken**. Sie räumen diesen systemischen Risiken Priorität ein, da diese psychosoziale Risikokonfigurationen verschärfen oder sogar spezifischere Bemühungen, psychosoziale Risiken zu verringern, untergraben können.

Für die Gewerkschaften stellen das Bewusstsein für die Herausforderungen des Gesundheitswesens und die Sichtbarkeit von Personalmangel eine Chance dar. Da die Arbeitnehmerinnen einen günstigeren Arbeitsmarkt vorfinden, spüren die Arbeitgeberinnen den Druck möglicher Kündigungen, und die Öffentlichkeit nimmt die Bedürfnisse und Forderungen der Arbeitnehmerinnen wahr. Die Gewerkschaften koordinieren ihre Aktivitäten zunehmend. Sowohl Gewerkschaften als auch die politischen Akteure bemühen sich um schrittweise Verbesserungen sowohl in der nationalen Politik als auch auf der Ebene von Organisationen, Ländern und Kommunen, oder in Teilen der Branche. Jedoch besteht eine Spannung zwischen dem Bewusstsein, dass Investitionen in die Gesundheits- und Sozialfürsorge nach der Pandemie notwendig sind, und den Haushaltszwängen sowie den Prioritäten der derzeitigen Regierung, die Ausgaben für öffentliche Leistungen und die soziale Sicherheit zu kürzen.

Förderung der Prävention psychosozialer Risiken im Gesundheitswesen: Empfehlungen

Die Empfehlungen zur Verbesserung der psychosozialen Risikoprävention im Gesundheitswesen müssen **im Zusammenhang mit umfassenderen Maßnahmen** zur Steigerung der Effizienz und Nachhaltigkeit dieses Sektors, zur Neugestaltung der Behandlungspfade und zur Behebung des Personalmangels aufgegriffen werden. Die Komplexität ist zwar groß, doch das Zusammenspiel all dieser Faktoren deutet darauf hin, dass Synergieeffekte möglich sind. Ein schrittweises Vorgehen ist zwar nicht immer befriedigend, scheint aber unvermeidlich.

Die zentralen Ergebnisse der PSYR-IR-Erhebung für Österreich zeigen, dass **Maßnahmen zur Förderung der psychosozialen Gesundheit der Arbeitnehmerinnen positive Effekte haben und dass primärpräventive Maßnahmen die Situation noch weiter verbessern.** Daher sollte, wie im allgemeinen Arbeitsschutzbereich, **eine umfassendere Umsetzung** angestrebt werden, die eine Bewertung, kontinuierliche Verbesserung und begleitende Forschung zur Verbesserung der Evidenz umfasst. Vorbeugende Maßnahmen sollten Vorrang haben, z. B. Verfahren zur Stressvermeidung und zur Umgestaltung der Arbeit, um Zeitdruck oder übermäßig lange Arbeitszeiten zu verringern und Schicht- und Arbeitspläne verlässlicher zu gestalten.

Dennoch können auch **Korrekturmaßnahmen** in mehrfacher Hinsicht nützlich sein, wie z.B. niedrigschwellige Unterstützungsangebote: Sie bieten unmittelbare Hilfe, zeigen, dass 'etwas getan wird', erhöhen das Engagement der Unternehmensleitung sowie der Fachleute für Sicherheit und Gesundheitsschutz bei der Arbeit

und bewirken womöglich kulturelle Veränderungen, die weitere Verbesserungen unterstützen. Das setzt jedoch schon Verbindlichkeit über isolierte Projekte hinaus voraus – und nicht zuletzt klare Kommunikation über solche Angebote. Ein Austausch zwischen den Beraterinnen, Arbeitsschutz-Fachleuten und Management - unter Wahrung der Anonymität - könnte weitere Erkenntnisse über Problembereiche und mögliche Verbesserungsmöglichkeiten liefern.

In der Tat sollte die klare und wiederholte **Kommunikation bestehender und geplanter Maßnahmen** in Organisationen und Regionen nicht vernachlässigt werden. Dies könnte eine der Lehren aus den Lücken zwischen dem Bewusstsein der Arbeitgeberinnen und dem der Arbeitnehmerinnen über die verfügbaren Maßnahmen sein (EU-OSHA 2024).

Eine Koordinierung und ein gegenseitiges Lernen zwischen den Segmenten und Bereichen des Sektors sowie darüber hinaus sind ratsam, da sowohl die Organisationen des öffentlichen als auch des privaten Sektors bei der Ergreifung von Initiativen hinterherzuhinken scheinen. Dies kann ein Problem der Gemeinschaftsgüter sein, wenn Gesundheitsdienstleister kurzsichtig um Personal konkurrieren. Gemeinsame Anstrengungen werden die Situation jedoch eher verbessern und die Wettbewerbsbedingungen in dieser Hinsicht angleichen.

Im Einklang mit den Erkenntnissen der Expertinnen aus unserer Studie empfehlen wir zudem die **Entwicklung gemeinsamer Standards**, z. B. für die **Personalbesetzung** (oder zumindest für Mindestanforderungen) oder für kollektiv vereinbarte **Arbeitszeitregelungen**. Auch im Gesundheitssektor könnten möglicherweise die **Finanzierungs- und Beschaffungsverfahren** Anreize für gute Praktiken und Fortschritte über die gesetzlichen Anforderungen hinaus bieten.

Dazu gehört auch die Erkenntnis, dass **kleinere und weniger organisierte Bereiche des Gesundheitssektors** wie die mobile Pflege, Leiharbeit, die soziale Pflege oder Dienstleistungen von Subunternehmern weniger Kapazitäten haben, um diese Fragen anzugehen. Sie sind zudem schwerer für Arbeitsschutzfachleute, Arbeitsinspektorinnen und Gewerkschaften zu erreichen. Die Dienstleistungen der AUVA für KMU stehen zur Verfügung, jedoch sollte eine Mischung aus **Bewusstseinsbildung**, die den gegenseitigen Nutzen für Arbeitnehmerinnen und Arbeitgeberinnen plausibel macht, **gegenseitigem Lernen** und **etwas Druck,** z. B. durch Beschaffungsverfahren, auf diese Teile des Sektors ausgerichtet werden.

Obwohl sich Arbeitnehmerinnen und Führungskräfte im Gesundheitswesen der psychosozialen Risiken und ihrer Auswirkungen durchaus bewusst sind, empfehlen wir dennoch, Aufmerksamkeit zu schaffen, da es weiterhin eine Stigmatisierung psychischer Erkrankungen gibt. **Organisations- und Teamkulturen** spielen eine Rolle und tragen dazu bei, dass Arbeitnehmerinnen und Führungskräfte häufig zögern, sich rechtzeitig um Unterstützung zu bemühen (Duden et al., 2023).

Wie bei Sicherheit und Gesundheitsschutz bei der Arbeit im Allgemeinen birgt eine **stärkere Beteiligung der Arbeitnehmerinnen an der Entwicklung und Umsetzung** von Initiativen und Maßnahmen (nicht nur im Bereich Sicherheit und Gesundheitsschutz bei der Arbeit) mehrere potenzielle Vorteile. Insbesondere in einem Sektor mit einer Vielzahl von Akteuren, Verwaltungsebenen und Interessen können das Fachwissen der Arbeitnehmerinnen und ihr Einblick in ihre Bedürfnisse und Herausforderungen genutzt werden, um politische Bemühungen mit praktischen Arbeitssituationen und Problembereichen zu verknüpfen. Dadurch kann das Engagement und das Gefühl der Wirksamkeit sowohl bei den Arbeitnehmerinnen als auch bei den Akteurinnen gesteigert werden. Zudem können sich Gesundheitsdienstleister und die öffentliche Hand fehlgeleitete oder unwirksame Investitionen ersparen.

Schließlich sind die spezifischen und anhaltenden Herausforderungen des Gesundheitssektors zu denen beispielweise emotional schwierige Situationen, missbräuchliche oder gewalttätige Patienten, Schichtarbeit, die mitunter eine 24/7-Verfügbarkeit des Dienstes abdeckt, oder Personalmangel zählen, auch in anderen **wichtigen Dienstleistungsbereichen** wie Polizei, Sicherheit, Bildung, Sozialarbeit oder im Gefängniswesen zu finden. Ein Beispiel ist das Problem der ‘missed care’ (mangelhafte Pflege), ein Konzept und eine Reihe von Indikatoren, die in den Pflegewissenschaften entwickelt wurden (Cartaxo et al., 2022). Dabei handelt es sich um Situationen, in denen Beschäftigte Arbeitsüberlastung bewältigen, indem sie Aufgaben auslassen, die sie als beruflich notwendig erachten. Dies untergräbt ihr Verantwortungsbewusstsein und ihre eigenen beruflichen Standards und ‘nagt an den Menschen’, wie es ein befragter Betriebsrat ausdrückte. Dies hat negative Auswirkungen auf die Qualität der Pflege und die Unterstützung für Patientinnen und pflegende Angehörige, und kann langfristig die Krankheitslast, die Arbeitsbelastung und die Kosten der Gesundheitsversorgung erhöhen. ‘Missed Care’ führt zu einer ad-hoc-Rationierung von Dienstleistungen, welche die Qualität der Arbeit und der Dienstleistungen sowie das Vertrauen der Öffentlichkeit in die jeweiligen Dienstleistungen gefährdet. Auch hier sind Maßnahmen zum **Wissensaustausch, zur Forschung, zum Dialog mit den Interessengruppen, zur Beteiligung der Arbeitnehmerinnen und zum gegenseitigen Lernen über Sektoren und Politikbereiche hinweg** erforderlich, um die Arbeit in den, systemrelevanten‘ Dienstleistungen für die psychische Gesundheit förderlicher und damit nachhaltiger zu gestalten.

Referenzen

Adam, G., Allinger, B., Eichmann, H., & Schadauer, A. (2024). *Arbeitnehmerinnen schutz in Österreich: Eine Bestandsaufnahme - mit Zukunft*. FORBA. https://www.forba.at/wp-content/uploads/2024/06/Arbeitnehmer_innenschutz-in-Oesterreich.pdf.

Arbeitsinspektion. (2019). *Selbst-Check für Betriebe: Unterschätzte Risiken im Arbeitsschutz*. BMASGK. https://www.arbeitsinspektion.gv.at/Zentrale_Dokumente/Uebergreifende_Themen/Good-Best_Practice/selbst-check_fuer_betriebe_unterschaetzte_risiken_im_arbeits.pdf

Cartaxo, A., Eberl, I., & Mayer, H. (2022). Die MISSCARE-Austria-Studie: Zusammenfassende Implikationen und weiterführende

Überlegungen. *HeilberufeScience*, *13*(S2), 79-82. https://doi.org/10.1007/s16024-022-00391-1

Duden, G. S., Reiter, J., Paswerg, A., & Weibelzahl, S. (2023). Psychische Gesundheit von Angehörigen der Gesundheitsberufe während der laufenden COVID-19-Pandemie: Eine vergleichende Untersuchung aus dem ersten und zweiten Pandemiejahr. *BMJ Open*, *13*(3), e067244. https://doi.org/10.1136/bmjopen-2022-067244

EU-OSHA. (2024). *Erste Ergebnisse der Vierten Europäischen Erhebung über neue und neu auftretende Risiken in Unternehmen (ESENER 2024)*. EU-OSHA. https://osha.europa.eu/sites/default/files/documents/ESENER-first-findings-2024_EN.pdf

Habraken, M., Széker, L., Lenaerts, K., Holtgrewe, U., Klingbacher, L., Caneve, S., Fiore, I., & Porcheddu, D. (2024). *Arbeitspapier über Arbeitsbeziehungen und Politik. D2.2 des Projekts PSYR-IR*. HIVA-KU Leuven. https://hiva.kuleuven.be/en/research/theme/workandor/p/Docs/d2-2_industrialrelationsandpolicywp_final.pdf

Holtgrewe, U., Lamura, M., & Neuhuber, T. (2025). *Nationaler Fallstudienbericht-Österreich. PSYR-IR - Möglichkeiten der Arbeitsbeziehungen zur Vorbeugung und Bewältigung psychosozialer Risiken an postpandemischen Arbeitsplätzen.* KU Leuven.

Juraszovich, B., Rappold, E., & Gyimesi, M. (2023). *Pflegepersonalbedarfsprognose Update bis 2050*. Gesundheit Österreich GmbH. https://jasmin.goeg.at/id/eprint/3378/1/Pflegepersonalbedarfsprognose%20Update%20bis%202050_bf.pdf

Kloimüller, I. (2025). *Psychosoziale Risikoprävention - Strategien und Gesetzgebung | Österreich*. EU-OSHA.

PSYR-IR

Policy Brief

https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

Psychosocial risks and workers' well-being in Belgium: the regulatory framework and the role of social dialogue

September 2025

Szekér, Lise; Op de Beeck, Liesbeth; Vandekerckhove, Sem; & Lenaerts Karolien (HIVA-KU Leuven)

Psychosocial risks and workers' mental health and well-being as policy priorities

Psychosocial risks (PSRs) in the workplace are a key dimension of occupational safety and health (OSH). PSRs encompass a broad spectrum of factors, including high work intensity, irregular or unsocial working hours, and other aspects, which all can have a profound impact on workers' well-being and their mental and physical health.

In recent years, **psychosocial risks and, more generally, workers' well-being have been high on the policy agenda** at both the European Union (EU) level and across the Member States, as the COVID-19 pandemic exacerbated existing PSRs and gave rise to new ones. Moreover, in the aftermath of the pandemic it is clear that some groups of workers are more strongly affected by PSRs than others.

The PSYR-IR project, which runs from November 2023 until October 2025, zooms in on these key issues. The project approaches these topics from an **industrial relations angle**, aiming to shed further light on the **opportunities for industrial relations actors to support the prevention and management of psychosocial risks in post-pandemic workplaces across the EU**. To do so, the project focuses on recent developments at the EU level, and offers a deep dive through case studies in five countries (Austria, Belgium, Denmark, Estonia Italy), and across two groups of sectors (the healthcare, and the construction and manufacturing sectors).

The five national case studies were conducted based on a combination of desk research (review of academic and grey literature), interviews with a range of experts and stakeholders and a survey among workers in dedicated sectors (healthcare or manufacturing and construction). For Belgium, workers in both healthcare, and in manufacturing and construction were targeted. This policy brief highlights the findings for the Belgian case study.

Similar to other EU Member States, psychosocial risks are on the rise in Belgium, and the number of workers on long-term sick leave is soaring, as reported by the National Institute for Health and Disability Insurance. Some sectors, occupations and groups of workers seem to be more affected than others (e.g. healthcare). These trends reflect wider pressures from digitalisation, demographic change and evolving work arrangements. These findings are corroborated in EU-wide surveys on working conditions and workers' occupational safety and health such as the EWCS, ESENER and the OSH Pulse surveys.

Finally, some **vulnerable groups** are at higher risk of being exposed to psychosocial risks. EU data confirm that PSR disproportionately affect young and older workers, migrants, people with disabilities, etc. For example, frontline healthcare staff (typically women) frequently report higher stress and lower job control, but often lack tailored support. Such (compound) vulnerabilities are considered in the PSYR-IR project as well.

Regulatory framework governing psychosocial risks

Belgium's regulatory framework for work-related psychosocial risks is comprehensive. The **1996 Act on the well-being of workers in the performance of their work**, which still is the cornerstone of the country' OSH regulation, and the **Codex on Well-being at Work** require **all** employers to continuously assess and prevent all forms of psychosocial risks.

Summary

This policy brief discusses the rise of psychosocial risks and the well-being of workers in the case of Belgium. Building on a larger project report and other recent studies, it highlights the key developments in the legal and policy context and further explores the role of the social partners in the prevention and management of psychosocial risks. It also presents a sectoral deep dive, zooming in on the manufacturing and construction, and healthcare sector.

Belgium has a comprehensive legal framework. However, it is quite complex and thus difficult to implement and enforce. On the policy front, several plans, actions and initiatives exist, of which especially the (sectoral) pilot projects and the initiatives of the National Labour Council are notable.

Despite the attention for PSR, major challenges remain in the prevention and management of such risks in practice. SMEs in particular lack measures, or see only limited follow-up after conducting a risk assessment. Further efforts to support them are needed. For workers, the key role of workplace health and safety committees is clear. Options to strengthen workers' safety voice and to ensure a conducive psychosocial safety climate are highlighted.

Collective measures aimed at tackling PSR factors must be prioritised over individual.

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

More specifically, employers must take all the necessary measures to prevent psychosocial risks, or limit any harm.

Although the 19996 Act did not include a definition of psychosocial risks, a 2014 amendment to the Act did introduce it. **Psychosocial risks** refer to the likelihood of psychological harm, which may be accompanied by physical harm, resulting from various work-related factors such as the job content, work organisation, working conditions, employment terms, and interpersonal relations, all of which fall under the employer's influence.

The Belgian legal framework has undergone **changes in the past decades**, aimed at **strengthening it and offering clarification** (e.g. the confidential counsellors' and prevention advisors' roles).

While this legal framework is **comprehensive**, stakeholders agree that it is also highly **complex**, which makes it **difficult to translate it to practice, as well as to enforce it.**

Other noticeable policy actions include the **2022-2027 Action Plan for Worker Well-being**, which aligns with the EU OSH Strategic Framework and explicitly targets psychosocial risk factors, and the **Federal Action Plan on Mental Well-being at Work.**

Social dialogue and worker participation

Belgium has a **well-established, multi-level industrial relations system that plays a central role in shaping OSH policies**. In the country, social dialogue is widely recognised as a key mechanism for improving job quality and workers' well-being. It complements legislation through **collective bargaining agreements** concluded at national, sectoral, and company levels.

Belgium has one of the highest levels of trade union density across the EU, low fragmentation between the public and private sectors, consistent unionisation across company sizes and age groups, and targeted outreach to more vulnerable groups of workers.

Especially the **National Labour Council** has been taking a leading role, introducing several actions and initiatives aimed at supporting the **prevention and management of psychosocial risks within sectors and companies**. In addition, the National Labour Council has issued advices and concluded collective agreements on these matters. Notable examples are the **Collective Agreement No. 72** (which defines stress) and **Recommendations No. 30 and 31** (on improving psychosocial well-being and preventing burnout, and on reintegration of workers with a long-term illness respectively).

Within organisations, a pivotal role is taken up by the **health and safety committee**, which includes delegates from **both the trade unions and the employer**, and advises the company on matters related to worker health and safety. Not all companies, however, are required to, or have established such a committee. In addition, especially in sectors characterised by dangerous jobs, often safety issues get prioritised over other topics in committee meetings.

More generally, while the awareness of psychosocial risks is generally high at the interprofessional level, significant gaps in awareness, the understanding, prevention and management of such risks remain at the company level.

Psychosocial risks and mental health of workers

Exposure to psychosocial risk factors

The case study for Belgium offered a deep dive into two sectors: a female-dominated sector (healthcare), and a male-dominated one (manufacturing and construction taken together). **PSR exposures vary by sector. Healthcare** workers face chronic staff shortages, high emotional demands and ageing workforces. In the survey completed by 249 workers in healthcare, the most frequently reported PSRs, indeed, included time pressure or work overload, emotionally disturbing situations, violence or abuse from clients, asocial working hours and inappropriate pay. Among the male-dominated, blue-collar jobs in **manufacturing and construction**, the main PSR was also time pressure and work overload, with asocial working hours and inappropriate pay ranking high as well (as reported in the survey, which reached 202 workers). Other key PSR were poor communication and cooperation in the organisation and a lack of autonomy. In such sectors, heavy physical labour combined with organisational complexity means psychosocial risks (e.g. time pressure) often become entangled with safety hazards.

Psychosocial risk management at company level

When it comes to the **specific measures** that are in place within the organisation to address PSR factors, a first observation is that across both groups of sectors, **measures are generally reactive rather than proactive**. An example of the former is providing access to counselling. An example of the latter is work redesign. Second, several workers, especially those who are working in smaller organisations, stipulated that their organisation has **no measures** aimed at tackling PSR in place at all. When comparing the healthcare sector with the manufacturing and construction sector, it is clear that the situation is particularly concerning in the latter case, with fewer measures in place overall.

Across all sectors, small firms lag behind larger ones: many SMEs **lack formal PSR measures or action plans**, so prevention often falls short in practice. This is a critical issue, considering the **high share of SMEs in the Belgian economy**, and which was reported in stakeholder interviews and previous research as well. However, policymakers have done efforts to target SMEs, as evidenced for example in the recent launch of an OiRA tool on psychosocial risks for this target group.

For both sectors, just over half of the surveyed workers said that in their organisation, workers are **encouraged to report health and safety issues**, and between 40 and 50% of workers indicated that **health and safety issues are promptly addressed**. At the same time, however, around one in four workers do not feel comfortable to discuss such issues with their supervisor or manager, and one in three workers is convinced that disclosing mental health issues would negatively impact their career.

Safety voice is the believe and willingness that one can speak up for him/herself or someone else about safety-related risks and issues at the workplace (Paul et al., 2025). Turning to safety voice, a substantial number of workers in manufacturing and construction stated to **report dangerous situations and to ask colleagues to stop working when doing so in an unsafe manner**. Most workers also believe that their colleagues will stop them from working unsafely. Similar results are reported in healthcare.

Finally, workers were also asked about the quality of the measures in place, and of any barriers to PSR prevention and management. Strikingly, more than one in four workers in healthcare find that the **measures in place within their organisation to reduce stress and psychosocial risks are ineffective**. In contrast, only 6% finds them successful, while around 30% of the workers sees at least some room for improvement. Workers in the manufacturing and construction sectors are more satisfied, although the pattern goes in the same direction. This is an important finding, signalling a key **gap between what organisations do and what workers expect**.

According to workers across both sectors, the main **obstacle** to PSR prevention is the **lack of awareness among management**. Other barriers include insufficient expertise, reluctance to discuss PSR, and low awareness among staff.

Employee participation

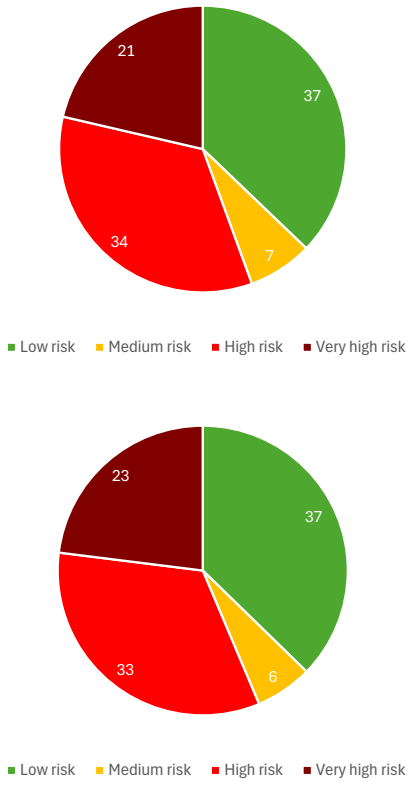
In line with the Belgian industrial relations system, most surveyed workers indicated there is a **health and safety committee within their organisation, as well as a trade union representative or delegation.** Main differences here relate to differences in the size of the average company within the different sectors. Employee involvement in preventing and managing PSRs through **indirect participation** thus seems secured in the Belgian case.

Direct participation, however, seems more limited. Less than half of the workers in the healthcare sector indicate to be involved in the **identification of possible causes for work-related stress**, while around one-third of the workers stated being involved in the **design and set-up of measures to address PSR** and the **design and implementation of measures following a risk assessment**. The lack of follow-up after risk assessments was also highlighted in interviews and earlier literature as a key issue. For construction and manufacturing, results go in the same direction.

This suggests room for improvement: **boosting both direct and indirect worker participation in the design, implementation, monitoring and follow-up of measures tackling PSR**.

Psychosocial safety climate

Figure 1. Percentage of workers by PSC risk group*



* *Top: healthcare; bottom: manufacturing and construction*

Psychosocial Safety Climate (PSC) (Dollard & Bakker, 2010) refers to the organisational framework through which employees perceive their employer's commitment to safeguarding their psychological health. It captures the degree to which workplace policies, practices, and procedures prioritise stress prevention over productivity, address PSRs, ensure an open communication about concerns, and involve all organisational levels, in promoting mental well-being, with a strong emphasis on leadership engagement. As part of the PSYR-IR study, workers were asked about the PSC in their organisation, and categorised into groups.

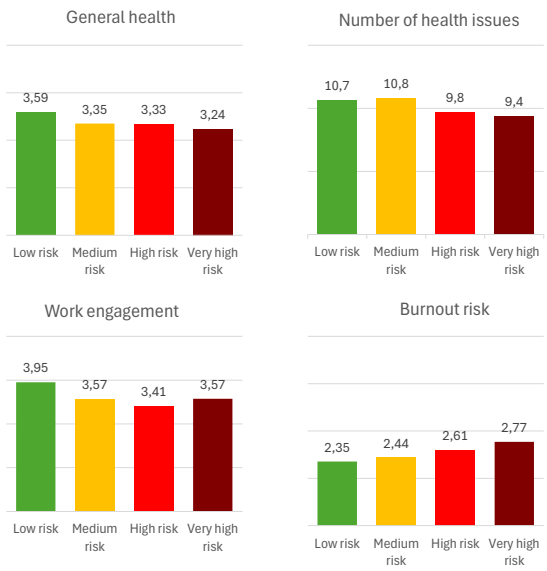
In the Belgian case, for both the healthcare and manufacturing and construction sectors, **37% of workers finds themselves in a low risk PSC, which is characterised by strong PSR management.** On the opposite end of the spectrum, nearly half of the workers fall into the **high or very high risk** categories, which calls for action. These findings show once again that, in Belgium, **a key challenge lies in the translation of the extensive legal framework and the wide range of measures, action plans, initiatives, etc. into real commitment and actions at the organisational level.**

Workers' health

Most workers rate their health as "good" or "very good". At the other end, around 10% report poor health (across all sectors). Among the most commonly reported health issues are **fatigue** (especially in the healthcare sector), **musculoskeletal disorders**, **headache and eyestrain** (especially in manufacturing and construction).

When considering **work engagement** and **burn-out**, workers from all groups report moderate to high levels of work engagement, and moderate risks of burn-out.

Figure 2. Average scores for health and well-being indicators, for each of the PSC risk groups (healthcare)



The PSYR-IR project provides support for the **need to establish a strong psychosocial safety climate.** Employees in low-risk PSC environments report better health outcomes, higher levels of work engagement, and lower burnout risk. In contrast, those in high-risk PSC settings face more health issues and reduced well-being (as is illustrated in Figures 2 and 3).

Figure 3. Average scores for health and well-being indicators, for each of the PSC risk groups (manufacturing and construction)

Recommendations

Although the Belgian case study has revealed many strongpoints in both the regulatory framework governing OSH and psychosocial risks in particular, as well as the industrial relations system and the role of the social partners in PSR prevention and management, key challenges remain. These relate to the complexity of the legislation on the one hand, but also to challenges specific to sectors and/or organisations. Whereas this case study reviewed multiple sectors, some common points were identified, such as stigma, the need to improve the psychosocial safety climate, as well as implementation and follow-up within organisations after risk assessments.

One of the key challenges in the PSYR-IR project was the access to national data sources that capture PSR and allow to relate them to workers' outcomes as well as organisational characteristics, and information on the nature and quality of social dialogue around the topic. In the PSYR-IR project, we have attempted to fill this gap by launching our own online survey targeting workers, but this was a complicated exercise that is not without its limitations. Further data collection efforts and continued research into these topics is crucial in our view, given that these topics will remain relevant in the future.

Recommendations for policymakers

1. Simplify and support implementation

Further clarify the legal obligations and provide guidance to make compliance easier, especially for SMEs. Encourage wider use of the broad range of tools that are available, and continue to tailor them for specific needs of organisations and (vulnerable groups of workers). The recent OiRA tool is a very good example of this. As enforcement can be tricky, further strengthen labour inspections focused on PSR could be helpful too.

2. Resource sectors and groups lagging behind

Allocate sufficient resources to high-risk sectors (e.g. healthcare) and to SMEs for PSR training and preventive equipment. These efforts should be complemented with dedicated programmes and measures addressing vulnerable groups of workers (e.g. new hires, temporary workers, teleworkers, minorities). Pay attention to compound vulnerabilities.

3. Continue to promote social dialogue on PSR at all levels

The case study highlights the pivotal role of industrial relations actors, notably the National Labour Council, in taking the lead and stepping up efforts to prevent and manage PSR. Ensure that PSR remains a recurring agenda item in national OSH policy, and make sure to actively involve the social partners in shaping it.

Recommendations for social partners

1. Strengthen collective bargaining and joint initiatives

Trade unions and employers' federations should negotiate clauses on PSR in collective agreements (national, sectoral or company level). Use bargaining to secure provisions like limits on overtime, the right to disconnect, access to prevention advisors, and other measures, highlighting collective measures. Make sure that PSR is addressed in social dialogue committees at all levels, even when other issues appear more prevalent. Draw on good practices and examples of (sectoral) pilot projects which actively involved social partner organisations in the design, implementation and follow-up.

2. Build capacity among social partners' representatives

Equip trade union representatives and HR managers with PSR expertise, for example by training workers' representatives on OSH law and best practices to handle psychosocial risks and their impacts. Jointly develop sector-specific prevention toolkits that include case studies, best practices, and checklists.

3. Raise awareness and reduce stigma

Trade unions and employer associations could run awareness-raising campaigns among members to normalise discussions of mental health issues. Encourage employers to publicly commit to psychosocial safety. Sector-specific initiatives could help here.

4. Promote direct worker involvement in PSR management

To complement indirect participation through the works council, the health and safety committee or the trade union delegation, workers should be involved in shaping PSR-related measures. The current survey results highlight that this is limited, but also confirm that the workers are eager and open to exchange on their experiences with colleagues (e.g. to prevent unsafe behaviour). Further efforts to strengthen workers' safety voice as well as the psychosocial safety climate can be done as well. Trade unions can play an important role to support workers and organisations on this front.

Recommendations for organisations

1. Foster a Supportive Psychosocial Safety Climate (PSC)

Organisations should prioritise psychological health by ensuring that workers can communicate openly about PSR and on mental health issues. Raise awareness and offer training on how to recognise and manage PSR. Involve all levels of the organisation in doing so.

2. Ensure follow-up after risk assessments

An important issue that emerged in the Belgian case is a lack of follow-up after organisations carry out risk assessments (in general and with a focus on PSR). Employers should be aware of this issue and plan concrete follow-up actions and feedback to workers. In addition, measures aimed at fostering workers' well-being should be regularly assessed.

Selected references

Bailey, T. S., Dollard, M. F., & Richards, P. A. M. (2015). A national standard for psychosocial safety climate (PSC): PSC 41 as the benchmark for low risk of job strain and depressive symptoms. *Journal of Occupational Health Psychology*, *20*(1), 15–26. https://doi.org/10.1037/a0038166

Dollard, M. F., & Bakker, A. B. (2010). Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organizational Psychology*, 83(3), 579–599.

EU-OSHA (2025) Belgium: Psychosocial risk prevention – strategies and legislation.

Szekér, L., Op de Beeck, L.; Vandekerckhove, S. & Lenaerts, K. (2025). Deliverable *3.1: National case study report—Belgium.* (PSYR-IR – The Opportunities for Industrial Relations to Prevent and Manage Psychosocial Risks in Post-Pandemic Workplaces., p. 49). HIVA-KU Leuven.

Paul, J.; Pilbeam, C. & Smallwood, A. (2025) Safety voice concept clean-up: Examining the voice that challenges us to be safer, *Safety Science*, 191, https://doi.org/10.1016/j.ssci.2025.106931.

PSYR-IR

Policy Brief

https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

Psychosociale risico's en de mentale gezondheid en het welzijn van werknemers als beleidsprioriteiten

September 2025

Szekér, Lise; Op de Beeck, Liesbeth; Vandekerckhove, Sem; & Lenaerts Karolien (HIVA-KU Leuven)

Psychosociale risico's en de geestelijke gezondheid en het welzijn van werknemers als beleidsprioriteiten

Psychosociale risico's (PSR's) op de werkplek vormen een belangrijk aspect van veiligheid en gezondheid op het werk (OSH). PSR's omvatten een breed spectrum aan factoren, waaronder hoge werkintensiteit, onregelmatige of onsociale werktijden en andere aspecten, die allemaal een grote invloed kunnen hebben op het welzijn en de mentale en fysieke gezondheid van werknemers.

De afgelopen jaren stonden **psychosociale risico's en, meer in het algemeen, het welzijn van werknemers hoog op de beleidsagenda** van zowel de Europese Unie (EU) als de lidstaten, aangezien de COVID-19-pandemie bestaande PSR's verergerde en nieuwe PSR's deed ontstaan. Bovendien is het in de nasleep van de pandemie duidelijk geworden dat sommige groepen werknemers sterker door PSR's worden getroffen dan andere.

Het PSYR-IR project, dat loopt van november 2023 tot oktober 2025, zoomt in op deze belangrijke kwesties. Het project benadert deze onderwerpen vanuit het perspectief van de **arbeidsverhoudingen** en heeft tot doel meer inzicht te verschaffen in de **mogelijkheden voor actoren op het gebied van arbeidsverhoudingen om de preventie en het beheer van psychosociale risico's op werkplekken in de hele EU na de pandemie te ondersteunen**. Daartoe richt het project zich op recente ontwikkelingen op EU-niveau en biedt het een diepgaande analyse aan de hand van casestudy's in vijf landen (Oostenrijk, België, Denemarken, Estland en Italië) en in twee groepen van sectoren (de gezondheidszorg en de bouw- en productiesector).

De vijf nationale casestudy's werden uitgevoerd op basis van een combinatie van deskresearch (onderzoek van academische en grijze literatuur), interviews met een reeks deskundigen en belanghebbenden en een enquête onder werknemers in specifieke sectoren (gezondheidszorg of productie en bouw). Voor België werden werknemers in zowel de gezondheidszorg als de productie- en bouwsector ondervraagd. Deze beleidsnota belicht de bevindingen van de Belgische casestudy.

Net als in andere EU-lidstaten nemen psychosociale risico's in België toe en stijgt het aantal werknemers met langdurig ziekteverzuim sterk, zoals gemeld door het Rijksinstituut voor Ziekte- en Invaliditeitsverzekering. Sommige sectoren, beroepen en groepen werknemers lijken hier meer door getroffen te zijn dan andere (bijvoorbeeld de gezondheidszorg). Deze trends weerspiegelen de bredere druk als gevolg van digitalisering, demografische veranderingen en veranderende arbeidsregelingen. Deze bevindingen worden bevestigd door EU-brede enquêtes over arbeidsomstandigheden en veiligheid en gezondheid van werknemers, zoals de EWCS, ESENER en de OSH Pulse-enquêtes.

Ten slotte lopen sommige **kwetsbare groepen** een groter risico om blootgesteld te worden aan psychosociale risico's. EU-gegevens bevestigen dat PSR onevenredig veel invloed hebben op jonge en oudere werknemers, migranten, mensen met een handicap, enz. Zo melden eerstelijnsgezondheidswerkers (meestal vrouwen) vaak meer stress en minder controle over hun werk, maar krijgen ze vaak geen ondersteuning op maat. Ook in het PSYR-IR-project wordt rekening gehouden met dergelijke (samengestelde) kwetsbaarheden.

SAMENVATTING

Deze nota bespreekt de toename van PSR's en het welzijn van werknemers in België. Voortbouwend op een groter projectrapport en andere recente studies, belicht het de belangrijkste ontwikkelingen in de juridische en beleidscontext en gaat het dieper in op de rol van de sociale partners bij de preventie en het beheer van psychosociale risico's. Het biedt ook een diepgaande sectorale analyse, waarbij wordt ingezoomd op de gezondheidszorg, de productie- en de bouwsector. België heeft een uitgebreid wettelijk kader. Dit is echter vrij complex en daardoor moeilijk te implementeren en te handhaven. Op beleidsvlak bestaan er verschillende plannen, acties en initiatieven, waarvan vooral de (sectorale) proefprojecten en de initiatieven van de NAR opvallen. Ondanks de aandacht voor PSR blijven er in de praktijk grote uitdagingen bestaan op het gebied van preventie en beheer van dergelijke risico's. Met name KMO's hebben onvoldoende maatregelen getroffen of zien slechts beperkte follow-up na het uitvoeren van een risicobeoordeling. Er zijn inspanningen nodig om hen te ondersteunen. Voor werknemers is de sleutelrol van CPBW's op het werk duidelijk. Er wordt gewezen op mogelijkheden om de stem van werknemers op het gebied van veiligheid te versterken en te zorgen voor een gunstig psychosociaal veiligheidsklimaat. Collectieve maatregelen om PSR-factoren aan te pakken moeten voorrang krijgen over individuele.

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

Regelgevend kader voor psychosociale risico's

Het Belgische regelgevend kader voor werkgerelateerde psychosociale risico's is zeer uitgebreid. De **wet van 1996 betreffende het welzijn van de werknemers bij de uitvoering van hun werk**, die nog steeds de hoeksteen vormt van de OSH-regelgeving van het land, en de **Codex inzake welzijn op het werk** verplichten **alle** werkgevers om alle vormen van psychosociale risico's voortdurend te beoordelen en te voorkomen.

Meer specifiek moeten werkgevers alle nodige maatregelen nemen om psychosociale risico's te voorkomen of eventuele schade te beperken.

Hoewel de wet van 1996 geen definitie van psychosociale risico's bevatte, werd deze wel opgenomen in een wijziging van de wet in 2014. **Psychosociale risico's** verwijzen naar de kans op psychologische schade, die gepaard kan gaan met lichamelijke schade, als gevolg van verschillende werkgerelateerde factoren, zoals de inhoud van het werk, de werkorganisatie, de arbeidsomstandigheden, de arbeidsvoorwaarden en de interpersoonlijke relaties, die allemaal onder de invloed van de werkgever vallen.

Het Belgische wettelijke kader heeft de afgelopen decennia **veranderingen ondergaan**, met als doel het **te versterken en te verduidelijken** (bijvoorbeeld de rol van vertrouwenspersonen en preventieadviseurs).

Hoewel dit wettelijke kader **uitgebreid** is, zijn de belanghebbenden het erover eens dat het ook zeer complex is, waardoor het **moeilijk is om het in de praktijk te brengen en te handhaven**.

Andere opvallende beleidsmaatregelen zijn het **Actieplan voor het welzijn van werknemers 2022-2027**, dat aansluit bij het strategisch kader voor veiligheid en gezondheid op het werk van de EU en expliciet gericht is op psychosociale risicofactoren, en het **Federaal actieplan voor geestelijk welzijn op het werk**.

Sociale dialoog en werknemersparticipatie

België heeft een **goed ontwikkeld, meerlagig systeem van arbeidsverhoudingen dat een centrale rol speelt bij het vormgeven van het beleid op het gebied van veiligheid en gezondheid op het werk**. In het land wordt de sociale dialoog algemeen erkend als een belangrijk mechanisme voor het verbeteren van de kwaliteit van banen en het welzijn van werknemers. Het vormt een aanvulling op de wetgeving door middel van **collectieve arbeidsovereenkomsten** die op nationaal, sectoraal en bedrijfsniveau worden gesloten.

België heeft een van de **hoogste vakbondsdichtheden** in de EU, een **geringe fragmentatie** tussen de publieke en de private sector, een **consistente vakbondsorganisatie over alle bedrijfsgroottes en leeftijdsgroepen heen**, en een **gerichte outreach naar kwetsbaardere groepen werknemers.**

Vooral de **Nationale Arbeidsraad** heeft een leidende rol op zich genomen en verschillende acties en initiatieven genomen om de preventie en het beheer van psychosociale risico's binnen sectoren en bedrijven te ondersteunen. Daarnaast heeft de Nationale Arbeidsraad adviezen uitgebracht en collectieve overeenkomsten gesloten over deze kwesties. Opvallende voorbeelden zijn de **collectieve overeenkomst nr. 72** (waarin stress wordt gedefinieerd) en de **aanbevelingen nr. 30 en 31** (respectievelijk over het verbeteren van het psychosociaal welzijn en het voorkomen van burn-out, en over de re-integratie van werknemers met een langdurige ziekte).

Binnen organisaties speelt het **CPPW**, dat bestaat uit afgevaardigden van zowel de **vakbonden als de werkgever**, een cruciale rol. Het CPPW adviseert het bedrijf over zaken die verband houden met de gezondheid en veiligheid van werknemers. Niet alle bedrijven zijn echter verplicht om een dergelijke commissie op te richten, of hebben dat ook daadwerkelijk gedaan. Bovendien krijgen veiligheidskwesties, vooral in sectoren die worden gekenmerkt door gevaarlijke banen, vaak voorrang boven andere onderwerpen in commissievergaderingen.

Meer in het algemeen geldt dat het **bewustzijn van psychosociale risico's op interprofessioneel niveau over het algemeen groot is, maar dat er op bedrijfsniveau nog steeds aanzienlijke lacunes bestaan in het bewustzijn, het begrip, de preventie en het beheer van dergelijke risico's.**

Psychosociale risico's en de mentale gezondheid van werknemers

Blootstelling aan psychosociale risicofactoren

De casestudy voor België bood een diepgaande analyse van twee sectoren: een sector waarin vrouwen overheersen (gezondheidszorg) en een sector waarin mannen overheersen (productie en bouw samen). De blootstelling aan PSR's varieert per sector. Werknemers in de **gezondheidszorg** hebben te maken met een chronisch tekort aan personeel, hoge emotionele eisen en een vergrijzende beroepsbevolking. In de enquête die door 249 werknemers in de gezondheidszorg werd ingevuld, waren de meest genoemde PSR's inderdaad tijdsdruk of werkoverbelasting, emotioneel verontrustende situaties, geweld of misbruik door cliënten, asociale werktijden en een ongepast loon. Bij de door mannen gedomineerde, fysieke banen in de **productie en de bouw** waren de belangrijkste PSR's ook tijdsdruk en werkoverbelasting, waarbij asociale werktijden en een ongepast loon eveneens hoog scoorden (zoals gerapporteerd in de enquête, die door 202 werknemers werd ingevuld). Andere belangrijke psychosociale risico's waren slechte communicatie en samenwerking binnen de organisatie en een gebrek aan autonomie. In dergelijke sectoren betekent zware lichamelijke arbeid in combinatie met organisatorische complexiteit dat psychosociale risico's (bijvoorbeeld tijdsdruk) vaak verweven raken met veiligheidsrisico's.

Psychosociaal risicobeheer op bedrijfsniveau

Wat betreft de **specifieke maatregelen** die binnen de organisatie zijn genomen om PSR-factoren aan te pakken, valt in eerste instantie op dat de maatregelen in beide sectoren over het **algemeen reactief zijn in plaats van proactief**. Een voorbeeld van het eerste is het aanbieden van toegang tot counseling. Een voorbeeld van het laatste is het herontwerpen van werk. Ten tweede gaven verschillende werknemers, met name degenen die in kleinere organisaties werken, aan dat **hun organisatie helemaal geen maatregelen heeft genomen om PSR aan te pakken**. Wanneer we de gezondheidszorgsector vergelijken met de productie- en bouwsector, is het duidelijk dat de situatie in het laatste geval bijzonder zorgwekkend is, met over het algemeen minder maatregelen.

In alle sectoren lopen kleine bedrijven achter op grotere bedrijven: veel kmo's hebben geen formele PSR-maatregelen of actieplannen, waardoor preventie in de praktijk vaak tekortschiet. Dit is een kritiek punt, gezien het grote aandeel van kmo's in de Belgische economie, en dat ook in interviews met belanghebbenden en eerder onderzoek naar voren kwam.

Beleidsmakers hebben echter inspanningen geleverd om kmo's aan te pakken, zoals blijkt uit de recente lancering van een OiRA-tool over psychosociale risico's voor deze doelgroep.

Voor beide sectoren gaf iets meer dan de helft van de ondervraagde werknemers aan dat **werknemers in hun organisatie worden aangemoedigd om gezondheids- en veiligheidskwesties te melden**, en tussen 40 en 50 % van de werknemers gaf aan dat **gezondheids- en veiligheidskwesties onmiddellijk worden aangepakt**. Tegelijkertijd voelt ongeveer een op de vier werknemers zich echter niet op zijn gemak om dergelijke kwesties met zijn leidinggevende of manager te bespreken, en is een op de drie werknemers ervan overtuigd dat het melden van geestelijke gezondheidsproblemen een negatieve invloed zou hebben op zijn carrière.

Safety voice is het geloof en de bereidheid om voor zichzelf of iemand anders op te komen als het gaat om veiligheidsrisico's en -kwesties op de werkplek (Paul et al., 2025). Wat safety voice betreft, gaf een aanzienlijk aantal werknemers in de productie- en bouwsector aan **gevaarlijke situaties te melden en collega's te vragen te stoppen met werken wanneer zij dat op een onveilige manier doen**. De meeste werknemers zijn ook van mening dat hun collega's hen zullen tegenhouden als zij onveilig werken. Soortgelijke resultaten worden gemeld in de gezondheidszorg.

Ten slotte werd werknemers ook gevraagd naar de kwaliteit van de genomen maatregelen en naar eventuele belemmeringen voor de preventie en het beheer van PSR. Opvallend is dat meer dan een op de vier werknemers in de gezondheidszorg vindt dat de **maatregelen die binnen hun organisatie worden genomen om stress en psychosociale risico's te verminderen, niet effectief zijn**. Daarentegen vindt slechts 6% ze succesvol, terwijl ongeveer 30% van de werknemers ten minste enige ruimte voor verbetering ziet. Werknemers in de productie- en bouwsector zijn meer tevreden, hoewel het patroon in dezelfde richting gaat. Dit is een belangrijke bevinding, die wijst op een grote kloof tussen wat organisaties doen en wat werknemers verwachten.

Volgens werknemers in beide sectoren is het belangrijkste **obstakel** voor de preventie van **PSR het gebrek aan bewustzijn bij het management**. Andere belemmeringen zijn onder meer onvoldoende expertise, terughoudendheid om over PSR te praten en een laag bewustzijn bij het personeel.

Werknemersparticipatie

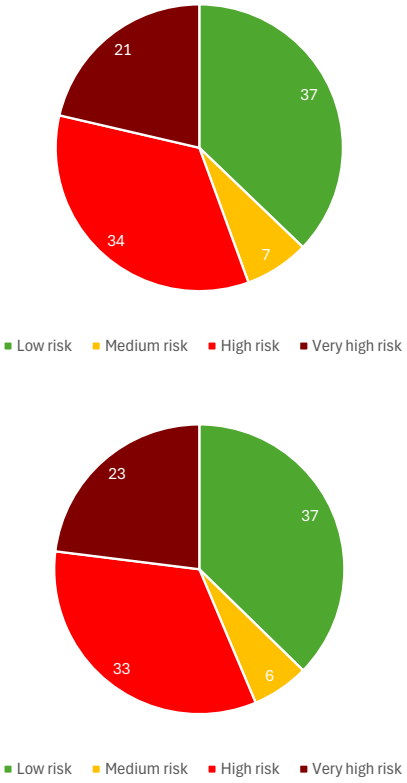
In overeenstemming met het Belgische systeem van arbeidsverhoudingen gaf het merendeel van de ondervraagde werknemers aan dat er binnen hun organisatie een **CPPW** is, evenals een **vakbondsvertegenwoordiger of -delegatie**. De belangrijkste verschillen hebben hier te maken met verschillen in de gemiddelde omvang van bedrijven binnen de verschillende sectoren. De betrokkenheid van werknemers bij het voorkomen en beheersen van PSR's door middel van **indirecte participatie** lijkt in het Belgische geval dus gewaarborgd.

Directe participatie lijkt echter beperkter te zijn. Minder dan de helft van de werknemers in de gezondheidszorg geeft aan betrokken te zijn bij het identificeren van mogelijke oorzaken van werkgerelateerde stress, terwijl ongeveer een derde van de werknemers aangeeft betrokken te zijn bij het ontwerpen en opzetten van maatregelen om PSR aan te pakken en bij het ontwerpen en implementeren van maatregelen na een risicobeoordeling. Het gebrek aan follow-up na risicobeoordelingen werd ook in interviews en eerdere literatuur als een belangrijk punt naar voren gebracht. Voor de bouw en de industrie wijzen de resultaten in dezelfde richting.

Dit wijst op ruimte voor verbetering: **het stimuleren van zowel directe als indirecte werknemersparticipatie bij het ontwerpen, implementeren, monitoren en opvolgen van maatregelen ter bestrijding van PSR.**

Psychosocial safety climate

Figuur 1. Aandeel werknemers per PSC risico groep*



* *Boven: gezondheidszorg; onder: productie en bouw*

Psychosocial Safety Climate (PSC) (Dollard & Bakker, 2010) verwijst naar het organisatorische kader waardoor werknemers het engagement van hun werkgever om hun psychische gezondheid te beschermen, waarnemen. Het geeft weer in hoeverre het beleid, de praktijken en de procedures op de werkplek voorrang geven aan stresspreventie boven productiviteit, PSR's aanpakken, zorgen voor een open communicatie over bezorgdheden en alle organisatieniveaus betrekken bij het bevorderen van mentaal welzijn, met een sterke nadruk op de betrokkenheid van het management. In het kader van de PSYR-IR-studie werden werknemers gevraagd naar de PSC in hun organisatie en in groepen ingedeeld.

In het Belgische geval bevindt **37 % van de werknemers in zowel de gezondheidszorg als de productie- en bouwsector zich in een PSC met een laag risico**, die wordt gekenmerkt door een sterk PSR-beheer. Aan de andere kant van het spectrum valt bijna **de helft van de werknemers in de categorieën met een hoog of zeer hoog risico, wat om maatregelen vraagt**. Deze bevindingen tonen eens te meer aan dat in België een belangrijke uitdaging ligt in het **vertalen van het uitgebreide wettelijke kader en het brede scala aan maatregelen, actieplannen, initiatieven enz. naar echte betrokkenheid en acties op organisatieniveau.**

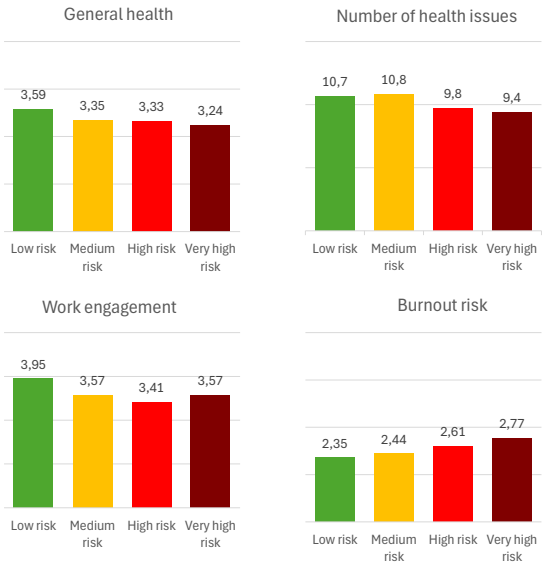
Gezondheid van werknemers

De meeste werknemers beoordelen hun gezondheid als “goed” of “zeer goed”. Aan de andere kant meldt ongeveer 10% een slechte

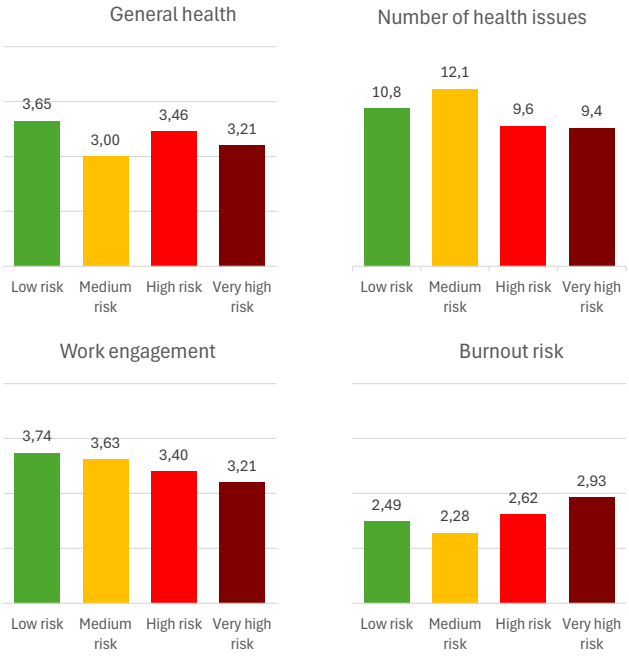
gezondheid (in alle sectoren). De meest voorkomende gezondheidsproblemen zijn **vermoeidheid** (vooral in de gezondheidszorg), **aandoeningen aan het bewegingsapparaat, hoofdpijn en vermoeide ogen** (vooral in de productie- en bouwsector).

Wat betreft **werkbetrokkenheid** en **burn-out** melden werknemers uit alle groepen een matige tot hoge mate van werkbetrokkenheid en een matig risico op burn-out.

Figuur 2. Gemiddelde scores voor indicatoren voor gezondheid en welzijn, voor elk van de PSC-risicogroepen (gezondheidszorg)



Figuur 3. Gemiddelde scores voor indicatoren voor gezondheid en welzijn, voor elk van de PSC-risicogroepen (productie en bouw)



Het PSYR-IR-project biedt ondersteuning voor de noodzaak om een **sterk psychosociaal veiligheidsklimaat** te creëren. Werknemers in PSC-omgevingen met een laag risico melden betere gezondheidsresultaten, een hogere mate van betrokkenheid bij het werk en een lager risico op burn-out. Daarentegen hebben werknemers in PSC-omgevingen met een hoog risico te maken met meer gezondheidsproblemen en een verminderd welzijn (zoals geïllustreerd in figuren 2 en 3).

Aanbevelingen

Hoewel de Belgische casestudy veel sterke punten aan het licht heeft gebracht, zowel in het regelgevingskader voor OSH en psychosociale risico's in het bijzonder, als in het systeem van arbeidsverhoudingen en de rol van de sociale partners bij de preventie en het beheer van PSR, blijven er belangrijke uitdagingen bestaan. Deze hebben enerzijds te maken met de complexiteit van de wetgeving, maar ook met uitdagingen die specifiek zijn voor bepaalde sectoren en/of organisaties. Hoewel in deze casestudy meerdere sectoren werden onderzocht, werden enkele gemeenschappelijke punten vastgesteld, zoals stigmatisering, de noodzaak om het psychosociale veiligheidsklimaat te verbeteren, en de implementatie en follow-up binnen organisaties na risicobeoordelingen.

Een van de belangrijkste uitdagingen in het PSYR-IR-project was de toegang tot nationale gegevensbronnen die PSR registreren en het mogelijk maken om deze te relateren aan de resultaten van werknemers en organisatorische kenmerken, en informatie over de aard en kwaliteit van de sociale dialoog rond dit onderwerp. In het PSYR-IR-project hebben we geprobeerd deze leemte op te vullen door onze eigen online-enquête onder werknemers te lanceren, maar dit was een ingewikkelde exercitie die niet zonder beperkingen was. Verdere inspanningen op het gebied van gegevensverzameling en voortgezet onderzoek naar deze onderwerpen zijn naar onze mening van cruciaal belang, aangezien deze onderwerpen ook in de toekomst relevant zullen blijven.

Aanbevelingen voor beleidsmakers

1. Vereenvoudig en ondersteun de implementatie

Verduidelijk de wettelijke verplichtingen verder en geef richtlijnen om naleving te vergemakkelijken, met name voor kmo's. Moedig een breder gebruik aan van het ruime scala aan beschikbare instrumenten en blijf deze afstemmen op de specifieke behoeften van organisaties en (kwetsbare groepen werknemers). Het recente OiRA-instrument is hiervan een zeer goed voorbeeld. Aangezien handhaving lastig kan zijn, kan het ook nuttig zijn om de arbeidsinspecties gericht op PSR verder te versterken.

2. Sectoren en groepen die achterop hinken voorzien van middelen

Toewijzen van voldoende middelen aan risicovolle sectoren (bijv. gezondheidszorg) en aan kmo's voor PSR-opleidingen en preventieve uitrusting. Deze inspanningen moeten worden aangevuld met specifieke programma's en maatregelen voor kwetsbare groepen werknemers (bijv. nieuwe werknemers, tijdelijke werknemers, telewerkers, minderheden). Aandacht besteden aan samengestelde kwetsbaarheden.

3. Blijf de sociale dialoog over PSR op alle niveaus bevorderen

De casestudy benadrukt de cruciale rol van actoren op het gebied van arbeidsverhoudingen, met name de Nationale Arbeidsraad, bij het nemen van het voortouw en het opvoeren van de inspanningen om PSR te voorkomen en te beheersen. Zorg ervoor dat PSR een terugkerend agendapunt blijft in het nationale OSH-beleid en zorg ervoor dat de sociale partners actief worden betrokken bij de vormgeving ervan.

Aanbevelingen voor sociale partners

1. Versterking van collectieve onderhandelingen en gezamenlijke initiatieven

Vakbonden en werkgeversorganisaties moeten onderhandelen over clausules inzake PSR in collectieve arbeidsovereenkomsten (op nationaal, sectoraal of bedrijfsniveau). Gebruik onderhandelingen om bepalingen vast te leggen zoals beperkingen op overuren, het recht om offline te zijn, toegang tot preventieadviseurs en andere maatregelen, waarbij de nadruk ligt op collectieve maatregelen. Zorg ervoor dat PSR aan de orde komt in sociale dialoogcomités op alle niveaus, zelfs wanneer andere kwesties meer aandacht lijken te krijgen. Maak gebruik van goede praktijken en voorbeelden van (sectorale) proefprojecten waarbij sociale partnerorganisaties actief betrokken waren bij het ontwerp, de uitvoering en de follow-up.

2. Capaciteit opbouwen bij vertegenwoordigers van sociale partners

Voorzie vakbondsvertegenwoordigers en HR-managers van PSR-expertise, bijvoorbeeld door werknemersvertegenwoordigers te trainen in arbeidsveiligheidswetgeving en best practices voor het omgaan met psychosociale risico's en de gevolgen daarvan. Ontwikkel gezamenlijk sectorspecifieke preventietoolkits met casestudy's, best practices en checklists.

3. Bewustwording vergroten en stigma verminderen

Vakbonden en werkgeversorganisaties zouden bewustmakingscampagnes kunnen voeren onder hun leden om discussies over geestelijke gezondheidsproblemen te normaliseren. Moedig werkgevers aan om zich publiekelijk in te zetten voor psychosociale veiligheid. Sectorspecifieke initiatieven kunnen hierbij helpen.

4. Bevorder directe betrokkenheid van werknemers bij het PSR-beheer

Als aanvulling op indirecte participatie via de ondernemingsraad, het CPPW of de vakbondsafvaardiging, moeten werknemers worden betrokken bij het vormgeven van PSR-gerelateerde maatregelen. Uit de huidige enquêteresultaten blijkt dat dit in beperkte mate gebeurt, maar ook dat werknemers graag hun ervaringen met collega's willen delen (bijvoorbeeld om onveilig gedrag te voorkomen). Er kunnen ook verdere inspanningen worden geleverd om de stem van werknemers op het gebied van veiligheid en het psychosociale veiligheidsklimaat te versterken. Vakbonden kunnen een belangrijke rol spelen bij het ondersteunen van werknemers en organisaties op dit gebied.

Aanbevelingen voor organisaties

1. Versterk het psychosociale veiligheidsklimaat

Organisaties moeten prioriteit geven aan psychische gezondheid door ervoor te zorgen dat werknemers openlijk kunnen communiceren over PSR en over kwesties op het gebied van geestelijke gezondheid. Verhoog het bewustzijn en bied training aan over hoe PSR te herkennen en ermee om te gaan. Betrek daarbij alle niveaus van de organisatie.

2. Zorg voor follow-up na risicobeoordelingen

Een belangrijk punt dat in het Belgische geval naar voren kwam, is het gebrek aan follow-up nadat organisaties risicobeoordelingen hebben uitgevoerd (in het algemeen en met de nadruk op PSR). Werkgevers moeten zich bewust zijn van dit probleem en concrete follow-upmaatregelen en feedback aan werknemers plannen. Bovendien moeten maatregelen die gericht zijn op het bevorderen van het welzijn van werknemers regelmatig worden geëvalueerd.

Geselecteerde referenties

Bailey, T. S., Dollard, M. F., & Richards, P. A. M. (2015). A national standard for psychosocial safety climate (PSC): PSC 41 as the benchmark for low risk of job strain and depressive symptoms. *Journal of Occupational Health Psychology*, *20*(1), 15–26. https://doi.org/10.1037/a0038166

Dollard, M. F., & Bakker, A. B. (2010). Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organizational Psychology*, 83(3), 579–599.

EU-OSHA (2025) Belgium: Psychosocial risk prevention – strategies and legislation.

Szekér, L., Op de Beeck, L.; Vandekerckhove, S. & Lenaerts, K. (2025). *Deliverable 3.1: National case study report—Belgium.* (PSYR-IR – The Opportunities for Industrial Relations to Prevent and Manage Psychosocial Risks in Post-Pandemic Workplaces., p. 49). HIVA-KU Leuven.

Paul, J.; Pilbeam, C. & Smallwood, A. (2025) Safety voice concept clean-up: Examining the voice that challenges us to be safer, *Safety Science*, 191, https://doi.org/10.1016/j.ssci.2025.106931.

PSYR-IR

Policy Brief

https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

Strengthening psychosocial risk management in Denmark's construction sector

September 2025

Lise Szekér & Karolien Lenaerts (HIVA- KU Leuven)

Context

This policy brief is part of D3.2 National policy briefs and based on the National case report for Denmark (Szekér & Lenaerts, 2025), a case study conducted in the frame of the PSYR-IR project. The project, running from 2023 to 2025, explored opportunities for industrial relations to prevent and manage psychosocial risks in post-pandemic workplaces. Through case studies in five countries – Austria, Belgium, Denmark, Estonia and Italy – and across two groups of sectors – health care, and construction and manufacturing – the project aimed to identify drivers and challenges for the development of OSH legislation and initiatives regarding psychosocial risks at national and sectoral levels. Special attention was given to the role of social partners and worker participation concerning PSR matters.

The national case studies were conducted by a combination of desk research, stakeholder interviews and a survey among employees in the dedicated sectors. For the Danish case study, 8 stakeholders were interviewed, and 250 Danish construction workers completed the online survey.

The evolution of Denmark's WE-Act

The **Danish Working Environment Act** (Arbejdsmiljøloven) (WE-Act), first adopted in 1975 and most recently revised in 2021, is the overarching law governing occupational health and safety in Denmark. It sets out the general objectives and requirements for ensuring both a safe physical and psychosocial working environment, in line with technical and social developments in society. The WE-Act also provides a foundation for enterprises to address health and safety challenges themselves, supported by employers' and workers' organisations. Compliance with the WE-Act is overseen by the Danish Working Environment Authority (WEA) and applies to all citizens and workplaces in Denmark. The WE-Act defines employers' responsibilities, including the duty to provide safe and healthy working conditions.

Until 2013, the WE-Act contained no explicit reference to psychosocial risks. Since then, it has been revised to emphasise that employers are responsible not only for a safe physical environment but also for a safe psychosocial working environment, including the prevention of associated risks. However, the **Executive Order No. 1406 on the health and safety of workers at work of 2020** marked a turning point, bringing visibility to psychosocial risks and reinforcing their importance, providing a clear mandate to employers to manage psychosocial risks. Stakeholders widely agree that this development has positively influenced the prevention and management of PSRs in Denmark.

The Executive order defines PSR as "psychosocial effects of the work that takes place in relation to the way the work is planned and organised; organisational conditions of importance to the work; the content of the work, including its requirements; the way the work is performed; and the social relations in the workplace." The order identifies five key areas of PSR:

- Unclear or conflicting demands at work
- High emotional demands when working with people
- Offensive behaviour, including bullying and sexual harassment
- Heavy workload and time pressure
- Work-related violence and threats.

(EU-OSHA, 2025)

Summary

This policy brief explores how Denmark addresses psychosocial risks (PSR) in its construction sector, highlighting the role of social partners and the Danish labour market model.

The revised WE-Act and the Executive Order of 2020 have strengthened employers' obligations to manage PSR, yet implementation gaps remain.

Survey results from construction workers reveal high levels of time pressure, poor communication, and dissatisfaction with pay, alongside many points of improvement for current PSR management practices and measures in companies.

Sectoral initiatives by the BFA for Construction - such as toolkits, dedicated webpages or Bambus - offer promising tools but are underutilised concerning PSR. Vulnerable groups, including migrant workers, face heightened risks.

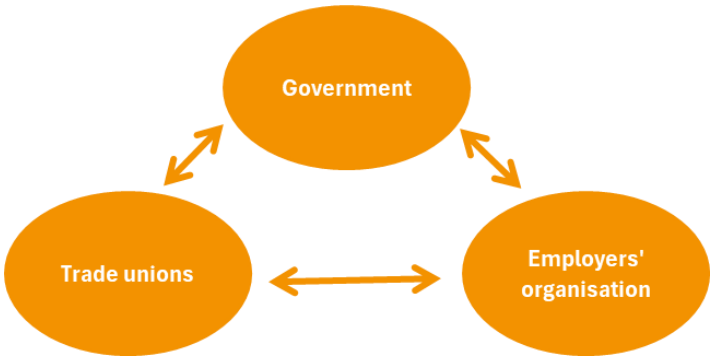
The brief presents actionable recommendations for national and EU policymakers, social partners, and companies to strengthen PSR management, improve psychosocial safety climate, and promote mental wellbeing

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

The Danish labour market model allows for the joint development of initiatives to prevent and manage PSR

The **Danish labour market model** is characterised by limited direct state involvement (government and ministries) in industrial relations, with government intervention focused primarily on formulating employment policy and the working environment (occupational health and safety) These are the responsibility of the Ministry of Employment and the agency, the Danish Working Environment Authority (WEA). Regulation of working conditions is instead largely entrusted to social partners - employers' associations and trade unions - who shape wages, working life, and well-being through **collective agreements** and structured tripartite cooperation with the state (*Actors and Institutions in Denmark*, n.d.; DA et al., 2021).



This facilitates strong and continuous involvement of social partners through **collective agreements** and **Sectoral Working Environment Communities (BFAs)**, with a focus on practical implementation at the sectoral level. As a result, legislation, executive orders, guidelines, and toolkits are developed collaboratively, ensuring broad support and targeted action. However, while awareness campaigns and toolkits on PSR are available, their uptake and effectiveness vary significantly across organisations.

Initiatives in Danish construction sector

Initiatives of the BFA for construction and rail (**BFA Bygge & Anlæg**) addressing (among others) PSR and mental well-being are the development of dedicated webpages, toolkits and guidelines on specific PSR and inclusion of these topics in their 2025 Handbook. Further they offer mobile advisory services to improve OSH at construction sites with the **Bambus** initiative. Operating via a fleet of buses and staffed by consultants, it provides on-site guidance without issuing sanctions, complementing the official inspectorate. While its current focus is on question-driven and manly oriented on physical safety, Bambus has untapped potential to address psychosocial risks (PSR) more systematically, given its trusted presence and accessibility.

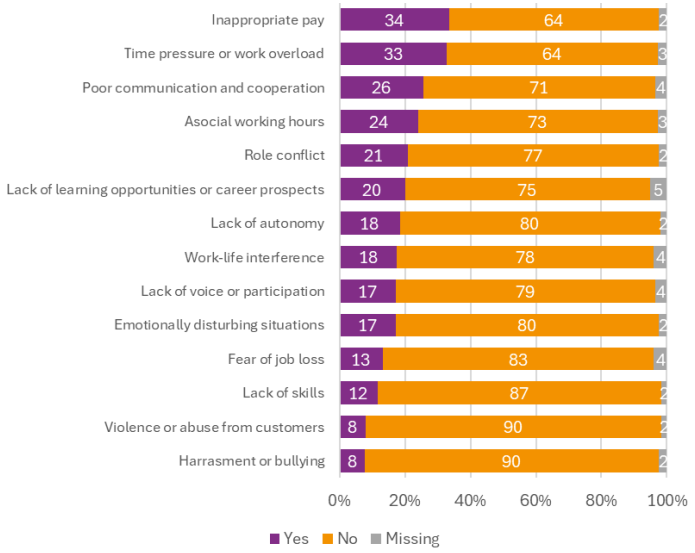
Psychosocial risks and mental health of Danish employees

The Danish case study presents a complex and evolving picture of psychosocial risks and mental health in the workplace. While Denmark performs relatively well compared to EU averages on many PSR indicators, significant challenges remain - particularly in the construction sector. Although public discourse increasingly addresses mental well-being and stress, PSRs are not yet a high priority within the Danish construction industry. The **nature of construction work** - characterized by volatility, numerous subcontractors, interdependent workflows, high physical demands, tight deadlines, and a diverse workforce - **creates distinct psychosocial risks.**

Workers report high levels of time pressure, poor communication, and financial dissatisfaction. Additional PSRs in the sector include violence, threats, discrimination, interpersonal conflicts, emotional demands, fast-paced work, and the psychological impact of workplace accidents. Emerging risks, such as the emotional demands placed on managers and the struggle to balance personal and professional life, may become increasingly relevant.

These findings are mirrored in the results from the survey among Danish construction workers (Figure 1). The top 3 of reported psychosocial risks are inappropriate pay (34%), time pressure or work overload (33%) and poor communication and cooperation (26%). Although less common, 8% of workers report exposure to violence, harassment or bullying – an important concern given the serious impact these PSR can have on worker well-being.

Figure 1. Percentage of workers reporting they have been exposed to these psychosocial risks



A **generational shift** in attitudes toward workplace conditions is evident in the Danish construction sector. Older workers tend to accept traditional norms, even when problematic, while younger workers expect respectful treatment and are more likely to leave companies - or the sector entirely - if conditions do not improve. This shift is prompting companies to reconsider workplace culture and invest in more inclusive practices.

The Danish construction sector includes a significant number of **foreign and migrant workers**. These workers are especially vulnerable to PSR and other safety issues. Often not covered by trade unions, they have limited means to challenge poor working conditions and frequently face constant pressure, long working hours, isolation, and inadequate living conditions in camps near major construction sites.

Psychosocial risk management at company level

The survey findings suggest that more than half of workplaces in Denmark's construction sector offer employees autonomy in how they perform their tasks, and nearly half provide access to psychological support as **measures to deal with PSR**. However, more targeted measures to managing long hours, bullying, and stress are less common. While most workers perceive their organisations as responsive to health and safety concerns and open to reporting issues, only half feel confident in the quality of available measures or comfortable discussing mental health with

supervisors, and one in three fears that disclosing a mental health condition could harm their career. Although most workers actively intervene in unsafe situations involving colleagues, fewer feel comfortable raising safety or psychosocial concerns with supervisors, suggesting that peer-level **safety voice** is stronger than upward communication.

Nearly half of the respondents identify a lack of management awareness about the importance of psychosocial risks (PSR) and mental health as a key obstacle to effective PSR management in their organisations. Additional barriers include insufficient expertise, reluctance to discuss PSR, and low awareness among staff (Figure 2).

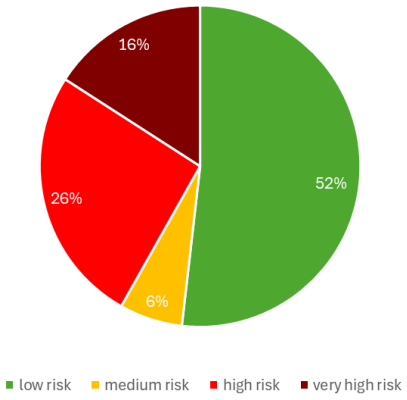
Figure 1. Percentage of workers reporting these obstacles to dealing with psychosocial risks in their organisation

Employee participation

While health and safety delegates, trade unions, and committees are commonly involved in discussions on psychosocial risk (PSR) management, direct employee participation remains limited, with only a minority involved in designing or implementing measures. Despite workers' valuable insights into workplace stressors, just 13% view current initiatives as very successful, and one in four finds them ineffective, highlighting a **need for stronger employee involvement and more impactful PSR strategies**.

Psychosocial safety climate

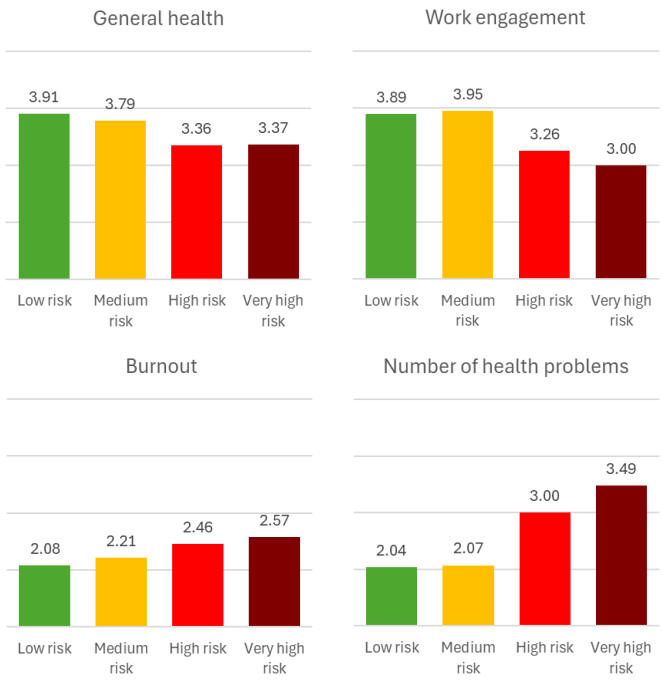
Figure 3. Percentage of respondents by PSC risk group*



* Risk group benchmark standards based on (Dollard & Bailey, 2019)

The **Psychosocial Safety Climate (PSC)** (Dollard & Bakker, 2010) offers a valuable framework for assessing how well organisations prioritise psychological health, with low risk PSC indicating strong PSR management and very high risk PSC signalling urgent need for improvement. In Denmark's construction sector, while over half of workers report a low risk PSC, 16% fall into the very high risk category and another quarter into high risk, showing that many organisations still have considerable room to strengthen their commitment to mental wellbeing and stress prevention (Figure 3).

Figure 4. Average scores for health and well-being indicators, for each of the PSC risk groups.



Survey findings highlight the **critical role of organisational culture and the psychosocial safety climate (PSC)** in shaping workers' well-being. Employees in low-risk PSC environments report better health outcomes, higher engagement, and lower burnout risk. In contrast, those in high-risk PSC settings face more health issues and reduced well-being (Figure 4).

Recommendations

Recommendations for policy makers

1. Mandate PSR criteria in public procurement

Public procurement processes, particularly for large construction projects, should be required to include criteria that promote safe, inclusive, and mentally healthy working environments. This ensures that employers are held accountable for the psychosocial well-being of their workers from the outset.

2. Eliminate structural factors that increase work pressure

Systemic issues that contribute to excessive work pace and pressure in construction must be addressed. This includes removing incentives such as performance-based fees tied to early or on-time completion in public procurement projects, and reforming procurement practices that prioritize the lowest bid at the expense of worker health and safety.

3. Broaden recognition of work-related diseases

A wider range of psychosocial risk-related diseases should be officially recognised as work-related diseases, beyond PTSD and depression. This will allow for more proper support and compensation for workers affected by this.

4. Improve the integration of psychosocial risks in working environment inspections

Inspections should be improved by integrating psychosocial risk assessments into existing protocols and checklists. Alongside inspections will need sufficient time and tools to assess psychosocial risks. Improvement of the inspections will help ensure

that PSR-related legislation is effectively implemented and monitored.

5. Invest in long-term research and data collection

The governments should continue the support of the longitudinal studies and systematic data collection on PSRs and other OSH related topics, as done by the WEA now. This evidence base is essential for informed policy development, tracking progress over time, and adapting interventions to emerging trends and needs.

Recommendations for social partners

1. Integrate PSR awareness into Bambus activities

Sectoral initiatives like Bambus should systematically address psychosocial risks, not just physical safety. A simple and effective step would be to provide a standard toolkit - containing folders, informational materials, and guidance - that can be handed out during site visits. This approach ensures that organisations are made aware of PSRs without requiring significant additional time or resources.

2. Expand and deepen BFA resources on PSRs

The BFA construction website and associated materials should be further developed to cover a broader spectrum of psychosocial risks beyond the five currently outlined in the Executive Order. Key topics to include are:

- Reconciliation of work and private life
- (Emotional) stress among managers
- Workplace culture and generational differences
- The psychosocial impact of digitalisation

3. Develop a comprehensive strategy for foreign workers' wellbeing

Foreign workers often face unique and compounded challenges, including poor housing conditions, excessive working hours, safety concerns, language barriers, and interpersonal conflicts. A targeted strategy is needed to improve their working environment, recognising their vulnerability and the difficulty in reaching them through conventional channels.

4. Strengthen outreach to migrant and foreign workers

Efforts to support migrant workers should include hiring multilingual trade union officers, improving access to information in multiple languages (e.g. on the BFA website), and facilitating integration through social and community-building activities.

5. Embed PSR measures in collective agreements

Collective labour agreements should explicitly include provisions for PSR prevention and management. This includes setting clear goals, standards, and accountability mechanisms for fostering a psychosocially safe workplace climate. Embedding these elements ensures that PSR considerations are translated into everyday workplace practices.

6. Promote direct worker involvement in PSR management

Workers should be actively involved in shaping PSR-related measures through participatory design processes, regular feedback loops, and empowerment initiatives. Their insights and experiences are essential for developing effective and sustainable solutions.

Recommendations for companies

1. Foster a Supportive Psychosocial Safety Climate (PSC)

Organisations should prioritise psychological health alongside productivity. This means creating safe channels for communication, encouraging openness about mental health, and ensuring top management visibly supports PSR initiatives.

2. Embed PSR management into daily operations

Companies should integrate psychosocial risk (PSR) management into their core operational strategies. This includes conducting regular risk assessments, developing action plans, and ensuring follow-up. These processes should be participatory, involving employees at all levels.

3. Invest in training and awareness

Provide training for managers and employees on recognising and managing PSRs, including stress, conflict resolution, and emotional demands. Awareness campaigns should be tailored to the specific challenges of the sector and workforce demographics.

4. Support vulnerable groups

Companies employing migrant workers should ensure fair working conditions, access to support services, and opportunities for social integration. This includes language training, cultural orientation, and decent housing and nutrition.

5. Improve construction site organisation and communication

In sectors like construction, companies should invest in structured site management and relational communication frameworks to reduce conflict and stress. Clear planning and inclusive decision-making can significantly improve psychosocial outcomes.

6. Monitor and evaluate PSR initiatives

Establish mechanisms to evaluate the effectiveness of PSR measures, including employee feedback, health indicators, and engagement scores. Use this data to continuously improve workplace practices.

Recommendations for EU policy makers and social partners

1. Expand the list of recognised occupational diseases

The EU should support the inclusion of a broader range of PSR-related conditions—such as burnout and chronic stress—in national occupational disease registries, facilitating access to compensation and support.

2. Strengthen EU-Level monitoring and benchmarking

Develop EU-wide indicators and benchmarking tools to monitor PSR exposure, management practices, and health outcomes. This would support evidence-based policymaking and allow for cross-country comparisons.

3. Support sector-specific initiatives and knowledge sharing

Fund and promote sectoral platforms (like Denmark's BFAs) across member states to develop tailored PSR resources. Encourage cross-border collaboration and exchange of good practices, especially in high-risk sectors like construction and healthcare.

4. Ensure fair conditions for posted and migrant workers

Strengthen enforcement of the Posting of Workers Directive and support initiatives that improve working conditions, representation, and integration of migrant workers. This includes multilingual outreach, legal support, and access to trade unions.

5. Promote harmonised PSR legislation across member states

The EU should encourage all member states to adopt clear and enforceable legislation on psychosocial risks, similar to Denmark's

Executive Order no. 1406. This includes defining PSRs, outlining employer responsibilities, and providing inspection guidelines.

6. Integrate PSR into EU occupational safety and health strategy

Make psychosocial risks a central pillar of the EU's OSH strategy, with dedicated funding, research, and policy initiatives

References

Actors and institutions in Denmark. (n.d.). Eurofound. Retrieved 27 September 2025, from https://production-ijdqeletn-eurofound.vercel.app/en/countries/denmark/actors-and-institutions

DA, FH, & Ministry of Employment. (2021, October). *The labour market in Denmark*. https://workplacedenmark.dk/working-conditions/the-danish-labour-market

Dollard, M. F., & Bailey, T. (2019). PSC in Practice. In M. F. Dollard, C. Dormann, & M. Awang Idris (Eds.), *Psychosocial Safety Climate: A New Work Stress Theory* (pp. 411–430). Springer International Publishing. https://doi.org/10.1007/978-3-030-20319-1_17

Dollard, M. F., & Bakker, A. B. (2010). Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organizational Psychology*, *83*(3), 579–599. https://doi.org/10.1348/096317909X470690

EU-OSHA. (2025). *Psychosocial risk prevention – strategies and legislation | Denmark. National report*. European Agency for Safety and Health at Work, 2025. https://osha.europa.eu/en/publications/denmark-psychosocial-risk-prevention-strategies-and-legislation

Szekér, L., & Lenaerts, K. (2025). *Deliverable 3.1: National case study report—Denmark.* (PSYR-IR – The Opportunities for Industrial Relations to Prevent and Manage Psychosocial Risks in Post-Pandemic Workplaces., p. 49). HIVA-KU Leuven.

PSYR-IR

Politiknotat

https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

Styrkelse af håndteringen af psykosociale risici i Danmarks byggesektor

September 2025

Lise Szekér & Karolien Lenaerts (HIVA- KU Leuven)

Kontekst

Dette politiknotat udgør en del af D3.2 Nationale politiknotater og er baseret på en landerapport for Danmark (Szekér & Lenaerts, 2025) som led i -projektet, PSYR-IR. Projektet, som løber fra 2023 til 2025, har undersøgt mulighederne for, hvordan industrielle relationer kan forebygge og håndtere psykosociale risici (PSR) på arbejdspladser efter pandemien. Gennem landerapporter fra fem lande – Østrig, Belgien, Danmark, Estland og Italien – og på tværs af to sektorgrupper – sundhedssektoren samt bygge- og fremstillingssektoren – har projektet haft til formål at identificere drivkræfter og udfordringer for udviklingen af arbejdsmiljølovgivning og initiativer vedrørende psykosociale risici på nationalt og sektorniveau. Der blev lagt særlig vægt på de sociale partneres rolle og arbejdstagernes deltagelse i forhold til PSR-spørgsmål.

De nationale casestudier blev gennemført ved hjælp af en kombination af desk research, interessentinterviews og en spørgeskema-undersøgelse blandt ansatte i de udvalgte sektorer. For den danske casestudie blev 8 interessenter interviewet, og 250 danske bygningsarbejdere deltog i den online spørgeskemaundersøgelse.

Udviklingen af Danmarks arbejdsmiljølov (WE-Act)

Den **danske arbejdsmiljølov** (WE-Act), som først blev vedtaget i 1975 og senest revideret i 2021, er den overordnede lovgivning, der regulerer arbejdsmiljø og sikkerhed i Danmark. Den fastsætter de generelle mål og krav for at sikre både et fysisk og psykosocialt sikkert arbejdsmiljø, i takt med teknologiske og sociale udviklinger i samfundet. WE-Act danner også grundlag for, at virksomheder selv kan håndtere arbejdsmiljøudfordringer, med støtte fra arbejdsgiver- og arbejdstagerorganisationer. Overholdelse af WE-Act overvåges af Arbejdstilsynet og gælder for alle borgere og arbejdspladser i Danmark. Loven definerer arbejdsgiverens ansvar, herunder pligten til at have sikre og sunde arbejdsforhold.

Indtil 2013 indeholdt WE-Act ingen eksplicit henvisning til psykosociale risici. Siden da er loven blevet revideret for at understrege, at arbejdsgivere ikke kun er ansvarlige for et fysisk sikkert arbejdsmiljø, men også for et psykosocialt sikkert arbejdsmiljø, herunder forebyggelse af relaterede risici. Dog markerede **bekendtgørelse nr. 1406 om arbejdsmiljø og sikkerhed for ansatte fra 2020** et vendepunkt, idet den synliggjorde psykosociale risici og styrkede deres betydning, samtidig med at den gav arbejdsgivere et klart mandat til at håndtere disse risici. Interessenter er bredt enige om, at denne udvikling har haft en positiv indflydelse på forebyggelsen og håndteringen af psykosociale risici i Danmark.

Bekendtgørelsen definerer psykosociale risici som "psykosociale virkninger af arbejdet, der opstår i relation til måden arbejdet planlægges og organiseres på; organisatoriske forhold af betydning for arbejdet; arbejdets indhold, herunder dets krav; måden arbejdet udføres på; og de sociale relationer på arbejdspladsen." Bekendtgørelsen identificerer fem centrale områder for psykosociale risici:

- Uklare eller modstridende krav i arbejdet
- Høje følelsesmæssige krav ved arbejde med mennesker
- Stødende adfærd, herunder mobning og seksuel chikane
- Stor arbejdsbyrde og tidspres

Resumé

Dette politiknotat undersøger, hvordan Danmark håndterer psykosociale risici (PSR) i byggesektoren, med fokus på de sociale partneres rolle og den danske arbejdsmarkedsmodel.

Den reviderede arbejdsmiljølov (WE-Act) og bekendtgørelsen fra 2020 har styrket arbejdsgivernes forpligtelser til at håndtere PSR, men der er stadig mangler i implementeringen.

Undersøgelsesresultater fra bygningsarbejdere viser højt tidspres, dårlig kommunikation og utilfredshed med løn, samt mange forbedringspunkter for den nuværende praksis og indsats i virksomhedernes PSR-håndtering.

Sektorinitiativer fra BFA Bygge & Anlæg – såsom værktøjskasser, dedikerede hjemmesider og Bambus-initiativet – tilbyder lovende redskaber, men udnyttes ikke tilstrækkeligt i forhold til PSR. Sårbare grupper, herunder migrantarbejdere, står over for forhøjede risici.

Notatet præsenterer konkrete anbefalinger til nationale og EU-politikere, sociale partnere og virksomheder for at styrke PSR-håndteringen, forbedre det psykosociale sikkerhedsklima og fremme mental trivsel.

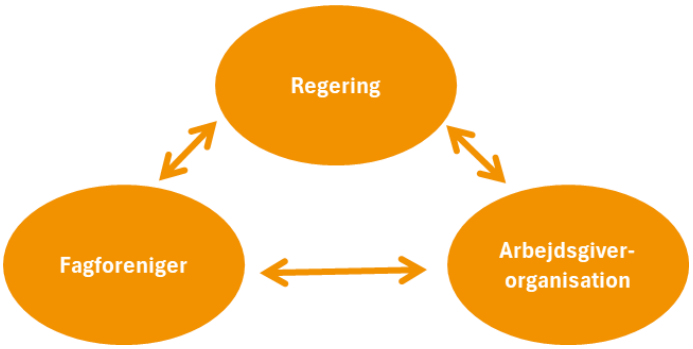
Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

- Arbejdsrelateret vold og trusler. (EU-OSHA, 2025)

Den danske arbejdsmarkedsmodel muliggør fælles udvikling af initiativer til at forebygge og håndtere psykosociale risici (PSR)

Den **danske arbejdsmarkedsmodel** er kendetegnet ved begrænset direkte statslig involvering i de industrielle relationer, hvor statens indgriben primært fokuserer på udformning af beskæftigelsespolitik og arbejdsmiljø (arbejdssikkerhed og sundhed). Disse områder hører under Beskæftigelsesministeriet og Arbejdstilsynet (WEA). Reguleringen af arbejdsvilkår overlades i høj grad til de sociale parter – arbejdsgiverorganisationer og fagforeninger – som gennem **kollektive overenskomster** og struktureret trepartssamarbejde med staten former lønforhold, arbejdsliv og trivsel (*Actors and Institutions in Denmark*, n.d.; DA et al., 2021).



Dette muliggør stærk og kontinuerlig involvering af de sociale parter gennem **kollektive overenskomster** og **Sektorvise Arbejdsmiljøfællesskaber (BFA'er),** med fokus på praktisk implementering på sektorniveau. Som resultat udvikles lovgivning, bekendtgørelser, retningslinjer og værktøjskasser i fællesskab, hvilket sikrer bred opbakning og målrettet handling. Dog varierer anvendelsen og effektiviteten af oplysningskampagner og værktøjskasser om psykosociale risici betydeligt mellem organisationer.

Initiativer i den danske byggesektor

Initiativer fra **BFA Bygge & Anlæg**, som blandt andet adresserer psykosociale risici (PSR) og mental trivsel, omfatter udvikling af dedikerede hjemmesider, værktøjskasser og retningslinjer om specifikke PSR-emner samt inddragelse af disse temaer i deres håndbog for 2025. Derudover tilbyder de mobile rådgivningstjenester for at forbedre arbejdsmiljøet på byggepladser gennem **Bambus**-initiativet. Bambus opererer via en flåde af busser bemandet med konsulenter og yder vejledning direkte på stedet uden at udstede sanktioner, som et supplement til den officielle inspektionsmyndighed. Selvom initiativet i øjeblikket primært er spørgsmålstyret og hovedsageligt fokuserer på fysisk sikkerhed, har Bambus et uudnyttet potentiale til at håndtere psykosociale risici (PSR) mere systematisk, givet dets troværdige tilstedeværelse og tilgængelighed.

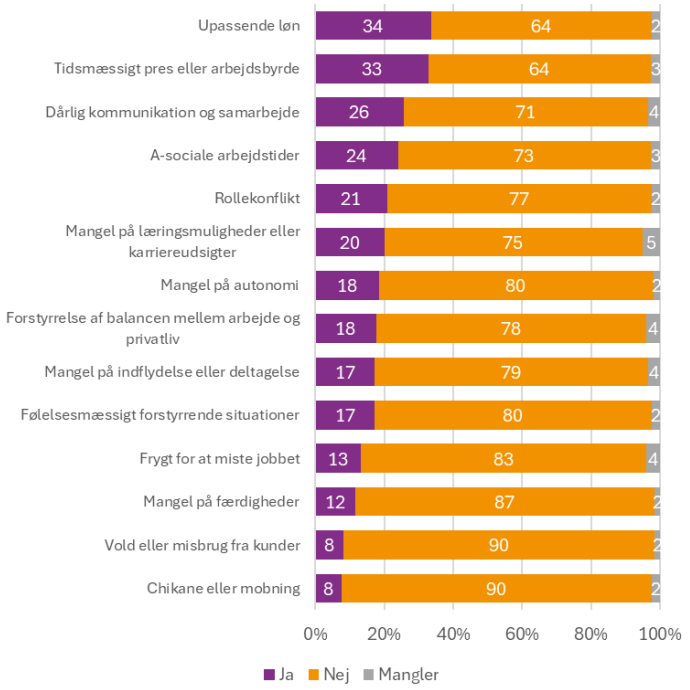
Psykosociale risici og mental sundhed blandt danske ansatte

Det danske landestudie præsenterer et komplekst og dynamisk billede af psykosociale risici og mental sundhed på arbejdspladsen. Selvom Danmark klarer sig relativt godt sammenlignet med EU-gennemsnittet på mange PSR-indikatorer, består der stadig betydelige udfordringer – især i byggesektoren. Selvom den offentlige debat i stigende grad omhandler mental trivsel og stress, er **psykosociale risici** endnu ikke en høj prioritet i den danske byggebranche.

Byggearbejdets karakter – præget af ustabilitet, mange underleverandører, afhængige arbejdsgange, høje fysiske krav, stramme tidsfrister og en mangfoldig arbejdsstyrke – skaber særlige psykosociale risici. Arbejderne rapporterer om højt tidspres, dårlig kommunikation og utilfredshed med løn. Yderligere PSR i sektoren omfatter vold, trusler, diskrimination, konflikter mellem kolleger, følelsesmæssige krav, højt arbejdstempo og den psykologiske påvirkning af arbejdsulykker. Nye risici, såsom følelsesmæssige krav til ledere og vanskeligheder med at balancere arbejdsliv og privatliv, kan blive stadig mere relevante.

Disse fund afspejles i resultaterne fra spørgeskemaundersøgelsen blandt danske bygningsarbejdere (Figur 1). De tre mest rapporterede psykosociale risici er: Utilstrækkelig løn (34 %), tidspres eller arbejdsbelastning (33 %), Dårlig kommunikation og samarbejde (26 %). Selvom det er mindre udbredt, rapporterer 8 % af arbejderne, at de har været udsat for vold, chikane eller mobning – en vigtig bekymring, da disse PSR kan have alvorlige konsekvenser for medarbejdernes trivsel.

Figur 1. Procentdel af arbejdstagere, der rapporterer at have været udsat for disse psykosociale risici



Et **generationsskifte** i holdninger til arbejdsforhold er tydeligt i den danske byggesektor. Ældre arbejdere har en tendens til at acceptere traditionelle normer, selv når de er problematiske, mens yngre arbejdere forventer respektfuld behandling og er mere tilbøjelige til at forlade virksomheder – eller hele sektoren – hvis forholdene ikke forbedres. Dette skifte får virksomheder til at genoverveje arbejdskulturen og investere i mere inkluderende praksis.

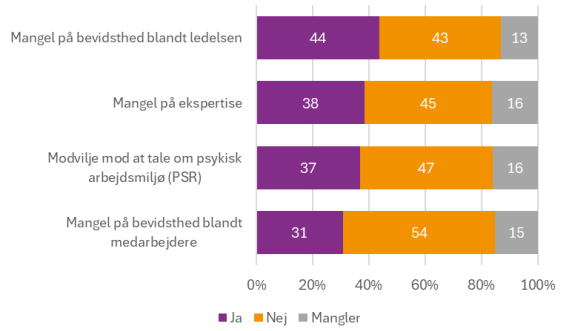
Den danske byggesektor inkluderer et betydeligt antal **udenlandske og migrantarbejdere**. Disse arbejdere er særligt sårbare over for PSR og andre sikkerhedsproblemer. De er ofte ikke dækket af fagforeninger, har begrænsede midler til at udfordre dårlige arbejdsforhold og står ofte over for konstant pres, lange arbejdstimer, isolation og utilstrækkelige boligforhold i lejre nær større byggepladser

Håndtering af psykosociale risici på virksomhedsplan

Undersøgelsesresultaterne antyder, at mere end halvdelen af arbejdspladserne i Danmarks byggesektor giver medarbejderne autonomi i, hvordan de udfører deres opgaver, og næsten halvdelen giver adgang til psykologisk støtte som **foranstaltninger til at håndtere PSR**. Dog er mere målrettede foranstaltninger til håndtering af lange arbejdstider, mobning og stress mindre almindelige. Mens de fleste arbejdere opfatter deres organisationer som lydhøre over for sundheds- og sikkerhedsproblemer og åbne for at rapportere problemer, føler kun halvdelen sig sikre på kvaliteten af de tilgængelige foranstaltninger eller komfortable med at diskutere mental sundhed med deres ledere, og én ud af tre frygter, at afsløring af en mental sundhedstilstand kan skade deres karriere. Selvom de fleste arbejdere aktivt griber ind i usikre situationer, der involverer kolleger, føler færre sig komfortable med at rejse sikkerheds- eller psykosociale bekymringer over for ledere, hvilket antyder, at sikkerhedsstemmen på kolleganiveau er stærkere end opadgående kommunikation.

Næsten halvdelen af respondenterne identificerer manglende ledelsesbevidsthed om vigtigheden af psykosociale risici (PSR) og mental sundhed som en vigtig hindring for effektiv PSR-håndtering i deres organisationer. Yderligere barrierer inkluderer utilstrækkelig ekspertise, modvilje mod at diskutere PSR og lav bevidsthed blandt personalet (Figur 2)

Figur 1. Procentdel af arbejdstagere, der rapporterer disse hindringer for håndtering af psykosociale risici i deres organisation



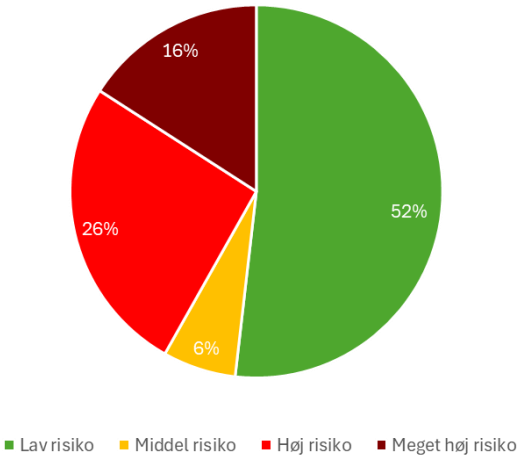
Medarbejderdeltagelse

Mens arbejdsmiljørepræsentanter, fagforeninger og komitéer almindeligvis er involveret i diskussioner om håndtering af psykosociale risici (PSR), forbliver direkte medarbejderdeltagelse begrænset, med kun et mindretal involveret i design eller implementering af foranstaltninger. På trods af medarbejdernes værdifulde indsigt i stressfaktorer på arbejdspladsen, vurderer kun 13 % de nuværende initiativer som meget succesfulde, og én ud af fire finder dem ineffektive, **hvilket understreger et behov for stærkere medarbejderinvolvering og mere effektfulde PSR-strategier.**

Psykosocialt sikkerhedsklima

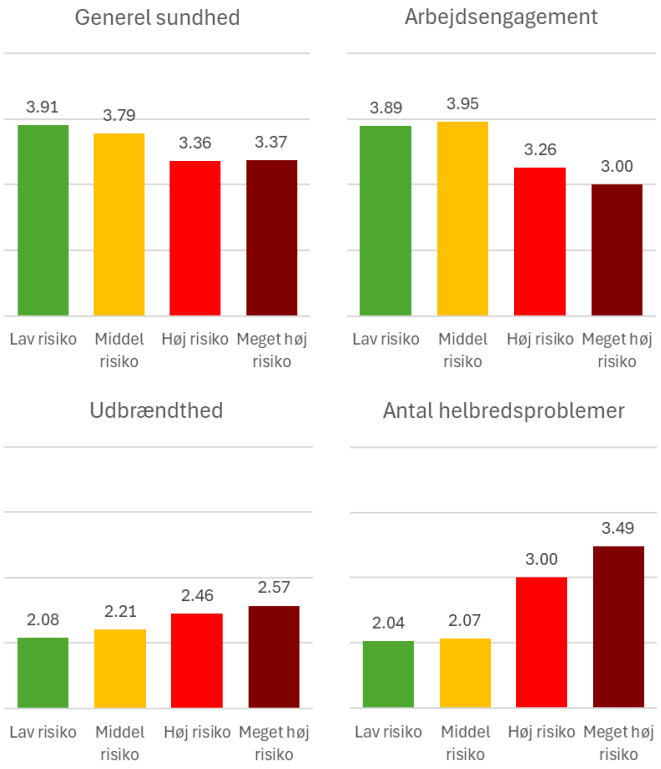
Det **psykosociale sikkerhedsklima (PSC)** (Dollard & Bakker, 2010) tilbyder en værdifuld ramme for at vurdere, hvor godt organisationer prioriterer psykologisk sundhed, hvor lavrisiko PSC indikerer stærk PSR-håndtering og meget højrisiko PSC signalerer et akut behov for forbedring.I Danmarks byggesektor rapporterer over halvdelen af arbejderne om lavrisiko PSC, mens 16 % falder i kategorien meget høj risiko og yderligere en fjerdedel i høj risiko, hvilket viser, at mange organisationer stadig har betydelig plads til at styrke deres engagement i mental trivsel og stressforebyggelse (Figur 3).

Figur 3. Procentdel af respondenter efter PSC-risikogruppe*



* Benchmark-standarder for risikogrupper baseret på Dollard & Bailey, (2019)

Figur 4. Gennemsnitlige scores for indikatorer for sundhed og trivsel for hver af PSC-risikogrupperne.



Undersøgelsesresultater fremhæver **den kritiske rolle, som organisationskultur og det psykosociale sikkerhedsklima (PSC) spiller i udformningen af medarbejdernes trivsel.** Medarbejdere i PSC-miljøer med lav risiko rapporterer bedre sundhedsresultater, højere engagement og lavere risiko for udbrændthed.I modsætning hertil står dem i PSC-miljøer med høj risiko over for flere sundhedsproblemer og reduceret trivsel (Figur 4).

Anbefalinger

Anbefalinger til beslutningstagere

1. Indfør PSR-kriterier i offentlige udbud

Offentlige udbudsprocesser, især for store byggeprojekter, bør kræve kriterier, der fremmer sikre, inkluderende og mentalt sunde arbejdsmiljøer. Dette sikrer, at arbejdsgivere holdes ansvarlige for deres medarbejderes psykosociale trivsel fra starten.

2. Fjern strukturelle faktorer, der øger arbejdspresset

Systemiske problemer, der bidrager til et for højt arbejdstempo og pres i byggeriet, skal adresseres. Dette inkluderer fjernelse af incitamenter som resultatbaserede honorarer knyttet til tidlig eller rettidig færdiggørelse i offentlige udbudsprojekter og reform af udbudspraksis, der prioriterer det laveste bud på bekostning af medarbejdernes sundhed og sikkerhed.

3. Udvid anerkendelsen af arbejdsrelaterede sygdomme

Et bredere udvalg af sygdomme relateret til psykosociale risici bør officielt anerkendes som arbejdsrelaterede sygdomme, ud over PTSD og depression. Dette vil muliggøre bedre støtte og kompensation til berørte medarbejdere.

4. Forbedr integrationen af psykosociale risici i arbejdsmiljøtilsyn

Tilsyn bør forbedres ved at integrere vurderinger af psykosociale risici i eksisterende protokoller og tjeklister. Tilsynene skal have tilstrækkelig tid og værktøjer til at vurdere psykosociale risici. Forbedring af tilsynene vil sikre, at PSR-relateret lovgivning implementeres og overvåges effektivt.

5. Investér i langsigtet forskning og dataindsamling

Regeringerne bør fortsætte med at støtte longitudinelle studier og systematisk dataindsamling om PSR og andre arbejdsmiljørelaterede emner, som det allerede gøres af Arbejdstilsynet. Dette evidensgrundlag er afgørende for informeret politikudvikling, opfølgning over tid og tilpasning af indsatser til nye tendenser og behov.

Anbefalinger til sociale parter

1. Integrér PSR-bevidsthed i Bambus-aktiviteter

Sektorinitiativer som Bambus bør systematisk adressere psykosociale risici, ikke kun fysisk sikkerhed. Et simpelt og effektivt skridt ville være at udlevere en standardværktøjskasse – med mapper, informationsmaterialer og vejledning – under besøg på byggepladser. Denne tilgang sikrer, at organisationer bliver opmærksomme på PSR uden behov for betydelige ekstra ressourcer.

2. Udvid og uddybd BFA's ressourcer om PSR

BFA Bygge & Anlægs hjemmeside og tilhørende materialer bør videreudvikles til at dække et bredere spektrum af psykosociale risici ud over de fem, der aktuelt er nævnt i bekendtgørelsen. Centrale emner bør inkludere:

- Balancen mellem arbejde og privatliv
- (Følelsesmæssig) stress blandt ledere
- Arbejdskultur og generationsforskelle
- Den psykosociale påvirkning af digitalisering

3. Udvikel en omfattende strategi for udenlandske arbejderes trivsel

Udenlandske arbejdere står ofte over for unikke og sammensatte udfordringer, herunder dårlige boligforhold, lange arbejdstider, sikkerhedsproblemer, sprogbarrierer og konflikter. En målrettet strategi er nødvendig for at forbedre deres arbejdsmiljø, med anerkendelse af deres sårbarhed og vanskeligheder med at nå dem via konventionelle kanaler.

4. Styrk indsatsen over for migrant- og udenlandske arbejdere

Indsatser for at støtte migrantarbejdere bør inkludere ansættelse af flersprogede fagforeningsrepræsentanter, forbedret adgang til information på flere sprog (f.eks. på BFA's hjemmeside) og fremme af integration gennem sociale og fællesskabsopbyggende aktiviteter.

5. Indarbejd PSR-tiltag i kollektive overenskomster

Kollektive overenskomster bør eksplicit indeholde bestemmelser om forebyggelse og håndtering af PSR. Dette inkluderer klare mål, standarder og ansvarsmekanismer for at fremme et psykosocialt sikkert arbejdsmiljø. Indarbejdelse af disse elementer sikrer, at PSR overvejelser omsættes til daglig praksis.

6. Fremme direkte medarbejderinvolvering i PSR-håndtering

Medarbejdere bør aktivt involveres i udformningen af PSR-relaterede tiltag gennem deltagende designprocesser, regelmæssige feedback-loop og empowerment-initiativer. Deres indsigt og erfaringer er afgørende for udviklingen af effektive og bæredygtige løsninger.

Anbefalinger til virksomheder

1. Frem en støttende psykosocialt sikkerhedsklima (PSC)

Organisationer bør prioritere psykologisk sundhed på lige fod med produktivitet. Dette indebærer at skabe sikre kommunikationskanaler, fremme åbenhed om mental sundhed og sikre, at topledelsen synligt støtter PSR-initiativer.

2. Integrér PSR-håndtering i daglige operationer

Virksomheder bør integrere håndtering af psykosociale risici (PSR) i deres kerneaktiviteter. Dette inkluderer regelmæssige risikovurderinger, udvikling af handlingsplaner og opfølgning. Disse processer bør være deltagende og involvere medarbejdere på alle niveauer.

3. Investér i træning og bevidsthed

Tilbyd træning til ledere og medarbejdere i at genkende og håndtere PSR, herunder stress, konfliktløsning og følelsesmæssige krav. Oplysningskampagner bør tilpasses sektorens specifikke udfordringer og arbejdsstyrkens demografi.

4. Støt sårbare grupper

Virksomheder, der beskæftiger migrantarbejdere, bør sikre rimelige arbejdsvilkår, adgang til støttetjenester og muligheder for social integration. Dette inkluderer sprogundervisning, kulturel introduktion og ordentlige bolig- og ernæringsforhold.

5. Forbedre organisering og kommunikation på byggepladser

I sektorer som byggeri bør virksomheder investere i struktureret byggepladsledelse og kommunikationsrammer for at reducere konflikter og stress. Klar planlægning og inkluderende beslutningsprocesser kan forbedre de psykosociale resultater betydeligt.

6. Overvågning og evaluering af PSR-tiltag

Etabler mekanismer til at evaluere effektiviteten af PSR-tiltag, herunder medarbejderfeedback, sundhedsindikatorer og engagementsniveauer. Brug disse data til løbende forbedring af arbejdsmiljøet.

Anbefalinger til EU-beslutningstagere og sociale parter

1. Udvid listen over anerkendte arbejdsrelaterede sygdomme

EU bør støtte inkluderingen af et bredere udvalg af PSR-relaterede tilstande – såsom udbrændthed og kronisk stress – i nationale registre over arbejdsrelaterede sygdomme, hvilket letter adgang til kompensation og støtte.

2. Styrk EU-niveau overvågning og benchmarking

Udvikel EU-dækkende indikatorer og benchmarkingværktøjer til at overvåge PSR-eksponering, håndteringspraksis og sundhedsresultater. Dette vil understøtte evidensbaseret politikudvikling og muliggøre sammenligning på tværs af lande.

3. Støt sektor-specifikke initiativer og videndeling

Finansiere og fremme sektorplatforme (som Danmarks BFA'er) i hele EU for at udvikle skræddersyede PSR-ressourcer. Fremme samarbejde og udveksling af god praksis på tværs af grænser, især i højrisikosektorer som byggeri og sundhed.

4. Sikr rimelige forhold for udstationerede og migrantarbejdere

Styrk håndhævelsen af udstationeringsdirektivet og støt initiativer, der forbedrer arbejdsvilkår, repræsentation og integration af migrantarbejdere. Dette inkluderer flersproget oplysning, juridisk støtte og adgang til fagforeninger.

5. Fremme harmoniseret PSR-lovgivning i EU's medlemslande

EU bør opfordre alle medlemslande til at vedtage klar og håndhævelig lovgivning om psykosociale risici, som Danmarks bekendtgørelse nr. 1406. Dette inkluderer definition af PSR, arbejdsgiveransvar og inspektionsretningslinjer.

6. Integrér PSR i EU's strategi for arbejdsmiljø og sikkerhed

Gør psykosociale risici til en central søjle i EU's arbejdsmiljøstrategi, med dedikeret finansiering, forskning og politiske initiativer.

References

Actors and institutions in Denmark. (n.d.). Eurofound. Retrieved 27 September 2025, from https://production-ijdqeletn-eurofound.vercel.app/en/countries/denmark/actors-and-institutions

DA, FH, & Ministry of Employment. (2021, October). *The labour market in Denmark*. https://workplacedenmark.dk/working-conditions/the-danish-labour-market

Dollard, M. F., & Bailey, T. (2019). PSC in Practice. In M. F. Dollard, C. Dormann, & M. Awang Idris (Eds.), *Psychosocial Safety Climate: A New Work Stress Theory* (pp. 411–430). Springer International Publishing. https://doi.org/10.1007/978-3-030-20319-1_17

Dollard, M. F., & Bakker, A. B. (2010). Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organizational Psychology*, *83*(3), 579–599. https://doi.org/10.1348/096317909X470690

EU-OSHA. (2025). *Psychosocial risk prevention – strategies and legislation | Denmark. National report*. European Agency for Safety and Health at Work, 2025. https://osha.europa.eu/en/publications/denmark-psychosocial-risk-prevention-strategies-and-legislation

Szekér, L., & Lenaerts, K. (2025). *Deliverable 3.1: National case study report—Denmark*. (PSYR-IR – The Opportunities for Industrial Relations to Prevent and Manage Psychosocial Risks in Post-Pandemic Workplaces., p. 49). HIVA-KU Leuven.

PSYR-IR

Policy brief

https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

National policy brief – Estonia

September 2025

Marina Järvis, Karin Reinhold, Mari-Liis Ivask

Introduction

Psychosocial risks (PSRs) are increasingly recognised as pressing occupational safety and health (OSH) challenges in Europe. Factors such as high job demands, poor work-life balance, strained interpersonal relationships, and insufficient social support can have significant impacts on workers' mental and physical health, as well as on organisational productivity and resilience. While awareness of PSR has grown in recent years, particularly in the aftermath of COVID-19, there are still substantial gaps in how these risks are prevented, managed, and integrated into broader OSH frameworks.

The PSYR-IR project examines how PSRs are prevented and managed, with particular attention to the roles of key stakeholders at the national, sectoral, and organisational levels. The study highlights the importance of social dialogue and worker participation, recognising these as essential for effective and sustainable risk prevention.

A specific focus of the project in Estonia is on male-dominated sectors, particularly construction and selected branches of manufacturing such as wood, metal, and related industries. While these sectors have strong traditions in managing physical risks, psychosocial risks often receive less systematic attention.

To capture a broad perspective, the research applied a mixed-method approach. Desk research together with semi-structured interviews with stakeholders at the national and sectoral levels, including representatives from government institutions, employer organisations and trade unions, provided insights into current challenges to PSRs at work, existing policies and regulatory frameworks, practices and approaches to risk management and the role of industrial relations in addressing these issues. In parallel, a quantitative survey of employees in the targeted sectors explored workers' perceptions and experiences of PSRs. Together, these findings offer a comprehensive understanding that bridges institutional frameworks and the everyday realities of working life.

Regulation and implementation of PSRs

Estonia's OSH framework is anchored in the Occupational Health and Safety Act, which requires employers to assess and manage risks, including PSRs. Recent amendments strengthened its scope by explicitly covering psychosocial factors and recognising related work-induced diseases. However, the broad and open definition of PSRs creates some uncertainty and very few cases of work-related diseases are formally diagnosed due to limited expertise, weak documentation, and persistent stigma.

Implementation relies mainly on the Labour Inspectorate, which, alongside inspections, provides guidance and mental health counselling for employers, though its resources are limited. Complementary efforts are made by NGOs such as Peaasjad and by professional associations, which provide awareness-raising and practical tools, yet overall efforts remain fragmented.

Summary

Psychosocial risks (PSRs) are an increasing occupational health concern in Estonia.

While legislation covers PSRs, implementation remains fragmented due to weak social dialogue, stigma, and limited expertise. Persistent stigma remains a major barrier, as many employees are reluctant to discuss psychosocial risks, particularly in male-dominated sectors.

Employees in male-dominated sectors such as construction and manufacturing report high workloads, stress, poor communication, and harassment, with vulnerable groups such as migrants, and temporary workers and women facing particular risks.

Current workplace measures are often ad hoc and reactive, focusing on individuals rather than on systematic organisational prevention.

This highlights the need for stronger organisational commitment, sector-specific measures, awareness-raising, more active employee involvement, and stronger social dialogue.

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

Industrial relations and social dialogue

According to the project deliverables, studies across EU countries show that strong social partners and well-structured social dialogue often lead to concrete initiatives aimed at mitigating PSRs. In Estonia, the institutional framework for industrial relations is formally in place, but in practice social dialogue remains weak and fragmented. The Ministry of Economic Affairs and Communications, the Estonian Employers' Confederation and the national trade union confederation all participate in tripartite negotiations, yet their influence on PSR prevention has been limited. Sectoral associations are also involved in certain negotiations; however, according to the study results, their role is usually more narrowly focused on issues specific to their respective industries.

Employers' organisations (Estonian Employers' Confederation and sectoral associations) increasingly recognise PSRs as an important workplace issue. However, stigma around mental health and a lack of clarity on practical interventions mean that actions are often ad hoc and remain outside core workplace policies. On the employee side, Estonia has one of the lowest levels of trade union membership, with density at just 6% according to OECD data (2019), and collective bargaining coverage in Europe. This limits employees' collective voice and leaves little scope for meaningful negotiations on psychosocial risks.

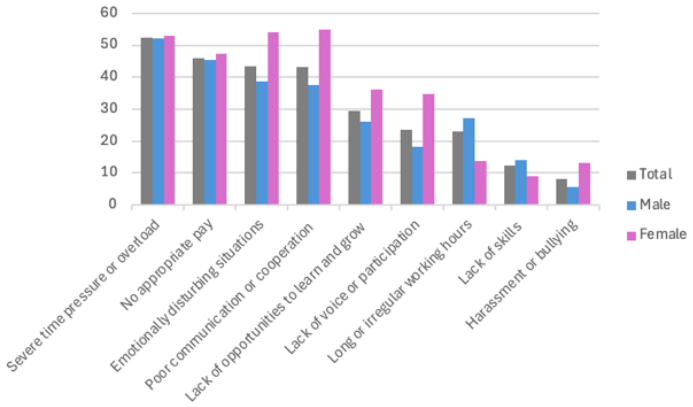
Although legislation requires companies to elect working environment representatives, these structures often remain formalities rather than active channels of employee participation. Unlike in many other EU Member States, where trade unions and social partners actively shape workplace conditions, Estonia depends largely on state institutions such as the Labour Inspectorate, The Ministry of Economic Affairs and Communications, Ministry of Social Affairs to drive awareness and provide guidance. According to the study, working environment representatives are often inactive and receive limited organisational support. They also lack networks to exchange experiences and provide mutual assistance, which further constrains their capacity to address PSRs in the workplace effectively.

Overall, while the industrial relations framework in Estonia establishes a formal basis for cooperation, its effectiveness is constrained by the limited influence of trade unions and a still-developing culture of social dialogue. In practice, tripartite negotiations tend to concentrate on broad labour market issues, while more specific topics such as the prevention and management of PSRs receive less attention.

Key psychosocial risks and health concerns

Findings from this project confirmed that in Estonia, severe time pressure and work overload remain the most widespread PSRs in construction and manufacturing, reported by more than half of employees. Other frequently mentioned concerns include inadequate pay relative to effort, emotionally disturbing situations, and poor communication or cooperation within organisations (Figure 1).

Figure 1 Prevalence of selected PSRs (% of employees)



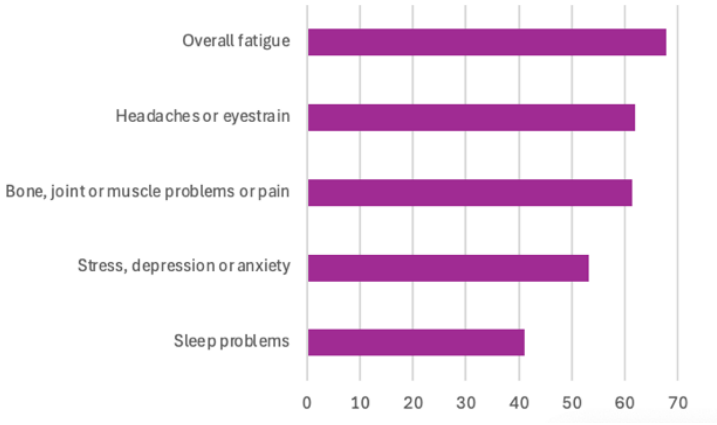
Differences are visible across groups: managers more often report heavy workload and long working hours, while clerical and lower-skilled employees highlight poor communication, lack of participation, and limited career prospects. Gender differences are evident as well - women more frequently report harassment and bullying, emotionally disturbing situations, and limited opportunities for development, while men more often cite long or irregular working hours and insufficient skills.

Sectoral insights show that in construction, managers face intense time pressure linked to tight deadlines and labour shortages, while in manufacturing, compliance with physical OSH standards is prioritised, leaving PSRs with comparatively less attention.

Although digitalisation is increasingly recognised as a factor connected to psychosocial risks, it has not yet been addressed comprehensively in this context. In male-dominated sectors it is perceived mainly through the need for continuous training, rather than as a broader workplace well-being concern.

Employee health outcomes closely reflect these exposures. While most employees assess their health positively, many report issues typically linked to psychosocial strain. More than half experienced stress, depression, or anxiety, alongside fatigue, headaches or eyestrain, and musculoskeletal problems. Sleep difficulties were also common, affecting about one in three employees (Figure 2).

Figure 2 Prevalence of health outcomes (% of employees)



Although regular occupational health checks are mandatory while risks are present, stakeholders noted that PSRS are not consistently assessed within these examinations. Feedback from the health checks to employers is often too general to support meaningful workplace improvements, which reduces the potential of

health checks to contribute to PSR prevention and management at the organisational level.

Employee voice and organisational commitment

Employee involvement in managing PSRs has been highlighted as a challenge across EU countries in previous research, and this project shows that the challenge persists in Estonia. While some employees reported opportunities to raise concerns in meetings or through health and safety representatives, many indicated that such mechanisms were absent. A significant number also stated that they did not know whether any form of employee representation was engaged in PSR discussions, suggesting weak visibility and poor communication around participation structures.

Where employees are involved, their role is largely confined to identifying sources of stress, with far fewer engaged in the design or implementation of measures. Overall, the Estonian findings suggest that, although some opportunities for dialogue exist, employee voice in PSR management within organisations remains weak.

This project's findings also revealed that employees do not consistently perceive a strong organisational commitment to preventing PSRs. While senior managers generally rate leadership involvement and the prioritisation of psychological health more positively, workers in lower-skilled roles report far less favourable views. Employees also evaluated their employers' efforts to manage PSRs with considerable pessimism, with most employees viewing current PSR initiatives as insufficient and leaving significant room for improvement.

Workplace measures: fragmented and reactive

The study shows that workplace initiatives to address PSRs remain uneven, often reactive, and more focused on individual coping than on organisational prevention. Employees reported that some measures are in place, such as greater autonomy in organising tasks, workload adjustments, and awareness-raising activities. However, more systemic actions - including consultation with employees, formal procedures against bullying, or structured stress-prevention plans - are far less common. Access to counselling and psychological support remains limited, particularly in male-dominated sectors, where stigma and cost are barriers.

Persistent stigma and gaps in awareness

Despite increasing recognition of psychosocial risks, persistent stigma and limited awareness continue to restrict open discussion and effective management, particularly in male-dominated sectors such as construction and manufacturing. Survey results show that the most frequently reported obstacles are reluctance to talk openly about PSRs (64.4%), lack of awareness among employees (63.8%), and insufficient understanding among management (57.5%). Limited access to expertise and specialist support, such as occupational psychologists, was also highlighted by 63.4% of respondents. These findings reveal both cultural and structural barriers: stigma discourages dialogue, while gaps in awareness and expertise hinder proactive prevention.

Addressing these challenges requires stronger leadership engagement, clearer organisational commitment, and the provision of practical, user-friendly guidance for both managers and employees. The lack of accessible tools was identified as an important gap, leaving managers uncertain about how to move from general awareness to concrete action.

Vulnerable groups

Vulnerable groups identified in the construction and manufacturing sectors include temporary agency workers, migrant labour, and women entering traditionally male-dominated fields. Although legislation requires equal protection, temporary and foreign workers are often treated as a short-term resource, leaving their psychosocial risks overlooked and their representation weak. Women's participation in these sectors is generally seen as positive, contributing to workplace diversity and balance, however they continue to face challenges related to workplace culture and authority in male-dominated environments. Women employees report higher levels of poor communication, harassment, and bullying than men, underscoring the need for stronger efforts on inclusion and organisational culture alongside standard OSH measures.

Policy pointers

The analyses indicates that national legislation on PSRs is steadily evolving, with increasing emphasis on comprehensive risk management. Nonetheless, significant challenges remain due to differing national approaches in male-dominated sectors, existing stigma, weak social dialogue, limited availability of reliable data and persistent gaps in addressing the realities of changing work environment.

To address these challenges and strengthen PSR management, several policy directions should be considered:

- **establishing clear and comprehensive definition of PSRs** is essential due to their complex and multifactorial nature often hinders identification and management;
- **embedding PSRs prevention in national OSH legislation**, setting clear employer obligations while remaining flexible for different sectors. Simple, accessible frameworks help ensure compliance and effective implementation;
- **shift PSR management focus to organisational level,** recognising it as a structural issue and implementing proactive measures to build a work environment that supports employees' mental health;
- **strengthen Labour Inspectorate oversight** to ensure systematic identification and management of PSRs in workplaces;
- **foster a culture of cooperation and involvement** in tripartite negotiations and among stakeholders, and **encourage OSH networks**, including those for employee representatives;
- **incentivise collective agreements** that include psychosocial risk clauses;
- **develop practical, user-friendly materials and tools** to help employers and employees understand PSRs, identify problems early, and take effective action;
- **targeted approaches for different sectors**, including tailored measures and sector-specific initiatives and practical support in

order to strengthen implementation and compliance with the regulations;

- **launch a targeted national awareness campaign for male-dominated sectors** in order to destigmatise mental health discussions and promote proactive psychosocial risk management within industries such as construction and manufacturing. This campaign should utilise sector-specific language, recognisable scenarios (everyday examples) and male role models (e.g. respected foremen, engineers, managers and industry leaders) to normalise conversations about PSRs;
- **reducing stigma requires visible role models.** A senior executive from a male-dominated sector sharing his experience and the benefits of PSR management would show that it is a core business priority, not a soft issue;
- **promote mental health labels or recognition programs** like those already awarded by NGO Peaasjad, tied to visible workplace improvements and employee involvement;
- mandatory PSR awareness and leadership training for managers and working environment representatives, with special modules on early detection of stress, burnout, bullying, and harassment;
- **targeted support for vulnerable groups** is essential, including inclusive policies that ensure fair treatment and equal opportunities; for example develop gender-sensitive policies to prevent harassment and bullying of women entering male-dominated sectors, including anonymous reporting channels and mandatory anti-harassment training;
- **health checks need a stronger focus on psychosocial risks and mental health,** enabling physicians to support employees individually while providing employers with clearer guidance to improving the work environment for better PSR management.

PSYR-IR

Policy brief

https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

Riiklik poliitikasoovitus – Eesti

September 2025

Marina Järvis, Karin Reinhold, Mari-Liis Ivask

Sissejuhatus

Psühhosotsiaalsed riskid (PSR) on Euroopas üha olulisem töötervishoiu ja tööohutuse väljakutse. Suured tööalased nõudmised, kehv töö- ja eraelu tasakaal, pingelised töösuhted töökohal ning ebapiisav sotsiaalne tugi mõjutavad töötajate vaimset ja füüsilist tervist ning organisatsioonide tootlikkust ja vastupidavust. Kuigi teadlikkus sellel teemal on viimastel aastatel suurenenud (eriti pärast COVID-19 pandeemiat), esineb endiselt olulisi puudujääke nende riskide ennetamises, juhtimises ja integreerimises laiematesse tööohutuse ja töötervishoiu raamistikesse.

PSYR-IR projekt uurib, kuidas PSR-e ennetatakse ja juhitakse, pöörates erilist tähelepanu võtmetähtsusega sidusrühmade rollidele riiklikul, sektoriaalsel ja organisatsioonilisel tasandil. Uuring rõhutab sotsiaalse dialoogi ja töötajate aktiivse osaluse olulisust, mis on tõhusa ja jätkusuutliku riskiennetuse eelduseks.

Projekti fookus Eestis on meessoost töötajate ülekaaluga sektoritel - ehitusel ja töötleva tööstuse harudel (puidu-, metalli- jms tööstus). Kuigi nendes sektorites on tegeletakse juba pikalt füüsiliste riskide ohjamisega, pööratakse PSR-le sageli vähem süsteemset tähelepanu.

Käesolev uuring kasutas kombineeritud meetodit: kirjanduse analüüsi ja poolstruktureeritud intervjuusid sidusrühmadega (riigiasutused, tööandjate organisatsioonid, ametiühingud). Paralleelselt viidi läbi kvantitatiivne uuring sihtsektorite töötajate seas, et teada saada nende kogemusi PSR-ga. Koos annavad need tulemused tervikliku arusaama, mis seob omavahel institutsionaalsed raamistikud ja igapäeva tööelu tegelikkuse.

PSR regulatsioon ja praktiline käsitlus

Eesti töötervishoiu- ja tööohutussüsteem tugineb Töötervishoiu ja tööohutuse seadusel, mis kohustab tööandjaid hindama ja juhtima riske, sealhulgas PSR-e. Hilisemate muudatustega on seaduse ulatust laiendatud, sõnastades selgemalt PSR-id ning tunnustades PSR-idest tingitud tööga seotud haigusi. Kuid PSR-i lai ja üldsõnaline definitsioon tekitab endiselt arusaamatusi ning PSR-idega seotult kutsehaigusi diagnoositakse ametlikult harva. Põhjuseks on piiratud pädevus, puudulik dokumentatsioon ja teemaga seotud stigma.

PSR-idega seotud nõuete täitmine tugineb peamiselt Tööinspektsioonile, kes viib läbi kontrolle töökeskkondades, pakub juhiseid ja vaimse tervise nõustamist. Samas on Tööinspektsiooni ressursid piiratud. Täiendavaid tegevusi teevad MTÜ-d (nt Peaasjad) ja erialaorganisatsioonid, kes tõstavad teadlikkust ja pakuvad praktilisi tööriistu, kuid nende tegevus on killustatud.

KOKKUVÕTE

Psühhosotsiaalsed riskid (PSR) on Eestis kasvav töötervishoiu ja tööohutuse probleem. Kuigi seadusandlus käsitleb PSR-e, on rakendamine töökeskkonnas praktikas killustunud – sotsiaalne dialoog on nõrk, tööandjatel ja töötajatel napib teadmisi ning teemaga kaasneb stigma. Püsiv stigma on peamine takistus, kuna paljud töötajad ei soovi PSR teemal rääkida, eriti meessoost töötajate ülekaaluga sektorites.

Ehitus- ja töötleva tööstuse töötajad toovad peamiste murekohtadena esile suure töökoormuse, stressi, kehva suhtluse ning kiusamise ja ahistamise. Suuremas ohus on haavatavad rühmad, nagu võõrtööjõud, ajutised töötajad ja naised nendes sektorites.

Praegused meetmed PSR käsitlemisel on valdavalt juhuslikud ja reaktiivsed, keskendudes peamiselt üksikisikutele, mitte organisatsiooni tasandile.

Vajalik on tugevam tööandjate pühendumus, sektoripõhised meetmed, teadlikkuse tõstmine, töötajate aktiivsem kaasamine ning sotsiaalse dialoogi tugevdamine.

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

Tööstussuhted ja sotsiaalne dialoog

Euroopa Liidu (EL) uuringud näitavad, et tugevad sotsiaalpartnerid ja hästi arenenud dialoog soodustavad sihipäraste PSR-ide ennetusalgatuste kujunemist. Eestis on küll institutsionaalne raamistik olemas, kuid praktikas on sotsiaalne dialoog nõrk ja killustatud. Majandus- ja Kommunikatsiooniministeerium, Tööandjate Keskliit ja Ametiühingute Keskliit osalevad kolmepoolsetes läbirääkimistes, kuid nende mõju PSR ennetamisele on piiratud. Sektoripõhised liidud osalevad samuti erinevates läbirääkimistes, kuid need keskenduvad enamasti kitsalt sektori spetsiifilistele probleemidele.

Tööandjate organisatsioonid peavad PSR-e üha olulisemaks, kuid süsteemse lähenemise kujunemist takistavad nii stigma kui ka ebakindlus praktiliste lahenduste osas. Tööandjate tegevused on sageli juhuslikud ja ei ole osa töökoha põhistrateegiast. Töötajate poolelt piirab läbirääkimiste sisu ja kaalu asjaolu, et Eestis on ametiühingute liikmesus üks madalamaid Euroopas (vaid 6% OECD andmetel, 2019) ning kollektiivlepingute katvus on samuti madal.

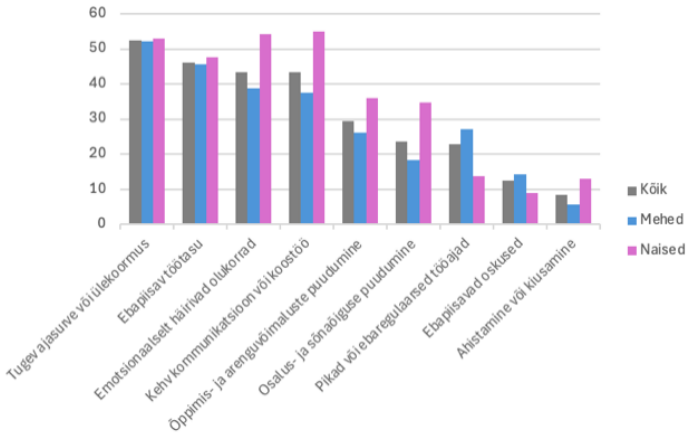
Kuigi seadusandlus näeb ette töökeskkonnavolinike valimise, jääb nende roll sageli formaalseks ega toimi aktiivse töötajate kaasamise kanalina. Erinevalt paljudest teistest ELi liikmesriikidest, kus ametiühingud ja sotsiaalpartnerid kujundavad aktiivselt töötingimusi, tugineb Eesti peamiselt riigiasutustele, nagu Tööinspektsioon, Majandus- ja Kommunikatsiooniministeerium ning Sotsiaalministeerium, et tõsta teadlikkust ja pakkuda juhiseid. Uuringu kohaselt on töökeskkonnavolinikud pigem passiivsed ning saavad oma organisatsioonilt vähe toetust. Samuti puuduvad neil võrgustikud kogemuste vahetamiseks ja vastastikuse abi pakkumiseks, mis veelgi piirab nende võimalust PSR-ide käsitlemiseks töökohal.

Üldjoontes loob tööstussuhete raamistik Eestis küll formaalse aluse koostööks, kuid selle tõhusust piiravad ametiühingute vähene mõju ja kujunemisjärgus sotsiaaldialoogi kultuur. Praktikas keskenduvad kolmepoolsed läbirääkimised pigem laiematele tööturu küsimustele ja spetsiifilisematele teemadele nagu PSR-ide ennetamine ja juhtimine pööratakse vähem tähelepanu.

Peamised PSR-id ja tervisemured

Selle projekti tulemused kinnitasid, et Eestis on ehituse ja töötleva tööstuse valdkonnas kõige levinumad PSR-id endiselt tugev ajasurve ja ületöötamine, mille tõid välja üle poole töötajatest. Teiste sageli esile toodud murede hulka kuuluvad ebapiisav töötasu võrreldes pingutusega, emotsionaalselt häirivad olukorrad ning puudulik kommunikatsioon või koostöö organisatsioonides.

Valitud PSR-ide esinemine (% töötajatest)



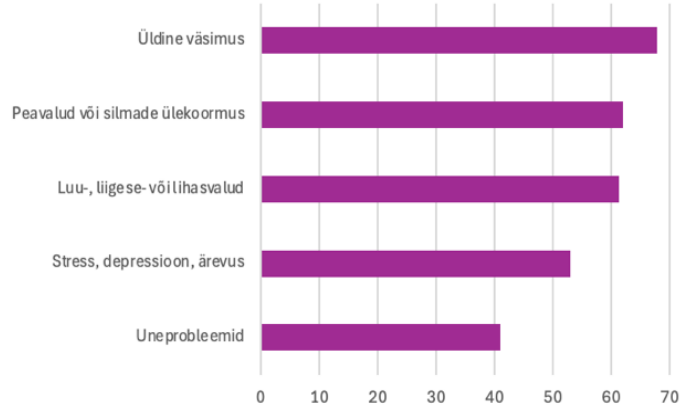
Seejuures ilmnevad erinevused rühmade lõikes: juhid toovad sagedamini esile suure töökoormuse ja pikad tööpäevad, samas kui kontoritöötajad ja madalama kvalifikatsiooniga töötajad rõhutavad puudulikku kommunikatsiooni, vähest kaasatust ja piiratud karjäärivõimalusi. Ka soolised erinevused on märkimisväärsed – naised toovad sagedamini esile ahistamist ja kiusamist, emotsionaalselt häirivaid olukordi ning piiratud arenguvõimalusi, samas kui mehed mainivad sagedamini pikki või ebaregulaarseid tööaegu ning ebapiisavaid oskusi.

Sektoripõhised tähelepanekud näitavad, et ehituses seisavad juhid silmitsi tugeva ajasurvega, mis tuleneb pidevatest tähtaegadest ja tööjõupuudusest, samas kui töötlevas tööstuses seatakse esikohale töötervishoiu ja tööohutuse füüsiliste standardite täitmine, jättes PSR-idega tegelemise tahaplaanile.

Kuigi digitaliseerimist nähakse üha enam PSR-idega seotud tegurina, ei ole seda selles kontekstis veel laiemalt käsitletud. Meeste-domineeritud sektorites seostatakse digitaliseerimist peamiselt pideva koolitusvajadusega, mitte aga töökeskkonna heaolu laiemate küsimustega.

Töötajate hinnangud oma tervise kohta peegeldavad kokkupuudet PSR-idega. Kuigi enamik töötajaid hindas oma tervist positiivselt, tõi suur osa neist välja probleeme, mis on üldjuhul seotud psühhosotsiaalse pingega. Üle poole töötajatest koges stressi, depressiooni või ärevust, samuti väsimust, peavalu, silmade pinget ning luu- ja lihaskonna vaevusi. Uneprobleemid olid samuti levinud, mõjutades ligikaudu iga kolmandat töötajat.

Tervisemurede esinemine (% töötajatest)



Kuigi regulaarne töötajate tervisekontroll on riskide olemasolul kohustuslik, märkisid sidusrühmad, et PSR-ide hindamine nende käigus ei ole järjepidev. Tööandjatele antav tagasiside on sageli liialt üldine, et toetada sisulisi töökoha parandusi, mistõttu tervisekontrollide potentsiaal panustada PSR-ide ennetamisse ja juhtimisse organisatsiooni tasandil on piiratud.

Töötajate kaasatus ja organisatsiooni pühendumus

Töötajate kaasamist PSR-ide juhtimisse on varasemates uuringutes esile toodud kui väljakutset ELi riikides ning käesolev projekt näitab, et sama probleem esineb ka Eestis. Kuigi mõned töötajad teatasid võimalusest oma muresid koosolekutel või töökeskkonnavoliniku kaudu esitada, märkisid paljud töötajad, et sellised võimalused puuduvad. Märkimisväärne hulk töötajaid teatas ka, et nad ei tea, kas PSR-ide teemalistesse aruteludesse on töötajaid mingil viisil kaasatud, mis viitab töötajate esindatuse vähesele nähtavusele ja puudulikule kommunikatsioonile.

Kui töötajad on kaasatud, piirdub nende roll enamasti stressiallikate tuvastamisega ning palju vähem osalevad töötajad ennetusmeetmete kavandamises või rakendamises. Üldiselt viitavad Eesti tulemused sellele, et kuigi dialoogivõimalus on mõningal määral olemas, jääb töötajate hääl PSR-ide juhtimises organisatsioonide sees nõrgaks.

Projekti tulemused näitasid ka, et töötajad ei taju järjepidevat ja tugevat organisatsioonipoolset pühendumust PSR-ide ennetamisele. Juhid hindavad juhtkonna kaasatust ja töötajate vaimse tervise prioriteediks seadmist oluliselt positiivsemalt kui seda teevad madalama kvalifikatsiooniga töötajad. Töötajad hindasid tööandjate pingutusi PSR-ide juhtimisel pigem pessimistlikult – enamik pidas tööandja praeguseid algatusi ebapiisavaks ning toodi välja, et tegevused vajavad märgatavat parandamist.

Töökeskkonna meetmed: juhuslikud ja reaktiivsed

Uuring näitab, et organisatsioonide algatused PSR-ide haldamiseks on üksikud ja juhuslikud tegevused, sageli reaktiivsed ning keskenduvad pigem individuaalsetele toimetuleku mehhanismidele kui organisatsioonilisele ennetusele. Töötajad märkisid, et teatud meetmeid kasutatakse - näiteks suurem iseseisvus tööülesannete korraldamisel, töökoormuse kohandamine ja PSR-teadlikkust tõstvad tegevused. Süsteemsemad sammud - sealhulgas töötajatega konsulteerimine, kiusamise vastased formaalsed protseduurid või läbimõeldud stressi ennetamise plaanid - on aga märksa harvemad. Nõustamis- ja psühholoogilise toe kättesaadavus on piiratud, eriti meessoost töötajate ülekaaluga sektorites, kus teenuse kasutamise takistusteks on nii stigma kui ka teenusega seotud kulud.

Püsiv stigma ja vähene teadlikkus

Hoolimata PSR-ide kasvavast teadvustamisest takistavad stigma ja vähene teadlikkus endiselt avatud arutelu ning PSR tõhusat juhtimist, eriti meessoost töötajate ülekaaluga sektorites nagu ehitus ja töötlev tööstus. Uuringu tulemused näitavad, et PSR-ide käsitlemist takistavad eelkõige töötajate vastumeelsus teemast rääkida (64,4%), vähene teadlikkus töötajate seas (63,8%) ning juhtkonna vähene teadlikkus (57,5%). Lisaks märkis 63,4% töötajatest probleemina piiratud ligipääsu erialastele teadmistele ja spetsialistide toele, näiteks tööpsühholoogidele. See osutab nii kultuurilistele kui ka struktuursetele probleemidele: stigma pärsib avatud arutelu, samas kui teadmiste ja ekspertide puudulikkus muudab ennetust raskemaks.

Nende väljakutsete lahendamine eeldab tugevamat juhtkonna kaasatust, selgemat organisatsioonipoolset pühendumust ning praktiliste ja kasutajasõbralike juhiste pakkumist nii juhtidele kui ka töötajatele. Oluliseks puudujäägiks toodi välja ligipääsetavate tööriistade nappus, mis tekitab juhtides ebakindlust, kuidas liikuda üldisest PSR alasest teadlikkusest konkreetsete tegevusteni.

Haavatavad rühmad

Uuringu järgi on ehituse ja töötleva tööstuse sektorites haavatavateks rühmadeks ajutised renditöötajad, võõrtööjõud ning naised, kes sisenevad traditsiooniliselt meeste-domineeritud töövaldkonda. Kuigi seadus nõuab võrdset kaitset kõigile, koheldakse ajutisi ja välismaalt pärit töötajaid sageli kui lühiajalist tööjõuressurssi, mistõttu nende PSR-id jäävad tähelepanuta ning nende esindatus on nõrk. Naiste osalemist konkreetsetes sektorites nähakse üldiselt positiivsena, kuna see aitab kaasa töökeskkonna mitmekesisusele ja tasakaalule, kuid naised seisavad silmitsi väljakutsetega, mis on seotud töökultuuri ja autoriteediga meessoost töötajate ülekaaluga keskkondades. Naised raporteerivad võrreldes meestega sagedamini halba kommunikatsiooni, ahistamist ja kiusamist, mis näitab vajadust töötajaid enam kaasata ning organisatsioonikultuuri edendada koos tavapäraste töötervishoiu ja tööohutuse meetmetega.

Poliitikasoovitused

Analüüs näitab, et riiklik õigusraamistik PSR-ide käsitlemisel areneb järk-järgult, üha rohkem rõhutades tervikliku riskijuhtimist. Siiski püsivad olulised väljakutsed, mis tulenevad sektoripõhistest eripäradest, PSR-ide ümber valitsevast stigmast, nõrgast sotsiaaldialoogist, usaldusväärsete materjalide piiratud kättesaadavusest ning muutuva töökeskkonna kontekstis jätkuvatest probleemidest.

Nende väljakutsete ületamiseks ja PSR-ide juhtimise tugevdamiseks tuleks kaaluda järgmisi poliitikameetmeid:

- **vajalik on selge ja terviklik PSR-ide definitsioon,** kuna nende keerukas ja mitmeteguriline olemus raskendab sageli nende tuvastamist ja juhtimist;
- **PSR-ide ennetamise integreerimine riiklikku töötervishoiu ja tööohutuse seadusandlusse,** seades tööandjatele selged kohustused, kuid jäädes samas paindlikuks eri sektorite vajaduste suhtes. Lihtsad ja kergesti kasutatavad raamistikud aitavad tagada nõuete täitmise ja tõhusa rakendamise;
- **nihutada PSR-ide juhtimise fookus organisatsiooni tasandile**, tunnistades seda kui struktuurset küsimust ning rakendades ennetavaid meetmeid töökeskkonna loomiseks, mis toetab töötajate vaimset tervist;
- **tugevdada Tööinspektsiooni järelevalvet,** et tagada PSR-ide süstemaatiline hindamine ja juhtimine töökohtadel;

- **kujundada koostöö- ja kaasamiskultuuri kolmepoolsetes läbirääkimistes ja sidusrühmade vahel, samuti edendada OSH-võrgustikke** (sealhulgas töötajate esindajate võrgustikke);
- **soodustada kollektiivlepinguid**, mis sisaldavad PSR-e käsitlevaid sätteid;
- **arendada praktilisi ja kasutajasõbralikke materjale ja tööriistu,** mis aitavad tööandjatel ja töötajatel mõista PSR-e, probleeme varakult tuvastada ja tõhusalt reageerida;
- **sektoripõhine lähenemine PSR-ide teemal**, sealhulgas sektoripõhised algatused, kohandatud meetmed ja praktiline tugi, mis aitavad tugevdada seadusandluse rakendamist ja järgimist;
- **käivitada sihitud teadlikkuse tõstmise kampaania meessoost töötajate ülekaaluga sektorites**, et vähendada vaimse tervise teemadega kaasnevat stigmat ning edendada PSR-ide proaktiivset (ennetavat) juhtimist sellistes tööstusharudes nagu ehitus ja töötlev tööstus. Kampaanias peaks kasutama sektori- spetsiifilist keelt ning meessoost eeskujusid (nt tunnustatud töödejuhatajad, insenerid, juhid ja tööstuse liidreid), et normaliseerida arutelusid PSR-ide üle;
- **stigma vähendamine nõuab nähtavaid eeskujusid**. Kui meessoost töötajate ülekaaluga sektorist pärit tippjuht jagab oma kogemust ja selgitab PSR-ide juhtimise eeliseid, näitab see, et tegemist on ettevõtte äri- ja põhitegevuse prioriteediga, mitte 'pehme teemaga';
- **edendada vaimse tervise märgiseid või tunnustusprogramme** (näiteks MTÜ Peaasjad poolt antavad), mis seotakse nähtavate töökoha parenduste ja töötajate kaasamisega;
- kohustuslik teadlikkuse tõstmise ja juhtimiskoolitus PSR-ide teemal nii juhtidele kui ka töökeskkonnavolinikele, sisaldades erimooduleid tööstressi, läbipõlemise, kiusamise ja ahistamise varaseks tuvastamiseks;
- **haavatavate rühmade sihipärane toetamine on hädavajalik**, sealhulgas kaasavad poliitikad, mis tagavad õiglase kohtlemise ja võrdsed võimalused. Näiteks võiks välja töötada soopõhised poliitikad, et ennetada naiste ahistamist ja kiusamist meeste-domineeritud sektorites, pakkudes sealhulgas anonüümseid teavitamiskanaleid ja ahistamisvastast koolitust;
- **tervisekontrollid peaksid keskenduma enam PSR-idele ja vaimsele tervisele**, et võimaldada arstidel pakkuda töötajatele individuaalset tuge ning anda tööandjatele selgemaid juhiseid töökeskkonna parandamiseks ja PSR-ide juhtimise tugevdamiseks.

PSYR-IR

Policy brief

https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

National Policy Brief - Italy

July 2025

S. Caneve, I. Fiore, & D. Porcheddu

Purpose of the document

- To provide an overview of mental health and well-being in Italian workplaces, with a particular focus on the healthcare sector.
- To identify key challenges and their underlying causes (e.g., work-related stress, burnout), and to explore the relationship between psychosocial risks in the workplace and mental health outcomes.
- To serve as a reference for Italian stakeholders—such as employers, trade unions, and policymakers—by offering potential strategies for the prevention and management of psychosocial risks in the workplace.

General state of play of psychosocial risks and mental health in Italian workplaces

- Major global events — such as rising inflation, international conflicts, climate change, and the COVID-19 pandemic — have intensified the impact of **psychosocial risks** (or "job stressors") on Italian workers' mental health.
- Additionally, new working models (**agile/smart working, platform work, non-standard work relationships**) and digital technologies have introduced further risks, including **technostress**. The pandemic exacerbated stress levels among Italian remote workers, with research confirming technostress as a growing psychosocial risk affecting professional and personal life.
- Beyond **organisational working conditions**, the impact of psychosocial risks is compounded by individual characteristics (e.g., gender, age, education level) that may increase vulnerability to mental distress within the current labour market context.
- Although the awareness of the importance of protecting mental health at work is increasing, **institutional support** for related campaigns and initiatives remains limited.

Insights from EU-OSHA Surveys

Based on the findings from the Third and Fourth European Survey of Enterprises on New and Emerging Risks (ESENER 2019 and 2024) Italian establishments report psychosocial risks (54%) at consistently lower rates than the EU-27 average (60%). Among obstacles regarding effective management of psychosocial risks, Italian establishments report:

- Lack of expertise or specialist support (35%) at lower rates than the EU average (45%), suggesting that Italian workplaces may have comparatively better access to or reliance on available expertise.
- Lack of awareness among staff (43%), close to the EU-27 average (44%), reflecting a need for increased training and awareness programs to enhance understanding among employees.
- Lack of awareness among management (38%), at a slightly higher rate (38%) compared to the EU average (33%), indicating room for improvement in management's recognition and understanding of psychosocial risks.

The OSH Pulse survey concerning occupational safety and health in Post-Pandemic Workplaces (2022) showcased a slightly different perspective on the topic.

- With regard to **mental health stigma**, 64% of Italian respondents believe that disclosing a mental health condition could negatively impact their career (EU-27 average: 50%), and only 56% of Italian respondents stated that they feel comfortable discussing their mental health with their manager or supervisor (EU-27 average: 58%).

Summary

This document provides an overview of mental health and well-being in Italian workplaces, with a focus on the healthcare sector. Despite a strong regulatory framework, institutional support and effective implementation remain limited. Surveys reveal that stigma, lack of management awareness, and insufficient employee involvement hinder progress. The healthcare sector is especially affected, with workers facing intense pressures and inadequate mental health measures.

The report calls for a cultural shift, urging companies to implement training, peer support, and mental health campaigns. It also recommends expanding occupational health surveillance and improving training for safety professionals. Social partners are encouraged to prioritise mental health in collective bargaining, promote standardised clauses, and advocate for national policies, legislation, and funding to enhance mental health protection across all sectors.

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

However, 64% of respondents in Italy agree that the pandemic has made it easier to talk about stress and mental health at work;
- In terms of job resources to address psychosocial risks, 33% of Italian respondents indicated that workers are consulted about stressful aspects of their work (EU-27 average - 43%), 37% reported access to information and training on well-being and stress management (EU-27 average - 42%), 29% reported access to counselling or psychological support (EU-27 average - 38%), and 16% reported the presence of other measures to address workplace stress (EU-27 average - 26%).

A Focus on the Healthcare Sector

- A large percentage of Italian workers active in the healthcare sector feel **particularly exposed to relevant psychosocial risks factors,** such as severe time pressure and work overload, lack of appropriate pay, emotionally disturbing situations etc., which in many cases lead to mental distress.
- Despite a growing attention and sensitivity towards mental health issues following the COVID-19 pandemic, employees report that **senior management often lacks awareness concerning this topic** and is often reluctant to go beyond the legal requirements for preventing and managing mental health problems, resulting in a **generalised scarcity of measures** aimed at preventing and/or managing the insurgence of psychosocial risks in Italian healthcare workplaces. Furthermore, employees and/or their representatives are rarely effectively involved in discussions of such measures.
- **Stigma** related to mental health issues appears still rather present in Italian healthcare workplaces: the resistance to openly discuss these topics represents one of the main barriers to the creation of effective prevention strategies.

Policy recommendations

To effectively address one of the main barriers to psychosocial risk prevention and management in Italian workplaces — namely, the **stigma** surrounding mental health — a cultural shift is urgently needed.

Italian companies should embrace initiatives that support **employee well-being** through **education, training, and access to support services. National workplace campaigns** could be launched to **de-stigmatise mental health, normalise open dialogue,** and foster a culture of **psychological safety**. These efforts could be complemented by **peer-led support initiatives** and the drafting of clear **guidelines for supportive disclosure practices.**

To this end, active **exchange and collaboration** among **management, workers**, and their **representatives** should be encouraged. Implementing participatory company procedures aimed at improving the working environment (e.g., joint committees, anonymous surveys), giving employees a voice in identifying stressors and shaping **interventions**, is essential for effective psychosocial risk prevention and management.

The Italian regulatory framework on psychosocial risks and workers' well-being

- The **Italian Constitution** (art. 41) ensures private economic freedom but requires that it must not harm health, safety, or human dignity, elevating health as a core constitutional value. Moreover, according to art. 32, health is a fundamental right, which should be protected not only in the relationship between individuals and the State but also in the context of private relations. To sum up, the Italian Constitution adopts a broad understanding of health, encompassing physical, psychological, social, and environmental well-being. This interpretation aligns with the World Health Organization's definition and reinforces the constitutional view of health as essential to equality, freedom, and personal development.
- The **Italian Civil Code** (art. 2087) requires employers to adopt all necessary measures to protect workers' physical and moral integrity, adapting to work nature, technology, and experience. The judicial interpretation of art. 2087 by the Italian Supreme Court requires employers to address psychosocial risks (e.g., stress, organisational imbalances).
- **Legislative Decree 81/2008** (i.e., the main OSH legislation) defines health as a "state of complete physical, mental, and social well-being, not merely the absence of illness or infirmity" and requires a "comprehensive and documented assessment of all risks to workers' health and safety. To this end, art. 28 includes stress risk assessment as part of overall workplace risk evaluation, consistently with the provisions included in the 2004 European Framework Agreement on Work-related Stress. Despite this, the Legislative Decree does not include a specific definition of "work-related stress".

Key professionals and institutions in Italian workplace safety & mental health protection

- The **employer** is the primary responsible for risk assessment, the appointment of safety personnel, and the drafting of the risk Assessment Document (DVR). In these tasks, the employer is assisted by manager/**supervisors** (e.g., team leaders, department heads) who implement safety measures and ensure compliance and by the Head of Prevention & Protection Service (RSPP), who is a technical expert overseeing risk mitigation and is supported by dedicated assistants as well (ASPP).
- Another relevant professional is the **occupational doctor**, who conducts health surveillance, assesses worker fitness, and manages workers' medical records in all companies with more than 15 employees and/or whose activities with high risk levels.
- On the employees' side, the **Workers' Safety Representative** (RLS) (employee-elected liaison) plays a significant role, reviewing safety documents and reporting hazards.
- Specific professionals – i.e., **safety trainers** - are tasked with providing mandatory occupational periodic safety training under art. 37 of Leg. Decree n. 81/2008.
- In relation to institutional support for workplace safety and mental health protection and promotion, **the National institute for Insurance against Accidents at Work (INAIL) and the National Institute for Social Security (INPS)**, play an extremely important role. The first, by compensating work-related injuries/diseases (including those stemming from psychosocial risks) and promoting prevention, rehabilitation, and mental health support through dedicated initiatives and tools; the second, by providing economic safeguards to workers suffering from mild to severe mental health conditions.

Policy recommendations

Despite its established **OSH regulatory framework**, greater **institutional attention** should be devoted to **mental health risks** faced by workers in Italy.

On the regulatory side, a **clearer and legally binding definition of "psychosocial risks" and "work-related stress**", aligned with EU standards, could be included in relevant legislation. This would enhance consistency in implementation and **judicial interpretation**, while reinforcing **employers' duties**.

Moreover, the presence of **occupational doctors** in Italian workplaces should not be limited to companies with more than 15 employees — a rule that currently excludes a large share of workers from **regular risk assessment**, including those related to mental health distress.

Specialised workers responsible for protecting workers' health (e.g., RSPPs, occupational doctors) should also be adequately trained to To this end, the support of institutions such as INPS or INAIL is essential for the **identify and manage symptoms of mental distress.** creation of appropriate **training paths** and the promotion of **interdisciplinary collaboration** (e.g., with psychologists) to address the issue effectively.

However, **awareness-raising initiatives** on mental health should target all workers. Mandatory OSH training should be **expanded** to include mental health education, stress awareness, coping strategies, and anti-stigma education.

Social dialogue initiatives for psychosocial risk prevention and management in Italy

- According to Italian legislation, **social partners should play a significant role in psychosocial risk prevention,** by acting at different levels to promote specific initiatives and raise awareness among stakeholders about OSH evolution, taking into account changes affecting work organisation and content, as well as emerging needs. However, initiatives directed at protecting mental health are currently not a priority in Italian trade unions' agendas.
- The **Interconfederal Agreement on Work-Related Stress** (2008) established a framework for identifying and preventing psychosocial risks, recognising both workplace and external stress factors. The agreement promotes participatory approaches, requiring collaboration between employers and workers to implement preventive measures (information, training, organisational improvements).
- During the years 2021-2024, social partners included measures dedicated to psychosocial risks prevention **in company-level collective agreements**, distributed across several sectors of the economy. These measures range from the provision of psychological assistance services and stress monitoring to the creation of joint committees to address well-being and organisational health, to work-life balance policies, digital wellness platforms and dedicated training on psychological wellbeing and harassment prevention.
- Other social partner-led activities with a significant impact on mental health protection and promotion are those provided through **supplementary healthcare funds**, created through joint efforts of employers and trade unions aimed at expanding workers' healthcare coverage beyond that provided by the State (National healthcare system or SSN). Among medical services covered by the different funds, psychotherapy sessions – also specifically dedicated to the management of eating disorders or post-partum syndrome and often covering both workers and their family members – are often to be found.

Policy recommendations

Psychosocial risk prevention and management needs to become a higher priority on social partners' agendas.

National trade union confederations could formally integrate mental health as a **strategic pillar**, incorporating it into collective bargaining platforms, occupational safety priorities, and worker representation mandates.

Furthermore, trade unions, companies, and employers' organisations could co-develop **awareness campaigns targeting stigma, burnout, and digital overload**. At the company level, they could mandate the establishment of **joint workplace committees on mental health and well-being** and equip these committees with **guidance** and **training** to monitor risks, propose improvements, and liaise with **institutional actors** (e.g., INAIL, occupational doctors). The promotion of **peer-support networks** could also be considered a valuable strategy to address mental distress.

However, **successful initiatives** on mental health should not remain confined to a small group of compliant companies. To this end, social partners should promote the inclusion of **standardised mental health clauses in collective agreements at both sectoral and local levels** — covering stress assessment, access to counselling and training, and digital wellness. Basic and equitable **mental health coverage** should also be included in all supplementary healthcare funds across sectors.

Lastly, **social partners** play a particularly significant role in **lobbying national policymakers** for targeted **initiatives, legislation, and financial incentives** that support strategic policy objectives such as the **protection of mental health in the workplace**.

PSYR-IR

Policy brief

https://hiva.kuleuven.be/en/research/theme/workandor/p/PSYR-IR-opportunities-for-industrial-relations-to-prevent-and-manage-psychosocial-risks-in-post-pandemic-workplaces

Policy brief nazionale: Italia

Luglio 2025

S. Caneve, I. Fiore, D. Porcheddu

Finalità del Document

- Fornire una panoramica sulla **salute mentale e sul benessere nei luoghi di lavoro in Italia**, con un'attenzione particolare al **settore sanitario**.
- Individuare le **principali criticità e le cause a queste sottostanti** (ad esempio stress lavoro-correlato, burnout), analizzando il nesso tra i rischi psicosociali nei luoghi di lavoro e le conseguenze in termini di salute mentale.
- Costituire un **riferimento per gli stakeholder italiani** (datori di lavoro, organizzazioni sindacali e decisori politici) promuovendo **strategie per la prevenzione e la gestione dei rischi psicosociali nei luoghi di lavoro**.

Quadro generale dei rischi psicosociali e della salute mentale nei luoghi di lavoro in Italia

- Gli **eventi di carattere globale** (come l'aumento dell'inflazione, i conflitti internazionali, i cambiamenti climatici e la pandemia da COVID-19) hanno **intensificato l'impatto dei rischi psicosociali** (o "fattori di stress provocati dall'attività lavorativa") sulla **salute mentale** dei lavoratori italiani.
- Inoltre, i **nuovi modelli organizzativi** (lavoro agile/smart working, lavoro tramite piattaforma, rapporti di lavoro non standard) e le **tecnologie digitali** hanno introdotto ulteriori rischi, tra cui il cosiddetto tecnostress. La pandemia ha aggravato i livelli di stress tra i lavoratori da remoto in Italia, e gli studi confermano come oggi il **tecnostress rappresenti un rischio psicosociale in crescita**, con effetti sulla vita professionale e personale dei lavoratori.
- Oltre che dalle condizioni organizzative, **l'impatto dei rischi psicosociali è amplificato da caratteristiche individuali** (quali genere, età, livello di istruzione), che possono aumentare la vulnerabilità al disagio psicologico nell'attuale mercato del lavoro.
- Nonostante la consapevolezza sull'importanza della tutela della salute mentale nei luoghi di lavoro sia in aumento, **il contributo istituzionale a campagne e iniziative in materia resta limitato**.

Risultati delle indagini condotte dall'Agenzia Europea per la salute e sicurezza sul lavoro

- Secondo i risultati della Terza e Quarta Indagine europea tra le imprese sui rischi nuovi ed emergenti *(ESENER 2019 e 2024)* **i rispondenti italiani segnalano un'incidenza di rischi psicosociali (54%) con una frequenza inferiore rispetto alla media dell'UE (60%)**. Tra gli ostacoli alla gestione efficace dei rischi psicosociali, i rispondenti italiani riportano:
  - scarsità di competenze o di supporto specialistico (35%) addirittura inferiore rispetto alla media UE (45%), il che suggerisce che, all'interno dei contesti lavorativi italiani, **i lavoratori abbiano un accesso migliore della media europea a supporto specialistico sulla salute mentale**;

Sintesi

Il presente documento fornisce una panoramica sulla **salute mentale** e sul **benessere nei luoghi di lavoro in Italia**, con un focus sul settore sanitario. Nonostante un solido quadro normativo, il supporto istituzionale e l'**efficace attuazione delle misure relative alla protezione della salute mentale restano limitate.** Le indagini rivelano che lo **stigma**, la **scarsa consapevolezza** da parte del management e il **limitato coinvolgimento dei lavoratori** ostacolano i progressi in questo ambito. Il **settore sanitario risulta particolarmente esposto**.

È opportuno dunque promuovere un **cambiamento culturale**, sollecitando le aziende a implementare attività di formazione, supporto tra pari e campagne sulla salute mentale. Si raccomanda altresì di **ampliare la sorveglianza sanitaria** e **migliorare la formazione dei professionisti della sicurezza**. Le parti sociali dovrebbero dare **priorità alla salute mentale nella contrattazione collettiva**, promuovendo norme e sostenendo **politiche volte a rafforzare la tutela della salute mentale** in tutti i settori.

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union

- una **scarsa consapevolezza in materia di salute mentale** tra il personale (43%), in linea con la media UE (44%), indicando la necessità di potenziare la formazione e le attività di sensibilizzazione per migliorare la consapevolezza tra i lavoratori;
- una scarsa consapevolezza da parte del management (38%), leggermente superiore alla media UE (33%), evidenziando **margini di miglioramento nella capacità gestionale di riconoscere e comprendere i rischi psicosociali**.

- L'indagine *OSH Pulse - Sicurezza e salute sul lavoro dopo la pandemia* offre tuttavia una prospettiva leggermente diversa:
  - con riferimento allo stigma legato alla salute mentale, il 64% degli intervistati ritiene che **dichiarare apertamente una condizione di salute mentale potrebbe avere ripercussioni negative sulla propria carriera** (media UE: 50%) e solo il 56% afferma di sentirsi a proprio agio nel parlare della propria salute mentale con il proprio responsabile o supervisore (media UE: 58%). Tuttavia, il 64% degli intervistati in Italia concorda sul fatto che **la pandemia abbia reso più semplice parlare di stress e salute mentale sul lavoro**;
  - per quanto riguarda le **risorse organizzative per affrontare i rischi psicosociali**, il 33% degli intervistati in Italia riferisce che i lavoratori vengono consultati sui fattori lavorativi che possono provocare stress (media UE: 43%), il 37% segnala l'accesso a informazioni e formazione su benessere e gestione dello stress (media UE: 42%), il 29% dichiara la presenza di servizi di counselling o supporto psicologico (media UE: 38%) e il 16% riporta la presenza di altre misure per affrontare lo stress da lavoro-correlato (media UE: 26%).

Un focus sul settore sanitario

- Un numero significativo di lavoratori italiani impiegati nel settore sanitario si considera **particolarmente esposto ai fattori di rischio psicosociale** (come l'elevata pressione relativa alle tempi di consegna o alle scadenze, il sovraccarico di lavoro, l'inadeguatezza delle retribuzioni e le situazioni a forte impatto emotive) che in molti casi possono causare disagio psicologico.
- Nonostante una crescente attenzione e sensibilità nei confronti delle problematiche legate alla salute mentale emersa a seguito della pandemia da COVID-19, i lavoratori segnalano una **persistente mancanza di consapevolezza da parte del management**, spesso restio ad adottare misure che vadano oltre quanto previsto dagli obblighi di legge in materia di prevenzione e gestione dei disturbi legati alla salute mentale. Questo determina una **diffusa carenza di interventi specificamente orientati alla prevenzione e/o gestione dell'insorgenza dei rischi psicosociali nel settore sanitario in Italia**. Inoltre, i lavoratori e/o i loro rappresentanti risultano **raramente coinvolti in modo efficace** nelle discussioni relative a tali misure.
- **Lo stigma associato alla salute mentale risulta ancora radicato** nei luoghi di lavoro del settore sanitario in Italia; la riluttanza ad affrontare apertamente tali tematiche rappresenta uno dei principali ostacoli alla definizione di strategie di prevenzione efficaci.

Raccomandazioni

Per superare uno dei principali ostacoli alla prevenzione e gestione dei rischi psicosociali nei luoghi di lavoro in Italia (vale a dire lo stigma nei confronti della salute mentale) è necessario un **profondo cambiamento culturale**.

Le imprese sono chiamate ad adottare **iniziative concrete a sostegno del benessere psicologico dei lavoratori**, promuovendo percorsi di formazione, attività di sensibilizzazione e servizi di supporto.

A livello nazionale, sarebbe opportuno avviare **campagne mirate nei contesti lavorativi**, con l'obiettivo di contrastare lo stigma, favorire un dialogo aperto e promuovere un clima di sicurezza a livello psicologico. Tali interventi potrebbero essere integrati da **iniziative di supporto tra pari e dall'elaborazione di linee guida chiare** che regolino le modalità di comunicazione relative a condizioni di disagio mentale.

In quest'ottica, è fondamentale **incentivare il confronto e la collaborazione attiva tra datore di lavoro, lavoratori e i loro rappresentanti**. L'introduzione di **pratiche partecipative** in ambito aziendale, quali comitati paritetici o indagini anonime, volte al miglioramento dell'ambiente di lavoro e al rilevamento dei fattori di stress, costituisce un **elemento imprescindibile per una strategia efficace e condivisa di prevenzione e gestione dei rischi psicosociali**.

Rischi psicosociali e benessere dei lavoratori: il quadro normativo italiano

- L'articolo 41 della Costituzione italiana tutela la libertà d'iniziativa economica privata, subordinandola tuttavia al rispetto della salute, della sicurezza e della dignità umana, **riconoscendo così alla salute un valore primario**. Inoltre, ai sensi dell'articolo 32, **la salute è un diritto fondamentale** che deve essere garantito non solo nei rapporti tra individuo e Stato, ma anche nelle relazioni di natura privata. In sintesi, la Costituzione italiana adotta una **prospettiva ampia del concetto di salute, che comprende il benessere fisico, psicologico, sociale e ambientale**. Tale interpretazione è in linea con la definizione dell'Organizzazione Mondiale della Sanità e rafforza un **approccio alla salute quale presupposto essenziale dell'uguaglianza, della libertà e dello sviluppo della persona**.
- L'articolo 2087 del Codice Civile impone al datore di lavoro **l'obbligo di adottare tutte le misure necessarie a tutelare l'integrità fisica e morale del lavoratore**, tenendo conto della natura del lavoro, del grado di esperienza e della tecnologia utilizzata. L'interpretazione giurisprudenziale dell'articolo 2087 da parte della Corte di cassazione impone al datore di lavoro di **considerare anche i rischi di natura psicosociale** (quali lo stress e gli squilibri organizzativi).
- Il Decreto Legislativo 81/2008 (norma cardine in materia di salute e sicurezza sul lavoro) definisce la salute come uno "**stato di completo benessere fisico, mentale e sociale**, e non soltanto l'assenza di malattia o infermità", e prevede una "**valutazione globale e documentata di tutti i rischi** per la salute e la sicurezza dei lavoratori". A tal fine, l'articolo 28 impone l'obbligo di **valutare anche il rischio da stress lavoro-correlato**, in coe-

renza con quanto stabilito dall'Accordo Quadro Europeo sullo Stress Lavoro-Correlato del 2004. Tuttavia, il decreto non fornisce una definizione specifica di quest'ultimo.

Principali figure professionali ed enti coinvolti nella sicurezza sul lavoro e nella tutela della salute mentale in Italia

- **Il datore di lavoro è il principale responsabile della valutazione dei rischi**, della nomina delle figure preposte alla sicurezza e della redazione del Documento di Valutazione dei Rischi (DVR). In tali compiti, è **coadiuvato da dirigenti e preposti** (es. capi squadra, responsabili di reparto), incaricati dell'attuazione delle misure di prevenzione e della verifica del rispetto delle disposizioni, nonché dal Responsabile del Servizio di Prevenzione e Protezione (RSPP), figura tecnica che sovrintende alla diminuzione dei rischi e che può avvalersi del supporto di personale specializzato (ASPP).
- Un'ulteriore figura rilevante è quella del **medico competente**, incaricato della sorveglianza sanitaria, della valutazione dell'idoneità alla mansione e della gestione della documentazione sanitaria dei lavoratori, **obbligatoria in tutte le aziende con più di 15 dipendenti e/o in presenza di attività caratterizzate da elevati livelli di rischio**.
- Sul versante dei lavoratori, un ruolo significativo è svolto dal **Rappresentante dei Lavoratori per la Sicurezza (RLS)**, figura eletta dai dipendenti che esamina la documentazione in materia di SSL e segnala eventuali criticità.
- Figure specifiche sono incaricate **dell'erogazione della formazione obbligatoria in materia di salute e sicurezza sul lavoro**, ai sensi dell'art. 37 del D.lgs. n. 81/2008.
- A livello istituzionale e relativamente alla sicurezza nei luoghi di lavoro e alla tutela e promozione della salute mentale, assumono un ruolo di particolare rilievo **l'Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro (INAIL)** e **l'Istituto Nazionale della Previdenza Sociale (INPS)**: il primo, attraverso l'erogazione di prestazioni assicurative per infortuni e malattie professionali (incluse quelle correlate a rischi psicosociali), nonché attraverso iniziative, strumenti e programmi di prevenzione, riabilitazione e supporto psicologico; il secondo, mediante l'erogazione di tutele economiche a favore dei lavoratori affetti da disturbi psicologici di varia entità.

Raccomandazioni

Nonostante l'esistenza di un articolato quadro normativo in materia di salute e sicurezza sul lavoro (SSL), è auspicabile che in Italia venga riservata una **maggiore attenzione istituzionale ai rischi per la salute mentale cui sono esposti i lavoratori**. Sul piano normativo, sarebbe opportuno introdurre una **definizione più chiara e giuridicamente vincolante di 'rischi psicosociali' e di 'stress lavoro-correlato', in linea con gli standard europei,** da inserire all'interno della legislazione di riferimento. Ciò consentirebbe di rafforzare la coerenza nell'attuazione e nell'interpretazione giurisprudenziale, consolidando al contempo gli obblighi in capo al datore di lavoro.

Inoltre, la **presenza del medico competente non dovrebbe essere limitata alle imprese con più di 15 dipendenti,** poiché attualmente tale previsione normativa esclude una percentuale significativa della forza lavoro da attività periodiche di sorveglianza sanitaria, anche in relazione ai rischi di natura psicologica.

Le figure specializzate preposte alla tutela della salute dei lavoratori (come i RSPP e i medici competenti) dovrebbero altresì ricevere un'**adeguata formazione per l'individuazione e la gestione dei segnali di disagio psicologico.** A tal fine, risulta fondamentale il **sostegno di istituzioni come INPS e INAIL**, sia nella predisposizione di percorsi formativi specifici, sia nella promozione di forme di collaborazione interdisciplinare (psicologi).

Le **iniziative di sensibilizzazione sulla salute mentale dovrebbero tuttavia rivolgersi a tutti i lavoratori; la formazione obbligatoria in materia di salute e sicurezza sul lavoro andrebbe estesa per includere anche contenuti relativi alla salute mentale**, come ad esempio la gestione dello stress, le strategie di *coping* e la lotta allo stigma.

Iniziative di dialogo sociale per la prevenzione e la gestione dei rischi psicosociali in Italia

- In base alla normativa italiana, **le parti sociali sono chiamate a svolgere un ruolo significativo nella prevenzione dei rischi psicosociali,** intervenendo a diversi livelli per promuovere iniziative specifiche e sensibilizzare i diversi attori sullo sviluppo della salute e sicurezza sul lavoro, tenendo conto delle trasformazioni che interessano l'organizzazione e i contenuti del lavoro, nonché dei bisogni emergenti. Tuttavia, **la tutela della salute mentale non risulta, ad oggi, una priorità consolidata per i sindacati italiani**.
- L'Accordo Interconfederale sullo Stress Lavoro-Correlato (2008) ha definito un **quadro di riferimento per l'identificazione e la prevenzione dei rischi psicosociali**, riconoscendo sia i fattori di stress legati al contesto lavorativo, sia quelli esterni. L'accordo promuove **approcci partecipativi, imponendo la collaborazione tra datori di lavoro e lavoratori per l'adozione di misure preventive** (informazione, formazione, miglioramenti organizzativi).
- Nel periodo compreso tra il 2021 e il 2024, le parti sociali hanno previsto **misure dedicate alla prevenzione dei rischi psicosociali nei contratti collettivi di secondo livello**, applicati in diversi settori economici. Tali misure comprendono: **l'attivazione di servizi di assistenza psicologica**, il monitoraggio dei livelli di stress, la **costituzione di comitati paritetici per il benessere e la salute organizzativa**, l'adozione di politiche per la conciliazione vita-lavoro, l'introduzione di piattaforme di benessere digitale e **percorsi formativi specifici sul benessere psicologico** e la prevenzione delle molestie.
- Tra le ulteriori attività condotte dalle parti sociali con impatto rilevante sulla tutela e promozione della salute mentale si possono menzionare quelle offerte tramite i **fondi sanitari integrativi,** istituiti congiuntamente da organizzazioni datoriali e sindacali al fine di **ampliare la copertura sanitaria dei lavoratori oltre i livelli garantiti dal Servizio Sanitario Nazionale.** Tra le prestazioni sanitarie erogate da tali fondi, si riscontra frequentemente **l'inclusione di sedute di psicoterapia, talvolta specificamente rivolte al trattamento dei disturbi alimentari o della sindrome post-partum**, spesso estese anche ai familiari del lavoratore.

Raccomandazioni

La prevenzione e la gestione dei rischi psicosociali deve assumere un **ruolo prioritario all'interno dei programmi delle parti sociali**.

Le confederazioni sindacali nazionali potrebbero **integrare formalmente la salute mentale dei lavoratori come asse strategico**, includendola nella contrattazione collettiva, nelle priorità in materia di salute e sicurezza sul lavoro e nei mandati di rappresentanza dei lavoratori.

Inoltre, le organizzazioni sindacali, le imprese e le associazioni datoriali potrebbero **co-progettare campagne di sensibilizzazione finalizzate a contrastare lo stigma, il burnout e il sovraccarico digitale**. A livello aziendale, si potrebbe prevedere l'obbligo di istituire **comitati paritetici dedicati alla salute mentale** e al benessere, dotandoli di strumenti operativi e percorsi formativi per monitorare i rischi, proporre interventi migliorativi e interfacciarsi con gli attori istituzionali competenti (es. INAIL, medici competenti). Anche la promozione di **reti di supporto tra pari** potrebbe rappresentare una strategia efficace per affrontare situazioni di disagio psicologico.

Tuttavia, **le iniziative virtuose in materia di salute mentale non dovrebbero rimanere circoscritte a un numero limitato di aziende particolarmente sensibili al tema**. A tal fine, le parti sociali dovrebbero promuovere l'inserimento di **clausole standardizzate in materia di salute mentale nei contratti collettivi di settore**, includendo la valutazione dello stress, l'accesso a servizi di counselling e formazione, nonché misure di benessere digitale. **Una copertura sanitaria di base ed equa in materia di salute mentale** dovrebbe inoltre essere garantita all'interno di **tutti i fondi sanitari integrativi**, indipendentemente dal settore di appartenenza.

Infine, le parti sociali rivestono un ruolo particolarmente rilevante nel **promuovere, presso i decisori pubblici, l'adozione di iniziative mirate, interventi normativi e incentivi economici** coerenti con gli obiettivi strategici di tutela della salute mentale nei luoghi di lavoro.

COORDINATOR

KATHOLIEKE UNIVERSITEIT LEUVEN (BE)

PARTNERS

TALLINNA TEHNIKAÜLIKOOL (TalTech) (EE)
FONDAZIONE ADAPT (IT)
ADAPT ASSOCIAZIONE PER GLI STUDI INTERNAZIONALI E COMPARATI SUL DIRITTO DEL LAVORO E SULLE RELAZIONI INDUSTRIALI (IT)
ZENTRUM FUR SOZIALE INNOVATION GMBH (AT)

KU LEUVEN H:VA
RESEARCH INSTITUTE FOR WORK AND SOCIETY

TAL TECH

FondazioneADAPT
ADAPT
www.adapt.it

ZSI