



CC.OO. (“Comisiones Obreras”) – ISTAS (Union Institute of Work, Environment and Health) participatory action plan for a healthier work organization: A case study

Salvador Moncada^{a,*}, Clara Llorens^{a,**}, Neus Moreno^c, Fernando Rodrigo^b, Paul Landsbergis^d

^a Instituto Sindical de Trabajo, Ambiente y Salud (ISTAS; Union Institute of Work, Environment and Health), Via Laietana 16, E-08003 Barcelona, Spain

^b Instituto Sindical de Trabajo, Ambiente y Salud (ISTAS; Union Institute of Work, Environment and Health), Ramon Gordillo 7, E-46010 València, Spain

^c Department of Occupational Health, CC.OO. Workers Union of Catalonia, Via Laietana 16, E-08003 Barcelona, Spain

^d State University of New York–Downstate School of Public Health, 450 Clarkson Ave, Brooklyn, NY 11203, United States

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ABSTRACT

Spanish workers have been among the most exposed to psychosocial risks across the European Union.

CC.OO. and ISTAS decided to establish an action plan to empower workers' health and safety representatives to have an influence on the psychosocial risk assessment processes leading to negotiations with employers over a more democratic, fair and healthier work organization.

Most important outcomes included 3600 companies which have followed a participatory process culminating with the implementation of agreed upon *at source* preventive measures in 40% of cases.

There exists some evidence that preventive actions have increased in Spain since CC.OO.'s workers' health and safety representatives started systematically pushing for improvements in the psychosocial work environment, however the quality of such actions is less clear.

Future priorities include: first, to overcome barriers related to the interaction with external agents, especially with professional and administrative bodies. Second, to increase collaboration with scientific institutions to ensure and improve quality of both risk assessment tools and preventive actions. Third, to evaluate *at the source* interventions at company level with special interest in looking at the involvement of worker representatives, managers and OH professionals and the impact of their involvement on the undertaking of effective preventive actions. Fourth, increasing interaction between ISTAS and CC.OO. in order to place demands for the improvement of psychosocial working conditions more centrally in collective bargaining. Fifth, trying to increase unity of action of all Spanish workers' unions on the subject.

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1. Background and aims

Exposures to work-related psychosocial risks have been documented in an extensive body of scientific evidence. Stressful work organization can damage workers' health, with a range of adverse effects from cardiovascular diseases to mental ill health, and it contributes to health inequalities (Andersen et al., 2004; Belkic et al., 2004; Chandola et al., 2005; Head and Chandola, 2007; Siegrist, 2002; Stansfeld and Candy, 2006).

At the time this action plan was developed, in 2001, Spanish workers were among the most exposed to psychosocial risks across the European Union (Paoli and Meril , 2001; Parent-Thirion et al., 2007). The Spanish context regarding the psychosocial work envi-

ronment can be summarized as a combination of high psychosocial risk exposures (high prevalence of exposures to low influence, low possibilities for development, low control over working time and high job insecurity) (Moncada et al., 2008) large inequalities (lower class occupations and within them, women and immigrants being more affected) (Moncada et al., 2007) (see Table 1) and no visible consequences for health since occupational diseases are under-registered and work-related diseases are ignored in Spain (Garc a and Gadea, 2008; Garc a Garc a et al., 2007).

In view of the situation, CC.OO. (Comisiones Obreras, the largest Spanish trade union confederation) and ISTAS (Union Institute of Work, Environment and Health) decided to increase their efforts in the field of psychosocial work environment. In 2000, ISTAS created a Reference Centre on Work Organization and Health in Barcelona and signed an agreement with CC.OO. in Catalunya (Spanish autonomous region where Barcelona is located) to work together to develop an action plan.

ISTAS is a non-profit self-managed trade union technical foundation, created by CC.OO., which aims to promote the improvement of

* Corresponding author. Tel.: +34 934 812 835.

** Corresponding author. Tel.: +34 934 812 835.

E-mail addresses: smoncada@ccoo.cat (S. Moncada), cllorens@ccoo.cat (C. Llorens), nmoreno@ccoo.cat (N. Moreno), frodrigo@istas.ccoo.es (F. Rodrigo), paul.landsbergis@downstate.edu (P. Landsbergis).

Table 1

Percentage of workers in the worse exposure level by occupational class. Wage earning population, Spain 2005 (N = 7612).

Scales comprising the COPSOQ questionnaire	Professional, managers and supervisors (n = 1406) (%)	Manual (or Execution) workers (n = 6114) (%)	Total (%)
Double presence (work-family conflict)	12.00	16.40	15.60
Quantitative demands	13.30	11.50	11.80
Sensorial demands	46.90	26.00	30.00
Cognitive demands	55.20	25.90	31.30
Emotional demands	24.30	14.70	16.50
Demands for hiding emotions	26.30	24.20	24.60
Influence	18.80	43.20	38.60
Control over working times	27.70	38.70	36.8
Possibilities for development	9.50	29.30	25.70
Meaning of work	4.40	13.30	11.60
Workplace commitment	13.70	32.50	29.1
Role clarity	3.20	6.30	5.70
Role conflict	23.50	20.50	21.00
Predictability	11.30	17.40	16.20
Co-workers' social support	6.80	11.60	10.80
Supervisors' social support	8.00	15.60	14.30
Possibilities for social relations	16.60	16.60	16.70
Sense of community	4.20	8.90	8.00
Quality of leadership	10.40	18.30	16.90
Insecurity	30.50	34.50	33.60
Esteem	6.10	11.30	10.40%

In bold, $p < 0.005$.

Source: Encuesta de Riesgos Psicosociales, ISTAS 2004–2005.

working conditions, occupational health and environmental protection in Spain. ISTAS' main strategic goal is to empower trade union representatives, especially health and safety representatives on the shop-floor, based on the evidence that participation of workers' health and safety representatives supported by trade unions is a key element for improving working conditions and occupational health (Johansson and Partanen, 2002; Milgate et al., 2002; Walters, 1996, 2006).

Knowledge activism (Hall et al., 2006) defines the vision of ISTAS model, by acting in both the technical/scientific and the social/trade union arenas to strategically collect, produce, make use of and promote the tactical use of experience-based and technical, scientific, and legal knowledges. The mixing of both of these knowledges is considered a critical source of power and a political tool to support claims for improvement of working conditions, in the current political and economic environment (Premji et al., 2008).

This paper reports on the implementation of the ISTAS – CC.OO. action plan to empower workers' health and safety representatives to have an influence on psychosocial risk assessment processes, in order to improve the workplace psychosocial environment, leading to negotiations with employers over a more democratic, fair and healthier work organization.

2. Strategic principles and SWOT analysis

CC.OO. and ISTAS started to work together in the psychosocial work environment field agreeing on two main strategic goals – on *what to do* and on *how to do it*. The approach sought improvements in justice and democracy (Johnson and Johansson, 1991) at work as the way to promote healthier workplaces (Lamontagne et al., 2007) and to encourage the maximum development of participatory rights in health and safety at work. Workers' representatives were encouraged to overcome their traditional “follow-up and control” attitude towards management and to develop a proactive attitude in the negotiations with managers for specific improvements in working conditions and *at the source* preventive actions against psychosocial risks (Schnall et al., 2009).

SWOT (*Strengths, Weaknesses, Opportunities, and Threats*) analysis (Villasante et al., 2000) was used to share a common context and insights, before creating the action plan. Factors examined included the legislative framework on occupational risk prevention, the professional approach to occupational risks and to psychosocial risks in particular, employers' competitiveness strategies, labour management practices, labour market regulation and trade union strength and priorities. Many of these features are discussed in the scientific literature as important determinants of occupational health (Benach et al., forthcoming) and improving the effectiveness of workers' representation (Menéndez et al., 2009).

2.1. Obstacles

In the occupational injury and illness prevention arena, the most important obstacles were the lack of social and professional awareness of occupational risks beyond safety issues, undeveloped occupational health policies and practices, high injury rates, low functionality of specialized public services, outsourcing of prevention processes to low quality private prevention services and, in general, commercial exploitation of prevention activities. As a result, prevention on the shop-floor developed with both a strong bureaucratic approach (prioritizing quantity over quality, since the goal is to document an action without caring about its goal, process and content), and a technocratic approach (lack of workers' representatives or workers participation; lack of a socio-technical approach) with excessive focus on the individual and the injury instead of prevention *at the source* (Duran and Benavides, 2004).

More specifically concerning psychosocial risk prevention, a major obstacle was the strong presence of false beliefs. Examples of such myths include the belief that psychosocial risk theory is too complex subject with no scientific paradigm and that no valid and reliable risk assessment method either exists or could be developed. Workers' health problems are perceived as an individual-based personality issue rather than an occupational health topic. Additionally, psychosociology was the most underdeveloped preventive discipline in Spain at each level, within the educational and research systems, in the occupational health public institutions and in labour and employers' organizations.

Spanish employers' strategies of competitiveness were seen as the most important challenge to the implementation of the action plan. In Spain, the economic structure is made by “execution” firms (as opposed to “design” or “value added” firms, which are set up in other countries), and include mostly small and medium size companies. Their competitiveness is based on cost reduction achieved by precarious working conditions (Cano, 2004; Eironline, 2005), based on labour management practices (Rubery, 2007) characterized by high availability demands regarding working time (Carrasco et al., 2003) and employment arrangements (Miguélez, 2005) and *Taylorism* (Lahera Sánchez, 2004; Llorens et al., 2010). Moreover, government labour reforms during the 1990s resulted in a deregulation process that empowered employers (Köhler, 1999).

Therefore, Spanish employers specifically resisted negotiating over work organization, and persisted in an authoritarian tradition generated by 40 years of experience with dictatorship. This is evidenced by a strong “managerial prerogative” in the law and in the majority of collective agreements, and resistance to attaining healthier workplaces via negotiating organizational changes.

2.2. Legal framework as an opportunity

The new specific legal framework of occupational risk prevention provided an important opportunity, in particular, Spanish Law 31/1995, *de Prevención de Riesgos Laborales* (Occupational Risks Prevention Act – LPRL) and Regulation 39/1997 *Reglamento*

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