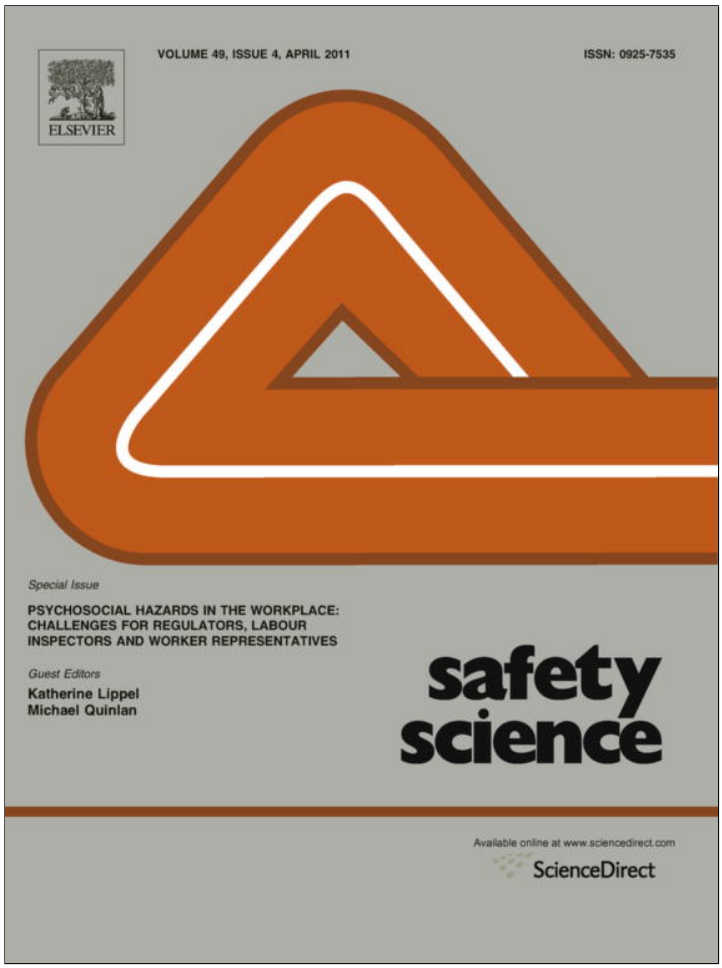

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CC.OO. ("Comisiones Obreras") – ISTAS (Union Institute of Work, Environment and Health) participatory action plan for a healthier work organization: A case study

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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.

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 Merilé, 2001; Parent-Thirion et al., 2007). The Spanish context regarding the psychosocial work environment 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 (García and Gadea, 2008; García García 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

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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*

de los Servicios de Prevención (Regulation of preventive services – *RSP*). They were the result of the European Framework Directive 89/391 of 1989 transposition into Spanish legislation. They constituted a substantial change of the legal framework from a "curative" to a preventive approach and from a technocratic to a socio-technical insight. The goal of an effective implementation of the rights stated by this legislation was the starting point of the CC.OO – ISTAS action plan on psychosocial risks and work organization. The most important aspects to implement and develop included:

- The mandate for employers to take action against psychosocial risks at the workplace. This obligation derived from the recognition of work organization as a source of occupational risk exposures causing health damage to workers and hence being the object of preventive action (art. 4.7.d LPRL). The duty also comes from the recognition of psychosociology as a preventive discipline, since the existence of professionals in this field is stated as an obligatory human resource for any health and safety service (arts. 18.2.a and 34.c RSP).
- The compulsory method for preventive action to be followed by the employer regardless of the type of risk, establishing a hierarchical order for preventive actions (art.15.1.LPRL) from the elimination of risks (art. 15.1.a of LPRL) to risk assessment if they cannot be avoided (art. 15.1.b of LPRL). Such assessment shall be carried out with a preventive purpose using a method which provides information to eliminate or control occupational risks effectively (arts. 2–9 of RSP). The risk assessment has to address risk at the source, changing harmful working conditions, which is the duty established as the next step after the assessment (art. 15.1.c). The employer is mandated to adapt the job to the person, particularly in the design of workplaces and in the selection of work equipment and methods, in order to reduce monotonous and repetitive tasks and their effects on health; and it is compulsory to prioritize measures that favour collective protection over personal protection. Therefore, it makes mandatory *prevention at the source*, focusing action priorities on the cause of risks, within the working conditions.
- The empowerment of workers and of workers' representatives (if they exist in the company, art 34 LPRL) by recognizing participatory rights beyond the workers' Statute (Law 1/1995, the basic Spanish's labour legal framework). Accordingly, the employer has the obligation to consult workers and/or their representatives prior to any steps regarding the development of health and safety measures and prior to any action that might affect health and safety, there being a specific mention of changes in work organization and introduction of new technologies in the law (art. 33 and 36.1.c LPRL); and the duty to consider workers'/representatives' proposals, and to justify any refusal to implement them (art. 36.4.4 LPRL). Moreover, the employer should allow workers' participation through all the phases of the prevention process: design, implementation and compliance with health and safety measures (art. 14.1, art. 18.2 and art. 34.2 LPRL and 1.2. of RSP).

2.3. Weaknesses and strengths of the union-based strategy

Weaknesses include the low union density level (16% of workers are union members) and the medium workplace representation level (41% of Spanish workplaces are unionized) of Spanish trade unions. Representation depends more on their electoral strength (around 57% of wage and salaried workers vote), which is decisive for the unions' socio-political power (Eironline, 2002; Köhler, 1999). Accordingly, 45% of companies with six or more workers (the size of a company in which workers have the right to elect a health and safety representative) did not have a workers' safety representative (INSHT, 2006). In any case, trade union action was mostly focused on making contractual conditions better (lowering the usage of temporary contracts) to improve workers' labour market position and concerning the health and safety field, it was centered on reducing safety risks to lower the high Spanish accident rate (Duran and Benavides, 2004).

The most important strength was the large number of CC.OO. health activists: 225 trade union officers of occupational health, and 80 000 CC.OO. workers' health and safety representatives (called workers' "*prevention*" representatives in Spain) at the workplace level, 200 trade union occupational health consultants working as a network, a trade union occupational health (OH) trainer's network and ISTAS. Most reported increased workers' demands regarding work organization issues, stress as one of the most important health problems at the workplace and the conviction that psychosocial risks can be prevented in the same way as other occupational risks (García, 2004).

3. A six-step action plan

Taking SWOT results into consideration, a *six-step* participative action plan was established and implemented.

1. *Adapting a scientifically valid, practically implementable and socially participative risk assessment methodology to the Spanish context*: risk assessment was considered to be the key step to promote the prevention of psychosocial risks in Spain. Consequently, the methodology used was judged to be a key aspect since the chosen method would determine which working conditions would be improved, the type of prevention (primary, secondary or tertiary) and chances for workers' to participate. For that reason, the first step was to find a valid, reliable tool that could be practically implemented at the workplace level. Together with professionals in various Spanish institutions, and under the scientific leadership of the Danish National Research Centre for the Working Environment, the Copenhagen Psychosocial Questionnaire – COPSOQ (Kristensen et al., 2005), called COPSOQ (ISTAS21, PSQCAT21) in Spain (Generalitat de Catalunya, 2006; Moncada et al., 2005) was adapted to Spain. Table 2 summarises its main characteristics.
2. *Providing an experience-based prevention process adapted to the Spanish context*: the union was interested not only in the adaptation of the tools to identify and measure psychosocial risks (i.e., COPSOQ standardized questionnaires) but also in the development of an efficient and feasible preventive intervention process, starting at the time of risk assessment through the involvement of social agents. Twenty risk assessment pilot projects were started at specific workplaces (mostly in Catalonia, promoted by CC.OO. workers' representatives) in order to generate specific prevention processes that would be reliable and valid in the Spanish context. In all of them, three-party working teams – managers, occupational health professionals and workers' representatives – were established to lead the process, and ISTAS participation focused on learning from the pilot projects.
3. *Making alliances with and between scientific, administrative and technical bodies*: COPSOQ was adapted by a task force that included professionals from diverse institutions representing different social actors working in the preventive arena: two Spanish Universities (Pompeu Fabra and the Autonomous University of Barcelona), three health and safety authorities (the Spanish National Institute for Occupational Safety and Health, the Catalan Autonomous Government's Occupational Health Unit and the Danish National

Table 2
COPSOQ (ISTAS21, PSQCAT21)'s main characteristics.

- Based on the most participative and democratic view of the general stress theory (*demands – control – social support* and *effort – reward* models)
- Epidemiological method, combines quantitative (standardized questionnaire) with qualitative (focus groups) techniques, triangulated results (working team analysis)
- For all work posts, occupations, and company sizes. Three questionnaire versions: short (companies with less than 25 workers), medium (companies with 25 and more workers), long (research)
- Preventive intervention process, not just risk assessment questionnaire
- Highly participative:
  - Working team (workers' and employers' representatives and OH professionals) leads all the preventive process, combining technical and experience-based knowledge
  - Exposures' identification based on workers' questionnaire, results analysis and preventive proposals based on working team discussion
  - Meaningful and understandable results ("graphical" outputs)
- High sensitivity to detect inequalities (results shown by different analysis' units: workplace, work post, department, sex, age, labour relationship, time schedule and seniority)
- Known and good validity and reliability
- Oriented towards in-origin prevention, changing working conditions
- International
- User friendly (web site, manuals, software, email address for questions, ...)

Research Centre for the Working Environment), the Autonomous Government of Navarra and a mutual insurance agency (Fraternidad-Muprespa), along with CC.OO. health and safety departments and ISTAS.

4. *Working to "socialize" experiences*: a plan to share and spread the experience of workers' representatives utilized a "waterfall" design. Experiences at the company level were used to develop trade union guidelines and other tools for action at the workplace, working together with workers' representatives, trade union heads and trade union OH consultants, with a "learning by doing" orientation. Everyone participated in multiple conferences and workshops and provided assistance. From these guidelines, materials for the training of trade union OH consultants, trade union OH trainers and workers' representatives were developed (Lippin et al., 2000).
5. *To gain trust among OH professionals*: Adapting not only a scientifically valid method but also a practically implementable tool allowed us to gain the trust of OH professionals. We developed specific software to deal with risk assessment data and a website where all tools can be discharged for free including the software, a FAQs section, presentations and two guidelines for the use of the method (one for the prevention process and the other for the running of the computer program). An email address was created for questions about anything related to the psychosocial preventive process, promising an answer for free within 72 h.
6. *Evaluating, learning from experience*: Workshops were organized to analyse the proposals made and the initiatives taken in pilot projects together with the available scientific knowledge in an on-going dynamic learning process with university professors, OH professionals from private companies and public administration, trade unionists, workers' representatives and trade union OH consultants, in order to assure both the health appropriateness' and the practical feasibility of all proposed measures.

4. Results of the action plan: highlights and challenges

The most important outcomes of the action plan can be located at three levels. First, the establishment of the trade union working plan for CC.OO. workers' health and safety representatives to deal with *at the source* prevention of psychosocial risks on the shop-floor. Second, the achievement of the official approval of COPSOQ (ISTAS2.1, PSQCAT21) methodology and its usage by the most important preventive services in Spain. Third, influencing the bargaining process by including claims for a healthier work organization working together with union's negotiators.

Nevertheless, some top managers in companies and collective bargaining union leaders still do not view changes in work organization from an occupational health perspective; and the labour inspectorate and OH governmental agencies still do not sufficiently take the available body of scientific knowledge on primary psychosocial risk prevention into account.

Evidence that psychosocial preventive actions and in particular, risk assessment activities have increased in Spain since CC.OO. workers' representatives started systematically pushing for improvements in the psychosocial work environment at workplaces, is provided by the successive Spanish Working Conditions Surveys (INSHT, 2006). The total amount of activities offered by OH preventive services and consultancies also increased. However, the quality of such actions is less clear.

4.1. Working plan proposal for workers' representatives

Workers' representatives' first step of the working plan is to analyze the situation in the company to decide if it is a trade union priority and a good moment to start action on psychosocial risk prevention. In other words, they listen to workers' problems, discuss trade union challenges, examine scientific and legal arguments and consider the possibilities that workers' representatives have to influence the design and management of prevention.

The second step is to propose to the employer the assessment of psychosocial risks using the COPSOQ (ISTAS21, PSQCAT21) methodology and reach an agreement on doing it in a participative way. The latter requires the designation of a bi-partite working group – managers, workers' representatives and OH professionals as consultants. All tools must be used to reach the agreement even if the situation is conflictive (for example, by mobilizing workers or by reporting the case to labour inspection).

After signing the agreement, the next step of the strategy for workers' representatives is participating in the preparation of the risk assessment field work. They may have a say in the adaptation of the questionnaire to the workplace (e.g., deciding categories of answers for questions on work posts, departments, contractual arrangements, seniority and time-tables); in the designing of information/awareness content, process and channels; and in the designing of distribution, answering and collection mechanisms. The aim is to achieve trade union goals: participation of workers regardless of any working or social condition, preservation of anonymity and confidentiality; and to make visible inequalities in exposures.

The fourth step is to participate in the discussion of the results, to ensure the production of a quality and comprehensible report, making exposure and health inequalities visible, and identifying damaging features of work organization, in order to reduce or eliminate exposures.

In the implementation step, workers' health and safety representatives promote *Preventive Circles* with exposed workers where they suggest preventive measures to be achieved, leading to workers' direct participation in the design of their working conditions.

In the end, workers' representatives may track resources, contents and deadlines of preventive measures implementation and participate in the assessment of the process and the results, requesting comparisons of pre- and post-exposures and stress measurements.

To support and spread the proposed working plan for workers' representatives, ISTAS and CC.OO. elaborated and edited two different trade union guidelines: one to increase awareness of psychosocial risks prevention and to help refute the false beliefs surrounding psychosocial hazards (Llorens and Moncada, 2006) and the other, to give tools to support workers' representatives during all phases of the prevention process (Llorens and Fernández, 2006). ISTAS and CC.OO. use regular pathways to circulate paper copies (at least 60,000 have been distributed) as well as distribution in electronic formats. Furthermore, an important effort in training of workers and workers' representatives has been made by ISTAS, several union structures and the OH trainers network. 2500 workers have been engaged in psychosocial prevention training courses in the period 2004–2008, and it is estimated that 15% of them were workers' health and safety representatives. In addition, more than 80 trade union occupational health consultants have been trained so far. The on-line version of the workers' health and safety representative course was launched in 2009 while close to 2000 places have been scheduled in a total of 3 months.

4.2. Influencing FITEQA-CC.OO. bargaining claims platform

For several years, the FITEQA-CC.OO. (Textile, Leather, Chemicals and compatible industries branch of CC.OO.) health department has been assuming the challenge to develop occupational health insights on work organization.

Three years ago, FITEQA-CC.OO. wanted to integrate prevention of psychosocial risks *at the source* into the Chemicals Industry collective agreement so that three kinds of proposals were developed, each promoting primary prevention:

1. As the majority of policies and practices of prevention do not contemplate psychosocial risks, the bargaining proposals included the demand for a clause on psychosocial risk assessment and *at the source* prevention in the occupational health chapter of the collective agreement. The purpose was not to achieve new rights (they were already in the law – see, Section 2.2) but to raise awareness.
2. For the same reasons, a second demand introduced in the bargaining proposals was for a clause to require assessment and *at the source* prevention whenever the collective agreement made reference to any aspect of work organization. The union did not want preventive services to be the only ones taking prevention into account, but rather that everybody who makes decisions regarding work organization in a company have a written obligation in the collective agreement to ensure that work organization decisions do not result in damage to the workers' health, and to ensure that analyses are conducted to detect risks associated with work organization decisions.
3. Finally, a third demand in the bargaining proposals required changes to working time, remuneration, recruitment, promotion and functional mobility chapters so as to incorporate occupational health knowledge to include elimination or minimization of the risks derived from work organization. Considering opposing interests and power imbalance, trade unionists decided to concentrate their bargaining proposals on working time and they achieved a fairer distribution of irregular working hours.

Overcoming the culture of OH as a separate issue regarding trade union action was not easy and despite the success with FITEQA-CC.OO. (Pardina, 2007), this experience has not been repeated in any other trade union branch.

4.3. Official approval and major usage of COPSOQ (ISTAS21, PSQCAT21) in Spain

In the technical and scientific arenas the results have also been positive. The adapting and validating process of COPSOQ (ISTAS21, PSQCAT21) was awarded as the best research project in occupational health by the Catalan Society of Occupational Safety and Medicine in 2003 (Moncada et al., 2005). The Catalan government adopted COPSOQ (ISTAS21, PSQCAT21) as the reference methodology for psychosocial risk assessment in Catalonia (Generalitat de Catalunya, 2006). A *Technical Note of Prevention* (NTP 703, a "reference booklet" in Spain) was issued by the Spanish National Institute of Occupational Safety and Health in 2006 (Moncada et al., 2006). Public funding from the Spanish National Plan of Research and Development to develop COPSOQ-related projects was obtained twice in 2003 and 2006 (Instituto de Salud Carlos III) through independent peer review process.

The 5th FORO (Forum) ISTAS of Occupational Health (October 2007) brought together union leaders and workers' health and safety representatives, OH professionals and managers to discuss preventive actions to be taken. 42 experiences of intervention were presented and conclusions were issued (Moncada and Llorens, 2007). Following the forum, additional materials on intervention experiences were published.

The COPSOQ (ISTAS21) methodology is today freely available in the Spanish, Catalan and Galician languages in Spain and 11,632 downloads of the methodology have been made from the web site as of May 2009, leading to a situation whereby COPSOQ (ISTAS21, PSQCAT21) is currently being used by the most important Spanish preventive services.

It has also been estimated that no less than 3600 companies of all sectors and sizes are using this participative, science-based and action oriented methodology according to a recent users' survey (2008), which was answered by 636 OH professionals working mainly in-company preventive services (46.5%) or in consulting firms (29.6%). Although 48% of companies where the method has been used employed between 25–50 workers, they only represent 3% of companies of this size in Spain. Wider usage is made within companies with more than 500 workers, the tool being used in at least 25% of them (see Table 3). According to 53.8% of respondents, COPSOQ (ISTAS21, PSQCAT21) is an excellent or very good preventive tool.

According to 61% of users, the working group always discusses the origin of exposures and preventive measures, and according to 40% of respondents it always reaches an agreement on them, and they are always implemented. According to 58% of users, measures always address reducing risks at their origin. However, there are "shadows" in the process, according to the respondents. Participation in the working group which leads the preventive process showed managers are not involved enough: only 38% of

Table 3
COPSOQ (ISTAS21, PSQCAT21) usage in Spain by company size, 2008.

Company size	Number of user companies		Total number of companies in Spain		
	N	%	*N*[a]	%	Coverage of use[b] (%)
25–49 workers	1750	48.2	61.709 (20–49)	66.7	Aprox. 3
50–249 workers	1025	28.2	24.303 (50–199)	26.3	Aprox. 4
250–499 workers	364	10	4511 (200–499)	4.8	Aprox. 8
500 workers or more	493	13.6	1954 (500 or more)	2.1	Aprox. 25.2
Total	3632 companies		92.477 companies[c]		

Sources: COPSOQ (ISTAS21, PSQCAT21) users' survey (2008); and Directorio central de empresas del Instituto Nacional de Estadística (INE, Spanish National Institute of Statistics) (2008).
[a] Cut points of company sizes are not identical.
[b] Number of user companies/total number of companies of a selected size.
[c] Total number of companies of 20 workers and more in Spain in 2008.

Table 4
Participatory key data (in percentages) in the risk assessment processes using COPSOQ (ISTAS21, PSQCAT21).

In the in-company working group	Never or seldom	Sometimes	Always or many times
Managers participate	30.8	30.7	38.5
OH professionals participate	13.1	13.1	73.9
Workers' reps participate	13	19.6	67.5
Exposures' origin is discussed	14.7	24.2	61.1
Exposures' origin is agreed	25.4	33.2	41.3
Preventive measures are discussed	13.7	24.9	61.4
Preventive measures are agreed	24.2	35.4	40.4
Preventive measures are addressed to exposures' origin	13.7	27.3	58.9
Preventive measures are implemented	26.9	35.7	37.4

Source: COPSOQ (ISTAS21, PSQCAT21) users' survey (2008).

respondents report they always participate, a low rate compared to the 67% of workers' representatives (see Table 4).

4.4. What worked less well?

It is difficult to achieve management commitment to better health and safety performance and to enhance workers' representatives participation when major employers' competitive strategy is based on cost reduction achieved by precarious working conditions.

Effective engagement of companies in psychosocial risk assessment as the first step for psychosocial risk prevention requires social dialogue that is profoundly dependant on the active involvement of workers' representatives or professionals of preventive services (PS) at the workplace level. There was little that could be done in companies with no trade union presence. For instance, the highest COPSOQ coverage of use (Table 3) was found among larger enterprises (COPSOQ was used in1 out of four enterprises sized 500 workers or more) where the union density is the highest, with the lowest impact for small and medium size firms. Most of these small and medium size companies tend to externalise OH prevention, so they hire external private PS that usually look for technocratic processes rather than involving social agents in prevention, since a participatory process is seen to be more time consuming and therefore to yield lower profits in the short-term. In fact, the time required has been one of the most frequent reasons of PS and managers to not get involved in participatory prevention processes as the one included in COPSOQ (ISTAS21, PSQCAT21) methodology.

The action plan could be perceived as breaking away from previous and traditional prevention practices at both the union and workplace levels. It requires working in a highly democratic and participatory way rather than a hierarchical and technocratic way; with a horizontal approach involving different union and company structures rather than single or unique departments. It leads to proposals of *at the source* interventions rather than individual-oriented changes. These three elements – hierarchy and technocracy, vertical functioning, and individual based interventions, are still central elements of the hegemonic view of occupational health and working conditions in Spain.

On the other hand, this action plan has been seen by some as a "CC.OO. union *only*" plan. Non-CC.OO. representatives engaged in several cases of psychosocial risk assessment acted as mere observers without actively participating. This is despite the fact that the methodology focuses on the social dialogue, so includes worker representatives of any union, and materials and tools are of public domain and delivered for free. Even more in some cases, other unions have opposed using this tool and agreed on technocratic-oriented risk assessment processes.

The impact on the Spanish national institutions of occupational health and safety has probably been too weak and drifted away from occupational health scientific knowledge on psychosocial risks. This is true with regard to both those responsible for assessment and technical support for primary prevention and those responsible for implementation of preventive legislation. Neither structures saw the CC.OO.–ISTAS action plan as an opportunity to facilitate their work in spite of the fact that some official recognition exists. Similarly, the impact on the work of private external PS is probably weak since these are for-profit organizations and see the action plan process of the COPSOQ (ISTAS 21, PSQCAT 21) methodology as more expensive.

Within the CC.OO. union, the action plan has not been seen the same way everywhere. The involvement of the different union structures has varied between the various territorial organizations and branch federations. There is no doubt that union engagement has been more intense in Catalonia, where the action plan was started and developed, compared to the rest of Spain, although there are experiences of action everywhere in the country (Moncada and Llorens, 2007). Engaging in psychosocial risk prevention means looking at all work organization issues (work process design, working methods, working time arrangements, pay structure, promotion, ...) from an occupational health perspective as all are key strategic elements in the evolution of working conditions. Union branches that organize workers with lower salaries and higher rates of temporary work mainly focus on the improvement of these employment conditions in order to improve the labour market position of workers as a necessary step to enable workers to speak out against work hazards (Walters, 1996). Other union branches are still centered in the traditional safety and hygiene view of occupational health, issues probably encouraged by the high occupational injury rates in Spain.

The above comments extend to the overall bargaining between employers and workers at the general, branch and company levels. The number of collective agreements that have led to actions for

the improvement of psychosocial working environment, or development of a more democratic and fair work organization, are still scarce.

5. Summary and conclusions

Major obstacles exist in Spain to addressing issues of risks to workers' health, due to a stressful work organization. These include limited awareness of occupational risks beyond safety, low quality of prevention at the company level, inadequately developed public services, a bureaucratic and technocratic approach to workplace safety and health, deregulation of labour-management issues during the 1990s, low costs competitive employers' strategy based on precarious working conditions, an authoritarian tradition in companies dating back to the years of dictatorship, and common myths about this issue. Indeed, psychosocial risk factors are erroneously perceived as too complex a subject with no scientific paradigm without possibilities for the development of valid and reliable risk assessment methods and more often related to individual personality than to working conditions.

However, despite these obstacles, important progress has been made in addressing these risks through a comprehensive multifaceted strategy. An important opportunity was provided by the passage of a 1995 law in Spain (and subsequent regulations) which required employers to take action against psychosocial risks in the workplace and to seek active participation of worker representatives. Subsequently, the major labour union in Spain (CC.OO.) and its affiliated work, environment and health research institute (ISTAS) developed a strategy and process to address risks in which:

- the social partners (labour, individual employers, professional associations, government agencies) were involved,
- a scientific risk assessment method was adapted (COPSOQ ISTAS 21) and made available freely on the internet,
- a process was conducted of gathering dialogue based risk assessment and experiences of successful intervention,
- an action plan was developed, including proposals for collective bargaining.

Implementation of the six-step ISTAS–CC.OO. action plan has had visible results in terms of achievement of the initial goals. There exists today a Spanish science-based, valid, socially participative risk assessment methodology that is easy to implement: COPSOQ (ISTAS21, PSQCAT 21). It has been widely used, all over the country, in several concrete experiences of psychosocial work environment improvement. However, its use is highly dependent on the presence of active workers' health and safety representatives at the company level. ISTAS and CC.OO. alliances with scientific, administrative and technical bodies have also increased, but the impact on psychosocial risks prevention has been greater among research rather than administrative institutions except for Catalan government.

Concrete experiences are being shared through multiple initiatives resulting in publications, web networks, training and publicity activities. Although most of these actions focus on participatory risk assessment rather than intervention results, and most OH professionals working for private external PS, in a context of hegemony of the bureaucratic approach, and subjected to precarious working conditions, do not have enough time to invest in preventive action at workplaces. Finally, evaluating and learning from experience needs more effort by all involved agents.

Thus, results can be seen as positive, especially if we consider the opposing interests and the power imbalance with regard to work organization issues in Spain, but they are surely not sufficient. Nevertheless, it could be stated that there is *a before and after* in the field of psychosocial risk prevention in Spain since the ISTAS – CC.OO. action plan was first implemented, with highlights and challenges both inside trade unions and in companies.

Next steps include: First, to overcome difficulties and barriers primarily related to the interaction with external agents, especially with PS and professional and administrative bodies, to facilitate and spread the generalization of participative psychosocial risks assessment initiatives in Spanish workplaces. Second, to increase collaboration with scientific and OH research institutions to ensure and improve quality of both risk assessment tools and preventive actions, and to influence the inclusion in the research agenda of the relationship between psychosocial exposures, work organization and labour management practices. Third, to evaluate *at the source* interventions at the company level with a special interest in looking at the involvement of worker representatives, managers and OH professionals and the impact of this involvement on the undertaking of effective preventive actions. Fourth, increasing internal action and interaction between ISTAS and CC.OO. structures to gain alliances with negotiators within the union movement, in order to place OH issues in general and psychosocial working conditions in particular more centrally in the collective bargaining process at both industry and company levels. Fifth, trying to increase unity of action of all Spanish workers' unions on the subject.

Conflict of interest

None declared.

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