Psychosocial risks in times of Covid-19: emerging issues and ways forward

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Psychosocial risks (PSR) are not a novel phenomenon in the world of work. However, this issue has become more prominent and urgent to tackle during the Covid-19 pandemic, highlighting inequalities and worsening existing risks. Trade unions have called the EU Commission to put forward a directive to deal with this issue, which concerns occupational safety and workers' health. The online seminar aims to present research results on this hot topic and map out ways to regulate PSR to guarantee equal safety of workers in all member states. This will require a shared understanding of PSR as a collective issue that needs collective solutions.

From the frontlines: PSR in the health and social care sector during the pandemic

A study presented by Paula Franklin, a senior researcher at ETUI, maps and categorises PSR in the pandemic context. In this research, health workers were considered through the broader scope of "all people engaged in work actions whose primary intent is to improve health". Hospital doctors and nurses were included within this scope, as well as healthcare receptionists, administrators, pharmacists, or dentists. The first lesson learned was that PSR arise from a conjugation of organisational, managerial, social, and economic factors. The sources of PSR include the lack of personal protective equipment (PPE), the job contents with irregular shifts to new roles, the work organisation (including work overload due to the number of patients and the amount of worked hours), and the social and societal pressure (related to the stigmatisation of health workers and the violence or harassment they were likely to face). Financial stress was also an evident cause for precarious workers and confinements of workers exposed to the virus at work. These risks can result in adverse physical and social outcomes such as burnout, anxiety, depression, insomnia, fatigue, or post-traumatic stress symptoms (PTSS).

The importance of preventing PSR collectively rather than individually is evident. Preventive measures should fit the workers' reality, enabling them to participate in the organisation and planning of occupational safety and health measures. Even though support systems can be implemented to help workers (through psychological intervention teams or online courses, for instance), it is unclear that they will be used because people might have more urgent needs, for uninterrupted breaks, refreshments, contact with their families, or enough equipment to keep

them safe. It highlights the need for evaluating the efficiency of interventions and the importance of the workers' participation. However, health worker shortages obstruct healthy work organisation and decent working conditions, while PSR sources are beyond workers' control. "We also see the impact of the low recognition of the value of care work that is mostly conducted by female workers". Qualitative research is currently undergoing to continue the mapping of PSR in the health sector. The findings will feed trade unions' exchanges and enhance the knowledge regarding PSR sources and the preventive measures to adopt.

Telework and PSR during the pandemic

According to Pierre Bérastégui, a researcher at ETUI, teleworking gained popularity in the pandemic context. Teleworking is considered a temporary solution to face the crisis and as a long-term transformation of work modalities. The risk is that the transition to structural teleworking becomes a pure economic strategy to the detriment of health and safety at work. The International Labour Organisation (ILO) defines telework as a technological process to work outside the company's walls. Nevertheless, it is much more than just sending workers home with a laptop; it is a new way of organising work. To be effective and viable, the transition to structural teleworking must involve a reorganisation of work processes. It is a complete overhaul that goes far beyond digital tools and concerns all aspects of work organisation. Although a few scientific studies have looked at the consequences of the pandemic on health and safety at work, they testify that such a transition encompasses a wide range of PSR: overwork, professional exhaustion, difficulty disconnecting, conflicts between private and professional life, lack of social support, or isolation.

Implementing telework requires a holistic approach to be adapted to the specificities of the company and the sector concerned. It involves aspects related to work organisation (by maintaining clarity on the role and responsibilities of workers), work relations (by defining social interactions and communications), work content (the nature of the tasks and the required skills must be explicit), and health and safety. The most difficult principle to implement remains the balance between autonomy and worker control, especially since surveillance technologies are vectors of PSR. Other challenges concern the prevention of social and professional isolation, work overload and the training of managers to lead teams remotely. For employers, it is about meeting the legal obligation to assess both physical risks and PSR and taking measures to reduce or eliminate these risks. That also includes providing workers with ergonomic furniture designed for extended use. For workers, it is about getting the same level of protection, regardless of their workplace. A delicate balance must be found between job satisfaction, quality of life, productivity, empowerment, and commitment.

Precarious work and PSR

The research on precarious employment, presented by Christophe Vanroelen, professor of sociology at the Brussels University (VUB), considered the transformation of work under the lenses of the conditions and relations of employment, rather than relating to the performed tasks. From a psychosocial perspective, it encompasses the feelings of insecurity (related to the job, the incomes, the rights and social protection, the working time, the future of employment or employability, the representation of the worker's voice) and lack of justice. The golden standard employment relation (SER) appear to be challenging to maintain over time, due to the polarisation and the fragmentation of the labour market. Precarious employment is defined as "a situation of accumulated unfavourable 'employment quality characteristics' that is essentially due to the weak bargaining power of a worker". Several indicators allow to measure it through three approaches: pragmatic (type of contract, advantages and disadvantages), subjective (causes and effects), or multidimensional (used to build typologies).

The relation between precarious employment and occupational health risks was at the centre of a Belgian study. The first results showed a clear connection between the quality of work and precarious employment as well as between precarious employment and mental health. Factors such as insecurity and powerlessness as well as feelings of inequity are some of the mechanisms that cause mental wellbeing problems. For example, domestic cleaners involved in the Belgian subsidised system of personal domestic tasks are highly exposed to precariousness, even if some were engaged in permanent contracts. Although this population could be perceived as homogeneous, substantial differences were observed in terms of the exposure to precarious work. However, the constant was the strong link with mental health. The study also highlighted the importance of work-intrinsic and household features as mediators. To conclude, people with highly precarious employment are highly exposed to PSR factors and likely to be more affected by high levels of poor mental well-being. These risks appear as more critical in lower-skilled and lower positions in the labour market. Qualitative evidence also put forward issues related to discrimination, power abuse by permanent workers, and the nature of the work (less interesting, dangerous, "dirty").

The burden of cardiovascular diseases and depression attributable to PSR

Hélène Sultan-Taïeb, a professor at the Quebec University of Montréal (UQAM), and Isabelle Niedhammer, research director at the French National Institute for Health and Medical Research (INSERM), presented the results of an ETUI funded research about the burden of cardiovascular diseases (CVD) and depression attributable to PSR. This research is a part an ongoing ETUI project 'The costs of work-related psychosocial risks in the EU'. The project analyses data on the number of workers affected by the risks and the associated direct and indirect costs in the EU Member States. The psychosocial risk factors included in the study are job strain, effort-reward imbalance ERI (imbalance between high effort and low reward), job insecurity, long working hours (55 hours/week or more), and

bullying. The objectives of this study are to calculate the fraction, in percentage, of the cardiovascular diseases and depression attributed to Psychosocial risk factors, the burden of disease attributable to the risk factors, and the costs of the diseases attributable to the risk factors. The study provides insights for policymakers on the need for prevention policies, standards, and regulations related to psychosocial risk factors.

Data from the European working conditions survey, conducted in 2015 in 28 countries, were used to calculate the prevalence of exposure to the five risk factors. The overall attributable fractions ranged between 17 and 35% for depression and between 5 and 11% for coronary heart disease. Substantial differences between countries were observed for all types of exposure. The second part of the research aims to estimate the burden of CVD and depression attributable to psychosocial work exposures in European countries. The task is complicated because of the phenomena of underreported diseases and under-compensation by health insurance systems. In absolute terms, researchers found a higher burden in larger countries. In addition, the interpretation of the results must consider two important factors which can vary among countries, and thus explain the observed differences: the working conditions and health state of the employed population (including quality and access to healthcare services).

PSR in the education sector during the pandemic

The teaching profession is a high-risk area, since it is a social activity based on social interactions, which evolve in challenging working environments. Susan Flocken, European director at ETUCE, highlighted that the Covid-19 pandemic increased the impact of PSR on workers. Employees in the education sector work under challenging conditions, with low salaries, and the pandemic disturbed the emotional bonds to pupils, students, and colleagues due to social distancing and social isolation and exacerbated aspects related to low input-reward balance and societal valuation. PSR in the education sector consists of a combination between high demand, low control, and a lack of support. According to 31% of education social partners, surveyed during the Covid-19 pandemic, psychological risks were seen to be the main occupational hazard in the education sector. The pandemic context exacerbated an existing unfortunate situation. Remote working contributed to increasing the workload, pressure and giving rise to feelings of social isolation. Furthermore, it also disturbed the work-life balance.

Another difficulty for organising distance teaching was related to digital education, which was not at the same priority level within every European country. There was also a lack of digital preparedness, so teachers were not always trained to face the constraints of distant activities. Simultaneously, they were being kept away from their school management. Moreover, a lack of adequate equipment was noted and, in many countries, issues in accessing the internet. Another difficulty for teachers involved in primary education was to keep working at school, as most early childhood education centres and institutions were opened for children with parents working essential jobs. These workers were and continue to be at the risks of exposure to the SARS-Cov-2 virus. In addition, in many cases, trade unions

were not consulted in the decision-making. From a PSR perspective, the pandemic had physical, psychological, and social consequences. Up to half of the teachers experienced stress and anxiety, and up to a third showed signs of depression; musculoskeletal disorders were also noted. More studies about the impact of the pandemic on the education sector are urgently necessary.

Telework, stress & Covid-19

Telework is a part of transforming our way of work and it implies new management perspectives, as explained by Slavica Uzelac, executive officer at Eurocadres. For workers, the challenges are related to increasing working hours, which contribute to blurring boundaries between work and personal lives. For managers, difficulties rely on their limited ability to monitor and supervise teams, keeping up team spirit, and detecting problematic situations. In the past, telework was conceived as a privileged for men in managerial positions. With the pandemic, much more women are teleworking with the double burden of taking care of children and households simultaneously. Telework-related health issues are feelings of isolation, musculoskeletal disorders, migraines or eyestrain, and time pressure. Telework also raises inequality issues, primarily since bigger companies are better equipped, provide training, and have company agreements. However, many workers have also talked about having a good telework experience, regarding its possibilities in terms of flexibility and autonomy.

For trade unions, it implies considering telework when negotiating. The equality of treatment must be guaranteed between teleworkers and workers on-site. The costs of equipment must be reimbursed, workers' privacy must be protected (which implies keeping an eye out that employers do not misuse ICT tools), and workers must have the right to disconnect (this crucial aspect is currently under discussion at the European level). From this perspective, trade unions have launched a campaign for an EU law to tackle work-related stress amid a mental health crisis, worsened by lockdowns (https://endstress.eu/)

Increase of harassment and violence in the world of work during the pandemic: the situation of service workers

Violence at the workplace covers insults, threats, and/or physical aggression. Nurses and other healthcare workers, public transport workers, employees working in the customer's home, social workers, security guards, employees in the financial sector, cashiers, postal workers, employees in the retail sector, and police officers are among the professionals most at risk. Most of the time, third-party violence is committed by non-colleague contacts (customers, pupils, patients, etc.). According to EU data, women are the most exposed—one in two have suffered sexual harassment, and one in 20 has been a victim of rape, underlined Amel Djemail, equal opportunities director at UNI Europa. Covid-19 outbreak reports show that all types of violence against women and girls intensified in the past year,

making women workers especially vulnerable. A lack of policies and employers' support in terms of responding to and preventing this violence has led to many women developing anxiety and mental illnesses, decreased job performance, and an impact on women's revenues.

During the pandemic, women workers were placed on the frontline: in Europe, 70% of essential workers are women. During this crisis, UNI Europa launched a survey to measure the impact of Covid-19 on women and their work-life balance during the pandemic. It was seen that women were disproportionately affected by economic violence (considering their lower salaries and precarious forms of work). The consequences of violence and harassment on the worker's health might be fear, anxiety, stress, sleeping problems and fatigue, depression, post-traumatic stress syndrome (PTSS), and physical injury. Consequentially, all this can lead to increased absenteeism, decreased motivation, reduced productivity, the deterioration of labour relations, and higher turnover and recruitment difficulties. Service workers were particularly exposed, leading to a severe impact on the long-term mental health of frontline workers, especially women who faced third-party violence (from customers, clients, and patients). The 1989 Council Directive (89/391) covers health and safety at work, making employers responsible for ensuring that employees do not suffer harm through work. This implies specific measures to protect workers, considering gender issues. Therefore, the EU Commission, the Member States, and the social partners should urgently develop specific policies to ensure women's better protection.

Psychosocial risks in the European legal landscape

Aude Cefaliello, a researcher at ETUI, provided an overview of the European legal landscape. The European directive on occupational safety and health, adopted in 1989, provides a legal framework in a quantified approach of risks. The mental dimension is not explicitly covered by this directive. Notwithstanding that workers' health and safety involve their mental health, there is currently no dedicated legislation to address PSR at the EU level. The ongoing project called "Mapping of national law, collective agreements, and jurisprudence concerning work-related psychosocial risks in the European Union" aims to identify whether and how the member states regulate specific obligations regarding PSR at work. Although almost all member states have a "sign" of PSR or mental dimension of health in their legislation, workers' protection seem to be unequal – legally and in practice: "We have to keep in mind that none all of these countries address the factors in the same way and in with the same depth".

What should be done to better consider PSR at work? First, all the aspects related to workers' health and safety should be protected at work. Simultaneously, there is no specific legal binding at the EU level; therefore, a directive on PSR must be considered. There is also a need to strengthen national legal frameworks to allow taking actions against workplaces. Considering that a general framework does not seem to be enough, it is time to adopt a specific directive on PSR to provide equal

protection to all workers. There is also a need to look at collective agreements and jurisprudence: "Maybe some social partners are dealing with this topic at the workplace level, or maybe the general extension of the general duty of the employer might be used in front of the court".

Covid-19 paving the way for an EU Directive on PSR?

According to an international study conducted by EU-OSHA in 2017, the causes of fatalities related to work-related accidents and illnesses were cancers (52%), circulatory diseases (24%), injuries (2%), and others (22%). According to Nina Hedegaard Nielsen, senior policy advisor on occupational health and safety at the Danish trade union FH, the pre-pandemic situation was also characterised by excessive work-related stress for over a quarter of the workers in Europe, with a majority experiencing common stress at workplaces (51% of EU workers), while a high percentage of managers were concerned about work-related stress (80%), with significant variations between the Member States' legislation on psychosocial risks. With the pandemic, additional layers appeared among frontline workers (high demands, long working hours, increased stress, and mental health conditions), teleworkers (isolation, difficulty in focussing, threats to work-life balance), and precarious or vulnerable workers, who mainly were affected collectively by all measures. The OECD and Eurofound study on mental health during the pandemic stated that mental health deteriorated in all OECD countries in 2020, with the highest share of the population experiencing anxiety and depression. The consequences of telework were found to be work overload and deteriorating work–life balance.

As it was highlighted throughout the meeting, Covid-19 exacerbated an existing situation, emphasising the need for a European directive including a clear definition of PSR. The organisational risk factors encompassed time pressure, workload, emotional demand, work-life balance (related to the right to disconnect), unclear demands, influence and control, changes and shifts, and night work. The social risk factors include lack of support, violence, bullying, and sexual harassment. Working on PSR requires risk management (also in terms of prevention), workers participation, management training, and professional counselling. The good news is that a draft report from the EU Parliament has encouraged improvements in the safety and health of workers at work, believing "that Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work has not proven effective enough for the assessment and management of psychosocial risks". This draft report also called on the Commission to propose a directive on PSR and well-being at work. In this perspective, anxiety, depression, and burnout should be recognized as occupational diseases. Having adequate legislation now seems possible, and trade unions must keep reiterating the need for a directive, focussing on talking about risk factors, work organisation, and social interactions.

Discussions also stressed on the need for considering mental health and depression as occupational diseases, and to also focus on working conditions, especially in the healthcare sector or in sectors where workers are in precarious or vulnerable

positions. They also emphasised that collective bargaining has a big role to play. A participant underlined that despite the bad consequences of telework, it gave disabled people the opportunity to participate in the world of work from home. It was also underlined that many workers welcomed telework rather positively. The question of workplace accidents was also addressed, in the context of teleworking. Another key issue concerned the participation of the worker in the work organisation and the role played by the management. Although women are more affected by violence and harassment in the workplace, the need for a general directive for all genders has been pointed out, because all workers can be exposed. In conclusion, the examples from the diverse sectors and jobs highlighted that regardless of the diversity, many psychosocial risks stem from similar sources and factors, and result in the same negative health consequences.