



# LEARNING FROM IN-COMPANY CASES: DRIVERS, BARRIERS AND RECOMMENDATIONS FOR PARTICIPATIVE PSYCHOSOCIAL RISK PREVENTION PROCESSES TO CHANGE WORKING CONDITIONS.



## Final Report for Turkey

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# Background information

- Population : 74 millions
- 15-64 years: 55 million
- 27 million constitute the labour force.
- Labour force participation rate 49%
  - agricultural sector 22%
  - in industry 20%
  - in services 51%
  - construction 6%



# Unemployment rate:

- 10.5% (20% among the young) in 2013
- Turkey is progressively becoming a country where cheap labour force is employed in informal sector that is ***labour-intensive and insecure.***



## The Occupational Health and Safety Act (**No.6331, 2012**)



- Inputs of these regulations are considered to be :
  - rendering flexibility to working life
  - the new working methods like part-time working, on-call working, lent working, shared working, fixed-period service agreements,
  - broadening of sub-contracting.



## The Occupational Health and Safety Act (**No.6331, 2012**)



- The law highlights employers' responsibilities for OHS measures and describes the mandatory risk assessment process
- ***Psychosocial risks are not addressed*** in legislation

# The unionization rate:

- Approx. 50%
- Unionization rate including collective agreement rights is presumed to be around 10%



# Study Objectives

- To determine the **main psychosocial risks**
- To identify **key elements to improve OH&S workers' reps participation** in psychosocial risk prevention

# Methods

- Three volunteering companies were selected
- The data were collected through **semi-structured in-depth group interviews** between 14<sup>th</sup> March – 2<sup>nd</sup> May 2014
- For the company discussed in this presentation, **separate groups were formed** and **at least four workers' reps and managers** in each company participated
- A total of **13 managers** and **19 workers** were interviewed
- Interviews were carried out with managers and workers'/union reps, separately
- The interviews were **tape-recorded supported by and additional notes**



- No psychosocial risk assessment was conducted in all participating companies
- Thus, interviews were not based on facts but on possibilities
- Managers, OHS professionals and workers were not aware of the importance of psychosocial risks at workplaces



# Main interview questions



- What are the main psychosocial risk factors at the workplace?
- Is there any psychosocial risk prevention intervention?
- What is the role of managers, workers and OHS professionals in psychosocial risk prevention?
- What are the drivers and barriers in participative psychosocial risk prevention (or other issues related to OHS) ?
- Do you have any recommendations for the participative psychosocial risk assessment process to change working conditions?



# Cases profile-I



- Case 1 (multinational company) manufactures cables for the automotive industry (NACE: 2931).
- It has an **OHS department** and a **union representation**.
- The factory has approx. **2,200 employees**
- Such parts as cable networks for automobiles are manufactured for 10 to 15 models for five customers. (**There are approximately 180 production chains**)



# Cases profile-I

- In parallel with increased customer demands, **the factory experienced a 10% growth in 2013 and hired 400 new employees** (100 employees resigned for several reasons the same year)
- The factory located in Istanbul was closed down in 2013 whereas the Izmir Company stopped operating temporarily (managers believed it could have raised employees' concern for their future and job insecurity)



# Company's contextual information



- Prior OHS problems; ergonomics, industrial accidents, and night shifts
- Workload was changeable with **periodic increases** and **new recruits were hired** accordingly. (Particular investment was made in automation so that the workload could be relieved)
- After **existing working conditions were improved**, employees experienced a change in their perceptions of the factory, thus **starting to think that the employer cared about them**



# Company's contextual information



- **Slowdowns were suggested** by managers when necessary in order to prevent industrial accidents, even though **this could result in decreased productivity**
- Nevertheless, **such suggestions could be neglected by workers**, who knew that the faster they worked, the more they would be paid



# Cases Profile-II

- Case 2 manufactures household appliance molds (NACE: 27.5.1)
- There are a total of 157 workers, 131 of them are men.
- There is **no authorized union**
- **OHS department**
  - Part-time, off-site physician
  - Full-time on-site nurse
  - Occupational health and safety specialist



# Company's Contextual Information



- In the last two years, **no notable change** was experienced in workplace and job organization
- Compared to the previous year, the company was a little more automated, and **planning enabled the same task to be carried out with fewer workers.**
- The main problems:
  - Noise, the use of ear protectors, protective gloves and suitable shoes
- The workers **were mostly consulted** about what equipment should be selected for protection





# Cases Profile-III

- Case 3's activity is gold mining (NACE: 072901).
- There are 431 workers in the company, of which 406 are men.
- There is a **specific OHS department** , as well as a **union representation**
- **No great change was reported** in terms of investment, sales, and staff in the last two years.



# Company's Contextual Information



- Workers in the machinery cabins were exposed to cold weather. To solve the problem, **a closed cabin was introduced, and certain clothing measures were taken.**
- Previously, workers had to lift heavy things during cement discharges; however, **the company switched to a conveyor system and the problem was solved.**
- Furthermore, the dressing rooms were notably improved.
- **Rapid improvements were made by the employer concerning potentially problematic areas**



# RESULTS

# Psychosocial risk factors at the workplaces

- The main psychosocial risk factors in the cases were:
  - *workload*
  - *pressure of quota (production goals)*
  - *working faster (high work pace)*
  - *Control of tasks*
  - *role ambiguity*
  - *performance-based systems*
  - *social relationships*
  - *job insecurity*
  - *inequality*
  - *economic conditions*
- The most significant risk factor was **heavy workload**.
  - Workers might sometimes work under **pressure** to meet a deadline already specified for customers.
  - There had been a notable increase in their workload for the last years with **pressures of quota** and faster work pace emerging during a period of time.
- **Task controls** were missing due to pressures associated with time and quotas at all workplaces

# Psychosocial risk factors at the workplaces

- Managers expressed that:
  - performance-based system disrupted social relationships between the workers.
  - They argued that dismissal was based on performance evaluation so that fair treatment could be achieved
- Workers' reps declared:
  - **Job insecurity** is one of the vital problems at one of the workplaces.
  - Some of the workers were anxious about being dismissed on account of closure or downsizing.



# Psychosocial risk factors at the workplaces



- Both managers and workers reported that;
  - **economic problems**, in particular, posed a significant psychosocial risk in the workplace

## Psychosocial Risk Prevention: Role of Managers

They have significant roles to play in: **workload planning, overtime controls, social support provision**

Managers should deal with such problems and **attempt to tackle them**  
Since workers could only make suggestions, they were subject to the **ultimate decisions made by managers**

Managers **became more sensitive** to the prevention of all the risks involved in the workplace **because of the sanctions imposed by the OHS Act in 2012**

## Psychosocial Risk Prevention: Role of workers' reps/union

The fundamental principle of union/workers' reps is to strive for OHS risk prevention including psychosocial risks

Unions **should play their role in the** psychosocial risk prevention process but **they are not able to perceive risks due to insufficient knowledge and educational background**

Unions were **only effective in such subjects as holidays and wages**, but they did not deal with other risks satisfactorily

**Union should be independent** and thus should not safeguard mutual interests with the employer  
Workers believed that **the union was on the employer's side**

The union **did not have a voice at the workplace** and thus references to the union **were not useful for them**

Collective bargaining contracts signed with union representatives had specific clauses related to psychosocial and other risks, and **workers were informed about working conditions before they were hired**



## Psychosocial Risk Prevention: Role of OHS professionals

Issues of **workload** and **task controls** were discussed at OHS meetings although such subjects as **economic problems or social support were never voiced**

OHS professionals **played key roles regarding all risk factors at** the workplace.

Workers believed that **these professionals should also deal with psychosocial risks,**

But psychosocial risks at the workplace were not considered in this regard

Workers argued that **OHS professionals should not be paid by the employer**

(They could be on the employer's side simply because of the risk of losing their job)

OHS professionals **should be impartial** (play a middle-of-the-road role)

Workers **abstained from visiting the occupational physician**

(anxiety caused by the fear of **dismissal due to health problems**)

## Barriers in participative psychosocial risk prevention

- Middle-managers' are **responsible for too many workers**
- **Communication gaps** because of non-recognition and shifts
- Workers **unable to openly express themselves** because of avoidance or fear of managers
- Possibility that managers could **be prejudiced against the workers**
- **Operational blindness**
- **Material requirements and costs** of risk prevention (disagreement with the employer due to financial reasons)
- **Excessive pressure** associated with production and quotas
- Evaluation of performance by amount **without considering quality and OHS**
- **Lack of perspective on psychosocial risks** due to the abundance of certain industrial accidents and other risk factors

## Drivers in participative psychosocial risk prevention

- **Strong communication** between workers and management or between departments
- Workers' **concept of justice**, management's knowledge and **supportive approach on OHS**
- Workers' **fully knowing their duties, rights and responsibilities** thanks to specific training sessions
- Attempts to solve problems **by members of all the departments**
- Suggestion boards where anybody could freely express their problems
- **Moral and material rewards** for those workers offering positive and constructive suggestions
- **Employers' awareness of the fact** that increased psychosocial factors would lead to decreased productivity

## Recommendations for the participative psychosocial risk assessment process to change working conditions

- **Union/workers reps' support and experiences** should be used to solve problems
- Managers **should not regard problem reporters as problematic** (focus on the solution must be prioritized)
- Problems should be **viewed from the workers' perspective (empathy)**
- A way for managers to gain workers' confidence is to **explain the reasons why problems cannot be solved**
- OHS professionals should be paid by the state and **the autonomy of the OHS professionals should be guaranteed**
- The OHS department should include **an engineer, a doctor, a nurse and a psychologist**

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*Thank you for  
your attention*