

DRIVERS AND BARRIERS FOR PARTICIPATIVE PREVENTION PROCESSES ON PSYCHOSOCIAL RISKS TO ACHIEVE CHANGES IN WORKING CONDITIONS **FRENCH CASES REPORT**

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1. COUNTRY SUMMARY

1.1 Background

Psychosocial risks are constantly increasing and are taking root at the workplace

Psychosocial risks constitute a category of serious risks and are on the rise; they are visible through various forms of harm to self-esteem (mobbing, moral harassment, various forms of pressure, etc.). They constitute a constantly increasing reason for requesting an expert report by the Workplace Health and Safety Committees (CHSCT). Psychosocial risks appear where there is a clear imbalance between the fundamental requirements of an individual - corporal, psychological and social - and the social environment with which an individual interacts. This is an issue which acts as a barrier to the (subjective) perception of the weight of structures, organisations and requirements related thereto. They arise when individuals are faced with working conditions which run contrary to aspirations and relations at work.

A national SUMER survey conducted in 2009 and 2010, whose findings can be consulted on the website of the Ministry for Employment¹ shows that working routines and physical constraints² remain very high and that the autonomy of some of the highest qualified employees is clearly decreasing. The report highlights a contradiction between the pervasiveness of management control and the requirement of autonomy as is necessary for the development of tasks which remains impeded. Such a contradiction is the potential reason for the increase of psychosocial risks.

The causes of psychosocial risks result from multiple factors and are deeply rooted in workplace organisation and emerge at the juncture point between increased workload, lack of recognition, and management practices that destabilise employees and disrupt labour associations.

Imbalance between parties involved in social dialogue at company level that is visible at two levels:

1. At company level, social dialogue involves a bipartite process between employee representatives and the employer and is represented by a tradition of struggle and power relations. The existing imbalance between employees'

¹<http://travail-emploi.gouv.fr/IMG/pdf/2012-023.pdf>

²29% of employees in the private sector confirm that they work over 40 hours per week and 31% state that they work on Sundays

representatives and employers is deeply enrooted in French social history; it is today illustrated by an imbalance related both to the presence of a large number of trade unions with diverging strategies [there are today eight major trade unions, five of which are confederations] and their weak level of representation in firms.

2. There are three employees' representative bodies in companies: the Work Council [CE] which deals with economic and financial issues, the Workplace Health and Safety Committees [CHSCT], and Employee Representatives [DP]. The issue of psychosocial risks falls primarily into the scope of the CHSCT whose responsibility is to contribute to the protection of physical, mental well-being, and safety of employees. **The CHSCT** should be consulted by the employer in the framework of any planned re-organisation likely to modify working conditions and affect employees. This consultation should have an effect and allow the identification of psychosocial risk factors. It should also ensure compliance with regulation, and observe actual working conditions. In the event of any accidents at the workplace, the CHSCT must conduct an investigation into the working conditions and professional risks faced by employees. It should be underlined that opinions expressed by the CHSCT are not binding. In other words, the employer does not have any obligation regarding these views and is free to consider or disregard them. However, in the framework of employer's health and safety responsibilities and obligations of analysing occupational risks, the employer has a clear interest in considering the recommendations formulated by the CHSCT on the prevention of occupational risks.

Note: The CHSCT intervenes in the perspective of consultation on occupational and psychosocial risks. It is not a joint-management body.

In order to support its point of view in the event of any psychosocial risks and to issue an opinion which is as close as possible to workplace reality, the CHSCT may require the services of an independent expert in two scenarios:

1. In the event of any re-organisation likely to have an effect on working conditions
2. When a serious risk is detected in the company, whether it is or not the cause of occupational injury or disease

Psychosocial risks and the internal regulatory framework:

French social dialogue is defined by a specific legal framework, in which French social law indicates that the major principles of employment law are in the scope of legislation. Legislation establishes the minimum requirements for negotiations. Negotiations are, indeed, aimed at enriching law in favour of improving working conditions for employees, although they do not replace the law. It should be noted that the precedence of law over negotiations is the subject of political and strategic debate between unions and employers. The terms of negotiation include:

- promoting negotiation within a perspective of joint management and joint responsibility between employer representatives and unions
- stabilising and ensuring the sustainability and status of employees' representatives by integrating and restricting the scope of their actions to consultation and prevention of occupational risks (increased resources, prerogatives, training, etc.)

Provisions set forth under the labour code (Article 4121-1) regarding the prevention of work-related psychosocial risks

The employer shall take all necessary measures to ensure the security and protect the physical and mental well-being of employees.

Such measures include the following:

- Actions to prevent occupational risks
- Actions to inform and train employees;
- Implementation of adapted organisation and resources

The employer should supervise the adjustment of such measures in order to detect changing circumstances and to improve existing situations.

Provisions pertaining to the report on the assessment occupational risks (Article R4121-1)

The employer shall draw up and update a report with the results of risk assessments as expressed in article L. 4121-3.

The assessment shall include an inventory of risks identified in each department or branch, including those related to thermal environments.

Standards negotiated:

- *National Interprofessional Agreement of 2 July 2008*. This is transposition of the 2004 EU Agreement. Social partners, employees' representatives and employers are encouraged to negotiate in the company in order to:
- increase awareness and comprehension of stress at work, by employers, employees and their representatives;
- draw the attention of employees and their representatives to signs that indicate problems of stress at work, as early as possible;
- provide employers and employees with settings that allow the identification, prevention and management of stress at the workplace
- *Agreement on quality of working life*: The National Inter-professional Agreement on the quality of working life (19 June 2013) and the Decree of 15 April 2014 extending a national professional agreement towards a policy of improving working life and professional equality
- **Resources available to employee representatives and employers to prevent psychosocial risks in terms of methodology.** The Guide published by the National Agency for Improvement of Working Conditions (ANACT) proposes tools to prevent psychosocial risks and methods to regulate employment. The methodology proposed by the ANACT is focused on employment and organisation but its use involves cooperation between stakeholders through social dialogue.

1.2 Features of psychosocial risk prevention participative processes. Common factors

The origin of psychosocial risks is linked to three factors. The first pertains to the fluctuating macro-economic environment and commercial re-organisation which affect the personal and professional lives of employees. The second pertains to interpersonal factors and difficulties which may be related to individual relations, and are affected by economic uncertainty. Finally, the appearance of psychosocial risks may be related to the lack of means associated with employment, which affect work.

A policy aimed at preventing psychosocial risks cannot be detached from overall strategies and economic issues related to the company.

The need to express opinions at work. Necessary space for discussion between employees on work issues is a recurring factor in terms of opportunities to strengthen relations and increase solidarity at work.

Common factors also appear in terms of barriers (See below) .

1.3 Barriers and drivers for the participative psychosocial risk prevention process to change working conditions

Provision is made for resources to ensure the right to act on workers' health

- **Employers' obligation:** the terms of the contract between workers and employers, establishes employers' obligation to take necessary measures to ensure the health and safety of employees
- **SNECMA Ruling, Court of Cassation Soc., 5 March 2008 :** a pioneering decision risks coordinated by labour organisations
- **Health and safety obligations contradicted by new forms of labour**

"It is mandatory for each employee to take care, according to their possibilities, of their own health and safety as well as the health and safety of others affected by work shortcomings, pursuant to training and employer instructions"
Art. 13 Directive n°89/391 of 12 June 1989

This obligation of employees to protect the health and safety of people affected by their own actions is questionable in its enforcement - it is in contradiction with the inherent requirements of certain employment conditions in which employees compete with each other. In such cases, employees face a conflicting situation: whilst management recommends them to be more competitive, legislation imposes the obligation of taking care of other parties affected by work activities.

Drivers

- Increasing the workforce to reduce work intensity and staff turnover - the case of France Télécom
- Creating spaces for employees' expression and communication, in various departments - the case of Trousseau, France Télécom, RATP
- Proposing support measures to develop multiple skills through vocational training - the case of France Télécom
- Proposing specialized training to support employees' careers
- Rebalancing the approach of services (qualitative) and the quantitative approach (profitability) - the case of France Télécom
- Seeking a better articulation of actions taken by stakeholders to promote a cooperative and participative strategy

Obstacles:

- There is some difficulty to act on workplace organisation, with the issue of costs or the socio-economic context mentioned by companies - the rooting of psychosocial risks in workplace organisation makes prevention difficult. Risk prevention involves action on organisation and change. A number of issues which are related to economic and financial factors.
- An imbalance between parties involved in social dialogue in the company (imbalance in power relations) and diverging interests (health at work versus profit and market position)
- Preventive policy varies depending on whether prevention is considered as primary (research and action on risks at source) or secondary/ tertiary issue (risk management and support)

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

- It is better to outline the challenges of psychosocial risk prevention to avoid any shift towards seeking a remedy to these risks. Sharing a common language and reference framework is essential to establish effective participative assessment of psychosocial risks in a company
- Integrating recommendations and comments formulated by employees' representatives in decision-making processes
- Discussing work and organising regular meetings to listen and exchange opinions at team and management levels

1.5 Relationships between the characteristics of the participative process and working conditions changes

Experts' reports and awareness of employees' representatives allow the increase of resources and the improvement of working conditions.

The CHSCT report by initiative of elected members represents a renewed balance between stakeholders in social dialogue.

Awareness of employees' representatives bodies of the need for external stakeholders to support their actions and initiatives.

In a broader perspective, management awareness of the reality of psychosocial issues, even if they are addressed by specific remedy measures rather than preventive policies.

2. France Télécom – AVSC Alpes – Annecy

2.1 Background

“In September 2010, when it was time to leave for work, a France Télécom employee left home, drove in the opposite direction, stopped his vehicle on a viaduct and leapt off. In his car, he had left a letter in which he laid the blame on France Télécom and on the development of his work situation”.³ This employee had been facing a dilemma: whether to keep his job position but move to a different town or change his job position and stay in Annecy. He chose to stay in Annecy and integrate the “1016”, a mono-activity call centre grouping 135 people in a single open space area. The running of this telephone platform was characterised by rules and quantified indicators imposed on the employees: the setting of unachievable objectives, a requirement for results, work pressure, appraisals disconnected from the actual work.

This situation is typical of the sociology of the firm and the unwanted mobility that had been imposed since 2009, the year that France Télécom began its severe restructuring. In fact, this restructuring – which continued until autumn 2009 – led to thousands of job cuts with no accompanying redundancy programme, an accelerating pace of site closures, unwanted geographical mobility and career changes. Then a sudden shift occurred for the company’s population of civil servants away from a culture of public service to one of fierce competition, from a commitment to working in the public interest to a culture of quantifiable results. This implied a dramatic change for the employees. Today, we see that many employees are exposed to psychosocial risks when faced with such difficulties and more particularly when they change profession with no previous training, repeatedly move from home to another, with destabilising effects on their private and family life, or undertake a succession of short assignments. The case of the France Télécom Annecy site was also replicated on other sites, such as the France Télécom AG-Pro Paris platforms and the Bordeaux site, VMF no.2. For this reason, we also interviewed the secretaries of the Workplace Health and Safety Committees (Comité Hygiène de Sécurité et des Conditions de Travail de ces établissements – CHSCT) of these establishments.

A risk prevention plan set up by the management. The restructuring policy implemented by France Télécom management was interrupted in 2010, a new management team was appointed and many social agreements were signed. The

³ *Expert’s report for the CHSCT (Workplace Health and Safety Committee) – February 2011*

company developed an overall policy for psychosocial risk prevention (a social contract) and undertook to refrain from severe actions as site closures, forced changes of profession and sustained pressure to quit the company. Work life quality then improved for a short while. However, a new heightening of psychosocial risks has been observed at the Annecy site over the last year and, even more seriously, there were eight further suicides during the first semester of 2014. How is it that the psychosocial risks continued to increase even though an overall prevention policy was implemented?

2.2 Psychosocial risk prevention participative process

Timeline of the psychosocial risk prevention process - France Télécom Annecy

- In 2007, implementation of the right to initiate an alarm procedure⁴ on Psychosocial Risks (PSRs) for all trades union organisations
- In a 2-year period, from 2007 to 2009, the rate of sick leaves increased by 7%, a permanent committee on work-related stress was set up. Yet, restructurings were still being pursued and continued to have an adverse impact on employees.
- In 2009, the social crisis at France Télécom led to the intervention of the French Government's General Directorate of Labour (Labour Inspectorate) with formal notice being given to France Télécom regarding the measures to be taken with respect to employees' suffering. For three years, the social contract and the social agreements that followed enabled employees to work under better conditions. Article 2.4 of the "Mobility" Agreement signed with the social partners so as to avoid the harmful effects of undesired mobility specifically states that "a good level of employment is one of the measures to eliminate suffering at work and to limit further workforce reductions; the decline of business linked to market opening and to hyper competition gives rise to new concerns and suffering in the company."
- From 2010 to 2013, implementation by France Télécom management of a new social contract aimed at re-injecting a human dimension into the company. Management notably undertook to improve employment in the company (by recruiting more than 10,000 people by 2012), to give more effective support to

⁴ French law provides that the CHSCT has the right to initiate an alarm procedure in the case of significant and imminent danger. This right gives rise to an inquiry undertaken jointly with the employer or his representative in order to put an end to the situation (Article L.4192-2 of the French Labour Code).

the employees' career development and to improve the quality of their work life.

The role of employees' representatives and the intervention of the CHSCT as a representative body in charge of health and safety

- Employees' representatives mainly have a role of early warning (they draft reports, such as the 2014 on work life quality and the prevention of risk situations, and on their intervention of 19 September 2013 regarding the prevention of risk situations and suicide), as well as an ongoing watchdog role regarding the adequacy and match between the commitments made by management under the 2010 social contract and the actual actions carried out by the latter. For example, a recent intervention of the CHSCT (February 2014) points out that:
 - The current lack of recruitment contradicts the commitments made in 2010
 - Working conditions and work methods and resources are not improving
 - The meaningfulness of the work and the need for work well done must be promoted by Management
- Under Article L.4614-12 of the French Labour Code, the CHSCT called on the support of independent experts in carrying out its mission of preventing psychosocial risks and drafting recommendations. The expert report drafted in February 2010 for the CHSCT formulated a series of recommendations.

Occupational physicians also play a key role in the risk prevention process. Their annual reports make it possible to collect facts from individual cases and then establish an overall report on the collective situation.

Recommendations and possible preventive measures to improve employee working conditions

Work methods and resources and IT applications: launch an improvement initiative that involves users in order to reduce the number of IT applications, data re-entry and procedures that lengthen waiting time and adversely affect customer-advisor relations.

Performance indicators: develop and use indicators that are relevant to the actual jobs and to risk prevention (other than the existing indicators for performance and sales).

Improve the working environment, for example, by partitioning the open space into offices shared by a maximum of two teams so as to improve concentration, reduce sources of visual and noise disturbance and prevent the professional isolation observed in the open-space platform.

Continue to make the **health and safety policy** a strategic issue and deploy it at all levels of the company. This policy must be treated as a priority issue in meetings at all management levels. Workplace health cannot be dealt with as a separate factor and disconnected from corporate strategy.

2.3 Drivers and barriers in the participative psychosocial risk prevention process to change working conditions

Drivers

Several drivers have been identified by France Télécom employee representatives, such as:

- Setting up a work organisation underpinned a better balance between the rationale of providing a service and the rationale of productivity and maintaining productivity objectives at a reasonable level
- Introducing the freedom of initiative so that employees can regain a sense of motivation and pleasure in their work
- Giving employees the possibility of progressing individually on the different types of skills

Implementing a coherent HR policy and taking account of changes in the employees' occupation or mobility are decisive factors and involve:

- Setting up a vocational training pathway, which is considered to be a key issue: more account needs to be taken of the aptitudes and acquired skills of the advisors, but training should not be overloaded with additional theoretical modules

- Management methods that focus more on supporting the upgrading of skills and are conducive to creating a collective spirit through work-related leadership actions designed to restore the meaningfulness of work
- Work on defining career paths by putting the notion of recognition into practice. Redefining recognition means reconsidering the expectations and objectives assigned to the employees and integrating a quality criterion that opens up the possibility to perform tasks adequately

More generally, it is necessary implement measures in terms of developing career paths.

Barriers

The imbalance between the parties to the social dialogue hampers constructive efforts between management and employees regarding work and working conditions.

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

Integrate the recommendations and comments formulated by the employees' representatives into the management's decision-making processes

Hold discussions on work and organise regular occasions of professional exchanges at the level of each team but also at managerial level.

2.4 Relationship between characteristics of the participatory process and working conditions changes

The gradual setting-up of a preventive approach to psychosocial risks has made it possible to refocus discussions on work and working conditions.

By taking into account the serious nature of psychosocial risks, the questions of workplace health are no longer disconnected from the company's strategies.

3. Trousseau Hospital – Paris 75012 –

3.1 Background

Trousseau hospital, like all Paris hospitals (APHP - Assistance Publique Hôpitaux de Paris), operates in a fluctuating structural context. As part of a group of three hospitals, it is undergoing restructurings and mergers between establishments or departments. In fact, the departments are facing continuous organisational changes, with some functions being outsourced and others re-internalised... The hospital is experiencing constant shifts in its organisation. In addition, the regulations governing Paris hospitals are increasingly cumbersome and impact the way the hospital is managed. This is one of the reasons why the hospital's management intends to refocus on what it deems to be its core activity and outsource so-called specialty tasks (cleaning, waste management, record archiving, etc.). It should be emphasised that this situation is compounded by HR management difficulties: difficulties in recruiting, problems in managing staff, absenteeism or employees with medical work restrictions.

The hospital's medical records department employs 12 workers. All of these employees have medical work restrictions. The department is experiencing numerous problems in terms of constraints on time, organisation, work environment and information flows.

The key points highlighted by the CHSCT psychosocial risk assessment are:

- A high rate of absenteeism and the very serious difficulties that staff with medical work restrictions encounter when carrying out tasks in a department where the work is very arduous
- The loss of self-esteem experienced by the medical records department staff. These employees have medical work restrictions and are seen as “lame ducks” by the other departments. The department's team receives no training. As a result, the work climate is very negative, with verbal and physical violence in the department
- The lack of a management framework and of immediate supervisors
- Arduous work carried out in unhealthy and congested working conditions and work environment

3.2 Psychosocial risk prevention participative process

Timeline of the psychosocial risk prevention process – Trousseau Hospital

Since 2008, the CHSCT has launched several alerts regarding the situation of the medical records department and highlighted the increasing deterioration of working conditions. These points of concern, which are raised regularly, have been confirmed by several CHSCT visits to the department. Photos have been taken and substantiate the unhealthy nature of the working environment. Moreover, the occupational physician was alerted about the feasibility of re-assigning the staff given that they have medical work restrictions. Management does not contest the gravity of the situation but no preventive action has been put in place and no additional resources have been allocated to the department.

October 2013: the CHSCT voted to carry out a CHSCT audit⁵ regarding “serious risks” occurring after acts of physical and verbal violence between members of the department.

The independent audit of the department conducted on behalf of the CHSCT made it possible to objectively assess the work situations of the medical records staff and formulate recommendations to improve their working conditions. In addition,

⁵ Under French labour law, the CHSCT can call on a certified expert (L 4614-12) in the event of: an identified serious risk, brought to light, or not, by an occupational accident, an occupational or work-related illness; the serious risk may be identified following the exercise of the right to initiate an alarm procedure or removal of the employee from operational service, an AT/MP (occupational accident or occupational illness) inquiry, a workplace inspection. “Serious risk” is understood to mean, for example, a persistent and extreme situation of chronic stress in the establishment, generating disorders for several employees, ambient pollution (fumes, dust) revealed by the report of an inspecting body or a major project that modifies the health and safety conditions or working conditions. The term “major” refers to the effects induced by the project and not by the purpose of the project. “Major project” is understood to mean: a major transformation of a job position resulting from the modification of work tools, a change of product or of work organisation, any modification of productivity rates and standards whether linked or not to the remuneration of the work (L 4612-8).

The costs of the independent audit are paid by the employer. The audit must be carried out within one month but this can be extended to 45 days (L 4614-13).

In the case of a disagreement between the employer and the CHSCT, it is up to the magistrates of the Tribunal de Grande Instance (TGI – Court of the First Instance) to decide whether the independent audit is necessary. Any disagreement as to the seriousness of the risk is also settled by the TGI.

following the audit, the hospital management decided to implement a structured policy to prevent psychosocial risks. This provided for:

- the setting up of a PSR prevention project on the initiative of senior management
- work with the trades unions to produce a single document that provides a structured response to crisis situations across the entire Trousseau Hospital
- creation of a local steering committee to facilitate communication, by creating “focal points”
- recruitment of a psychosocial risk coordinator assigned to the three hospital establishments
- recruitment of a risk prevention officer for each site to support the occupational psychologist
- a dedicated PSR steering committee was created comprising representatives from the different professions, except for the doctors who considered that they were not concerned

The steering committee’s mission involves a twofold objective:

- work on indicators and solutions in order to design an approach and methodology shared by the hospital group (comprising 3 hospitals)
- exchange practices and experiences based on this methodology

3.3 Drivers and barriers in the participative psychosocial risk prevention process to change working conditions

Drivers

The emergence of psychosocial risks in the hospital world is linked to three factors:

- the macroeconomic environment and the constant inter-hospital changes made to the functional departments
- an inter-relational factor involving difficulties that may be linked to interpersonal relationships
- a factor relating to resources and work methods, which is strongly linked to how work is organised and the associated methods and resources: equipment, environment, job profile, work hours, the rhythm of work

Drivers can be identified on the basis of these three factors:

The first factor can be addressed by more effectively anticipating department moves so as to improve how these are managed.

The interpersonal problems could be limited by changing the work environment and improving working conditions. In fact, poor working conditions can cause interpersonal relationships to deteriorate.

An appropriate recruitment policy would make it possible to improve the resources, methods and conditions of work. Additionally, setting up a regular training programme would promote the upgrading of the employees' skills. As far as work methods are concerned, it would also be necessary to adapt all of the job positions to the ergonomic requirements.

Barriers

- The prevention policy implemented by each of the group's establishments is hampered due to the inter-hospital changes made to their functional departments. These moves make it impossible to pursue a prevention policy adapted to a department that itself constantly runs the risk of disappearing, merging or being outsourced.
- It should be noted that some situations can potentially block the satisfactory functioning of employee representative bodies owing to the different strategies of the trades unions and a lack of converging interests.
- Furthermore, the distinction between medical executive staff and administrative executives in the establishment means that the hospital operates under a two-speed regime and that the parties' reciprocal lack of consideration is exacerbated.
- The distinction made by the Hospital Management between the tasks considered as outside work and those it considers as its core activity results in a disconnect between the work resources and means associated with the profession and the actual exercise of the profession itself. It may be asked how an effective prevention approach can be supported if the tasks linked to exercising the profession are outsourced. The issues of co-activity and contracting out in the hospital establishments are highlighted and are likely to prove an aggravating factor for psychosocial risk.

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

- Appropriate training and recognition of the specifics of the various professions: the staff thus need to be recruited according to a set of skills specific to the functions of archival work and, if necessary, training should be organised on a systematic basis to enable the staff to acquire management techniques.
- Promotion of an active reclassification policy.
- Account needs to be taken of the actual work: a poor assessment of the real content of missions and tasks leads to the same effects as those resulting from employees' lack of knowledge and skills.
- Specific work methods and resources adapted to the department. Currently, the department's staffs are exposed to arduous handling tasks and have to cope with difficult and sometimes dangerous entrances to the department premises. There is high exposure to occupational hardship factors (kneeling, squatting, arms extended), which thus requires implementing specific means and measures.
- Better management of absenteeism: currently, employee absenteeism is linked to the ageing of the working population, the absence of work arrangements and measures adapted to workers with medical work restrictions or disabilities.

3.5 Relationship between characteristics of the participatory process and working conditions changes

- The alerts and independent audits initiated by the elected employee representatives have enabled resources to be stepped up and working conditions to be improved for the department's employees.
- There is greater awareness from management of the need for an overall approach to prevention.
- The independent audit initiated by the elected employee representatives has helped to rebalance the roles each party plays in the social dialogue

4. RATP GIS CCAS – Paris 75018

4.1 Background

The RATP is a public transport enterprise operating in the Paris area. A member of the RATP's CCAS (*Caisse de Coordination aux Assurances Sociales* – Coordination Fund for Social Insurance) informed the CHSCT employee representatives that he had submitted an occupational accident declaration (involving depression linked to his professional context). It should be pointed out that the accident was declared following an interview between the employee and his line manager, during which the manager had addressed abusive and degrading comments to his subordinate. The CHSCT had thus conducted an inquiry, which revealed a very strong presumption of psychosocial risks in the department.

Since 2007, the CHSCT employee representatives had noticed a significant deterioration in working conditions, notably due to the loss of cohesion among work teams, a clan-like way of functioning and symptoms of unease at work. The fears caused by the outsourcing of activity and by the change in the status of the establishment (and the special pension scheme for RATP workers) contributed to this feeling of unease. The rate of absenteeism was high and the number of occupational accidents (depressions) increased, both often linked to conflict with line management. The managerial methods and HR management were directly challenged by the employee representatives. The management's governance was ambiguous and fuelled a widespread lack of trust and cooperation among the different teams. The employees' suffering was linked to work organisation changes and HR management methods, as well as the change in the company's legal status, which created not only uncertainty for the employees but also made them fear for their jobs.

In fact, these interpersonal tensions emerged against a backdrop of a change in the enterprise's status from a public service to a private sector enterprise, but these were compounded by the fact that the special pension scheme for RATP employees thus far in force was now compromised.

4.2 Psychosocial risk prevention participative process

Timeline of the psychosocial risk prevention process – RATP GIS CCAS

2007: alerts from the CHSCTs following a worsening of working conditions.

2012: inquiries conducted by the CHSCT following occupational accidents (depression) in which the occupational physician played a key role. The management launched a

PSR prevention project. At the same time, the members of the CHSCT voted for an independent PSR audit.

The audit was carried out in 2012 and formulated a number of recommendations. Following this, there was a change in the departmental management team. This was accompanied by:

- the organisation of a work seminar to enhance the cohesiveness of the divided teams
- a crisis management mechanism with seminars and training for managers in PSR management
- a counselling service proposed to the employees

4.3 Drivers and barriers in the participative psychosocial risk prevention process to change working conditions

Drivers

- Foster an overall approach to risk prevention in which organisational risks and psychosocial risks are not disconnected
- Raise the awareness of middle management and train them on how psychosocial risks arise and on how to take the human factor into consideration in the course of their work
- Set up communication spaces dedicated to subjects involving the work within the teams. Time is necessary to re-establish the ties of inter-team cooperation and solidarity

Barriers

Management tends to disconnect questions of psychosocial risk from those relating to the working environment. Management's tendency to deal with psychosocial risks from a purely psychological and subjective stance has been observed. This fact is clearly visible in management's decision to set up counselling units for employees who are suffering whilst, at the same time, launching reorganisation projects and refurbishing offices without consulting either the employees or the employees' representatives. This distinction between the subjective approach on the one hand and work organisation on the other indicates an inability to deal with the source of risk and conduct an effective prevention policy.

Correspondingly, the management's denial of the scope of PSRs has been observed. They view the problems only as interpersonal problems, or psychological weaknesses.

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

Restore trust. To do so, reaffirm and strengthen the skills and expertise of the employees by respecting procedures, functions and the work organisation in place, but also by opening up spaces for discussion between the different units and poles so that the actors can compare practices, eventual problems and jointly come up with solutions that are likely to gain consensus.

Communicate better on roles and make the organisation chart more transparent. Certainly, in order to assuage suspicions of favouritism, better communication would mean that rules and point-allocation criteria could be made clearer to the employees.

A reflection on the hierarchical structure could be undertaken and would involve clarification of the place and respective roles of the President, Director and Management Board.

Pursue a real policy of PSR prevention: implement the assessment of psychosocial risks in order to integrate it into a single occupational risk assessment document (*Document unique d'évaluation des risques professionnels – DUERP*). Also, a prevention mechanism should serve as a reminder that certain management methods are not consistent with the values of the establishment's executive board.

Supervisory staff could benefit from training sessions to raise their awareness of psychosocial risks, during which their role of providing social support to the employees under their responsibility would be discussed.

Build a common reflection on the notion of occupational accident due to psychological shock: Currently, occupational accidents due to psychological shock are the subject of much debate and instances of case law, which indicates the complexity and sensitive nature of this emerging phenomenon.

4.5 Relationship between characteristics of the participatory process and changes of working conditions

- The employee representative bodies are now well aware of the need to call on external actors (work inspectors and occupational physicians, experts) to support them in their risk prevention missions
- Management bodies are now becoming aware of the reality of psychosocial problems, even though they currently tend to deal with such issues through remedial measures, which is an ineffective approach in terms of prevention