

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

SPANISH CASES REPORT

CLARA LLORENS SERRANO
SALVADOR MONCADA
ISTAS-CCOO

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1. COUNTRY SUMMARY

1.1 Country background

Prevention arena

The occupational prevention arena in Spain can be featured as lacking 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 is developed with both a strong bureaucratic approach (prioritizing quantity over quality, since the goal is to document the process without caring about content), and a technocratic approach (lack of participation; lack of a socio-technical approach) with excessive focus on the individual and the injury instead of prevention at the source.

More specifically concerning psychosocial risks prevention, situation can be characterized by the strong presence of false beliefs: workers' exposures are perceived as an individual-based personality issue rather than an occupational health and working conditions topic or psychosocial risks are seen as a too complex subject with no scientific paradigm or with no tools despite the availability of valid and reliable public domain risk assessment methods. Additionally, psychosociology is 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.

Psychosocial risks exposures

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 and high job insecurity and growing of quantitative demands, work-family conflict and low social support), large inequalities (lower class occupations and within them, women and immigrants being more affected) and no visible consequences for health since occupational diseases are under-registered and work-related diseases are ignored.

Labour management practices

Spanish employers' strategies of competitiveness are the most important challenge for psychosocial risks prevention. It is difficult to achieve management commitment when major

competitive strategy is based on cost reduction obtained by precarious working conditions. 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, based on labour management practices characterized by high availability demands regarding working time and employment arrangements and tasks designed as very simple and standardised. Moreover, government labour reforms enhanced such management practices leading to precariousness and empowerment of the employer unilateralism in working conditions decisions. Therefore, Spanish employers specifically resisted negotiating over work organization, and persisted in an authoritarian tradition originated by 40 years of dictatorship experience. This is evidenced by resistance to attaining healthier workplaces via negotiating organizational changes.

Some of these could be illustrated by ESENER results for Spain. Meanwhile the most prevalent psychosocial exposures following a national workers’ survey (ISTAS 2010), are job insecurity, demands for hiding emotions, possibilities for development, influence, working time control, predictability and quality of leadership, only 13% of managers indicate job insecurity or lack of employee control as a concern, 15% long or irregular working hours, 11% supervisor-employee relationships or poor communication between management and employment. The most provided measure to deal with psychosocial risks is training (45%) followed far behind by changes to the way work is organised (29%) or changes to working time arrangements (18%).

Legal framework

Spanish legal framework of occupational risk prevention has a preventive approach and a socio-technical insight and it is clearly the main driver for dealing with psychosocial risks at company level in Spain (same for the rest of preventive fields). The most important aspects are:

- The mandate for employers to take action against psychosocial risks at the workplace.
- The compulsory method for preventive action to be followed by the employer, establishing a hierarchical order for preventive actions from the elimination of risks to risk assessment if they cannot be avoided to prevention at the source changing harmful working conditions.
- The empowerment of workers’ representatives by recognizing participatory rights: the employer has the obligation to consult them prior to any steps regarding health and safety and prior to any action that might affect health and safety (i.e. change in technology, work organisation...) and the duty to consider their proposals, and to justify any refusal to implement them.

According to ESENER, Spain is the country where the fulfilment of legal obligations is the most important reason for managers to address them (Sp: 85%/ EU 27: 63%), followed, far away, by

the request from employees or their representatives (37%) and requirements from clients or concern about organisation's reputation (30%).

Main actors

The most representative trade unions have been engaged deeply in psychosocial risk management since the beginnings of 2000.

CC.OO has an specific action plan since 2001 to systematically push for improvements in the psychosocial work environment, empowering health and safety workers' 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. CC.OO trade union officers of occupational health, health and safety workers' representatives, trade union occupational health consultants' network, a trade union occupational health (OH) trainer's network and ISTAS, a non-profit self-managed trade union technical foundation, are engaged in it. Daily assessment on psychosocial risks management to workers reps, specific training courses, tools for the company level (adaptation of COPSOQ methodology to Spain COPSOQ istas21: www.copsoq.istas21.net, specific guides for workers reps) and awareness activities are the results.

UGT created the Permanent Observatory of Psychosocial Risks in 2004 to raise awareness on psychosocial risks. It mainly disseminates information (general and sectorial reports, studies, guides, leaflets...) on the state of the art of psychosocial risks, particularly highlighting stress, violence and bullying. UGT also provides assessment on psychosocial risk management to workers reps through their sectorial and regional structures.

Regarding public administration, health and safety is a decentralized issue to Autonomous Community Governments whose engagement is quite diverse. In psychosocial prevention, the Governments of Catalonia and Navarra are the more active. **Catalan Government** develops a sustained action for years and since 2005 provides a psychosocial risk prevention tool (PSQCAT21-COPSOQ, Catalan version of Spanish COPSOQ-Istas21) together with assessment and training for their users. PSQCAT21- COPSOQ short version has been included in the Catalan Survey of Working Conditions so that population-based indicators of psychosocial risks exposures can be provided. Catalan Government offer training programs for health and safety professionals in psychosociology too. **Navarras' Government** provides data about the link between damage and psychosocial risk (sentinel program) training for H&S professionals and workers and developed an easy-to-use tool for the identification of psychosocial risks.

The psychosocial activities of the national OSHA (**INSHT**) focus on the provision of a psychosocial risk prevention tool (FPSICO) and training for H&S professionals; and manages "The Psychosocial Web Site" and the Spanish Observatory of Working Conditions that includes the Spanish Working Conditions Surveys, covering psychosocial risk exposures. INSHT also has

line of compilation of psychosocial preventive experiences among Spanish workplaces in order to identify and disseminate good practices.

Labour inspectorate has a specific body of inspectors dedicated to safety and health but underfunded so their action is very limited. The OH&S activities represent the 32.5 of the total activity of Spanish Labour Inspectorate; and only 0.8 % of them correspond to ergonomics and psychosocial risks.

The Spanish Confederation of Employers' Organisations (**CEOE**) and the Spanish Confederation of Small and Medium-sized Enterprises (**CEPYME**) offer training and assessment activities for employers, managers and professionals and organize workshops and raising awareness campaigns. The encompassing CEOE's Risk Prevention Committee also shares experiences in the field of prevention and management of work-related stress.

At company level, workers' reps are the most engaged in the whole prevention process of psychosocial risk management since it is a workers' request. Employer is the less engaged although is the primary responsible. **Occupational health and safety professionals** have assessment functions but since there is a commercial exploitation of prevention activities quality cannot be their main focus. The ratio in Catalan autonomous community is 0.11 professional for 1000 workers. According to ESENER data, Spain is the 2nd country out of 31 which most externalised to service providers psychosocial prevention activities.

The starting point to address psychosocial risk for the first time at company level use to be health and safety **workers' reps request or labour inspectorate request**. Nonetheless, coverage of both actors is low. Data provided by a workers' questionnaire on working conditions in Spain drove by the national OSHA (INSHT) pointed that 55% of workers in companies with more than 6 workers had a H&S workers' rep being an 80% in companies larger than 250 workers and a 31% in companies from 6 to 9 workers. According to ESENER data, Spanish managers are the 6th less visited by labour inspectorate in the UE-27. The ratio of labour inspectorates in Spain is 1 out of 23.000 workers. 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. 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. 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 centred on reducing safety risks to lower the high Spanish accident rate.

Data provided by an employer's questionnaire on work-related risk management in Spain drove by the national OSHA (INSHT) illustrates the engagement of workers' representative on it. Preventive activities are much more frequent when there is an occupational health and safety **workers' rep** at the workplace: risk assessment is 20% more frequent and preventive action planning is 30% more frequent than when there is not.

1.2 Fieldwork.

Three concrete and known workplaces with active and recognised OH&S workers' reps and where psychosocial preventive activities have been taking place at least during the last 2 years to assess and reduce psychosocial risks and achieve a healthier work organisation were chosen:

- **Cavas Codorníu** (217 workers, sparkling wine-cava producer)
- **Hotel Colón** (96 workers, 4 stars hotel)
- **FAE- Francisco Alberó** (135 workers, electronic components producer).

Cases' field work was developed on two steps:

- Collecting and analysing the relevant documentation (psychosocial risk assessment report; preventive measures planning and written documentation on procedures to implement working conditions changes) and
- Interviewing management and workers' representatives who were key actors during the participative process. We interviewed Jordi Larregola (Workplace Operational Manager) and Adelina Beneit (OH&S manager) and Antonio Cruces (OH&S workers' rep on behalf of CCOO) from Cavas Codorníu; Angel Vera (HR Manager) and Angélica Cárdenas (OH&S workers' rep on behalf of CCOO) from Hotel Colón; and Sergi Quemada (HR and Financial Manger and Jordi Campamà (HR assistant manager and OHS manager) and Javier Sánchez (OH&S workers' rep on behalf of CCOO and workers' committee president).

For each case, the main outcomes were in depth information on psychosocial risk assessment and preventive measures planning and labour management actual changes being the key point the participative process (reasons why it started, aspects on what social agent agreed and did not agree, role of each one in different stages of the preventive process, barriers and drivers for participative psychosocial risk preventive activities and for at the source psychosocial risk preventive activities).

National workshop was the most significant activity where information and experience from cases was exchanged to debate and agree upon drivers, barriers and recommendations for participative psychosocial risks prevention processes. It was hold in two sessions with different

target audience:

- The first was devoted to OH&S workers' reps. 40 unionist from companies of different branches discuss first in 4 split groups and after in a plenary session on drivers and barriers for workers reps participation on psychosocial risk prevention processes after listening the experience of the 3 cases explained by its protagonist. The four working groups were recorded and summarized in the plenary session.
- The second was dedicated to the exchange and debate among social agents and public administrations acting at workplace level. 37 people representing the three cases' social agents at firm level, CCOO, Foment, UGT, Departament d'Empresa i Ocupació de la Generalitat de Catalunya and Instituto Nacional de Seguridad e Higiene en el Trabajo reflected and discussed on drivers and barriers for participative risk assessment processes to change working conditions and their own roles to expand these kind of processes.

1.3 Features of psychosocial risk prevention participative processes.

In the 3 cases, the methodology used was COPSOQ-Istas21 which includes a compulsory risk assessment process led by a joint working group composed by managers and workers' reps with the assistance of the OH&S professionals. This risk assessment process was implemented including the following steps:

Phase	Who was involved?
RISK ASSESSMENT	
a) Agreement on the use of the methodology <ul style="list-style-type: none"> - Presenting the CoPsoQ-istas21 method - Signing the agreement 	Occupational Health and Safety Committee
b) Preparing and carrying out the field work <ul style="list-style-type: none"> - Adapting the questionnaire - Designing the communication plan and the distribution, response and recollection of questionnaires - Implementing field work 	Joint working group (managers' and workers' reps with OH&S services support) Staff answering the questionnaire
c) Understanding results and agreeing on preventive measures <p>Questionnaires' data were computerized and software automatically generated the risk assessment report which localised and specified exposures features.</p> <ul style="list-style-type: none"> - Discussing risk assessment results - Discussing and agreeing upon preventive measures - Informing the staff 	Joint working group Preventive circles -collective consultative direct participation- Used in Codorníu and Hotel Colón, not used in FAE Ratified by the Occupational Health and Safety Committee

PLANNING OF PREVENTIVE ACTIVITIES	
<p>d) Implementing preventive measures:</p> <ul style="list-style-type: none"> - Planning of measures implementation (priorities, deadlines and resources needed) - Informing the staff - Follow-up of implementation 	<p>Joint working group</p> <p>Ratified by the Occupational Health and Safety Committee</p>

1.4 Barriers and drivers/recommendations for the participative psychosocial risk prevention process to change working conditions.

According to the results of the three case studies and the discussion during the national workshop drivers and barriers at company level were:

Drivers/Recommendations at shop floor level

- Participation is essential at shop floor level in order to break the resistance of social partners to the prevention of psychosocial risks to change working conditions
- Choosing a preventive method: a) focused on the assessment of working conditions for which there is scientific evidence of occupational risk; b) with valid and reliable measuring instruments
- Choosing an assessment method guided by a participative process centred in the participation of managers' and workers' representatives
- If the participative preventive process is based on a step-by-step procedure, it will become a space for cooperation instead of a source of conflict. Preventive processes do not have to be re-invented in each company, although they may be adapted. Prevention at company level must not become a research process and therefore it requires proceedings and standardisation
- Choosing a method that specifies the characteristics of exposure and visualizes its location will facilitate the negotiation of preventive measures
- Employers' and workers' representatives, as key players in the participative process, must have decision and executive powers for swift and efficient action
- Employers' and workers' representatives, as key players in the participative process with knowledge about the real situation in the company, must take a propositive stance through all the phases of the preventive process instead of simply controlling

and monitoring of preventive services

- Employers' and workers' representatives as key players in the participative process must prepare for the different phases and address them with rigour, using their knowledge about the real situation of the company, in order to become active participants
- It is important to monitor any decision made along all the process, from diagnosis to implementation of preventive measures
- Employers' and workers' representatives, as key players in the participative process, must be ready for dialogue and willing to change their positions regardless of where proposals might come from. The goal is not to determine who is right but rather what are the reasons for change
- Establishing a bipartite working group with representatives from the production-service/human resources departments, as well as workers' representatives, to lead the psychosocial risk prevention process (diagnosis, preventive measures and follow-up) will facilitate participation
- Preventive processes are long-term procedures (long-distance races), therefore it is essential to programme the different phases and agree upon deadlines. A formal arrangement of the preventive process through a signature of an agreement and its dissemination will help visualize the commitment
- Although employers' and workers' representatives are the key players in the participative process, information on action/negotiation must be provided continually to all areas of the company, particularly to intermediate management and workers. Full transparency at all levels will help in the implementation of agreed measures
- Abandoning the "good" and "evil" discourse, focusing on dialogue and not on the apportionment of blame/responsibility. This will increase the possibilities of the participative process and especially the change of working conditions
- Mutual respect and understanding are key factors. It is necessary to understand the reasons of the counterpart. Conflicts are inevitable but they can be overcome successfully with adequate respect
- An external agent, not contaminated by the usual processes of the company, may detect spaces for change and dialogue, invite action, help in the implementation of changes and improve participation. External support should establish the basis for change and participation, focussing on action and not on speeches. In all three cases, this role was played by CC.OO.'s external consultants
- Having an in-company preventive service with in-depth knowledge of the firm and in

close contact with managers' and workers' representatives facilitates the participative process since it may act as a transmission agent between the parties

- Special emphasis must be placed on results that satisfy the interests of all the parties, improving working conditions and production-service performance, e.g.: in order to persuade the management it may be recommendable to explain that complying with regulatory requirement does not only involve changing working conditions to reduce risks, but also reducing absenteeism, improving productivity, reducing mistakes and improving efficiency
- Generic formulation of preventive measures is not an effective approach; preventive measures must be formulated in the most specific manner possible and follow-up measures for its implementation must be included
- Whenever possible, simple aspects must be changed. This will generate the necessary trust to advance towards more complex issues. It is necessary to visualize that no aspect must be overlooked although it might have a medium term completion
- Implementing changes facilitates further changes. It is a way to visualize serious involvement
- Changing ways of working, which accounts for most preventive measures against psychosocial risks, must be done at a calibrated pace, innovating continuously but step by step
- Proposing, agreeing and implementing preventive measures against psychosocial risks that change work organization require capacity to adapt. Issues must be discussed respectfully and the timing of innovative organization, participation and relation between management and union representatives must be accurately observed. The process requires a broad, integrating and transparent perspective to implicate all parties, and calls for considerable time dedication
- Workers' active participation is essential at individual level for the diagnosis of exposure to psychosocial risks. That is why risk assessments must be based on anonymous, standardized, valid and reliable questionnaires to be answered by the highest possible number of employees
- Workers' active participation at group level to design the change of working conditions is an essential driver for the implementation of preventive measures that imply more substantial modifications. If those who implement the changes have participated in their previous design, such changes will be better accepted and understood. Workers' and employers' representatives shall agree upon the use of these methods to develop preventive measures to change working conditions of a given unit (department, workstation...) and upon which conditions will such participation take place (issues, participants, moderators, etc.).

- Companies that undertake psychosocial risk prevention processes must be in an adequate financial situation
- Companies that undertake psychosocial risk prevention processes should support management practices aimed at improving workers' well-being and health as an element of competitiveness
- Specific labour inspectorate campaigns are helpful to put the issue of psychosocial risk prevention on the table
- The existing regulatory framework, which requires the management of psychosocial risks by a) avoiding known risks; b) assessing those risks that cannot be avoided and c) addressing them at source through changes in work organization and mandatory participation of workers' representatives (with rights of information, consultation, motivated refusal and negotiation), is a significant contextual driver

Barriers at shop floor level

- Restructuring associated with the economic crisis-swindle has brought the implementation of preventive measures to a standstill and created additional psychosocial risks
- The stance of employers' representatives if:
 - their management practices are based on vertical, authoritarian, "ruler-and-commander" style that make them less receptive to the participation of workers' representatives and to changes of work organization
 - their practice is guided by the notion that participation stops "production"- "service"
 - employers' actions are short-termed since positive results of participation or changes in work organization / production- service process are only visible in medium term
 - if labour management practices are based on precariousness the prevention of psycho-social risks becomes difficult: due to high turnover, low salaries, availability demands, simple and standardized tasks
- When the performance of external preventive services is guided by making profits at short-time principles, it will eventually lead to:
 - lack of impartiality (always favouring the contracting party)
 - poor quality of preventive activity (lack of time that leads to proposing methods without validation, wrongful use of valid methods, assessment reports that lack basic information to discuss preventive measures, proposing preventive measures that do not improve working conditions and represent more business opportunities- i.e. training focused on individual skills, etc.)

- technocratic approach (they know it all, do not understand or accept the participative process which also demands time dedication)
- Actions by workers' representatives when there is no unity of action by different trade unions in the company or when their implication is irregular
- Resistance of intermediate management/supervisors or technicians if they consider that changes challenge or question their activity, that they lose power, leadership or command capacity, if they have inadequate skills for participative teamwork and no tools for improvement such training are provided
- Workers' resistance due to: lack of trust in the effectiveness of the preventive process to improve working conditions, fear of retaliation, lack of acceptance that they might be affected by stress or psychosocial exposures, generally associated in mainstream views with individual personality problems and weaknesses (male workers are especially vulnerable to this issues)
- Labour inspectorate actions if they do not assess the contents and quality of prevention (methods used, participative process, measures at source); because their actions are "unpredictable" (labour inspectorate interventions are often the result of complaints and depend on how inspectors interpret the facts and rules according to their own ideology and views)
- The delay of the preventive process, from the start until the implementation of measures, hinders action, wears out and discourages the working group and the staff. Delays are usually associated with the changing of management representatives to undermine the participative process or with reduced time dedicated to the company by external preventive services or many other reasons that become barriers.
- If the assessment method used in the process is invented, it is an obstacle to prevention at source and an obstruction to real changes of working conditions
- If analyzed units are too large, problems may not be located and it becomes difficult to put forward adequate preventive measures
- Assessment conducted on the basis of bureaucratic formality to "comply with paperwork" and not to prevent any risks

1.5 Working conditions changes and other results after the participative psychosocial risk prevention process.

More frequent exposures problems in the production section of **Cavas Codorníu** (217 workers,

sparkling wine-cava producer) were low influence and low development possibilities, bad quality of leadership, low esteem and high insecurity. Social partners at company level agreed upon introducing changes on work organisation and payment schemes. Cavas Codorníu got into:

1. Collective delegative direct participation of production workers through weekly meetings for the discussion and agreement on how to manage weekly production (tasks assignment and order of tasks, methods used...).
2. Collective consultative direct participation for decisions on new technology, machinery modification and equipment purchases.

Both changes were designed with workers through preventive circles (kind of collective consultative direct participation) which are still in use.

3. No salary reduction for multi-skilled workers' on downward mobility (after mediation of a tri-partite tribunal of the Autonomous Community).

Hotel Colón (96 workers, 4 stars hotel) most frequent exposures were demands for hidden emotions among waiters and receptionists, low influence and bad quality of leadership in all work posts without management tasks and high insecurity in all work posts. Social partners agreed on:

1. Implementing a protocol for dealing with customers (developed with workers, through collective consultative direct participation - prevention circles) and as a support measure: assertiveness and conflict resolution techniques training for both workers and middle management;
2. Get into departmental meetings which are collective consultative direct participation on everyday tasks following a procedure agreed between human resources management with workers' reps, and as support measure: training on "team management" for middle managers; and
3. Top management-workers informative meetings carried out regularly (every 6 months or depending on needs), to inform about the company's economic situation.

More frequent exposures among the production section of **FAE-Francisco Alberó** (135 workers; electronic components producer) were work-family conflict, high insecurity, high quantitative demands, bad quality of leadership and low esteem. Social partners agreed on:

1. New working time arrangements: a. 16 h/year paid permit to visit doctors for family health reasons; b. possibility to divide 15 days of holidays into hours to conciliate work and family life;
2. New design of the monthly company bulletin to include information on new products and company commercial and budget situation;
3. New tasks for supervisors to support production workers: checking quality of raw material and machinery needs; organization of short meetings to discuss

production indicators and workers' proposals (with engineers and plant director intervention, when necessary);

4. Work orders and new incidents report sheet change
5. As a support measure: training by doing on *team management* for middle managers.

Other important results of the participative psychosocial risk prevention processes emphasized by social agents were:

- Participative psychosocial risk prevention processes were a crucial issue to move forward labour relations in all three companies
- Participative psychosocial risk prevention processes allowed progress reaching decisions on work organization, labour management practices and central aspects of business activities.
- Aside from solving occupational health problems, preventive measures on psychosocial risks have implied an increase of efficiency in production-service and have improved support of workers, intermediate managers and top managers on a regular basis
- Participative processes have knocked down certain “walls” at different levels in the companies. The cause of this has been the change of labour relations between managers and workers' representatives in the field of occupational health. Changing working conditions to improve occupational health also allowed workers and intermediate managers to become active participants (by agreement of social partners) in the change to improve production (in the case of Cavas Codorníu) and services (in the case of Hotel Colón).

2. CAVAS CODORNÍU

2.1. Background

Bodegas & Viñedos Codorníu Raventós is a family business group specialized in wine and sparkling wine (cava) manufacture since 1551. The group has several manufacturing plants in different regions of Spain and employs 525 workers.

Cavas Codorníu is one of the wineries that manufacture sparkling wines (cava) with a staff of 217 workers, 60% of which are involved in direct production work posts, whose average seniority is 31 years in-company. Most members of the staff are men (76%). Most workers operate in two shifts, morning and afternoon, and rotate every two weeks by different work groups and production lines. The total number of working hours per year amounts to 1768. There is a working time flexibility agreement favourable to the employer, by which each employee works 5 Saturdays per year. 95% of the staff is on permanent contract and their net salaries fluctuate between 900 and 1,500 € a month.

Upon the start of intervention on psychosocial risks work organization was characterized by a clear division between *work designers* (quality experts, production managers and supervisors) and *operators* (direct production workers) and the production process was very fragmented.

The work council included 13 trade union representatives (8 from CC.OO, 3 from UGT and 2 non-unionised reps). The company has its own collective agreement.

The health and safety committee (peer body) includes 2 representatives from CC.OO, 1 from UGT and three employers' representatives (production manager, human resources manager and health and safety manager). The company has its own preventive service with limited resources but a high quality work, a broad perspective of preventive activities and a solid company's knowledge.

2.2. Psychosocial risk prevention participative process

In 2002 CC.OO's union representatives submitted a proposal to company managers to carry out a psychosocial risks assessment using the method COPSOQ-ISTAS21, following a seminar organized by the trade union on this issue that included the start of a pilot process to define union strategies on these risks.

Company managers consulted with the preventive service that eventually accepted the use of

the method. The parties reached an agreement and created a working group to lead the preventive process.

The **diagnostic** phase developed within a three-month period following the steps indicated below:

- Defining the extent and analysis' units on the basis of organizational structure of the plant
- Adapting the questionnaire to preserve anonymity and match the characteristics of Cavas Codorníu
- Designing materials to raise awareness on psychosocial risks and information material to explain the assessment process
- Organizing and developing a session to provide, answer and collect the questionnaires. Response rate was of 78.6 %, a very high level of participation compared to other surveys which amazed organizers
- Computerizing the obtained answers. Data input was run by an external company to guarantee anonymity and confidentiality
- Analysis of results

Results were obtained for the 20 assessed dimensions in the plant, by work station, department and sex. The most frequent exposures included:

- Low influence and low possibilities to develop skills
- Low quality of leadership
- High insecurity
- Low esteem
- Low possibilities of social relations/support by workmates and managers

For the phase including **proposal and agreement on preventive measures** a series of meetings were held regarding the interpretation of results. Participants discussed the origin of exposures as well as the preventive measures, on the basis of collected data and social partners' knowledge.

The resulting preventive measures were proposed upon the definition of two major targets that included most frequent exposures according to their source:

- **Enriching work.** How?: a. rendering work methods more participative by creating group participation mechanisms for decision-making on tasks and sections; b. rotating by tasks with higher complexity in the same/different section. This approach aimed at reducing negative exposure to low influence, lack of possibilities of development, low esteem and low quality of leadership.
- Defining and assessing tasks and posts so **that rotations do not affect salaries.** This approach sought to reduce exposure to high insecurity and low esteem.

The work team submitted the goals and proposals to the managers. Once the proposals were approved by the management they were explained to middle managers and workers in a

meeting.

This was the starting point for the **implementation of preventive measures**. This process was totally different for each of the two preventive goals. An agreement was reached for the participation of workers at risk in the design of preventive measures through preventive circles (a form of group consultative direct participation); the peer commission of the company's collective agreement was used to develop changes in posts' assessment.

Steps to determine and implement preventive measures aimed at **enriching work** (a. proposing procedures for group participation in decision-making on tasks; b. proposing rotation to higher complexity tasks) included:

1. All members of the staff were invited to participate in preventive circles through board notices, formal written communications and explanations by health and safety reps; 95% of the staff participated in the consultative sessions
2. Two sessions (2 hours each) were held. The first session analysed the tasks performed in the department and all tasks performed in other areas or departments of the company; during the second session a series of specific alternative proposals of work organization were discussed, as well as the possibility of rotating to tasks with higher complexity in the same/different section/workstation to apply and develop skills and knowledge. Workers eventually reached a consensus on three alternatives:
 - weekly meetings (on Fridays after the meeting between production managers and supervisors) to discuss and agree upon how to meet weekly production (assignment and order of tasks, methods)
 - carrying out maintenance and minor repair tasks (previous training required)
 - occasional participation in the study for machinery and material purchases for their respective departments
3. After the analysis of the work group the proposals were approved for implementation by agreement with the management. Managers considered immediate implementation of the first and third measures on a "pilot" department.

Weekly meetings have developed and evolved from the very start to date. Currently departments hold meetings whenever a problem is detected or a proposal for change is made. The workers that makes the proposal explains the group (supervisor and other workers) the proposal which is discussed afterwards. Proposals are implemented if a consensus is reached by a 70% majority (a delegative group participation system in which workers make the ultimate decision). Occasionally the changes suggested by workers do not address their own tasks but rather affect other areas or departments. In such cases, workers submit the proposals and company managers decide upon implementation (group consultative direct participation).

Initially, a series of expected problems arose: scepticism and objections of workers and supervisors. These difficulties were met through cooperation of all parties. The whole process involved learning-by-doing and making firm commitments, although supervisors might reject initial proposals or workers might use dialogue for mere criticism. Respect, dedication and firm

commitment by workers' reps and preventive service professionals were crucial in this process.

Preventive circles became a permanent method of participation. Each department holds two ordinary meetings every year, between January and June (low production season). In these meetings workers introduce proposals for the improvement of their working conditions, especially regarding occupational health issues. The proposals are included in a report and submitted by supervisors in subsequent meetings with members of the work team (director of the factory, preventive service, workers' representatives and the procedure engineer). The report is analysed, assessed and discussed for feasibility. Most proposals are implemented and reasons for rejecting some of them are explained.

Workers do not have to wait for preventive circles to meet. If they have ideas for solutions to certain problems they discussed them with their supervisors, who forward the suggestion to the work team for implementation.

Steps taken to define and implement preventive measures regarding the assessment of posts **to avoid salary reductions caused by rotation** started with 5 meetings of the peer committee that did not lead to any agreement, since company managers were willing to reassess the posts but not to accept downwards functional mobility could not reduce salary. Negotiations came to standstill and the committee started to look for other ways of solution. Finally they decided to request the mediation of a tripartite body (**Catalonian Labour Tribunal**) to interpret Annex 3 of the collective agreement. Worker's reps considered that this Annex was the key to carry out the necessary changes of working conditions to address harmful exposures. The annex includes the remuneration assurance, even if actual tasks were below workers' qualification and remuneration category. After three sessions with the Labour Tribunal, a new agreement was reached. Although the agreement does not involve assessing workstations (one of the preventive measures proposed), it clearly ensures the final goal, i.e.: rotations will not lead to salary reduction, even though workers might perform tasks of a lower professional category.

2.3. Drivers and barriers

Drivers

- The legal framework which regards psychosocial risk prevention and participation as mandatory requirements.
- The trade union (CC.OO.) section at Cavas Codorníu pointed out occupational health to be a priority aspect in its agenda. The goal of achieving healthier work organization was supported by external trade union structures that introduced a programme for

propositive union action in psychosocial risk prevention.

- Safety reps, from the start of the process to date, continue to play a leading role, beyond follow-up and control. They engage in proposals, discussions, negotiations and agreements to achieve a healthier work organization. They became the main drivers of proposals and also of follow-up. This safety reps' role conferred credibility and trust to the preventive process.
- Interest and willingness by the head of the preventive service to collaborate with safety reps and ISTAS – CCOO advisors to develop a preventive field that is very consolidated in northern European countries, but neglected in Spain.
- The company's preventive service acted as coordinator in a long process and acted as a linking element between the parties, both supporting workers'/union's demands and obtaining the support of company managers
- CEO at Sant Sadurní and the production-operations managers supported consensus and respected proposals submitted by workers' representatives from the very start of the project. They provided space and time through all the phases of the process. Their commitment to the agreements was a crucial factor. Their persistence to support changes in working conditions clearly reached supervisors and middle managers.
- Managers regard the participative preventive process as an opportunity to implement changes through agreement and therefore in a less conflictive and more efficient way.
- The work team created for this process has been an essential element in the successful development of the preventive process. The participation of the work team evolved as the process developed. During the initial phase the group lead the adaptation of the questionnaire, then the interpretation of results and on the development of proposals for preventive measures to improve working conditions. In the latest stages the group worked in the follow-up of measures implemented by the other parties.
- Work team's clear commitment with workers' direct participation in the development of measures that eventually meant deeper changes. It was a driver both in terms of methodology (knowledge of work organization details and practice by workers with extended seniority) and operational practice (measures are implemented more effectively if key players participate in their design). Preventive circles (group consultative direct participation) were used as suggested by the assessment method.
- Work team's commitment to inform periodically about the state of affairs of the preventive process
- ISTAS-CCOO's proposal of a method for psychosocial risk prevention, COPSOQ-ISTAS21,

easy-to-use, based upon scientific evidence, whose assessment relies on workers' answers to a validated, international questionnaire analyzed in a standardized and automatic way, and that supports preventive action on a participative process lead by social partners.

- Advisory by ISTAS-CCOO's consultants provided scientific credibility in a period when psychosocial risk prevention was neglected / ignored and available preventive methods were not reliable. ISTAS' experts offer valuable support to social dialogue and to the change of working conditions.
- The participation of all was the most significant factor for the success of the process

Barriers

In the case of Cavas Codorníu barriers were detected in the phase that involved **completion and implementation of preventive measures**, i.e., in the change of working conditions. No remarkable barriers were observed in the previous phases of the process:

- Stubborn resistance of HR department during the process
- Resistance of supervisors, since policies shifted from the "*I am in charge and I command*" perspective to a situation in which everyone could give their opinion and every opinion could be valuable. Some supervisors felt their responsibility was taken away and they were losing power.
- Workers' scepticism: participation methods are strange when discipline and obedience is on day-to-day, workers often thought the whole process was worthless and feared that their opinions might be used against themselves.
- Difficulties to implement spaces for participation due to unforeseen factors that affected its planning. This was a significant barrier at the beginning of implementation, when workers still lacked trust in the process.
- Group restructuring: a significant number of workers from other plants that had not played a role in the process came in and things had to be started from zero
- Context of economic crisis: certain changes or improvements became difficult to implement, although steps were taken to achieve changes that met workers' proposals (less expensive procedures or more extended over time).

2.4. Results of the participative process to change working conditions

The first result observed was a **change of labour management practices**:

1. Use of more participative working methods:
 - a. Collective delegative direct participation of production workers through meetings for the discussion and agreement on how to manage production (tasks assignment, order of tasks, methods used...).
 - b. Collective consultative direct participation for decisions on new technology, machinery modification and equipment purchases.
2. No salary reduction for multi-skilled workers' on downward mobility (after mediation of the tri-partite tribunal of the Autonomous Community).

The second significant result was a **notable reduction of workers' exposure to psychosocial risks**, which were reassessed in one section, before and after the implementation of measures. For instance, if at the start 70% of workers were exposed to low influence, after the implementation of preventive measures, this percentage dropped to 37%. The same occurred with possibilities of development. Discussion and decision also helped improve relations between workers and supervisors. Harmful exposures to aspects that affected social support have reduced significantly. Finally, the development of more participative management practices implies a professional recognition, shared decisions reduce room for abuse. Both issues implied a considerable reduction of harmful exposure to low esteem (from 61% to 37%).

All this was achieved **without affecting the production capacity**. Achieving participation is the measure that allowed workers provide their expertise and skills. This evolution led company managers to recognize and consolidate participation, and to observe that improving working conditions through participation leads to higher productivity and quality. It is important to note that the ultimate goal of participation is to improve workers' health and working conditions since it might be confused with other organizational procedures (quality circles, improvement teams, etc.) that favour quality and productivity over workers' well-being and ultimately lead to intensification of work, increased competitiveness, unfair treatment, lack of motivation and increased exposure to psychosocial risks.

Participation has been assimilated in all areas of Sant Sadurní plant, and became a way of acting rather than a mere occupational health or authority issue.

Multiple changes in the company have been possible through the introduction of participative methods that started psychosocial risk prevention, especially if we consider the family-business type of company, the seniority of workers and an approach based on a traditional manner of

doing things for quite a long time.

Preventive circles and any other participation form or process added creativity and professional fulfilment to work stations with monotonous and routinely activity. Certain walls that obstructed the support between workers and departments collapsed. Workers evolved from routine production line operators that hardly knew about anything other than their job, into well-informed, active and multiple-skills workers with teamwork skills. The staff became more adjusted to task and activities and production went from endless series of products to specific and customized bottles, labels, new delivery deadlines for a variety of customers. All these changes eventually lead to time efficiency, simplified and effective work.

Legitimising occupational health and preventive perspective promotes the solution of existing problems and the improvement of working conditions.

3. Hotel Colón

3.1. Background

Hotel Colón is a family business founded in 1951. It is now a 4-star hotel with 141 rooms, one restaurant and several open terraces.

The hotel is staffed with 96 workers that include receptionists, chamber maids, laundry personnel, waiters and kitchen personnel. 95% of the staff is on permanent employment contract. 81% of the staff work on any day of the week including weekends and holidays. Regarding seniority, 32% of the staff has an average seniority of 5 years and 51% over 10 years. Net salaries fluctuate between 900 and 1,800 Euros. At the beginning of psychosocial risk intervention work organization was characterized by a mixture of corporate paternalism and “simple control”, combining *laissez-faire* and *authoritarian* styles.

Workers’ representatives were all union members (CC.OO). The work council included 5 CC.OO’s representatives. The company has its own collective agreement and the health and safety committee (peer body) includes 2 representatives from CC.OO, and one representative of company managers (head of Human Resources department). Preventive activity is supported by an external preventive service: *Ergasat Sociedad de Prevención*.

3.2. Psychosocial risk prevention participative process

In 2010, Egarsat **proposed** to the health and safety committee to carry out the psychosocial risks assessment using the method COPSQ-ISTAS21. The company was considered to be up to date in terms of other health and safety/preventive issues and therefore ready to address psychosocial risks. An agreement was **reached** to create a work team made up by the Health and Safety Committee with representatives of both parties and the head of the work council supported by a CC.OO’s consultant. This work team was in charge of leading the preventive process.

The **diagnosis** phase was developed according to the steps indicated by the chosen method:

- Defining the scope and the analysis’ units according to the hotel’s organizational structure.
- Adapting the questionnaire to match the characteristics of *Hotel Colón* and to preserve the anonymity.
- Designing materials to raise awareness on psychosocial risk prevention and disseminate information about the preventive process to be carried out in the hotel.

- Organising and developing a session to deliver, answer and collect the questionnaires. Response rate reached 80% of the staff.
- Processing answers to the questionnaire. Data input was carried out by the external preventive service to guarantee anonymity and confidentiality.

Results of the 21 assessed dimensions were obtained for the whole staff of the hotel by post, department, age, working time and sex. Most frequent exposures included:

- High demands for hiding emotions
- Low influence
- High insecurity
- Low esteem
- Low quality of leadership

A series of meetings were held to interpret the results, discussing each exposure, its source, preventive measures and implementation during the phase of **proposal, agreement and implementation of preventive measures**. Basic information was selected from data results and it was complemented by social partners expertise involved in the work team.

During this phase, the professional from the external preventive service did not attend the meetings and an expert on psychosocial risk prevention from ISTAS-CCOO joined the work team, as part of a pilot programme to support trade union structures in the implementation of preventive measures. By agreement between the two parties, before analyzing results, two preventive circles (collective consultative direct participation) met separately (one of workers and the other of middle managers) to discuss their opinions on the sources of most relevant exposures and on proposals for possible solutions. Instructions detailed in the method COPSOQ-ISTAS21 were followed for these meetings. This information was taken into account for the definition of preventive measures by the working team. After each meeting employees were informed through memos.

Implemented preventive measures included:

1. Protocol for dealing with customers. As a support measure: assertiveness and conflict resolution techniques training for both workers and middle managers
2. Departmental meetings: group consultative direct participation to increase workers influence in everyday work. In this case the support measure was a training programme on team management for middle managers.
3. Interdepartmental middle-management meetings to deal with daily operation incidents affecting other departments.
4. Regular meetings (about every 6 months/or according to needs) of top managers with workers to inform about the company's economic situation.

Follow-up is conducted every 6 months in H&S committee meetings where they analyzed actual implementation.

The process of **implementation** was specific for each of the **preventive measures**. The most

complex process involved departmental meetings (collective consultative direct participation) which intended for intervention in working methods.

The first proposal included a procedure with specific roles for workers and their representatives, middle managers and top managers. The proposal was developed by CC.OO. and parties agreed upon implementation in two departments with the support of the work team, before full implementation in the hotel. Given the relevance of the changes the work team conducts a follow-up of the meetings and the implementation of changes proposed by workers every two months.

3.3. Drivers and barriers

Drivers

- A regulatory framework that includes psychosocial risk prevention and establishes participation as mandatory requirements
- Right financial situation
- Most of staff on permanent contract with adequate salaries
- Choosing a method (COPSOQ-ISTAS21) that clearly defines exposure problems which facilitates the negotiation of preventive measures
- Choosing a method (COPSOQ-ISTAS21) whose process establishes the participation of all parties in the company.
- Open and constructive attitude of the Human Resources manager
- Propositive role of workers' representatives in terms of clear and detailed proposals to change working conditions with the support of CCOO's consultants (Higia and ISTAS)
- Representatives of the parties involved having decision powers
- Advisors from CCOO who were not contaminated by the usual processes of the OHS committee or the company, detected spaces for dialogue and change, invited action and helped in the implementation of changes and improved participation. Their participation leads to abandon the "good" and "evil" discourse, focusing on dialogue and not on the apportionment of blame/responsibility; they can see everyone's reasons. This increases the possibilities of the participative process and especially the change of working conditions

- Constant follow-up of any decision taken during all phases of the preventive process by the different members of the work team, each among its own group
- Conducting pilot experiences on most significant changes since they lay the foundation for the development and learning of new methods before full implementation in the whole hotel.
- Providing solutions to easy exposures as soon as possible to eliminate incredulity about changes
- Being permanently in touch with the staff to avoid distrust towards the process
- Support actions by company managers to cope with the resistance of middle managers. This will show that the management clearly supports participative processes and changes of working conditions

Barriers

- Resistance by the majority of middle managers to changes in leadership towards a more participative, less discretionary style, based on group approach instead of favouritism. Middle managers considered they were losing command and control but eventually they came accept the changes in their role
- Scepticism of workers and some of their representatives about the change of working conditions that at times led resistance and reluctance. When working conditions actually changed scepticism disappeared
- Difficulties to implement participative spaces during high season. This led to loss of momentum although it was regained later

3.4. Results of the participative process to change working conditions

The first result was the **change in labour management practices**. The most significant changes include:

1. Use of more participative and less authoritarian methods

Department meetings (collective consultative direct participation) are spaces for discussions of daily operational issues in each department. All supervisors and workers from different shifts of

a unit participate. The ultimate goal of these meetings is to improve the influence of workers on everyday work, achieve their recognition as professionals with solid expertise and increase support from their co-workers and supervisors in daily tasks. Meetings last 30 minutes and are held every two weeks, only in low season (January-March) during working hours. Participation in the meetings does not affect workers' pay.

The work team informs the staff about the meetings schedule and collects information about the issues workers propose to be discussed. Workers proposals require a collective direct oral and written response by company managers.

Measures proposed by workers have affected central aspects of business activity. So far, 26 of the 51 measures proposed in the meetings have been implemented, 12 were postponed and 13 are in the process of implementation. Measures were implemented in the restaurant, the chamber maid service, cleaning services, reception and kitchen.

2. More transparency on the company's economic situation to avoid the spreading of false rumours

The process has also allowed managers to obtain detailed information on working conditions that result from different management practices. In the words of the head of human resources: "the assessment of psychosocial risks scans and defines problems, according to workers' answers, it rates and locate the problems, which are then ready to be solved. It is a very useful instrument".

The process has also allowed managers to realize that workers' well-being may have a direct relation with the quality of services provided to customer, an essential factor for the hotel.

Workers' reps considered they have been more visible in this process, both for managers (propositive role in the working team on psychosocial risk prevention) and for their own co-workers, since they are closer to the context and facts that affect workers, and therefore better prepared to collect their proposals and submit them to the Health and Safety Committee. Being more visible and achieving changes of working conditions also brought benefit in union terms. CC.OO. won the union elections and the number of union members in the hotel increased.

Finally, the implementation of preventive measures is expected to reduce exposures to psychosocial risks. Risks will be re-assessed in 2015 to verify if they have been adequately addressed.

4. FAE-FRANCISCO ALBERO

4.1. Background

FAE (named after its founder Francisco Albero), is a company founded in 1952, specialized in the development and production of electro-mechanic parts for the automobile industry. The company introduced the production of electronic parts in 2006 and ceramic components later on. These changes allowed the company to reach other sectors although the car industry remains its most important customer. FAE is a leading company in its sector and 70% of production is destined for the export market.

The staff includes 150 workers of which 65% are men and the remaining 35% are women, 30% is involved in technical tasks for the development of new products and the improvement of existing production lines. 35% are operators in the production/logistics/mechanical lines, 20% of the staff is involved in management / clerical / sales and the remaining percentage have management posts. 85% of the staff is on permanent employment contract. 65% of the staff has over 10 years of seniority and 95% of employees work on fixed morning shift.

Before intervention on psychosocial risks the organizational structure was based on a vertical chart.

Most workers representatives are members of the trade union confederation CC.OO. The Work Council includes 8 representatives from CC.OO and 1 from UGT. The Health and Safety Committee (peer body) includes two representatives from CC.OO, 1 from UGT and three management representatives (HR manager, financial manager and production manager). Preventive activity was supported by an external preventive service: *Catalana de Prevenció i Salut*.

4.2. Psychosocial risk prevention participative process

In 2008, health and safety representatives **proposed** to the Health and Safety Committee the implementation of a psychosocial risk assessment using the method COPSQ-ISTAS21. It was considered that the company was up to date in terms of other preventive policies and it was the right time to address psychosocial risks. Company managers objected again to the idea but an **agreement** was eventually reached. A work team was created to lead the preventive process. The team included the very Health and Safety Committee supported by a CC.OO's consultant and professionals from the external preventive service.

The **diagnostic** phase was developed according to the steps indicated by the chosen method:

- Defining the scope and the analysis units according to the organizational structure of the company
- Adapting the questionnaire to match the characteristics of *FAE* and to preserve the anonymity
- Designing materials to raise awareness on psychosocial risk prevention and disseminate information about the assessment process. Materials consisted of two letters handed to workers with their payslips two months prior to the handing of questionnaires. Two information sessions were held (one for operators and one for supervisors). Workers reps also organise an assembly.
- Organising and developing a session to collect data. Workers answered the questionnaires in two rooms arranged for that activity. Members of the work team answered workers' doubts and offered their support. Questionnaires were collected in a single box in envelopes. Response rate was of 90%
- Data input was carried out by the external preventive service to guarantee anonymity and confidentiality

Results of the 21 assessed dimensions were obtained for the whole staff by post, department, age, working time, work relation and sex. Most frequent exposures included:

- Double presence (work-family conflict) and low control of working time
- High quantitative demands
- High insecurity
- Low esteem and low quality of leadership

Multiple work sessions were held during the phase that involved the discussion of results, **proposals, agreement and implementation of preventive measures**, but no agreement was reached until 2010. During the discussion of the assessment report, company managers felt that the company's foundations were shaken and they were at risk of losing control over issues related to work organization and production. Company managers who initially showed resistance and distrust were eventually brought around thanks to efforts to maintain dialogue and negotiation and to observance of the chosen method. The different interpretations of the sources of exposures were gradually balanced. The debates between opposite points of view slowed down the process significantly, but it was the only possible way to include the experience of those exposed to hazardous working conditions on a daily basis and the views of decision-makers who would change those working conditions. Finally, after some changes of working group's members, the discussion focused on reasons and not on who was ultimately right which provided detailed information on the source of exposure. Common criteria were finally reached and preventive measures were implemented in a co-decision process.

Preventive measures included:

1. New working time arrangements: a. 16 h/year paid permit to visit doctors for family health reasons; b. possibility to divide 15 days of holidays into hours to conciliate work and family life;
2. New design of the company's monthly newsletter to include information on new

products and the company's business and budget situation;

3. New tasks for supervisors to support production workers: checking quality of raw material and machinery needs; organization of short meetings to discuss production indicators and workers' proposals (with the intervention of engineers and plant director when necessary);
4. Work orders' changes and new incidents report sheet
5. As a support measure: learning by doing training on *team management* for middle managers.

Information sessions were held to explain workers about the course of discussions, agreed preventive measures and solve any doubts. A follow –up of implemented measures is being conducted. The reassessment of psychosocial risks will be carried out in 2015 to verify the efficiency of measures implemented to reduce harmful exposures.

4.3. Drivers and barriers

Drivers

- A regulatory framework that includes psychosocial risk prevention and establishes participation as mandatory requirements
- Context of economic stability in the company
- Choosing a method (COPSOQ-ISTAS21) that clearly defines the steps of the process and whose results show the problems of each exposure
- A work team that included representatives of both parties with decision and executive powers
- Deep involvement of the staff in the assessment which demands commitment and action by social partners in the company
- Propositive role of workers' representatives in terms of clear and detailed proposals to change working conditions with the support of CCOO's advisory network
- Role of mediators/moderators played by the trade union consultant and by professionals of the external preventive service
- Good will by both parties participating in the dialogue, although that was not the position of all members of social partners during discussions. Persistence by those members that focused on achieving the goals

- Changes in industrial management allowed the implementation of agreements reached by the work team. The new industrial management is open to participation and improvement wherever the ideas come from. The vertical pattern of top management has changed
- The implementation of preventive measures benefits workers and managers, although results are not visible until the end of the process
- Use of training-action as instrument to break the resistance of middle managers

Barriers

- Fear among top managers of losing power in terms of industrial and work organization
- Resistance of top managers to the participative process which they regarded as a waste of time. Time dedicated to the participative preventive process was regarded as a sunk cost
- Some members of the work team selected by the management and by workers' representatives did not have the required disposition for dialogue and consensus. This factor slowed down the intensity of the process considerably, generated uncertainty and wore out participants
- The work team included too many members which generated additional discussions and increased agenda problems
- Resistance and scepticism by most of middle managers to the shift towards a more participative leadership style. These problems were finally solved by the changes in industrial management and by the training-action programme
- Workers' scepticism about changes of working conditions. Scepticism disappeared as changes were implemented

4.4. Results of the participative process to change working conditions

The most significant result involved **changes in labour practice management** aimed at reducing exposures through an **agreement** with workers' representatives.

Conciliation policies were improved in a staff that worked regularly from Monday to Friday in the morning shift, with the purpose of reducing high indicators of double presence and low control on working time. This involved going back to the sector agreement and extending the reasons to benefit from 16 hours of paid permit, not only to benefit workers and their children under 12, but also to extend permits to accompany second degree relatives to medical visits (parents). Holidays periods were also modified with the exception of terms when the company remains close (two weeks in summer). Workers can now split holidays into hours or separate days to conciliate work and family life (previous notice is required except for emergency cases).

Regarding the quality of leadership, an agreement was reached to change the **role of middle managers**, which passed from demanding workers' compliance with production requirements to allowing workers' participation. A new functions manual was agreed which includes new tasks for them and it was issued previously and delivered to all members of the staff. After, a training/action program on team management was implemented for middle managers. Periodical meetings are held between team managers and operators to forward information on issues that affect specific areas or departments and discuss quality, productivity indicators, etc. Positive results are informed and negative indicators and possibilities of improvement are discussed. This measure has also improved the recognition of workers' role since the company studies and analyzes their proposals, and engineers and industrial managers participate in their discussions. A new incidence report sheet was introduced in which operators describe problems and errors during the production process. This measure led to the reduction of quantitative demands (although there are no productivity bonuses production goals are hard to achieve, and the new incidence report explains the difficulties found during the process).

Data show that high insecurity is directly associated with workers' fear of losing their jobs and difficulties to find a similar job elsewhere in case of being dismissed. These concerns are more conditioned by the current economic crisis that affects Spain than by the specific situation of the company, which has a sound financial and economic status and is currently growing thanks to substantial R+D investments focused on future projects. This exposure was reduced by providing more **information** to workers: the company's newsletter underwent significant changes (it usually contained more information about social events) to include information on the company's performance. It was agreed to deliver a new information leaflet with every pay slip to inform about new products, monthly sales, investments to purchase new machinery, participation in business fairs, conventions and projects and new recruitments.

Absenteeism in the company has dropped, the number of proposals and suggestions has grown, and productivity, quality and working conditions have improved. It has not been an easy task but in the opinion of social partners the efforts are worthwhile. A new psychosocial risk assessment will be conducted in 2015 to verify if exposure to these risks has decreased.