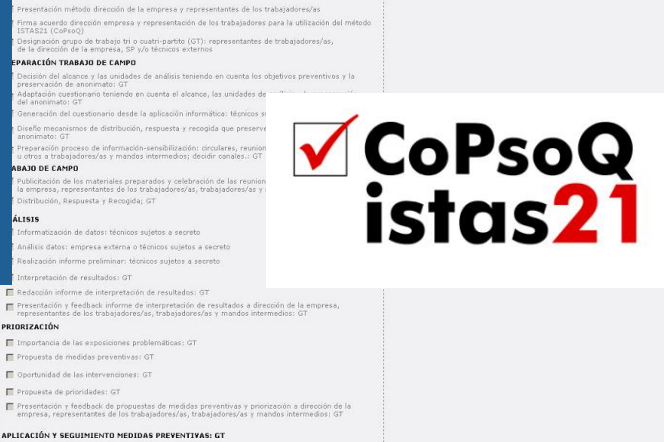
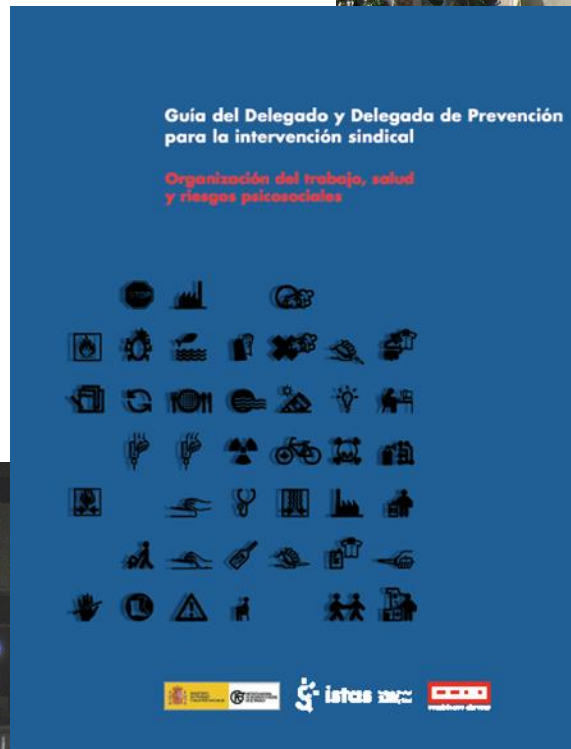


From measurement to action, COPSOQ ISTAS21 in Spain



Guía del delegado y delegada de prevención
de la prevención



✓ **CoPsoQ**
istas21

Ariadna Galtés, Clara Llorens, Salvador Moncada

Some data on psychosocial work exposures and health effects in Spain

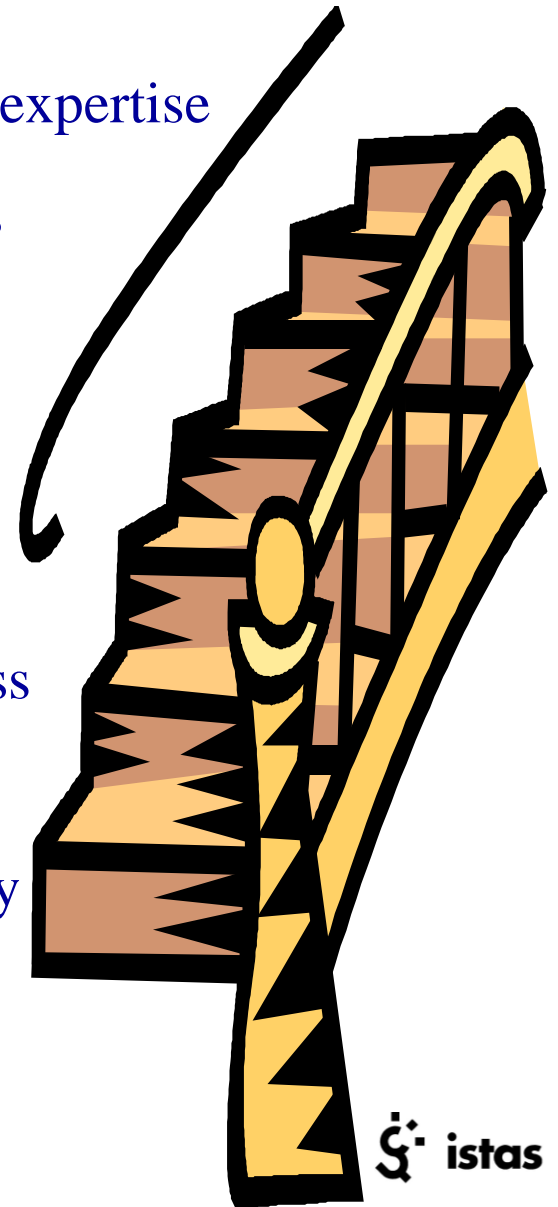
- 14,5 % of workers in *high strain* at work in Spain in 1995, 17,6 % in 2000 (*Elorza-Ricart JM et al 2002*)
- *Servitude* work in Spain (*Daubas V et al 2002*)
 - 24,1% of Spanish female workers (highest EU %)
 - 21,2% of Spanish male workers (the fourth worse place, surpassed by Portugal, Greece and Italy).
 - Denmark: 7,9% men, 4,9% women
 - The Netherlands: 5,8% men, 5,4% women
- 7.500 CVD deaths per year attributable to working conditions in Spain (*García 2004*)

The starting point

- ☹️ So bad working conditions, no awareness, no visible effects.
- ☹️ The Spanish myths of :
 - 🌊 Psychosocial risk: *it's a muddle*
 - 🌊 Problems of richer countries and “special” people
 - 🌊 Absence of valid and reliable risk assessment methods
 - 🌊 Impossibility to change the organization of work
- ☹️ Employer resistance: do not negotiate work organization
- ☹️ Workers Union Movement weakness
- ☹️ Focus on generating employment, de-regulation of working conditions
- 😊 Spanish Work Health Act (1996):
 - Work organization as an origin of risk
 - Requires employers to keep working conditions healthy, to evaluate risk exposures and to prevent them at their origin.
 - Empowers worker representatives

Participation, empowerment, negotiation

6. Evaluating, learning from expertise
5. To gain trust among OH professionals
4. Socializing experiences
- 3 Making alliances with and between scientific, administrative and technical bodies
2. Providing an experience-based prevention process adapted to the Spanish context
1. Adapting to Spain scientifically valid and socially participative risk assessment methodology

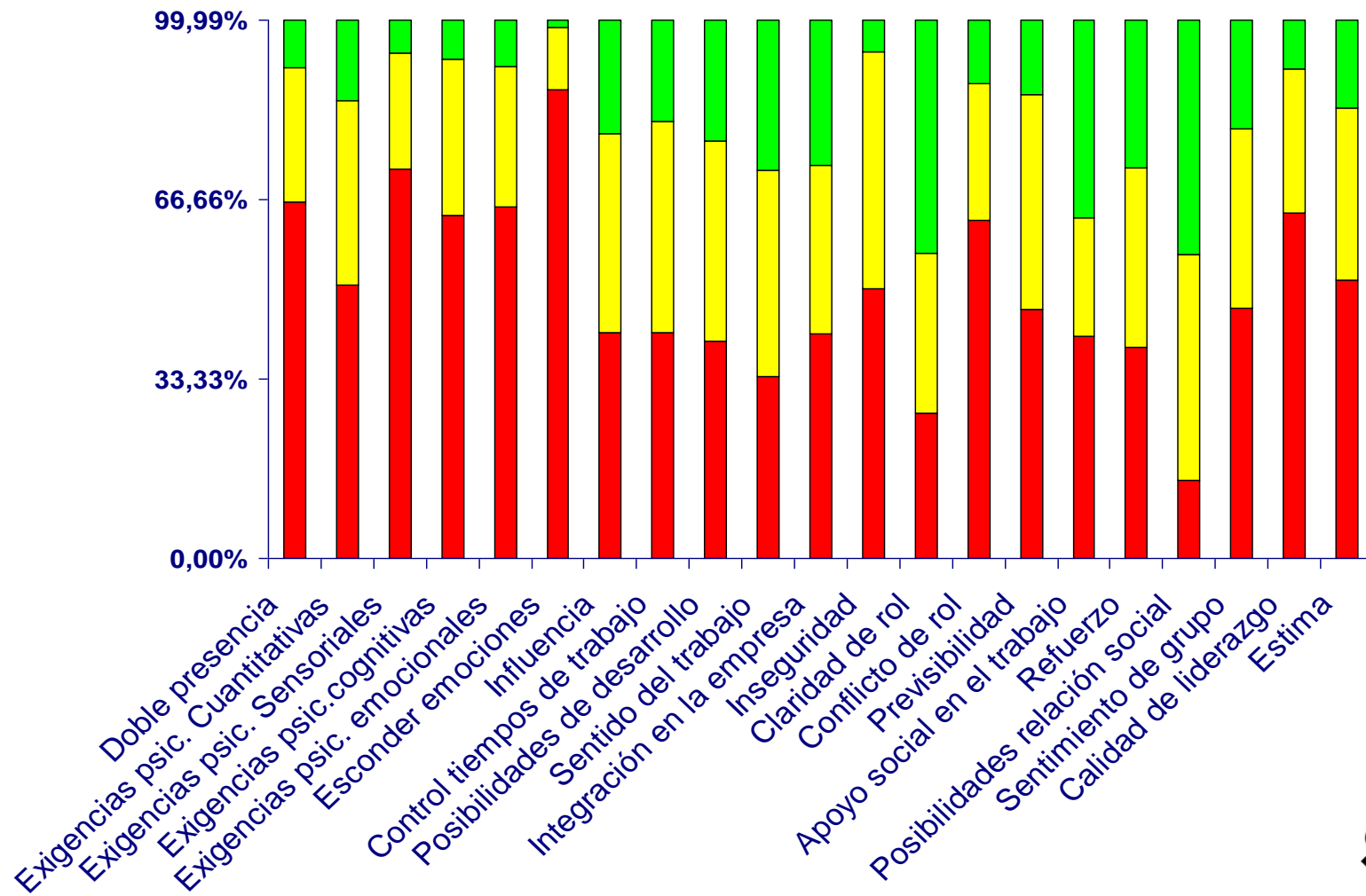


COPSOQ ISTAS21, like the original but...

- ❑ Based on the most participative and democratic view of the general stress theory
- ❑ Epidemiological method, combines quantitative (standardized questionnaire) with qualitative (**working team**) techniques, triangulated results (team analysis)
- ❑ For all work posts, occupations, and company sizes.
- ❑ Three questionnaire versions: short (small companies), medium (mid and large companies), long (research).
- ❑ **Intervention process**, not just a questionnaire!
- ❑ **Highly participative:**
 - **Working team** (workers & employer representatives & OH professionals) leads all the process
- ❑ High sensitivity to detect **social and gender inequalities**
- ❑ Known and good validity and reliability
- ❑ **Action oriented** towards changing working conditions
- ❑ International
- ❑ **Friendly use** (free, web site, e-mail for assistance, manuals, software, booklets...)

Exposure to psychological risk factors in CRACO. % of workers in each exposure reference level

More healthy
intermediate
More unhealthy



Getting some impact? Lights...

- ❑ ~12,000 mid version web discharges (x 10 short version?)
- ❑ “Official approval”: Catalan Gov. and Spanish OHS Institute (*NTP 703*)
- ❑ In-company experiences (~3,600), almost all sectors
 - Important companies and *Preventive Services* (universities, prestige and well known companies, large...)
 - Some intervention studies in process.
- ❑ Social dialogue: some agreements Unions + Employers
- ❑ Scientific reward of the Occupational Medicine Society
- ❑ Financial support from the National Plan of R+D+I
- ❑ Training of OH professionals: some Universities
- ❑ > 100 Union consultants trained (union structure technicians who deliver technical and logistic support to worker reps at workplaces).
- ❑ Training of trainers and (some) negotiators
- ❑ Training of workers and OHS reps: ~ 10,000 (2004-2009)
- ❑ Production of action guides, experience books, web site...
- ❑ FORO 2007, workshops, conferences...

COPSOQ (ISTAS21, PSQCAT21) usage by company size

Company size	User Survey results (2008)		INE ⁽¹⁾ (2008)		Coverage ⁽²⁾
	Number of companies	%	Number of companies in Spain	%	
25-50 workers	1.750	48,2	61.709 (20-49)	66,7	Aprox. 3%
51-250 workers	1.025	28,2	24.303 (50-199)	26,3	Aprox. 4%
251-500 workers	364	10	4.511 (200-499)	4,8	Aprox. 8%
More than 500 workers	493	13,6	1. 954 (500 or more)	2,1	Aprox. 25,2%
Total	3.632 companies		92.477 companies⁽³⁾		

Sources: COPSOQ (ISTAS21, PSQCAT21) users' survey (2008); Directorio central de empresas del Instituto Nacional de Estadística (Spanish National Institute of Statistics) (2008)..

(1) Spanish National Institute of Statistics

(2) COPSOQ user companies / Number of companies in Spain

(3) Total number of companies of 20 workers and more in Spain in 2008

Participatory key data (in %) in risk assessment processes using COPSOQ (ISTAS21, PSQCAT21)

In the in-company working group:	Never or seldom	Someti- mes	Always or many times
Managers participate	30.8	30.7	38.5
OH professionals participate	13.1	13.1	73.9
Workers' reps participate	13	19.6	67.5
Exposures' origin is discussed	14.7	24.2	61.1
Exposures' origin is agreed	25.4	33.2	41.3
Preventive measures are discussed	13.7	24.9	61.4
Preventive measures are agreed	24.2	35.4	40.4
Preventive measures are addressed to exposures' origin	13.7	27.3	58.9
Preventive measures are implemented	26.9	35.7	37.4
<i>Source:</i> COPSOQ (ISTAS21, PSQCAT21) users' survey (2008).			

... and shadows.

- ❑ Major employers' competitive strategy is based on cost reduction achieved by precarious working conditions.
- ❑ Authoritarian tradition in companies dating back to the years of dictatorship,
- ❑ Inadequately developed public OH institutions
- ❑ Bureaucratic and technocratic approach to workplace safety and health,
- ❑ Deregulation of labour-management issues during the 1990s
- ❑ Low research level in Spain, few quality OH services.
- ❑ Traditional *Hygiene & Safety* vision -including several workers union leaders (high injury rates history!)
- ❑ Few impact on sectorial collective bargaining.

Next steps

- To improve the **interaction with external agents**
 - Preventive Services and professional and administrative bodies, to facilitate and spread the **generalization** of participative psychosocial risks assessment initiatives in Spanish workplaces.

New COPOQ ISTAS21 2009: much easier to use!

COPSOQ II: 2011 (field work 2010)

Next steps (2)

- ❑ To increase **collaboration with scientific and OH research institutions** to ensure and improve **quality** of both risk assessment tools and preventive actions, and to influence the inclusion in the **research agenda** of the relationship between psychosocial exposures, work organization and **labor management practices**.

Next steps (3)

- ❑ To **evaluate** *at source* interventions at the company level with a special interest in looking at the **involvement of worker representatives, managers and OH professionals** and the impact of this involvement on the undertaking of effective preventive actions.

Next steps (4)

- ...increasing internal action and interaction with **trade union negotiators** in order to place psychosocial working conditions more centrally in the collective bargaining process at both sectorial and company levels, and trying also to increase **unity of action** of all Spanish workers' unions on psychosocial hazards prevention.

www.istas.ccoo.es