Work and Health in German Companies

Findings from the WSI works councils survey 2015

Dr. Elke Ahlers

At a Glance

Good jobs and health are topics that have been highly relevant for works councils for many years. This is confirmed by the data presented here from the WSI Works Council Survey 2015 of a representative cross-section of industries. The majority of works councils represent workforces that work under high levels of deadline and time pressure and high work intensity. In general, it is shown that work intensification, performance pressure, overtime hours and insufficient staffing levels are part of the everyday work environment in many companies. The results discussed here also show the extent to which psychosocial work stress is influenced by factors of the organizational working environment (the design of which is affected by policies and decisions). Restructuring measures and downsizing, but also increasing workloads due to staff shortages, lead to significant increases in workload pressure on the workforce.

The main interventions with which to respond to these stressful working conditions, to mitigate and control them, can be found in the occupational safety and health fields. The norms and instruments of occupational safety and health can also be used to address risk factors related to work organization or working time policies.

However, it is still too common for these workplace risks to be left out of the picture when considering measures stipulated in occupational safety and health legislation – and they have been accordingly underutilized. This, despite the fact that the Safety and Health at Work Act provides for a normed process, namely the instrument of risk assessments (sec. 5, Safety and Health at Work Act), with which to address workplace stress and the complex health risks associated with it.

The findings here highlight the exceptionally weak implementation of risk assessments for psychosocial hazards, which is an especially alarming aspect of the current state of occupational health and safety, and of enormous relevance in terms of action required for the design of the future digital workplace (Work 4.0). Yet one does not need to look far for ways to resolve this deficiency:

Companies that have, in a spirit of social partnership, resolved to conclude company agreements with their works councils on risk assessments for psychosocial hazards are shown to be significantly more successful.

In companies, and in works councils as well, there is often a lack of competency in the systematic implementation of occupational safety principles and in comprehensive risk prevention. Better training of the relevant actors concerning the health risks of work stress and the opportunities and process of risk assessments would go a long way toward improving implementation of comprehensive risk assessments.
INTRODUCTION

Public debate on “Good Jobs” and “Work 4.0” is moving employees’ health and their ability to perform into the spotlight of discussions on society and politics. Three developments relevant to labor policy issues help explain this increasing attention:

1. First, in addition to the many benefits that result from increasing flexibilization and digitization of the workplace in terms of simplifying and enhancing various aspects of work, these developments also place new demands on workers related to performance. These demands can lead to complex psychosocial pressure or stress and further intensification of work. They include the need to cope with an ever-greater flood of information (e.g., via email) and high expectations of availability (constant reachability, erosion of boundaries) on the part of employers. A new challenge, for example, is the need to complete complex work tasks in the shortest time possible. Due to the growth of the service sector, an increasing number of employees also face greater demands on their social skills, such as communication, empathy and self-organization.

2. Second, staff levels in many companies, as a result of numerous rationalization measures, are often kept as low as possible, leaving many employees with the impression that they are “always having to achieve more in less time” (cf. DGB Index Gute Arbeit 2015).

3. Third, the demographic shift that is underway brings with it the sociopolitical necessity that employees stay healthy and able to work until they reach retirement age.

Clearly, there are good reasons for taking a closer look at the working conditions and health of employees.

Works councils have a good eye for working conditions in companies – and occupational safety and health promotion have been a main focus of their activities for several years (see also Chapter 2). Within the workplace context and in terms of the need and possibilities for, and limits to, preventive health measures at the workplace, work councils are nearly unequalled in the important experience and knowledge they have at their disposal. They are also well positioned to recognize and assess the links between work-related stress and the employees’ working environment, including how the work is organized. Why have works councils focused so intently on questions related to the working environment and health in recent years? To what extent are instruments for occupational safety and workplace health promotion being utilized? Where are these instruments proving effective and where are there deficits in implementation? This report aims to answer these questions by discussing the most important findings of the WSI Works Council Survey 2015 on Work and Health in Companies.

Overall, a general workplace trend can be observed toward more flexible and more complex work demands on employees (cf. Siegrist 2012, Jürgens 2015). Employees often feel overwhelmed and have the impression that work demands are increasing every year (cf. DGB-Index Gute Arbeit 2014). Staffing levels are described as insufficient both by employees and works councils (cf. Ahlers 2011). These developments have not come without consequences for employees: for years, health and pension insurance providers have been calling attention to the rising number of cases of psychosocial fatigue (cf. TK 2014, DGUV 2015).

Occupational health protection measures have a large and important role to play in this context. They include designing working conditions that can have a positive effect on employee health, such as working time policies. Given the high flexibility that companies expect, well-designed working time policies would be those that ensure the working time sovereignty of employees. The behavior of management is also of importance.
When employees experience social support and transparent decision-making processes from their superiors, and their superiors support them in the achievement of their work-related targets, there is a positive effect on employee health (cf. Rigotti/Mohr 2011). The same applies to the companies and the management’s expectations with regard to performance, i.e., the performance demanded of employees. Performance expectations (or policies) should be in line with the human resources of a particular workplace and not just aim to achieve benchmarks.

Such working conditions that have a positive effect on employee health can be achieved by means of a good occupational safety and health program together with sustainable occupational health promotion. Also relevant is a participative company culture, in which employees’ wishes and needs with regards to good working conditions and a good work-life balance are taken seriously. Occupational health and safety is both an important topic for work councils and staff councils and one to which their co-determination rights apply, so they have a crucial role to play in efforts to improve benchmarks.

Building on this, the state of implementation of certain legally established forms of occupational health management is examined – workplace health promotion (WHP), workplace risk assessments (WRA) in accordance with section 5 of the Safety and Health at Work Act, and workplace reintegration management (WRM).

Based on an assessment of the findings offered in the current report, recommendations are offered for improved implementation of health protection measures at the workplace.

### Table 1

<table>
<thead>
<tr>
<th>Positive factors</th>
<th>Negative factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social support from colleagues or managers</td>
<td>Little support, poor management behavior</td>
</tr>
<tr>
<td>Good working atmosphere</td>
<td>Dog-eat-dog mentality at workplace / bad working atmosphere</td>
</tr>
<tr>
<td>Work is appreciated, valued</td>
<td>Little appreciation at workplace</td>
</tr>
<tr>
<td>Job security</td>
<td>Fear of job loss</td>
</tr>
<tr>
<td></td>
<td>Restructuring measures pending or recently taken place</td>
</tr>
<tr>
<td>Participative company culture / co-determination</td>
<td></td>
</tr>
<tr>
<td>Health circles / Workplace risk assessment of psychosocial hazards</td>
<td></td>
</tr>
<tr>
<td>Solidarity (employee representation?)</td>
<td>Individualization of stress and pressure / overload</td>
</tr>
</tbody>
</table>

Source: Author’s diagram, adapted from Rigotti/Mohr 2011. © WSI 2017
THE WSI WORKS COUNCIL SURVEY

The WSI Works Council Survey 2015 is a survey instrument of the Institute of Economic and Social Research (WSI) of the Hans-Böckler Foundation, which has been utilized since 1997 to collect data on workplace co-determination and other information with regard to the situation in co-determined establishments. This includes information on employees’ situation, compensation policies, the specific companies’ economic situation and restructuring measures, current activities of and problem areas for the works council, and organization of working time.

The 2015 survey represents the first results from a works council panel that will serve for a total of four years. From January 21 to April 30, 2015, telephone interviews were conducted with 4,125 works councils by the infas Institute for Applied Social Sciences on behalf of WSI. In these interviews, 2,009 employees were asked the questions that are the subject of the current report concerning work and health.

The survey design that was chosen was stratified random sampling of sectors and company size classes from the business register of the German Federal Employment Agency. This register includes all commercial businesses that have works councils and at least 20 employees who are subject to mandatory social insurance contributions. The random sampling was conducted by the Institute for Employment Research (IAB) in Nürnberg and research on telephone numbers and screening of works councils was performed by infas. The response rate was 53.1%.

The survey mode employed was computer-assisted telephone interviews (CATI). The complete questionnaire was tested in advance in 214 pre-test interviews. Presumably difficult questions, such as those concerning working time rules, were additionally tested in ten qualitative interviews in a cognitive pre-test. This ensures that those surveyed not only understand the questions, but that they also understand the questions in the same way.

In 2015 the split panel used here for the Works Council Survey produced responses from 2,009 works councils from the following industries and sectors (see table A and B at the end of the report). The findings are a representative cross-section of industries and company size classes (for companies with works council representation in Germany).

THE SIGNIFICANCE OF OCCUPATIONAL HEALTH AND SAFETY IN THE WORK OF EMPLOYEE REPRESENTATION

Occupational health and safety is a topic of central importance in the work of employee representative bodies. This is shown by the responses collected by the WSI Works Council Survey to the question concerning the most important fields of work in works council activities. In 83% of the over 2,000 surveyed companies, works councils above all dealt with issues related to occupational health and safety in 2014. Other oft-mentioned fields were overtime hours (76%), performance reviews (76%), and (insufficient) staffing levels in the companies (73% see figure 1).

Top issues in works council activity 2014/15. Responses of surveyed works councils in % to the question “Which issues have required significant attention from the works council since the beginning of 2014?”

<table>
<thead>
<tr>
<th>Issue</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational safety/Health promotion</td>
<td>83</td>
</tr>
<tr>
<td>Overtime hours</td>
<td>76</td>
</tr>
<tr>
<td>Performance reviews</td>
<td>76</td>
</tr>
<tr>
<td>Insufficient staffing levels</td>
<td>73</td>
</tr>
<tr>
<td>Training and qualification</td>
<td>70</td>
</tr>
<tr>
<td>Working time accounts</td>
<td>65</td>
</tr>
<tr>
<td>Increasing performance demands</td>
<td>65</td>
</tr>
<tr>
<td>Deterioration of working atmosphere</td>
<td>62</td>
</tr>
</tbody>
</table>

Source: WSI Works Council Survey 2015, © WSI 2017
“Health at the Workplace”, for broad sections of society, is still regarded as a “luxury topic”, one which mainly larger companies can afford to address. However the data here do not confirm this assumption: also for smaller companies with between 20 and 49 employees, 79% of the works councils indicated having dealt extensively with occupational safety and health protection.

Differences can be seen, though, between industry sectors. In the construction industry, over 90% named occupational safety and health protection as playing a significant role (presumably this is attributable primarily to occupational safety, e.g., due to the high risk of accidents), whereas work councils in the service sector focus on this topic area less often. The lowest significance accorded to occupational safety and health protection is in companies in the information and communication sectors (73.6%), followed by financial and insurance services (77%).

WORKING CONDITIONS FOR EMPLOYEES AS SEEN BY WORKS COUNCILS

In order to better understand why occupational safety and health protection is such an important area of works council activity, the following data is offered to provide insight into the working conditions of employees. The question was “How significantly is the work of employees in your company affected by the following conditions?” A list of different items followed, which can be seen in Fig. 2.

The results clearly show that the majority of works councils represent workforces that work under a high degree of time and deadline pressure (60%) and high work intensity (59%). In 44% of the companies, works councils observe high levels of pressure arising from work responsibilities among employees. Works councils also name disruptive interruptions during work (27%).

The lack of the ability to plan working time is described by 23% of the works councils as a typical aspect of working conditions for employees. On this point, however, there are significant differences between industries. The lack of the ability to plan working time is most pronounced in the hospitality industry and in transportation and storage, where 34% named it as significant.

Fear of job loss (20%) is seen above all in information and communication technologies (ICT), with 36% naming this item, and in retail (25%). Monotonous work is named on average by 20% of works councils and is most likely to be named in manufacturing industries (20%).

Overall, the findings in Figures 1 and 2 show that in many companies, work intensification, performance pressure, overtime and insufficient staffing levels are typical of the day-to-day working environment. These results confirm numerous previous findings on psychosocial work stress and acceleration of work (cf., e.g., Stressreport 2012, DGB-Index 2015). Moreover, these numbers are evidence that works council – as important actors in the design of working conditions – recognize the increase in psychosocial stress and the urgency of the problem, and that they see the need for action.

In most companies, according to the responses of the works councils, employees’ health problems have increased significantly (77% see figure 3). The number of overtime hours, too, has risen in just over half of the companies (54%). The topic of work-related stress has been the subject of debate in a great many companies. This is shown by the frequency with which it was part of negotiations with the employer (78%) or was discussed at employee meetings.

It is important to differentiate between deadline and time pressure on the one hand, and work intensity on the other. Deadline and time pressure is used to refer to day-to-day work that is determined by time limits, customer appointments, project timelines and deadlines.

A high level of work intensity can be described as a sign of tight allocation of personnel combined with heavy workloads within departments. Both, deadline and time pressure, along with work intensity, are closely interlinked.

Differences are seen between industries in terms of psychosocial work stress, such as deadline and time pressure, and work intensity.

![Figure 2](image-url)

Working conditions for employees 2015. Works councils’ responses in % (percentage responding “strongly pronounced” and “very strongly pronounced” on the six-point scale).

Source: wsi Works Council Survey 2015, © wsi 2017
Strongly pronounced deadline and time pressure is particularly common in the construction industry (78%), but also in financial services (70%) and in IT and communications companies (ITC, 69%), as can be seen in Fig. A at the end of the report.

By contrast, a high level of work intensity is seen above all in the service sector. Particularly in the public service sector, for health and education (70%), as well as in ITC companies (69%), works councils observe high work intensity in the workforce (see figure B).

Figure 3

“Indications of high time pressure and high work intensity were ….”. Works councils’ responses in %.

- these topics have been the subject of negotiations with the employer: 78%
- health problems among employees have increased: 77%
- these topics have been discussed at employee meetings: 72%
- more employees have approached the works council: 69%
- more overtime hours have been worked: 54%

Source: WSI Works Council Survey 2015, © WSI 2017

PSYCHOSOCIAL HAZARDS FOR EMPLOYEES AND THE ORGANIZATIONAL CONTEXT

That the level of psychosocial work-related stress can also be dependent on various organizational conditions, e.g., restructuring measures or the threat of downsizing, has been demonstrated in various studies (cf., e.g., Nickel et al. 2008; Ahlers/Ziegler 2007). In the works council survey, too, there were questions that addressed these organizational conditions. In the following they will be examined in connection with working conditions.

Figure 4 makes clear that there are organizational conditions in a great number of companies that can have an impact on working conditions. In nearly half of the companies (48%) restructuring measures took place in the past 12 months (preceding the survey). 28% of the companies were affected by downsizing. The findings also show that staffing shortages and vacant, difficult-to-fill positions are also a problem. Just over half of the companies (53%) have difficulty recruiting suitable skilled personnel, 38% have trouble finding qualified personnel with academic credentials, and in 27% of the companies there is a shortage of unskilled and semi-skilled personnel.

The survey also offers further insights into staffing levels at the companies. Insufficient staffing levels are named by the works councils (74%, see above) as one of the main areas requiring action by employee representatives. Above average in this context is the service sector (public services, education, nursing), where 80% of the works councils report insufficient staffing levels (see figure 5).

Closer statistical analysis shows only marginal correlation, however, between the following two variables:

- “insufficient staffing levels” (as a key issue that works councils deal with)
- “difficulty finding suitable candidates for posted job vacancies”

This indicates that the empirical results relating to the key issues dealt with by works councils are independent of whether the company can find suitable candidates to fill vacancies. Rather, it seems more likely that companies keep staffing levels as low as possible in order to control costs.

Nevertheless, the survey findings raise many questions with regard to the difficulties recruiting suitable personnel. Which jobs or categories of employees and which industries and sectors are especially affected?

The situation is particularly clear in eastern Germany, where the shortage of skilled personnel is significantly higher than in western Germany. In eastern Germany, the percentage of companies or workplaces with a shortage of skilled workers is 58%, compared to 52% in western Germany. These findings concerning the lack of suitable applicants are similar to those of the IAB Establishment Panel (Betriebspanel) (Bechmann et al. 2014). The following results show where the problem is most severe in terms of industries. A lack of suitable applicants for skilled positions is most likely in the service sector, e.g., in schools and nursing care facilities. 74% of works councils there report difficulties recruiting qualified skilled personnel (see fig. 6). The construction industry is also affected (68%).

Also in terms of employees with higher academic credentials, there are unfilled vacancies and difficulties recruiting qualified personnel.

Here, the construction industry is particularly hard hit (50%), but in the service sector, too, recruiting qualified personnel with higher academic credentials is difficult (48%). Again, in eastern Germany the problem is more severe than in western Germany (see figure C).

In terms of unskilled and semi-skilled personnel the situation is different. In general, fewer companies, namely 27%, have problems filling vacancies for unskilled and semi-skilled personnel. The construction industry is most affected (44%). In public
services, education and health, too, 35% of works councils report unfilled vacancies for unskilled and semi-skilled personnel (see figure D).

In the above it has been shown that organizational conditions such as insufficient staffing, restructuring, and downsizing have a big impact on the day-to-day work life in many companies, and it is likely that these organizational conditions can also have an effect on working conditions and work-related stress.

The following analyses table C show that restructuring measures and downsizing have a negative impact on working conditions and can thus worsen existing work-related stress. This can be seen most clearly in terms of deadline and time pressure, as well as in higher work intensity, but is also evident in greater fears of job loss.

The proportion of companies where employees experience high deadline and time pressure rises significantly, by several percentage points, when a restructuring measure has taken place within the previous 12 months (68%, see table C). High work intensity (noted by 59% of the works councils surveyed) also increases when restructuring measures have recently taken place (66%) or when there are personnel shortages (65% and 63% respectively).

With trust-based working hours, for example, the pressure experienced by employees with regard to work responsibilities rises from 44% to 58%, as the findings of the works council survey show. Deadline and time pressure are also significantly higher (67%). Moreover, it can also be seen that performance policies linked to target agreements in companies have an impact on work-related stress. Work in the context of target agreements or trust-based working hours is associated with an increase in work intensity (65%) and in deadline and time pressure (65%), as well as in higher pressure arising from the demands of one’s responsibilities, see table D at the end of the report.
COMPANIES’ IMPLEMENTATION OF OCCUPATIONAL SAFETY AND HEALTH AND WORKPLACE HEALTH PROMOTION

With regard to the working conditions in companies that this survey reveals, occupational safety and health protection represents one of the key possibilities for influencing working conditions that are physically or psychosocially hazardous. Ideally though, laws governing occupational health and work safety can achieve much more than what is commonly apparent. Hazardous aspects of work organization or working time policies can also be addressed with instruments of occupational safety and health protection. The main instruments of this kind include workplace health promotion, workplace risk assessment, and occupational rehabilitation management.

In the following, these are briefly described in terms of their approach and purpose, and the level of their implementation in companies is represented empirically.

The instruments described below have been implemented with varying frequency. The works councils were asked about the existence of these instruments in their companies. The results show that half of the companies surveyed (50.4%, see figure 7) have now implemented workplace health promotion. 77% offer occupational rehabilitation management to carefully reintegrate employees into day-to-day work life after an illness. Risk assessments in accordance with occupational safety legislation are conducted by 78.9% of the companies, though less than a third take psychosocial risks into account in their assessments (31.5%). This means that in total, only 24.3% of the companies surveyed by WSI conduct risk assessments for psychosocial hazards.

Workplace health promotion

As a result of the shift in work hazards, in which psychosocial stress factors such as work intensification and performance pressure play a large role, prevention in occupational safety is gaining importance. Protection from occupational accidents and hazardous materials continues to be the “classic” aim pursued in occupational safety. The goal of prevention measures is early recognition and reduction of risks at the workplace before health impairments or accidents occur.

Workplace health promotion is an approach from the 1980s and 1990s, based on the so-called Ottawa Charter (1986), which basically covers all measures taken by employers and employees to improve health and well-being at the workplace. This includes the following:

- improving work organization and working conditions
- encouraging active employee involvement
- fostering the development of personal competencies

Further groundwork for workplace health promotion is laid out in the European Framework Directive on Occupational Safety and Health (Council Directive 89/391 EEC), which represents a new orientation and focus for traditional occupational safety and health. In this new understanding, healthy and qualified employees are an important prerequisite, both economically and socially, for the future success of the European Union. Occupational health promotion also has an additional aim, which is to keep the (rising) costs of medical treatment, sick pay and rehabilitation, but also the costs of occupational disability pensions, as low as possible. To this end, the employer should use occupational health promotion.
health management to design working conditions in which employees can sustain their health and ability to perform in the long term. This includes careful and critical scrutiny of work tasks, work organization, social relationships and management behavior to determine potential health risks as well as potential for promoting health.

German law addresses prevention in occupational safety and health in the law on occupational health promotion (Book V, sec. 20, German Social Code, Sozialgesetzbuch). Though initially slow to catch on, the concept of occupational health promotion has now been embraced by many companies, but particularly by larger companies (Beck 2012; Göbel/Kuhn 2003). Today there are occupational health promotion programs in over half (50.4%) of the companies (with works council representation). The size of a company and the existence of a works council appear to play a role in the systematic uptake of occupational health policies in companies. For smaller companies with 20 employees or more, the figure is 42.1%, whereas for larger companies with over 500 employees uptake is 82.9% (see figure E). However, the numbers on the uptake of occupational health promotion tell us little about the quality of the specific programs. Many glossy brochures, especially at larger companies, in which the company’s occupational health promotion program is presented as a range of fitness, nutrition or relaxation programs, miss the point and are not especially helpful with their one-sided focus on behavioral prevention (rather than comprehensive behavioral and situational prevention). The result is that an important part of work-related stress factors (such as excessive work intensity, understaffing or the lack of social support) get very little attention. Moreover, employees often complain that they do not have time in their hectic day-to-day work life to take advantage of the behavioral preventive measures (such as stress management courses or yoga) offered.

**Workplace risk assessments**

Workplace risk assessments have a special significance in occupational safety and health, as they are the one binding legal instrument that can identify psychosocial in addition to physical risks, foster discussion and debate on these risks and thus lead to their reduction (sec. 5, Safety and Health at Work Act¹). Risk assessments are intended as a tool for a lasting and process-oriented approach to the sustainable reduction and general prevention of specific work-related hazards, and to keeping those risks as low as possible. All employers, regardless of the size of their workforce, are required to conduct a risk assessment that also analyzes such organizational conditions as working time, work organization and work intensity in terms of their possible hazard potential. Thus, this instrument aims to induce companies to actively address the actual working conditions of their employees.

---

¹ There are also provisions on workplace risk assessments in German ordinances on computer screens in the workplace and on industrial safety and health (Bildschirm-Verordnung and Betriebssicherheits-Verordnung).
In 2014/15, according to the surveyed works councils, 78.9% of the companies included in the survey had conducted a risk assessment (see figure F and E). Here too, the larger the company, the greater the likelihood that a company will conduct a risk assessment. (see also figure 9)

However, keeping in mind that risk assessments are legally binding, there is yet another deficit to be seen in their implementation. Particularly in terms of psychosocial hazards, there are significant gaps between legal requirements and implementation. Of the 78.9% of companies that had conducted risk assessments for their employees, not even a third had included psychosocial risk factors in their analysis.

A closer examination does, however, reveal companies that are more successful in this regard. Thus, it is seen that companies that offer workplace health promotion measures often conduct higher quality and comprehensive risk assessments (32.7%, see figure 8), i.e., risk assessments that also cover psychosocial hazards. Unsurprisingly, this is also the case, though to a much greater extent, for those companies that conclude a company agreement with their works council on risk assessments for psychosocial hazards (68.9%). One explanation for the positive effect of these company agreements is that employees, works councils and employers agree on a common goal and in so doing, they come together in support of the idea of risk assessments. This and other findings make clear that when works councils know they can count on the support of employees and the employer, they are more likely to report successful completion of a comprehensive risk assessment.

The survey results show that there are many different reasons for the lack of implementation of risk assessments that also cover psychosocial risks (comprehensive risk assessments). The majority of works councils indicated that the necessary know-how to properly implement a risk assessment was lacking (69%, see figure 10). Unclear responsibilities were also a reason for the lack of action in the companies (58%). In addition, half of the works councils indicated that health topics are accorded lower priority than other organizational demands (51%). 30% of works councils cited cost avoidance as a reason for the employer’s inaction. These findings make clear that many actors in the field of occupational health protection, including works councils, view proper and comprehensive risk assessments as difficult and laborious. Another likely reason for the weak implementation rate is the lack of sanctions by occupational safety agencies when the required risk assessments are not conducted (Kohte 2015).

In the end, the potential for reduction of work hazards by means of the risk assessments stipulated in occupational safety legislation is largely wasted. If works councils were better trained and sensitized, and had more time and human resources at their disposal, they could be “drivers of (action on) occupational health” (Blume et al. 2011), and better implement existing co-determination rights in the context of occupational health.

Workplace reintegration management

The purpose of workplace reintegration management (WRM) is to carefully reintegrate employees who have had longer periods (over six weeks) of occupational disability, prevent a recurrence of the illness, and protect the jobs of the employees in question.

Since 2004 employers have been required to offer workplace reintegration management to employers following an illness of over six weeks. WRM is intended to help employees keep their job despite a longer illness. The statutory provisions concerning WRM are found in section 84, 2 (Book IX, German Social Code, Sozialgesetzbuch). The law stipulates that employers are to offer WRM to all employees who have an uninterrupted illness or repeated periods of illness of more than six weeks in one year.

While the data from the works council survey do show that companies have taken on board the idea of reintegration management, implementation does not yet appear to be in line with lawmakers’ expectations. According to the works councils’ responses, measures for work reintegration are offered in 77.3% of all companies (with 20 or more employees, see figure G). Here again, the larger the company, the likelier it is to offer WRM.

Implementation of workplace risk assessments of psychosocial hazards in companies. Responses of surveyed works councils in %. Size of companies in absolute number of employees.
These findings on work reintegration paint a more positive picture than those of other surveys. Niehaus et al. (2008) found that overall, 48% of the companies who took part in a nationwide survey using both written and online questionnaires reported implementing WRM, though there were again differences depending on the size of the companies. Nevertheless, the findings of other studies of the implementation rate of WRM are also very heterogeneous and not as current as those on which this report is based. As in the results of the works council survey 2015, other researchers have also found that the WRM implementation rate is associated with factors such as company size. WRM implementation rates range from c. 11% of the small and smallest companies surveyed (Gebauer, Hesse & Heuer, 2007) up to 75% of large companies surveyed by Freigang-Bauer, Gröben und Barthen (2011). The latter study, though, also found that only a quarter of the small and smallest companies had implemented BEM.

As there is evidence that interest in and awareness of WRM is growing (Niehaus et al., 2008), the high WRM implementation rates found in the current survey might be explained by an increase in the number of companies offering WRM in recent years. It should also be noted, however, that the current study shows a selective sample of companies. On the one hand, companies with a works council tend to be larger (the works council survey is only representative of companies with 20 and more employees) and accordingly have more possibilities and resources at their disposal, also in the area of health management. On the other hand, it is possible that companies with works councils are more likely to implement health management measures under the pressure and scrutiny from the works councils than companies without employee representation. It can also be presumed that the works councils that were willing to take part in the survey are more active than those that did not take part, which in turn would be linked to higher pressure exerted by the works council on the company to implement WRM and thus increase implementation rates.

Figure 10

"Why is there no workplace risk assessment of psychosocial hazards?" Responses of surveyed works councils in %.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The necessary know-how is lacking in</td>
<td>69%</td>
</tr>
<tr>
<td>the company</td>
<td></td>
</tr>
<tr>
<td>Unclear responsibilities</td>
<td>58%</td>
</tr>
<tr>
<td>Health topics are accorded lower priority than other organizational demands</td>
<td>51%</td>
</tr>
<tr>
<td>The utility is seen as questionable</td>
<td>46%</td>
</tr>
<tr>
<td>Implementation is too difficult</td>
<td>41%</td>
</tr>
<tr>
<td>Employer considers costs too high</td>
<td>30%</td>
</tr>
<tr>
<td>There’s no need</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: WSI Works Council Survey 2015 © WSI 2017
OUTLOOK/CHALLENGES

The findings discussed here make clear that "good jobs" and workplace health are topics that have made headway in companies and in employee representation. The design of working conditions and occupational safety and health are core areas of activity of today's works councils. The results here concerning psychosocial work-related stress factors, such as performance pressure and work intensification, also show the extent to which they are dependent on organizational conditions and their design. As a result of restructuring measures, personnel cuts, but also due to staff shortages, work-related pressure on employees has risen significantly. Where trust-based working hours or target agreements are in place, the proportion of companies with high work-related pressure is greater.

The results show that it is above all large companies that offer occupational health promotion and conduct risk assessments. In the case of small companies there is still much room for improvement. With regard to the quality of the occupational health promotion measures offered or the risk assessments conducted, no evaluation can be made based on the data here. It is likely however, that measures such as nutrition counseling and stress management courses are in fact what tends to be offered under the rubric of occupational health promotion, rather than a comprehensive approach to the prevention and management of psychosocial risks.

One dilemma for modern occupational health and safety is the fact that the types of work-related stress to which employees are exposed have undergone change. Exhaustion, for example, a much-discussed symptom in the occupational sciences today, is subjective, can have many causes, and is difficult if not impossible to measure – nevertheless, a permanent state of exhaustion over a prolonged period of time can cause illness. The search, still common in traditional occupational safety and health work, for the single occupational cause of work stress and its resultant impact on health is thus no longer apt. Complex work stress factors (e.g., simultaneity of time pressure, high levels of work intensification and constant reachability) are much more likely to lead to diffuse psychological and physical complaints (cf. Hasselhorn 2007).

In companies these (new) work-related stress factors are not yet receiving sufficient attention in the context of occupational safety and health. Employees facing work pressure and (excessively high) performance expectations are often left to fend for themselves. At the company level, work pressure is still seldom addressed, and little is being done to cope with the problem organizationally. Rather than coming together to find organizational solutions that reduce work pressure, the health risks that result are more likely to be seen by employees as the problem of certain individuals. Thus far, the legal provisions enshrined in occupational safety laws have not often enough been viewed as also applying to these work risks, and as a consequence they are underutilized. Notwithstanding this underutilization, the risk assessment instrument described in the Safety and Health at Work Act (section 5) offers companies and employees a specific legal framework for addressing such complex work-related health risks. Ideally, this takes place in a participative and process-oriented approach. Nevertheless, risk assessments with regard to psychosocial work hazards are implemented in only approximately 24% of all companies (Ahlers 2015). These serious deficits in implementation are also immensely relevant to the future design of the digital working environment and it is thus urgently necessary that they be rectified.

One important reason for the inadequate implementation of risk assessments is the lack of sufficient training and sensitization of the relevant actors in companies. The number of groups of people that feel inadequately prepared to deal with psychosocial risks or feel insufficiently trained is strikingly high (Ahlers 2015). These groups include management personnel, security staff, works councils, employees, occupational safety and health agency staff as well as in-house doctors employed by companies. As in the past, occupational health and safety continues to be viewed as a technical matter that has more to do with statutory thresholds or safety rules than health protection (see also Schmitt/Hammer 2015). This is despite the fact that the risk assessment instrument also poses constructive questions about work organization and management behavior in the company. These are challenging questions that require sufficient training, systematic instructions and guidelines, and the appropriate instruments (Meyn 2012). Good risk assessments are also distinguished by their participative character, i.e., by the direct involvement of employees (Beck et al. 2012). But participation can only work when actors and employees are accordingly sensitized and trained. Sensitization and training would free employees from the trap of seeing the problems as limited to certain individuals. They could share their own experience of excessive work stress with their co-workers with less fear of repercussions, and without being branded as low performers or people who just refuse to work. Work-related stress then becomes something that employees can discuss objectively. It can then also be perceived as something over which they might have influence.

Another issue should also receive more consideration in the context of workplace risk assessments. This is the fact that risks are often analyzed, but there are no consequences (Ahlers 2015). No measures are implemented – or if they are, it is only
halfheartedly, and their effectiveness is not monitored or evaluated. It appears that no-one in companies feels directly responsible, so many companies continue their inaction, on the one hand due to the costs entailed, on the other out of reluctance to grapple constructively with sensitive issues related to work organization, management behavior, and staffing levels. For employees however, halfhearted risk assessments are disillusioning and reduce the willingness to participate or be involved in further risk assessments. This is why it is advisable to put more emphasis on viewing risk assessments as an ongoing and dynamic process to successively lessen work stress for specific jobs while also taking into account the interests of individual employees. More staff in occupational safety and health agencies are also necessary to advise and support companies in the context of changing workplace demands.

In conclusion, good and healthy working conditions are about the organization of work and working time, and greater participation by employees. These are also core elements of occupational safety and health and are, moreover, among the most important areas of activity for worker representation. Works councils, with their co-determination and participation rights, can be an important force in the improvement of working conditions.

Finally, worth noting again is the exceptionally weak implementation of risk assessments for psychosocial hazards identified in this survey. This is an alarming aspect of the current state of occupational health and safety, especially given the fact that there are clear solutions in plain sight:

1 Company agreements with the works council on comprehensive risk assessments are a decisive first step towards successful completion of comprehensive risk assessments (more information at http://www.boeckler.de/pd-f/p_study_hbs_mbf_bvd_337.pdf). The findings show that companies in which a company agreement on risk assessment of psychosocial risks was in place before the assessment was conducted were markedly more successful in their subsequent implementation.

2 A similarly decisive factor would be more and better training for works councils, but also for other occupational safety and health actors. As the results show, there is often a lack of the requisite knowledge and competence in systematic occupational safety and comprehensive risk prevention in companies, including in the employee representative bodies. Better training of the relevant actors in the health risks of work-related stress and the opportunities and process of risk assessments would do much to improve the implementation rate of comprehensive risk assessments.


DGB-Index Gute Arbeit 2015: Arbeitsbedingte Belastung und Beanspruchung. Berlin


### Table A

Breakdown of participating works councils in WSI Works Council Survey by industry/sector, in %.

<table>
<thead>
<tr>
<th>Industries</th>
<th>Share in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mining / Manufacturing, excluding construction and investment goods</td>
<td>17.4</td>
</tr>
<tr>
<td>Investment goods</td>
<td>16.6</td>
</tr>
<tr>
<td>Construction</td>
<td>3.9</td>
</tr>
<tr>
<td>Retail, wholesale &amp; international trade</td>
<td>19.8</td>
</tr>
<tr>
<td>Transport and storage / Hospitality</td>
<td>6.8</td>
</tr>
<tr>
<td>Information and communication</td>
<td>2.6</td>
</tr>
<tr>
<td>Financial and insurance services</td>
<td>3.1</td>
</tr>
<tr>
<td>Business services</td>
<td>12</td>
</tr>
<tr>
<td>Public services / Education / Health</td>
<td>14.7</td>
</tr>
<tr>
<td>Other</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Source: Author’s calculations, © WSI 2017

### Table B

Breakdown of dataset by size category, in %.

<table>
<thead>
<tr>
<th>Size category</th>
<th>Share in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 to 49</td>
<td>31.4</td>
</tr>
<tr>
<td>50 to 99</td>
<td>25.8</td>
</tr>
<tr>
<td>100 to 199</td>
<td>20.6</td>
</tr>
<tr>
<td>200 to 499</td>
<td>15.4</td>
</tr>
<tr>
<td>500 or more</td>
<td>6.8</td>
</tr>
</tbody>
</table>

Source: Author’s calculations, © WSI 2017

### Table C

Psychosocial risk factors for employees and different organizational conditions. Works councils’ responses in %.

<table>
<thead>
<tr>
<th>Deadline and time pressure</th>
<th>60</th>
<th>68</th>
<th>67</th>
<th>66</th>
</tr>
</thead>
<tbody>
<tr>
<td>High work intensity</td>
<td>59</td>
<td>66</td>
<td>63</td>
<td>65</td>
</tr>
<tr>
<td>High pressure of responsibilities</td>
<td>44</td>
<td>48</td>
<td>47</td>
<td>51</td>
</tr>
<tr>
<td>Fear of job loss</td>
<td>20</td>
<td>26</td>
<td>36</td>
<td>20</td>
</tr>
</tbody>
</table>

In general...
...if restructuring has taken place at the company in last 12 months...
...if downsizing has occurred at the company in last 12 months...
...if there is difficulty finding qualified, skilled personnel for advertised positions

Source: Author’s calculations, © WSI 2017
Table D

Psychosocial risk factors for employees and different working time policies. Works councils’ responses in %.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>In general</th>
<th>Over 50% of employees in shift work (n=716)</th>
<th>Over 50% of employees with trust-based working hours (n=164)</th>
<th>Over 50% of employees with target agreements (n=416)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deadline and time pressure</td>
<td>60</td>
<td>60</td>
<td>67</td>
<td>66</td>
</tr>
<tr>
<td>High work intensity</td>
<td>59</td>
<td>62</td>
<td>61</td>
<td>65</td>
</tr>
<tr>
<td>High pressure of responsibilities</td>
<td>44</td>
<td>47</td>
<td>58</td>
<td>51</td>
</tr>
<tr>
<td>Disruptive interruptions while working</td>
<td>27</td>
<td>28</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>Lack of ability to plan working time</td>
<td>23</td>
<td>26</td>
<td>22</td>
<td>22</td>
</tr>
</tbody>
</table>

Quelle: Berechnungen des WSI 2017 © WSI 2017

Figure A

Deadline and time pressure for employees in 2015 by industry. Works councils’ responses in % ("strongly pronounced" and "very strongly pronounced" on the six-point scale).

Source: WSI Works Council Survey 2015 © WSI 2017
**Figure B**

High work intensity for employees in 2015 – by industry. Works councils’ responses in %
(“strongly pronounced” and “very strongly pronounced” on the six-point scale)

- Public services: 70%
- Information and communication: 70%
- Business services: 66%
- Financial and insurance services: 61%
- Transport and storage / Hospitality: 60%
- Construction: 57%
- Other: 55%
- Investment goods: 55%
- Mining / Manufacturing: 55%
- Retail, wholesale & international trade: 52%
- Total: 59%

Source: WSI Works Council Survey 2015, © WSI 2017

**Figure C**

Percentage of companies experiencing difficulty finding suitable candidates for advertised positions (with academic degree, by industry or sector).

- Total: 38%
- East: 43%
- West: 37%
- Construction: 50%
- Business services: 48%
- Public services / Education: 48%
- Financial and insurance services: 46%
- Investment goods: 45%
- Information and communication: 44%
- Mining / Manufacturing: 32%
- Transport / Hospitality: 32%
- Other: 31%
- Retail, wholesale & international trade: 23%

Source: WSI Works Council Survey 2015, © WSI 2017
Percentage of companies experiencing difficulty finding suitable candidates for advertised positions (unskilled and semi-skilled, by industry).

<table>
<thead>
<tr>
<th>Industry</th>
<th>East</th>
<th>West</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction</td>
<td>25</td>
<td>27</td>
<td>33</td>
</tr>
<tr>
<td>Transport / Hospitality</td>
<td>38</td>
<td>35</td>
<td>38</td>
</tr>
<tr>
<td>Public services / Education</td>
<td>30</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>Mining / Manufacturing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail, wholesale &amp; international trade</td>
<td>20</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Investment goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business services</td>
<td>18</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Financial and insurance services</td>
<td>9</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Information and communication</td>
<td>8</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

Source: WSI Works Council Survey 2015 © WSI 2017

Prevalence of workplace health promotion in companies, by size category.

<table>
<thead>
<tr>
<th>Size Category</th>
<th>Total</th>
<th>20 to 49</th>
<th>50 to 99</th>
<th>100 to 199</th>
<th>200 to 499</th>
<th>500 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>50.4</td>
<td>42.1</td>
<td>44.5</td>
<td>51.9</td>
<td>58.9</td>
<td>82.9</td>
</tr>
<tr>
<td>20 to 49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 to 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 to 199</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 to 499</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: WSI Works Council Survey 2015 © WSI 2017

Implementation of workplace risk assessments in companies. Responses of surveyed works councils in %, size of companies in absolute number of employees.

<table>
<thead>
<tr>
<th>Size Category</th>
<th>Total</th>
<th>20 to 49</th>
<th>50 to 99</th>
<th>100 to 199</th>
<th>200 to 499</th>
<th>500 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>78.9</td>
<td>70.9</td>
<td>76.5</td>
<td>81.9</td>
<td>90.5</td>
<td>89.1</td>
</tr>
<tr>
<td>20 to 49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 to 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 to 199</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 to 499</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: WSI Works Council Survey 2015 © WSI 2017

"Is there workplace reintegration management in your company? In other words, are employees who are ill for more than six weeks in a year offered work reintegration measures?"

<table>
<thead>
<tr>
<th>Size Category</th>
<th>Total</th>
<th>20 to 49</th>
<th>50 to 99</th>
<th>100 to 199</th>
<th>200 to 499</th>
<th>500 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>77.3</td>
<td>73.2</td>
<td>76.4</td>
<td>77</td>
<td>80.4</td>
<td>91.2</td>
</tr>
<tr>
<td>20 to 49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 to 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 to 199</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 to 499</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: WSI Works Council Survey 2015 © WSI 2017
**TABLES**

Table 1  
Factors with positive and negative effect on health (excerpt) ......................................................... 3

Table A  
Breakdown of participating works councils in WSI Works Council Survey by industry/sector, in %. ........ 15

Table B  
Breakdown of dataset by size category, in %. ................................................................. 15

Table C  
Psychosocial risk factors for employees and different organizational conditions. ................................. 15

Table D  
Psychosocial risk factors for employees and different working time policies. ........................................ 16

**FIGURES**

Figure 1  
Top issues in works council activity 2014/15. Responses of surveyed works councils in % to the question “Which issues have required significant attention from the works council since the beginning of 2014?” ................................................................. 4

Figure 2  
Working conditions for employees 2015. ......................................................................................... 5

Figure 3  
“Indications of high time pressure and high work intensity were ...” ................................................... 6

Figure 4  
Prevalence of organizational conditions. ......................................................................................... 7

Figure 5  
Activity fields of works councils: insufficient staffing levels (by industry). ........................................... 7

Figure 6  
Percentage of companies experiencing difficulty finding suitable candidates for advertised positions (skilled personnel with certified qualifications, by industry). ................................................................. 7

Figure 7  
Implementation of workplace health protection measures in companies. ........................................... 9

Figure 8  
Comparison of implementation rates for risk assessment of psychosocial hazards according to supporting factors. ................................................................................................................................. 9

Figure 9  
Implementation of workplace risk assessments of psychosocial hazards in companies. ................................................................. 9

Figure 10  
“Why is there no workplace risk assessment of psychosocial hazards?” .............................................. 10

Figure A  
Deadline and time pressure for employees in 2015 by industry. ............................................................. 11

Figure B  
High work intensity for employees in 2015 – by industry. .................................................................. 11

Figure C  
Percentage of companies experiencing difficulty finding suitable candidates for advertised positions (with academic degree, by industry or sector). ................................................................................................. 17

Figure D  
Percentage of companies experiencing difficulty finding suitable candidates for advertised positions (unskilled and semi-skilled, by industry). ................................................................................................. 18

Figure E  
Prevalence of workplace health promotion in companies, by size category. ......................................... 18

Figure F  
Implementation of workplace risk assessments in companies. ............................................................ 18

Figure G  
“Is there workplace reintegration management in your company?” .................................................... 18