

# Netherlands: EWCO comparative analytical report on Work-related Stress

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## Q1 Systems to monitor work-related stress at the national level

**Are there any systems in place to monitor work-related stress at the national level, for example, national surveys, sectoral studies, epidemiological studies, action research, or other research programmes?**

Please describe the main sources of information available on work-related stress in your country (coverage, methodology, etc.).

There are three continuous national surveys that measure work-related stress:

- The Netherlands Working Conditions Survey [NEA](#) is the largest periodic survey on working conditions in the Netherlands (Koppes et al., 2009). Six surveys have been performed thus far, i.e. in 2003, 2005, 2006, 2007, 2008 and 2009. The surveys involve about 24,000 employees per year (except the first one, which was about 10.000). Respondents receive a written questionnaire, but can also complete the questionnaire on internet. The way of measuring a number of work-related stress factors was changed in 2007.
- The Employers Working Conditions Survey WEA is a national survey among a sample of at least 5,000 employers held every other year and which concentrates on working conditions and employment related issues regarding policies as well as 'ad hoc' activities regarding working conditions and working relations (Oeij et al., 2009). The WEA was held in 2008 for the first time. The questionnaire is completed by the director/owner or the Human Resources manager of the company interviewed.
- The Monitor Working Companies 2008 (Werk in Bedrijf) is yearly held by the Dutch Labour Inspectorate (Saleh et al., 2007; 2008). Every year labour inspectors query a national sample of more than 2,000 Dutch employers with a standard questionnaire on working conditions and the way they manage these. They also visit the shop floor and ask for relevant reports. Every year a specific set of working conditions is questioned in detail; in 2007 these were work stress related factors.

## Q2 Risk factors for work-related stress

**Based on the main / most used monitoring instruments available (identified in Q1), please provide information on the following risk factors for stress, based on surveys.**

**Workload, working hours, work pressure, complexity of work and work life conflict (quantitative demands).**

Quantitative work load used to be relatively high in The Netherlands. In the EWCS the Netherlands used to be in the top regarding high work speed and working with tight deadlines. However, since 2000 this figure appears to flatten, resulting the Netherlands to be in a middle position in 2005. This trend is confirmed by national data. The older surveys, those that stopped including working conditions info in 2002/2003, did indicate a rise on quantitative job demands (time pressure etc) from 1977 (almost first measurement) until about 2000, and shows a flattening since then (<http://www.eurofound.europa.eu/ewco/surveyreports/NL0707029D/NL0707029D.htm>). The more recent surveys (with to a large extent quite different operationalisations) show a high level of work related stress (see table 1). Work load is distributed relatively evenly among sex and age groups, but is consistently higher in the hotel and restaurant sector, health and social care and education (figure 1). This figure also shows a high work load in the financial services.

The actual number of working hours is relatively low in The Netherlands when it is compared to other countries. This is because of the high percentage of part-time work. About 40% of the employee population has a part-time job. Employees prefer to work somewhat less then agreed in their employment contract, particularly employees of 50 years and older. Younger employees have more overtime hours per week. The number of overtime hours is high, but not when this is compared to other countries (<http://www.eurofound.europa.eu/pubdocs/2006/27/en/1/ef0627en.pdf>). Overtime is more often found among employees of 25-50 years of age.

Complexity of work is 3 on a scale from 1 thru 4. In terms of category names this means "often" (1=never; 2=sometimes; 3=often; 4=always). Complexity of work increases with the age of employees and is reported more often by employees in education and financial services. It is reported less often by employees in agriculture, trade and the hotel and restaurant sector.

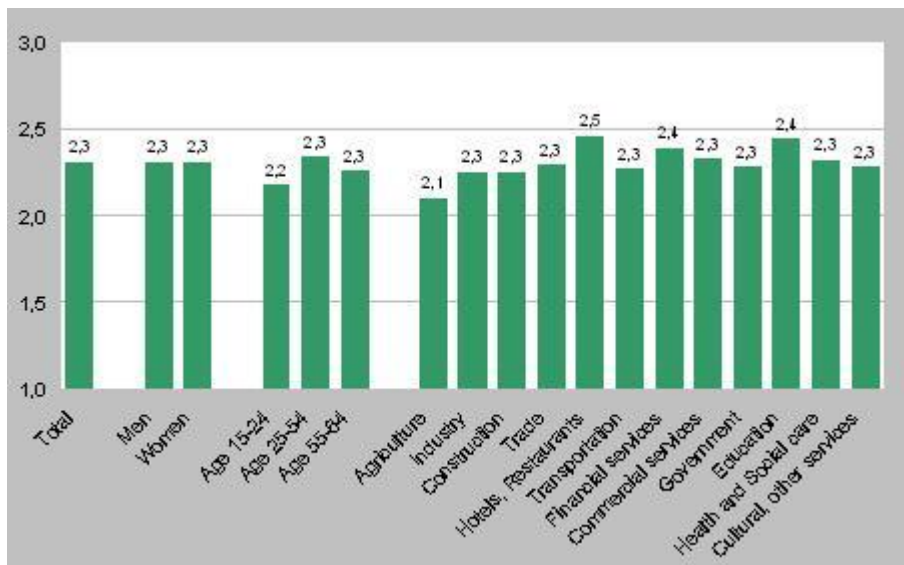
The main direction in work life interference is that family activities more often are missed or neglected because of work then the opposite. Employees in the ages from 25 thru 50 report work life interference more often, but there is no difference between men and women.

<b>Table 1 Workload, work pressure, working hours, complexity of work and work life conflict</b>		
Table1 Prevalence of workload, work pressure, working hours, complexity of work and work life conflict in 2006 and 2008		
	<b>2006</b>	<b>2008</b>
<b>Workload (scale; 5 items; 1=never thru 4=always)</b>	--	2.31
<b>Time pressure (scale; 2 items; 1=no thru 3=regularly)</b>	--	2.17
<b>Pace of work (scale;11 items; 1=low thru 4=high)</b>	2.31	--
<b>Pace of work (percentage high on scale of 11 items)</b>	33.8%	--
<b>Contractual number of working hours per week</b>	--	31.6
<b>Preferred number of working hours per week</b>	--	31.0

<b>Number of overtime hours per week.</b>	--	5.83
<b>Complexity of work (scale; 3 items; 1=never thru 4=always)</b>	--	3.01
<b>Do you miss or neglect family activities because of your work?</b>		
- No, never	--	49.2%
- Yes, sometimes	--	41.6%
- Yes, often	--	7.6%
- Yes very often	--	1.6%
<b>Do you miss or neglect work activities because of family responsibilities?</b>		
- No, never	--	71.7%
- Yes, sometimes	--	26.4%
- Yes, often	--	1.5%
- Yes very often	--	0.4%

Source NEA 2006 and 2008

**Figure 1 Work stress as an important risk in Dutch organisations**



Source: NEA 2008

WEA 2008 results indicate that 48% of all Dutch organisations consider work stress as an important risk in their organization. Work stress is strongly related to organisational size and particularly reported by non-profit organisations such as government, health and social care and education (see figure 1).

**Qualitative demands: these refer to emotional and cognitive demands at work;**

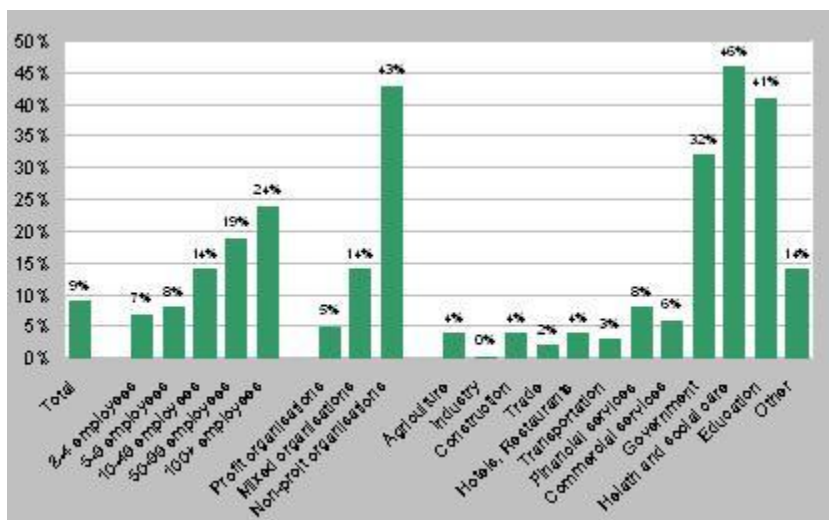
**Table 2 Emotional and cognitive demands at work**

Table Summary - Emotional and cognitive demands at work in 2006 and 2008		
	2006	2008
<b>Emotionally burdening work (scale; 7 items; 1=never thru 4=always)</b>	1.80	--
<b>Emotionally burdening work (scale; 7 items; % score higher then 2,5)</b>	8.4%	--
<b>Emotionally burdening work (scale; 3 items; 1=never thru 4=always)</b>	--	1.68
<b>Varied work (scale; 3 items; 1=never thru 4=always)</b>	--	2.77

Source NEA 2006 and 2008

About 8-10% of the employees in the Dutch working population have emotionally burdening work, particularly in the sectors health and social care and education. WEA 2008 results indicate that 9% of all Dutch organisations consider emotional demands as an important risk in their organization (see figure 2). Emotional demands are strongly related to organisational size and particularly often found in non-profit organisations such as government, health and social care and education. This matches strongly with the figures on work-related stress.

**Figure 2 Emotional demands as an important risk in Dutch organisations**



Source: WEA 2008

For cognitive demands at work we use the concept of varied work (table 2.2). In the NEA this concept is measured by questions on "the work being creative", the demand for "continuous learning" and the demand for "learning of new things". Varied work is found more often in education and less often in agriculture, trade, the hotel and restaurant sector and transportation.

**Social support from colleagues or supervisor, relations at work, management style and relationships with colleagues/managers/the organisation; violence at work; reward; leadership style; clarity of the management changes: how organisations manage and communicate change.**

Table 3 Positive and negative social relationships at work
Table Summary - Positive and negative social relationships at work in 2008

	2008
<b>Social support from supervisors (scale; 4 items; 1=few thru 4=much support)</b>	2.87
<b>Social support from colleagues (scale; 4 items; 1=few thru 4=much support)</b>	3.24
<b>Daily contacts with colleagues of own team (% of employees)</b>	84.4
<b>Daily contacts with colleagues outside team (% of employees)</b>	45.9
<b>Daily contacts with clients, patients, pupils, passengers (% of employees)</b>	58.8
<b>Daily contacts with suppliers, subcontractors, etc. (% of employees)</b>	17.5
<b>Unwanted sexual approach by clients, etc. (% of employees)</b>	4.8
<b>Unwanted sexual approach by superiors or colleagues (% of employees)</b>	1.8
<b>Intimidation by clients, patients, pupils, passengers (% of employees)</b>	18.9
<b>Intimidation by superiors or colleagues (% of employees)</b>	11.5
<b>Physical violence by clients, etc. (% of employees)</b>	6.5
<b>Physical violence by superiors or colleagues (% of employees)</b>	0.6
<b>Harassed by clients, patients, pupils, passengers (% of employees)</b>	6.8
<b>Harassed by superiors or colleagues (% of employees)</b>	8.4

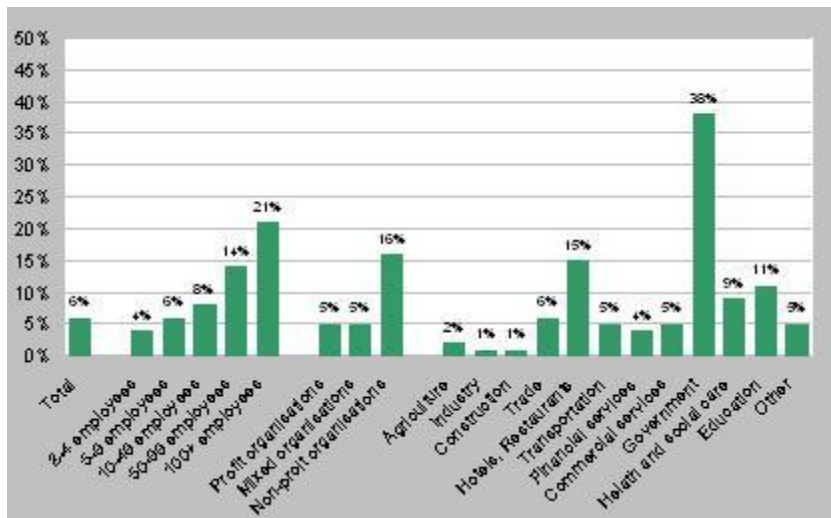
*Source NEA 2008*

Employees receive more support from colleagues than from supervisors. Both forms are evenly distributed over gender, age and the economic sector.

The Dutch working situation is characterised by daily professional contacts with colleagues. Mostly these professional contacts are with colleagues in the same team, but about half of the employees also have contacts outside the team or contacts with clients etc. Less than one fifth of the employees (17.5%) have daily contacts with suppliers, etc.

Among the negative and aversive relationships, intimidation ranks highest, followed by harassment. Unwanted sexual approach, intimidation and physical violence from clients rank higher than the same kind of behaviours from superiors and colleagues. Only in case of harassment the threat comes from inside the organisation. In all eight factors there is a decline in percentages over the years 2005-2008. This may be related to the publicity and many measures taken by organisations to combat this problem.

### **Figure 3 Aggression and violence as an important risk in Dutch organisations**



Source: WEA 2008

WEA 2008 results indicate that 6% of all Dutch organisations consider aggression and violence to be an important risk in their organization. Aggression and violence are strongly related to organisational size and particularly often found in government (including provinces, water authorities and municipalities), but also in sectors as the hotel and restaurant sector, education and health and social care (figure 3).

**Autonomy, decision latitude and room for manoeuvre: control over work, including pace of work and control over job content and decision-making power; predictability of work, use and possibility to develop skills; participation into change;**

Autonomy is high in The Netherlands. An often mentioned reason is that employment in industry and agriculture is declining and employment in service sectors is increasing. In these latter sectors employees have more autonomy in their work.

The number of tasks does not change over the four years of measurement.

Participation in internal or external training or learning and paid by the company is increasing. Task or job expansion is relatively high, considering that the 44% is measured only over the past two years. Also promotion seems to be quite high in this respect.

Innovation is only measured on a scale from 1 to 4, employees score 2.25 on the average. This lies between at the low end of 2=sometimes and 3=often. Half of the Dutch employees are stimulated to think about new ways to improve work design. About one quarter to one third of the employees is actually involved in the development of new products and/or services.

In 2008 the NEA questioned employees about the possibilities of learning, as an important aspect of the job. Of all employees 89% considered learning as important and 84% was satisfied or very satisfied about the facilities for learning offered by the employer. Of all employees 87% was (very) satisfied with the facilities to work part-time, 83% was (very) satisfied with the offered facilities to modify their own working times and 74% was (very) satisfied with the facilities to work at home.

**Table 4 Control over work**  
Table Summary - Control over work in 2007 and 2008

	<b>2007</b>	<b>2008</b>
<b>Autonomy (scale; 4 items; 1=few thru 3=much autonomy)</b>	--	2.51
<b>Autonomy (scale; 4 items; 1=few thru 3=much autonomy; % 2.5 and higher)</b>	--	60.5
<b>Compared to your colleagues does your job involve:</b>		
- more tasks	--	51.3
- about an equal number of tasks	--	44.0
- less tasks	--	4.7
<b>In past two years:</b>		
- participation in internal training/leaning paid by company (% of employees)	--	58.7
- participation in external training/leaning paid by company (% of employees)	--	44.4
- task or job expansion (% of employees)	--	44.0
- promotion (% of employees)	--	18.3
<b>Innovation (scale; 4 items; 1=never thru 4=always)</b>	2.25	--
- I am stimulated to think about better work design (% often and very often)	51.0	--
- I get time to develop new ideas (% often and very often)	35.2	--
- I help to design new products/services (% often and very often)	25.5	--
- I help to improve new products/services (% often and very often)	33.5	--
<b>How important is learning for you (% very important + % important)?</b>		88.8
<b>Satisfaction with learning facilities (% vary satisfied + % satisfied)</b>		84.1
<b>How important is part-time work for you (% very important + % important)?</b>		68.0
<b>Satisfaction with part-time work facilities (% vary satisfied + % satisfied)</b>		87.0
<b>How important is modifying working times for you (% very important + % important)?</b>		70.9
<b>Satisfaction with modifying working times facilities (% vary satisfied + % satisfied)</b>		83.1
<b>How important is working at home for you (% very important + % important)?</b>		34.4
<b>Satisfaction with working at home facilities (% vary satisfied + % satisfied)</b>		74.2

*Source NEA 2007 and 2008*

**The perception of the role that the employee holds in the organisation and whether the employee is clear about what is expected of them in terms of their job;**

No data on role factors are available.

## Conflicts of value / organisational justice;

Long term lasting conflicts are reported by less than 3% of the employees (see table 6). Conflicts happen more often with colleagues than with one's superior. Conflicts with the employer happen least, but still in more than 10% per year. There is no information on the content of these conflicts, but it is a commonly recognised problem, because the percentages in table 6 are evenly distributed across gender, age and the sector of industry where people work.

	<b>Short term</b>	<b>Long term</b>
<b>In past 12 months conflict with one or more colleagues (% of employees)</b>	25.0	2.1
<b>In past 12 months conflict with superior (% of employees)</b>	16.7	2.5
<b>In past 12 months conflict with employer (% of employees)</b>	9.1	1.9

Source NEA 2008

## Precariousness of work (i.e. nature of the employment contract).

The number of temporary contracts is rising in The Netherlands since at least three decades. On-call work was not encouraged by the enforcement of the Law on flexibility and security in 1999 and is still declining. Employers are afraid for the clause to be obligated to offer a permanent contract when the number of hours on call increases too much for a period of three months or longer. In table 7 the effect of the economic favourable years on temporary jobs is visible. In these years the employers are in need of personnel and offer employees more often a fixed contract with the outlook on a permanent job. At the same time the number of fixed contracts for the period of a particular project and temporary employment agency work decreases, because this is part of the labour market pool where employers attract new personnel from. About one percent of the Dutch employees work in social law facilities, which means that they have a mental and/or physical disability that prevents them from finding a regular paid job.

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Permanent contracts</b>	82.8%	82.8%	82.9%	81.9%
<b>Fixed contract (outlook on permanent)</b>	6.4%	7.2%	7.8%	8.7%
<b>Fixed contract (for a particular project)</b>	5.1%	4.9%	4.6%	4.7%
<b>Temporary employment agency contract</b>	2.2%	2.0%	1.9%	1.8%
<b>On call work</b>	2.6%	2.2%	1.8%	2.1%
<b>Permanent contract in a social law institution</b>	0.9%	1.0%	1.0%	0.8%



Source NEA 2005-2008

### Q3 Work-related stress outcomes

Please provide information (including references to the sources or studies) on stress-related outcomes:

#### **Individual outcomes (e.g. mental health illnesses, including depression and anxiety, and physical illnesses, such as cardiovascular diseases, musculoskeletal disorders (MSDs), disabilities);**

The NEA health outcome measures, directly related to work related stress were changed in 2007. However the incidence rate is relatively high (see table 8). There is a need for recovery in 29% of the Dutch working population and about 12% has a high burnout score.

About one third of the Dutch working population has a chronic health disorder. Musculoskeletal disorders rank highest. The incidence of mental disorders such as depression and anxiety is relatively low in the working population, but not in the general population where depression is one of the big mental health problems (<http://www.euro.who.int/document/E87301.pdf>). The number of chronic disorders is rising, probably also because the relative number of employees above 50 years of age is rising. About one fifths of the working population reports a (partial) disability (by self report).

<b>Table 8 Mental and physical health outcomes of work-related stress</b>		
	<b>2006</b>	<b>2008</b>
<b>Need for recovery (scale; 11 items; 0=no thru 1=need for recovery)</b>	3.55	--
<b>Need for recovery (scale; 11 items; % six or more yes)</b>	28.7%	--
<b>Burnout (scale; 5 items; 1=never thru 7=every day)</b>	--	1.99
<b>Burnout (scale; 5 items; % score of more then 3.20 on a scale from 1-7)</b>	--	12.4%
<b>Chronic disorders (% of employees)</b>	--	36.9%
<b>- Problems with arms and hands (% of employees)</b>	--	5.5%
<b>- Problems with legs and feet (% of employees)</b>	--	5.8%
<b>- Problems with back and neck (% of employees)</b>	--	10.2%
<b>- Cardiovascular diseases (% of employees)</b>	--	2.6%
<b>- Asthma, bronchitis, emphysema (% of employees)</b>	--	5.3%
<b>- Problems with stomach and intestines (% of employees)</b>	--	3.6%
<b>- Mental complaints (% of employees)</b>	--	2.4%
<b>(Partial) disability (% of employees)</b>	--	18.0%

Source NEA 2005-2008

#### **Organisational outcomes (effects that individual stress outcomes have on organisations, e.g. absence from work, job satisfaction, morale, level of**

**commitment, productivity, and the impact of these outcomes on organisations' costs, performance, or innovation capacity);**

There is a decline in the number of sickness episodes related to work-related stress, with the exception of fatigue and concentration problems (table 9).

The number of work days lost due to mental complaints etc. is relatively high compared to the other causes. The number of work days lost due to conflicts at work is rising, which may indicate that the nature of the conflicts is becoming more serious.

Most sickness episodes originate in the working situation, fatigue and concentration problems less often, which may indicate that part of the problem originates in the private situation. There is a slight increase in the assignment of these problems to the work situation, with the exception of mental complaints, etc.

The contribution of aggression and violence at work to sickness absences is in the range of the other work-related stress problems on the top of table 9, but is relatively often a long term problem. Besides sickness absence, aggression and violence may also cause a decrease in performance, which is often unseen by the organisation. More than ten percent of all Dutch employees yearly report this problem, 2.5% report that this lasts longer than 4 weeks.

<b>Table 9 Organisational outcomes of work-related stress</b>		
	<b>2007</b>	<b>2008</b>
<b>Last sickness absence episode was because of:</b>		
- mental complaints, being overstrained, burnout	--	4.0%
- fatigue or concentration problems	--	1.8%
- conflicts at work	--	0.5%
<b>Number of work days lost because of last sickness absence episode:</b>		
- mental complaints, overstrained, burnout	--	52.9
- fatigue or concentration problems	--	14.5
- conflicts at work	--	33.0
<b>Last sickness absence episode originated (partly) in work situation:</b>		
- mental complaints, overstrained, burnout (% of employees)	--	67%
- fatigue or concentration problems (% of employees)	--	59%
- conflicts at work (% of employees)	--	76%
<b>In the past 12 months and as a result of aggression and violence at work:</b>		
- were you absent?	2.6%	--
- were you absent 4 weeks or longer?	1.0%	--
- was your performance at work less?	11.5%	--
- was your performance at work less for a period of 4 weeks or longer?	2.5%	--

<b>Table 10 Mean sickness absence percentage related to work-related stress</b>	
<b>Work-related stress:</b>	<b>2006</b>
- is high (18% in 2007)	4.5%
- is intermediate (24% in 2007)	4.2%
- is alternating high or low (54% in 2007)	4.3%
- is low (4% in 2007)	4.8%
- decreased in the past two years (7% in 2007)	4.0%
- continuous in the past two years (46% in 2007)	4.2%
- increased in the past two years (47% in 2007)	4.4%
- in organisations with measures taken against work-related stress (52% in 2007)	4.5%
- in organisations with no measures taken against work-related stress (48% in 2007)	4.1%
<b>Sickness absence percentage in The Netherlands</b>	<b>4.4%</b>

Source: OSA Employers panel

The OSA employers' panel (Becker et al., 2008) gives mean absence percentages for organisations reporting high, intermediate, alternating high or low, and low work-related stress (see table 10). There does not appear to be a strong relationship between organisations with low and high work-related stress.

**Labour Market or Societal level outcomes (the ‘costs’ to society of stress). This could include issues such as higher levels of unemployment, and of recipients of incapacity benefits, costs to health and welfare systems, loss of productivity.**

An estimate of the multiple costs incurred by workplace accidents, illnesses and long-term absence in the Netherlands puts the amount at 3% of total GNP. Musculoskeletal disorders and psychosocial diseases are responsible for 83% of the cost of work-related health issues (<http://www.eurofound.europa.eu/ewco/2004/12/NL0412NU01.htm>).

<b>Table 11 The estimated total cost per worker is given in the table below (data from 2001).</b>		
<b>Estimated total costs per worker</b>		
	<b>All sectors and services</b>	
	<b>€s per worker</b>	<b>% of total</b>
<b>Costs as a result of work-related illness:</b>	<b>1,368</b>	<b>77.3%</b>
Cost of resulting absenteeism	527	29.8%
Cost of occupational disability	609	34.4%
Cost of reintegration grants	103	5.8%
Cost of curative health care	129	7.3%

<b>Cost of prevention:</b>	<b>400</b>	<b>22.7%</b>
<b>Preventive occupational health and safety (OHS) measures</b>	120	6.8%
<b>Company investment and expenses for prevention</b>	157	8.9%
<b>OHS research and development</b>	10	0.6%
<b>Judicial cost</b>	2	0.1%
<b>Administration by companies</b>	102	5.8%
<b>Legislation and inspection</b>	6	0.3%
<b>Subventions and grants for improvement</b>	3	0.2%
<b>Total costs per worker per year</b>	<b>1,768</b>	<b>100%</b>

*The total cost for the Netherlands is equivalent to 2.96% of gross national product (GNP).*

*Two particular diagnoses are responsible for 83% of the cost of work-related ill health: musculoskeletal disorders (43%) and psychosocial disease (40%). Other diagnoses resulting in relatively high cost are: heart and vascular disease (5%), nervous system including the eyes and ears (4%), and occupational accidents (4%).*

*Calculations are made using Excel, which allows analysis of different*

## **Q4 Interventions on work-related stress management**

**What relevant information is available about interventions on work-related stress management and their effectiveness?**

**Are any interventions in place to manage work-related stress? If so, what kind of interventions are they?**

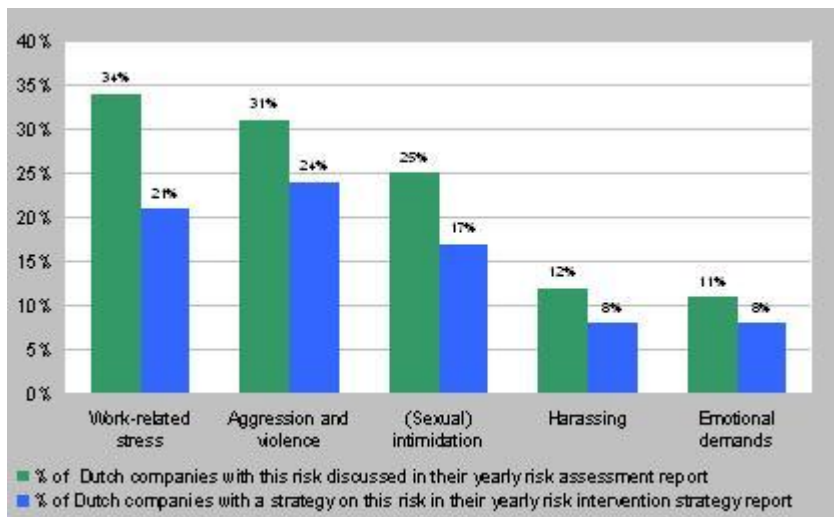
**Table 11 Interventions in the past 12 months to manage work-related stress in 2005-2006**

	<b>Yes, sufficiently</b>	<b>Yes, but insufficiently</b>	<b>No, but necessary</b>	<b>No, but not necessary</b>
<b>Information on managing work stress</b>	15.1%	5.4%	25.5%	53.9%
<b>Reduction of work load</b>	13.4%	5.8%	16.5%	64.4%
<b>Employer agreed with better work-home adjustment</b>	22.8%	4.0%	9.9%	63.3%
<b>Assistance in handling conflicts, intimidation or aggression</b>	15.7%	4.5%	10.4%	69.4%
<b>Assistance in handling work stress related complaints</b>	15.6%	10.7%	16.9%	56.9%

*Source NEA 2005-2006*

When asked to employees in Dutch organisations, it appears that 13.4% to 22.8% report successful interventions in the past 12 months (table 4.1). Most successful are the personal adjustments of the work-home relationship. Most inefficient are interventions directed at assistance in handling work-related stress complaints. The implementation of interventions directed at the provision of information on managing work stress is most wanted.

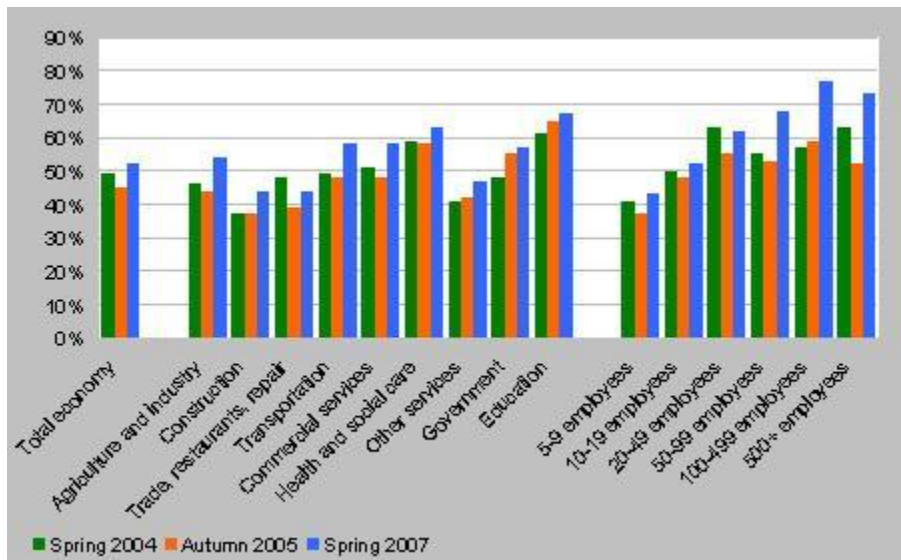
**Figure 4 Work stress and related risks reported by Dutch organisations in 2008 in their yearly risk assessment and their yearly risk intervention strategy reports**



Source: AI Monitor Work in Companies 2008

The Dutch Labour Inspectorate every year monitors a sample of about 2,000 organisations on a selection of specific working circumstances. In 2007 organisations were monitored on work-related stress. The labour inspectors checked whether work-related stress was examined as a risk in the yearly risk assessment report of the companies. The completion of such a report is a legal obligation for all Dutch companies. Only 46% of all companies have such a report however, mostly small organisations lack such a report. Also a yearly stress intervention report is required. Figure 4.1 gives the percentages of Dutch companies that discuss work related stress, when companies have such reports. The risk is more often discussed than strategies to combat this risk. Most often discussed is work-related stress. Most often described as an intervention strategy is aggression and violence.

**Figure 5 Percentage of employers that undertook work-related stress interventions in the past two years**



Source: OSA employers panel 2008

Figure 5 provides the figures from the OSA employers' panel on employers that undertook work-related stress interventions in the past two years. About 50% of the Dutch employer undertook these kinds of interventions. This is related to organisational size and to the sector. Large organisations undertake more interventions than small organisations, but there is a break at organisations with 20 employees or more. In these latter organisations no increase is seen. In the sectors health and social care and education most interventions take place.

**Which organisations are promoting these interventions? E.g. at national level (health and safety authority, labour inspectorate, social partners, government), at sectoral or at company level?**

Interventions directed at the reduction of work-related stress factors are encouraged by the Dutch government in the Dutch Working Conditions Act.

The Dutch Labour Inspectorate maintains this obligation.

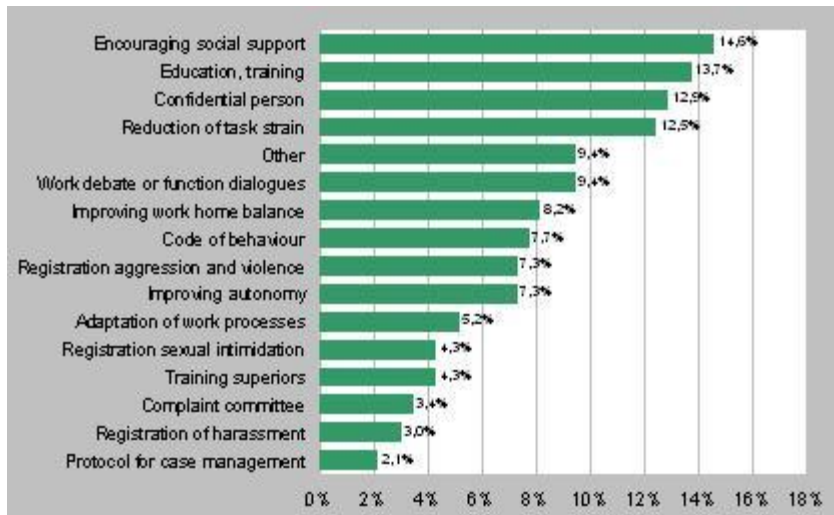
Another initiative by the Dutch government is the start of the so-called OSH-catalogue policy by the government since 2007. An OSH-catalogue can be prepared voluntarily by the social partners in a sector, and consists of solutions to the OSH problems within the sector. The idea is that this OSH-catalogue offers tailor made solutions to the OSH-problems of the employers in the sector. Sectors where work-related stress is a problem, can describe solutions for monitoring and intervention in the catalogue. The Dutch Labour Inspectorate uses the OSH-catalogues for their inspections to employers. The concept OSH-catalogue needs to be approved by the Labour Inspectorate and should be kept up-to-date and can be refilled with new ideas and developments.

At the company level the Dutch Occupational Safety and Health OSH medical institutions and professionals: (1) guide organisations on questions of sickness absence, (2) help them with confirming the yearly risk assessment and the yearly risk intervention strategy reports, (3) perform periodical risk assessment questionnaires and PAGO and (4) perform appointment examinations. These are legal obligations every company has to attract from a

medical OSH institution or professional. When asked for the OSH medical institutions and professionals also perform other tasks.

**Are the interventions devised to be implemented at the primary (causes) / secondary (individuals) or tertiary (action on the consequences of stress) stage?**

**Figure 6 Work stress interventions reported by Dutch organisations in 2007**



Source: AI Monitor Work in Companies 2007

The Dutch AI Monitor Work in Companies 2007 reports figures on work-related stress interventions, in a random sample of n=2007 Dutch organisations (see figure 4.3). The secondary type of interventions, targeted at individuals, is in the majority. Dutch organisations however also improve working circumstances by implementing interventions targeted at primary causes, such as alleviating task strain, the introduction of work debates and improving autonomy.

Tertiary interventions or action on the consequences of stress is mostly done by OSH doctors hired by most companies from outside the company. NEA 2008 data indicate that especially when sickness absence cases last longer than two or three weeks, all employees are summoned for a consult. There is no indication that in case of work-related stress employees are called earlier or more often. Because the work-related stress cases last longer than many other cases, employees are guided more intensively than in other cases, but this is primarily a question of duration of the sickness absence case. One often used type of intervention is partial return to work as a therapeutic measure.

**Are any common instruments to measure stress at organisational level being developed, tested or assessed? Please describe them;**

The Dutch SKB organisation organises questionnaires in Dutch organisations, mostly on demand from the Dutch OSH medical institutions. An important part of this service is the "Questionnaire on experience and judgment of employees of their working situation" which includes a large module on work-related stress factors. The collection of data started in 1995 and the database consisted already in 1998 of about 70,000 completed questionnaires.

Nowadays this organisation has a huge database for reference comparison. The work-related stress questionnaire is thoroughly developed and tested by scientific standards.

**Please identify and describe up to three examples of good practice and their effectiveness in terms of stress management, with a special focus on the lessons learned. These can be at national, sectoral or organisational level.**

From 1995 to 2005 the Dutch Ministry of Social Affairs and Employment actively encouraged and subsidized Work and health Covenants as a voluntary sectoral approach of risk management. The overall aim was to achieve a reduction in exposure to sector-specific psychosocial and physical risks of about 10% over a period of approximately three years. The government funded part of the initiatives, but these grants ended at about the year 2006. A covenant can be described as a 'gentleman's agreement' between employer and employee representatives of a sector, who - in the presence and with the advice of the Ministry - agreed on which risks to tackle, the approach or measures to be taken, and the specific goals to be formulated at sectoral level.

The approach to combat work-related stress in the hotel and restaurant sector is one of the cases in this covenant policy. Work-related stress declined by 13.2% in the four-year period between 2000 and 2004, partly due to the activities stimulated by the tripartite voluntary covenant. The parties involved were the employer organisations and trade unions active in the sector, as well as the Ministry of Social Affairs and Employment. When the covenant period ended in 2004, the Ministry withdrew its immediate involvement, and the social partners continued with a new and promising way of working together.

The current OSH-catalogue policy of the Dutch Ministry of Social Affairs and Employment is after the covenant policy a next and more compelling answer to direct responsibility on working circumstances to the employers and employees. This policy aims to "cover" all sectors and employees by an OSH-catalogue. Work-related stress is part of the catalogue, when this is a risk in a branch or sector. By November 2009 the number of accepted catalogues was 78, all together covering 37.1% of the total Dutch working population. One year before there were only 20 accepted catalogues.

## **Q5 Commentary**

Please provide your own/your institution/centre view on work-related stress, referring to, for example, national debates about the topic or any other issue considered important from your national perspective which was not covered by this questionnaire.

Work related stress is an important subject in Dutch working conditions research and practice, since at least four decades. Next to musculoskeletal disorders, it is the largest OSH problem in the current Dutch working situation. However it is not always seen by the government and employers as an important problem and often disappears within a number of other OSH-related problems. This is partly due to the fact that organisations do not recognise the problem easily, do not listen to the messages of the employees very much, are not convinced by the fact that interventions attain substantial results and the fear that organisational interventions imply too much organisational effort, periods of uncertainty and resistance to change. Important effects of work-related stress are not studied or communicated enough yet, such as the costs of stress in relation to sickness absence,



presenteeism, and quality reduction of products and services. Current research on work-related stress interventions concentrate on less rigorous intervention techniques and more practical and less scientifically demanding measurement, while keeping process and effect monitoring at a high standard.

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