Social Europe

Psychosocial risks and health effects of restructuring

Background paper

Investing in well-being at work: Addressing psychosocial risks in times of change

High Level Conference
Organised by the European Commission and the Belgian EU Presidency

Brussels, 22 – 24 November 2010

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Executive Summary

Change and restructuring are nothing new in European history and, in particular, these issues have been present throughout the history of the EU; restructuring and change take place in every competing organization at an increasing speed and therefore affects society across all of Europe. Closures, downsizing, outsourcing, off-shoring, sub-contracting, mergers, delocalizations, internal job mobility or other complex internal reorganizations: These phenomena cannot be considered to be a random collection of company events but rather evidence of entire sectors involved in international competition and moving into a new division of work. The impacts of this restructuring are far from being limited to mass layoffs and job losses, which are only the tip of the iceberg in terms of the complex processes at play that have more far-reaching effects on companies and work organization.

Among their multiple repercussions, restructuring and organizational change have a vast impact on the health of employees, organizations and communities. In this context, the health dimension of such a rapid change gains much more importance than before; moreover, health is a central aspect that feeds into company employment and productivity. Thus, maintaining and promoting health is a central challenge for all actors during the processes of restructuring and it is this often neglected aspect of organizational transitions that the background paper addresses.

It is important to consider the joint responsibilities that the partners, both inside and outside the organization, have to ensure that a restructuring or organizational change process has as few detrimental effects on workers' mental health as humanly possible. This requires considerable attention to be paid to those who leave the organizations - the "victims" of layoffs - but also to those left behind - the "survivors".

In order to prepare the Forum "Investing in well being at work: - Addressing psychosocial risks in times of change", this background paper attempts to answer the following questions:

- What data and academic literature are available for establishing a relationship between health, change and organizational restructuring at the European and national level? How are psychosocial risks, effects of restructuring on individual health, and organizational performance interrelated?

- What policies, frameworks and tools are available at EU or national level that might best guide restructuring processes to reduce the negative health effects of restructuring?

- How does social dialogue at different levels play a role in that field?

- Which innovative restructuring approaches best focus on the issue of health?

Main findings

Empirical evidence regarding the health impact on the direct victims, the survivors of restructuring, and the managers implementing and executing the organizational change

This background paper analyzes the international state of the art regarding the psychosocial risks associated with significant levels of organizational change. It demonstrates that restructuring can be considered to be a serious threat to individual health for those who lose their job (the "direct victims") as well as to the immediate environment – even if only temporarily. Restructuring is one of the most complex changes to take place in the workplace and work reorganization must be taken seriously as a

risk that should be handled extremely carefully in order to limit the negative health impacts associated with it.

The recent evidence that has developed only during the past two decades on the health effects on those staying behind or remaining in the organization after the restructuring (the so-called “survivors” of restructuring or layoffs) shows the manifold ways in which employees’ productivity, commitment to the company, and psychosocial well-being, are affected by the way the restructuring is managed. There is now broad evidence linking employees´ health with the way organizational change is planned, implemented and executed.

The impact of restructuring on workers’ working conditions and health and well-being is reviewed according to three dominant models in occupational health research: The job demands-job control (support) model; the effort-reward imbalance model; and the job demands resources model. There is evidence that restructuring leads to increased job demands which in turn predict higher levels of burnout and poor self-rated mental health. Increased time pressure as a result of restructuring leads to increased sick leave and workplace accidents. Furthermore, an increase in physical demands is related to a higher incidence of musculoskeletal problems.

Lack of job control during restructuring is related to increased morbidity, sickness absence and poor mental health. The combination of high job demands and low job control leads to poor mental and physical health. Social support, on the other hand, seems to have a protective effect. Social support minimizes the negative effects of a higher workload after restructuring. Superior support during restructuring predicts lower levels of exhaustion and social support leads to less alcohol abuse and less isolation.

A prominent factor in the effort-reward imbalance model is job insecurity. Increased job insecurity as a consequence of restructuring has been associated with increased levels of burnout, poor psychological health and emotions such as anger. Regardless of whether job insecurity is perceived or objective (due to company closure), it is related to more psychosomatic health complaints and anxiety. Employees putting in extra effort in order to keep their jobs experienced higher levels of depressive symptoms due to a perceived imbalance between effort expended and a successful outcome and a lack of control of events. Experiencing job insecurity when in a job characterized by low job control and high job demands leads to more depressive symptoms, anxiety, physical health complaints and poor self-rated health. Being rewarded with training and promotion protects against poor mental health during restructuring.

Stress symptoms, poor sleep quality and emotional exhaustion during restructuring were all related to poorer work-life balance. Restructuring is also associated with higher levels of negative spill-over from work to family life than vice versa. Social support has been found to be associated with perceptions of justice and acceptance of change and supervisor support leads to a perception of a smooth implementation process characterized by feelings of control, high self-efficacy, active coping and flexible adjustments.

Coping is an important individual resource but different types of coping have different effects. Escape coping is associated with disengagement, whereas problem-solving coping is related to job satisfaction and identification with the organization. During restructuring employees high in optimism and self-efficacy report higher job security, psychological well-being, job satisfaction and engagement. Role conflict during restructuring is related to lower levels of job satisfaction and poor mental health.

Workers at the lowest levels are not the only ones to be affected by restructuring. Supervisors and middle managers are often ‘caught in the middle’ and have responsibility for implementing decisions they may not have been involved in making, and at times have to make long-time colleagues redundant.

Managers' perceptions of the change process have been found to influence workers' perceptions of their working conditions. Where middle managers perceived procedures to be unjust, they exerted less effective change management behaviours and as a result workers felt less supported. The effects on middle managers' own health and well-being include sleep disturbances, physical health problems and depressive symptoms. Bullying during restructuring has been found to be related to job dissatisfaction, increased symptoms of stress, anxiety, and depressive symptoms compared to those not exposed to bullying. Most often, the supervisor was reported to be the bullying party, but also bullying between colleagues was also reported to be a problem. We must, however, also take into account the fact that the line managers who are responsible for the communication and execution of restructuring at company level often do not have the tools and knowledge to guide such a complex process, they often show a contamination effect of the effects upon their subordinates (dismissed or remaining) and therefore are also a relevant group for future concerns.

An enlightened management should therefore include these health considerations into the concept of socially responsible restructuring, which will not only lead to higher competitiveness but also, through the protection of the health of workers, to a smoothing of the process of organizational change. A healthy workforce is in the interest of all stakeholders and social institutions if a competitive European workforce is to be maintained.

Existing frameworks and practices

The EU has the potential for the putting into place adequate policies and actions in the area of workers' health during restructuring. EU legislation as well as EU social dialogue already provide, even if more implicitly than explicitly, standards and guidelines which can help to tackle this issue in a positive and responsible way. There are steps that can be taken by employers and other social actors to help mitigate the negative effects of restructuring and change on the health of employees and which can be of benefit to those employees, the employer and wider society: This background paper contains relevant case studies at company, sector or regional levels, which demonstrate that the health challenge can be met successfully when companies, organizations and main stakeholders invest in these steps.

More focused and cross-cutting policies are needed

What is missing is probably a clear focus on this aspect of change on the part of the EU and national policies that are related to the management of change to health, both public and occupational. Making change an opportunity rather than a risk for health and well-being does not primarily mean involving health measures or health specialists. Issues such as the empowerment of individuals, communication, fairness, trust, anticipation and preparation are key and not directly related to health. Therefore, a more sensitive management of change is required and should influence the agendas of governments, companies, trade unions and main stakeholders. Targeted health measures, such as Health Promotion at the Worksite should be considered as a valuable tool that can create a resilient workforce and therefore contribute to psychosocial buffers for employees facing complex organizational change processes instead of reducing these offers in times of change or crisis.

Ten main areas for action – Questions for debate

Lessons drawn from the present state of the art lead to challenges to be addressed at several levels: Data and studies; legislation and policies to be developed at national and EU level; social dialogue frameworks to be set up and implemented; approaches to change to be revised in both private and public sectors; the role of occupational and employment services; and the availability of training and operational tools. On the basis of these issues, this background paper sets out ten main areas for action.

Health and restructuring: A key issue for structural change?
Tackling health in restructuring is needed not just because restructuring can have a detrimental impact on health but also as a useful investment in the future of the European workforce and in order to defend the European model as sustainable and competitive. The key question here is finding the right combination of legislative instruments, social dialogue, training, investments, commitments and operational tools.

Groups at risk: Trust and justice as a critical issue?
Scientific and empirical evidence show that the main groups at risk are: people who are dismissed; the survivors; contingent workers; middle managers; and small businesspeople threatened with bankruptcy. Justice is a major issue during profound organizational change. The key question here is to what extent transparent communication, cooperation and trust between employers and employees occur in actual company practice.

Data and studies: How to improve data, awareness and monitoring?
Data related to health and restructuring are widely lacking and fragmented at both national and European levels. In order to better assess the real situation and to plan future activities, it is important to consider how a consistent collection and evaluation of data connected with employee health in restructuring processes can be achieved, bearing in mind that this appears to be very difficult in SMEs.

Companies and managers: What responsibilities?
Health related to restructuring and organizational change is a shared responsibility and there are no distinct borders between corporate responsibility for promoting health in the workplace and the responsibility of the state and other public actors to ensure the health of the workforce. The question here is finding the appropriate level of managerial, professional and financial responsibilities for promoting health in the anticipation, preparation and management of change, including its impact on the value chain and on outsourcing.

Social dialogue: Next steps?
Social dialogue is central for tackling restructuring and occupational health and safety. The key question here concerns which further steps could the social partners take, in terms of joint actions, collective bargaining on changes in all dimensions and increasing awareness among employers, unions and employees' representatives.

Legislation: To be reconsidered?
EU Legislation does not explicitly mention the link between health and restructuring but such a cause and effect relationship is now obvious. There is a question about whether it is necessary to act at EU level and review existing legislation and frameworks., whether it is appropriate to issue additional instructions or recommendations at EU and/or national level, to develop a new role for labour inspections by including restructuring and organizational change in their emerging approach of psychosocial risks, and to consider including restructuring related forms of ill-health under the scope of any future EU instruments on occupational diseases.

Restructuring in the public sector: Can approaches from the private sector be transferred?
Public authorities are not only responsible for policies and legislation but also for managing public bodies and organizations. As the public sector in Europe is now undergoing major changes, there are issues surrounding the likely future responsibilities and actions that will need to be taken by the public authorities at central as well as at regional or local level in terms of maintaining the health of their workforce during organizational changes.

The role of occupational safety and health services and partnering with the health sector: What improvements could be made?

A "healthier" restructuring might benefit from initial health measures, although it should rely more on better anticipation, preparation, management and follow-up. In this regard, the key question concerns how the role of occupational safety and health services (OSH) in times of change can be developed in terms of training and expertise in order to face specific health dimensions related to changes and restructuring as well as developing the role of mediators., and how social security and health care providers can support the prevention of the negative health impacts of restructuring.

Employment, health approaches and flexicurity: New bridges?

The health consequences of restructuring are calling for modern employment approaches, including those based on better employability and flexicurity. Key questions here include whether flexicurity approaches should be enlarged to include better adaptation of organizations and individuals to change, and whether employment services have a role to play to manage the impact of change on employees' health.

Operational tools, networks and education: Which priorities?

Operational tools will be efficient only if they are congruent with other aspects of restructuring: Legislation, social dialogue, commitment, training, exchange of good practices, investment and a clear OSH role. The main question here concerns which priorities are given for developing framework operational guidelines for companies and organizations, taking into account the specificities of SMEs, and which efforts are being made to review usual risk assessment tools in order to include restructuring impacts.

1. Health, well-being, restructuring and change: Main issues

Restructuring or profound organizational changes are nothing new in European history and, in particular, in modern times with the European Community of Coal and Steel being at the origin of the EU; restructuring takes place in every competing organization and therefore affects all European societies. But, in particular with the present global crisis, the ways in which European societies are coping with huge challenges such as globalization, ageing or climate change, are very sensitive issues.

Restructuring and organizational change are understood to be changes that are much more significant than commonplace changes. Restructuring or organizational change affect at least a whole organizational sector or an entire company rather than constituting peripheral alterations to a business. Restructuring can manifest itself in the forms of closure, downsizing, outsourcing, offshoring, sub-contracting, mergers, delocalization, internal job mobility or other complex internal reorganizations. Initially designed during the 30 past years as a temporary event and throwing companies into difficulty, the scope of the concept of restructuring has now been widened. Today, it is not considered to be a random collection of company events but rather entire sectors involved in international competition, giving rise to a new division of work. The transition from an industrial economy to a service economy is, in this regard, striking and concerns every member of the European Union, without exception. This revolution is at least similar to that which saw Europe move from an economy based on agriculture to an industrial economy within a few decades. Furthermore, this is no longer just a temporary crisis but a kind of recurrent movement whereby hitherto acquired situations are constantly being re-opened to question. Finally, within the framework of heightened international competition, profitable companies may feel just as tempted to restructure in the name of consolidation or growth of their business as companies that are less successful and which are struggling for survival.

The impacts of restructuring and organizational change are far from being limited to mass layoffs and job losses. Indeed, one could say these two issues are the tip of the iceberg of an economic phenomenon that has more far-reaching effects on companies and work organization. Whether it is change due to new technologies and processes; a change in the approach to work; a change in the types of qualifications and duties required; an increased demand for individual or collective performance or just simply a change in the corporate fibre and the emergence of a different, more demanding sort of shareholder; or a considerable rise in production groups and networks – restructuring and organizational change are often an integral part of the phenomenon, and which have multiple repercussions.

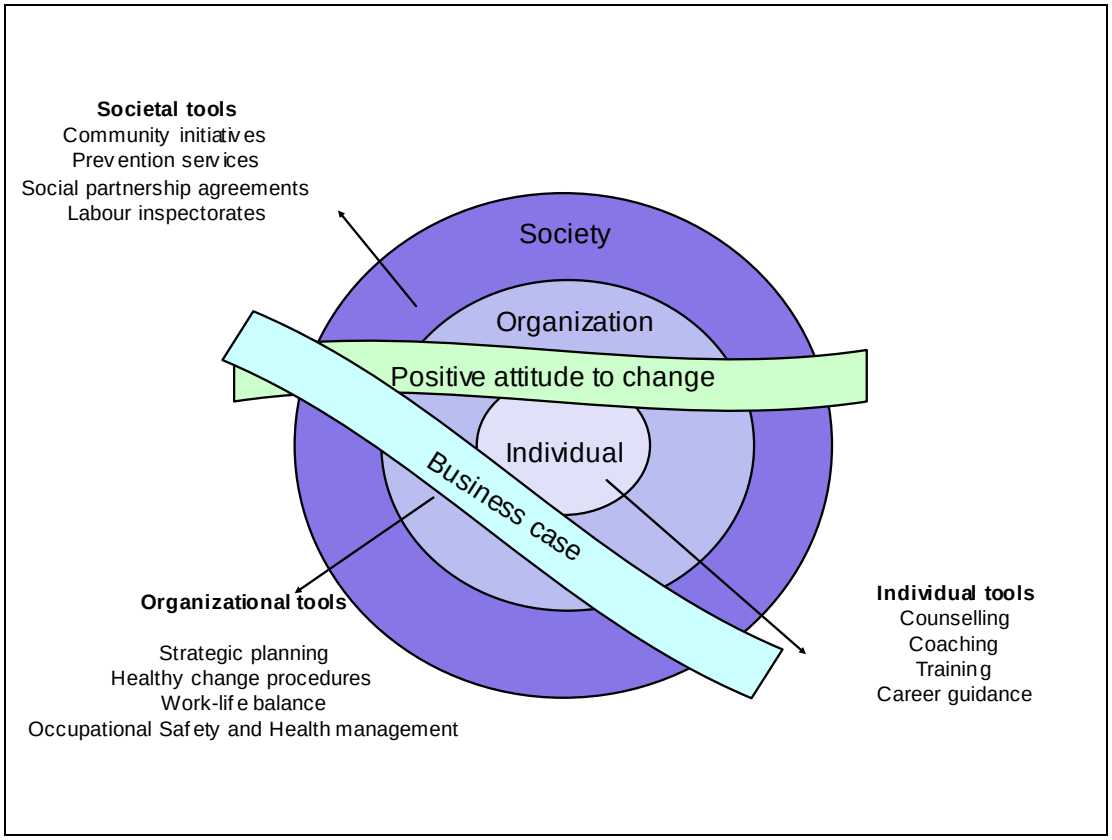
Besides or through their effects on employment, restructuring and change also have a vast impact on the health of employees, organizations and communities. Moreover, health is a central aspect that feeds back into employment and productivity. Thus, maintaining and promoting health is a central challenge for all actors within the processes of restructuring and it is this often neglected aspect of organizational transitions that this background paper will address.

It is important to consider that there is a common responsibility for the partners both inside and outside the organization to join forces to ensure that a restructuring or organizational change process has as few detrimental effects on workers' mental health as possible. This requires considerable attention to be paid to both the victims of layoffs but also to those left behind, the survivors of layoffs. This is illustrated in the onion model below, which shows on which layers efforts should be made to produce a positive attitude to change and to balance the supports and demands for a healthier restructuring.

Europe is today facing major challenges. For three decades we have witnessed an accelerating industrial restructuring process that has been driven by a wide range of economic and social factors: rising living standards and changing consumption patterns, new employment preferences for less arduous physical work, the emergence of new technologies, the financialization of the global market

economy and wholesale privatizations of public enterprises and services, and the huge systemic transition in Central and Eastern Europe.

Figure 1: The onion model

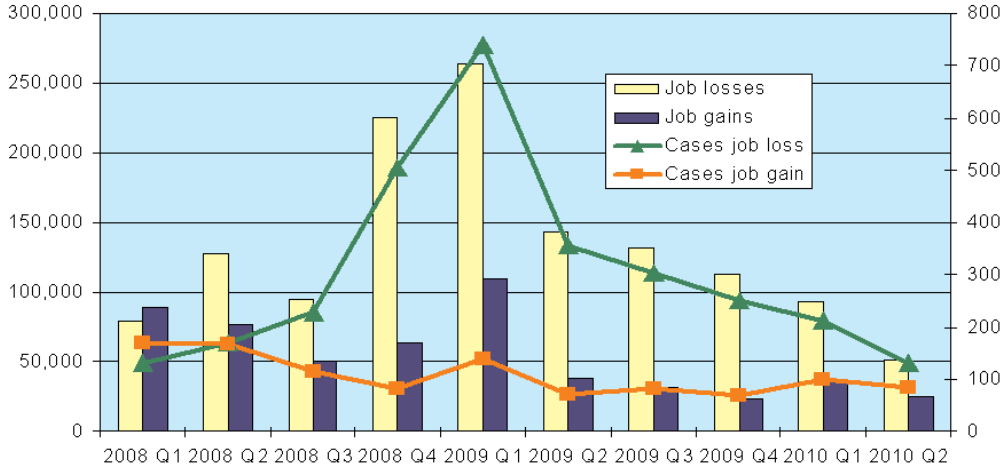


Since 1970 the proportion of Western European citizens whose employment is in manufacturing goods has declined from around one in two to one in four. The pace of transition is now no longer over generations, but within individual lifetimes. Europe has therefore been forced to begin considering more socially responsible ways of navigating change so that its benefits to the people who experience it are maximized and its negative impact is minimized.

Over the last two years, however, the global financial collapse and the deepest economic crisis since the 1930s have pushed restructuring into hyper-drive. Recent trends in restructuring have been extensively described in the most recent quarterly European Restructuring Monitor report.

It shows, among others, that since the second quarter of 2009, restructuring processes in the EU started to decline after the peak of the crisis as indicated in Figure 2 below.

Figure 2: Number of cases of restructuring and total announced job losses and gains in the EU-27



Source: *ERM, quarterly report, summer 2010*

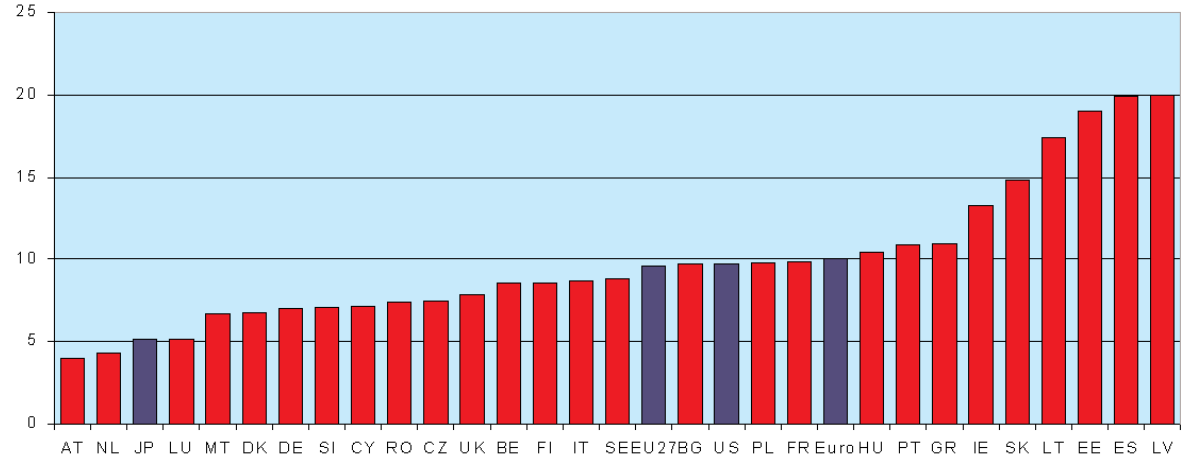
It is interesting to observe that in 2008 and 2009 the main forms of restructuring have been internal restructuring (70.3 %), bankruptcies and closures (21.3 %), mergers and acquisitions (3.9 %), offshoring (3.1 %), relocation (0.6 %), outsourcing (0.5 %) and others (0.4 %).

More recently, between April and June 2010, the ERM recorded a total of 214 cases of restructuring. These cases involved 51,144 announced job losses and 24,489 announced job gains. Internal restructuring accounted for over 70% of the total announced job losses and bankruptcy/closure for nearly a quarter. Offshoring represented 6 % of total announced job loss in the quarter (3,237 jobs). The extent of relocation and merger or acquisition is even more marginal (involving 880 and 530 job losses, respectively).

If unemployment in the EU has stabilized at 9.6% (May 2010), it is however nearly three percentage points higher than at its most recent pre-crisis trough in early 2008. There were over nine million people fewer in work in the EU27 in the first quarter of 2010 compared to the recent peak in employment in the third quarter of 2008 (approximately 210 million compared to 219.5 million). The majority of job destruction has been concentrated in manufacturing and construction, with consequent disproportionate impacts on younger, male, unskilled/semi-skilled workers in the private sector. The impact of unemployment varies between countries as shown in Figure 3.

Closures and/or major downsizing have embraced nearly every sector of Europe's economies: the greater interconnectivity of the global economy has meant that unemployment has been rising in most EU member states at a faster rate than ever before. In this context the health dimension of such a rapid change gains much more importance.

Figure 3: Seasonally adjusted unemployment rates, May 2010 (%, EU-7, USA and Japan)



Source: *Eurostat*[1]

To provide a background for the discussions that will take place in the Forum "Investing in well-being at work: Addressing psychosocial risks in times of change", this background paper will attempt to answer the following questions:

- What data and academic literature is available for establishing a relationship between health, change and organizational restructuring at the European and national level? How are psychosocial risks, effects of restructuring on individual health and organizational performance interrelated?

- What policies, frameworks and tools are available at EU or national level that might best guide restructuring processes to reduce the negative health effects of restructuring?

- How does social dialogue at different levels play a role in that field?

- Which innovative restructuring approaches best focus on the issue of health?

To achieve this goal, this background paper includes:

- An exhaustive examination of empirical and documentary evidence of the effects on health and well-being of employees and the related community due to organizational restructuring;
- A comprehensive review of the literature on the effects of restructuring on health, psychosocial risks and productivity;
- An investigation of the current approaches, tools and instruments to health management in restructuring;
- A review of existing and newly developed policies;
- A review of the role of institutions across Europe in this regard;
- An analysis of the roles of all relevant social actors in restructuring as well as the description of innovative tools and practices identified in various EU member states.

Finally it will raise key policy issues to be addressed by the main stakeholders throughout the EU.

[1] Note: Data for EE, EL, LT, RO and UK are from March 2010.

2. Psychosocial risks in restructuring and health effects

The international debate on health risks at work has shifted in the last two decades in the direction of the role of psychosocial risks associated with employment. Several studies and reviews have been carried out that show that the level of psychosocial risk determines to a considerable extent the health situation of workers (De Lange, Taris, Kompier, Houtman, & Bongers, 2004). This change is also reflected in the long-term development of the morbidity structure of populations as well as in the development of workplaces placing less emphasis on physical strength and more on the psychosocial demands as well as increased work intensification (Houtman, 2007).

It is known from empirical research that times of change place an additional burden on the individual affected. Change means that he or she has to give up the routine environment that provides a certain level of security and safety, to adapt to new roles that cannot yet be fully comprehended, and is confronted with an uncertain future. We take in our review the concept of enterprise restructuring as a paradigm for profound organizational change as this covers a variety of types of changes and is also responsible for distinct individual outcomes.

It is known from empirical research that times of change put additional burden on the individual affected. He or she has to give up the routine environment that provides a certain security and safety, to adapt to new roles that cannot yet be fully overlooked and is confronted with an uncertain future. We take in our review the concept of enterprise restructuring as a paradigm for profound organizational change as this covers a variety of types of changes and is responsible for distinct individual outcomes as well.

The rate of enterprise restructuring has reached such a level that many workers face almost permanent change in the workplace. The objective of the process of restructuring is generally strategic advantage or improved organizational performance. And yet, in many cases, restructuring does not keep its promises. Restructuring, notably downsizing, does not always boost profitability or productivity. On the contrary, if executed in a narrow form of strategic management only, it can lead to a counterproductive loss of productivity and profitability (see Cascio, 2002; Rogovsky, Ozoux, Esser, Marpe & Broughton, 2005). Moreover, restructuring also entails various side effects. As the most striking form of restructuring is closure or downsizing, the most obvious effect is job loss and subsequent loss of economic wealth in the case of the redundant workers. Further, job cuts not only lead to loss of economic wealth for the workers who have been made redundant - there is a growing body of evidence that downsizing and redundancy also has a considerable impact on the health of workers, notably of those that remain unemployed (Kieselbach, Winefield, Boyd & Anderson, 2006; Kieselbach & Mannila, forthcoming). These individuals display more health problems, demonstrate riskier health behaviour and suffer from higher morbidity and mortality rates (Kieselbach & Beelmann, 2006). In the most extreme form, loss of gainful employment is even associated with a higher than average number of suicides (Dejour, 2010; Eliason & Storrie, 2009a; Keefe et al., 2002; Rogge & Kieselbach, 2010).

The experience of unemployment is a strong indicator of disadvantage and a measure of a disrupted labour market career for the individual, and it is strongly associated with mortality. In Finland, unemployment was found to be associated with more than double an increase in the hazard of mortality after 1989, which was a period of low unemployment. The increase after 1994, a period of high unemployment, was 1.25-fold (Martikainen, Mäki & Jäntti, 2007). This suggests that redundant workers handle the redundancy better, when, for example, a financial crisis is to blame.

These effects have stood in the past without doubt in the foreground of empirical research on the health effects of organizational changes involving job loss and resulting unemployment. They have also received significant attention in the political arena as those losing their jobs as a consequence of drastic changes such as downsizing must be considered to be the main victims of this change. Their risk of

being excluded from mainstream society has led to specific European policies such as strategies for the reduction of social exclusion and support for inclusion policies. Here, the hysteresis effect of unemployment in particular was a relevant driver for the development of intervention schemes in order to avoid the increasing barriers to re-employment observed in association with persistent long-term unemployment.

However, the health impact of restructuring extends well beyond the effects of layoffs. First of all, it is becoming increasingly clear that those workers that 'survive' downsizing – in the sense that they keep their job – may suffer severe health effects as well. For quite some time these workers were considered to be the "lucky survivors" also from the perspective of those who had to leave the organization as a consequence of downsizing. After two decades of empirical research on the survivor effects, the picture is now much more complex (for an overview, see Datta, Guthrie, Basuil & Pandey, 2010).The negative effects of restructuring that have been identified on those remaining in the company after the organizational changes have taken place have been labelled "layoff survivor sickness" (Noer, 1993, 1997).

Secondly, the concept of restructuring is also understood as changes in work organisation. It is not limited to downsizing and – its ultimate form – closure of enterprises. Restructuring should not be considered to be merely a temporary 'crisis'. Rather, it has become a permanent feature of work as a result of the introduction of new management techniques (such as just-in-time management) and various forms of increased flexibility (temporary workers, payrolling, etc.). These forms of restructuring all entail specific risks to health and safety.

We provide a typology of various forms of restructuring and of how restructuring may influence the health of workers as well as the health of organizations. In addition, data on the prevalence of restructuring on the European and on some national levels is highlighted. This typology is underpinned by empirical findings concerning the health of workers ("direct victims" and "survivors"), the health of middle or line managers responsible for carrying out the restructuring and a discussion of the broader effects on organizational health.

2.1 A typology of restructuring

Restructuring is often associated with 'crisis'-like events such as closure, downsizing and layoffs. This is the way restructuring is often depicted in public media. However, this media picture is but a freeze frame of a process that starts well before the eventual closure or downsizing takes place, and extends far beyond this crisis-like phase. Even if it is clear that the job losses that result from closure or downsizing inevitably lead to psychological distress on the side of the workers who have lost their jobs, the health effects *before* and *after* the crisis are too often overlooked. Mergers or takeovers, for example, may not always lead to job loss, but the mere announcement of an upcoming merger will stir uncertainty and fears among the workers about the future. The mere *fear* of job loss may cause distress no less real than actual dismissal. In addition, after the crisis many employees may experience the symptoms of a post-traumatic disorder – the "survivor sickness". It is therefore important to distinguish the respective phases of restructuring: Pre restructuring/plan announcement; execution of restructuring (mostly with job loss); and post restructuring (Paulsen et al, 2005).

Box 2.1: Typology of restructuring

Relocation: The activity stays within the same company, but is relocated to another location within the same country.

Offshoring/delocalization: The activity is relocated or outsourced outside of the country's borders.

Outsourcing: The activity is subcontracted to another company within the same country.

Bankruptcy/closure: An industrial site is closed or a company goes bankrupt for economic reasons not directly connected to relocation or outsourcing.

Merger/acquisition: Two companies merge or a company undertakes acquisitions which then involve an internal restructuring programme aimed at rationalizing the organization by cutting personnel.

Internal restructuring: The company undertakes a job-cutting plan or other forms of restructuring that are not linked to a type as defined above.

Business expansion: A company extends its business activities, hiring new workers.

Source: European Monitoring Centre on Change

Moreover, it is not just the 'crisis-like' types of restructuring that may have an effect on health. Increasingly, operational restructuring has become a steady state aimed at permanent improvement of organizational performance and competitiveness. This is being achieved, or at least inspired, by various forms of Human Resource Maximization (management techniques such as just-in-time management, functional flexibility, team work and so on), flexible work arrangements (such as temporary contracts, the use of temporary agency workers and payrolling), as well as networks of production (such as subcontracting or the use of self employed workers). Clearly, these forms of performance maximization may give rise to *work intensification* and fatigue. They may also lead to increased *job insecurity*, not only for those who work on a temporary basis, but also for those whose job is as yet unchanged but who fear being outsourced or subcontracted as well.

From the various types of restructuring two aspects of central relevance may be emphasized here:

- The possibility of job loss that – if realized – is mostly followed by intensification of work: these types of restructuring may lead to stress, grief, prolonged insecurity, and increased workload.
- Permanent vs. crisis-like restructuring which, to a different extent, may lead to work intensification, task ambiguity, and a permanent state of job insecurity.

It will be clear, from this typology, that restructuring may be harmful to the health of workers, notably as a result of occasional long periods of stress. Restructuring may also harm the health of the organization as a whole, however, and this should be taken into account as well.

First, individual health may lead to increased absence, with direct financial effects (e.g. sick pay) as well as effects on productivity. Also, (permanent) restructuring may erode workers' motivation and as a result lead to poor performance. Second, organizational confusion may lead to disorganization in OSH management, leading to poor OSH performance.

2.2 Prevalence and effects of restructuring on health at the EU level

The only available measure of the prevalence of restructuring at the EU level is the European Restructuring Monitor (ERM) (Storrie, 2006; Storrie & Ward, 2007; Hurley, Mandl, Storrie & Ward, 2009). This collects data from newspaper reports of restructuring involving job losses or gains of more than 100 employees and job losses of ten per cent of the workforce at workplaces employing more than 250 people. In the period 2002-2006, 3,556 cases were reported, with total job losses of 2.8 million employees with most cases (more than 700) with job losses of 600,000 reported in the UK. More than 50 per cent of restructuring involved internal reorganization and 20 per cent of cases involved workplace closures. However, the collection of data is limited as the ERM only covers large enterprises and those that are reported in the media. Furthermore, data is not collected on the effects of restructuring on health and well-being of employees.

The most recent ERM Report, which dates from 2009, describes the effects of the global recession for the European Union with a fall in GDP of 0.9% in 2008 and an approximate reduction of 4% in 2009 compared to average annual growth of 2.5% in the 10 years before 2008 (Hurley, Mandl, Storrie & Ward, 2009, p. 5).

2.2.1 Prevalence and effects of restructuring in Western Europe (the old Member States)

Although there is relatively little systematic monitoring of restructuring at the European level, national initiatives have been developed that examine the effects of restructuring, either through register data or national surveys.

The Netherlands Working Conditions Survey included questions in 2007 on restructuring. It found that 16 per cent of respondents had in the past year experienced major restructuring. Eight per cent had experienced downsizing with compulsory redundancies. In the Danish Work Cohort Study (DWECS), information on restructuring in terms of company takeover (e.g. mergers) was included in 2000 and 2005. This revealed that very few company takeovers took place (seven per cent in 2000). Danish register data from the period 1994 to 2000 have been used to explore the prevalence of downsizing (where more than 30 per cent of staff is laid off) and company closure (Geerdsen, Høglund & Larsen, 2004). This revealed that only around two per cent of Danish companies close every year and 10 to 11 per cent downsize. However, this concerns mostly small organizations only and therefore only about four per cent of the total workforce were affected by closure or downsizing. Of course these data do not yet include the effects of the global crisis that began in 2008.

In Germany, the BIBB/BAuA Survey includes questions on restructuring and was last carried out in 2005/2006. This revealed that: 45 per cent of respondents had experienced changes and restructuring over the past two years; 42 per cent had experienced dismissals and downsizing; and 40 per cent reported an increase in hiring freelancers as well as contingent and temporary workers.

In Sweden, register data have been used to analyze the effects of company closures. This was done by examining the effects of company closures over a 13-year period (1987-2000). Comparing employees who had been displaced due to company closure with a control group who had not been subject to this, Eliason and Storrie (2009b) combined data from the Hospital Discharge Register, the Register-Based Labour Market and the Income and Wealth Register to examine the effects of job loss due to company closure on hospitalization. The study found that only men aged 35-49 had an increased risk of stroke. Alcohol-related hospitalization increased for both men and women. It was furthermore found that marriage had a protecting effect for women but a negative effect for men, possibly because women have higher parental responsibilities whereas men have more financial responsibilities.

In addition, higher education had a protective effect, possibly because people with higher education find it easier to re-enter the labour market. Mortality rates were also examined (Eliason & Storrie, 2004, 2009a), combining the Cause of Death Register with the Hospital Discharge Register and the Register Based Labour Market Statistics. Analyses revealed a higher overall mortality risk for men four years following company closure. This was mainly due to suicides, alcohol-related conditions and cardiovascular diseases. The results indicated that the loss of a job hit hardest among those who were already vulnerable, i.e. company closure and dismissal may be the final blow in a difficult life, and the results suggest that stress from job loss exacerbated, or aggregated, existing disease rather than initiated new diseases or disorders (as only shorter term effects were found).

The Finnish 10-Town study, in which four out of ten municipalities experienced restructuring, also found an increased mortality rate among victims of downsizing (defined as more than eight per cent staff reductions). As in Sweden, the cause was found to be due to cardiovascular disease. The Finnish study also found sickness absence to be 2.3 times higher in downsizing municipalities. They further found that it was long-term sickness absence that increased. Short-term sickness absence which may not be entirely related to actual sickness, or at least of the less serious kind, decreased. For those who remained in employment, early disability rates were higher in restructuring municipalities. The use of psychotropic drugs also increased: male survivors were 50 per cent more likely and female survivors were 12 per cent more likely to be prescribed such drugs. Sleeping pills were the most commonly-prescribed drug for men and anxiety drugs most commonly-prescribed for women.

The Finnish 10-Town study also found that downsizing led to impaired self-rated health. Employees exposed to major downsizing (more than 18 per cent staff reductions) were more than twice as likely to report poor health after four years. In the Dutch study, restructuring was significantly related to emotional exhaustion even in restructuring without redundancies (and thus little reason for job insecurity). Emotional exhaustion was found to be related to psychological job demands. It was also found, however, that autonomy and an innovative climate buffered the negative effects of restructuring in the area of emotional exhaustion. In the German study BIBB/BAuA, 61 per cent of those that experienced restructuring always perceived this to be associated with increased stress and work pressure, while 60 per cent experienced stress and work pressure in cases of dismissals and downsizing.

A regional survey conducted in North Rhine-Westphalia, Germany in 2008 on psychosocial stressors in which the item “workplace reorganization/restructuring” had been introduced for the first time found that this item immediately ranked fourth out of a list of 14 items. While the load level of tasks in general did not increase between 2004 and 2008, the items measuring mental loads increased systematically during this period (LIGA, 2010).

In the Danish Work Environment Cohort Study, it was possible to make a comparison of the experiences of four groups: survivors of restructuring; willing victims (those who left of their own accord under voluntary severance arrangements); unwilling victims (compulsory redundancies); and employees who had not experienced restructuring at all. It was found that even the survivors continued to experience higher levels of job insecurity five years after the restructuring than those who had not been exposed to restructuring. Low levels of self-efficacy and lack of social support from colleagues at the time of restructuring were found to predict job insecurity five years on (Geerdsen et al., 2004).

Eliason and Storrie (2004) also examined future employment for victims of company closure in Sweden. They found lower employment and higher unemployment rates among dismissed workers both in the short and the long term. These results are in contrast to the Danish register study mentioned above. In this study it was found that 75 per cent of victims of company closure or downsizing were reemployed after one year and 88 per cent had found new employment after four years. These levels are similar to

those for employees who have not experienced restructuring. In fact it was found that employees from downsizing companies had a higher level of reemployment. Victims did, however, experience a minor income decrease, mainly due to the fact that employees from diminished sectors (such as textiles) had to change occupation.

Several studies point to the importance of considering cultural differences both in terms of labour market conditions, e.g. general unemployment rates, but also labour market regulation practices such as the flexicurity model which will moderate the effects of restructuring. However, the different forms of restructuring and different definitions (e.g. downsizing defined as eight per cent reductions in staff in Finland and 30 per cent reductions in Denmark) make it difficult to compare results across borders.

2.2.2 Prevalence and effects of restructuring in Eastern Europe (the new Member States)

In the Eastern European (EE) countries, restructuring was primarily a consequence of the transition from central planning to a market economy starting at the end of the 1980s and the beginning of the 1990s. This transition was associated with large-scale privatization of enterprises. Another important contextual factor of restructuring in this region was the accession to the EU: hence, the necessity of complying with EU standards and regulations, and building up a competitive enterprise. A further specificity of the restructuring processes in EE countries is connected with the fact that these countries had a lower level of economic development in comparison to the EU15, with a different economic structure (e.g., high employment in agriculture).

On the basis of the data collected by the European Restructuring Monitor, it can be assessed that restructuring processes in the EE countries are more intensive than in the older EU member states. Out of 9,429 cases of restructuring in the EU reported in the ERM (2009), more than 33 per cent was from the EE countries. Taking into account lower population numbers in these countries (21 per cent of the EU27 population), it can be assessed that an average employee experiences restructuring of their firm significantly more often than an employee from the EU15. However, in the EE countries, restructuring events are relatively more often connected with job creation than in other EU countries (out of 1.87 million planned job creation in the period 2002-2009, 52 per cent was in the less numerous EE countries), and relatively rarely – with job reduction (out of three million planned job reductions, 18 per cent was in the EE countries).

However, the positive side of restructuring in the EE countries is accompanied by large hazards. Job loss in the EE countries has a stronger negative individual impact than in the EU15. This situation is caused by the fact that active labour market policies are developing only slowly in the new member states. When an employee loses their job as a result of restructuring, they do not have good prospects in terms of quickly securing work. An analysis of the percentage of people who have lost their job up to one year before the interview in 2005 (ERM Report 2008) provides a good illustration of this. In the new member states these percentages are higher (men/women: 16 per cent/18 per cent) than in EU15 (men/women: ten per cent/16 per cent). The results indicate that in the EE countries there are greater difficulties in reemployment after job loss. The greater risk of remaining unemployed and of insecurity is also caused by low levels of social security compensation that increase the risk of poverty as a consequence of job loss.

There is no comprehensive data on health effects of restructuring in the EE countries. However, there are some indirect indicators of health hazards caused by intensive restructuring in Eastern Europe. One of these is high job insecurity: in all these countries high levels of job insecurity have been observed. According to ESWC 2005 (Parent-Thirion, Fernández Macías, Hurley & Vermeylen, 2007) between 15 and 32 per cent of respondents (depending on country) reported job insecurity in the ten new member states. This is in contrast to lower rates, of between five and 21 per cent, in the EU15.

2.3 The changing world of work

2.3.1 Work intensification

As already noted earlier, most, if not all, forms of restructuring are aimed at enhancing organizational performance and competitiveness. This may lead to work intensification, stress and fatigue. The very nature of the 'just-in-time' concept infers a considerable increase in work pressure. Working to tight deadlines is a major source of stress, and a system that has continuous deadlines as one of its core features will lead to sustained levels of stress. The incidence of working to tight deadlines has increased considerably over the past decades (Parent-Thirion et al., 2007, p. 58). A second effect of just-in-time production processes may be an increase in night work. If not for reasons of just-in-time production, at least the introduction of night shifts is a means of optimizing the use of costly production facilities. Night work, however, is strongly associated with health disorders (Knutsson, 2003; Dembe, Erickson, Delbos & Banks, 2005). Night shifts are also known to have a much higher incidence of occupational accidents (Harrington, 2001; Åkerstedt, Freedlund, Gillberg & Jansson, 2002; Jettinghoff, Bloemhoff, Stam, Ybema, Venema & Schoots, 2007).

Certainly, the number of workers who work night shifts has not risen significantly over the last decades (European Foundation, 2006). However, changes with regard to company-controlled working time flexibility (towards an increased level of shift work, unpredictable working hours or overtime work) have been found to decrease psychosocial and physical well-being (Janssen & Nachreiner, 2004) and might also lead to a work-life imbalance which can often result in sleeping disorders (Bohle, Quinlan, Kennedy & Williamson, 2004).

A review of job design restructuring (Bambra, Egan, Thomas, Petticrew & Whitehead, 2007) reveals that teamwork tends to bring about improvements in the working environment (in terms of decreased job demands, increased job control and social support) and also improvements in health. The positive effects of this were primarily found in production. Restructuring into lean and just-in-time organization was associated with decreased job control, autonomy, and skill utilization (Clot, 2010), resulting in an increase in depression and job anxiety. In one just-in-time study, however, social support and group cohesiveness increased. Restructuring that introduced autonomous work groups tended to increase control and autonomy, although the effects on health were less apparent.

The authors conclude that these mixed effects may be due to the fact that the health aspect was not considered in restructuring. Those organizations where the objective of restructuring was improvement in health did in fact report positive effects on the working environment and on health. Poor implementation (most studies did not examine whether restructuring was successfully implemented or whether managers and employees supported change) and conflicting external demands may have moderated restructuring efforts.

2.3.2 Flexible work arrangements

Since restructuring seeks to enhance profits, productivity,and sales – the structural effects of this, besides job loss, often show a tendency to increase the amount and the intensity of precarious work (Janssen & Nachreiner; 2004, Siegrist, 1998). Precarious work has been defined as a combination of a low level of certainty over job continuity, low individual control over work (notably working hours), a low level of protection (against unemployment or discrimination), and a low level of training (Rodgers & Rodgers, 1989).

Over the past decade, the number of workers employed under atypical arrangements (fixed-term contracts, self employed, temporary agency workers) has risen quite significantly, coupled with a

relaxation of legislation governing dismissal in various countries. A review of various studies on the OSH-effect of precarious employment found that 14 of 24 studies regarding temporary work found a negative association with OSH (Quinlan, Mayhew & Bohle, 2001, p. 346). Another study found that the higher the instability of employment, the more it is associated with morbidity/mortality (Virtanen, Kivimäki, Joensuu, Virtanen & Elovainio, 2005).

More specifically, numerical flexibility (notably fixed-term contracts) leads to increased job insecurity. Workers in labour markets which exhibit a high probability of transition between employment and unemployment also show high levels of job insecurity (Pacelli, Devicienti, Maida, Morini, Poggi & Vesan, 2008). Low perceived employment security is associated with poor health across three indicators, especially among women (Virtanen, Vahtera, Kivimäki, Pentti & Ferrie, 2002). In general, the level of psychological distress and psychological morbidity is high among fixed-term employees (Virtanen et al, 2005). Fixed-term contracts may also lead to high levels of presenteeism – it was found that despite lower levels of self-rated health, there is increased attendance during sickness among temporary employees (Virtanen, Kivimäki, Elovainio, Vahtera & Ferrie, 2003; Benach, Gimeno & Benavides, 2002). It is found that downsizing increases the number of medically certified sick leaves by a factor of 2.3 (Vahtera, Kivimaki & Pentti, 1997) for permanent employees but not so for temporary workers (Vahtera et al., 2004). This may be explained by fear of job loss. It is worth repeating here that presenteeism can lead to a deterioration of health in the long-term.

Further, workers with non-permanent status report higher levels of job dissatisfaction, more fatigue, backaches and muscular pain than workers holding permanent full-time contracts (Benach, Gimeno & Benavides, 2002; Virtanen et al., 2005). Part-time workers with permanent contracts, however, report higher levels of health problems than part-timers in non-permanent employment. Self-employed workers appear to be worst off of all, yet report in sick the least. Furthermore, contingent workers are much more prone to occupational accidents (Storrie, 2002; Leertouwer, Martens & Lommers, 2002). If controlled for age, especially length of employment, the association between employment status and number of occupational injuries loses statistical significance (Benavides, Benach, Muntaner, Delclos, Catot & Amable, 2006). This indicates that lack of experience is one of the root causes for the high injury rates among flexible workers. This may also be concluded from the finding that the incidence of occupational accidents is much higher during the first four months on the job (Davies & Jones, 2005). Another explanation, however, may be that flexible workers receive less training than core workers (Parent-Thirion et al., 2007; Fabiano, Currò, Reverbi & Pastorino, 2006). Also, in general, workers in contingent position are over represented in jobs requiring little prior education. More specifically, they work more often in hazardous workplaces and have to handle dangerous goods.

A final explanation for the relatively poor OSH situation of temporary workers may be that they have less access to OSH professionals, that they elude health monitoring over longer stretches of time, and that they also may be overlooked by workers' representatives in matters of OSH policy.

2.4 The effects on individual health

In a society centred around work, employment must be considered to be a central determinant of individual health that is interlinked with many determinants of individual development (Schabracq, 2003). During phases of organizational change in particular, individual health may be at risk (NIOSH, 2002; Osthus, 2007; Probst, 2003; Virtanen et al., 2005). Health is created, maintained, put at risk and restored in many other social areas than the health system alone, with work and especially employment playing an important role in regard to health. This section will assemble some of the empirical findings discussed in scientific literature. In OSH research, some of the most common indicators are accident rates, absence rates, morbidity and mortality rates. One may also use more general indicators of physiological and psychological well-being. To establish links between restructuring and *individual*

health, these indicators could be observed before, during and after a restructuring episode. Many of these studies reveal an *association* between job loss and various indicators of ill-health. However, this association should be dealt with carefully. It could also very well be that those that lose their jobs or cannot find a new job are workers with pre-existing health problems (the selection hypothesis). It therefore follows that additional statistical effort may need to be made to distinguish the causal effects of dismissals from effects of selection for dismissal based on the health record of the individual.

2.4.1 Restructuring as a personal crisis: The effects of job loss

The health impact of *job loss* (as well as, more generally, unemployment) has been described extensively (Dooley, Fielding & Levi, 1996; Kieselbach, Winefield, Boyd & Anderson, 2006; Kieselbach & Beelmann, 2006; Bohle, Quinlan & Mayhew 2001; Kieselbach & Mannila, forthcoming). Still, in cases of total enterprise closure, the selection hypothesis does not hold (Keefe et al, 2002). And it is clear from numerous studies that job loss has serious effects on psychosocial health (e.g. Murphy & Athanasou, 1999; Weber, Hörmann & Heipertz, 2007). Various studies have investigated the underlying causal pathways between job loss and health effects, such as psychological distress, depression, and anxiety. We can conclude that in a society centred around employment, the loss of employment bears a high risk of psychological suffering and in the long run the experience through several pathways of deterioration in psychosocial and physical health.

The experience of job loss often comes as a trauma and a shock, even if there have been earlier experiences of job loss. With a longer duration of being out of employment, a person experiences stigmatizing interactions with the wider social environment as well as with the closer social networks. Feeling responsible for not being able to secure a living for other family members, or perceiving the indirect effects that one´s own unemployment has on other family members ("victim-by-proxy") can counteract the positive function of social support that an unemployed person receives from their family.

Different psychological theories have been able to explain at least partially the effects of job loss and unemployment. The classical deprivation theory developed by Marie Jahoda delineates from the loss of the latent functions of employment during unemployment the individual detrimental effects. The vitamin model of Peter Warr (1987) focuses on the environmental features that are much less pronounced in unemployment than in employment and can be made responsible for the deterioration of the mental health of unemployed people. The clinical theory of learned helplessness proposed by Martin Seligman takes as a starting point the loss of control in the experience of job loss and the accompanying continuation of unemployment that results from an unsuccessful job search. The decreased control over one´s own life favours feelings of deception and helplessness which in turn are regularly associated with emotional, cognitive and motivational deficits (leading to depressive feelings, lower self-esteem, reduced capacity to react, and passivity) which can be considered as central prerequisites for the development of depressive disorders.

The stigma theory tries to explain the role that interactions between the unemployed and their social environment can have in regard to self-perception. The public discourse on the unemployed and their individual responsibility for becoming or remaining unemployed strongly influences the self-perception of unemployed people.

All these factors contribute to the deterioration of mental health and health in general of unemployed people.

Psychosocial health problems arising from unemployment are associated with cardiovascular problems, including high blood pressure, increased rates of immune suppression, metabolic syndromes, and obesity (Hollederer, 2003; Kieselbach & Beelmann, 2006; Weber & Lehnert, 1997). Downsizing-related

job loss also correlates with a 1.5 times higher prescription rate of psychotic drugs for males (Kivimäki, Honkonen, Wahlbeck, Elovainio, Pentti, Klaukka et al., 2007) and other changes in health behaviours. An increased risk of drug use, bad diet, physical inactivity, and a poorer standard of sleep are all associated with job loss (Bohle, Quinlan, Kennedy & Williamson, 2004; Weber, Hörmann & Heipertz, 2007).

Some of the explanations for the correlation between job loss and health problems have been described. For example, job loss is shown not only to increase distress, but also to decrease self-esteem, self efficacy beliefs, and emotional stability (Bardasi & Francesconi, 2004; Kivimäki, Vahtera, Ferrie, Hemingway & Pentti, 2001; Kieselbach, 2000; Osthus, 2007; Weber, Hörmann & Heipertz, 2007). Together with social deprivation and a profound identity loss, this might lead to a downward spiral into long-term unemployment. The more central the meaning of work has been for the individual, the higher the likelihood of an identity loss (Rogge & Kieselbach, 2010). Such cases are hard to remedy. Other factors, for example perceived social stigmatization or isolation, further boost the negative effects of job loss (Egger, Wohlschläger, Osterode, Rüdiger, Wolf, Kundi & Trimmel, 2006).

A second form of restructuring connected to job loss, or at least a breach in employment status, is outsourcing and subcontracting. Outsourcing and subcontracting first of all will entail job insecurity for the core workers who formerly were employed in the now outsourced activities – be it as feared or actual job loss, as a transfer of workers to the subcontractor, or as a transfer to a new position within the core enterprise. Contract change to a more insecure or unstable employment is associated with a 2.5 times higher risk of ill-health (Virtanen et al., 2005).

Certainly, jobs that have been cut among core workers will result in new jobs for employees in the contracting firms – hence maybe a neutral situation where net employment is concerned. Still, even if this is the case, the health effects of outsourcing and subcontracting may clearly be negative. A review of research on the health effects of outsourcing concludes that in 90 per cent of the studies examined, a negative association was found between outsourcing and occupational health and safety (Quinlan et al., 2001).

The individual reactions to job loss and unemployment are of course not an automatic response but are moderated and mediated by a set of factors which co-determine the individual outcome. These moderators (e.g., social support, economic deprivation, work commitment, gender, age, qualification, activity level, to name only some of the identified moderators, Kieselbach & Beelmann, 2006) play a relevant role for the identification of differential intervention points. In general, individuals are better able to cope adequately with their situation when they feel supported by a helpful, accepting and supportive environment.

The progress of unemployment research trying to link the health effects with the broader social context was influenced by the EU paradigm of social exclusion that has found an entry into several DG research projects (Hammer, 2003; Hammer & Russell, 2004; Kieselbach et al., 2001, 2002, Kieselbach, 2004, Gallie, 2004). Here the health effects are conceived of as a consequence of socially excluding experiences and not only as a direct outcome of the critical life event of job loss.

The threat to social identity which remains at the centre of the stigma theories has received more attention recently as it links individual reactions more closely with the social fabric (Rogge & Kieselbach, 2010). As social support can be considered to be one of the main moderators enabling the individual to cope with job loss, the role of the dismissing company with regard to the effects on the employees made redundant cannot be underestimated. The DG Research project SOCOSE (http://www.ipg.uni-bremen.de/socose/) analyzed employees in five EU countries who had been made redundant and were successful in subsequently finding new employment after having been supported by interventions such

as outplacement/replacement (Kieselbach, 2004, 2006, Kieselbach, Bagnara, De Witte, Lemkow, & Schaufeli, 2009).

Where these helpful interventions, which were crucial with regard to re-employment, were supported by the prior company, the attitude of the unemployed people towards their company changed considerably, moving from negative evaluations for having been dismissed, to a more favourable evaluation as a consequence of the support received from the dismissing company. The theoretical framework for the analysis of these occupational transitions is the concept of justice psychology (Lerner, 1980; Kieselbach 1997). Whereas the dismissal was experienced as unfair from the perspective of distributive justice, the subsequent success of re-employment with the help of outplacement/replacement led to reconsideration under the perspective of experienced retributive justice, thus overarching the entire process of job loss and re-employment. This study, however, investigated - besides the group of insecurely employed workers - only those who were accompanied by an intervention and were finally successful in finding new employment.

On the basis of the empirical results obtained in the SOCOSE project, the research group developed the programmatic concept of a social convoy in occupational transitions, also stressing the corporate social responsibility (CSR) of the company that should be extended beyond the actual employment. This can be done when companies contribute to professional counselling designed to help workers to re-enter the labour market after unavoidable dismissals (which should always be considered as a last resort only). The request for a sustainable, company-based employability policy also places responsibility on the employer but also on the employees (Kieselbach, 2004, p. 53).

The SOCOSE recommendations for a European framework in the context of enterprise restructuring made an attempt to define new responsibilities of the social actors and the individuals involved in order to find a new balance of individual and social responsibility for occupational transitions. This did not explicitly focus on health issues but of course had a tremendous impact on the health of workers as well.

2.4.2 Restructuring and those remaining in the company: Survivor sickness

Clearly, restructuring processes involving job loss have detrimental effects on those dismissed or outsourced. Another aspect that is often overlooked is that those employees that keep their jobs may not always be considered the “lucky ones” from a health perspective. There is increasing evidence of the existence of what has been labelled ‘layoff survivor sickness’ (Noer, 1997). Employees that remain may experience feelings of guilt toward their dismissed colleagues (“Why was I spared?”) and experience continued job uncertainty (“Will I be out next?”). Employees in a post-restructuring context may be wary about the future direction of the organization and experience a decline in trust (Lee & Teo, 2005). Even if the future of the enterprise has been secured by the layoffs, survivors of these layoffs will have to adjust to a new working situation. They often find that their job has been profoundly modified, and increasingly experience role ambiguity (Tombaugh & White, 1990; Kivimäki, Vahtera, Pentti, Thomson, Griffiths & Cox, 2001b). Employees staying behind sometimes feel threatened regarding their position in an organization that is undergoing change, which could explain why it was found that restructuring in the sense of expansion or downsizing, and a high cardiovascular risk score reduced incidence of medically certified sick leave in women, albeit not in men (Theorell, Oxenstierna, Westerlund, Ferrie, Hagberg & Alfredsson, 2003). Women felt threatened that they might lose their job, so they worked even though they were ill.

In “*Survivors and victims of hospital restructuring and downsizing: Who are the real victims?*” Burke (2003) discusses the possibility, that those staying behind are the real victims, compared to those who have been laid off. The remaining nurses in the study reported less job satisfaction, higher absence,

greater psychological burnout and poorer psychological well-being than the laid off nurses. For this and the above mentioned reasons, one might consider those staying behind to be victims as well, in addition to those employees who have been laid off.

Organizational change may not have a short-term serious impact on employee health, but a significant decrease in the recovery hormone DHEA-S indicates a lack of recovery, which may have long-lasting health implications, as found by Hansson, Vingard, Arnetz and Anderzén (2008) and Hertting and Theorell (2002). Protective and anabolic functions suffer among the 'ageing' female nurses staying behind and the circadian cortisol rhythm flattened, which could be a sign of physiological dysfunction associated with a long-lasting adaptation process, which is what organizational restructuring entails for the survivors (Hertting & Theorell, 2002).

Being exposed to downsizing increases the risks of trauma (Vahtera et al., 1997), cardiovascular mortality (Vahtera et al., 2004), and anti-psychotic drug prescriptions (Kivimäki et al., 2007) for the survivors. Overall, worsened work-related health conditions due to downsizing events can be observed (Osthus, 2007). One of the more pronounced effects of downsizing is that it seems to worsen and reveal pre-existing health problems: Downsizing increases musculoskeletal disease, especially among older workers and workers already in poor health before the organizational restructuring took place (Kivimäki et al., 2001a; Vahtera, et al., 1997). Downsizing episodes nearly doubled the number of disability pensions among employees who kept their jobs (Vahtera, Kivimäki, Forma et al., 2005). Finally, increased use of nicotine (Weber et al., 2007) and alcohol (Frone, 2008) has been observed among those remaining after restructuring.

2.4.3 Before and after restructuring: Job insecurity and distress

The conceptualizations of job insecurity are different in various studies. Some researchers have adopted a global view and defined job insecurity as an overall concern about the continued existence of the job in the future (Sverke, Hellgren & Näswall, 2002; De Witte, 1999; Paugam, 2000). There are two kinds of global measures: those focusing on cognitive aspects, i.e., perceived probability of job loss (e.g., Mohr, 2000); and those focusing on emotional aspects, i.e., fear of job loss (e.g., Johnson, Messe & Crano, 1984). There are also global measures which combine both aspects (Hellgren & Sverke, 2003). Other measures consider job insecurity as a multidimensional concept which, in addition to the threat of job loss, encompasses factors such as threats to various job features, for example an employee's position within an organization or career opportunities (Kinnunen, Mauno, Nätti & Happonen, 1999; Ashford, Lee & Bobko, 1989; Greenhalgh & Rosenblatt, 1984).

There is ample evidence that employees experience job insecurity during restructuring. The most obvious association lies in downsizing and company closure. However, the link may be expected for all other forms of restructuring, as they also involve future changes and related ambiguity. Job insecurity is regarded as one of the most important mediators in the relation: restructuring/health. In other words, it is assumed that a restructuring process leads to health deterioration as it creates job insecurity which, in turn, leads to ill-health. Hence, in order to understand what the possible consequences of restructuring in relation to health care, it is important to understand the results of studies on the relationship between job insecurity and health.

The detrimental health effects may already occur well *before* the actual closure or relocation of an enterprise or other forms of restructuring. The mere announcement that jobs might be lost in the near future in itself induces anxiety and psychological distress. Low perceived employment security is associated with poor health (Virtanen et al., 2002). Perceived job insecurity is shown to increase blood pressure, which is one of the main risk factors for coronary heart disease (Weber et al., 2007).

The announcement of restructuring alone may lead to reduced motivation among workers as well as a breach in the psychological contract, which in turn is associated with higher levels of absenteeism (Freese, 2007). Higher levels of *presenteeism* – sick employees who go to work despite their ailments – can also be observed as workers in poor health are laid off more often than healthy workers, sick workers may be tempted to continue working even if this is detrimental to their recovery, thereby aggravating their health problems in the longer run (Quinlan, 2007). For those who stay employed, downsizing is related to a four-fold increase in presenteeism (Theorell et al., 2003), especially among temporary workers (Vahtera et al., 2004).

Another effect of looming job loss is that those who have the best chances on the labour market are likely to voluntarily trade in the foundering enterprise for another employer (known as "creaming-off effect"). More often than not, this may result in an increased workload for those employees that have not left the company. This increased workload may not only result in psychological or physical overload, but may also entail occupational accidents due to hasty work or fatigue on the part of the workers.

Even in cases where there is obviously no short-term threat to workers in terms of job loss or where restructuring may even strengthen the position of their own firm (e.g., in a case where the company takes over another enterprise), workers may experience ill-health. Mergers or acquisitions in the long run aim to achieve a synergy effect and increase productivity. In practice, this will often result in job cutting – notably on the side of the enterprise that has been acquired. This will entail a high degree of uncertainty and distress during the period immediately after the restructuring, when management has not yet disclosed its future strategy. The workers involved may be doubtful as to the anticipated synergetic effects, however. Mergers may falter, or the acquiring party may overstretch its financial span – thus leading the enterprise into financial problems, and subsequent job loss. This doubt may result in uncertainty. Merging two or more divisions of the formerly autonomous companies may mean relocation within the organization. This may lead to quantitative insecurity (fear of job loss) or at least to qualitative insecurity (fear of deterioration of tasks within the company). Role change, role ambiguity and conflict increases in work demands and time pressure at work are all associated with general decreases in well-being (Probst, 2003).

2.4.3.1 Individual health

Mental health: Several studies indicate a close relationship between job insecurity and a deterioration of mental health. In these kinds of studies, mental health usually was measured with the General Health Questionnaire (Goldberg, 1979), measuring non-psychotic mental health symptoms (such as sleeping problems, anxiety, depression and others). In some studies, other indicators of mental well-being were used, such as burnout (Lim, 1996), job-induced tension (Dekker & Schaufeli, 1995) and depression (Ferrie, Shipley, Marmot, Martikainen, Stansfeld, & Smith, 2001; Pelfrene, Vlerick, Moreau, Mak, Kornitzer, & De Backer, 2003). A meta-analysis of 37 surveys from 1980-1999 found an average correlation between job insecurity and mental ill-health of r = -.24. In other words, the higher job insecurity employees reported, the worse mental health they reported (Sverke et al., 2002).

A large national survey of a representative sample of Taiwanese employees (Cheng, Chen, Chen & Chiang, 2005) showed a strong association between job insecurity and mental health, even after controlling for age and other characteristics associated with job insecurity, such as job demands, control and social support. Similarly, a study on a national sample of Norwegian employees showed a significant relationship between job insecurity and mental health complaints, such as sleep problems, anxiety, and tiredness (Størseth, 2006). This relationship was partially mediated by job dissatisfaction and work motivation. Partially, it was a direct relationship. In another large national survey, the Belgian Belstress study (Pelfrene et al., 2003), men perceiving high job insecurity were twice as likely to report a

depressive mood compared to respondents with low perceived insecurity and about 1,5 times more likely to report fatigue and sleep problems.

The relationship is also confirmed in longitudinal studies, which unequivocally show that job insecurity can be treated as a cause of mental ill-health (Ferrie et al., 2001). The impact of job insecurity on mental health is more frequently reported in men than in women (Ferrie, Shipley, Marmot, Stansfeld & Smith, 1998; De Witte, 1999; Kinnunen, Nätti & Happonen, 2000; Pelfrene et al., 2003).

There is also data pointing to the effect of job insecurity on *job exhaustion*. Finnish employees with high insecurity displayed significantly higher job exhaustion one year later (Kinnunen et al., 1999).

Physical health: Sverke et al.'s (2002) meta-analysis examined 19 studies with a total of 9.704 respondents. The average correlation between the two variables was r = -.16, which means that the higher the job insecurity, the worse the physical health. Even when considering prior health conditions, high job insecurity was associated with *worse self-reported health*, more frequent *somatic complaints* (e.g. *headaches, spinal aches*) and the appearance of *long-term illness*. Some studies found the above relationships only for men (Kinnunen et al., 2000) others also for women (Ferrie et al., 1998). Moreover, chronic job insecurity is related to *heightened systolic* and *diastolic blood pressure* in men *(*Ferrie et al., 1998, 2001; Kinnunen et al., 2000), with significant increase in *BMI (Body Mass Index)* in both genders *(*Ferrie et al., 1998, 2001) and with *ischaemia* (Ferrie et al., 1998). The Belstress study (Pelfrene et al., 2003), observed an adverse effect of job insecurity on total cholesterol – a cardiovascular risk factor.

2.4.3.2 Organizational health

A healthy organization is one that attains business and social aims. It is possible when employees identify with organizational goals and work effectively and harmoniously for this goal. Moreover, achieving organizational goals can be a source of satisfaction and personal development. Below, some results of research on the relationship between organizational behaviours and job insecurity are presented.

Job satisfaction: Many studies have focused on the relationship between job insecurity and job satisfaction. The meta-analysis by Sverke et al., (2002) summarizes 50 studies on this relationship, with a total number of 28.885 respondents. The average correlation between job insecurity and job satisfaction was rather high (r = -.41): The higher the job insecurity, the lower the job satisfaction.

Social relationships: A very important effect of job insecurity is the deterioration of social relationships within an organization, both among colleagues and with superiors (Kinnunen et al., 2000; Probst, 2005); it is noteworthy that participative decision-making practices during restructuring protects against deterioration in social relationships (Alter, 2005; Probst, 2005).

Organizational commitment and trust: Perceived job insecurity is particularly strongly related to organizational trust: the average correlation is r = -.50 (Sverke et al., 2002; Ashford et.al., 1989). Threat of job loss significantly impinges the psychological contract between an organization and the employee and the trust on which this contract is based. As could be expected, such a situation also brings about a feeling of inequity, which is an additional stressful factor, besides job insecurity in itself (Kalimo, Taris, & Schaufeli, 2003). Moreover, cross-sectional studies have found a relationship between job insecurity and impaired organizational commitment. In the Sverke et al. meta-analysis (2002), the average correlation between these variables was r = -.36. However, longitudinal studies have failed to confirm this relationship (Roskies, Louis-Guerin & Fournier, 1993).

Absenteeism and turnover intention: The more insecure employees are, the more frequently they engage in work withdrawal behaviour, such as lateness, absenteeism or turnover (Probst, 1998). The relationship between perceived job insecurity and turnover intention seems to be of particular interest: workers who fear job loss are at the same time more inclined to quit. The correlation between both phenomena is commonly confirmed. The average correlation in 26 studies examined in the meta-analysis Sverke et al. (2002) was r =.28. The psychological rationale of such behaviour is clearly understandable in view of the results of the study from Hellgren, Sverke and Isaksson (1999), which show that a turnover intention correlates only with qualitative job insecurity in the sense of anticipation of changes in important job features, whereas it does not correlate with quantitative job insecurity defined as anticipated job loss.

Job performance: Perceived job insecurity is related to lower job performance (e.g. Armstrong-Stassen, 1994). Other studies, however, do not confirm this relationship; showing instead that job insecurity may be good for productivity (Probst, 1998). As a result, in the Sverke et al. (2002) meta-analysis of 12 studies on the job insecurity-performance relationship, neither phenomena were significantly associated. The above discrepancies may be a result of at least two reasons:

- First, it is possible that this relationship takes a different form depending on which aspect of performance is taken into account: quality or quantity. A laboratory experiment indicated that participants faced with the threat of layoffs were more productive, but the *quality* of their work was lower (Probst, 2002).
- Second, it is likely that the relationship between performance and job insecurity is U-shaped. Employees with moderate levels of job insecurity exhibit the highest degree of work effort. Employees with low levels of job insecurity and those with high levels of job insecurity exhibit the lowest work efforts. The former because they are not afraid to lose their job, the latter due to the feeling of helplessness (they do not feel that they can change their situation through high work effort) (Brockner, Grover, Reed and DeWitt, 1992).

Even when the above factors are taken into account, it should be expected that high job insecurity is associated with a lower performance level.

Safety behaviour: Job insecurity is related to *safety motivation* and *safety knowledge* through job satisfaction: employees who perceive their job as insecure are less satisfied than employees with high job security and, in turn, are less willing to observe safety procedures and improve their knowledge of industrial safety (Probst & Brubaker, 2001). This results in a decrease in safety compliance, which in turn leads to an increase in job-related accidents and injuries. Furthermore, employees with high job insecurity are more prone to risk taking behaviours at work (Størseth, 2006).

It should be noted, however, that job insecurity has also been positively related to safe working (Parker, Axtell & Turner, 2001). A possible explanation of the above contradictory results lies in the organizational emphasis on safety. When the organization is seen as valuing production, employees make efforts to retain high productivity when threatened by job cuts. But when the organization prioritizes safety, employees focus on safety. They are aware that safety outcomes are to be considered during the downsizing process. Accordingly, if organizations undergoing restructuring mainly focus on production – not on safety – employees will also focus on productivity at the expense of safety (Probst, 2002).

2.4.4 The effects of restructuring on employees´ working conditions

The links between restructuring and health can, for those remaining in the organization, be explained by how conditions within the organization change. In this section we provide an overview of the psychosocial risk factors associated with ill-health which may emerge as a result of restructuring

(Coutrot, Rouxel et al., 2010). It also describes how positive work factors may buffer the negative effects previously identified in the literature (Kieselbach et al., 2009). It presents an update and extension of the literature reviewed in the HIRES project (Kieselbach et al., 2009).

In our literature review, we focus on the three main dominant models in occupational health psychology. These are: the job demand-control (support) model ((Häusser, Mojzisch, Nielsen & Schulz-Hardt, 2010); the effort-reward balance model (Tsutsumi & Kawakami, 2004); and the demands-resources model (Bakker & Demerouti, 2007). Together these models offer a comprehensive overview of the psychosocial factors at work that may either be influenced by different types of restructuring or may act as a buffer against the negative impact that restructuring can have on worker health and well-being. This is completed by a general overview of how mental health is now conceptualized and a consideration of the main international and European orientations related to a changing workplace in this field.

2.4.4.1 Demand-control (support) model

The demand-control (support) model was developed in the late 1980s and is one of the most influential models in occupational health psychology. Originally, it consisted of two dimensions - job demands (quantitative aspects such as workload and time pressure) and job control. More specifically, job control can be divided into skills discretion (a person's opportunity to use specific skills in the working process) and decision authority (the extent to which a person is autonomous in task-related decisions, such as timing and method control). Combining the two dimensions, it has been found that jobs high on demand and low on control are related to ill-health, whereas jobs low on demands and high in control characterized workers in good health. Jobs high in control and high in demands are known as 'active' jobs that promote learning and personal development (Häusser et al., 2010; van der Doef & Maes, 1999). More recently, the model has been extended by a third dimension – support – which is believed to buffer the negative effects of high demands and low control. Reviews have revealed significant support for the effects of job demands, job control and social support on worker health and well-being (Häusser et al., 2010; van der Doef & Maes, 1999).

In most cases the aim of restructuring is rationalization of production – ever-constant change in the quest for efficiency. The intended outcome of rationalization is usually that more work is to be done in less time. This may be achieved by more efficient production, but it may also be achieved by simply having the same amount of work being done by less staff – hence, downsizing. This rationalization comes at the cost of increased workload or work intensity. Increased work intensity, notably when combined with lack in autonomy, is a major source of stress, burnout and other threats to mental health. Also, it entails higher physical strain. Not only may work pressure lead to a higher work load, rationalization also leads to the elimination of idle time, hence leaving less time for recovery from mental and physical demands.

The ESENER (European Survey of Enterprises on New and Emerging Risks) results indicate that demands are highest in the Scandinavian countries, e.g. 80% of establishments in Sweden report the psychosocial risk factor of time pressure. When it comes to control, the Czech Republic has the highest score, with 65% of establishments reporting lack of employee control in organizing their work. The Czech Republic also reports the highest percentage of establishments experiencing poor co-operation among colleagues (62%) and problems in supervisor-employee relationships (60%). These psychosocial risk factors could be indicators of lack of support from colleagues and managers.

In relation to restructuring, the proposition is that as organizations restructure, workers are faced with higher demands as workload increases when fewer hands have to carry out the same volume of work. Due to an increase in physical work demands, downsizing is associated with increased musculoskeletal

problems among the employees staying behind, particularly among women and low-income employees. For men, job insecurity played a notable role as a predictor of musculoskeletal problems (Kivimäki et al., 2001a).

Part- and full-time nurses experience restructuring in similar ways; however, full-time nurses report significantly greater workload and workload increases than part-time nurses. This resulted in higher emotional exhaustion, higher cynicism (due their investment in their profession, and the fact that downsizing hospitals had little regard for patient care), and greater professional efficacy compared to part-time nurses (Burke & Greenglass, 2000a). Among hospital personnel, increasing job demands, conflicting demands, and lack of time to plan work are strongly associated with poor self-rated health. Less time for planning work was the main risk factor for increasing long-term sick leave, which was preceded by negative stress reactions and low mental health. Also, expanding and conflicting demands, as well as time pressure, minimize opportunities for recovering from stress (Petterson, Hertting, Hagberg, & Theorell, 2005).

The Finnish 10-town study found that downsizing leads to increased sickness absence, increased morbidity and poor self-reported mental health among survivors (Kivimäki, Vahtera, Pentti & Ferrie 2000); Kivimäki et al., 2001b). These negative effects could partly be explained by job insecurity, increased job demands and lower job control. Perceived control was lowest during the anticipatory stage of a merger in a national organization in the aerospace industry in the US. Perceived control increased in the initial change stage, remained stable through the final change stage, and then increased further during the aftershock (Fugate et al., 2002). Employees who experienced more indirect and direct change within their workplace, reported increased levels of stress (Johnson, Brems, Mills, Neal & Houlihan, 2006). Conversely, as employees reported greater levels of control and input into changes that affected them directly, stress levels decreased.

As with participation in the change process, the role of social support also buffers the negative effect of organizational restructuring and downsizing. Where organizations manage their restructuring process by supporting their employees and facilitating mutual worker support, the negative impact of a higher workload may be minimized as they are able both to create a feeling of fellowship at the same time as workers help each other out (Burke & Greenglass, 2001; Swanson & Power, 2001). Lack of support from managers seemed to be more predictive of exhaustion for men, while the opposite tendency was observed for women (Hanson, Theorell, Oxenstierna, Hyde, & Westerlund, 2008). Social support may be an important coping resource for the employees involved in a merger (Fugate, Kinicki, & Scheck, 2002): Social support acts as a resource in coping with stressful conditions and prevents workers turning to coping strategies such as alcohol abuse or isolating oneself from others. Interestingly, social support made workers pessimistic about the changes (Scheck & Kinicki, 2000).

During downsizing, workers in high strain jobs (high job demands with little control) experience poorer mental health and higher physical health problems (Strazdins, D'Souza, Lim, Broom & Rodgers, 2004). In particular, demands have a strong association with emotional exhaustion (Hanson et al., 2008). University staff experienced high work demands and eroding levels of individual control and workplace support, which resulted in negative outcomes for employee well-being, reflected in high levels of occupational stress (Gillespie, Walsh, Winefield, Dua, & Stough, 2001).

In addition, work pressure is found to be one of the causes of occupational accidents (Smulders, 2003). Work pressure may lead to haste and inattention, and may entice workers to circumvent safety precautions. Another common cause of occupational accidents is fatigue, and it is clear that the aforementioned increase in workload leads to more accidents being caused by tiredness. Mental overload may also cause accidents. A last link between rationalized production and occupational accidents may be understaffing, notably in production plants. Insufficient staff numbers may threaten

risk control, where it may prove more difficult to control unforeseen events with fewer people. Further, understaffing in the health-care industry has been linked to epidemic infection and increases in catheter-related bloodstream infections, both marked by a high case-fatality rate (Quinlan et al., 2001, p. 348).

2.4.4.2 The effort-reward balance model

Another dominant theory on psychosocial risks is the effort-reward balance model. This model focuses on the (im) balance between the efforts expended on the job and the rewards received (Siegrist, 1996 ; Siegrist, Starke, Chandola, Godin, Marmot, Niedhammer, Peter, 2004).. Effort at work is meant as part of a socially organized exchange process to which society at large contributes in terms of rewards. The three sources of reward are money, esteem and career opportunities (including job security). A lack of reciprocity of perceived fairness between the effort expended and the rewards received causes a state of distress and in turn can lead to adverse health outcomes (see a review of the supporting literature, Tsutsumi & Kawakami, 2004).

The ESENER results show that the prevalence of job insecurity is highest among establishments in the Czech Republic (44%) and lowest in Malta with 11%. In the EU, 27% of establishments report the prevalence of job insecurity, which is a psychosocial risk factor that may have an influence on the psychosocial well-being of employees. In relation to restructuring, an imbalance between the effort expended and the rewards may occur, thus leading to poor well-being, especially when job insecurity increases. Reviews specifically focusing on job insecurity have revealed links to poor mental health during and after restructuring (Bohle et al., 2001; Loretto, Platt & Popham, 2009).

After downsizing, an imbalance between the efforts put into work and the increased experience of job insecurity was related to emotional exhaustion, psychological health complaints and lower professional efficacy. This link was partly explained by those left behind experiencing higher levels of anger (Kalimo et al., 2003; Dragano, Verde, & Siegrist, 2005). One strategy to minimize involuntary layoffs during downsizing is through offering senior employees early retirement. Early retirement has been related to satisfaction, health and well-being among those who retired. Females who had lower levels of work centrality more often applied for early retirement and were more satisfied with the option than their male colleagues. The early retirement strategy was, however, only partly effective: Senior employees who were considered valuable were not granted early retirement (Isaksson & Johansson, 2000).

During restructuring, employees who put in extra effort in order to keep their jobs experience more depressive symptoms (Niedhammer, Chastang, David, Barohiel, & Barrandon, 2006). This is partly due to an imbalance between the effort put in and the rewards received and low control. One in seven respondents, men and women, part- and full-time employees, report a combination of high job strain and perceptions of high job insecurity which elevated the risk for depression, anxiety, physical health problems, and poor self-rated health (Strazdins et al., 2004). Self-reported acute job insecurity, coupled with objective acute job insecurity, such as for instance working in a bankrupt company, may be associated with negative changes in self-reported psychosomatic complaints and anxiety (Mohr, 2000). Job insecurity, both for those in an insecure job and those who are unemployed, was the strongest influential factor when it came to deteriorating mental health (Ferrie et al., 2001). Being permanently out of paid work is associated with longstanding illness but improving job security and increasing training and promotion of the employees had a protective effect on employee mental health (Loretto et al., 2009).

Laid-off employees displayed increased post-traumatic stress disorder (PTSD) symptoms following layoff. This relationship was partly explained by perceptions of the fairness of the layoff procedures. Laid-off workers who had experienced the procedures as being unfair were more likely than laid-off employees experiencing the layoffs as fair to work in jobs with lower salaries, lower status and where

they had fewer opportunities for using their skills than before being laid off (McKee-Ryan, Virick, Prussia, Harvey, & Lilly, 2009).

In a study of husbands and wives who work together in the same organization, a direct crossover effect from husbands to wives was observed, but not from wives to husbands: husbands' job stress was associated with decreased psychological well-being among their wives. Downsizing had a similar impact on both husbands´ and wives' job insecurity, and the level of job insecurity correlated between husband and wife (Westmen, Etzion, & Danon, 2001). Job insecurity among university staff was a significant and continuing source of stress (Cartwright, Tytherleigh, & Robertson, 2007). Stress relating to job insecurity appeared to be significantly greater at a time when employees were experiencing uncertainty before the restructuring was officially confirmed. Employees who appraised the change positively experienced lower levels of stress, were more committed, were less inclined to leave, and were in better health.

2.4.4.3 Demands and resources of the job

The final, and most recent, model focuses on the demands and the resources of the job and how these may interact to increase engagement and reduce burnout and ill-health (Bakker, Demerouti, de Boer & Schaufeli, 2003).. One of the major strengths of the model is that it does not only focus on job design factors (such as the demand-control model) but also considers organizational-level factors such as perceptions of organizational justice and trust. Central to the model is the assumption that all job characteristics (or psychosocial risk factors) can be classified into two categories: job demands and job resources. Job demands refer to the physical and psychological (cognitive or emotional) effort or skills and are associated with costs (e.g. poor health and well-being). Job demands are not necessarily negative but may turn into risk factors when meeting those demands requires high effort without an opportunity to recover. Job resources on the other hand refer to the physical, psychological, job design (role clarity, participation in decision making), task level (skill variety, task identity, task significance, autonomy, and performance feedback), social (supervisor or co-worker support, leadership style and team climate) and organizational (pay, career opportunities, job security, organizational justice and trust) aspects of the job that are either functional in achieving work goals, reduce job demands or stimulate personal growth (Bakker & Demerouti, 2007). A recent review has confirmed the job demands resources model (Crawford, LePine, Rich, 2010).

The ESENER results show that more than a third of establishments in Turkey (39%) have an unclear human resources policy which affects different aspects of the job negatively. In contrast, only 4% of Hungarian establishments experience this unclearness, and in the EU an average of 14% of establishments report having an unclear human resources policy which is a risk factor when it comes to the psychosocial well-being of employees.

Few enterprises (12%) in Hungary report a breach in the communication between superiors and subordinates. In the Czech Republic, however, 65% of establishments report poor communication between management and employees. On average 27% of EU establishments report poor communication which affects the relationship between management and employees and may diminish supervisor support and cause distrust of the management, especially during organizational restructuring.

Downsizing and job insecurity are associated with poor work-life balance and burnout (Bouthillette, Havlovic, & van der Wal, 2001). Survivors experience sleep disturbances and negative impacts on their home life, causing work-family conflicts (Campbell-Jamison, Worral, & Cooper, 2001). University staff undergoing five years of funding cuts, organizational change and significant layoffs reported increased levels of occupational stress, which resulted in deteriorating quality of family and personal life (Gillespie et al., 2001). Levels of work-family conflicts were significantly higher than reverse family-work conflicts

(conflicts in the family context that afflicted the workplace) among nursing staff (Burke & Greenglass, 1999). Both types of conflicts had a negative influence on psychological well-being, satisfaction, and caused greater emotional distress. Spouse support had limited to no effect on work-family conflicts, but reduced family-work conflicts.

A socially supportive workplace during organizational redesign was found to be associated with lower emotional exhaustion (Cunningham, Woodward, Shannon, MacIntosh, Lendrum, Rosenbloom & Brown, 2002). Emotional exhaustion and depression were strongly connected to work-family conflicts; in fact employees reporting a higher readiness for change and who participated in a greater number of redesign activities reported a slightly greater interference with their family and showed higher levels of emotional exhaustion.

Financial strain after being laid off has been found to reverberate through families, which has a negative impact on support and undermine the relationship between couples, which in turn has a negative influence on mental health (Price, Choi & Vinokur, 2000). An important consequence of financial strain is the reduction of personal control, which increases the symptoms of depression. While job loss and financial strain may influence depression, depression in turn may reduce the opportunities to reduce financial strain through reemployment. Financial strain has a substantial direct impact on increasing job-search motivation and the level of depressive symptoms as well as a modest impact on job-search intensity (Vinokur & Schul, 2002).

Social support, in particular supervisory support, plays a role in creating a sense of justice and acceptance of restructuring (Bouthillette et al., 2001). Employees who experience a supportive relationship with their supervisor perceive that a merger has been implemented in a positive manner, appraise the event as being high in its potential for control, indicate high levels of self-efficacy, rely on active coping, and exhibit high levels of adjustment to the organizational change (Terry & Jimmieson, 2003). Surprisingly, high levels of colleague support had a negative impact on stress and coping, probably because colleagues in situations of uncertainty feel threatened by each other. Nevertheless, a good team climate during restructuring has been found to lead to greater trust and job satisfaction (Lee & Teo, 2005). If nurses perceive that hospital restructuring has lowered staff morale and the quality of care, they report poor working conditions, and that these consequences of restructuring make it more difficult for them to provide services, the levels of depression, anxiety, and somatization are higher (Greenglass & Burke, 2000a). The social ties among employees surviving in the organization and those being laid off had a negative effect on the self-reported health outcomes for the remaining employees (Grunberg, Moore & Greenberg, 2001).

Nurses remaining after hospital restructuring and downsizing reported less job satisfaction, higher levels of absence, greater psychological burnout, and poorer psychological well-being than nurses who after the downsizing had found employment elsewhere in non-hospital settings. Even three years afterwards, nurses reported increased levels of dissatisfaction, depression and cynicism (Burke, 2003). When men and women perceive organizational restructuring and downsizing as negative events, they also report an increase in workload which results in job dissatisfaction and poor well-being. Such job dissatisfaction and poor well-being, in turn, lead to more psychosomatic symptoms, greater exhaustion, and greater use of medication (Burke & Greenglass, 1999). If employees have been affectively committed to the organization prior to the restructuring and downsizing, employees use control coping (directed at solving problems), and they report higher levels of job satisfaction, greater intention to remain with the organization, and experience lower perceived job insecurity (Armstrong-Stassen, 2004). Employees making greater use of control coping indicated higher levels of work satisfaction and fewer psychosomatic symptoms, whereas employees making greater use of escape coping (directed at reducing emotional distress) reported lower levels of work satisfaction and more psychosomatic symptoms (Burke & Greenglass, 2000).

Coping resources can either be individual-related (e.g. self-efficacy, hardiness) or made available by the organization (social support). Individuals use coping to deal with stressful situations such as organizational restructuring and downsizing, and organizations can promote and support coping among employees in times of organizational change. In general there are two types of coping, and these are in contrast to each other:

- Problem-focused or approach (control) coping happens when efforts are directed at solving or managing the problem that causes distress.
- Emotion-focused or avoidance (escape) coping is coping that is directed at managing or reducing emotional distress, and avoiding focusing on the source that is causing the stressful situation.

How nurses experience downsizing during organizational restructuring is highly dependent on the individual resources of the nurses. A nurse using control coping also reports a strong sense of self-efficacy (the belief in own ability and self) and is more likely to maintain an optimistic approach to work and accomplishments, despite individual and organizational losses (Greenglass & Burke, 2000b). Escape coping, however, was associated with disengagement from the nursing role and lack of enthusiasm. Furthermore, high self-efficacy decreased the levels of anger among nurses, while escape coping increased the levels of anger (Greenglass & Burke, 2000a). Self-efficacy predicts greater use of problem-focused coping two years after a merger. Problem-focused coping led to more job satisfaction and a greater degree of identification with the merged organization (Amiot, Terry, Jimmieson, & Callan, 2006). Among employees still employed in the organization after downsizing, those who have a high level of optimism perceive little threat of job loss, and express a higher sense of power, report fewer constraints such as less work alienation, greater perceived future career success, and less negative effect of the downsizing on their job and work environment, than those survivors who lack these coping resources (Armstrong-Stassen, 2006).

There can be a negative effect of planned problem solving as symptoms of poor physical health and depression were more prevalent among nurses using this kind of coping during a period of layoffs and displacements caused by budget cuts to health care spending. These results may be explained by a perception of job uncertainty and a feeling of powerlessness that occurs after the notification of acquisition and forthcoming layoffs (Maurier & Northcott, 2000). Additionally, the prevalence of subjective stress, anxiety, and impatience increased significantly after the announcement of a merger: subjective stress increased from 15.9% to 29%, anxiety from 18.3% to 40.8%, and impatience for 15.9% to 29% (Haruyama, Muto, Ichimura, Yan and Fukuda, 2008).

Employees perceiving high levels of change-related self-efficacy during the first stage of organizational change reported higher levels of psychological well-being, client engagement, and job satisfaction in the early phases of change. Self-efficacy three months into the organizational change have been found to buffer the negative effects of occupational stress and role ambiguity (Jimmieson, Terry, & Callan, 2004).

The perception that change had negative implications for the role of their unit, together with job insecurity and inappropriate communication during a period of organizational change was associated with the employee view that the restructuring would not be beneficial for all (Wanberg & Banas, 2000). On the other hand, the same study also demonstrated that individuals with lower levels of change acceptance reported less job satisfaction, more work irritation, and increased intention to quit.

There is evidence to suggest that employees do not get used to layoffs or become more resilient to the damaging effects of downsizing the more often they experience it (Moore, Grunberg & Greenberg, 2004). Accordingly, employees who had been directly or indirectly exposed to downsizing more often reported significantly higher levels of role ambiguity, intent to quit, depression, health problems and

lower level of job security. Job insecurity can lead to temporarily heightened productivity, because those staying behind have a need to outperform their co-workers, but this has a negative effect on morale (Kets de Vries & Balazs, 1997).

In conclusion, these three models provide striking evidence that those staying behind in the organization are not left untouched. Workers experience changes in working conditions such as increased job demands, poor work-life balance, and higher levels of job insecurity. As a result they report a large number of health problems, both physical (musculoskeletal disorders) and psychological (job dissatisfaction, burnout, stress symptoms, depressive symptoms, poor mental health) and sickness absence may increase. The incidence of accidents may also increase. It is noteworthy that a number of factors have been found to protect workers' health and well-being during restructuring. These include fair procedures, social support and individual resources such as optimism and self-efficacy.

2.4.5 Effects on middle or line managers

The executors of change also face increased distress and workload that negatively affects their well-being and performance. Therefore, increased symptoms of stress and burnout may also be found in the case of middle or line managers, as they will mainly have to communicate the objectives and the procedures of restructuring, implement them and deal with all the irritations and negative responses from the workforce. Senior and middle management are blamed for the increase in stress during organizational restructuring and they experience anger, cynicism, and distrust from employees (Gillespie et al., 2001).

Middle management is often 'caught in the middle' between their responsibility to implement senior managers' decisions and their responsibility to ensure the health and well-being of their staff (DeWitt, Trevino & Mollica, 2003). In particular, laying off staff who may be long-term colleagues or even friends may have detrimental effects on managers themselves and they lose resources in form of people they rely on, and who have knowledge they need; these changes contribute to a sense of disorientation (Kets de Vries & Balazs, 1997). In a qualitative study it was found that sleep disturbance was the most commonly reported health complaint (Maki, Moore, Grunberg & Greenberg, 2005). Both men and women reported a number of physical and psychological health complaints. Emotional instability was especially likely in women, and female managers in particular reported using alcohol as a coping mechanism to relax.

Being the bearer of bad news – even if one's own job is not at risk – may also have detrimental effects. Managers who have given warning notices are more likely to suffer from physical health problems and lack of sleep than managers who have not had to lay off staff. These effects were found to be due to increased emotional exhaustion and job insecurity (Grunberg, Moore, & Greenberg, 2006). These results are important because they show that even if the managers themselves may not be directly at risk of losing their jobs, experiencing the fragility of their subordinates' job security has a significant contamination effect.

In general, managers who feel that they do not have enough control during the downsizing process lack the potential to prevent negative events from affecting their job and work situation (Armstrong-Stassen, 2006). The way the managers behave might be a consequence of managers' personal experience of how downsizing is managed (Wiesenfeld, Brockner & Thibault, 2000). Managers' perceptions of procedural unfairness are associated with less effective managerial behaviours during times of change which affect the subordinates negatively, giving them the perception of a less supportive work environment, which leads us to the effects of restructuring on organizational health.

Grunberg, Moore and Greenberg (2006) and Wiesenfeld, Brockner and Thibault (2000) proposed the following recommendations for managers in order to help them reduce the psychological burden of implementing layoffs on themselves.

- Formal rules and procedures should be formulated in a meeting, where managers can negotiate and collectively agree on those who will be designated as to be dismissed.
- Making the layoff process as procedurally fair as possible could deflect some of the hostile or blaming attitudes that might come from subordinates.
- Organizations should consider providing assistance for the managers who implement layoffs and suggestions on the most humane ways to deliver the bad news.
- Organizations should provide managers with an opportunity to reaffirm, or restore, the self. This reduces the negative reactions to self threat, which in turn might lead to more effective managerial behaviours during and following change.

These recommendations will not completely spare managers from the emotionally difficult consequences of laying off subordinates, but may help to reduce the negative psychological effects on the managers´ health.

2.4.5.1 Bullying during organizational restructuring

A separate group of studies concerns the negative health effects of violence and bullying on workers' mental health. There is some evidence to suggest that during restructuring, bullying, violence and tougher human resource management practices may pose additional threats to workers' mental health (Dejour, 1998; Bilgel, Aytac & Bayram, 2006; Sheehan, McCarthy & Kearns, 1998; Lee, 2002).

Bilgel et al. (2006) found that 55% of white-collar Turkish respondents reported experiencing one or more types of bullying and 47% had witnessed the bullying of others. The workers who reported bullying had lower levels of job satisfaction, higher levels of job-induced stress and higher anxiety and depression scores than those who reported no bullying. The study showed that the bully was most often the victim's superior, but it also showed a higher ratio of bullying between colleagues at the same level. Unrealistic workload, destabilization and threats to professional status were the most frequent categories of bullying, and the most common reasons for this behaviour were jealousy of the victim, having a different point of view and success at work. A supportive work environment buffered the harmful effects of bullying.

A survey on public and private sectors undergoing restructuring revealed that 76% of workers experienced managers engaging in inappropriate coercive behaviours to others, and 60% reported being direct recipients of those behaviours (Sheehan, McCarthy & Kearns, 1998). Bullying by managers significantly degraded health and well-being for the majority of those experiencing these behaviours, and reduced productivity. 55% of respondents gave the following reasons for the managers' bullying behaviours: 71% reported "lack of communication skills", 52% "gaining power", 33% "making the manager feel good", 33% "scapegoating", and 33% "teaching me a lesson".

In common with the two studies mentioned above, Lee (2002) found that line managers bully subordinates during restructuring. Organizational restructuring caused work intensification in the Civil Service in the UK which led to bullying by line managers. But as Lee (ibid.) argues, work intensification might simply have offered an excuse for misuse of organizational power.

2.5 The organizational health effects of restructuring

Following the definition above, it is surprising that work health promotion is not self evidently pursued by every employing organization, since work is best described as a central environmental demand. Contrarily, manifold national and trans-national institutions and policies aim to advocate healthy working conditions. Still, only 25 per cent of European employers offer health promotion or wellness programmes at the workplace (Buck Consultants & Vielife, 2007). The main reason for this shortcoming is that organizational health (correspondingly described as the degree to which an organization is capable of acting upon its organizational values and reaching its organizational goals), only reflects upon individual health when it is perceived to be positively linked to organizational goals (Kirsten, 2008). Thus, to make the business case for individual health promotion at the workplace, clear evidence for its effectiveness on productivity, sales, and profit (or any combination thereof) is crucial.

In this regard, national policies can make a huge difference as those seen for example in the United States, where 86 per cent of all (respondent) employers offer health care promotion or similar at the workplace. Contrary to most employers from the majority of European countries, companies in the US are directly affected by healthcare needs, because they have to provide insurance for their employees (Kirsten; 2008). Under these circumstances, unhealthy employees directly influence company profit. Reinforced with evidence on cost-benefits, estimates of prevailing risks amongst employees of the particular company and examples of successful work health programmes, the initiation of continuous work health promotion is self-evident. Because many of the reported individual effects also translate into organizational performance changes, however, the individual responses to restructuring can be linked to organizational health in various ways. Both long-term effects on employee health and short term reactions that deteriorate organizational performance can be identified.

2.6 Integrating health: The business case for healthier restructuring

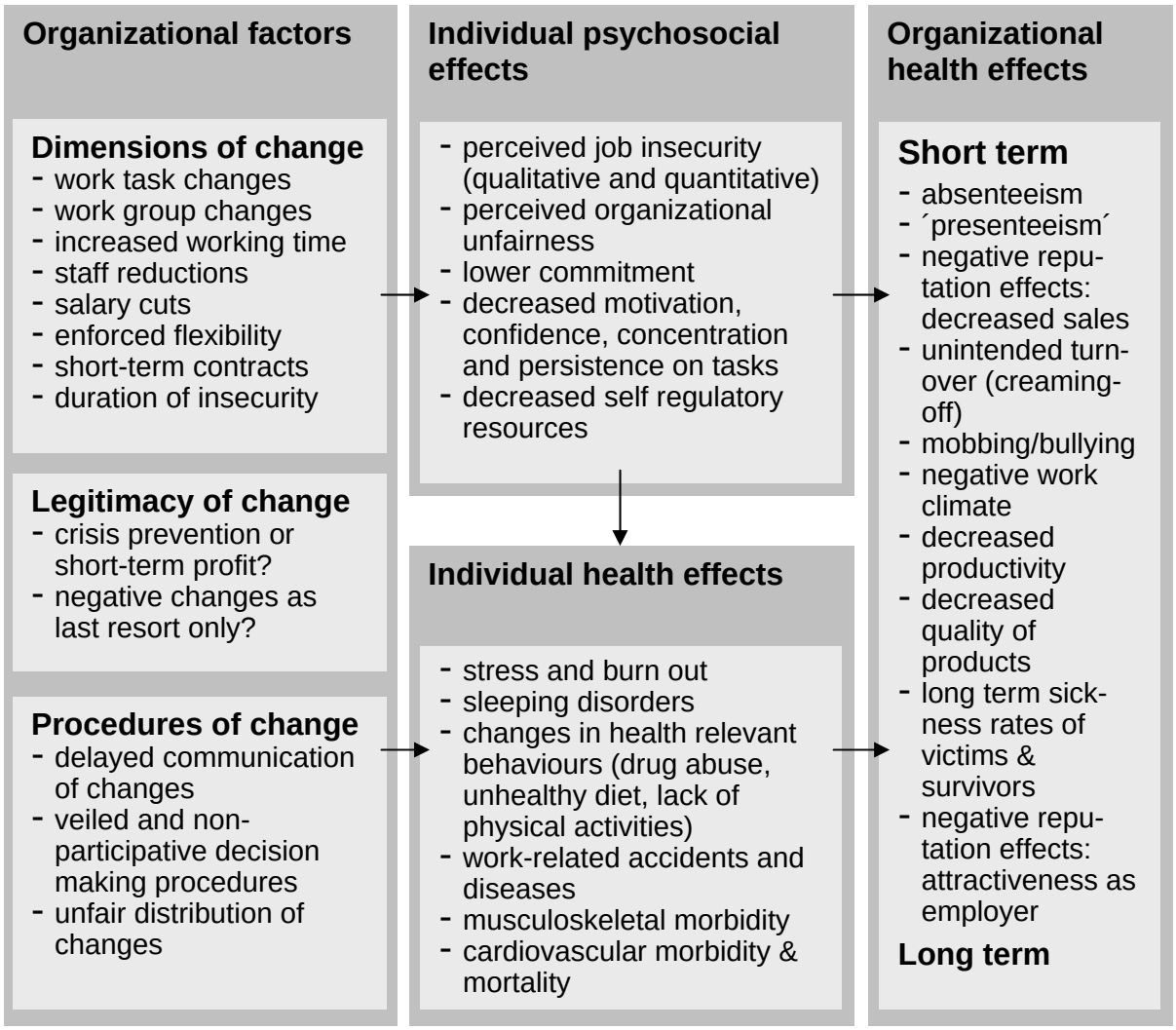
In making the case for a health-friendly restructuring, all available arguments should be collected and combined to demonstrate the positive impact and outcomes of taking into account health during restructuring processes. The business case for a healthy restructuring process is the one place in which all facts listed above in this chapter are documented and linked together into a cohesive story on:

- Why is health-friendly restructuring needed (issues & opportunities, e.g. Fig. 4 in this regard)?
- How will the effort solve the issues or opportunities facing the organization?
- What are the recommended solutions?
- How do the solutions address the issues or opportunities?
- What will happen to the business if the “making the case” effort is not undertaken?
- When will the solutions be deployed?
- What level of resources (money, people and time) will be needed to deliver the solution and realize the benefits?

By documenting all the relevant factors in one template, it is possible to link the issues to the solution and the benefit, and identify where the business would be without doing this. The development of the overall business case simplifies the development of the financial justification, and will usually identify the shortcomings of the solution. This analysis is also useful for the leadership team to prioritize this project against the many other initiatives in the business that may require capital investment**.** The final important role that the business case plays is to provide a *consistent message* to many different audiences. It is a high-level view of the entire restructuring process and enables all organizational bodies affected by the effort (customers, management, operations, research and development, service, sales, accounting, finance, region and community, etc.) to be knowledgeable about the changes.

Optimizing the use of limited resources is one of the biggest challenges facing any decision-maker. As restructuring is mostly driven by economic reasons, economic assessment is a vital tool. It can enumerate the potential costs and value the anticipated benefits of a proposed programme, policy or regulatory initiative, and reflect trade-offs inherent in alternatives. An integrated economic analysis of such impacts should capture the hidden costs and benefits of policy options, as well as the synergies and institutional economies of scale that may be achieved through complementary policies that support a more health-oriented restructuring process. The business case provides a comprehensive framework for the planning and management of the organizational change. Organizational benefits and costs can be related to the factors mentioned in Fig. 4. Thus, making the case implies the use of different economic tools to weigh up the different consequences, internal and external, on the human resources, the organization and the organizational and social context.

Figure 4: Restructuring risks for individual and organizational health



2.7 The implementation of organizational change: Conclusions from scientific evidence

On the background of the studies carried out on the health impact of restructuring, the authors come to the following conclusions on how to handle an organizational change in a way that is least harmful to the health of employees:

- The main goal should be to provide employees with the opportunity to participate in decision-making throughout the change process. This will help reduce their stress and increase their support for the change (Johnson et al., 2006; Sverke et al., 2008).
- A communication programme, which continuously updates employees as to the status of the change and provides timely, credible information, can reduce the negative emotions associated with organizational restructuring (Scheck & Kinicki, 2000; Amiot et al., 2006; Bouthillette et al., 2001; Jimmieson, Terry & Callan, 2004; Kets de Vries & Balazs, 1997; Terry & Jimmieson, 2003).
- Ensure employee satisfaction with the implementation process of the organizational change, effective implementation management, and manager support. This will reduce the longer term emotional distress the employees may experience during change (Amiot et al., 2006; Swanson & Power, 2001; Terry & Jimmieson, 2003).
- Ensure adequate training to reduce or eliminate fear of a mismatch between employees' skills and resources, and the demands of the function if employees are relocated during organizational restructuring (Bouthillette et al., 2001; Wanberg & Banas, 2000; Kets de Vries & Balazs, 1997)
- If positive change outcomes are to be achieved, organizations undergoing changes have to help employees in developing a strong sense of self (Jimmieson et al., 2004; Wanberg & Banas, 2000)
- It is essential for management to clarify each person's new role, responsibility, and workload (Kets de Vries & Balazs, 1997).
- The behaviour, morale, and productivity of those employees staying behind after the restructuring are directly affected by the way layoffs are managed. Therefore, provide the laid-off workers with tangible support services, actively helping them find a new job, and assisting them in the transition period (ibid.).
- Explicitly discuss the rationale for restructuring beyond the scope of the company, e.g. the market or the economy (ibid.).
- Organizational survival alone is not enough; an additional ingredient in the change process must be to create hope and formulate a new vision regarding the future of the organization (ibid.).

According to Australian university staff having undergone five years of profound organizational change, the best ways to cope with the stress they experienced, was:

- Social support;
- Professional recognition;
- Workplace morale;
- Flexible working conditions;
- Active practice of stress management techniques;
- Establishing greater control and tighter boundaries around work (Gillespie et al., 2001).

These issues will be taken up again in a broader context in chapter 5.

3. European social frameworks and roles of social actors

Restructuring policies have been at the core of the European project since the beginning. With the European Coal and Steel Community, which was created in 1951, Europe developed a restructuring perspective but also a parallel activity on occupational health and safety. After having looked at EU and international definitions and approaches related to restructuring, change, occupational health, psychosocial risks, in this chapter we will analyse main EU frameworks (legislation, policies and tools) including those set up by EU social partners, related to restructuring and to health, in order to identify to what extent they are interrelated.

3.1 Origins and definitions

This section seeks to find answers to the questions of how restructuring and health can be defined, whether there are EU or international definitions available, and whether there are any links between these.

Despite being a phenomenon that has been closely analyzed by academics, restructuring was, until beginning of the present decade, not defined to any real extent at institutional level. In its Communication on restructuring, issued in 2008, the European Commission considers the term 'restructuring' as "a modification of a company's workforce that affects both the latter's qualitative (skills and qualifications required) and its quantitative features (number of jobs) following adaptations to the company's structure, organization or production". The Commission adds: "Such adaptations, which are the result of many factors, such as changes in demand, the introduction of new processes or the arrival of new competitors, are necessary for the company to remain competitive. They also bring new opportunities, as evidenced by the creation of over 12 million new jobs across the EU from 2000 to 2007. The social management of restructuring is designed to reduce the negative effects of such adaptations".

But there is no "institutional definition " of organizational change issued either by the EU or the International Labour Organization (ILO). On the other hand, worker health definitions have been subject to many debates, especially within the ILO and the World Health Organization (WHO).

Since 1950, the ILO and the WHO have shared a common definition of occupational health. This was adopted by the Joint ILO/WHO Committee on Occupational Health in 1950 and revised in 1995: "Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize, the adaptation of work to man and of each man to his job."

For the ILO, according to international Convention 155 (article 3) on Occupational Safety and Health, adopted in 1981, "the term health, in relation to work, indicates not merely the absence of disease or infirmity; it also includes the physical and mental elements affecting health which are directly related to safety and hygiene at work."

For the WHO, a healthy workplace is "one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the following, based on identified needs:

- Health and safety concerns in the physical work environment;

- Health, safety and well-being concerns in the psychosocial work environment including organization of work and workplace culture;

- Personal health resources in the workplace;

- Ways of participating in the community to improve the health of workers, their families and other members of the community".

For the European Union, which took into account international definitions, safety and health at work now constitutes one of its most established and most important social policy areas.

Well-being at work is a rather new concept which goes beyond occupational health and safety. Broadly used in several Member States, it is based either on the Ottawa Charter on health promotion[2], or on the Luxembourg Declaration of the European Network for Workplace Health Promotion (ENWHP), or on both. The Ottawa Charter is a well-known and scientifically-based charter that has evolved over the years into the new Bangkok Charter on health in a globalized world. The Bangkok Charter emphasizes Corporate Social Responsibility (CSR) in health promotion and health and safety at work. The Luxembourg Declaration complements the health promotion efforts at workplaces as an expert declaration by a network within the European countries.

However, depending on each country, there are also variations[3] in the interpretation of the concept and the inclusion of different types of activities with wider scopes.

For instance, the concept of workplace health promotion (WHP) in Belgium covers the comprehensive concept of well-being at work. It is widespread, since it has been defined in the most important legislation protecting employees at work: Belgium adopted a law relative to well-being at work on 4th August 1996. Well-being, as described in the legislation, comprises aspects of occupational safety, occupational health, psycho-social factors (including job stress, mental health, bullying and sexual harassment), occupational hygiene, workplace design, and the environmental measures taken by companies that affect aspects of well-being. The definitions of health promotion used in public health legislation are clearly based on the concept of health promotion used by the WHO, i.e. health promotion is the process of enabling people to increase control over health determinants. In Finland, the equivalent of the WHP definition is the concept of promoting and maintaining work ability. In Ireland, WHP is a major element of public health policy. However, although there is no formal definition of WHP, the concept has evolved towards including the workplace environment as a supporter of the health and well-being of employees in the culture and policies of the workplace. Consideration is given to the wider determinants of health, and other factors that have an impact on the health and well-being of people at work, such as working conditions and job design.

3.2 Main EU communications and policy papers on restructuring, change at work, health and well being

In order to determine how EU policy papers identify links between health, restructuring and organizational change, we undertook a comprehensive search of papers focusing either on restructuring

[2] Adopted in 1986, see http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

[3] See the project VP(2007/005/371) « Well being at work – New innovations and good practices - led by the Finnish Institute of Occupational Health and supported by the EU

or on health, both occupational and public, as well as though more general policy papers including employment and social issues has been undertaken. Results have been classified into three categories:

- Policy papers on restructuring, including organizational change;
- Policy papers on health, both occupational and public;
- More general policy papers (employment, flexicurity, sustainable development, economic crisis, social cohesion, corporate social responsibility).

3.2.1 Policy papers on restructuring and organizational change

Since the Managing Change report, issued in 1998, the area of restructuring has been the subject of many policy papers, either in the form of Communications from the Commission or staff working documents.

The Managing Change report was the report[4] of a group of high-level experts, organised by the Commission and chaired by the former CEO of Volvo, Pehr Gyllenhammar. This report is not an official Commission paper but the Commission has referred to it in many occasions. This report was published in 1998 after the Renault case in Belgium (the closing down of the Vilvoorde factory) and was the final report issue by a high-level group. It addresses restructuring issues at various levels and formulated several recommendations. Among them, it recommended that each large company issues on a yearly basis a report on managing change. The structure of such a report includes a part dedicated to working conditions and explicitly to employees' health and safety.

After a first paper issued in 2002 - and partly based on the Managing Change report – in order to invite the European social partners to negotiate on restructuring (see below), the first and comprehensive Commission Communication on restructuring was issued in July 2005 under the title *Restructuring and employment. Anticipating and accompanying restructuring in order to develop employment: the role of the European Union*[5] . In response to the adoption of the social agenda of February 2005, it aimed at developing an integrated approach to restructuring. However, this integrated approach, when mentioning various policies contributing to restructuring (including industrial policy, competition, environment, external policy) mentions neither health issues nor health policies.

Later on, in the Commission Staff Working Document *Restructuring in Europe 2008: a review of EU action to anticipate and manage employment change*, it was said that "the benefits accruing from ESF Article 6 and Equal projects must be disseminated as widely as possible". We "need a deeper analysis of the issues revealed such as the link between restructuring and health"[6]. Consequently, the document's action plan (point 3.2.) mentioned among the topics to be addressed in future 'restructuring forums' the link between health and restructuring.

Restructuring can and has been linked with the continuing economic and financial crisis. The Commission has issued several Communications related to this, including the document *Driving European Recovery*, which has a chapter entitled "Supporting people through the crisis"[7]. If point 4.1. focuses on alleviating the human cost of the crisis, the link between restructuring and health is made by

[4] 'Managing Change' (1998) a report from the High Level Group on the Economic and Social Implications of Industrial Change chaired by Pehr Gyllenhammar
[5] COM (2005) 120 final
[6] p. 55
[7] See, COM (2009) 114 final, chapter 4.1. , p. 13-16

calling member states to “invest in social and health infrastructure” and to “modernize healthcare and public health schemes”..

However, in its Staff Working Paper *Restructuring and employment the contribution of the European Union*, published in July 2008, restructuring issues are not linked with health.

3.2.2 Policy papers on health and well being

A common trend in new developments in occupational health and safety consists of the quite recent emphasis placed on psychosocial risks at European level as well as at national levels. Social determinants of health – and this includes restructuring and major changes at work and during professional careers – move occupational health from a secondary technical issue to primary status: it is not optional but compulsory.

Occupational health

The most recent Communication on occupational health and safety[8] emphasizes the connection between social and economic policies on the one hand and health policies on the other. To improve quality and productivity at work, several guidelines are proposed, including the following:

- Encourage changes in the behaviour of workers and encourage their employers to adopt health-focused approaches;
- Finalize the methods for identifying and evaluating new potential risks;
- Improve the tracking of progress.

If health in restructuring is not listed among the main challenges concerning health and safety at work in this ongoing Community strategy, workplace health promotion and mental health at work are both mentioned as tools. Finally, this Communication stresses the need for strengthening policy coherence: “Steps should therefore be taken to exploit synergies and seek to ensure the coherence of the following policy areas in particular:

- Public health;
- Regional development and social cohesion;
- Public procurement;
- Employment and restructuring.

Public and mental health at work

In this area, there are several policy papers dealing with public health and focusing mostly on mental health.

In 2005, the Green Paper *Improving the mental health of the population: Towards a strategy on mental health for the European Union*[9] proposed to establish an EU strategy on mental health. Its “purpose is to launch a debate with the European institutions, Governments, health professionals, stakeholders in

[8] Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work COM(2007) 62 final, point 5.4., p. 10
[9] COM (2005) 484

other sectors, civil society including patient organizations, and the research community about the relevance of mental health for the EU, the need for a strategy at EU-level and its possible priorities (…) Schools and workplaces, where people spend large parts of their time, are crucial settings for action." Moreover, it explains that "while good mental health increases work capacity and productivity, poor working conditions including the intimidation by colleagues lead to poor mental health, sick leave and increased costs. Up to 28% of employees in Europe report stress at work. Interventions to improve individual capacity and to reduce stressors in the work environment increase health and economic development." It adds that "a participative workplace and management culture; identification of mental ill-health in staff; working arrangements in line with staff needs (e.g. flexible working time)" have been identified to be successful actions.

In October 2007, through a White paper entitled *Together for Health: A Strategic Approach for the EU 2008-2013*[10], the Commission delivered a holistic approach to achieving progress and sustainability in the lives of EU citizens. This is a general approach to health, and, indeed, the White Paper does not focus on workers in particular but on the overall European population. It refers to workers through the general protection of human health which is an obligation under Article 168 of the Treaty on the Functioning of the European Union (former Article152). Consequently, improving safety and security and protecting workers' health is part of the Community health policy. Good health is recognized to be a key factor for economic growth.

In June 2008 the *European Pact for Mental Health and Well-being*[11] was adopted. This pact recognizes that mental health has to be taken into account in workplace settings and expresses its concern about the fact that workers might have mental disorders. It stresses that "the pace and nature of work is changing, leading to pressures on mental health and well-being."[12] Policymakers and stakeholders are invited to take action to combat stigmatization and social exclusion by promoting improved access to appropriate employment, training and educational opportunities, by supporting anti-discrimination campaigns and activities, and by fostering the integration of people with mental disorders at the workplace. Further measures include improving work organization, organizational culture and leadership practices to promote mental well-being at work, including the reconciliation of work and family life, as well as implementing risk assessment and prevention programmes for situations that can have adverse effects on the mental health of workers.

It seems that both of these Green and White papers do not refer to restructuring at all and take only into consideration workplaces as they might impact workers' health on the one hand, and as they are predisposing factors of mental health on the other. By contrast, although the word "restructuring" does not appear at all, it implicitly refers to restructuring, organization and organizational changes and to their potential detrimental effects on mental health.

3.2.3 Other relevant policy papers

Papers in this area cover the following issues: employment, flexicurity, corporate social responsibility, social cohesion, and sustainable development.

In its 2007 Communication entitled *Towards Common Principles of Flexicurity: more and better jobs through flexibility and security*[13], the European Commission identifies nine objectives, including, among others:

[10] COM(2007) 630
[11] http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/pact_en.pdf
[12] http://ec.europa.eu/health/mental_health/docs/mhpact_en.pdf p.4
[13] COM (2007) 359 final

- A more flexible labour market combined with levels of security that address simultaneously the new needs of employers and employees;

- For companies, especially SMEs, the ability to adapt their workforce to change;

- For workers, employment security rather than job security;

- A less segmented labour market and fewer precarious jobs;

- A better management of change and new social risks;

- An easier transition to good quality jobs for redundant workers.

However, health issues are not really on the agenda, despite some isolated remarks such as "early intervention cuts the long term costs of unemployment, associated ill-health and social exclusion[14].

In the Communication *Cohesion Policy: investing in the real economy*[15], an emphasis was placed on "the most disadvantaged workers, often first hit by an economic downturn" and "who will find it hardest to get back to work." If "policy makers need to strengthen active and preventive labour market measures to guard against long term unemployment, with a special emphasis on vulnerable groups notably older workers, the low skilled, or minorities" the call for a "combination between contractual flexibility and strengthened active labour market policies" ignore the dimension of people's health. The Communication on corporate social responsibility[16] does not mention any link between organizational change, restructuring and health. This is also the case in the Communication on quality of work[17], which, while making occupational health and safety part of the issue of quality, does not mention organizational change or restructuring as specific issues to be considered.

In the Communication *on Mainstreaming sustainable development into EU policies: 2009 Review of the European Union Strategy for Sustainable Development* [18] well-being is one of the objectives to be achieved and health is one of the criteria to be used in the report on managing sustainable development, but no explicit link is made with processes of change.

The Communication on the *Renewed social agenda*[19] was a little more explicit and mentions new risks: "Workers also face different risks than they have in the past. Efforts need to be taken at the national and European level to protect workers from new health threats – particularly those related to stress, harassment and violence at work. The Community strategy 2007–12 on health and safety at work outlines what should be done at all levels to ensure workers' safety amidst new and emerging risks". It also recognizes that "poverty, unemployment, low levels of education, genetic risks and disability are all associated with poorer health". It does not exclude further EU legislation: "Existing legislation will need to be updated and streamlined in the light of emerging issues" (e.g. in the field of discrimination, health and safety).

[14] p. 24 in section 7. The financial dimension of flexicurity
[15] COM(2008) 876 final, see point 1.4.
[16] CSR Implementing the partnership for growth and jobs: making Europe a pole of excellence on corporate social responsibility Y (COM (2006) 136 final
[17] Improving quality in work: a review of recent progress Com (2003) 728 final
[18] COM (2009) 0400 final.
[19] Renewed social agenda: Opportunities, access and solidarity in 21st century COM(2008) 412 final, in particular p. 11, 12 and 15

But recently, in the most recent EU Commission Staff Working Document, entitled *Lisbon Strategy evaluation,* issued in February 2010, no link between restructuring and health can be found. In the developments concerning flexicurity[20], while recognizing that:

- "Companies are under increasing pressure to adapt and develop their products and services more quickly; while workers are aware that company restructurings no longer occur incidentally but are becoming a fact of everyday life";

- "Flexicurity starts from the assumption that it is the worker who needs protection and assistance to either transition successfully in his/her existing job or move to a new job".

The mention of broad flexicurity approaches did not make any mention of needs related to health. This review of various EU policy papers shows that:

- Many communications and papers include or focus on restructuring, and less on organizational change. Most of them do not refer to the health dimension, with the exception of the Gyllenhammar report (in 1998) and the Restructuring in Europe 2008 report;

- Communications on health, including those that specifically focus on occupational health, started in 2007 to include, in the case of two of them, clear references to change and/or to restructuring;

- More general policy papers on employment, social issues or sustainable development refer to health or to organizational change but do not link them to each other.

Therefore, the relationship between those issues can be considered as rare, recent, more implicit then explicit and does not lead to any particular focus.

3.3 The EU Legal framework

When identifying the legal framework that deals with restructuring, organizational change, health and well being at EU level, three areas of legislation must be taken in account:

- The occupational health and safety area;

- The restructuring area (collective dismissals, bankruptcies and transfer of undertakings);

- The area of information and consultation between employers and employees.

Occupational health and safety: The framework directive of 1989

In 1989, at the initiative of the Commission, the Council adopted a framework directive on the introduction of measures to encourage improvements in the safety and health of employees at the workplace (89/391/EEC). The framework directive of 1989 and several of its individual directives lay down the principles for the introduction of measures to encourage improvements in the safety and health of workers. It also provides a framework for specific workplace environments, developed in individual directives. The framework directive refers to a wide definition of occupational health, in particular in article 5: "… a duty to ensure the safety and health of workers in every aspect related to the work". The goal of instilling a culture of prevention rests on the double foundation that the minimum requirements provide a level playing field for businesses operating within the large European domestic market and provide a high degree of protection to workers, avoiding health hazards and individual

[20] SEC(2010) 114 final, p. 16-17

health impairment and minimizing the income lost for enterprises through preventing occupational accidents and diseases.

One of the most important new developments of European Union health and safety legislation was the introduction of risk assessment and the systematic documentation of the results as a foundation for the establishment of a prevention programme of technical and/or organizational measures to combat these risks. These tasks also include the information and consultation of workers in order to allow them to take part in discussions on all questions relating to safety and health at work, the regular supervision of the efficiency of the measures put into place and the continuous improvement of the situation according to the provisions of the framework directive. The exercise must be dynamic, with the prevention programmes continuously updated as long as the risk situations persist. Of course, change may have multiple positive aspects; but it may also entail numerous negative facets, which are all the more important if the person is not adequately prepared for that change. Therefore, organizational change can be seen as a relevant risk for health of the individual.

Restructuring

From the EU legal point of view, restructuring has been approached under several perspectives:

- The competition perspective;
- The industry perspective;
- The employment and social perspective, which has three main areas of focus:
    - Management of collective dismissals
    - Transfer of undertakings
    - Protection against bankruptcies.

With the competition area out of our present scope, we will focus on the prevailing social directives dealing with restructuring:

- The first in 1975, updated in 1998, relating to collective redundancies[21] was aimed at:
    - Introducing special obligations for employers (information, consultation and encouragement to set up social measures covering things from prevention to compensation)
    - Providing information to public authorities of the member states.

- The second in 1977, updated in 2001, relating to safeguarding of employees' rights in the event of transfers of undertakings (2001/23) [22], aimed at introducing:
    - Regulation (such as regulation of turnover of employees following a merger or takeover)
    - An obligation to respect labour contracts and their related rights

[21] Directive 75/129/EEC relating to collective redundancies, amended by Council Directive 92/56/EEC and consolidated by Council Directive 98/59/EC

[22] Directive of 77/187 relating to the safeguarding of employees' rights in the event of transfers of undertakings, businesses or parts of businesses, amended by Directive 98/50/EC, consolidated by Directive 2001/23/EC

- Rights for workers affected by such operations

- The last was introduced in 1980, updated in 2002, and relates to issues surrounding social guarantee funds[23] (such as salaries and benefits) for workers whose company has filed for bankruptcy or liquidation.

Information and consultation

This area goes beyond restructuring issues but mentions them as a major issue for social dialogue. Beside the directive supplementing the statute for a European company with regard to the involvement of employees, it includes two main directives:

- The 1994 directive, recast in 2009, relating to European Works Councils (EWCs)[24] the main aim of which is to make sure that management informs and consults with members of EWCs in exceptional situations that affect the interests of workers, especially in terms of relocation, closure or mass layoffs;

- The 2002 directive relating to the establishment of a general framework for informing and consulting employees in the European Community, providing for an exchange of information and consultation in each Member State[25], with the aim of encouraging social dialogue so as to prevent these problems.

In addition, some provisions covered not by labour law, but by Community competition law can make the link between restructuring and social dialogue in particular with regard to the participatory rights of employee representatives in the EU procedure concerning concentrations with a Community dimension. Finally, the 1989 Community Charter of Fundamental Social Rights for Workers reaffirms the importance of the rights of information, consultation and participation of workers and links them explicitly to situations of restructuring or mergers of companies affecting the employment of workers. The European Union Charter of Fundamental Rights, proclaimed in Nice, 7 December 2000, incorporates, among others, the rights enshrined in this Charter. Since December 2009, the Treaty on the Functioning of the European Union guarantees the freedoms and principles enshrined in the Charter of Fundamental Rights and now makes its provisions legally binding.

In regard to the link between restructuring, change and health of workers, some main conclusions can be drawn from this examination of the legal framework:

- Social dialogue – here mainly information and consultation between employers and employees is a central process to manage restructuring and its consequences;

- Social measures which should aim at mitigating restructuring consequences (dismissals, transfers) do not explicitly refer to the health dimension but do not exclude it;

- Employers' general duties regarding health at the workplace do not refer explicitly to organizational change or to restructuring but include it implicitly when referring to "safety and health of workers in every aspect related to the work".

[23] Directive 80/987/EEC of 20/10/1980 relating to the protection of employees in the event of the insolvency of their employer amended by Directive 2002/74/EC

[24] Directive 94/45/EC of 22 September 1994 on the establishment of a European Works Council recast by the Directive 2009/38/CE

[25] Directive 2002/14/EC establishing a general framework for informing and consulting employees in the European Community.

- Restructuring and occupational health provisions are both linked to a company or a workplace approach. However, this does not cover workers once they are dismissed or the impact on families and local communities.

3.4 Social partners agreements and initiatives

Several initiatives have been taken, most of them at cross-sector level, which address restructuring[26] or health, but it is interesting to see to what extent they are interrelated. We will first review the initiatives addressing restructuring and change before those related to health and psychosocial risks.

3.4.1 Initiatives taken to tackle restructuring

Cross-sector initiatives

In 2002, the Commission launched an initial consultation with EU-level cross-sector social partners. This call had to be renewed on several occasions, such was the reticence expressed by the social partners to engage on this matter. Finally they negotiated and agreed on a document entitled "Orientations for Reference", which was "signed" on 16 October 2003.

This document approaches restructuring with the concept of managing change and its social consequences. It also states that economic and social transformation can affect regions and territories, that all SMEs are affected but with some specific problems for those that are dependent on large customers and that managing social restructuring consists, amongst other things, of looking at all the possible alternatives to redundancies. This document was expecting ratification by the executive bodies of each of the signatories. However, although UNICE and UEAPME adopted these so-called orientations in summer 2003, the European Trade Union Confederation did not. Lacking guidelines and implementation, this document was followed by a new initiative.

Through its March 2005 Communication, the Commission launched a second phase of consultations of the EU-level cross-sector social partners, with the aim of encouraging them to negotiate a way to implement the recommendations in the 2003 document and asking them to commit themselves to these discussions. In their 2006-2008 and 2009-2010 Joint Work Programmes, the European social partners added the Orientations for Reference to their agenda, taking into consideration joint studies and bilateral seminars carried out following the accession of the new Member States. They undertook in each of the 27 Member states bilateral seminars on restructuring, the outcomes of which were presented in January 2010 under the title “Improving the anticipation and management of restructuring… adding value through social partners engagement”. This report establishes a "road map" containing a number of key issues common to all EU Member States for adoption by the social partners of a comprehensive or global perception of restructuring. This "road map" is composed of six points: anticipating change and developing a shared diagnosis and agenda; assuring timely and relevant information and consultation; managing job transitions; preparing the workforce of the future; small and micro- enterprises; and transformational change. However, this report does not make any reference to the health dimension of change processes.

Sector level initiatives

Many sectors are involved at EU level in dialogues dealing with change and restructuring and over the past three years the number of sectors focusing on this area has increased[27]. Many of their outcomes

[26] See European Commission (2008) Commission Staff Working Document. Restructuring in Europe 2008. A review of EU action to anticipate and manage employment change, Brussels, pp. 100-112

(such as joint statements and action plans) refer to change, they mostly involve employment, qualification and skills, training issues, and social dialogue processes, as many titles show:

- Electricity: Research, best practice and skills development;
- Shipbuilding: A tool to deal with cyclical fluctuations;
- Furniture industry: Restructuring, outsourcing and networking;
- Civil aviation industry: Matching skills for the future;
- HORECA and catering: Best practice in socially responsible restructuring;
- Textile: Research and exchange of information;
- Local authorities: Supporting the reform process in local and regional government;
- Chemical industry: Restructuring and change.

In the metal sector, several initiatives relating to restructuring and change management have been undertaken. In 2008-2009, the European Metalworkers Federation (EMF) and the European Association of Automotive Suppliers (CLEPA), conducted a joint project on "Anticipating Change in the Automotive Industry". The project was co-funded by the European Commission and ran until October 2010. Further, in October 2009, a Joint Declaration by CLEPA and EMF entitled "Anticipating Change in the Auto Industry" was presented. However, this declaration made no mention of the health dimension. Similarly, there is no mention of health in a handbook entitled *How to deal with transnational company restructuring*, issued by EMF in several languages in 2006, nor in the Restructuring toolkit issued by the ETUC in 2007 (which did, however, mention the "worsening of working conditions" due to restructuring).

As in the metal sector, most initiatives do not refer to workers' health during restructuring or change processes. Nevertheless, two sectors undertook initiatives with a specific health focus:

- The textile sector, through a project led by the European trade union federation textiles, clothing and leather (see below section 3.6.3.);
- The electricity sector, which issued in March 2009 a special toolkit entitled *Restructuring in the Electricity Industry: A toolkit for socially responsible restructuring with a best practice guide*[28]. This toolkit includes a full section on health and psychosocial issues and develops a rationale for paying attention to these issues. It also gives recommendations aimed at addressing these issues and examples of good practices.

3.4.2 Initiatives taken to tackle psychosocial risks

Cross-sector initiatives

Since the beginning of this decade, the EU social partners have been involved in significant negotiations related to occupational health in response to Commission consultation based on Article 154 of the EU Treaty that were launched in the framework of the EU Health and Safety Strategy. They have signed and implemented two framework agreements:

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[27] See Pochet, P. (2009). Dynamics of European sectoral social dialogue. Dublin: European Foundation for Improvement of Living and Working Conditions.

[28] Available at www.eurelectric.org/Restructuuring/Pdf/RESTRUCTURING_TOOLKITEN.pdf

- The 2004 framework agreement on work-related stress[29];

- The 2007 framework agreement on harassment and violence at work.[30]

They were to be implemented under the responsibility of their members within three years.

In the 2004 framework agreement on work-related stress, the emphasis is placed on identifying work-related stress through an analysis of several collective factors such as work organization and processes, working conditions and environment, and communication, as well as more individual factors (such as emotional and social pressures, feeling unable to cope, perceived lack of support) that could be very relevant when it comes to health issues related to restructuring. In terms of action to be taken, the stress agreement foresees actions that prevent, eliminate or reduce stress 'with the participation and collaboration of workers and/or their representatives'. These actions may include management and communication measures as well as the training of managers and workers. Among the potential risk factors the agreement refers to communication, including on uncertainty about employment prospects or forthcoming change. However, the national implementation measures rarely addressed these issues specifically.[31]

In December 2008, ETUC, BusinessEurope, UEAPME and CEEP presented the implementation report of the 2004 framework agreement on work-related stress. The European social partners observed the diverse form and content of the measures taken by their members to implement the agreement. Implementing measures initially focus on fine-tuning existing regulations in line with the framework agreement. They then aim to raise awareness of the agreement at national, sectoral and company levels. Finally, the focus is on developing practical measures and tools to help employers, workers and their representatives to tackle work-related stress at the workplace. Transnational dissemination activities took place to allow social partners in different Member States to learn from each other and to exchange experience on how to deal with work-related stress. A considerable part of these activities were realized unilaterally by either side of industry, such as the implementation guide developed by the European Trade Union Committee for Education (ETUCE), the ETUC-affiliated European industry federation for the education sector. However, this implementation report does not mention restructuring issues.

The 2007 framework agreement on harassment and violence at work was followed by an interpretation guide published in March 2008 by the ETUC, intended as a dissemination and awareness-enhancing tool. The guide aims to support ETUC member organizations in the implementation of the agreement, and to allow better monitoring and evaluation of the results achieved. Harassment and violence are defined in the agreement as being due to unacceptable behaviour by one or more individuals and can take many different forms, some of which may be more easily identified than others. The work environment can influence people's exposure to harassment and violence: "harassment occurs when one or more worker or manager are repeatedly and deliberately abused, threatened and/or humiliated in circumstances relating to work. Violence occurs when one or more workers or managers are assaulted in circumstances relating to work." The general description of the phenomena mentioned in the framework agreement could apply also in many restructuring processes; however, there is no information available for such use.

As for more recent policy papers, the EU social partner initiatives have so far not specifically linked change and restructuring with health. The dimension of health was not explicitly covered in their most

[29] http://ec.europa.eu/employment_social/dsw/public/actRetrieveText.do?id=10402
[30] Signed in April 2007 by the European social partners, http://ec.europa.eu/employment_social/dsw/public/actRetrieveText.do?id=8446
[31] http://ec.europa.eu/employment_social/dsw/public/actRetrieveText.do?id=8459

recent report on restructuring, presented in January 2010. Besides the reference of communication on uncertainty about employment prospects or forthcoming change as a potential risk factor in the agreement on work-related stress, the issue of change was not explicitly mentioned in the EU framework agreements on stress and violence or harassment, but those frameworks could be useful in tackling the issue of change.

3.5 Tools, both financial and non-financial

If other funds (the European Regional Development Fund (ERDF), for example) may have an influence on restructuring policies, the main funds that are able to address the social consequences of restructuring for individuals are the European Social Fund and the European Globalization Fund.

Funds

Created with the birth of the European Economic Community in 1957, the European Social Fund (ESF) has adopted new rules for 2007-2013 and is more clearly focused on the 2005 renewed Growth and Jobs Strategy. Its new architecture gives importance to the regional and local level and less to the transnational level. It aims to ease structural change, restructuring, adaptation of companies, workers and regions and their respective transitions, but it does not include specific goals or programmes that relate to the health dimension. The same remark can be made for the European Globalization Fund, created in December 2006 in order to address restructuring generated only by extra- but non intra-EU phenomena.

Bodies and agencies

The European Monitoring Centre on Change (EMCC), created in 2001 within the European Foundation for the Improvement of Living and Working Conditions, Dublin (Eurofound), is an instrument for monitoring relevant data relating to European restructuring, to provide the social actors with the necessary tools for analysing change and anticipating its consequences. It conducts a number of studies, seminars and provides businesses, social partners, national and territorial authorities and European institutions with an extensive database. Among many publications dealing with restructuring and organizational change, only one, the European Restructuring Monitor annual report published in 2006[32] makes reference to the link between restructuring, change and health by stating that "Research from both Europe and the United States shows quite conclusively that there are significant average costs to displaced workers in terms of health, labour market status, earnings and other welfare measures. Moreover, these effects are not limited to a brief adjustment period but may in fact be persistent". (…) Finally, it should be noted that the discussion in this section is limited to labour market outcomes, such as lower earnings and unemployment. Nonetheless, given the important role of the job in modern society, one can suppose that the loss of a job can have broader consequences on individual welfare. Indeed, this is one of the most researched issues in the social sciences with a long history of empirical research. Jahoda et al. (1933) provide a classic example of a case study outlining the socio-psychological impact of mass unemployment in Austria on a community, on the family and on the individual. There is particularly extensive research literature on job loss and health from numerous academic disciplines".

From an EU-wide OSH perspective, it is also important to stress the tripartite mechanism characterizing the workings of the EU Advisory Committee on Safety and Health at Work, on which workers, employers and Member States are represented. This advisory body may play a role in the future with regard to psychosocial risks in the workplace, aiming at a balanced OSH perspective of such issues.

[32] Restructuring and employment in the EU: Concepts, measurement and evidence, September 2006, D. Storrie

Set up in 1996 by the European Union and located in Bilbao, Spain, the European Agency for Safety and Health at Work (EU-OSHA) is the main EU reference point for information gathering and dissemination on safety and health at work. The EU-OSHA is a key player in the Community Strategy for Health and Safety at Work 2007-2012. Its central role is to contribute to the improvement of working life in the European Union. This agency:

- Works with governments, employers and workers to promote a risk prevention culture;
- Analyses new scientific research and statistics on workplace risks;
- Anticipates new and emerging risks through its European Risk Observatory;
- Identifies and shares information, good practice and advice with a wide range of audiences, such as social partners - employers' federations and trade unions.

Its main awareness-raising activity is the Healthy Workplaces campaign, which focuses on a different theme every two years. If no specific campaign has been conducted , until now, on the risks related to restructuring, the agency has issued a number of publications, guidelines and booklets dealing with stress and psychosocial risks, several of them mentioning downsizing, restructuring and organizational change as significant factors, inducing stress and other symptoms. Several EU campaigns have had a focus on stress and psychosocial risks, such as:

- 2002: "Working on stress";
- 2007: "Lighten the load, Musculoskeletal disorders";
- 2008-2009: "Risk assessment".

Toolboxes, toolkits and checklists

In recent years, the European Commission has published several documents in order to help the actors involved in restructuring.

The European Restructuring toolbox presents itself as a handbook to better anticipate, prepare and manage restructuring and includes "fiches" of good practices from various EU countries and various types of actors (such as companies, trade unions, local communities and regions, and consultants). In its handbook it recognizes that anticipation and management of restructuring remain weak in four areas, health being one of them. It also stresses that restructuring has a strong negative impact on health and refers to recent studies and papers, such as HIRES (Health in Restructuring, see the section above). At least two good practice cases (among 62) - the Employer Ring in Sweden and the Vauxhall partnership in the UK - included health aspects during restructuring processes.

Toolkits for restructuring based on the innovative actions of ESF Article 6 projects is a document intended as a practical 'toolkit' to help actors effectively deal with restructuring, both as an ongoing process of managing change, as well as a way of responding to individual cases of company restructuring. The toolkit presents a range of actions and success factors that six types of actor can undertake in relation to the three main 'stages' of restructuring. The actions are summarized according to the actors and stages in the table on the following page. The information in this toolkit is based on detailed research and analysis of the ESF Article 6 Innovative Measures projects undertaken by GHK Consulting Ltd on behalf of DG Employment, Social Affairs and Equal Opportunities (DG EMPL) of the European Commission.

Checklist on restructuring processes: to help the actors confronted with a restructuring event in their region or in their company, the Commission placed at their disposal a set of comprehensive checklists of concrete actions aimed at anticipating, managing and reacting to restructuring. These checklists, published in 2010, are based on numerous practical examples of good practices in the context of anticipating and managing change and restructuring within different national frameworks, industrial relations systems and economic and social contexts. They contain various measures to be implemented and recommend that before and during the restructuring process monitoring "psychosocial health with specific focus on adaptation to change and results of the process" is needed.

Finally, another tool has been conceived and set up by the ILO within the concept of ***Socially-Sensitive Enterprise Restructuring*** (SSER)[33] which, although not explicitly focusing on the health dimension of restructuring, can have a profound impact on the ways in which restructuring processes influence the health of employees. It is based on a series of case studies which aim to analyse the elements of restructuring that lead to a smoothening of the process, taking into account not only the economic survival of the company but also the social costs of restructuring including the costs that affect the interests of the individuals involved (victims and survivors). The ILO SSER concept is involved in a number of training, promotional, research and policy-related activities, based on the question of how an enterprise can undertake restructuring in the most efficient way from both the economic and social points of view.

The most important conclusion of ILO from its case examples is: In order for restructuring to be successful, it must be linked to the long-term strategy of the development of the company, country or region. At the enterprise level, this means that restructuring should not be viewed as a fire-fighting exercise. Companies that treat employees as assets are most likely to be known for socially sensitive restructuring. The most recent guide for policy makers and social partners (Ulrich et al., 2009) gives a good example of how a respective guideline for the health dimension of restructuring could be developed. The forthcoming ILO guidelines on socially-sensitive workforce restructuring which are expected soon may add to this knowledge as well.

3.6 European projects

3.6.1 Projects dealing with mental health at work

The main European projects conducted over the period from 2003 to 2010 are: PRIMA-EF, ESENER, Work in Tune with life, ProMenPol and DataPrev. Details of these projects are set out below.

- The campaign ***Work in Tune with Life, Move Europe*** is the 8th pan-European initiative launched by the European Network for Workplace Health Promotion (ENWHP) and co-funded by the European Commission under the Public Health Programme 2003-2008. This campaign, which will end in December 2010, aims to promote existing examples of good practice of health management at work and "design practical measures and models for promoting mental health in workplace settings and encourage an exchange of experience in this field". It has been developed to support employers in the creation of mentally healthy workplaces.

- ***ProMenPol*** is a research project carried out during the period 2007-2009 within area 2 (*"Providing health, security and opportunity to the people of Europe*") of the European 6th framework programme. It was undertaken by specialist and mainstream researchers, stakeholders, networks, professionals, practitioners and representative organizations from Germany, Austria, Ireland, Finland, Estonia, Greece and Belgium. The project is a co-ordination

[33] Developed by N. Rogovsky et al., 2005

action funded by the European Commission[34]. The project developed three main tools: an online tools database and implementation manual; field trials; and finally a European network. The aim of this was to highlight the useful and practical approaches to the promotion and protection of mental health within three contexts: workplaces; schools; and residences for older people.

- ***PRIMA-EF*** is a research project initiated by the Institute of Work, Health and Organizations of the University of Nottingham and funded by the European 6th Framework Programme. It was conducted between November 2006 and February 2009[35]. In its papers, PRIMA-EF observes that, to stay competitive, companies had to use new strategies and then "have increased flexibility, restructured and downsized their workforce, relocated production to lower-cost sizes, increased the use of non-traditional of employment practices (such as outsourcing, temporary work, part-time work, or flexible work)"[36]. This project focused on the management of psychosocial risks. More particularly, work-related stress and workplace violence as new forms of risk are observed in the organization and management of work. PRIMA-EF defines work-related psychosocial risks as risks that "concern aspects of the design and management of work and its social and organizational context that have the potential for causing psychological or physical harm"[37]. The purpose of PRIMA-EF is to provide guidelines that can be used by companies on psychosocial risk management at the workplace.

- ***ESENER*** is a survey led by the European Risk Observatory of the EU-OSHA in collaboration with Eurofound. Two surveys were conducted during the spring of 2009 in 31 countries (including the 27 European Member States), covering a great number of establishments with at least ten employees. The project, the outcomes of which are set out in chapter 2, focuses on how health and safety risks (especially psychosocial risks) are managed at the workplace and "aims to provide policy makers with cross-nationally comparable information relevant for the design and implementation of new policies"[38].

- ***DataPrev*** is a multi-country 6th Framework European project that began in September 2007 and will end in 2010. This project was based upon the fact that there are a lot of programmes dealing with mental health promotion and mental disorder prevention in relation to infants and children and the working and elder population, but little implementation of these evidence-based programmes . As a result the project aims to provide a standardized online database of all available synthesized information on these matters. Moreover, "guidelines will be developed and training provided for effective approaches for facilitating the use of evidence in the decision-making process".[39] Ten work packages using a standardized protocol have been developed. Mental health has been analyzed through four particular populations (schools, infants, working age and elder populations[40]) by these work packages, each of them responsible for collecting, analyzing and disseminating data on mental health promotion.

Although these projects are either surveys or research projects, they all aim to address the issue of mental health, with a particular focus on psychosocial risks in the case of some. They set out different kinds of tools (such as guidelines, databases, and good practices) to deal with the promotion, protection and management of mental health (or psychosocial risks) at the workplace. Although they are not

[34] http://www.mentalhealthpromotion.net/?i=promenpol.en.about
[35] http://prima-ef.org/primaefproject.aspx
[36] http://prima-ef.org/Documents/Saltsa%20book%20web.pdf PRIMA-EF Preliminary Report p.3
[37] http://www.who.int/occupational_health/publications/PRIMA-EF%20Guidance_9.pdf
PRIMA-EF Guidance p. 11
[38] http://osha.europa.eu/en/publications/reports/en_esener1-summary.pdf
[39] http://www.pssru.ac.uk/pdf/p077.pdf
[40] Nind and Weare, ECER Conference 2009

focused on restructuring and rarely mention this concept,, they nevertheless provide information that can be linked to restructuring processes as follows:

- Psychosocial risks are linked to the design and management of work and its social and organizational context;

- Job insecurity as well as an unclear human resources policy are factors that can contribute to psychosocial risks at work.

As a consequence, restructuring processes, as they are potential psychosocial risks, should be managed carefully. These projects also set guidelines that might be helpful when restructuring occurs: some good practices of management are provided and reasons to address psychosocial risks are given that could be real drivers during restructuring processes. For instance, it can boost the performance of the company which is, most of the time, what a company is looking for when undergoing restructuring.

3.6.2 Approaches to dealing with psychosocial risks

A number of dominant national models have concerned the management of psychosocial risks. In a recent review (Nielsen, Randall, Holten, & Rial González, 2010), major European approaches to managing psychosocial risks at work were reviewed and evaluated in relation to the scientific literature. The methods include the **Management Standards** (developed by the UK Health and Safety Executive, the **Work Positive** (developed by the Health and Safety Authority, Ireland and the NHS Health, Scotland), the **Risk Management approach** (from the University of Nottingham), the **German Health Circles** (developed by researchers at universities in Berlin and Düsseldorf), and finally the **PrevenLab** (developed by researchers at the University of Valencia). However, few of these methods explicitly consider change to be a risk factor (the exception being the Management Standards) (Nielsen, Taris, & Cox, 2010). The methods do, however, present a process which may be helpful for managing change processes. These include:

1) Employee participation throughout all phases of change. Employees should be involved in all phases in order to ensure a smooth process. Participation may ensure that employees' local knowledge is used on how the changes and the change process can be best adjusted to the existing culture. Employees are also more likely to feel ownership when involved in the change process.
2) Employee readiness for change: Employees need to understand both the reasons for change but also how they, and the organization, can benefit from change. This involves formulating a clear vision for change.
3) Communication is important to reduce uncertainty and lack of role clarity. It can also help ensure readiness for change when the reasons for change and the vision are clearly communicated. Employees should receive information at all phases to ensure that they understand progress and can see the results of change.
4) Attention should be paid to middle managers, who are often identified as the drivers of change but may not have the necessary skills and competencies, nor the motivation, for driving change.
5) Finally, it is important to evaluate both the process and effects of change. This is important to ensure organizational learning and ensure that future change processes are managed more effectively.

3.6.3 Projects dealing with restructuring and well-being at work

EQUAL and ESF-funded projects

Contributing to the current debate in relation to the human and social challenges of restructuring across the European Union, EQUAL and ESF Article 6 programmes have financed innovative, partnership-based and transnational projects in relation to restructuring. Moreover, EQUAL has added another

feature which is an emphasis on social inclusion to deal with issues of socially responsible restructuring. EQUAL and Article 6 programmes were conducted until 2008 and aimed to inform the development of effective policies and initiatives regarding restructuring at European, national, and regional level .

Innovative and socially responsible restructuring: Report for the European Commission

Carried out by GHK Consulting Ltd, this report analyzed the outcomes of 30 projects[41] involving different economic sectors, regions, transnational partners, and various actors, such as: non-governmental organizations (NGOs), public authorities, SMEs, and managers. GSK decided to display the successes and insights of the projects under five themes (support systems and structures; instruments involving direct support for individuals; reconversion strategies and coordination of instruments; partnerships; and SMEs and restructuring) that aimed to broadly mirror the proposed agenda for the European Commission's Restructuring Forum meeting that was held on 4 and 5 December 2006"[42]. For each of these themes, the report underlines new and effective solutions as well as the policy messages that can be drawn from the projects.

In its conclusions, GSK emphasizes the importance of partnership while restructuring. The paper does not refer explicitly to the relationship between health and restructuring, however, some paragraphs may implicitly play a role. For example, when talking about direct "support for individuals", the GSK paper stresses that, among others, the development of soft skills, validation and transfer of personal capital, empowerment and bottom-up approaches and targeted support for older workers are needed:

- Flexible and accessible training "must clearly respond and be sensitive to the needs of the individuals – even more so because of the understandable concerns and anxieties of these people with regards to their future"[43];

- Regarding the development of soft skills, to be successful they might include "team-building, communication and inter-personal skills, and awareness-raising of other nationalities and cultures."[44]The paper explains that they are a way of facing changes as they can "play a part in dealing with the psychological dimension of change and uncertainly"[45];

- Validation and transfer of personal capital is one of the solutions set by the paper, arguing that a large number of workers have personal capital which is not taken into account by their employers and which affects workers' self-esteem and motivation. When restructuring takes place, this lack of recognition "can hinder individuals' outlook and ability to act constructively".[46];

- Empowerment and bottom-up approaches also appear to be a successful solution, "given the uneasy and difficult situation that individuals face when going through periods of change.

[41] Following projects have been studied by GHK: 'MEIRG' (Great Britain), 'DECRIRE' (Walloon Belgium), 'NAVIGATOR' (Greece), 'LISP' (Italy), 'Capacity building in the Agro-Tourism Domain' (Italy), 'Facilitation of Lifelong Education in Rural Conditions' (Czech Republic), 'Route of the Professional Shipyard Worker in the Baltic Sea' (Finland), 'Volante XXI' (Portugal), 'Competencies in Labour Market' (Czech Republic), 'Future of the Oderland NadOdrze Border Region' (Germany), 'ArtCraftMetal' (Finland), 'IMPLEMENT' (Greece), 'Alliance for Work' (Poland), 'InCareNet' (Germany), 'GESSCANT' (Spain), 'ICARO' (Spain), 'Unemployment Prevention System in Underdeveloped Areas' (Poland), 'Qualitative and Dimensional Growth of Venetian Companies' (Italy), 'Regional Key Competencies' (Denmark), 'Lorraine, Territoire de Compétences' (France), 'Always Tourism' (Greece), 'O2K –Open to Knowledge' (Italy), NEORION II (Greece), 'REFLEX' (Belgium), 'MIRE' (France), 'LIGHTHOUSE' (Ireland), 'INOCOP' (Portugal), 'Munich Competent' (Germany), 'Making Change a Chance' (Finland), 'Relanz@' (Spain) and finally 'L3CLUB' (Italy).

[42] http://ec.europa.eu/employment_social/equal/data/document/esf-isr-restructuring_en.pdf p.11

[43] http://ec.europa.eu/employment_social/equal/data/document/esf-isr-restructuring_en.pdf p.15

[44] http://ec.europa.eu/employment_social/equal/data/document/esf-isr-restructuring_en.pdf p.16

[45] http://ec.europa.eu/employment_social/equal/data/document/esf-isr-restructuring_en.pdf p.16

[46] http://ec.europa.eu/employment_social/equal/data/document/esf-isr-restructuring_en.pdf p.17

Personal anxieties and fears, traditional attitudes and norms, and issues of confidence can all present challenges to supporting individuals effectively. Empowerment measures therefore help to overcome these challenges by 'coaching', rather than forcing individuals through a change situation"[47]. GSK then gives examples of tools used to foster this solution, such as: job-coaching, written surveys, focus groups, and consultation events;

- Some of the projects studied by GSK include targeted support for older workers as these workers are particularly vulnerable in a restructuring situation. As they are more likely than other workers to be laid off, they are under a threat that might impact their health (due to factors such as stress or anxiety) and as a consequence they need particular support to face this situation. One of the solutions provided by one of the projects studies was job coaches that enable workers to "gain new skills and confidence"[48].

Some other references to the link between health and restructuring can be found in the Finnish project ***"Making change a chance"*** which focused on "the social dimension of restructuring, involving a review of the well-being of SME workers most at risk of marginalization, followed up by training in areas such as ergonomics, and occupational health and safety".[49] Another project analyzed by GSK was the Danish project ***"Regional Key Competencies – A way to manage structural changes"***, which identified well-being (which includes individual and organizational well-being) as a key factor for regional development[50].

Regarding the various European projects financed through the calls for proposals on "restructuring well-being at work and financial participation", in 2007, 2008 and 2009, only 11 of them (four from social partners, four from universities or institutes and three from NGOs) appear to deal with both restructuring, health and/or well-being, as stated in their title.

One project was run by an employer association: in 2007 ***"Employee resilience in times of change. Participation and well being during mergers and restructuring"*** was led by the Confederation of British Industry (CBI) in partnership with the UK Work Organization Network (UKWON) (VP 2007/005). UKWON and the CBI wanted to develop an Action Resource Kit (ARK) that would provide knowledge and support for organizations and employees, enabling them to build resilience in times of change, on the premise that resilience empowers organizations and their employees to adapt and thrive in a fast-changing and uncertain world.

To achieve its goal, the project was divided into several work packages, including four case studies - the companies BT, GSK, Hempel and EON – which provided a base for the development of an ARK,, made accessible to a wide audience. It is hoped that the ARK will help companies "to create conditions for employees to deal more effectively with consequences of change: it is based on iterative self assessment, productive reflection and guided learning". It identifies the ten dimensions of resilience (one of which is health and well-being): communicative competence, preparedness for change through partnership, organizational orientation, transferable competencies, reflexivity, health and well-being, orientation towards learning and development, team orientation, work relationships and creative thinking.

This project underlined the fact that work can have negative impacts on health and well-being, work can indeed causes "stress, anxiety, back pain, depression and increased risk of coronary heart disease and

[47] http://ec.europa.eu/employment_social/equal/data/document/esf-isr-restructuring_en.pdf p.17
[48] http://ec.europa.eu/employment_social/equal/data/document/esf-isr-restructuring_en.pdf p.18
[49] http://ec.europa.eu/employment_social/equal/data/document/esf-isr-restructuring_en.pdf p.29
[50] http://ec.europa.eu/employment_social/equal/data/document/esf-isr-restructuring_en.pdf p.40

other serious illnesses"[51]. The project aimed to provide knowledge and support for organizations that want to achieve resilience in a fast-changing and uncertain world.

Three projects were coordinated by trade unions, including: ***"Restructuration et santé au travail, le dialogue social au service du bien être des salariés"*** (Restructuring and health at work, the role of social dialogue in employee well-being) led by the French Confédération Générale du Travail (CGT - VP 2007/005) or ***"Vers des recommandations et un guide de bonnes pratiques conjoint sur une approche intégrée d'évaluation, de prévention et de gestion des conséquences des restructurations sur la santé des travailleurs, dans les secteurs cuir et tannerie européens"*** (Towards recommendations and a joint good practice guide based on an integrated approach to evaluating, preventing and managing the consequences of restructuring on the health of workers in the European leather and tanning sectors), led by the European Trade Union Federation Textiles, Clothing and Leather (ETUF:TCL/FSE:THC - VP 2009/010). Another trade union initiative ***"La santé et la sécurité au travail face à la crise et aux restructurations"*** (Health and safety at work in the context of the economic crisis and restructuring) was coordinated by the Italian institute SINDNOVA (Instituto per lo studio dell'innovazione e delle trasformazioni produttive del lavoro - VP 2009/010).

The project led by the CGT - in partnership with Emergence - covered five European countries (UK, Hungary, Spain, Bulgaria and France) and focused on the consequences of restructuring on the health of workers and their families, whether workers are being made redundant or stay in the company. This issue was developed through an illustrated book containing five stories. Each story was set in a different workplace in each country studied. This project also examined the debate over the cost of restructuring: restructuring is expensive for companies, for social security system as they impact workers' health, and for society.

The different European partners of this project distributed the comics at national level (10,000 comics were disseminated in France). Furthermore, the trade unions tried to spread the idea that restructuring has an impact on health in all the initiatives it has conducted: including debates and training courses. They noticed that this issue has slowly started to be taken into account (in the metallurgy sector, for example, Renault has started research actions in this area). However, according the project pilot, although the issue may have grown in importance, it will take time before it is integrated into most workplaces.

Four other projects were run by universities and institutes, such as the 2007 project (VP 2007/005), the "Development of macro-level indicators of restructuring and workers' health" and an epidemiological study lead by the Technische Universität Berlin, the "Well being at work, new innovations and good practices" lead by the Finnish Institute of Occupational Health (FIOH) and the "HIRES - Health in Restructuring innovative approaches and policy recommendations HIRES" lead by Universität Bremen Institut für Psychologie der Arbeit, Arbeitslosigkeit und Gesundheit (Institute for Psychology of Work, Unemployment and Health). This last project was followed in 2008 by a dissemination project called HIRES PLUS, run by the French Association Travail, Emploi, Europe, Société (ASTREES).

Well-Being at Work: New Innovations and Best Practices was a project initiated by the Finnish Institute of Occupational Health, from 1 January to 31 December 2008 in partnership with Belgium, Germany, Ireland, Italy and Romania. It aimed to produce a new integrated concept of well-being that would have an effective impact at the workplace. The targets of the projects were based on the Forum established by the Ministry of Social Affairs and Health, which promoted well-being at work and which sought "to increase the appeal and productivity of working life, as well as the capacity of individuals to

[51] http://www.ukwon.net/resilience/health_and_wellbeing.php

adapt to changes".[52] Dealing with many concepts developed in different fields (occupational health services, occupational safety, and organizational consultancy), this project aimed to produce a new approach to well-being which involved changing from multidisciplinary to interdisciplinary actions at the workplace as well as promoting best practices.

Development of macro-level indicators of restructuring and workers' health was a methodological study of economic and epidemiological indicators conducted in 2008 by the Berlin University of Technology, with partners from Greece, Hungary, France, Sweden and United Kingdom and supported by international organizations, including the ILO and the WHO.It aimed to develop measures or macro-level indicators to improve expertise regarding the effect of major economic changes on the health of populations and psychosocial risk factors at work and which can be used at regional, national and European levels. Indicators were developed in five domains: "globalization processes that influence restructuring; broad technological changes and management processes influencing restructuring; broad indicators of health, especially physical health, psycho-physiological illnesses and life expectations; psycho-social stresses at work; and government policy and company efforts to support displaced workers"[53]. According this study, among industrialized countries (mostly European), higher unemployment rates are related to higher mortality rates, particularly in the case of cardiovascular diseases. In addition, the extent to which small businesses are able to secure financing – and thus reemploy the formerly unemployed – the lower the subsequent mortality rate and cost of health care. These studies provide evidence that much of the social benefit from economic growth arises out of the production of new employment and the reduction of unemployment rates. To the extent that increased productivity relies on job loss, there is a clear danger that the damage to health and an increase in health care costs may offset the gains of increased economic productivity.

The Berlin University of Technology is conducting an ongoing epidemiological study entitled ***"Health impact of economic restructuring and unemployment in Europe"*** which aims to investigate some of the health implications of economic restructuring in four European countries. One of the scientific foundations of this research is the overall finding in the epidemiological literature that unemployment increases the risk of poor mental health, damage to physical health and increased mortality, especially related to cardiovascular illnesses and mental health problems. In a large trans-European study involving France, Hungary, Sweden and the UK, examining the impact of downsizing on physical and mental health, comparisons were made between the unemployed with survivors of the downsizing and with those who subsequently found new work. The unemployed had the poorest general self-rated health, the lowest levels of "happiness" and were the most profoundly affected by depression. With respect to the downsizing itself: (1) 15-20 percent of the unemployed moved into long-term unemployment; (2) about half of the downsized population were not offered financial compensation; (3) retraining was offered to a small minority (10-15 percent); (4) 30-50 percent of downsized population experienced decreased income and benefits; (5) 25-50 percent did not receive advanced notification of the downsizing; (6) the majority of the downsized population experienced the change as painful - 40-50 percent perceived the downsizing to be chaotic, and more than 40 percent of the subjects denied that the downsizing process was "transparent and understandable".

The initial findings of this study indicate that the method used in the downsizing process may be as important to the health of workers in the firms being downsized as the fact of the downsizing itself. It seems clear that the better planned, more transparent, more democratic and more useful (in terms of the actual economic functioning of the firm), the lower the health toll on the employees. It is also of importance, and this is supported by additional epidemiological studies, that even the survivors of the

[52] http://www.uml.edu/centers/cph-new/Documents/EUProgress_Booklet.pdf p.7

[53] Development of Macro-level Indicators of restructuring and Workers health, detailed work programme, Proposal, August 2007, p.3

downsizing (i.e. the employees who remain at work) suffer damage to their health, and therefore incur health care costs to society.

HIRES – Health in Restructuring, coordinated by the University of Bremen, was the first European report that aimed to focus on the relationship between company restructuring and health by:

- Providing an overview of the scientific evidence on the restructuring effects on individual health and organizational performance;

- Listing available sources of surveillance data on the topic of restructuring from the European level and from some national levels;

- Analyzing empirical evidence on the health impact of organizational restructuring, including evidence on the effectiveness of steps taken to limit the adverse health effects;

- Reviewing existing and required policies at EU level and the role of institutions across Europe;

- Assessing tools, instruments and practices, as well as the roles of social actors and OSH institutions;

- Gathering and discussing cases of good practice in regard to the issue of health in organizational restructuring;

- Formulating a set of policy recommendations based on the literature review and the additional external expertise they had gathered in a series of workshops and innovative case studies from a company and regional level.

The HIRES report received wide attention in many countries of the EU (in addition through its follow-up project ***HIRES Plus*** for the dissemination and consultation in 13 EU countries, co-ordinated by ASTREES Paris and the University of Bremen). Beyond this, it has been distributed and discussed in Latin America, China and Japan as well as in various scientific communities. The recommendations chapter was translated into nine languages (including Chinese and Japanese).

ASTREES and the Association for International and Comparative Studies in Labour Law and Industrial Relations (ADAPT), both NGOs, also run "Elders: elder employees in companies experiencing restructuring: stress and well being", which is led by ADAPT and the "Innovative Restructuring European Networks of Experts" (IRENE), lead by ADUET (now ASTREES)

The ***IRENE*** project aimed to strengthen a European community of restructuring experts, by stimulating cross-fertilization among actors, creating arenas and opportunities for sharing experiences and capitalizing upon experiences in order to mainstream innovative and responsible restructuring. This project consisted of five streams of discussion, including the responsibilities of managers and companies, the roles of trade unions and employee representatives, regional and local community initiatives, the participation of employment services in restructuring and health issues and services. The project delivered several policy issues and recommendations to be developed by various stakeholders in order to mange socially restructuring processes.
The ***ELDERS*** project was a more policy-oriented research project, aiming to address the consequences of restructuring and economic crisis in terms of stress and well-being for older workers, and to identify measures to prevent, manage and mitigate such consequences. Beyond desk research and questionnaire-based surveys, it focused on the identification of good practices intended to prevent or address the negative impact of restructuring on older workers' health and well-being, on reviewing international training policies aimed at easing transitions of older employees, and on framing

recommendations for policymakers, social partners and practitioners. It included also an on-line permanent observatory dealing with health and safety at work.

In terms of their titles, all of these projects might be useful as they seem to provide a range of information regarding the link between health and restructuring. If most of them provide policies, recommendations and guidelines, some of them seem to focus on a particular aspect of the matter. Thus, for example, social dialogue and participation have been studied in conjunction with well-being of workers during restructuring. Other studies have concentrated on particular sectors or groups of populations such as elder employees or the textile and leather sector; and finally a special focus was placed to the development of macro-level indicators. As all of these projects appear to have analyzed health and restructuring from different angles, this may serve to give this background paper a broader vision of the issue of health and restructuring.

4. Case studies with a special focus on tackling the psychosocial risks associated with restructuring

Case studies related to restructuring, organizational change, health and well-being are still scarce. We tried to identify "good practices" in both restructuring and organizational change, at company level but also at regional level, which is a key level for SMEs. These case studies can be classified into different categories, as follows:

Support activities during organizational change without dismissals: The *CBI/UKWON* project supported by the UK employers association developed a tool to increase individual and organizational resilience during restructuring processes. *EDF Energy* in the UK developed a programme to enhance employees' resilience while A *German pension fund*, tried to create a collective consciousness about constructive influence. More recently, *France Telecom* entered into a range of negotiations after having been deeply affected by several waves of suicides. A small East German company unit of *Vandemoortele* (a Belgian margarine company) focused on a comprehensive health management programme in order to create a psychosocial buffer against organizational changes.

Support activities related to collective dismissals and redeployment: *ArcelorMittal Bremen* introduced the concept of a Talent Pool in order to avoid dismissals related to changes, while some companies in Finland (*Voikkaa paper factory*) and in *Sweden (Ericsson*) developed a combined HR and OHS approach to support employees who were going to be dismissed. The *FILM project of Ford Cologne* helped employees with prior health limitations to find, through a complex profiling process, new and more productive positions inside the company or in previously outsourced units. The *Dutch retail bank ING* cushioned the merger of two branches with heavy job losses through the introduction of a Mobility Centre involving 60 consultants with a special focus on the support of employees affected by loss of employment, which helped them to find a new position mostly within the same company.

Policies and networks focusing on SMEs involvement: at regional and cross sector level in Germany (*Land North Rhine Westphalia*) at local and sector level in Italy (*Florence, leather industry* and subcontractors).

Approaches to stress developed by specialized OHS bodies: at *national level in Finland* and in the *pharmaceutical sector in France*, to tackle stress and health problems during reorganization and restructuring processes.

4.1 Support activities during organizational change without dismissals

EDF Energy (UK): The Employee Support Programme

EDF Energy was formed in 2003 by the integration of four separate companies (London Electricity, SWEB, Seeboard and Eastern Electricity) to form one company and one brand. This was a huge challenge for the business in terms of increasing customer expectations and increased efficiency demands, and to staff in terms of changes in role, redeployment and relocation.

EDF Energy decided to support the psychological well-being of employees during this change. The company introduced a psychological support service, the 'Employee Support Programme' (ESP) in 2000, the primary motivator being the reduction of the impact of psychological ill-health on employees' lives, whether or not caused by work, but the business benefit being improved productivity (the direct payback) and improved performance and staff satisfaction (the indirect payback) at a time of significant change. The treatment model adopted by the ESP is cognitive behavioural therapy (CBT). The programme was based on a proactive approach. The main elements of the ESP were the following:

employees can self refer and receive three treatment sessions confidentially, line managers and HR are also encouraged to refer to their staff when they see warning signs developing. ESP also delivers stress management training and change management workshops.

The involvement of all stakeholders was essential to the development of the programme. The UK Health and Safety Executive (HSE) also developed a six stress management standards approach (demand, control, support, relationships, role, change) that help simplify the risk assessment process for work-related stress. EDF Energy used these as the basis for a series of over 70 focus groups conducted throughout the company in 2006/7 to assess the impact of change on groups of staff and to develop action plans within the businesses to address shortfalls. Aligning the programme with the ambitions of EDF ("Safe for all" and "High performing people") was a very important factor in gaining the support of the company's executive team.

CBI/UKWON: Preparing organizations for change - Resilience in times of change

The EU project "Employee resilience in times of change", led by the Confederation of British Industry (CBI) and the UK Work Organisation Network, identified approaches of mergers and restructuring that were capable of sustaining and enhancing well-being at work. The project pointed to the manifold ways in which not only employees can be affected by organizational restructuring if it is run from a strategic management perspective only, ignoring the tacit knowledge of front line employees.

Employees will be dissatisfied if they feel undervalued, deprived of a voice in the change process, and experience unfair treatment, resulting in disengagement, work absences, stress and ill-health. Companies may experience additional obstacles and prolonged learning and adjustment processes during the implementation of change, which may cause disaffection and cynicism among employees, with a crucial impact on organizational efficiency.

Whereas the well-being approach in restructuring focuses on the individual effects of restructuring in terms of stress and physiological symptoms, the HR approach shapes the employment relationship in times of change regarding knowledge, competence, work, efforts and reward. The quality of working life approach influences the degree of autonomy and decision-making in order to better anticipate and manage change. The organizational resilience approach tries to link these resource-based attempts with theories of the organization and attempts to identify the features that make it resilient in times of rapid change (Cressey, 2010).The project developed an Analytical Resource Kit (ARK) on the basis of the experience of four European companies (BT, EON, Hempel and GSK) as well as an extensive analysis of existing research to help companies to deal more effectively with the consequences of unforeseen future change.

It identifies ten principal dimensions of employee and organizational resilience: communicative competence; change through partnership; organizational orientation; transferable competencies; reflexivity; health and well-being; orientation to learning and development; team orientation; work relationships; and creative thinking. In order to counteract the depletion of resilience during times of rapid change, the toolkit identifies, through questionnaires for managers and employees, their perception of how well the organization performs in each of the 10 dimensions. From the analysis of the discrepancies between employees and managers, areas are identified where improvement is required. The companies receive a tailored report detailing the areas where they need to improve company practice in each of the ten dimensions, together with a portfolio of actionable knowledge (case studies, practical tools and research), designed to improve their practices.

Restructuring at the German pension fund: How counselling in occupational health played its role

The state German pension fund was facing complex restructuring. Employees were told that Department A460 of the Deutsche Rentenversicherung Bund was firstly going to be completely restructured in order to process all the files, up until 2005, and after this deadline the department was going to be completely dissolved. During the first process, the employees not only had to deal with an extreme increase in performance requirements, but they were also provided with a lot of training and meetings designed to impart information on the restructuring. The project was threatened by an increase in absence and by employees' resistance to the restructuring. The BGF GmbH (Counselling Institute for Occupational Health) was called in for support to help manage the restructuring project. The BGF GmbH cooperates with and on behalf of the AOK Health Insurance Berlin. The project started in December 2003 and was completed in 2004.

The project had the aim of improving the health of employees. It aimed to identify and strengthen positive influence factors and to identify and reduce negative influence factors. The project integrated analysis and interventions: company-based statistics were related to absence data, survey data and results of interviews and workshops. A steering group controlled the analysis and change project, which was developed by all of the department's stakeholders. Basically, the process was a cyclic chain of different interventions and evaluations.

The project created a collective consciousness of constructive influence from potentials and dangers. It resulted in a decrease in absence and in an increase in productivity in comparison to the previous year, despite a higher work load. However, this kind of project is only possible if the protagonists manage to win the employees' trust and carry out the measures in a responsible way. Since then, this method has been applied by BGF in different companies in restructuring with some modifications.

France Telecom: A new social deal?

Including a France Telecom example as a good practice of organizational change may surprise as since 2008, dozens of France Telecom employees have committed suicide, laying bare a profound crisis in morale among the company's 100,000-strong French workforce. This has led to extremely passionate debates within the company and across the whole country about the way it has dealt with change since its transformation from a public administration into a private company, still partly owned by the state. This also led at national level to an emergency plan to tackle stress, including during restructuring processes, issued by the French Ministry of Labour.

However, organizational change is also a learning process. The company, after recognizing its mistakes, committed itself to entering into dialogue and undertaking a range of changes. A new board of directors was appointed and recently made public the components of a new social agreement with the workforce, whilst engaging in negotiations on stress covering five topics: work organization; working conditions; mobility rules; work-life balance; and employee representative bodies.

Since September 2009, eight agreements have been signed: the most recent of them, completed in September 2010, relates to work organization and aims to prevent psychosocial risks by allowing employees more autonomy and room to undertake their own initiatives, by enabling mutual learning and by making management more accessible to employees. Implementing this innovative agreement will be a challenge for both the management and trade unions.

Vandemoortele Dresden: Health management as a buffer for restructuring

The Dresdner Margarinewerk Vandemoortele in East Germany is a small unit of the Belgian group Vandemoortele, employing 85 persons. This case study shows that the strategy of modernizing personnel policy and organizational structure can help organizations to adapt to the wide fluctuations of demand that are typical in this branch. This strategy allowed a high degree of flexibility and enhancement of personnel deployment. This innovative concept included the development of an internal virtual labour market, an inter-company labour pool management (for the exchange of surplus personnel in order to avoid dismissals) and a comprehensive health management system.

It is evident from this case study that Vandemoortele already had, over the past decade, developed a rather sophisticated health management system as a response to the health problems monitored in the processes of continuous restructuring. This was applied in three dimensions: ergonomic planning of workplaces; regular health surveys among workers; and specific measures to reduce sickness absence or as the company put it positively, to increase the health status of the workforce (Mühge, 2009).

In 1998 an agreement between the works councils and the management was put into practice (and revised in 2003), focusing particularly on prevention and communication. The resulting health survey is carried out every second year. One of the most recent surveys revealed that the percentage of workers with serious sleeping problems had increased. Sleeping problems can be considered as a non-clinical early warning signal. Early detection and intervention can lead to the prevention of the development of more serious health problems in the long run. In this case, the reason was seen as the severe intensification of work processes during the previous period of restructuring. A task group was set up, aiming to find solutions by analyzing the causes and suggesting concrete measures to reduce stress and to improve stress management.

The case of Vandemoortele is insofar indicative of a management that has, from the beginning of serious and complex restructuring processes, placed the health dimension in the foreground of HR activities. The reorganization of the company was, from the perspective of the CEO, so successful because of the priority given to health issues.

The positive aspect of this case can be seen in the fact that every organizational change process is linked to the necessity to have in place good preventive health management before the start of major restructuring. The preventive approach should aim to reduce the stress levels before the real change is implemented. This can create a buffer against any subsequent increase in stress levels and psychosocial strain associated with major restructurings, in order to prevent long-term health deterioration. For this purpose a psychologist was hired as external health coach, capable of going beyond the scope of traditional occupational medicine. The main task of the health coach is to identify excessive psychological strain levels through risk assessment, with a specific focus on psychosocial risks. This was realized through the application of proven tools and instruments in cooperation with the department of work psychology of the local university.

As a favourite and fruitful indicator, sleep quality was analyzed in subsequent surveys, which allowed the company to assess the effectiveness of interventions targeting an improvement of sleep quality. The extension of this health coaching from management to the ordinary worker is one of the achievements of such a preventive psychosocial approach. Coaching for management had already been in place for many years in Vandemoortele. Every line manager or senior manager was able to approach the coach whenever they wanted. Specific coaching seminars or groups were held for managers. The coach was even asked to participate in moderating complicated negotiations with staff. Thus a relationship of trust was established that encouraged the management to go further with their cooperation in extending the scope of this health coaching to the staff in general. The experience of the company with psychologists

working in this area and collaborating with Vandemoortele for more than 10 years was so positive that the extension of this collaboration resulted from this. “They brought such an innovative input into the company in regard to things we never thought of before!” The creative nature of the intervention and contribution from psychologists when developing the concept of labour pool management was a particularly positive experience for the management.

The health coach for the staff aims to create an atmosphere of trust as they will not convey the information they receive from the workers to management. The productive contribution experienced by management also led to the plan to integrate the coach into the early phases of the anticipation of restructuring as an expert for the health dimension of organizational changes.

4.2 Support activities related to collective dismissals and redeployment

Closure of the Voikkaa paper factory (Finland): Supporting the health of employees

This case describes the innovative approach of internal occupational health services to support the health of employees during and after closure of a factory of 670 workers in Finland (in 2006) because of intense global competition and overproduction of magazine paper. The closure had a profound impact not only on the workers themselves but also on the community, families and individual lives.

The chief physician, chief nurse and occupational health psychologist developed a multifaceted programme for the factory which aimed to empower and restore the individual's internal resources. The OH services worked in collaboration with local social and employment services, with union representatives as well as with the occupational health and safety organization. This was possible because the necessary trust had been created over the long term. A combination of preventive and curative actions was the cornerstone of good practice in this case. Health was given priority in all decisions.

Specific tools were set up to help workers deal with this situation: individual crisis support and support groups; a telephone emergency hotline; and a comprehensive information package which was available online. Moreover, OH services provided various training programmes (such as how to manage stress and personal change processes). Different categories of employee were targeted by these training courses, such as management, workers in general or employees over 50. Health examinations were carried out and free health services were offered during the two years that followed. Other actors were involved in the action plan beside those mentioned above: for example, the company put into place a severance package designed to secure the future of the employees. A training fund was established and several crisis operations were initiated. Moving to a new job inside or outside the company was made as flexible as possible. Further, the government set up special funding to support the social restructuring of the area.

The authors who analyzed this case suggested that the necessary trust and preventive action model should be created in the long term, before the start of the restructuring. They added, however, that this action plan can unfortunately not be applied to SMEs. They also listed the practical activities of the OH services in recommendations.

Arcelor Mittal Bremen (Germany): The Talent Pool as a model concept for restructuring

Restructuring processes at Arcelor Mittal Bremen have been identifying surplus personnel since 2003. It was decided to organize a comprehensive profiling of this group within an organizational unit for placement and development as part of human resources management. This focused on the health resources and limitations of the participants and tried to find new positions according to their skills and

competences, without resorting to dismissals. A unit for the hiring out of employees for internal and external use via an external socially responsible service provider for temporary work was developed and transformed into a flexibility unit (Talent Pool) directly subordinated to the board through which up to 30% of the whole staff passed.
Key tasks of the Talent Pool are:

- Identification of surplus personnel and individual profiling of employees;
- Planning of flexible personnel deployment in a fair way according to identified personal resources;
- Analysis of personnel shortcomings and bottlenecks and planning of project work and in-sourcing;
- Procurement of know-how for the company and integration and disposition of trainees.

The focus is a clear resource orientation based on the potential of the employees in Talent Pool, giving them the option to experience different workplaces. Analysis of the individual health resources and limitations is executed by Occupational Health Services. Since 2008 this concept has been accepted as a model concept for the global company.

Health profiling for the internal labour market at Ford Motor Company Cologne (FILM)

The FILM project was carried out in 2001-03 at Ford Cologne. The closure of an in-house manufacturing facility where the majority of the 500 workers showed various disabilities that did not allow them to carry out certain production tasks led to the development of this project. The workers could only be employed in simple assembly jobs. To avoid dismissals an integration team was formed utilizing innovative methods to re-integrate workers with acquired disabilities from the closed in-house manufacturing facility into a productive manufacturing process. The team consisted of different actors, such as the health department, the works council, the human resources function and external experts. These actors used a specific software tool that allows a profile comparison process to which the demands of a given job and the required human resource skills are directly compared. The ability profiles of all employees involved were prepared by physicians. The process had the full support of the works council. Within the project period, all 503 workers were examined and for comparison a total of 1,641 jobs at the Cologne facility were analyzed regarding their skills and abilities as prerequisites for future jobs.

The results show that more than half of the workers (52.3%) were fully reintegrated in the value-adding process, 12% were integrated on a part-time basis and about 29.6% were integrated into previously outsourced jobs. Only just over 6% were, due to chronic illness, considered to be unemployable at the time of the study.

Restructuring and individual health: Partnerships and HR protocol at ERICSSON/Sweden

In Sweden, from 2001 to 2005, Ericsson reduced its workforce significantly (by around 12,000 employees) and at the same time there also was a technology shift. This meant that Ericsson moved from a decentralized organization to one global company with common functions and processes. During restructuring, it was very important for Ericsson to show that good human resources policy was applied in adverse times, firstly to protect workers but also to protect the Ericsson brand.

Together with the trade unions, the company drew up an extensive support package for the employees who had been given notice: this package offered elements such as early retirement/ordinary notice to quit/ severance payments and a career change programme (called Future Forum). The target was that

80% of the people entering the career programme should find a new suitable solution during the length of the programme. To achieve this goal, the activities provided in the Future Forum were designed by Manpower, Ericsson and the works councils. It was decided to offer a wide range of services: individual coaching; skill reinforcement through seminars and external training programmes; help with job applications; and on-the-job-training activities. In addition to this, management training was decided in preparation for the restructuring and tailor-made health support programmes were developed for a specific group of workers (those who took frequent or long-term sick leave).

This career change programme appeared to be quite successful. Moreover, experience from the restructuring period has led to the adoption of new policies and routines within Ericsson in order to pay attention to and prevent people in the future from falling behind. As for Manpower, this experience has helped the group to develop a new line of business, a “service delivery” that focuses on occupational health services, health promotion, work environment and rehabilitation, taking into consideration both the individuals and the organizations.

This experience led the HR manager to formulate a protocol in which she set out the learning process during the different phases of the restructuring. This was an attempt to lay down this complex experience in a structured way so that it could be used in future restructurings and in other company settings. To facilitate the restructuring for all parties, it is good practice to involve, from the beginning, the union or any employee representative in the process that leads to the decision.

The first activity after the decision is made is to create a change communication plan (Who is in charge? How should information be delivered? Who will be affected?) which should be monitored continuously during the restructuring. Secondly, a plan of functions should be set, i.e. the possible demands of the new organization and the skills required. Then, a mapping of all employees in terms of their skills should be carried out in order to see if the required skills can match the actual skills. In order to keep a good relationship with the union during the negotiations, the company should decide which people it needs to survive in the future, and not the other way round (i.e. focusing on who should be made redundant). The terms for the redundant workers should be negotiated with the union before sending documentation to the workers concerned (with all relevant information for a dismissed worker). The company should create a schedule and a checklist for the day of notice and can use external services if it lacks competence or resources (a human resources function, for example). The managers of the redundant employees must be well-informed and trained. Then, it is important that redundant employees leave the company in a dignified way. Finally, follow-up and key learning might be important for future reference, in the case of further restructuring.

The Labour Mobility Centre of ING Retail (The Netherlands): Career orientation, training and coaching for personal health and well-being

The Dutch international bank & insurance company ING was created by a merger 17 years prior to the decision taken by management in 2007 to integrate its two existing separate banks, Postbank and ING Bank. From 2007 to 2010 this meant 1,750 job cuts at ING retail bank Netherlands, plus another 750 due to the financial crisis and the conditions under which financial support from the national government was granted.

For all of the 2,750 employees affected, a social plan was created by the social partners. This plan focused on 'work-to-work' transitions for every employee involved. A maximum a period of two years and nine months were made available to prepare employees for a new job and or qualification within or outside ING. Employees should, however, pass a formal selection procedure to be allowed access to a new ING job. Firstly, a department or group of employees could be registered for 'preventive mobility'. This meant that the employees could be made redundant in the future,and were therefore entitled to

certain rights in terms of training. In the end, however, it might be the case that they were allowed to stay in their job and department. The second stage was the announcement of dismissal within nine months. Employees leaving their job earlier were entitled to extra financial severance pay in cash.

A special internal department, Labour Mobility, co-ordinated each individual redundancy. A personal case manager helped develop individual action plans, and expert mobility advisors offered support in career orientation, training possibilities and coaching on personal health and well-being. A maximum around 60 managers and consultants were involved in this. By the summer of 2010, 85% of all employees had a new job, most of them internally within the bank, or were in a training/career step progarmme, targeting a complete change of profession.

Employees involved in this process reported health problems and lack of self-esteem during the first stages of redundancy. Most of them, however, recovered, with the help of the consultants of Labour Mobility. The combination of collective rights and facilities (social plan plus Labour Mobility) and individually targeted support and management was a key factor for success, provided that training for all line managers and (future) redundant employees focused on the impacts of change and redundancy at the individual level, and ways to help people to cope with loss, anger, lack of energy and self-esteem due to these experiences. It turned out that people were much more suceessful on the internal labour market (going through selection interviews and procedures to qualify for a new job) and on the labour market in general, once they had 'lived through' the pain, isolation and negative energy connected with dismissal and had received support during this period.

With regard to the experiences and effects of this operation, the social partners decided to create an Employability Task Group. This will plan and facilitate employability programmes for all ING employees, in order to avoid long term 'un-employability', affecting employees at the bank. it is hoped that prevention will pave the way towards more smooth and win-win restructurings in the future.

4.3 Policies and networks focusing on SMEs

Restructuring industry and competitive economy - special focus on SMEs: Policy and actions in North Rhine-Westphalia (Germany)

A study has been conducted on the policy and actions taken in North Rhine-Westphalia (NRW) in Germany, which is a region that has been facing a radical shift of its economy over the past four decades. The region was first confronted with a decrease in employment due to restructuring in traditional primary sectors and manufacturing, but employment statistics balanced out in the long term as the result of the creation of new jobs in new economic sectors. The study makes SMEs a special focus as there is growing significance of SMEs in the labour market. It aimed to analyze healthy restructuring that took place over the past decade.

First of all, the policies applied when restructuring an economy all include the promotion of structural change. Comprehensive strategies have been developed to respond to change and support the restructuring process. To encourage the participation of SMEs in the various programmes, incentives are offered by the NRW government. Funding is co-financed within the framework of the European Social Fund.

NRW is developing innovative partnerships to provide management of SMEs with knowledge regarding health risks and health promotion locally, regionally or by sector according to need. Emphasis is placed on active measures enabling employers to (re)design healthy organizations and increase the competitiveness of their enterprises and enabling employees to enhance their employability.

In view of the fact that SMEs have limited resources and experience in change management, most activities focus on building capabilities and enabling the enterprises to improve their management competence and performance. To achieve this, three main instruments have been successfully applied so far: counselling services; vocational training (e.g. employers and employees can both acquire vouchers for vocational training); and experimental projects on restructuring.

Participative restructuring toward a cascade-based network: The Florence SME leather industry

This case study examines the restructuring of the Florentine leather industry in Italy. This restructuring has enabled the industry to move from a few leather factories facing significant economic difficulties to a greater number of enterprises, employing more than 10,000 people, known as the Florence leather district. A new organizational phenomenon has been implemented, steered by some of the brand owners who led the first restructuring, from craftsmanship to industry, from locally-known workshops to worldwide recognized brands, and supported by local authorities and SME associations. The restructuring of the factories has been accompanied by the development of a type of industrial district characterized by a cascade organization.

Together, the various stakeholders (brand owners, SMEs, SME associations, local authorities, and trade unions) set up a participative model for restructuring that has shown very positive effects, both on employment and on health and safety. Quality control is distributed along all levels, where the higher level is in charge of the quality of the lower, but all levels are under control and continuous inspections by the brand owners.

This case underlines the crucial role that is played by the need to preserve and improve the reputation of the brand and its products. Indeed, brand owners have applied the principles of corporate social responsibility (CSR), which includes the issues of health and safety at work. This initiative was strongly promoted and supported by local authorities (among them an association of very small enterprises, most of them artisans' workshops) which sought, and, in some cases, provided, incentives, and communicated at large the development of the process of implementing the CSR policy. The trade unions, while losing direct control at grass root level – because of the pulverisation of the workforce in hundreds of enterprises – entered into the process of policy building and of good practice implementation, playing an institutional role at the level of policy-setting and decision-making.

This case study also indicates that restructuring is to be conceived as a prolonged process that may involve a large network or a cluster of SMEs. It shows that restructuring can have positive outcomes for both employment and health and safety. It stresses the critical value of ethics and social responsibility, which can be instrumental in establishing and maintaining healthy and safe working conditions. Finally, it highlights the role of the local administrations and SME associations in setting policies and supporting good practices in restructuring. Altogether, it suggests a participative approach to restructuring.

4.4 Approaches to stress developed by specialized OHS bodies

Group method for promoting career management and preventing symptoms of depression in organizations (FIOH, Helsinki)

The Finnish Institute for Occupational Health (FIOH) has developed a resource-building group intervention entitled "Towards Successful Seniority" in order to combat the individual costs of constant changes. This method was developed for promoting successful seniority in organizations but it can be applied to enhance mental resources for managing changes due to restructuring. The method was piloted from 2006 to 2008 and showed positive effects that should result in better career outcomes and mental health in the longer term.

The aim of the group method was to help to prepare employees for career management and to teach them to develop strategies to carry out their plans. The objective was to integrate the programme into everyday organizational practices, in which information on work-related development plans and information on health and well-being can be utilized. It has been implemented in the form of reference groups in organizations. The programme involved the collaboration between the human resources (HR) department and the occupational health service provider (OHS). Indeed, the programme was delivered by a co-trainer team of two trainers, one from OHS and one from HR, who had first been trained in FIOH. The group activities gave workers reference support and tools for better time-management, ideas for reconsidering their skills, job tasks and occupational development. The workshop uses methods such as active learning processes, social modeling, gradual exposure to develop skills, and practice through role playing.

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ASP-OHS service for the French pharmaceutical sector (Paris): Towards a toolkit to face restructuring

The pharmaceutical industry in France is undergoing major challenges. ASP, which is an occupational health and safety service consisting of 26 OHS units involving 220,000 firms with 3 million employees, gives advice and helps employers, employees, and their representatives to face restructuring. ASP studied different cases of restructuring (for example at headquarters, of sales representatives, research and development sites, and industrial plants) in large or medium-sized companies. It collected information through questionnaires and discussions with human resources departments of different companies, occupational health physicians, and experts from ASP. Consequently, ASP has proposed to the regional OHS to create a specific team, which consisted of 10 OHS unit representatives and 15 members including executives, physicians, ergonomists, and psychologists, worked on the following topics:

- How to raise awareness among employers?
- The key messages to be communicated?
- How OHS should act and what are the limits to their action?

The concrete goal is to create a toolkit for firms (most of which are small and medium-sized companies) and to provide help to OHS teams. The first conclusions were discussed with 26 OHS teams in February 2010. The project is now continuing and is being enlarged with other partners (such as the Regional Association for the Improvement of Working Conditions (ARACT) and the National Insurance) and a link has been made with the National OHS Association and the French Ministry of Labour.

5. Conclusions

5.1 Main findings

Empirical evidence regarding the health impact on the direct victims and the survivors of restructuring

This background paper analyzes the international state of play regarding the psychosocial risks associated with profound organizational change. It can demonstrate that the effects on those who lose their job (the "direct victims") – even if only temporarily – can be considered to be a serious threat to individual health as well as to their close environment. Restructuring is one of the most complex changes that a workplace can undergo and must be taken seriously as a risk that should be handled with care if the negative health impacts that can be associated with it are to be limited.

The new evidence that has been developed only during the past two decades on the health effects of those staying behind or remaining in the organization after the restructuring has taken place ("survivors" of restructuring or layoffs) shows the manifold ways in which their productivity, commitment to the company and psychosocial well-being is affected by the way in which the restructuring is organized. There is now broad evidence linking employees´ health with the way organizational change is planned, implemented and executed. The degree, for example, to which a worker can exert influence or have a voice in the process will help to determine not only their psychosocial reactions and the strain levels involved, but also their future commitment to the company.

An enlightened management will therefore be well recommended when including these health considerations in the concept of socially responsible restructuring that this will lead not only to increased competitiveness but also, through the protection of the health of workers, to a smoothing of the process of organizational change. A healthy workforce is in the interest of all stakeholders and social institutions in order to maintain a competitive workforce in Europe.

We must also, however, take into account the fact that the line managers who are responsible for the communication and execution of restructuring at the company level often do not have the tools and knowledge to guide such a complex process, they often show a contamination effect of the effects of the restructuring on their subordinates (dismissed or remaining) and are therefore also a relevant group in terms of consideration of their health concerns.

Existing frameworks and practices

The EU potentially already has adequate policies and actions to manage the health aspect of restructuring. EU legislation as well as EU social dialogue already provides, even if more implicitly than explicitly, standards and guidelines which could help to tackle this issue in a positive and responsible way. There are steps that can be taken by employers and other social actors to help mitigate the negative effects of restructuring and change on the health of employees and be of benefit to those employees, the employer and wider society: this background paper contains relevant case studies which demonstrate that the health challenge can be met successfully when companies and main stakeholders invest in these steps.

More focused and cross-cutting policies are needed

What is missing is, in our view, a clear focus on this aspect of change by EU – and national - policies related to employment on the one hand, and to health - both public and occupational - on the other:

bridging them together would be very useful. Making change into an opportunity rather than a risk for health and well-being does not mean first involving health measures or health specialists. Issues such as the empowerment of individuals, communication, fairness, trust, anticipation and preparation are key and not primarily related to health. Therefore, a more sensitive management of change is required and should influence governments, companies, trade unions and main stakeholders' agendas. Proper health measures, such as health promotion at the worksite should be considered as a valuable tool in the creation of a resilient workforce and therefore as a contribution to the creation of psychosocial buffers in employees against the requirements of complex organizational change processes, and therefore these offers should not be minimized in times of change or crisis.

5.2 Main areas for action – Questions for debate

Ten main areas for action can be drawn out of the present review of the state of play.

Health and restructuring: A key issue for structural change?

Restructuring processes and the pace of organizational change with increasing pressure on both private and public sector, are accelerating in the EU. Beyond major restructuring, related or not to the crisis, many silent restructurings affect SMEs, fixed-term contract workers, temporary workers and small businesspeople, who are experiencing severe problems. Facing up to present and future structural changes can no longer be undertaken by wasting human capacities and resources as has happened in too many cases in the past. At present, psychosocial problems are becoming one of the main causes of incapacity for work in several countries.

This is first and foremost a problem for public health, but the economic consequences should not be underestimated either. Job insecurity also represents an important link between restructuring programmes and effects on employees' health. Depression, absence, sleep troubles, suicides have been emphasized as major symptoms of mental ill-health. However, there is a risk that health issues related to restructuring might be treated in the same was as issues relating to asbestos: the effects were known but appropriate measures taken very late. Tackling health and restructuring is needed not just because restructuring is possibly detrimental to health but also as a useful investment in the future of the European workforce and a way of defending the European model as sustainable and competitive.

Throughout Europe, health related to restructuring can hardly be found on the agendas of trade unions, employers or public administrations. Consequently, awareness, education, frameworks, programmes and tools have to be developed to overcome those phenomena. The issue of health and restructuring will not be solved by one single type of approach. It requires a combination of legislative instruments, social dialogue, training, investments, commitments and operational tools in order to become efffective.

Groups at risk: Trust and justice as a critical issue?

Scientific and empirical evidence shows that main groups at risk are: people who have been dismissed, survivors, contingent workers, middle managers as well as small businesspeople threatened with bankruptcy. The issue of justice is a major issue during profound organizational changes. Fairness in this context is experienced in three dimensions: distributive, procedural and interactional justice. *Distributive justice* is perceived when employees consider the selection criteria for dismissal or redeployment within the company as fair. *Procedural justice* means that the employees experience the procedures implemented during the course of reorganization as fair with the possibility of participation. *Interactional justice* refers to internal and external communication about the decisions taken and the procedures applied.

The crisis has made the issue of fairness and trust even more relevant, starting with contingent and temporary workers as well as self employed people, which are the groups first affected by restructuring and without any specific employment or health support, despite their additional needs. Therefore, the issue of equal treatment becomes crucial in restructuring processes.

Dealing with health and restructuring requires more cooperation and trust between employers and employees. Employees must be confident that they will have a say and be treated fairly. Transparent communication appears to have a significant role here. Being consistent is also important. It is necessary to provide employees with the opportunity to participate in decision-making throughout the change process. This will help to reduce their stress and increase their support for the change

To what extent this critical issue of "justice" is and should be taken on board when implementing restructuring and change?

Data and studies: How to improve data, awareness and monitoring?

Data related to health and restructuring are lacking and fragmented at both national and European levels. Collecting and evaluating data on employee health in restructuring processes, even if it appears to be very difficult in SMEs, is extremely important in assessing the real situation and planning future activities in this area. Decisions have to be made in order to:

- Launch research as well as homogeneous and effective databases, aiming also to standardize the data at national and European levels;

- Merge data from various databases which already exist in some countries;

- Extend measurements of employees´ satisfaction, health and well-being at all levels (company, local, national, EU).

Responsibilities of companies and managers: To be extended?

Health related to restructuring and organizational change is a shared responsibility and there are no distinct borders between corporate responsibility for promoting health in the workplace and the responsibility of the state and other public actors to ensure the health of the workforce. Similarly, employees' responsibility to stay healthy has to be emphasized. Usual approaches to restructuring demonstrate that managers have taken into account at best just the employment aspects, widely disregarding those that, for example, relate to health. This places "psychological contracts" with employees at risk. It is essential for management to clarify each person's new role, responsibility, and workload. Therefore, a discussion has to be open about the extent of employers' responsibilities at several levels:

- How can the health dimension be integrated and promoted in the anticipation, preparation and management of change?

- What responsibilities exist regarding outsourcing and along the value chain?

- How can senior and middle managers be educated and trained in this area?

- What costs should be borne by companies, employees and taxpayers?

Social dialogue: Next steps?

Social dialogue is central for tackling restructuring and occupational health and safety, and used as such. In recent years, social dialogue outcomes focused mainly on maintaining and developing employability on the one hand, and at preventing new risks such as stress, harassment and violence at work on the other. However, initiatives explicitly bringing together those two issues are scarce, despite some good practices at company level. The question here is which further steps could the social partners take in terms of:

- Joint actions and more proactive work in all phases of the restructuring process;

- Increasing awareness among employers, unions, OSH delegates, employee representatives, whether specialized in OSH or not;

- Collective bargaining on changes in all dimensions, including health and organizational well-being Should existing agreements be amended?

Legislation: To be reconsidered?

EU Legislation governing collective redundancies, information and consultation and OHS does not explicitly mention the link between health and restructuring. Recent reports on the implementation of EU framework agreements (for example on stress) show that this link is rarely established. The question here is whether it is necessary to:

- Act at EU level and review existing legislation and frameworks;

- Issue additional instructions or recommendations at EU and/or national level;

- Develop a new role for labour inspections by including restructuring and organizational change in their emerging approach of psychosocial risks;

- Consider including restructuring-related forms of ill-health within the scope of any future EU instruments on occupational diseases.

Restructuring in the public sector: Can approaches from the private sector be transferred?

Public authorities are not only responsible for policies and legislation but also for managing public bodies and organizations. As the public sector in Europe is now undergoing major changes, the following questions need to be asked:

- What responsibilities and actions should be taken by public authorities at central as well as at regional or local level regarding organizational changes in maintaining the health of their workforce?

- What trends are taking place in terms of introducing flexicurity strategies in the public sector in the course of restructuring?

- To what extent should socially responsible approaches that are promoted in the private sector apply to the public sector?

The role of OSH services: What improvements could be made?

Involvement of OHS services during restructuring is still rare. These services can even be reduced or closed and many problems still exist in terms of the correct compliance with risk prevention laws. Risk assessment systems used to focus mainly on occupational accidents in classic employment and are less developed with regard to the mental well-being of employees. If healthy restructuring does not necessarily need health measures in the first instance and relies more on better anticipation, preparation, management and follow up, the role of OHS services in change conditions should be developed. The question is therefore how to develop proactive and effective health promoting actions in a restructuring situation, and what are the responsibilities of OHS services in terms of:

- Training designed to tackle specific health dimensions related to restructuring;
- Improving their expertise in evaluating the health impact of change;
- Developing their mediators' role from a relatively independent role from employers.

Employment, health approaches and flexicurity: New bridges?

The health consequences of restructuring are challenging traditional employment approaches, including those based on increased employability and flexicurity. Flexicurity policies, up to now, do not refer neither to well-being or to occupational and mental health, nor to the maintenance of an atmosphere of trust. A joint consideration at all levels of the two critical issues of *employment* and *health*, is therefore needed. Should then flexicurity approaches be reconsidered or enlarged in order to achieve:

- Better adaptation of change processes to both organizations´ and individuals´ needs?
- A good balance between organizational and collective responsibilities on the one hand, and individual on the other, the latter often being overemphasized?
- More active responses (such as active social plans) than the still more common financial compensations related to restructuring and dismissals?
- Further development of already promising approaches to link restructuring and health issues from the perspective of employment services and job centres?

Operational tools, networks and education: Which priorities?

Operational tools will be efficient only if they are congruent with other aspects of restructuring: legislation, social dialogue, commitment, training, exchange of good practices, and investment. Nevertheless, there is a crucial need for information, recommendations, methods, databases, and guidelines for healthy restructuring, replacing the simple implementation of compensatory redundancy schemes. Therefore are main stakeholders willing to:

- Develop framework operational guidelines for companies and organizations, taking into account the specificities of SMEs and to educate people to healthy and socially sensitive change, starting with managers, HR staff, advisers and OHS specialists?
- Review the usual risk assessment tools in order to include restructuring, as a matter of urgency, in risk assessment (including psychosocial risks)?

- Develop health promotion activities during the course of an employee's working life as a priority?

- Encourage employee self support and mutual aid between peers that allow resilience of both the "survivors" and the dismissed employees?

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