



Committee on Social Affairs, Health and Sustainable Development

Stress at work

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Report¹

A. Draft resolution²

1. The world of work has become overwhelmed by stress. Confronted with critical changes in work organisation and labour relations, working people are faced with enormous pressure to meet the growing demands of working life. When this pressure is amplified by an imbalance between the perceived demands and the perceived resources and abilities of individuals, it can become detrimental to their wellbeing and health, both physical and psychological, as well as endanger public safety in extreme situations. This troubling reality adversely affects workers, organisations, national economies and society at large. Stress at work is our collective responsibility - and challenge.

2. European countries acknowledge workplace stress as a serious public health issue and have integrated stress management into workplace safety and health policies, with a growing but still insufficient emphasis on psychosocial risks. However, the burden of work stress in Europe and globally go beyond purely medical risks: with around half of European workers considering stress to be common in their workplace, stress prevention, management and reduction needs to be mainstreamed at different levels of governance, as well as in the private sector.

3. The Parliamentary Assembly considers that the situation in Europe merits a “stress test” for all its institutions in order to check the inventory of measures currently in place for ensuring workplace stress prevention and management, and for identifying areas that require further intervention.

4. The Assembly notes that most European and national reference texts evoke stress at work implicitly as part of mental health needs but do not explicitly recognise mental health disorders linked to stress as occupational diseases, reflecting the current guidance from ILO (the International Labour Organization). Moreover, studies by the World Health Organization (WHO) show that there is still much confusion in the regulatory field between normal pressure and stress at work which is used to excuse poor managerial practice.

5. The Assembly also regrets widespread confusion concerning the notion of occupational burnout (a state of extreme emotional and physical exhaustion) and its recognition as an occupational disease. Whilst the ILO list of occupational diseases of 2010 cites “post-traumatic stress disorder” and “additional mental or behavioural disorders not mentioned”, the European Commission’s Recommendation on the European Schedule of Occupational Disorders does not list any stress-induced disorder. However, the burnout syndrome is increasingly recognised at national level in Europe as a major occupational health issue.

6. The Assembly welcomes national, corporate and European initiatives aimed at improving balance between work and private life and ensuring the effective exercise of the right to equal opportunities at work in line with the requirements of the European Social Charter (ETS No. 35 and No. 163). It believes that member States should better take the gender dimension into account through policy instruments in light of evidence

¹ Reference to Committee: Doc. 14090 Reference no. 4229 of 10 October 2016.

² Draft resolution adopted unanimously by the Committee on 4 December 2018.

showing that women and men respond to and manage stress at work in different ways and that women at work are the worst affected, especially when they carry a double burden of work and household responsibilities.

7. Considering that the very nature of work is expected to change significantly over the coming decade as robots and artificial intelligence applications step in to replace humans for many jobs and create new man-machine teamwork patterns, the Assembly believes that this looming source of permanent stress over job insecurity should compel all the stakeholders to review the organisation of work and distribution of workloads and tasks in a way that enables reduction in stress levels for humans and fosters job sharing.

8. Further to the above considerations, the Assembly calls upon the member States of the Council of Europe to:

8.1. carry out an in-depth evaluation of existing domestic legal and policy measures for workplace stress prevention, management and reduction, bearing in mind the gender dimension;

8.2. identify legislative and regulatory gaps in their workplace safety and health policies with a view to ensuring a better coverage of psychosocial risks, in particular for highly exposed sectors of activity (such as health-care workers, social workers, police officers, teachers and customer-service providers);

8.3. expand the national list of occupational diseases in order to explicitly list stress-induced disorders, including occupational burnout;

8.4. put in place obligations for all employers to:

8.4.1. adopt a comprehensive approach to stress assessment, management and prevention with an organisational and individual focus;

8.4.2. implement specific protocols against bullying, harassment, gender-based discrimination and other inappropriate behaviours at work;

8.4.3. ensure adequate protection against workplace stress for the more vulnerable categories of workers (young people, immigrants, pregnant women, older workers, persons with disabilities, single parents and others);

8.5. study the implications of robotisation and artificial intelligence on workers' rights, ethics and the organisation of work with a view to preserving human jobs and a healthy work-life balance;

8.6. encourage employers to adopt a stress-reducing organisation of work with shorter, four-day weeks (with, for example, 28 to 32 work hours per week), flexible hours options, greater autonomy, teleworking possibilities and job-sharing schemes, notably for working parents and carers;

8.7. as appropriate, consider carrying out national or sectoral awareness-raising campaigns on stress at work and the publicly available or online information resources, support and training tools;

8.8. to adopt legislation to protect whistle-blowers in order to see the effective implementation of the above recommendations.

B. Explanatory memorandum by Mr Stefaan Vercaemer, rapporteur

1. Introduction

1. Work stress³ has been recognised as a serious public health issue for many years. Already in 2003, the World Health Organization (WHO) published a detailed report providing guidance to occupational health professionals across Europe with regard to assessing and preventing stress at the workplace.⁴ According to the European Agency for Safety and Health at Work (EU-OSHA), psychosocial risks and work-related stress are among the most challenging issues in occupational safety and health as they impact significantly on the health of individuals, organisations and national economies: around half of European workers consider stress to be common in their workplace, and stress seems to be at the origin of around half of all working days lost.

2. Whilst the phenomenon of stress is often misunderstood or stigmatised, professionals nowadays consider that psychosocial risks and stress can be just as manageable as any other workplace safety and health risk, especially if they are fully recognised as an organisational issue rather than an individual fault. Where this is the case, responses and preventive action will need the engagement of governments, companies and employees.

3. In line with the motion for a resolution (Doc. 14090) tabled by Committee on Social Affairs, Health and Sustainable Development, this report aims to increase awareness amongst European parliaments and governments for work-related stress as a major public health issue, to explore the causes, challenges and possible responses, and to identify the areas where legislative or political action is needed and would be useful with a view to improving psychosocial working conditions and well-being at work across Europe, both in the public and the private sector. To gather expert insights and recommendations, an exchange of views was organised with the representatives of EU-OSHA and the Centre for Sustainable Working Life of the Birkbeck University of London (United Kingdom) on 18 September 2018.

2. Stress at work: definitions, causes, consequences and approaches

4. The International Labour Organization (ILO), already in the 1980s, defined the term of stress as “the harmful physical and emotional response caused by an imbalance between the perceived demands and the perceived resources and abilities of individuals to cope with those demands”.⁵ More recently, in 2016, its annual “World Day for Safety and Health at Work” focused on “Workplace Stress: a collective challenge”. We can therefore see that the issue has been perceived as a challenge for governments, employers and trade unions for many years.

2.1. Causes of stress at work

5. The causes and factors inflicting stress upon workers certainly vary according to specific professional environments, tasks, organisations and cultural practices. The overall economic context certainly also plays a certain role, such as the economic crisis which started in 2008, the spread of new information and communication technologies across all economic sectors.⁶

6. For the EU-OSHA the most common factors of stress at the workplace include (1) job contents (e.g. boring tasks, non-stimulating activities), (2) the amount of work and pace of execution, (3) the work schedule (e.g. long shifts, limited breaks, inflexible hours, unpredictable working periods, etc.), (4) participation (absence of participation in decision-making, no control over the mode of execution of tasks), (5) physical conditions of the work environment (e.g. low illumination, noise), (6) the organisational culture (e.g. poor support, unclear division of work) and poor management of organisational change (leading to job insecurity), (7) conflicts, lack of support and poor communication between colleagues and managers or even more severe phenomena, such as

³ Work-related stress is a state that stems from work organisation and design, labour relations and mismatches between resources, abilities, needs, demands and expectations of individual workers or groups versus an enterprise or an organisation. This state is accompanied by physical, psychological or social complaints or dysfunctions (Framework Agreement on Work-related Stress, 2004).

⁴ WHO, Work Organisation & Stress: systematic problem approaches for employers, managers and trade union representatives, Geneva, 2003, http://www.who.int/occupational_health/topics/stressatwp/en/.

⁵ International Labour Organization (ILO), Psychological factors at work: recognition and control, Geneva, 1986.

⁶ European Agency for Safety and Health at Work (EU-OSHA), Discussion Paper on “Monitoring Technology: the 21st century’s pursuit of well-being?”, downloaded from: <http://osha.europa.eu>.

psychological or sexual harassment, (8) lack of career development (e.g. no career plan, stability or functional mobility) and (9) difficulties to conciliate work and private life (“work-life balance”).⁷ The agency’s most recent evidence for Europe has shown that workers are regularly exposed to excessive demands: 34% of them work at high speed three-quarters of the time or more, and 37% work to tight deadlines. Moreover, 31% of workers referred to undergoing an emotionally disturbing situation (more than one quarter of the time at work).⁸

7. This list of determinants and data shows that the notion of work stress goes beyond the idea of workers acting beyond their physical limits, being unable to complete services for lack of skills or resources or manifesting an overburdening in what they are instructed to do. Over the past years, there has been an increasing recognition of interpersonal and relationship-motivated conflicts giving rise to stress at workplaces, putting more emphasis on subjective and moral aspects of stress.

8. Originally, two approaches were used to explain the development of stress at the workplace. First, studies of labour-induced stress centred on essential physical consequences of the imbalance between excessive workload and autonomy in workers’ decisions. The second school of research revolved around the idea that stress stems from the frustration of not being sufficiently rewarded for individual efforts when gaining much less than expected in terms of payments, esteem and job security.⁹ The most recent approaches seem to be more concerned with values of justice and fairness, embracing the understanding of the causes of stress on the grounds of illegitimate tasks, unjust work allocation or other discriminatory or unreasonable treatment, based on the premise that roles exercised professionally by individuals are essential to their identity.¹⁰

9. Looking into contextual economic trends, addressing work-related stress could not be more relevant at a time when communication and information technologies are omnipresent in all economic sectors and significantly influence individual workplaces and work processes, both in a positive and a negative way. Their positive effects range from providing more autonomy and flexibility directly at work to allowing for new forms of work organisation, including remote work to promote a better work-life balance and spend less time at the office (thus saving energy otherwise spent on commuting).¹¹

10. However, information and communication technologies often intensify the pace of processes and tasks by optimising workflows and making jobs more demanding and time-consuming. They may also lead to isolation and represent a physiological stressor for lack of relationships when workers do not interact daily with a face-to-face or on-site team, or cause burnout through permanent connection to work (making employees constantly reachable via e-mails, cell phones or virtual desks, even outside of working hours, and transmitting orders during off-duty periods or at unpredictable moments).¹² Workers have the right to disconnect from work outside working hours.

11. The growing use of monitoring technology via video, audio or even tracking movements, locations and body signs such as heartbeat or blood pressure, may result in stress to workers exposed to on-going surveillance, behaviour control or performance evaluation. However, monitoring tools could also be used to identify health complications at work and alert to excessive burdens for employees (e.g. companies could track physical symptoms through wearable devices or smartphones).¹³

12. Furthermore, amongst the contextual elements influencing workers’ mental health many also see the major economic crisis that hit Europe over the past decade. The recession severely affected job prospects and escalated job insecurity, dampened wages and restructured labour distribution, imposing more responsibilities

⁷ European Risk Observatory (ERO), European Survey of New and Emerging Risks: Managing Safety and Health at Work (2010). EU-OSHA, <https://osha.europa.eu/en/about-eu-osha/what-we-do/european-risk-observatory>.

⁸ EU-OSHA, thematic file on “Psychosocial risks and stress at work”, <https://osha.europa.eu/en/themes/psychosocial-risks-and-stress>.

⁹ Eurofound and EU-OSHA: Psychosocial risks in Europe: Prevalence and strategies for prevention, 14, 2014.

¹⁰ Semmer, Norbert K. et al., “Illegitimate Tasks as a Source of Work Stress”, *Work and Stress* 29.1, 2015: 32–56. PMC Web, 17 July 2017.

¹¹ Health Technology in the Workplace: Leveraging technology to protect and improve worker health, in <http://healthyworkplaces.berkeley.edu/wellness/health-technology-in-the-workplace-leveraging-technology-to-protect-and-improve-worker-health/>, access in 25/07/2017.

¹² Ibid.

¹³ Eurofound and the International Labour Office, *Working anytime, anywhere: The effects on the world of work*, Publications Office of the European Union, Luxembourg, and the International Labour Office, Geneva 2017, p. 28, 33, 37.

on many of those still in employment and, for all these reasons, trouble for many employees to an extent that made them ill.¹⁴ In addition, the very nature of work is expected to change significantly as robots and artificial intelligence applications threaten to replace humans for many jobs and create new man-machine teamwork patterns.¹⁵

13. Finally, the gender dimension should not be neglected either: evidence shows that women and men tend to respond to and manage stress at work in different ways. Most studies point out that women at work are the worst affected, especially when they carry a double burden of work and household responsibilities. Moreover, they face a higher risk of sexual harassment at work and gender-based discrimination with lower wages, higher job requirements¹⁶ as well as involuntary part-time work¹⁷, and need special protection during pregnancy.

2.2. Consequences of stress at work

14. It is widely recognised nowadays that some of the above-mentioned working conditions and contextual elements can lead to negative psychological, physical and social outcomes such as work-related stress, burnout or depression and even suicide. I should recall that scientific research over the past 20 years has clearly evidenced the association of stress with the development of specific physical and psychological symptoms resulting in serious health complications such as cardiovascular diseases, diabetes, musculoskeletal problems, depression or bipolar disorders.¹⁸

15. The ILO notes that high levels of stress can also lead to developing unhealthy coping behaviours such as alcohol and drug abuse, increased smoking, poor diets, insufficient physical activity and sleep disorders. These in turn would aggravate the general condition, commitment and performance of individuals, affecting their roles and wellbeing in both their professional and private lives.¹⁹

16. Taking into account only the effects of depression caused by physiological hazards from working conditions, work stress may cost 617 billion € annually in the EU through absenteeism (272 billion €), productivity reduction (242 billion €), healthcare services (63 billion €) and disability benefit payments (39 billion €).²⁰ However, the burdens of work stress in Europe and globally go beyond medical risks. Not only is there significant harm to individual well-being and psychological integrity, but work-related stress also pushes up the costs involved in doing business, hindering competitiveness and cutting into profits. All society is thus impacted: workplace stress is a major collective challenge.

3. Stress at work: legal and policy responses

17. International organisations, European institutions, corporate actors and countries have produced a collection of norms and guidelines relevant to work-related stress; these instruments vary in content and legal value (mandatory or soft law) and in how manifestly they refer to work stress (more or less explicitly).

3.1. Global and European tools

18. At the International Labour Organization (ILO), the main instrument is the Convention on Occupational Safety and Health of 1981 (No.155), followed by its Recommendation (No.164), which constitute binding regulation-setting standards referring to mental health and, by this term, encompassing work stress prevention. The ILO Occupational Health Services Convention of 1985 (No. 161) and its complementary Recommendation (No. 171) deal with occupational health services as multidisciplinary services that should address physical and mental health issues, thus again implying work stress.

¹⁴ Paul Schnabel, Protecting and including vulnerable people in times of economic crisis – Netherlands Institute for Social Research/SCP, The Hague, Netherlands.

¹⁵ Žiga Turk, “The future of work: robots cooking free lunches?”, Wilfried Martens Centre for European Studies, 2018.

¹⁶ ILO, “Workplace stress: a collective challenge”, 2016.

¹⁷ According to the European Commission, 31.5% of working women work part-time compared to 8.2% of working men in the EU, a situation largely due to the situation of households with children.

¹⁸ Daniel C. Ganster, Colorado State University, Christopher C. Rosen, University of Arkansas: Work Stress and Employee Health, *Journal of Management* Vol 39, Issue 5, pp. 1085 - 1122 First published date: 19 February 2013.

¹⁹ ILO, “Workplace stress: a collective challenge”, World Day for Safety and Health at Work, 26 April 2016.

²⁰ EU-OSHA, Calculating the cost of work-related stress and psychosocial risks. Publications Office of the European Union: Luxembourg 2014, p. 7.

19. Likewise, EU directives on workers' health and safety are not entirely delineated in an explicit manner with regard to work stress, usually alluding to mental health. The pattern followed in EU rules are, for example, to be found in the Framework Directive on Safety and Health at Work (89/391/EEC), which does not contain any direct reference to work stress although it recognises mental health needs, a set-up replicated in most EU countries. Thus, not all European countries recognise mental health disorders linked to stress as an occupational disease, reflecting the categories mentioned in the ILO's occupational disorders list (revised in 2010). Italy, Lithuania, Latvia, Romania and Hungary are examples of countries which do have mental health diseases in the official directory of work-related illnesses.²¹

20. Within the Council of Europe treaty system, the European Social Charter (revised; "ESC" hereafter) enshrines, in its Article 3, the right to safe and healthy working conditions. The first item of this clause requires States to implement policies to prevent accidents and increase standards of health at work. The next items establish the obligation of safety and health regulations, which should be enforced by governments in association with occupational health services for all workers with preventive and advisory goals. As it was drafted, the ESC does not contain straightforward references to any measure relating to work stress.

21. However, already in an early Statement of Interpretation of Article 3 in 2003, the European Committee of Social Rights (ECSR) took into account "work-related stress, aggression and violence when examining the risks covered by occupational health and safety regulations" and considered "measures taken by public authorities to protect workers against work-related stress, aggression and violence specific to work performed under atypical working relationships, in examining the personal scope of occupational health and safety regulations." The monitoring mechanism related to the Charter treaty system has subsequently delivered opinions against certain countries (e.g. Bulgaria or Italy) for non-compliance with European standards in the light of inexistent or poor policies for tackling stress at the workplace.

22. In addition, agreements concluded at the EU level have introduced subsidiary forms of promoting policies against work-related stress based on the voluntary adhesion of unions and business representatives. The Framework Agreement on Work-related Stress, for example, undertaken by European cross-industry social partners,²² was concluded in 2004 and the parties committed themselves to implement it through procedures and practices in individual countries. The instrument establishes a normative reference whereby the adherents agree to follow policies to prevent, monitor and address work stress, with each country remaining free to incorporate such measures in the form of national, sectorial or collective agreements or other tripartite activities or programmes, as well as legislation. Nevertheless, the latest report of 2011 noted that much progress had yet to be made until the overall aims would be achieved.²³

23. At European level, EU-OSHA led a major "Healthy workplaces manage stress" campaign in 2014-2015, aimed at raising awareness about the growing problem of stress and psychosocial risks at work. As part of the campaign, enterprises were specifically targeted in order to increase their practical knowledge in recognising and preventing psychosocial risks. Although workplace stress stems from a combination of external pressures and a working person's capacity to manage stress, a very clear emphasis by EU-OSHA was and is on the comprehensive responsibility of organisations and managers to prevent stress at the source (workplace), manage risks and provide remedial support. The campaign also revealed that small enterprises face special challenges in managing workplace stress due to reactive approaches, excessive reliance on individual responsibility and underestimated health risks.

24. WHO's Healthy Workplace Model lays special emphasis on work-related physical and psychosocial risks whilst advocating healthy behaviours through enabling environments, good corporate practices and workplace wellness programmes. Leadership engagement and worker involvement around ethical values are seen as a crucial part of this dynamic and continuous process. WHO studies have shown that there is still much confusion

²¹ European Parliament, Directorate General for Internal Policies; Employment policy, occupational health concerns: stress-related and psychological problems associated with work, Brussels, 2010.

²² This agreement was concluded by the European Trade Union Confederation, the Union of Industrial and Employers' Confederations of Europe, the European Association of Craft Small and Medium-sized Enterprises as well as the European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest.

²³ European Commission, Commission Staff Working Paper, Report on the implementation of the European social partners' Framework Agreement on Work-related Stress, Brussels, 2011.

between the perceived pressure or challenge and stress at work; this confusion is sometimes used to excuse poor management practice.

25. Another source of confusion at various levels is the notion of occupational burnout (a state of extreme emotional and physical exhaustion) and its recognition as an occupational disease. The ILO list of occupational diseases, last revised in 2010²⁴ and which serves as a model for all countries, cites “post-traumatic stress disorder” and “additional mental or behavioural disorders not mentioned”. The European Commission’s Recommendation on the European Schedule of Occupational Disorders (2003/670/EC) does not list any stress-induced disorder. However, the burnout syndrome is increasingly recognised at national level in Europe as a major occupational health issue.

3.2. National action and good practice

26. National authorities in most European countries have put in place their own policies, involving legislation, guidelines or government programmes, for tackling work stress and in particular psychological hazards related to work. According to EU-OSHA surveys, about a third of all establishments in the EU-28 have procedures for dealing with stress-induced psychosocial risks; in “virtuous” countries, such as the United Kingdom, Romania, Denmark, Sweden and Italy, this rate can attain 50% or more, whereas the worst performing countries (the Czech Republic, Estonia, Croatia, Poland, Luxembourg, Greece and Slovakia) only reach below 15%. Given a lack of “hard” prescriptions to member States via the EU directives in what concerns work-related stress (as explained in the above section), national authorities have much latitude for action, or passive attitudes, in the face of the compelling new evidence on the growing levels of stress at work.

27. The more recent national strategies and initiatives on stress management at work better cover psychosocial risks and foresee further studies of such risks. In some countries, labour inspectorates have issued specific guidance to inspectors to adequately assess psychosocial risk management measures put in place by employers during workplace visits. Various national authorities, social partners and professional associations have also published protocols for the prevention and management of work-related stress, as well as recommended intervention tools. However, as ILO notes, insufficient national data on the real scope of the problem may be failing to influence public policies in the right direction and to avoid their fragmentation.

28. The Nordic countries have paved the way towards the recognition of psychosocial risks at work through relevant legislation, such as the Danish and Norwegian Working Environment Acts of 1977 and their later revisions, as well as the Icelandic Working Environment Act of 1980, revised in 2003 and 2004. The latter obliged employers to carry out systematic preventive measures and assessment of psychosocial risks and to implement provisions against bullying and other inappropriate behaviour. Other countries, such as Austria, Germany, Hungary, Italy, Lithuania and Slovakia, have laws on occupational safety and health that ask employers to assess psychosocial hazards in the context of workplace stress assessment.²⁵

29. To raise awareness about the psychosocial aspects of stress at work, some countries carried out nationwide information campaigns (for instance Denmark in the late 1990s and early 2000s) and specific training programmes for labour inspectors (such as Sweden as early as 2001-2003). Others have developed specific screening tools for detecting stressors in the workplace (for example SIGMA in Germany), management standards for work-related stress and an ‘approved code of practice’ (such as in the UK by the Health and Safety Executive, HSE²⁶) or sectoral stress management policies (for instance in the Belgian federal police). To address bullying and harassment, Denmark has established a hotline to give advice to employees in need of support in overcoming situations of abuse; recent reviews of the programme results seem to indicate its success.

30. In line with the requirements of the European Social Charter, all European countries have effective legal provisions for protecting employed women during maternity and after giving birth and for ensuring equal opportunities in employment. Some countries (notably Austria, the Czech Republic, Estonia, Georgia, Italy,

²⁴ Annex to the Recommendation No. 194 concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases, first adopted in 2002.

²⁵ Eurofound and EU-OSHA, Psychosocial risks in Europe: Prevalence and strategies for prevention, Publications Office of the European Union, Luxembourg, 2014.

²⁶ The British agency for work safety and health (HSE) has also launched a free catalogue of training and reference resources available to companies seeking guidance to comply with labour standards as well as support to detect and counter stress risks.

Luxembourg, Norway and Romania) also have legislation to protect pregnant workers from mental fatigue and job strain. However, national legal provisions for maternity/paternity leave, related remuneration and flexible adaptations of working time are still very disparate and can hardly be seen as promoting a healthy balance between private and professional life. Recent corporate trials bring fresh evidence that employees are less stressed, more efficient, more productive and better manage their work-life balance with a shorter, four-day week (with 28 to 32 work hours per week), flexible hours options and teleworking possibilities.²⁷

31. In what concerns the burnout syndrome, a 2017 study across 23 European countries has shown that nine countries (Denmark, Estonia, France, Hungary, Latvia, the Netherlands, Portugal, Slovakia and Sweden) recognise it as an occupational disease and some of them (Denmark, France, Latvia, Portugal and Sweden) have offered compensations in burnout cases. The same study points out that certain professionals – health care workers, social workers, police officers, teachers and customer service providers – are particularly exposed.²⁸ However, a more comprehensive acknowledgement of the burnout phenomenon is still lacking; the WHO could in future provide more guidance to policy makers on burnout as an occupational disease, which would enable more preventive action.

4. Healthy workplaces – our collective responsibility

32. As we have seen above, workplace stress is a very complex and pervasive phenomenon, impacting not only health and wellbeing of people at work but also institutions, economies and society at large. None of us would like to take the risk of flying on a plane with an exhausted pilot in the cockpit, or be treated by an overstressed doctor, or collapse one day ourselves after chronic stress. Yet this can and does happen to nearly every second European and we encounter stressed people around us all the time.

33. Although stress is still too often misunderstood and stigmatised, research evidence shows that it is manageable – as any other workplace safety and health risk – when it is acknowledged and addressed as an organisational issue rather than an individual fault. Valuable guidance from international organisations and the research community needs to be translated into national benchmarks, notably for psychosocial hazards, and be cascaded down to each and every institution, with an emphasis on risk-screening and prevention. This collective effort needs the engagement of governments, companies and employees.

34. As rapporteur I wish to plead for the more explicit recognition of stress-induced health disorders (including burnouts) as occupational diseases in all European countries because that would help shift the responsibility for action to our institutions. I also believe that policy makers should mainstream gender-related concerns more adequately through policies and regulatory tools, ensure enhanced protection for vulnerable population groups and, turning eyes to the future, start preparing for the new era in the world of work where humans will be challenged but hopefully not marginalised by robots and artificial intelligence applications.

²⁷ The Guardian, “‘No downside’: New Zealand firm adopts four-day week after successful trial” and “Miserable staff don’t make money’: the firms that have switched to a four-day week”, articles published respectively on 2 October 2018 and on 5 November 2018; Independent, “Employers in Sweden introduce six-hour work day”, published on 1 October 2016.

²⁸ Industrial Health, “Burnout syndrome as an occupational disease in the European Union: an exploratory study”, article published in November 2017.