

Psychosocial risk prevention – strategies and legislation | Austria

National report

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1 Introduction

This report examines national approaches to work-related psychosocial risks (PSRs) in Austria, with a focus on legislative and non-legislative measures as well as success factors and challenges concerning the national and sectoral approaches taken to enhance PSR prevention. It is part of a wider study on the strategies and legislation on PSR prevention at work in a selection of EU Member States, namely Belgium, Denmark, Estonia, Spain, Croatia and Austria.

Methodologically, this study relies on data gathered through desk research and semi-structured interviews. These national interviews were conducted with representatives from government, the social partners, and organisations and institutes involved in occupational safety and health (OSH). In total, nine interviews were conducted during the months of August and September 2024 with the Austrian Labour Inspectorate (ZAI, two representatives), the Austrian Federal Chamber of Labour (BAK, one representative), the Austrian Federal Economic Chamber (WKÖ, two representatives), the Confederation of Austrian Trade Unions (ÖGB, one representative), the Austrian Workers' Compensation Board (AUVA, one representative), the Working Life Research Centre Vienna (FORBA, one representative) and one expert on health data. To ensure confidentiality, the names of individuals are not included, and the names of organisations are only mentioned where explicit consent was given.¹

2 Country context

2.1 PSR trends at national level

PSRs at work for the Austrian workforce have changed over the last 20 years due to changes in the nature of work. Over the last decades working conditions, such as the fast pace of work, overtime work, a lack of recognition or good leadership behaviour, were already much debated. These debates continued in the coming years and were extended to include issues such as flexible and atypical working hours, digitalisation, remote working and platform work. Moreover, a shift to the tertiary sector can result in an increase in human interaction and communication, accompanied by challenges such as increasingly demanding customers and an increase in cases of violence and harassment. Last but not least, the COVID-19 pandemic and its effects on work further exacerbated several of the aforementioned factors.

A study on Austria's work environment conducted by the University of Graz (Jiménez et al., 2016) examined work-related tasks in the context of the social and organisational environment. The study's participants were representative of the Austrian working population in terms of age, sex, employment contract and sectors. The findings showed that the main psychosocial stress factors related to tasks requiring high levels of concentration combined with a lack of employee recognition. According to the study in question, employees in people-focused services, especially the healthcare, social and educational sectors, were more likely than those in other sectors to be affected by PSRs at work.

According to the 2020 micro-census workforce survey module (Statistik Austria, 2022), covering 22,500 households, 59.2% of the Austrian workforce (employed and self-employed workers) are faced with at least one PSR factor at work. Table 1 shows the PSR factors by gender. In professions in which more women are employed, such as the service professions, the risks due to interpersonal communication are much more pronounced than for men (39.6% versus 29.9%). The most frequently mentioned PSR factor was heavy time pressure or overwork (average 38.3%), whereas violence, harassment or bullying remained below 5%.

¹ Interviewees in this report have requested anonymity. Accordingly, we use the pronoun they/their when referring to them, so as not to compromise them by revealing their gender. See APA guidelines on singular 'they' (<https://apastyle.apa.org/style-grammar-guidelines/grammar/singular-they>).

Table 1: Overview of psychosocial risk factors at work by gender (2020)

Psychosocial risk factors at work	Females and males (%)	Females (%)	Males (%)
At least one mental risk factor	59.2	60.3	58.2
Heavy time pressure or overwork	38.3	37.2	39.4
Violence or threat of violence	4.1	5	3.3
Harassment or bullying	3.2	4.1	2.5
Poor communication or collaboration within the company	12.6	13.3	12
Dealing with difficult customers, patients, pupils, etc.	34.4	39.6	29.9
Job insecurity	6.4	6.1	6.7
Lack of freedom to make decisions, no influence on pace of work or processes	8.2	8.3	8.2
Other significant risk factor for mental health	2.9	3.1	2.8

Source: Statistik Austria, 2022

According to micro-census workforce survey, the main professions confronted with PSRs are nurses, medical doctors, teachers, kitchen managers/cooks, and people working in the cultural and creative sectors.

In 1997, the Upper Austrian Chamber of Employees established the Austrian Work Climate Index, which regularly monitors data concerning working conditions, based on surveys and interviews. A special index evaluation in March 2024 (Arbeiterkammer Oberösterreich, 2024) showed that 59% of Austrian employees (self-employed people were not included) suffered from stress as a result of a combination of factors, namely time pressure, high workload, work requiring a high level of concentration and a work–life imbalance.

The Austrian Work Climate Index provides relevant information about how digitalisation is perceived by the working population: 30% of employees in Austria say that their jobs have changed over the past five years because of technical progress and digitalisation (Arbeiterkammer Oberösterreich, 2019). Digitalisation at work has a tangible impact on employees and their working and living environments. The negative effects perceived by 40% are the possibilities of increased surveillance and monitoring in the workplace as well as excessive technical demands on older employees. When asked about the impacts of digitalisation on their own work, opinions are divided: 27% expect higher stress levels, whereas 47% anticipate a reduction in their workload. Employees are also divided when it comes to the expected effects of digitalisation on their work–life balance: practically equal proportions of employees — just under 30% each — believe that digitalisation will have a positive or negative impact respectively on their work–life balance.

PSR factors influence the development of mental diseases, for example, burn-out or depression. The percentage of days of sick leave linked to mental illness was 8.9% in 2019 (Leoni, 2019). The annual

‘report on absenteeism’ (Mayrhuber et al., 2024) published by the Austrian Institute of Economic Research (WIFO) shows a slight increase since then: in 2023, 10.3% of all days of sick leave were linked to mental illness, and the average duration of sick leave for reasons of mental illness was very high at 37.2 days (all figures 2023). In 2023, 4,069 individuals out of a total of 12,872 who retired because of a disability, retired as result of mental illness (Statistik Austria, 2023).

In 2024, the Union of Private Sector Employees (Gewerkschaft der Privatangestellten, GPA) conducted a study on burn-out in the health and social care sector (Schadauer et al., 2024). Just over a third (36.4%) of the 1,200 participants in the study perceived a strong or high risk of burn-out. This means that for over a third of those surveyed, there is a risk that they could no longer perform their work satisfactorily, either for themselves or for their customers and patients.

During the COVID-19 pandemic, teleworking became a reality for many workers. The ‘Flexible Working’ study published in 2024 by Deloitte (Nowshad et al., 2024) in cooperation with the University of Vienna and the University of Graz shows that, while in 2022 at least half of the employees in 90% of the companies surveyed still had the option of working from home, by 2024 this figure had fallen to 73%. The actual utilisation of the teleworking option has fallen even more significantly, from 82% to 65%, that is, by 17 percentage points. The decline in teleworking is particularly noticeable in companies with more than 1,000 employees.

In 2023, the BAK, Austrian Transport and Trade Union (VIDA) and the catering section of the Vienna Chamber of Commerce jointly conducted an online survey on sexual harassment among members in the Viennese catering industry (Dvorak & Janisch, 2024). Eight hundred and eighty-one employees took part in the survey (72% were women and 26% were men). The results show that 79% of all women who worked in the catering industry and took part in the survey had already experienced or witnessed sexual harassment by guests or workers in their own establishment, while 54% of men also stated that they had experienced or observed sexual harassment.

A study conducted by the Institut für empirische Sozialforschung (IFES; Zeglovits, 2022) showed that 38% of employees had faced verbal violence in the past two years. Based on these results a “week of activism against violence and aggression at work” was conducted by the GPA in 2022.

With regard to PSR management, the European Survey of Enterprises on New and Emerging Risks (ESENER) conducted by the European Agency for Safety and Health at Work (EU-OSHA) is a key data source. According to the 2019 ESENER data (EU-OSHA, 2019), in Austria, 37% of surveyed establishments reported having an action plan to prevent work-related stress, 33% had a procedure in place to handle potential cases of bullying or harassment, and 44% had a procedure for addressing threats, abuse or assaults by customers, patients, pupils or other external parties. Approximately 65% of the establishments that regularly conduct risk assessments indicated they had sufficient information on how to incorporate PSRs into their assessments.

2.2 Main national stakeholders involved in OSH governance and specifically in PSR prevention

Austria has a long tradition in regulating OSH involving the cooperation of different stakeholders within OSH governance, thereby leading to an intense social dialogue around policymaking. This section provides a brief description of the main actors and their roles and responsibilities.

The **Federal Ministry of Labour and Economy (Bundesministerium für Arbeit und Wirtschaft)** holds a pivotal position in OSH governance. It is responsible for regulating all labour policy and working conditions. The **ZAI** is Austria’s largest OSH enforcement body. It is responsible for about 251,000 companies with 3.4 million workers. It is integrated into the Federal Ministry of Labour and Economy. The Labour Inspectorate is structured within the ZAI and has 14 regional labour inspectorates and a group for public transportation. The regional inspectorates have 296 inspectors (field service) and an additional 19 inspectors who are in charge of public transportation inspections (all figures from 2022; Arbeitsinspektion, 2022). The Labour Inspectorate advises and controls companies (slogan: ‘Gute Beratung – faire Kontrolle’, i.e. good consultation and fair control).

The ZAI receives sick leave figures from the Austrian Health Insurance — broken down by economic sectors. This allows the Labour Inspectorate to set priorities for advisory and control purposes. Every year, a minimum 5% of all inspections address PSRs at work.

The Labour Inspectorate regularly carries out thematic inspections that focus on specific hazards and risks or sectors as a whole. What all the thematic inspections have in common is that the inspection and advisory roles go hand in hand, that is, findings on site lead directly to suggestions for improvement by the Labour Inspectorate. Sectors that have gained in importance due to the COVID-19 pandemic, such as the health sector, are addressed specifically, as are sectors such as delivery and parcel service. National networking is coordinated by the ZAI.

The **Federal Ministry of Social Affairs, Health, Care and Consumer Protection (Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz)** is responsible for public health and the Austrian social insurance system, including health and accident insurance (including occupational diseases). It is also responsible for people with disabilities and with gender mainstreaming issues. This federal ministry is additionally responsible for monitoring the institute **Gesundheit Österreich GmbH (GÖG)**, which is responsible for public healthcare research and planning in Austria, and also acts as the national competence and funding centre for the promotion of health. Set up by federal law on 1 August 2006, the GÖG is in charge, for example, of the mental health surveillance of the Austrian population. In this regard, a permanent working group for psychosocial health was established in 2016, also dealing with the impact of the COVID-19 pandemic on mental health. Thus, the Ministry of Social Affairs, Health, Care and Consumer Protection also deals with PSRs and their consequences, mainly via social insurance, health surveillance and research.

The Advisory Committee for Worker Protection (Arbeitnehmerschutzbeirat, ASB) has been commissioned to advise the Minister of Labour and Economics on basic issues of safety and health protection at work and to draw up the national OSH strategy. The ASB is governed by §91 of the Safety and Health at Work Act and is convened by the ZAI. The ASB includes representatives from the social partners and from expert organisations such as:

- Austrian Workers' Compensation Board (Allgemeine Unfallversicherungsanstalt, AUVA)
- Austrian Federal Economic Chamber (Wirtschaftskammer Österreich, WKÖ)
- Federation of Austrian Industries (Industriellenvereinigung, IV)
- Austrian Federal Chamber of Labour (Bundesarbeiterkammer, BAK)
- Confederation of Austrian Trade Unions (Österreichischer Gewerkschaftsbund, ÖGB)
- Austrian Medical Association (Österreichische Ärztekammer, ÖAK)
- Central Labour Inspectorate (Zentrales Arbeitsinspektorat, ZAI)
- The Chamber of Civil Engineers, Engineers and Architects

The **Austrian Workers' Compensation Board (Allgemeine Unfallversicherungsanstalt, AUVA)** is the largest statutory accident insurance provider in Austria, alongside the Social Security Institution for the Self-employed and Farmers (Sozialversicherung der Selbstständigen, SVS) and the Insurance Institution for Public Employees, Railways and Mining Industry (Versicherungsanstalt öffentlich Bediensteter, Eisenbahnen und Bergbau, BVAEB).

Its legal duties are, first and foremost, the prevention of work accidents and occupational diseases, as well as the compensation of occupational injuries, diseases and rehabilitation. It actively participates in the development of new regulations and supports research, education and training, also in the area of PSRs. Additionally, the AUVA is a key player in the implementation of OSH in small-sized companies. It offers OSH support free of charge for small companies with up to 50 employees (AUVAsicher) and provides instruments and tools for PSR assessments.

The social partners as stakeholders

The social partners are important stakeholders in OSH and their role will be discussed in greater detail in section 3.4. The social partnership plays an important role in policymaking at national level. The basic idea is to develop political goals, laws and regulations based on a dialogue with organisations representing workers and entrepreneurs. The rights of the social partners in OSH issues are regulated by law.

The social dialogue is also organised at company level. In companies with over 100 employees the employee representatives are permanent members of the OSH committee established. In smaller companies, safety representatives are employee representatives with a special function in terms of safety and health.

- The Confederation of Trade Unions (Österreichischer Gewerkschaftsbund, ÖGB) is an umbrella organisation of various unions. Membership is voluntary. The ÖGB is an important negotiating partner when developing new regulations or provisions for OSH regulations. In addition, all collective agreements are negotiated by the ÖGB. Additionally, several trade unions are active in OSH policy, including among others VIDA and the GPA. The projects of these organisations will be described later on.
- The Austrian Federal Chamber of Labour (Bundes-Arbeiterkammer, BAK) is a worker association with compulsory membership for all workers. It represents the interest of workers at national level. It consists of a federal and nine regional chambers. It contributes its expertise to the development of OSH policy, and also provides and funds research on OSH topics. In addition, it organises training programmes and produces guidelines for employees and consumers.
- The Austrian Federal Economic Chamber (Wirtschaftskammer Österreich, WKÖ) consists of a federal chamber, nine regional chambers, and seven industry sectors (crafts and trades, industry, commerce, banking and insurance, transport and communications, tourism and leisure, and information and consulting). It represents the interests of employers at national level (with compulsory membership) and negotiates collective agreements with the trade unions. Its experts contribute to the development of OSH regulations, and it also provides guidelines for employers to support the implementation of OSH strategies.
- **The Federation of Austrian Industries** (Industriellenvereinigung, IV) is the voluntary and independent representative of the interests of Austrian industry and its associated sectors. It represents the interests from the manufacturing sector, the banking industry, infrastructure and industry-related services.

Further insurance institutions are involved and contribute their expertise in different ways, such as disseminating OSH information, health promotion, and providing compensation for work injuries, occupational diseases or rehabilitation services for their members:

- **Social Security Institution for Self-employed and Farmers** (Sozialversicherungsanstalt der Selbstständigen, SVS): this body represents the interests of the self-employed and agricultural workers. It advises its members on new developments and provides services relating to the promotion of mental health.
- **Insurance Institution for Public Service Employees, Austrian Railways and Mining Industry** (Versicherungsanstalt öffentlich Bediensteter, Eisenbahnen und Bergbau, BVAEB): this institution provides services for railway and mining workers. Its experts carry out PSR assessments, and it is also responsible for return to work and health promotion programmes.

The following professional organisations and associations play key roles with regard to safety issues and the provision of relevant OSH information:

- **The Austrian Association for Promoting Occupational Safety** (Österreichischer Verband zur Förderung von Arbeitssicherheit, VAS).

- **The Austrian Safety Specialists' Organisation** (Verein österreichischer Sicherheitstechniker, VÖSI).
- **The Austrian Society for Occupational Medicine** (Österreichische Gesellschaft für Arbeitsmedizin, GAMED): this organisation provides advice to its members and the ÖAK on occupational health matters. It also disseminates relevant OSH information, conducts conferences and promotes research.
- **The Association of Austrian Psychologists** (Berufsverband Österreichischer PsychologInnen, BÖP). BÖP, especially the Section Work, Economic and Organisational Psychology is responsible for the development of quality standards for psychological treatment or consultations. It also informs and provides training on the assessment and prevention of PSRs at work for its members.

The following institutions primarily provide basic education and advanced training for occupational health physicians or assistants and participate in the development of vocational training standards. They are also involved in research projects.

- **The Austrian Academy for Occupational Medicine and Prevention** (Österreichische Akademie für Arbeitsmedizin und Prevention, AAMP).
- **The Linz Academy for Occupational Medicine and Safety** (Linzer Akademie für Arbeitsmedizin und Sicherheitstechnik). Linz Academy also has a stronger focus than the AAMP or Vienna Academy for Occupational Medicine and Prevention on research.
- **The Vienna Academy for Occupational Medicine and Prevention** (Wiener Akademie für Arbeitsmedizin und Prevention, WIAP).

Besides the abovementioned entities involved in OSH strategy, a range of research institutes also provides data and research with an OSH focus.

- **The Austrian Advisory Board on Economic and Social Issues** (Beirat für Wirtschafts- und Sozialfragen) managed by the social partners is a kind of think-tank that publishes studies and reports and advises the government.
- **The Working Life Research Centre Vienna** (Forschungs- und Beratungsstelle Arbeitswelt, FORBA). FORBA's research areas deal at micro level with the individual, social interaction, working conditions and the organisation of work, and at macro level with the labour market and the macroeconomy. FORBA also carries out research on mental health and stress at work. The findings of an ongoing study called 'OSH – an Inventory with Future' (Arbeitnehmer:innenschutz in Österreich: Eine Bestandsaufnahme – mit Zukunft; Adam et al., 2024) were presented in June 2024 at a conference of the Federal Trade Union and BAK.
- **The Austrian Institute of Economic Research** (Österreichisches Institut für Wirtschaftsforschung, WIFO). WIFO publishes an annual 'report on absenteeism' that provides high-quality data on sick leave. The link between sick leave and PSRs has been addressed in some reports. In 2014, Thomas Leoni, the author of the reports on absenteeism up to 2020, published a long article dealing with PSRs (above all, the lack of recognition) and health (Leoni, 2014).

The **Austrian Standards Institute** is in charge of standardisation, including tools for PSR assessments that have to comply with the ÖNORM EN ISO 10075-3. The institute is the Austrian member of the European Committee for Standardisation (CEN) and the International Organisation for Standardisation (ISO).

3 Legislative and non-legislative measures

3.1 National legislative and strategic approaches to PSRs

3.1.1 National PSR legislation

The **Austrian Safety and Health at Work Act** (Bundesgesetz über Sicherheit und Gesundheitsschutz bei der Arbeit (ArbeitnehmerInnenschutzgesetz, ASchG) has been the legal basis for OSH since 1994 (effective as of January 1995). It is a direct transposition of **Directive 89/391/EEC** on the introduction of measures to encourage improvements in the safety and health of workers at work. Other EU directives were implemented simultaneously with said Act (e.g. Directives 91/322; 83/477; 91/382). The Safety and Health at Work Act applies to everyone who works either on the basis of an employment contract or is in a training relationship. It also covers temporary agency workers. Legal provisions other than the Austrian Safety and Health at Work Act (e.g. Federal Employee Protection Acts, such as Bundesbedienstenschutz, Landesbedienstenschutz, Gemeindebedienstenschutzgesetze, Heimarbeitsgesetz, Federal, Federal State, Community Employee Protection Acts, Law on Homeworking, etc.) apply to those employed in federal and provincial government offices, local or municipal councils, the agriculture and forestry sectors, and also cover private households and teleworking. All these provisions are however based on the Austrian Safety and Health at Work Act that incorporates the principles of worker protection. It is the employer's responsibility to provide and organise work in such a way that it does not harm the health of workers. Employers must take all necessary measures to prevent workplace risks.

Although with its Safety and Health at Work Act Austria has a strong legal base for OSH, including risk assessments, for many years PSRs at work were not explicitly addressed and included in the risk assessments. Only from 2010 onwards has the importance of PSR assessments become a focus area, with the publication of guidelines for labour inspectors on 'carrying out PSR assessments during control activities' (Arbeitsinspektion, 2013). A team of labour inspectors and occupational psychologists developed these guidelines that are intended not only to support inspectors while carrying out their assessments but also to provide guidance to companies. Inspections were carried out at 59 companies from different industries in 2012, to check if and how they had conducted the PSR assessments. The inspections revealed that only 47% of the inspected companies had conducted a PSR assessment (some only partly). Thus, more than 15 years after implementation of the Austrian Safety and Health at Work Act, PSRs were still not assessed at all or only partly in a large percentage of companies.

In 2012, an **amendment to the Austrian Safety and Health at Work Act** (BGBl I 118/201) was adopted and entered into force as of 1 January 2013. The amendment specifically stipulates that PSR at work assessments are mandatory and highlights the importance of preventing PSRs to maintain mental health.

Accordingly, since 2013, §2 (7a) of the Austrian Safety and Health at Work Act stipulates that the law applies to both physical and mental health. The same paragraph, amended in 2013, also lays down that work-related physical and psychosocial risks have to be prevented or reduced. The law lists the general obligations for employers (§3), such as the obligation to assess risk areas, the provision of information and instructions, the prevention of risks, and the design of safe and healthy working conditions. Each company — regardless of its size — receives support from the OSH prevention services. The assessment of workplace risks is mainly covered in §4.

Another important OSH law in Austria is the **Safety and Health at Work Act Reform Law 2002** (Arbeitnehmerschutz-Reformgesetz, 2002) that stipulates that the obligatory consultancy hours to be provided by external OSH service consultants are calculated on the basis of 1.2 hours per year for employees engaged in light physical work, 1.5 hours per year for all other employees and an additional 0.5 hours per employee working over 50 night shifts per year. Forty per cent of the consultancy hours have to be provided by safety experts, 35% by occupational health physicians and 25% by other experts. The possibility of calling on the services of occupational psychologists is explicitly mentioned in the law as part of the documented OSH consultancy hours. This possibility was introduced in 2002 having regard to the changing nature of work with an increase in PSRs. However, in the interviews conducted for this

study, the Federal Trade Union, BAK and BÖP advocate the inclusion of fixed allocation of consultancy hours for occupational psychologists as opposed to simply an option.

In companies with a maximum of 50 employees, the OSH work can be carried out by an occupational physician together with safety experts internally, but the support of an occupational physician is also provided free of charge by the AUVA. This is covered by the employer's accident insurance contributions. The programme is called AUVAsicher and offers the legally required safety and occupational healthcare for workplaces with up to 50 employees. The AUVAsicher counsellors support companies in updating the prescribed risk assessments and also provide support with instructions for workers. The consultations include information on PSR assessments, as the AUVA provides several tools free of charge.

Every new OSH regulation is discussed and developed in depth with the various stakeholders, as was the case with the amendment on PSR assessments. Information gained via company inspections is regularly followed up by the Labour Inspectorate, for example, in working groups of the Occupational Safety and Health Strategy, leading where applicable to changes in regulations or the provision and dissemination of relevant information or training opportunities.

Considering the increasing number of employees experiencing severe mental health problems and related long periods of sick leave, the '**Labour and Health Act**' (Arbeits- und Gesundheitsgesetz, 2011) was enacted in 2011, including a '**fit2work**' programme that includes consulting services for both businesses and individuals. Under this programme companies are provided with support free of charge to facilitate the implementation of return-to-work structures and programmes at company level. The key objectives of fit2work are to reintegrate employees after long periods of sick leave and to preserve their workability on a long-term basis. PSR assessments play a dominant role in the process. They are seen as an integral part of return-to-work programmes, so as to identify PSRs that could jeopardise the successful return to work. Since 2020, small and micro companies in particular have been the main users of the fit2work programme that is financed by the Ministry of Social Affairs, Social Insurance and Pension Insurance Fund (Pensionsversicherungsanstalt, PVA). This service is free. In the period up to 2019, 1,632 companies participated in the programme, and between 2020 and 2024 another 3,183 companies joined the programme (fit2work, 2024).

The **Part-Time Reintegration Act** (Wiedereingliederungsteilzeitgesetz, 2017) has been in force in Austria since 1 July 2017. It provides for a gradual return to work after a long period of sick leave. Here, occupational physicians play an important role in assessing if, and how, the individual's reintegration is possible. The model is often used to support the reintegration of workers after a period of sick leave due to mental health issues, such as burn-out, anxiety or depression. The rule is that the working conditions should be adapted to support the reintegration process. The adaptations are also based on the results of PSR assessments.

Austria enacted in 2021 a '**Home Office Act**' in response to the increasing number of workers working from home or remotely. In July 2024, the Home Office Act was replaced by the **Teleworking Act** (Telearbeitsgesetz, 2024) that defines teleworking and addresses issues such as the provision of work equipment and work accidents in the case of teleworking. Other OSH issues are not covered since the Austrian Safety and Health at Work Act, as amended, also applies to teleworking.

3.1.2 Occupational diseases related to PSR exposure and mental health aspects

Occupational diseases are health impairments caused by an insured activity for which compensation is paid by the statutory accident insurance institutions. They are usually chronic illnesses whose causes are predominantly assessed as monocausal and which are caused by work processes or substances to be processed.² Occupational diseases must be reported, and the specific work conditions that caused the occupational disease must be analysed and appropriate measures and adjustments must be made. The treating doctor is obliged to notify the competent accident insurance institution within five days of

² Central Labour Inspectorate: https://www.arbeitsinspektion.gv.at/Gesundheit_im_Betrieb/Berufskrankheiten/Berufskrankheiten.html (accessed 23 October 2024).

any justified suspicions regarding the existence of an occupational disease. However, the notification can also be made by the employer (in the case of temporary employment, the notification obligation is the employee's responsibility) or the person concerned.

A disease is considered work-related when work is the main factor causing or aggravating an illness (such as mental disorders) or — in other words — where work has a high impact on health and disability. However, these cases are not recorded or monitored by the Labour Inspectorate or AUVA in the same way as occupational diseases.

In Austria, there are 53 officially recognised and listed occupational diseases (Allgemeines Sozialversicherungsgesetz, Anlage 1, 2024). The impacts of PSRs on health, such as exhaustion and burn-out, are not among the occupational diseases officially recognised in Austria. According to a general clause, other diagnoses could be recognised as constituting an occupational disease, if an assessment can demonstrate that the disease was exclusively caused by exposure to health-endangering substances or radiation at work. It is obvious that radiation and health-endangering substances do not fall within the scope of PSRs, even if exposure to them could of course lead to mental health problems. Lethal injuries or work accidents resulting in more than three days of sick leave have to be reported to the Labour Inspectorate in order to be analysed. Work accidents are not part of the occupational diseases list, but they have to be reported to the Labour Inspectorate and are handled by the AUVA and BVAEB, which are responsible for rehabilitation and the payment of disability compensation for occupational diseases, work accidents and injuries. According to the AUVA, train drivers suffering from post-traumatic stress disorders (PTSD) after an accident are recognised as being the victims of a work accident and are compensated accordingly, but at the same time these are not recognised as an occupational disease.

At the Austrian National OSHA Meeting on 22 May 2024, the ZAI reported an increase in work accidents due to a lack of concentration.

3.1.3 PSR prevention in the national OSH strategy

The **Austrian National OSH Strategy** is a consensus-oriented umbrella strategy in which different OSH stakeholders are involved. It is also described by the Federal Ministry of Labour and Economy as a platform for bringing together the Austrian OSH stakeholders. The strategy is the foundation for the implementation of jointly developed prevention and safety measures and the protection of health at work. The network of stakeholders involved in the development of the strategy includes all relevant national and regional actors in safety and health at work and provides the overall framework for developing new goals, checking and adapting targets, and discussing implementation. National stakeholders such as the AUVA, ÖGB, IV, WKÖ, BAK and ÖAK are members of the Advisory Committee. Other entities described in section 2.2 also contribute to OSH strategy.

The 2013-2020 OSH Strategy included projects for preventing musculoskeletal disorders (following the EU-OSHA campaign) and reducing psychosocial stress at work. The OSH Strategy promoted the EU-OSHA 'Healthy Workplaces Manage Stress' campaign (2014-2015) and motivated organisations to participate in the campaign.

The Austrian National OSH Strategy for 2021-2027 follows the 'EU strategic framework on health and safety at work 2021-2027 - Occupational safety and health in a changing world of work'.

Accordingly, the three key cross-cutting objectives of the strategy 2021-2027 are mirrored in the Austrian approach:

- anticipating and managing change in the new world of work brought about by the green, digital and demographic transitions (goal I);
- improving prevention of workplace accidents and illnesses (goal II); and
- increasing preparedness for any potential future health crises (goal III).

The Austrian OSH strategy also includes a project from 2022 to 2024 on violence, conducted by the WKÖ and AUVA, BAK, Austrian Federation of Industries and Federal Trade Union.

The Austrian Strategy for Health at Work (Bundesministerium für Arbeit und Wirtschaft, 2024) is also linked to the Austrian health goal: 'To provide health-promoting living and working conditions for all population groups through cooperation across all societal and political areas'. The main idea behind this goal is that people should reach retirement age in good health, based on maintaining, promoting and restoring health. This goal should be achieved by means of three fields of occupational health management, which include health promotion, occupational health protection and return to work. The idea is that companies and workers should benefit from concerted measures.

Since 2019, representatives of the federal government, federal states, social insurance and social partners have taken important steps towards better coordination, networking and cooperation. In a broad-based process involving many stakeholders, several measures have already been developed for the implementation of the 'Health in the Workplace' national strategy, such as an overview of existing programmes, and general communication elements such as a website and an Occupational Health Check to guide companies in carrying out assessments.

3.2 Measures supporting the implementation of PSR legislation

Since the amendment of the Safety and Health Act in 2013, training institutes for occupational health physicians, such as the AAMP and the WIAP and also occupational psychologists, now include in their programmes specific modules on PSR assessment and prevention, so expertise and know-how have been continuously built up.

Nevertheless, in 2013, many companies were confused about how to handle PSR assessments and the question in particular of which tools to use for the assessments was the subject of much discussion. Therefore, the AUVA started publishing in 2013 some risk assessment tools, for example, the Arbeits-Bewertungs-Skala ABS Gruppe (AUVA, 2013), a group assessment method.

The AUVA also employs occupational psychologists throughout Austria, and they contribute extensively to raising public awareness about mental health and PSR factors.

The AUVA currently provides free of charge several PSR workplace risk assessment tools and instruments to support companies. These include:

- Evaluierung psychischer Belastung im Dialog (EVALOG) (Prümper et al., 2019);
- Kurzfragebogen zur Arbeitsanalyse, KFZA³ (Prümper et al., 1995); and
- Arbeits-Bewertungs-SkalaABS) (AUVA, 2013).

The platform eval.at⁴ also provides information and other useful documents for various risk assessments at work. As explained above, micro and small companies with fewer than 51 employees in particular are provided with OSH advice by the AUVA free of charge within the fit2work programme.

In addition, a range of activities within the OSH strategy is carried out as projects covering PSRs at work. Some key examples are listed below.

In order to promote gender and diversity issues, as well as PSR assessments, the Labour Inspectorate set up a programme from 2016 up to 2020 called 'Menschengerechte Arbeitsplätze durch Anwendung von Gender und Diversity im ArbeitnehmerInnenschutz' (MEGAP, healthy workplaces through the application of gender and diversity principles in occupational safety and health) (Arbeitsinspektion, 2019). Furthermore, guidelines and information material were developed to facilitate the task of inspectors in identifying gender issues when checking working conditions, partly based on videos and other material provided by the Swedish Work Environment Authority and translated into German. The aim of the programme was to deal with all relevant gender issues in OSH and also to consider PSRs from the gender perspective.

³ See: <https://fragebogen-arbeitsanalyse.at/login>

⁴ See: <https://auva.at/praevention/sicher-arbeiten/evaluierung> hosted by the AUVA.

The OSH Strategy 2021-2027 (Arbeitsinspektion, 2021) also includes a project on the 'prevention of violence at work'. This project focuses on jobs where violence can easily occur in relation to the job (e.g. security guards, retail and sales).

Initiatives of the Austrian Labour Inspectorate

The ZAI has a prominent role in the OSH strategy. Table 2 provides information on the projects conducted within the frame of the 2021-2027 strategy and includes information on the extent to which PSRs are directly mentioned within the framework of these activities.

Table 2: Projects within the OSH strategic framework 2021-2027

Project	Conducted by	In cooperation with	Focusing on strategic goal	Status	Associated with PSRs
Prevention of violence at work	ZAI	AUVA, BAK, WKÖ, IV, ÖGB	I	Started 2022	Yes
Digitalisation (EU-OSHA Campaign)	ZAI	AUVA, BAK, WKÖ, IV, ÖGB	I	Started 2023	Yes
Health data at work	ZAI, AUVA	BAK, WKÖ, IV, ÖGB	I + II	Started 2022	Yes
Focus pandemic, learnings from COVID-19	AUVA	ZAI, BAK, WKÖ, IV, ÖGB	III	Started 2023	Partly

Source: Author's elaboration based on ZAI information

Since the amendment of the Austrian Safety and Health at Work Act in 2013, labour inspectors (about 300) have been trained to control PSR at work assessments conducted in companies. The training also enables them to provide advice on PSR prevention. The thrust of the approach has shifted over the years and the emphasis is now more on advisory work and enabling strategies than on controls.

In connection with OSH strategic goals, the Labour Inspectorate has developed various inspection campaigns, and many of them have been concerned with PSRs at work.

- Workers in sectors such as the security industry, social work, care and nursing are more likely to be confronted with violence at work, especially during weekend and night shifts. Therefore, in 2023 and 2024 the Labour Inspectorate organised campaigns with a focus on prevention that also provided valuable information regarding the relevant issues.⁵
- In 2022-2023, within the framework of a campaign focused on security guards, labour inspectors conducted 1,035 controls and 750 consultations regarding working conditions, such as irregular shifts, overtime work, working alone, risks of violence, etc.⁶
- During the 2020-2021 COVID-19 pandemic 1,010 companies, in the food and gastronomy sectors, as well as laundry operators and call centres, among others, were inspected not only to control their hygiene measures but also their COVID-19 crisis management.⁷

⁵ See: https://www.arbeitsinspektion.gv.at/Agenda/Schwerpunkte_der_Arbeitsinspektion/Schwerpunkte_der_Arbeitsinspektion.html

⁶ See: <https://www.arbeitsinspektion.gv.at/Agenda/Agenda/2022-Bewachungsgewerbe.de.html>

⁷ See: https://www.arbeitsinspektion.gv.at/Agenda/Agenda/Beratungsoffensive_COVID-19.html

- As part of a 2013-2016 mobile nursing campaign organised in conjunction with prominent service providers of mobile nursing services, PSR assessment guidelines were developed for mobile nurses and similar professions. Overall, over 400 inspections and consultations were conducted during that period.⁸

3.3 Impact of COVID-19 and digitalisation on approaches to PSRs

The pandemic highlighted the importance of the health of workers in relevant service sectors, in particular the healthcare sector. In that context, working conditions were publicly discussed more than before. In this regard, the PSRs inherent in dealing with difficult customers, and issues related to a lack of appreciation of work, were prominently addressed in discussions, for example, by the trade unions and BAK, but also within companies. The interviewed representatives of the Labour Inspectorate and the social partners concluded that more attention has been paid to the mental health of workers since the pandemic.

In particular, in the healthcare sector (nursing homes, hospitals, etc.), labour inspectors now control whether PSR assessments have been conducted and, if possible, whether impacts of the COVID-19 pandemic are included in these assessments. The AUVA is conducting — as part of the National OSH Strategy — a 'Pandemic - Learnings from COVID-19' project.

As a result of the COVID-19 pandemic, teleworking became the new workplace reality for many employees. This led to issues around teleworking and the right to disconnect, work equipment at home, but also mental health and safety at home, being discussed, first of all at the level of various trade unions and social partner organisations. These discussions resulted in the publication of several manuals and guidelines, for example, by the Federal Ministry of Labour and Economics (or the BAK 'Mental Health in the Home Office'; Seubert et al., 2022).

As mentioned in section 3.1.1, in 2021 the **Home Office Act** was adopted. As a result of the increasing number of workers working from home or remotely, in July 2024 the Home Office Act was replaced by the Teleworking Act (110. Bundesgesetz: Telearbeitsgesetz, 2024).

The Labour Inspectorate points out on its webpage⁹ that because of the increase in teleworking many digitalisation-related aspects should be part of the PSR assessments. Some examples include:

- algorithmic management (e.g. delivery services, etc.),
- new forms of social interactions,
- work-life blurring,
- platform work,
- increasing intensity and speed of work,
- lack of good leadership, and
- possibility of permanent surveillance by superiors.

It states that mandatory PSR assessments should be used to assess the risks associated with digitalisation.

3.4 PSR prevention activities implemented by the social partners

The social partnership is a central feature of the Austrian political system. It refers to the cooperation between, on the one hand, the major social interest groups and, on the other hand, the federal government and federal ministries. The social dialogue is also a key part of OSH policymaking in Austria and the social partner organisations play a crucial role in developing OSH strategies, with regard not only to the adoption of regulations but also to their transposition in the implementation process (see

⁸ See: https://www.arbeitsinspektion.gv.at/Agenda/Agenda/2013-2016- Mobile_Pflege.html

⁹ See: https://www.arbeitsinspektion.gv.at/Uebergreifendes/Uebergreifendes_1/Arbeit_im_Wandel.html#heading_Digitalisierung_digital_gitale_Transformation

section 3.2). They are important partners in the ASB and therefore within the Austrian Strategy for Health at Work.

The social dialogue is also organised at company level, where the works council has extensive powers in all matters relating to employee protection, which are regulated in the Austrian Safety and Health at Work Act. For example, the works council must be consulted by the company owner when planning and introducing new technologies, and must be involved in the selection of personal protective equipment for employees. It has access to all relevant documents with regard to employee protection, as well as PSR assessments, and can call in labour inspectors during consultations with the employer.

Together with the works council, cooperative agreements for establishing sustainable OSH strategies are developed, especially in large companies. These very often address special topics such as dealing with teleworking, harassment or bullying, burn-out prevention and the return to work process after long-term sick leave.

The social partner organisations are attentive to relevant new issues in the field of OSH and, for example, they have commissioned studies such as the aforementioned study on 'Occupational Health Protection in Austria, an Inventory with Future' (Adam et al., 2024), which revealed that 30% of the 1,900 interviewed consider that risk assessments, including PSR assessments, are still not conducted, even where they are mandatory.

They also produce guidelines, such as 'Home Office a Guide to Employee Protection' (Bundesministerium für Arbeit, 2021), which also explicitly address the issue of PSRs. Additionally, BAK publishes useful information, such as the aforementioned brochure 'Mental Health in the Home Office' (Seubert et al., 2022) that provides information on how to prevent PSRs in the case of teleworking. They also produce guidelines on, among other things, sexual harassment, workplace mobbing, working time and rest periods.

The ÖGB has also published material on burn-out prevention and the role of OSH services in such prevention.

The ÖGB regularly publishes, in conjunction with BAK, relevant information on PSRs and their prevention on their webpage and in their joint newsletter called 'Gesunde Arbeit' (Healthy Work).¹⁰ On the webpage and in their newsletter 'Gesunde Arbeit' there is a section dedicated to PSRs that provides information on ongoing and upcoming initiatives.

The ÖGB working paper 2023-2028 (ÖGB Programm, 2023) calls for more power for OSH experts and Labour Inspectorates to prevent several risks at work, including PSRs.

The ÖGB also organises, in conjunction with BAK, regular conferences to promote OSH information and to encourage networking between interested parties. Experts from social partner organisations are often invited as speakers at OSH conferences (recent example: at the Conference of Safety Representatives in January 2024, the speaker of the Upper Austrian Chamber of Labour presented facts and myths associated with digitalisation and referred to a study conducted by the chamber that includes PSR aspects).

The social partners are prominent members of the Austrian Network for Workplace Health Promotion (Österreichisches Netzwerk Betrieblicher Gesundheitsförderung¹¹), which is an initiative of Austrian Insurance to promote health and wellbeing at work. It focuses on promotion and primary prevention. PSR issues are included in the implementation of promotion programmes, with the aim of improving employee health, resilience, stress reduction and other related aspects.

There are also several ongoing initiatives that have more of a sectoral focus. BAK, VIDA and the catering section of the WKÖ are currently jointly developing a campaign against sexual harassment in the catering sector, called 'No respect, no service!'. This campaign is based on the study mentioned in section 1, which was triggered by BAK in response to an increase in sexual harassment in recent years. Before the campaign they had already produced a file on 'Violence and aggression in the workplace'

¹⁰ See: <https://www.gesundearbeit.at>

¹¹ See: <https://www.netzwerk-bgf.at/cdscontent/?contentid=10007.888154&portal=nbgfportal>

(ÖBG, 2022) that provides advice on the right approach to adopt in difficult situations, how to avoid escalation and how to react correctly to assaults.

In 2024, the GPA conducted a study on burn-out in the health and social care sector (Schadauer et al., 2024), which provides valuable information on the burn-out situation of employees in this sector. Moreover, it emphasises the importance of carrying out PSR assessments.

The BAK, IV, Austrian Federation of Trade Unions, Association of Public and Public Economy, and WKÖ jointly support the framework agreement of the European social partners on harassment and violence in the workplace. Their brochure ‘Harassment and Violence at Work – Instruments for Prevention’¹² is intended to contribute to the implementation of this framework agreement in companies in Austria and is currently under revision. This brochure is currently being updated by a working group of the Austrian Occupational Health Strategy.

4 Success factors and challenges addressing PSRs

4.1 Assessment of the impact of PSR measures on PSRs

This section provides insights collected during the in-depth interviews with national stakeholders. The organisations involved in the interviews are presented in section 1.

In 2024, Austria can boast of more than 10 years of experience with specific legislation requiring assessments of PSR factors at work. As already mentioned in section 3.1.1, an amendment to the Austrian Safety and Health at Work Act was adopted in 2012 (in force since 2013). This amendment regulates PSR at work assessments. Prior to 2012, PSR assessments were rarely carried out, so the amendment was an important milestone for tackling PSRs. The amendment was the result of observations reported by the Labour Inspectorate during its controls and was negotiated with the social partners. It includes the obligation of preventing PSRs so as to protect the mental health of workers and provides for concrete actions with regard to PSRs and their prevention.

As far back as 2002, the Austrian Safety and Health at Work Act Reform Law 2002 (Arbeitnehmerschutz-Reformgesetz) explicitly mentioned that occupational psychologists could be part of the obligatory and documented OSH service hours, and this facilitated the integration of more psychologists and more targeted knowledge on the topic into OSH services in order to complete PSR assessments. However, the inclusion of occupational psychologists in the OSH service hours is not mandatory, and this aspect is left to the discretion of employers.

Training institutes provide high-quality training to OSH staff to ensure that PSR assessments are carried out professionally. The interviewed AUVA representative also pointed out that knowledge about PSR assessments and prevention had increased steadily in technically oriented professions through the training provided to safety experts. The representative of the Labour Inspectorate also confirmed this development.

The coordinated information provided by the social partners, the AUVA and the Labour Inspectorate has raised public and company awareness about PSRs at work and helped create a better understanding of the topic. The Labour Inspectorate and AUVA representatives confirmed that today there is a broad awareness in Austria that mental health is influenced by working conditions. Also, the National OSH Strategy was and is important for concerted actions concerning PSR assessments and prevention.

The Labour Inspectorate’s manual for employers and OSH experts on how to evaluate the effectiveness of prevention measures based on PSR assessments, fact sheets and other PSR-related publications have been welcomed by both OSH experts and employers. Inspections and checks on the completion of risk assessments in companies, combined with consultations (slogan: ‘good consultation and fair

¹² See:

https://wien.arbeiterkammer.at/service/broschueren/Arbeitnehmerschutz/broschueren/Belaestigung_und_Gewalt_am_Arbeitsplatz.pdf

control') reveal that PSR assessments are more often completed in large companies than in small-sized companies.

ESENER data also show that the percentage of companies having an action plan to deal with work-related stress increased from 18.4% in 2009 to 22.6% in 2014 (the year after the legislative update came into force) and then to 37.9% in 2019.

An article published by the AUVA in December 2023 on the webpage 'Gesundheit im Betrieb'¹³ summarised the development of 10 years of PSR assessments in Austria as follows:

- Through training and consultation services provided by various OSH stakeholders, understanding of PSRs is much clearer than 2013.
- It is understood that all factors at work that influence the human mind and emotions must be assessed and measures developed to reduce stress and promote healthy and safe working conditions.
- Tools to assess PSRs, provided free of charge by the AUVA, are broadly used and support companies in conducting their assessments.
- Strong employee participation in the assessment process and employer commitment to the importance of PSRs contributes to successful assessments.

4.2 Assessment of success factors and challenges

Success factors at the legal level and aspects of development

The Safety and Health at Work Act of 1995 is seen as a milestone in the legal safeguarding of the protection of the health of employees because it regulated the responsibility of employers to protect the health (including mental health) and safety of workers, to assess all risks that could endanger health and to implement measures to prevent risks at source. Moreover, all of the stakeholder representatives interviewed agreed that it was only with the **amendment of the Act in 2013 on PSR assessments** that the necessary leverage was established to identify and assess PSRs for mental health and to develop prevention measures, focused on the interaction between employees and the various aspects of the work environment (e.g. organisational, social and technical aspects). The approach underscores that employers are responsible for carrying out risk assessments with the help of experts and must give priority to measures that have a collective effect rather than addressing the individual. These principles of prevention are laid down in Section 7 of the Austrian Safety and Health at Work Act. They determine a sequence of measures to be taken to prevent risks, which is also known in general terms as the 'STOP principle'. STOP is an abbreviation: 'S' stands for substitution, 'T' for technical preventive measures, 'O' for organisational preventive measures, and 'P' for personal (individual) preventive measures. The social partners played a key role in negotiating this amendment in 2013.

The execution and implementation of the PSR assessment amendment is perceived by all stakeholders as being of varying quality. The Federal Trade Union and BAK in particular see a need to hone the implementation of the risk assessments and **want an implementing regulation**. This should regulate exactly how a risk assessment must be carried out, who can and should conduct it, and which influencing factors have to be taken into account in accordance with the four dimensions of ÖNORM EN 10075 (Austrian Standards International, 2018). The ÖNORM EN 10075 deals with principles of impacts that should be addressed in PSR assessments. The impacts are summarised according to the following four categories: job and task requirements, work processes and organisation, social and organisational climate, and the work environment. They also want to define criteria for good preventive measures and information on how often assessments should be carried out.

In accordance with the **Austrian Safety and Health at Work Act Reform Law 2002 occupational psychologists** can be part of the OSH consultancy time that the employer has to allocate to OSH. This is seen as a valuable step. The Federal Trade Union, BAK and AUVA would like to see occupational psychologists firmly anchored in the act and, via an amendment, put on an equal footing with

¹³ See: <https://www.gesundheit-im-betrieb.at/services/aktuell/10-jahre-evaluierung-psychischer-belastung-auva>

occupational physicians and safety experts. On the other hand, the WKÖ is of the opinion that employers should be able to choose whom they employ and to what extent they rely on their services.

In any case there is a consensus among all interviewed stakeholder representatives that occupational psychologists make a significant contribution to the quality of the implementation of PSR assessments.

According to the trade unions, in order to give occupational psychologists an even greater role in the future, their role must also be anchored in the Psychologists Act¹⁴ itself, which currently refers only to clinical and health psychologists.

Success factors and challenges in implementing the amendment of the Austrian Safety and Health at Work Act

The following aspects were identified by the different stakeholders interviewed as success factors for the implementation of PSR assessments:

- Most interviewees agree that mental health aspects can nowadays be mentioned in a more open way. Generally, there is a better understanding that mental health and work interrelate and that framework conditions at work can jeopardise mental health but also promote it. However stigmatisation of mental health problems is still existing.
 - The Safety and Health at Work Act has made employers responsible for the safety and health of their workers at their workplace and today they are much more aware of this responsibility. Managers have a far greater understanding that work can impact health, and that risk assessments as well as collective measures help to prevent risks.
 - Employee involvement when assessing PSRs is essential. This involvement can take different forms: directly in assessment groups or surveys and indirectly through the employee representative who are — in accordance with the Act — members of the company's OSH committee and have the right to participate in assessments or to view all assessment documents. PSR assessments are perceived to be of better quality when works council or employee representatives take on a supporting role.
 - The risk assessment methods chosen should be suitable for the company and should take account in particular of its size. For example, group processes or interviews might be more suitable than surveys for a small company. No matter which method is selected, it must comply with the provisions of the ÖNORM EN 10075, which guarantees a certain level of quality. The stakeholders agreed that the standard adds value to the approaches taken and enhances the quality of PSR management.
 - Many stakeholder representatives also acknowledged the importance of adopting a specific approach to certain target groups and the Labour Inspectorate's MEGAP project is seen as very helpful to that end.
 - The importance of providing guidance material that is easily accessible and understandable has been highlighted specifically by the employers' representative.
 - The availability of qualified experts for consultation and to conduct risk assessments is seen as crucial by many stakeholders, as is the need for support at company level. In particular, occupational physicians and occupational psychologists have been trained to assess PSRs, to help employers comply with the law.
 - As laid down in the Safety and Health at Work Act, a collective and condition-oriented approach is not only obligatory when developing measures but also has a positive effect on future risk prevention. The stakeholders agreed that purely behaviour-oriented measures are less effective.

The work of the AUVA is seen as pivotal by all stakeholders, above all for the implementation of risk assessments. When the risk assessments amendment was introduced in 2013, many companies were at a loss as to what to do. There was great uncertainty about which instruments could be used and in

¹⁴ <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=20008552>

this regard some stakeholders mentioned consulting companies that sold expensive assessment tools based on often unsuitable methods to companies. The stakeholder feedback points to the fact that initially the discussion of methods led to less attention being paid to practical questions of implementation. The WKÖ endeavoured to provide information to employers, but above all the AUVA took on a very supportive role, developing instruments and providing training to experts and companies. Around 30 seminars were organised each year following the amendment and all were fully attended. As explained, the development or endorsement of risk assessment instruments (such as ABS, KFZA and EVALOG) were seen as crucial, as was the fact that they were provided free of charge, which incidentally was criticised at the time in some quarters, mainly by consulting companies selling PSR assessment-related services.

The AUVAsicher programme is regarded by many stakeholder representatives as very useful in providing small companies (with fewer than 50 employees) with OSH services support. However, several interviewed stakeholders agreed that many small and medium-sized companies in particular have still not implemented PSR assessments.

In general, the stakeholders also highlighted the importance of the support provided through nationwide strategies and various stakeholders for the implementation of the amendment, in particular the **Austrian OSH strategy**, which is a consensus-oriented umbrella strategy in which various OSH stakeholders, especially the social partners, are involved. Cooperation within that strategy and the pooling of relevant expertise were key success factors.

All the social partner organisations have contributed to the implementation of the law in practice by providing information, holding events and so on.

The **ZAI** has provided its inspectors with relevant training and published a considerable amount of information. During company inspections, inspectors monitor the implementation, but the emphasis has shifted from a control focus to the provision of advice on how to handle risk assessments. However, successful implementation certainly also needs monitoring, and according to the data provided in an interview with the Labour Inspectorate around 5% of all inspection controls in Austria relate to PSR assessments (in 2022, 5,600 consultations addressed mental health and PSR issues and 360 addressed occupational illness).

The following projects, initiatives or programmes were mentioned by the stakeholders as examples of innovative approaches:

- The diversity approach (MEGAP project of the ZAI), a target group-specific approach is important for PSR assessment and prevention.
- The emergency psychology services of the AUVA that support companies and help them develop a structured concept around emergency situations.
- The current digitalisation campaign of the AUVA titled 'Safely Digitally Together', with three priority areas and phases: mobile hybrid working, artificial intelligence and robotics, and digital support systems in employee protection.
- The government's fit2work programme to reintegrate employees after a long period of sick leave was also positively mentioned by the Federal Trade Union. This programme also provides for a risk assessment to be carried out when reintegrating employees.

Challenges and improvements are seen as needed by several of the interviewed stakeholders in the following areas:

- Addressing new enhanced risk factors in assessments, such as influencing factors triggered by digitalisation, teleworking, or violence and harassment at work. The concept of PSRs needs to be understood as a dynamic concept to address evolving risks, since new risks can emerge in line with new working conditions or new tasks. According to the Safety and Health at Work Act, assessments should always be based on the latest scientific findings. According to ÖNORM, new risks should also be taken into consideration.
- Addressing aspects such as blurred work-life boundaries, surveillance and constant availability (for example, through the development of regulations on the right to disconnect).

These aspects were discussed intensively and mentioned as prominent risk factors by the Labour Inspectorate and unions.

- Reaching small and medium-sized companies: the PSR assessment non-implementation rate is estimated to be 40%, especially in companies with between 21 and 50 employees (Adam et al., 2024). Several interviewees highlighted that it would be beneficial if the AUVA would reach even larger numbers of small companies through its AUVAsicher programme.
- Developing collective and condition-oriented measures to accompany PSR assessments. Although prevention has been at the forefront of considerations since the Safety and Health at Work Act came into force, some companies still tend, even nowadays, to develop more individual and behavioural preventive measures as a result of PSR assessments (e.g. call centres only offering training on how to deal with difficult customers, but not thinking about organisational measures such as the timing of breaks, or defining rights to interrupt calls, etc.). It was made clear in the interviews that there is still some work to be done in this regard.
- Integrating occupational psychologists as permanent OSH prevention experts and including them in the OSH consultancy time. The positive role of occupational psychologists in assessing and preventing PSRs was mentioned by both employer and worker representatives. However, the Economic Chamber and other social partners disagree on the question of a mandatory role for occupational psychologists in OSH services.
- Strengthening OSH research: At medical universities in Austria occupational health is often part of other departments, such as the physical medicine department at the Medical University of Vienna. In this regard, several stakeholders mentioned the importance of having strong research support for OSH as being an important precondition for maintaining reliable research results to guide OSH decisions at national level.
- Considering further steps on supporting the implementation of PSR assessments. This was suggested by the BAK and Federal Trade Union with a view to improving the quality of risk assessments. According to them, the current regulation is not covering all aspects and could be improved by giving clearer guidance on how exactly risk assessments should be carried out, and which experts could conduct them.

5 Conclusions

With the amendment of the Austrian Safety and Health at Work Act in 2013, Austria has established a good foundation for PSR prevention, with mental health mentioned and the PSR dimensions that need to be taken into account for risk assessments being specified. It is seen as a turning point that employers are now more explicitly responsible for assessing PSRs and ensuring preventive measures, even if, of course, these risks were already covered under a more general label before the 2013 amendment. After over 10 years of application of this legislation and the implementation of support activities, a deeper understanding of mental health at work is slowly being reached, including, for example raising awareness of (assessment of) PSRs in companies, especially in large companies. A general understanding of PSRs that need to be addressed, with priority being given to prevention, and always targeting general technical and organisational measures first, is seen as very pertinent in order to ensure the correct implementation of PSR prevention. Reducing the stigma attached to mental health issues is seen as necessary to create a better understanding of PSRs at work and their influence on mental health. Previously, mental health was often mistakenly assimilated to mental problems or diagnoses, about which workers normally preferred not to talk. When in 2013 the first risk assessments were conducted, workers were reluctant to participate owing to the misconception that their mental health would be assessed. It needed patience and considerable efforts to explain that work factors that might have a negative impact on their mental health were assessed and not individual factors.

While progress has been made over the last years, several stakeholders highlight that there is still work to be done for improving the nationwide, comprehensive implementation of PSR assessments and

collective prevention measures. Specifically, reaching smaller companies is still seen as a major challenge by many of the interviewees.

In terms of practical steps forward, several of the interviewed stakeholders proposed above all a wide practical implementation of PSR assessments including the whole cycle of risk management (analysis, evaluation, the development of collective and condition-oriented measures, implementation and control). However, the views of the stakeholders vary on whether this should be achieved by an implementing regulation, as favoured by the BAK and Federal Trade Union, or without further regulations, which is the option supported by the Economic Chamber.

The AUVA's strongly appreciated activities should be maintained and several interviewees also voiced their interest in increasing activities from the AUVA. According to these stakeholders, joint contributions involving, for example, the BAK, trade unions, the Economic Chamber and various trade guilds could be considered, such as campaigns, events and training programmes, to promote a broader implementation.

Accordingly, the interviewed stakeholder representatives recognise that in future the focus should ensure that the information produced and provided reaches the different target groups via different channels.

According to several stakeholders, comprehensive data for all industries on the completion of PSR assessments are still missing and efforts to address this issue are seen as necessary. Although the OSH strategy of the AUVA has started collecting health data at work, most stakeholders agreed that OSH research at university level is needed for occupational medicine. One focus of the research should be to evaluate proven evidence in order to determine what really works in prevention. This would help OSH experts develop appropriate prevention measures.

When looking at research and the idea to better determine, which kind of preventive measures do trigger the best results, another aspect of research is also worth to look into. Psychosocial risk factors and their consequences are not taken into account in the list of occupational diseases in Austria. Even very evident aspects, like PTSD following a train accident, are only recognised as occupational accidents but not as occupational diseases. Clearer research and clearer conclusions might help to better recognise consequence and register them as such.

Good prevention of PSRs requires not only good assessments but also controls, and in this regard the ZAI has a crucial role to play. However, to effectively fulfil that role it strongly depends among other things on appropriate resources.

New emerging risk factors due to digitalisation, teleworking, platform working and human interaction should be clearly addressed in the training provided to experts and in the material provided to experts and companies, so as to ensure that they are integrated into assessments.

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