

NEW RISKS FOR HEALTH IN FLEXIBLE CAPITALISM

The response from labor unions in Germany

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Prevention may be successful

A radical change occurred within the field of labor protection and prevention of work-related risks, in 1980s' Europe: the *Guideline for the Safety and Health Framework* allowed a paradigmatic change for the first time. It was due to a temporary period of reforms within the European Union, during which labor unions could have an influence. The binding prevalence granted to prevention after then provides, among other things, the need to avoid and fight all kinds of risk at the workplace from its origin. Everything related to protection against labor risks should be considered during the planning phase of measures leading to either technical or organizational changes, as well as during the acquisition of machinery and products. Those risks which could not be avoided had to be assessed so that

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measures allowing their decrease could be taken. Additionally, it was necessary to bear in mind that it was not the human being who had to adapt to labor conditions, but on the contrary, work should be designed so that it could fit people. Collective protective measures are always more important than the individual ones. Besides, it is important to get employees involved in such a continuous process. All of this certainly resulted in a paradigmatic change, considering that protection against work risks was always aimed at technique and expertise, as it was a concept regulated by the idea of improving failures, rather than by that of prevention.

These guidelines were to be implemented in each national legislation among the European countries –in Germany, it was enforced after 1996–, thus generating important progress, especially in areas which traditionally represented a risk for health such as work accidents, and excessive physical force, among others. In all this process it was also positive that, together with the State's health and safety, regulated via workplace inspection, insurance companies started playing an important role in the implementation of preventive measures.

Unlike the situation apparently faced by many Latin American countries, Germany could considerably decrease its labor accident rate. An example: while in 1960 there were 110 professional accidents per each 1,000 full-time employees, in 2013 they manage to decrease this number to a historically low number: 24 accidents for every 1000 full time employees. Particularly, they managed to reduce the lethal labor accidents to almost a tenth of the amount recorded in 1960 (see table 1). The agricultural and the construction sectors still remain the sectors where most accidents of this sort occur.

Table 1**Annual report on Safety and Health at the Workplace**

Year	1960	2001	2014
Labor accidents	2,7 Million	1,4 Million	0,95 Million
Lethal labor accidents	4 900	1 100	639
Accidents while commuting		0,23 Million	0,18 Million

Source: Federal Office for the Protection against Labor Risk and for Labor Medicine

Such successful prevention is based on the following two reasons: on the one hand, a legislation regarding health and safety at the workplace was approved. Through this, it was stipulated that professional risks should be fought against based on their origin, and the need to do thorough risk assessments was stressed. On the other hand, a health and safety at the workplace inspection model was created, which consisted of State bodies and insurance companies.

Nevertheless, some negative aspects have been identified throughout the process which cannot be ignored. Due to a neo-liberal policy of austerity ruling over Germany and Europe, the resources channeled to inspection have been strictly restricted in recent years. Additionally, legislation regulating health and safety at the workplace still has flaws in regard to preventing new risks, especially those associated with work-related stress.

Increase of new health risks generated by psychological strains at work

The World Health Organization (WHO) has claimed that work-related stress is “one of the great risks of the 21st century”. According to calculation made by that organization for 2020, one out of every two cases of disease will be stress related. Stress, in the same manner as psychological strain at work, has risen considerably, especially in industrialized countries, as the limits of what work implies have gradually disappeared (elimination of work related barriers), and the intensity of labor has increased.

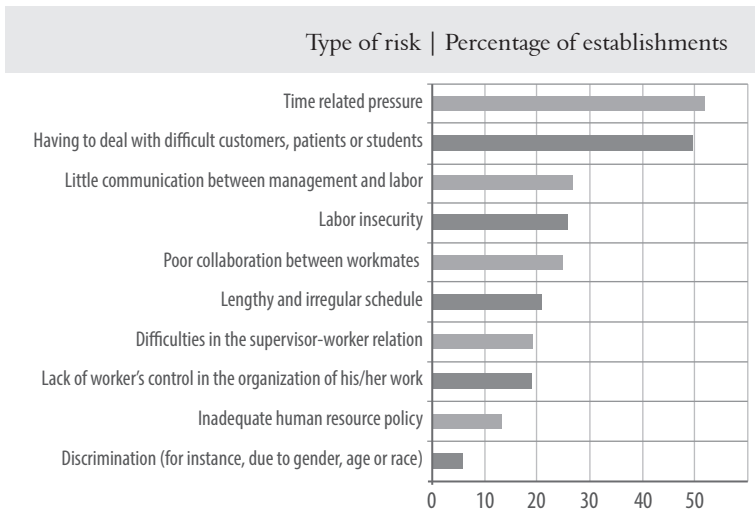
The results of a 2012 survey done by labor unions (the so-called German Labor Union Confederation Index: Good Job) confirms such a trend:

- Work intensity has increased by four fifths of German employees; this increase has been of sizeable proportions for over half of them.
- The amount of employees who often had to do tasks hurriedly increased to an index of 56% in 2012.
- 44% of employees frequently or regularly feel unfulfilled or exhausted after their workday. The following data has drawn special attention: 75% of employees claim they very often need to rush their work. Among them, 71% have suffered a sizeable increase in the intensity of work. 69% of the employees claim they work, very often, under conditions which are difficult to bear (German Labor Union Confederation Index: Good Job, 2013)-

Germany’s 2012 Stress Report, published by the Federal Institute of Work Safety and Labor Medicine and based on a representative survey filled in by approximately 20,000 workers, that is, Germany’s best informed and most fully updated data base in the present, briefly determined that:

the factors most frequently referred to, when it comes to discussing the demands faced by people within their work scope include the following: having to deal with different activities at the same time (so-called *multitasking*), great pressure in terms of schedule and performance, interruptions or disturbances during the work-day, having to work too fast, and having to continuously perform the same task (monotony). Likewise, work related health issues have increased. The more health problems we mention, the greater the rate of the ones related to work intensity. For instance, problems associated with schedule and performance related pressure, or with multitasking. Simultaneously, the higher the number of health problems reported, the lower the amount of resources assigned (Federal Institute of Work Safety and Labor Medicine, 2014: 164).

The European Occupational Safety and Health Administration (OSHA) has collected data from 27 European countries, which show the factors and the share each one has contributed to the increase in their work-related psychological load. The first one mentioned was time pressure, followed by difficulties when dealing with customers/patients, etc., and then, the difficulties in communication among employees and work insecurity, among others (see figure 1).

Figure 1**Presence of psychosocial risks at the establishment**

Source: ESENER (2009)

Regarding work related stress, the 2004 European agreement for social well-being (an agreement reached after lengthy negotiations between employer's organizations and trade unions) acknowledged the promotion of prevention as an obligation. Such an obligation had already been stipulated by the guidelines of the Framework for Health and Safety at the Workplace, agreed upon in 1989. According to this agreement, "problems associated with work-related stress should be regarded as one of the measures to take, given that they represent a risk factor for worker safety and health".

Besides, concrete factors associated with prevention at the workplace were identified, which should become tasks to confront; some examples listed are:

- The organization and processes at the workplace (regulation of working time, the possibility to act and decide, harmony between the employee's skills and the requirements of his/her occupation, work load, etc.).
- Working conditions and work environment (exposition to worrying situations such as excessive noise, heat, exposure to dangerous materials, etc.)
- Communication (little clarity regarding the expected results of the activities the worker will be engaged in, worker perspectives being subject to changes, etc.).
- Subjective factors (emotional or social pressure, the feeling of not being able to do something adequately, approval or the lack of it, etc.) (Kamp and Pickshaus, 2011)

Work related stress and psychological strain at the workplace may bring negative health consequences of different kinds:

Despite playing a crucial role in relation to labor accidents, stress is above all a determining element in the appearance of psychosomatic diseases, where it particularly impacts the musculoskeletal system, and in the appearance of cardiovascular and gastrointestinal diseases. It is worth noting that stress is closely related to the emergence of psychological disorders such as depression.

Labor accidents and professional diseases are regulated by the German legislation, and only represent a small part of the total of diseases generated by work (see figure 2). The success of prevention may be observed in such a small incidence. Nevertheless, it is time that prevention became universal for all work-related diseases and illnesses, and it is crucial that we target all the factors that may cause them.

Figure 2

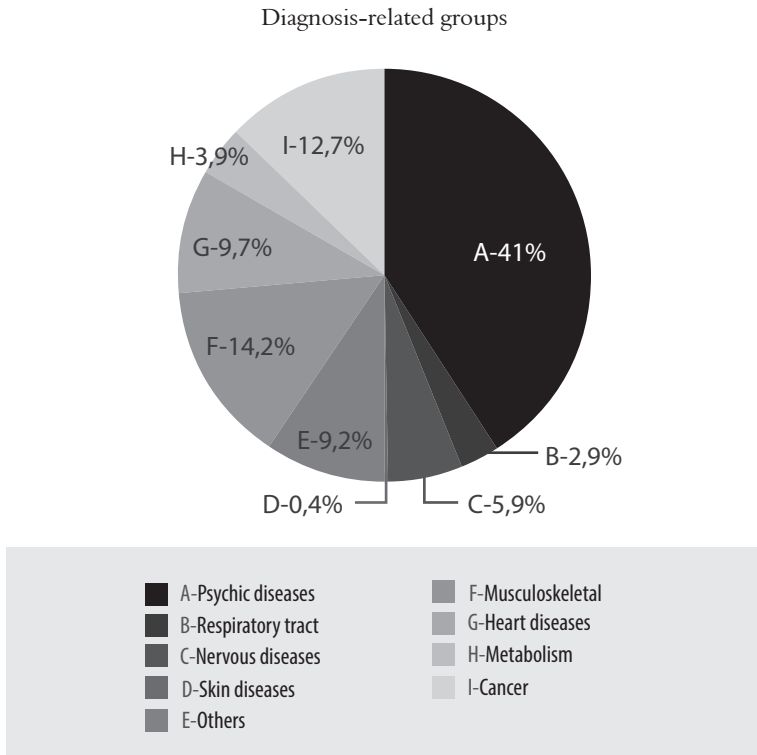
Kinds of conditions derived from work

Labor accidents and professional diseases only imply a small part of all work-related diseases.



In recent years, Germany has experienced an increase in psychological diseases. Work absenteeism, generated by all kinds of ailments has increased from 53.5 million days in 2010, to 79 million days in 2013, and has become the main factor for early retirement in 40% of cases. The number of cases of early retirement due to psychological diseases doubled in Germany between 2000 and 2014. The cases of early retirement due to musculoskeletal disorders were 14.2%, and 12.7% of these were due to cancer. Although these figures may reflect representative groups, their share is much smaller than that of psychological diseases (see figure 3).

Psychological diseases, main cause for early retirement

Figure 3**Psychic diseases and other diseases**

Source: Deutsche Rentenversicherung [German Pension Insurance], Berlin 2012

In Germany, arguments related to the social sciences and labor psychology are taken very seriously. The increase in psychological disease is regarded by some as a symptom of the flexibilization of the modern world of work, as well as the fact that work is determined by financial markets, and it results in a trend towards pathological pictures (Pickshaus, 2014).

The general trend towards an “acceleration of the rhythm of life”, which have been confirmed by social scientists and psychologists, becomes evident in every aspect of our society. Thus, it may be concluded that the processes induced by the capitalist market and the acceleration of the rhythm of life

are thereof reflected in the socio-pathological conditions of depression and burn-out syndrome, among others [...] Patients suffering either from burn-out syndrome or from severe depression can no longer be re-motivated; they are in a state of forced deceleration and for the processes of capitalist management, at least from the perspective of productivity, they are ruined (Dörre, Lessenich and Rosa, 2009: 298).

New managerial strategies generate new risks

An economy of excess has emerged from the current flexibility-based model of capitalism; it is aimed at excessive expectations concerning economic performance, thus transferring to employees, disproportionate goals that they are expected to meet.

The latter suggests the elimination of work-related borders and the emergence of a state of “endless work” –such phenomena are indeed present in diverse realms of the world of work. In many cases, it seems employees are willingly putting their health at risk. In general, in the fields where such phenomena appear, it is possible to find new forms of managerial strategies aimed at implementing a new indirect way to manage and control employees. Strategies whereby companies are controlled indirectly fall in line with, in many cases, the premises imposed by stockholders, and they have become widely promoted within the flexibility-oriented capitalist market.

Such forms of indirect control features two main elements:

On the one hand, employees are granted great leeway regarding their decisions and their organization, so that they have a self-determined treatment with regard to market and customer requirements (especially in what has to do with time management and the way they perform their work).

On the other hand, they are directly exposed to the interests of customers and the requirements of the market, and simultaneously, they must follow predetermined goals and framework conditions (schedules, personnel capacity, etc.). Likewise, employees are required to think like entrepreneurs. The motto “do whatever you want, but make it profitable” clearly and briefly synthesizes the distinctive features of such a managerial strategy.

The new concepts of management, aimed at indirect control, fit the promotion of new instruments of inspection and new forms of work: control through indicators (for instance, *Target Costing* within the car industry), result-centered approaches, and agreements on goals to meet are other elements in which employee self-organization is promoted: such instruments are primarily associated with the company’s economic targets or to the performance goals set by the financial market. Regarding work organization, those forms of work that promote self-organization and cooperation, both at the individual and the collective level, are widespread: flexible working hours defined individually (trust-based working time), project work, group work, among others.

Nevertheless, the indirect control of employees by management, and self-organization of the former results in an ambivalent situation for workers. Particularly, qualified employees claim that, on the one hand, they find themselves exposed to greater work pressure and to the obligation of getting involved in more burdensome collaborative processes; while, on the

other hand, they enjoy themselves more and have fun at work. Likewise, indirect control implicitly assumes that the orientation towards market based criteria is an unquestionable value, which consequently implies losing track of more humanistic criteria which disqualify some working conditions, and even reject them, in some cases.

In these forms of work, reference is made to diverse symptoms, aimed at a gradual process of health deterioration. Mention could be made, for instance, of the burn-out syndrome, behind which depression, cardiac, gastric, lumbar or hearing problems may hide, as well as sleep and rest associated disorders. Symptoms are frequently recorded as paradoxical; in the words of a sufferer: "I am currently going through a period of disability, I am sitting at home and feel affected. Affected by the symptoms and by the changes in labor conditions which have been gradually implemented, and which in fact make my job nicer". The positive is inseparable from the negative at the workplace. It is impossible to separate the fact of enjoying work from that of suffering because of it.

The contradictions in these new forms of entrepreneurial management are related to aspects which are strongly associated with features of an adequate workplace fostering employees' health, such as high levels of autonomy, global tasks, a variety of activities to perform, possibilities of development and cooperation at the level of social interaction. Nevertheless, under these new work conditions, critical burdens for health have also been identified. The new work autonomy also generates pressure. Work intensity, in addition to extended work schedules, considerably increases health risks.

Prevention projects, as well as trade union initiatives aimed at new forms of labor, must confront the objection claiming that the issues they focus on, only cover a minimum part of what constitutes the diverse world of work. In fact, changes in the world of work have generated a difference, while the Fordist

and Taylorist sector of the working-class, which still remains a majority, is decreasing; there are two ascending poles, on the one hand, the qualified labor force whose occupation tends to be independent, and, on the other hand, that of workers with precarious employment, whose working life is associated with the need to take *bad jobs*. The retroactive effects of increasing job insecurity may be observed both in the workers' realm and in that of qualified intellectual labor. They are expressed in a general tendency towards increasing uncertainty, in such a way that market risks most frequently fall upon employees, and the feeling of insecurity becomes a collective pattern of perception.

Together with the increase in uncertainties, the elimination of work-related barriers has become a general trend which, in different ways, has an influence over the world of work, and does not only impact qualified employees. Changes in performance conditions must also be added to this trend; they are perceived as ever-growing factors which imply time-related and result-related pressure. The borders between wage labor and private life are felt, by an increasing number of employees, as something that is gradually disappearing. Undoubtedly, the progressive increase of work-related psychological diseases is closely related to such phenomena.

The trade union response: it is necessary to create regulations

Experience has shown that success in prevention policies in European countries is permanently threatened by the potential de-regulation advocated both by capitalism and by neoliberal political forces. This is an increasingly exacerbated phenomenon within the field of the flexible financial market of capitalism in the last 20 years. In countries where State policies are less inclined to social issues (the Latin American ones, for instance), capitalist forms of management regard any employee-friendly kind of regulation as impossible. Based on what

has just been said, Karl Marx's conclusion regarding the circumstances generated around industrial capitalism is still valid: "Capital will not give any consideration to workers' health or life span, as long as it is not forced by society to bear such issues in mind" (Marx, 1972: 285).

Nevertheless, is it possible to force capitalism into considering the workers' needs? The struggles of workers' movements in Europe and that of trade unions show it is possible to achieve those kinds of regulation-related conquests, which are overly threatened of being revoked at any time (Pickshaus, 2014).

What is intriguing is that the spokespeople of capitalism acknowledge the effects of regulation. The results of a survey carried out by the Occupational Safety and Health Administration unveiled that 90% of the surveyed company spokespeople or managers acknowledged taking measures to guarantee health security only when they were forced to by legally-binding regulation. Regarding the question of which measures were taken by such companies to decrease the risks of psychosocial diseases, 55% of the managers and spokespeople surveyed said they had only regarded those measures buttressed by the rule of law. The fact that the amount of surveyed people who say they have implemented changes decreasing the risk of catching psychosocial diseases at the workplace is lower, may be because in Europe and Germany there is still a regulatory deficit at this level; therefore, the pressure for companies to take measures in this regard is not peremptory (ESENER, 2009).

Bearing in mind such a risky situation, especially for employees, a regulatory deficit results in a deficit of the measures to take, as well as –and this is the real problem- a deficit in employee protection. Undoubtedly, it will take more than a simple law to make labor conditions more adequate for workers, nevertheless this could –and this should not be overlooked- increase the degree to which it is compulsory for employers and

for those in charge of deciding the kind of safety measures companies should take.

For this reason, unions demand the implementation of regulation related to protection against risks generated by psychological strain. It is not a matter of beginning from scratch, but of taking advantage of the already existing contents; use could be made of the expertise of companies where, despite not having a binding law, measures have been taken in this regard, as well as of the results of scientific research projects which have studied such phenomena. For this requirement of labor unions, political allies have been found in many professional associations, among which, it is worth mentioning technical psychiatrist and psychotherapist associations, as well as the political sector. Thanks to the initiative of social-democratic states in Germany's Federal Council², a declaration was unanimously imposed by means by which such a law is required. Nevertheless, the German government, pressed by capitalist associations, has blocked the implementation of this initiative so far. At least, in the 1996 Worker Health Protection Law, it was possible to realize a series of corresponding passages—an achievement owed to the pressure applied by trade unions.

Final demands should be made:

- First, it must be brought to bear that complete prevention of the health risks at the workplace, including those deriving from psychological strain, require binding regulations. In the German case, this implies the need to enforce a legal regulation.
- The latter must be complemented by regulations governing contract fees and strengthening the counterbalance represented by trade unions.

2 The Federal Council is, together with the German Parliament, the second federate chamber in Germany.

- Finally, it is crucial for prevention-friendly activities undertaken by unions within their workplaces to coordinate with each other, so that the enforcement of the regulations may be achieved.
- The fact that it is only through social pressure that capitalism may be pushed into considering the workers' needs remains decisive. This has been demonstrated not only by historical experience, but by the present international experience.

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