



EuroHealthNet response to the European Commission's Green Paper on Restructuring and anticipation of change: what lessons from recent experience?

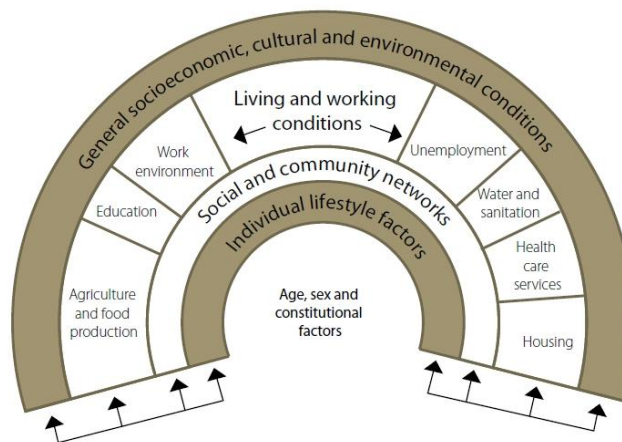
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General Remarks

EuroHealthNet is a not-for-profit network of agencies responsible for health promotion and public health, with 35 members in 27 EU member states. It aims to ensure that attention is paid to the social determinants of health. The model below illustrates how the conditions into which people are born, grow, live, and work - the social determinants of health - are interlinked. Although health care services do play a role in determining health, more important are the social and economic conditions that make people ill and in need of medical care in the first place (Wilkinson & Marmot, 2003).

Dahlgren-Whitehead health determinants model



Source: Dahlgren/ Whitehead: WHO Europe 2007 "European strategies for tackling social inequities in health: levelling up Part 2" Referring to D&G / previous source 1993.

The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. This is the most widely accepted definition of health, and all EU member states belong to the WHO. The EU is legally obliged to protect and promote health and well-being in the following articles of the Lisbon Treaty:

- 1) Article 9 (TFEU): “In defining and implementing its policies and activities, the Union shall take into account... protection of human health”.
- 2) Article 168 (TFEU): “A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities”.
- 3) Article 3 (TEU): “The Union’s aim is to promote peace, its values and the well-being of its peoples”.

“Health is important for the wellbeing of individuals and society, but a healthy population is also a prerequisite for economic productivity and prosperity” (EC, 2007); EU2020 objectives cannot be achieved without ensuring good health for all. As demographic pressures and the economic



crisis force policy responses, increasing attention needs to be paid to promoting health and well-being.

The current financial crisis is undermining health and well-being (Stuckler *et al.*, 2011). Financial crises result in massive restructuring, and restructuring is now considered by some to be an endemic feature of employment (Kieselbach *et al.*, 2009). Studies show that the negative effects of restructuring on health and occupational health and safety generally outweigh the positive, and that negative effects can be serious and long lasting (Dazzi & Telljohann, 2009). It is therefore in the EU's interests to ensure that EU2020 is not undermined by failing to protect the main driver of growth: health.

PUBLIC SECTOR RESTRUCTURING

How can anticipative and strategic long-term approaches to the management of change and restructuring be applied to the public sector, in the framework of the current consolidation measures and taking into account the specific characteristics of this sector?

The EU is obliged to ensure that public sector restructuring does not harm the health and well-being of public sector workers, particularly those who are already at-risk of poorer health, and that restructurings do not disproportionately affect any particular group (gender, ethnic, age, etc.). The principles and values of European health systems consistently agreed in Council (universality, equity, accessibility and affordability) should continue to be upheld despite temporary economic circumstances. Restructuring in the health sector should be done with an eye to efficiency and innovation, and should not impact negatively on health services or working conditions, as we have evidence from our members that health promotion and even frontline services are being cut in several countries in Europe, threatening even greater inequalities in health.

Where there have been large cuts to public budgets and large-scale public-sector restructurings, the health effects of the crisis have been particularly acute: since 2007 Greek citizens have visited doctors less and gone to public hospitals more (despite cuts to hospital budgets of 40 per cent) and suicides have increased by 17-25 per cent. Vulnerable people have been particularly badly hit, reminding us that “in an effort to finance debts, ordinary people are paying the ultimate price: losing access to care and preventive services, facing higher risks of HIV and sexually transmitted diseases, and in the worst cases losing their lives” (Kentikelenis *et al.*, 2011). Early anecdotal evidence from Portugal also links health budget cuts and rising frontline costs for patients to increased levels of mortality (Terra Viva, 2012).

Recent research finds that both patients and nurses report higher standards of care in hospitals with fewer patients per nurse and better work environments, and that “improvement of hospital work environments might be a relatively low cost strategy to improve safety and quality in hospital care” (Aiken *et al.*, 2012). It is more important now than ever to ensure that working



conditions and patient care are not threatened by cost reductions and restructuring. Rash and irresponsible belt tightening of public budgets may end up harming health and therefore the EU's long-term growth and competitiveness.

LESSONS FROM THE CRISIS

Are the policy measures and practices outlined in the Green Paper in relation to the crisis, with special reference to short-time working schemes, appropriate?

The Green Paper makes insufficient reference to the importance of social protection systems in mitigating the worst effects of the present economic crisis. Poverty is associated with poorer health (Bambra, 2010) and member states with more extensive social protection systems exhibit better health (Bambra, 2005; Navarro *et al.*, 2006) and lower levels of health inequalities (Eikemo *et al.*, 2008) than those which do not. At the *macro* level, social protection remains a powerful economic stabiliser because it provides basic minimum income protection and prevents poverty - which is bad for the economy, particularly when it is passed down generationally (Johansson, 2010). At the *meso* level it encourages employers and trade unions to invest jointly in vocational training programmes, "thus contributing to competitiveness through human capital upgrading and maintenance" (Hemerijck, 2011).

While the Green Paper makes ample reference to workforces 'engaging creatively in restructuring processes that have been constructive, effective and instrumental', such mechanisms have not been available equally to all workers in the EU. Evidence from France, Spain and Sweden illustrate how temporary workers functioned as an 'employment buffer' in the crisis: in Spain, for example, close to 90 per cent of those made redundant had been employed on temporary contracts (OECD, 2011a). It may be necessary to review how 'flexible' the labour market should be, and whether restructuring policy may be one way of protecting from 'mass lay-offs'. At the individual level, it may be worth assessing whether there is a minimum level of social protection beyond which an individual's health is detrimentally affected. At the public level, it may be worth evaluating whether there is a level beyond which flexibility begins to threaten the long-term competitiveness of member states, and therefore their ability to fund social protection and healthcare systems.

Urgent conclusions should be drawn from different measures enacted in different member states. Social protection systems should learn from the crisis, becoming more responsive, pro-active and effective, protecting economies, jobs, and well-being and health.



ADAPTABILITY OF BUSINESSES AND EMPLOYABILITY OF WORKERS

Is the anticipative approach feasible with regard to management of change and restructuring?

Member states with adequate and robust social and employment protection legislation have been less hard hit by the economic crisis than those without. The effectiveness of any anticipative approach may therefore be dependent on the extensiveness and robustness of social protection systems already in place. The anticipative approach should be developed with health and well-being and inequalities in health in mind.

How can the existing orientations and guidelines on restructuring be improved in the light of the lessons learned from the crisis and the new economic and social challenges?

Rapid and mass restructurings, such as those involving privatisations, have had a marked negative effect on population health (e.g. Stuckler *et al.*, 2009). As such, the European Union will need to balance its aspirations to be competitive with its obligations to protect and enhance the health and well-being of its citizens; decisions about this will need to be made on the basis of evidence. In order to create the right framework for doing so, the European Union needs to be a driving force shaping globalisation. If the European project wishes to promote health, well-being, flexicurity and the 'European Social Model(s)' then it needs to put in place policies which not only support competitiveness (as outlined in the Green Paper), but also policies to protect citizens' health and well-being.

The European Union has committed itself to mainstreaming health in all policies (EC, 2007) and to reducing health inequalities (EC, 2009). The Green Paper makes reference to making "changes to employment protection", but it should only do this with health and well-being taken firmly into account, and with a mind to ensuring that policies work towards reducing inequalities in health. This means improving public health across the board, with particular emphasis on at-risk groups.

Restructurings at national level (e.g. the United Kingdom in the 1980s) have contributed directly to increases in inequalities in the EU (OECD, 2011b) and to the marginalisation of people with low levels of education and chronic illness from the labour market (Holland *et al.*, 2011). Given the growing consensus that increasing economic inequality has a negative effect on health (Kondo *et al.*, 2009; Wolfeson *et al.*, 1999), productivity (Kim & Sakamoto, 2008) and growth itself (Bourguignon, 2004), policies to arrest and reverse this trend need to be developed and implemented as a matter of urgency.

The pros and cons of restructuring on economic competitiveness, inequalities and health and well-being should be taken into account, as short-term gains may often be outweighed by the long-term costs. In particular, EU strategies to increase rates of employment for older workers and encourage healthy and active ageing could be derailed by rash restructuring, as it is generally



older employees with pre-existing morbidity who do not find employment post-restructuring (Kivimäki *et al.*, 2003).

How can the lessons from the crisis be disseminated and implemented?

The Green Paper devotes considerable space to short-time working practices. Given almost endemic levels of youth unemployment in some member states and long hours of work in some sectors of those in work, it may be worth evaluating the use of short-time working practices and assess the long-term feasibility of the measure as a possible solution to other challenges facing the EU, not just the current economic and social crisis. There may well be compelling reasons in terms of health and well-being for doing so.

I) Anticipating restructuring processes: Long-term strategic planning

What could be done to encourage strategic long-term and innovative approaches to the management of change, including employment and skills issues?

Restructuring has significant and negative effects on the occupational health and well-being of workers. These include psychosocial, physical injuries as well as sickness (measured both in absenteeism and hospital admission) (Di Nunzio *et al.*, 2009). The psychosocial pathways by which restructurings affect health may be explained through the demand-control model (Karasek, 1979; Karasek & Theorell, 1990), the effort-reward imbalance model (Siegrist, 1996; Siegrist *et al.*, 2004), and the organisational justice model (Elovainio *et al.*, 2002).

Employment in the EU is moving towards more passive, intense, uncertain, individualistic work; this is accompanied by some degree of 'intellectualisation' alongside the introduction of new technologies. All of this leads to increasingly stressful working conditions and, when grouped together, tell a story of worsening psychosocial work environments as a result of restructuring (Di Nunzio *et al.*, 2009: 72; German Federal Ministry of Health, 2011). Such trends need to be evaluated alongside existing differences in quality of work across welfare regime types, as member states with reliable social protection and active labour market policies have a lower level of psychosocial stress among workers than those that do not (Dragano *et al.*, 2010).

Below, we outline some of the effects of restructuring on health. These are clearly not exhaustive, and the effects thereof depend on many different factors, but they do give an indication of how policy could be developed to prevent or ameliorate the general negative effects of restructuring on health:

- Increased levels of sickness absence, sick pay and absenteeism in restructured organisations (Kieselbach *et al.*, 2009).
- An overwhelmingly negative association between outsourcing and occupational health and safety (Quinlan *et al.*, 2001).

- One and a half times higher rates of prescription of anti-psychotic drugs to males who have experienced restructuring (Kivimäki *et al.*, 2007).
- Worse physical health problems and lack of sleep suffered by managers who lay off staff (Grunberg *et al.*, 2004).
- Increased physical demands on females and low-income employees leading to possible musculoskeletal problems (Kivimäki *et al.*, 2001).
- Two and a half times greater risk of ill health amongst temporary staff than permanent staff (Virtanen *et al.*, 2005).

II) Preparing and managing restructuring: Early preparation

How can companies and their workforces be encouraged to engage in early and adequate preparation of restructuring processes favouring acceptance of change?

A holistic approach is needed which assesses the risks, identifies possible trigger points of adverse health and risks to health and safety, and then responds by taking action to make restructuring as free from risk as possible.

European workers remain as exposed to physical hazards as they did 20 years ago, while restructuring-related intensification of work, work pace determined by managers, more exacting quality control, and flexible employment practices have all increased with concomitant negative effects on occupational health (Eurofound, 2010). Health and safety is negatively affected by restructuring and increased outsourcing often leads to a decrease of influence of employees over this; as a result it may be necessary to revise legislation on division of responsibility for health and safety between clients and suppliers (Di Nunzio *et al.*, 2009).

Aside from preparing for the possible negative effects on health and safety, Dazzi & Telljohann (2009) identify the following aspects of restructuring as leading to “very serious consequences” for health more generally:

- market and customer orientation;
- standardisation and centralisation of work processes;
- increased surveillance;
- intensification of work;
- specialisation and increases in skills;
- team work;
- increased flexibility;
- restructuring of working time;
- changes in workforce consistency;
- a high rate of organisational change;
- changes in industrial relations.



The effects of these types of changes vary by intensity, sector and job type, though it is probably safe to assume that the more sudden and severe the changes to the aspects described above, the more negative the consequences for health. There is also a gender dimension to these changes, with longer working hours having greater negative effect on women in reconciling work and family life.

What best practices exist in this field?

One of the key trigger points for stress and ill-health is the announcement that restructuring will take place, as this is likely to be the period of maximum uncertainty for all employees as they try to understand the implications. Kieselbach *et al.* (2009) argue that managing the communication of messages to employees should be an essential part of the process of restructuring. In order to maintain employee trust and confidence it is important that the employer is seen to act in as open and transparent a fashion as possible. If the announcement has to be made to the financial markets first, then it is important that there be a process for ensuring that employees are informed at the same time. Di Nunzio *et al.* (2009) give a number of additional recommendations:

- Involvement of workers in influencing decisions;
- Greater focus on the welfare of employees;
- Clear and early information about changes, communicating the vision as well as the reason(s) for restructuring;
- Two-way flow of information between different levels of management and staff;
- Transparent decision-making processes, particularly when decisions are to be taken, the reasons for the decision, etc.;
- Adequate resources for the implementation of changes, including time, money, skills, and human resources;
- Early role clarification, including who does what and who will have which responsibilities post-restructuring;
- Acceptance of diversity and some conflict as part of a normal stressful situation, and responding to it as something that could promote creativity and innovation and thus improve change rather than as a threat.

Minimising the social impact

What can companies and employees do to minimise the employment and social impact of restructuring operations?

The economic and productive benefits of restructuring are not always positive: it is estimated that only 25-30 per cent of restructurings achieve planned financial and strategic objectives (Clegg & Walsh, 2004). Organisations undertaking restructuring may experience a loss of productivity, industrial action, negative public image (and resultant negative sales), difficulties



hiring ‘high-quality’ staff, and a loss of institutional knowledge - which can be fatal for the knowledge-intensive businesses that the EU is promoting (Kieselbach *et al.*, 2009). The negative impacts on health and safety may well play a part in the failure to achieve the planned-for benefits of restructuring. All of this contributes to different short and long-term outcomes at the individual and organisational level, such as psychological morbidity, early retirement, increased job strain, injuries and sickness absenteeism (Di Nunzio *et al.*, 2009).

Although restructuring has a generally negative effect on health (Di Nunzio *et al.*, 2009; Kieselbach *et al.*, 2009) in some cases it can be managed effectively and result in more positive (or less negative) outcomes. Given the EU’s legal obligations for ensuring health and well-being for all citizens, and commitments to ensuring health and safety in the workplace, the possible negative effects on health of restructuring should be factored into policy making, particularly as regards at-risk groups. In addition to promoting good and best practices, minimum standards need to be developed to balance the actual needs and benefits for the organisations involved in restructuring against the potential costs to the health of workers, their families and the communities involved. This may be achieved through introduction of mandatory health/well-being and health and safety assessments, active measures to anticipate threats to health and well-being, and measures to prepare for and mitigate potential negative outcomes.

GENERAL COMMENTS

Do you have any other comments or remarks?

Disclaimer: This consultation response does not necessarily represent the views of all EuroHealthNet’s members. Individual members reserve the right to submit their own response to this consultation.

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