European Agency for Safety and Health at Work

Psychosocial risk prevention – strategies and legislation | Spain

National report





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1 Introduction

This report examines national approaches to work-related psychosocial risks (PSRs) in Spain, 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 larger study of 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 report relies on data gathered through desk research and semi-structured interviews. During July and September 2024, seven interviews were conducted: two interviews with government representatives, one interview with a trade union representative, one interview with a representative from an employers' organisation, one interview with an academic expert, one interview with a Labour Inspectorate representative and one interview with an external prevention services representative. 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

In terms of the prevalence of PSRs at work in Spain, various sets of data over time help to provide an approximate overview of the current situation of PSRs in the workplace and their impacts.

According to data from the General Treasury of Social Security, in 2019 work stress was the cause of 30% of sick leave in Spain. Forty per cent of workers and more than half of the self-employed declared they were suffering from stress, causing them to be 60% less efficient at work. Seventy-two per cent of the interviewed workers reported that their workplace did not offer any health and wellbeing programmes specifically addressing PSRs (Martinez, 2020). Furthermore, 42% believed that existing programmes primarily focused on physical rather than mental wellbeing, indicating a potential gap in addressing comprehensive workplace health needs (Martinez, 2020).

The 2021 European Working Conditions Survey (EWCS), conducted by Eurofound, found that the most prevalent PSRs in Spanish workplaces related to direct interaction with customers, pupils and patients (65%), followed by working at a very high speed (48%) (EWCS, 2021). Spain is also characterised by one of the highest rates of job insecurity (26%) and a relatively high prevalence of work intensity (40%) (EWCS, 2021).

Table 1: Health and wellbeing at work, Eurofound 2021 (%)

Psychosocial risk factors	EU	ES
Work involving dealing directly with customers, pupils and patients	47	65
Working at very high speed	49	48
Working to tight deadlines	49	47
Prevalence of work intensity	38	40
Prevalence of unsocial working hours	32	31
Job insecurity	12	26
Difference between usual hours and expected hours per week (%, more hours than expected)	32	22
Exposure to emotionally disturbing situations	23	17
Discrimination at work	12	12

¹ To ensure full anonymity we use the pronoun they/their when referring to interviewees, so as not to compromise them by revealing their gender. See APA guidelines on singular 'they' (<u>https://apastyle.apa.org/style-grammar-guidelines/grammar/singular-they</u>).

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Psychosocial risk factors	EU	ES
Adverse social behaviours	15	8
Verbal abuse	11	7
Physical violence	7	3

Source: Eurofound, 2021

As observed in Table 1, job insecurity is a pressing issue in the Spanish context. In this regard, according to a study led by the academic Joan Benach and commissioned by the Spanish government, a pragmatic approximation showed that 11.9 million people (50.8% of the active population) in Spain were in a situation of job insecurity: almost 9 million of whom were salaried, 1.2 million were self-employed and 2.6 million were unemployed having previously worked (Ministerio de Trabajo y Economía Social, 2023). Job insecurity mainly affects workers and self-employed workers in the service sector, migrants, women, young people and people with a low level of education (Ministerio de Trabajo y Economía Social, 2023). In fact, one in four workers believed they could lose their job within the next six months, and one in seven cases of depression could be attributed to job insecurity. The study asserts that in Spain (based on 2020 data) people in more precarious employment situations, including the unemployed, face a higher risk of depression compared to the ones not being in a precarious situation. It is estimated that nearly 170,000 of the 511,000 cases of depression among the working population, with 33.2% attributable to work-related factors, could have been prevented if those in precarious employment situations (including the unemployed) had stable jobs.

Moreover, this study was intended to explore the relationship (and social gradient) between job precarity and poor mental health in the working population, with especially intense effects among certain groups (young people, immigrants, women, workers with lower levels of education, etc.) (Comisión de personas expertas sobre el impacto de la precariedad laboral en la salud mental en España, 2023). The different dimensions of precariousness generate high risks of suffering from mental health problems. The study reveals that the impact on mental health is more than double among the most precarious workers and that the worst situations are observed among women, immigrants and young people. In the same line of thought, another study within the academic field concluded that ensuring adequate employment conditions could reduce cases of poor mental health by 60% among female workers and by 80% among male workers (Zapata & Hernandez, 2022).

A report published in 2023 by the Instituto Nacional de Salud y Seguridad en el Trabajo presented the findings of the special module of the labour force survey that revealed that 32% of respondents reported being exposed to time pressure or work overload that they identified as detrimental to mental health (INSST, 2023a). Additionally, 16% identified difficult interactions with customers, patients, students and so on as factors affecting their mental health. The sectors most exposed to PSRs were transportation and storage, financial and insurance activities, public administration, and health and social care services.

The COVID-19 pandemic and increased digitalisation have further exacerbated risks in the workplace, with remote working arrangements and greater digital connectivity heightening some risk factors, particularly ergonomic and psychosocial ones. While giving rise to new PSRs and intensifying others, the pandemic also marked a significant turning point for mental health, spurring debate and reducing the stigma around mental health-related issues, thereby placing it at the forefront of public and political agendas. EU-OSHA's 'Flash Eurobarometer – OSH Pulse' survey (2022), gives insights into occupational safety and health (OSH) in post-pandemic workplaces. The findings of that survey revealed that one of the major effects of the pandemic on PSRs in Spain was that the pandemic had made it easier to talk about mental health at work (64% of interviewees). However, stigma remains and 56% think that revealing a mental health problem at work would have a negative impact on their career. Moreover, 50% of interviewed workers in Spain reported that their work stress had increased due to the pandemic (EU-OSHA, 2022a). In the case of PSR management, the European Survey of Enterprises on New and Emerging Risks (ESENER) conducted by EU-OSHA is a key data source. According to the

2019 ESENER data (EU-OSHA, 2019), in Spain, 38% of surveyed establishments reported having an action plan to prevent work-related stress, 46% had a procedure in place to handle potential cases of bullying or harassment, and 53% had a procedure for addressing threats, abuse or assaults by customers, patients, pupils or other external parties in establishments with at least 20 employees. Among establishments that regularly conduct risk assessments, 58% indicated they had sufficient information on how to incorporate PSRs into their assessments. Allowing employees to take more decisions on how to do their job emerged as the most commonly adopted measure to prevent PSRs in Spain (ESENER, 2019).

The public administration interviewees agreed that the sectors most affected by PSRs are the ones that are more exposed to the general public and demanding jobs in the healthcare, social care and educational sectors. These sectors are also the ones with less flexibility in terms of working hours. The trade union representative interviewed reported that since the health crisis there had been a rise in both quantitative (more working hours) and qualitative (higher productivity) labour demands, but without a return to previous working conditions. This suggests a deterioration in working conditions that negatively impacts the quality of life for workers. Additionally, an academic expert interviewed highlighted the fact that PSRs are distinctive in that their presence can lead to the emergence of further risks. When these risks emerge in a workplace, they not only exacerbate existing issues but also give rise to new ones in that environment. This cyclical nature emphasises the need for proactive management and effective prevention strategies. The academic expert also emphasised the fact that mental health and PSRs are both still strongly stigmatised, and that these issues are still subject to a lot of prejudices and are underrecognised or ignored even by the person suffering from such a disorder.

In terms of socioeconomic costs, while there are no official or fully reliable data, different insights can be used to obtain an approximation of the socioeconomic costs of PSRs at work in Spain. Various entities and academics have attempted to provide an estimate of the socioeconomic costs, both in terms of sick leave and productivity. A study conducted by one of the main trade unions in Spain — Unión General de Trabajadores (UGT) - in 2014 reported that the direct healthcare costs of work-related mental and behavioural disorders in Spain in 2010 ranged between €150 million and €372 million (Observatorio de Riesgos Psicosociales, 2019). This accounted for 0.24% to 0.58% of Spain's total healthcare expenditure for that year. More recent studies (Observatorio Zeres, 2023) estimate that the overall cost of PSRs and work-related stress in Spain for 2023 was approximately €30 billion, covering costs related to productivity losses, increased healthcare expenses, absenteeism and turnover. According to the Association of Mutual Accident Insurance Companies (AMAT), work-related stress alone accounts for nearly 25% of sick leave, resulting in an annual loss of more than €25 billion. In addition, it is estimated that €55 billion in potential revenue is lost due to worker absences. Therefore, when actual losses and lost revenue are taken together, the total cost amounts to €80 billion per vear as a result of these causes (Seguridad Laboral, 2022). The relatively high numbers could be explained by the fact that sick leave related to mental health issues has an average duration of 108 days (one of the longest periods of sick leave after that relating to tumours and circulatory problems) (UGT, 2024). However, all of the above are only estimates, and the lack of reliable and rigorous data monitoring is something that has been identified as one of the main gaps in Spain.

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

In Spain, a wide range of stakeholders is involved in the design and implementation of policies and regulations on OSH. This section provides an overview of the main national stakeholders, and their roles and responsibilities.

The **Ministry of Labour and Social Economy (Ministerio de Trabajo y Economía Social, MITES)** serves as the primary regulatory body responsible for formulating and implementing legislation on workplace safety and health, including PSR prevention. National measures such as the National Strategy for Safety and Health at Work fall under the responsibility of the ministry and provide overarching frameworks for addressing PSRs. In terms of jurisdiction, although it is controlled at national

level, it is implemented at regional level through the regional authorities of the different autonomous communities in Spain. In fact, the latter collaborate with national agencies, ensuring the enforcement and implementation of PSR prevention measures within their respective territories.

The National Commission for Safety and Health at Work (Comisión Nacional de Seguridad y Salud en el Trabajo, CNSST) was established under the Prevention of Occupational Risk Law (Ley de Prevención de Riesgos Laborales, herein after referred to as LPRL) of 1995 as the advisory body for Spanish public administrations in developing prevention policies and as an institutional forum for matters related to workplace safety and health. It comprises representatives from the General State Administration, the autonomous community administrations, employers' associations and trade unions. The CNSST brings together all the key stakeholders involved in improving working conditions and the quality of the workplace in Spain, serving as a critical platform for shaping and implementing prevention policies. The CNSST functions in a plenary session, in a permanent committee, and various working groups, all governed by the body's internal operating rules. Decisions are adopted on the basis of a majority vote, with representatives from public administrations (General State Administration and Autonomous Communities) having one vote each, while representatives from employers' associations and trade unions have two votes. The CNSST operates as a quadripartite body in terms of its composition but functions as a tripartite entity.

Additionally, the **National Institute for Safety and Health at Work (Instituto Nacional de Seguridad y Salud en el Trabajo, INSST)** acts as the General Secretary of the CNSST, to which it provides the technical and scientific assistance necessary for the development of its competencies as a technical scientific body specialised in occupational risk prevention. The institute's role is to analyse and evaluate OSH conditions, to promote and support the improvement of OSH in companies, and to produce scientific-based material in the field to allow for informed decisions at governmental level. In more detail, the institute provides research support, guidance and resources to facilitate PSR prevention efforts by offering valuable insights, data and best practices to inform evidence-based decision-making in this field. In terms of technical materials, the INSST produces the so-called Technical Prevention Notes (*Notas Técnicas de Prevención*, NTPs) that are intended to provide guidance and support for the implementation of legislation.

The Spanish National Labour Inspection Authority (Inspección de Trabajo y Seguridad Social, ITSS) is organised in accordance with Law 23/2015 organising the Labour and Social Security Inspection System under the authority of the MITES. In addition to overseeing compliance with labour and social security regulations, this body also provides advice and, where appropriate, conciliation, mediation and arbitration services in such matters. It is important to note that although the national level body (i.e. the ITSS) is funded by the MITES, there are two independent (both in terms of funding and functioning) regional Labour Inspectorates in Catalonia and the Basque Country. Similarly to the INSST, the ITSS has among its responsibilities 'the definition of common technical and operational criteria for the development of the inspection function in application of the general objectives defined by the Sectoral Conference'. As a result, the ITSS provides certain technical criteria to all interested stakeholders, such as companies and citizens, with the aim of informing them about the interpretations made by this governing body regarding certain issues related to labour regulations in the performance of its functions. Moreover, the ITSS may act and intervene with regard to the management of PSRs in the following circumstances: for example, on the occasion of PSR prevention campaigns, in response to specific complaints regarding a lack of prevention and other actions, and on the initiative of the Labour and Social Security Inspection.

The Spanish system also includes the so-called **Mutuas** that are **Mutual Insurance Companies for Occupational Accidents and Diseases of the Social Security System (hereinafter referred to as Mutuas)**, which are non-profit entities that collaborate with the Social Security and operate under the supervision and monitoring of the MITES. Their primary function is to cover expenses related to occupational accidents and diseases that employers are required to insure. They also provide services for the health monitoring of workers and manage the subsidies for temporary disability resulting from common illnesses. Mutuas can also carry out preventive activities for their affiliated companies, both in the realm of professional contingencies coverage and by acting as external prevention services. Employers have the freedom to decide whether to insure the above risks directly with the INSST, but most have coverage with Mutuas.

Another important player in the OSH system in terms of prevention is the **Health and Safety representative** in companies. This role was created under **Law 31/1995** on the LPRL to ensure adequate safety and health conditions at work by representing workers in the prevention of occupational risks. Prevention delegates are elected from among the staff representatives and the number of such delegates varies according to the size of the company. In companies with fewer than 30 workers, the prevention delegate is the same person as the staff representative. Where there are 31 or more workers there is an obligatory number of prevention delegates, which increases in line with the number of staff (up to eight for more than 4,000 workers). Their competencies include collaborating with the company's management in improving preventive measures and promoting and encouraging the cooperation of workers in the implementation of occupational risk prevention regulations. They are also consulted on actions or decisions that may have substantial effects on the safety and health of workers and they are responsible for monitoring and controlling compliance with occupational risk prevention regulations (Ministerio de Trabajo y Economia Social, n.d.).

As regards the social partners, of all the Spanish trade unions, the two with the largest representation are: **the General Union of Workers (UGT)** and the **Workers' Commissions (Comisiones Obreras, CC.OO)** with the majority of affiliated workers. These unions represent nearly 75% of elected workplace representatives, that is, 297,874 in 2023, being 8.3% higher than at the end of 2019, just before the pandemic. Membership can be broken down as follows: 35% are affiliated with the CC.OO and 32% with the UGT, making these two trade unions the main representative bodies of workers in Spain. Trade unions support workers' rights and actively participate in negotiating collective agreements that address PSRs. They contribute to awareness-raising efforts, training initiatives and policy development aimed at promoting a safe and healthy work environment.

The Trade Union Institute of Work, Environment and Health (Instituto Sindical de Trabajo, Ambiente y Salud, ISTAS — nowadays merged in Fundación 1° de Mayo) is an autonomous foundation of the CC.OO trade union and provides technical support, with the general objective of promoting social progress activities for the improvement of working conditions, the protection of the environment and the promotion of the health of workers in the Spanish state. ISTAS was created in 1996 and since then has carried out research projects and developed tools to improve working conditions at work, including intervention guidelines for PSR prevention.

Both these trade unions work in close cooperation with the government. This cooperation is carried out mostly through the **State Foundation for the Prevention of Occupational Risks (La Fundación Estatal para la Prevención de Riesgos Laborales, FUNPRL)** that was created pursuant to the fifth Additional Provision of the LPRL, Law 31/1995 of 8 November 2005. This law set forth the creation of a foundation, attached to the CNSST, under the protectorate of the Ministry of Inclusion, Social Security and Migration (today, Ministry of Labour and Social Economy), with the participation of both public administrations and the most representative organisations of employers and workers, with the primary purpose of promoting activities aimed at improving safety and health conditions at work, especially in small and medium-sized businesses.

As regards employers' associations, the **Spanish Confederation of Employers' Organisations** (CEOE) and the **Spanish Confederation of Small and Medium Enterprises (CEPYME)** collaborate in developing policies, guidelines and tools to support PSR management at organisational level. The CEPYME is recognised as the most representative business organisation at state level taking into account the fact that SMEs represent 99.8% of companies in the country and 62% of the workforce (Ministerio de Industria y Turismo, 2024). The CEOE voluntarily integrates two million companies and self-employed workers from all sectors of activity that are linked to the CEOE through more than 4,500 broad-based partnerships (i.e. organisations that bring together companies and entrepreneurs from a specific sector of the economy or a particular geographic region).

3 Legislative and non-legislative measures

3.1 National legislative and strategic approaches to PSRs

3.1.1 National PSR legislation

The European Framework Directive 89/391-EEC, transposed in Spain by the LPRL, establishes the obligations of companies regarding risk prevention management, focusing on the design and implementation of prevention plans by conducting appropriate assessments and planning and implementing preventive measures. The general obligations contained in Chapter III of the LPRL on Rights and Obligations, in its Articles 14 to 29, are derived from the right of workers to effective protection in matters of safety and health at work and the company's corresponding duty to provide such protection. This right is materialised in the employer's obligation to identify and evaluate PSRs, to implement adequate preventive measures in this regard, and to train and inform workers about PSRs.

Although the LPRL does not explicitly refer to PSRs, Spanish jurisprudence has recognised its applicability to all types of occupational risks, including PSRs. According to the interviewed academic expert, the LPRL brought about a fundamental shift by changing the conceptualisation of OSH from merely 'safety and hygiene' to 'safety and health'. This broader perspective encompassed elements such as wellbeing and mental health, leading to the inclusion of PSRs as occupational risks.

In addition, the **Royal Decree 39/1997** on the **Regulation of Prevention Services** (Reglamento de los Servicios de Prevención, hereinafter referred to as the **RSP**) sets out specific requirements for risk assessment methodologies and the implementation of preventive measures.

The **RSP** builds on the LPRL by setting minimum safety and health requirements for workplaces, including measures specifically targeting PSRs. It highlights the need for thorough assessment and intervention on these issues by professionals trained in applied psychosociology. The **RSP** outlines obligations for organisations to implement risk assessment methodologies, training programmes and preventive measures tailored to their specific contexts. Article 37 further emphasises that health personnel within the prevention service must evaluate the health monitoring data of workers using epidemiological criteria and collaborate to identify links between workplace risks and health outcomes, recommending improvements. Additionally, the regulation specifies that individuals responsible for PSR-related training at a higher level must complete at least 40 hours training focused on 'Ergonomics and Applied Psychosociology'.

Although these laws do not apply directly to self-employed workers, the latter must still comply with certain obligations regarding the prevention of occupational risks especially when working in coordination with other companies. These obligations include assessing occupational risks, adopting preventive measures, and collaborating with the companies with which they share workplaces or activities.

The duty of PSR protection is also based on the protection of several fundamental rights included in various pieces of legislation:

- The **Spanish Constitution** through the right to physical and moral integrity, and the right to due consideration for dignity, privacy and equal treatment and non-discrimination.
- Article 32 of Law 33/2011 on General Public Health stipulates that occupational health must aim to achieve the highest degree of physical, mental and social wellbeing of workers in relation to the workplace characteristics and risks, the work environment and its influence on its surroundings, while promoting preventive, diagnostic, treatment, adaptation and rehabilitation aspects of the pathology produced or related to work.
- The Order of the Ministry of Employment and Social Security ESS 1451/2013 of 29 July 2013 (transposing Directive 2010/32/EU and signed by public and private stakeholders) establishes provisions to prevent injuries caused by sharp instruments in the health and hospital sector. It is however important to note that in terms of prevention of PSRs this order represents the first legal

document with an explicit, textual and concrete mention of the obligation to evaluate PSRs. Although this duty already existed in the LPRL (in Article 16.2), it was in a generic and not in a specific way.

The Workers Statute (Royal Decree Law 2/2015) addresses risk prevention within labour legislation. It establishes not only the right of workers to adequate risk prevention, safety and hygiene protection, and the safeguarding of their privacy and protection against discrimination, but also an obligation for employers to promote worker safety and training in this field. This statute also regulates collective agreements establishing the legal basis for collective bargaining in Spain. They can be negotiated at different levels: company, sector or inter-sector. Collective agreements in Spain play a crucial role in the legal framework governing labour relations and employment conditions. Once agreed upon, collective agreements are binding on the parties involved, meaning that both employers and workers must adhere to the terms laid out in the agreement. This binding nature gives these agreements a quasi-legal status, effectively shaping labour relations.

Furthermore, the progressive digitalisation and intensive use of information and communication technologies (ICTs) have modified the content and organisation of work in an extraordinary way. The use of ICTs configures and transforms, to a large extent, the materialisation of PSR factors. For this reason, in line with European legislation on data protection, Article 88 of Law 3/2018 on the Protection of Personal Data and Guarantee of Digital Rights recognises the right of workers to digital disconnection. The purpose is to guarantee that the rights of workers are respected with regard to rest periods, including also holidays, as well as with regard to their personal and family privacy outside of legally or conventionally established working hours. This law requires all companies and organisations, both public and private, to guarantee the right to disconnect to all workers. Concretely, it stipulates that all employers are required to:

- develop an internal digital disconnection policy;
- consult with the workers or their representatives in advance;
- establish concrete measures to promote digital disconnection;
- implement availability rules in the jobs that require it; and
- develop training and awareness actions for the entire workforce.

However, this inclusion has been criticised as being very generic and insufficient, merely enshrining the right without providing further substance. The law leaves it to collective bargaining or agreements between companies and worker representatives to create mechanisms for regulating the use of digital tools to ensure respect for rest periods (see section 3.3).

In October 2020, Royal Decree Law 28/2020 on teleworking came into force. After being validated by Congress by a large majority, it was passed as a law by Parliament. As a result, Decree Law 28/2020 has now been tacitly repealed by Law 10/2021 of 9 July on remote work (BOE of 10 July), which came into force on 11 July 2021.

This law stipulates that the risk assessment and prevention of occupational risks in relation to remote working must consider the specific risks of such working arrangements, emphasising the importance of psychosocial factors and the right to disconnect. This law also defines teleworking as 'remote work that is carried out through the exclusive or prevalent use of computer, telematic and telecommunications means and systems'. The 2021 amendment refers to the planning of preventive action for remote working, indicating that its characteristic risks must be taken into account, requiring special attention to be paid to the psychosocial, ergonomic and organisational factors and accessibility of the environment with a particular focus on the distribution of work throughout the working day, availability times, and guaranteed rest breaks and disconnection time during the working day.

In terms of the risk assessment of PSR factors, although there is no specific regulation that indicates or specifies the methods and subsequent planning of preventive action, the method used must comply with a series of legal requirements. According to the ITSS **Technical Criterion No. 104/2021** on actions of the Labour and S.S. Inspection on Psychosocial Risks, the risk assessment of PSR factors must be governed by the same rules as other occupational risks, and therefore:

- The company management must be involved in its implementation (Article 15.1.b LPRL) and workers must be consulted about it (Article 33 LPRL).
- It must cover all jobs, since PSR factors are present in all of them (Article 4.1 RSP), including jobs carried out by personnel from temporary employment companies hired by the user company, in accordance with the provisions of Article 28.5 LPRL and Article 16 of Law 14/1994 of 1 June 1994, which regulates temporary employment companies.
- The training requirements of the technicians who carry out risk assessments are the same as those governing other preventive measures (Articles 34 to 37 RSP). Some techniques require the establishment of a measurement strategy to guarantee that the results obtained effectively characterise the situation being assessed, or a non-mechanical interpretation or application of the risk assessment criteria. In these cases, a level of qualification appropriate to the performance must be available for higher-level functions and assess the viability of the methodology to be used.

Overall, Spanish legislation provides a comprehensive framework for addressing PSRs through the LPRL and supporting regulations. While PSRs are not explicitly defined in the LPRL, evolving interpretations and additional regulations, such as Royal Decree 39/1997, reinforce their inclusion within occupational safety management. Recent updates have addressed challenges such as digitalisation and remote working, with the right to digital disconnection and protections under the Law on Remote Working.

In terms of including a definition within the law, although most interviewees believe that more precise specification within the law would be beneficial, it is important to understand that a definition can also be a limiting factor. In this regard, the representative from the INSST described PSRs as ever-changing elements and underscored that PSRs are shaped by organisational conditions and interpersonal relations and have evolved significantly since the 1989 directive under the influence of factors such as digitalisation and diversity. Moreover, they stressed that these risks are not static and should be seen as dynamic, arguing that it is therefore critical to assess workloads, the pace of work, autonomy and knowledge demands to improve working conditions. Additionally, they highlighted that PSRs affect not only mental health but also physical health, contributing to musculoskeletal issues and cardiovascular diseases.

All of the interviewees involved in this report concurred that European initiatives and measures, both legal and non-legal, consistently trigger positive responses at national level. These initiatives enhance proactivity in addressing issues, as they carry more prestige and are often perceived as more credible than national efforts.

3.1.2 Occupational diseases related to PSR exposure and mental health aspects

The General Social Security Law (LGSS), approved by the Royal Legislative Decree 8/2015 of 30 October 2015, distinguishes between two types of professional contingencies:

- Occupational accidents: this category is broadly defined, encompassing any physical or bodily injury and mental illness directly or indirectly caused by work activity. Its legal framework is more open and adaptable, allowing for a wide range of work-related conditions to be considered within its scope.
- Occupational diseases: in contrast, this category is defined more narrowly with a restrictive legal framework. It applies only to diseases pre-identified in a list of occupational illnesses resulting from work activities that involve exposure to specific elements or substances, as outlined in the table contained in Annex I of RD 1299/2006. Jurisprudence requires three criteria to be met for a disease to be considered an occupational disease:

- 1. the disease must have been contracted as a direct result of work performed as an employee;
- 2. it must occur within one of the professional activities specified by regulation; and
- 3. the disease must be caused by exposure to specific elements or substances designated for that disease.

While 'work-related diseases' that are not listed as occupational diseases do not fit within this framework, they are still recognised under Article 156.2(e) of the LGSS. This provision includes conditions such as mental health disorders caused by PSRs at work, which are not on the official list of occupational diseases. When it can be demonstrated that these conditions have an exclusively work-related cause, they are treated as diseases contracted as a result of work and are comparable to occupational accidents in terms of recognition and eligibility for support. However, they are not granted the formal status of officially recognised occupational diseases.

According to literature, the main consequence of this classification is that, unlike physical injuries sustained suddenly and violently at work (Article 156.1 of the LGSS) or injuries incurred during working hours and on work premises (Article 156.3) that benefit from a presumption of occupational origin, mental health diseases contracted as a result of work require proof from the worker. It is not enough for such diseases to manifest themselves during work (Hernandez, 2020). Concrete and scientific evidence of exclusive causality is required. This means that a worker affected by a work-related mental illness must demonstrate and justify the causal link between their work and the psychological condition for it to be recognised as a work-related disease. Although jurisprudence acknowledges the 'theory of multicausality' — considering various factors such as the worker's personal characteristics, company structure, interaction with management, work environment, and the broader social, organisational and environmental context — proof is still required that the illness was caused exclusively by work.

This limited regulatory recognition means that when cases are examined by Public Health Services, collaborating with Mutuas or the INSST, they are not initially classified as illnesses caused by work, but rather as illnesses stemming from common contingencies.

In this context, Spain's catalogue of occupational diseases has not been updated to include PSR-related diseases since 2006, despite ongoing political debate in recent years.

According to an INSST (2022a) report, out of a total of 64,185 reported cases of non-traumatic pathologies (between the years 2011 and 2021), 1.64% are mental disorders (1,053 reported cases).

Moreover, several interviewees pointed out a growing judicial trend whereby courts are increasingly handling cases that aim to redefine certain issues as primary causes, thereby classifying them as work-related conditions, such as occupational diseases or workplace accidents. This trend is particularly notable in the Basque Country. A representative from the Labour Inspectorate pointed out that Basque courts have handed down numerous rulings in this direction, with PSRs gradually becoming more standardised within judicial discussions and considerations.

3.1.3 National strategic approaches to PSR prevention

The Spanish Occupational Safety and Health Strategy 2023-2027 builds on the previous 2007-2012 and 2015-2020 strategies (Carnero & Pedregal, 2013; INSST, n.d.b) and takes orientation from the European Strategic Framework for Safety and Health at Work (2021-2027), in particular to the objective of anticipating the risks arising from the digital, ecological and demographic transitions. Its lines of action have also been aligned with other national strategies and plans in key areas such as mental health, gender equality, occupational cancer, road safety and climate change. The 2007-2012 strategy emphasised a comprehensive approach to risk prevention and improving the quality of working life. Its key objectives included strengthening the regulatory framework, increasing compliance with OSH standards, and promoting education and training in risk prevention. The 2015-2020 strategy focused on reducing workplace accidents and illnesses, fostering a culture of prevention, strengthening the social dialogue and enhancing working conditions across sectors.

The 2007-2012 and 2015-2020 strategies laid the groundwork for the 2023-2027 strategy by fostering strong institutional coordination, promoting a preventive workplace culture and enhancing regulatory compliance. These earlier strategies established collaboration among the social partners and laid the foundations for addressing workplace risks. Building on these, the 2023-2027 strategy seeks to address challenges posed by the digital transition, climate change and demographic trends, with a particular focus on mental health and PSRs in the workplace.

The 2023-2027 strategy has been designed with the impartiality and technical independence of the CNSST.

The strategy's action plan includes numerous measures in relation to PSRs, including a review of current legislation (the LPRL and RSP) (INSST, 2024). In more detail, the strategy has six objectives and the subsequent measures included in the Action Plan 2023-2024. Each measure includes process and/or result indicators, which will facilitate the monitoring, promotion and evaluation of the strategy in compliance with the mandate of the 'Spanish Occupational Safety and Health Strategy' Working Group of the CNSST.

An overview of all of the objectives is provided below, including more details for the parts where there is a specific mention of mental health and PSR prevention at work. Each objective includes a range of measures:

- Objective 1: Improving the prevention of work accidents and occupational diseases
- Objective 2: Managing changes resulting from new forms of work organisation, demographic changes and climate change
- Objective 3: Improving safety and health management in SMEs
- Objective 4: Strengthening the protection of workers in situations of greater risk or vulnerability
- Objective 5: Introducing the gender perspective in the field of safety and health at work
- Objective 6: Strengthening the National Safety and Health System to successfully face future crises

Under Objective 2 'Managing changes resulting from new forms of work organisation, demographic changes and climate change', multiple lines of actions and measures address PSRs in the workplace. They refer to the revision of the current legal framework to further integrate PSR prevention measures, such as the ITSS enforcement campaigns with a specific focus on compliance with the new teleworking legislation in relation to PSRs. In this regard, the intention is to develop criteria and tools (e.g. training programmes, guidelines, evaluation methods) to help companies (especially SMEs) manage PSRs at work, with a particular focus on PSRs resulting from digitalisation and new forms of work. Additionally, the particular lines of action include carrying out research to obtain an overview of the mental health situation in Spanish workplaces and establishing a working group within the CNSST exclusively dedicated to this research, as well as deepening and broadening knowledge of the impact and consequences of the COVID-19 pandemic on work and mental health issues.

Under Objective 4 'Strengthening the protection of workers in situations of greater risk or vulnerability', from a sectoral perspective, there is a line of action (n^o 4.3) dedicated exclusively to the improvement of the protection of workers in the health and social care sector, with an additional focus on home assistance services. This line of action provides for four measures to be implemented between 2023 and 2027. These measures are designed to improve knowledge of PSRs, provide guidance for risk assessment procedures, improve collaboration between the different actors, and develop training programmes and implement PSR information campaigns.

Lastly, under Objective 6 'Strengthening the National Safety and Health System to successfully face future crises', apart from crisis management measures, line of action nº 6.6 dedicated to the promotion of collective negotiation includes a measure on promoting the adoption of OSH agreements in the field of collective bargaining, many of them having a direct or indirect link to PSRs and mental health:

- digital disconnection (European framework agreement of the social partners on digitalisation),
- addiction prevention and intervention plans,

- reincorporation of workers after having a long-term illness with special attention paid to cancer,
- taking the gender perspective into account in OSH issues,
- occupational risk prevention training,
- promoting the improvement of a preventive culture in companies,
- ageing of the active population,
- coordination of business activities,
- PSR preventive management,
- promoting collective health monitoring,
- preventive disability management, and
- remote working.

The Spanish Occupational Safety and Health Strategy 2023-2027 is not a static framework. On the contrary, it is continually enhanced and refined through a dynamic social dialogue involving the key stakeholders. This ensures that the strategy remains relevant and adaptive to changing workplace needs and challenges. On 12 February 2024, a round-table discussion took place, bringing together the social partners, including trade unions and public administrations. This dialogue focused on integrating critical areas into the strategy's implementation: PSRs and related mental health issues, the gender perspective, and the organisation and preventive management of occupational risks, with a particular emphasis on SMEs.

The key takeaways from this discussion demonstrate the ongoing efforts to strengthen the strategy's impact:

- the need to update occupational risk prevention legislation to reflect new forms of work and risks, particularly those associated with digitalisation, ICTs and changing work organisation;
- integrating age and generational diversity considerations into preventive management strategies to ensure inclusivity;
- reducing reliance on external prevention services by encouraging in-house efforts within companies, while addressing declines in prevention resulting from past labour reforms;
- strengthening protection against PSRs through a gender-sensitive approach in prevention, identification, evaluation plans, health monitoring and training content; and
- advancing the integration of occupational risk prevention measures specifically tailored to the needs of SMEs.

This ongoing dialogue reflects a steadfast commitment to refining and enhancing Spain's national strategy, ensuring that it remains comprehensive, inclusive and capable of addressing modern workplace challenges.

3.2 Measures supporting the implementation of PSR legislation

As the main body of legislation regulating PSRs (i.e. the LPRL and RSP) dates from the late 1990s, nonlegislative measures have been the focal point of keeping up with the latest developments in the field of PSRs, for example by:

- developing and updating definitions of PSRs in general, integrating new and emerging risks;
- identifying the drivers of change; and
- developing tools to support adequate PSR prevention in the workplace.

As a result, non-legislative measures, including guidelines, training programmes and awareness campaigns, have complemented legislative efforts by providing practical guidance and resources to employers and workers. Therefore, measures implemented by both the public administrations and social partners have been the most decisive driver in tackling or at least recognising PSRs in the workplace.

Although the INSST started carrying out national surveys on working conditions in 1987, it was not until the third edition of the survey in 1999 that a section specifically dedicated to elements related to PSRs, such as work content, work time, work participation and communication, among others, was included (INSST, 1999). Since then PSRs have been systematically covered and furthermore included in a more thorough way. For example, in the fourth edition of the survey, PSRs were addressed in a more comprehensive manner by including 10 new elements in the section, such as job insecurity, work–family conflict, physical violence, threats of violence and harassment behaviours. In parallel, the INSST started publishing technical notes (i.e. factsheets with technical information on different topics) in relation to PSRs from 1986 onwards. The ones dating from the 1980s and 1990s were dedicated to mental workload, work satisfaction and work stress, and progressively started covering new and emerging risks such as 'burn-out' and 'technostress' from 2005 onwards. Although scientific evidence on the existence and consequences of PSRs has long been present in Spain, PSRs have not always been at the top of the political agenda, and both legislative and non-legislative measures have progressed at a slower pace.

A significant milestone in the prevention and evaluation of PSRs at national level was the initiative of the European Commission, through the Senior Labour Inspectors Committee (SLIC), to design and coordinate an inspection campaign dedicated to the evaluation of PSRs implemented at national level by the ITSS (Ministerio de Inclusión, Seguridad Social y Migraciones, 2012). The latter resulted in one of the first action guides published by the ITSS, with the collaboration of the INSST, on PSRs in 2012. These action guides were an important first step towards the recognition and integration of PSRs in the OSH system. Since then, public administrations and the social partners have implemented measures and regularly updated the material so as to adapt it to all transformations of forms of work, as well as changes in the nature and scale of PSRs.

As explained in section 3.1.1, Spanish law does not provide a specific definition of PSRs. However, definitions and related concepts can be found in the policy and/or technical documents, guidelines and toolkits addressing occupational risk prevention in the country. According to the INSST 'Basic guidelines for the management of PSR', there is not a specific definition but rather a relatively homogeneous set of co-existing classifications (INSST, 2022b). Moreover, there is a broad and reasonable scientific and technical consensus based on theoretical models with empirical evidence, referring basically to the demand-control-social support model (Karasek, 1979; Johnson et al., 1988) and the effort-reward model (Siegrist, 1996). The prevention approach mostly referred to throughout policy documents in Spain is the so-called European Framework for Psychosocial Risk Management (PRIMA EF), proposed by a consortium in which different European institutes participate together with the International Labour Organisation (ILO) and the World Health Organisation (Leka & Cox, 2008).

Both the INSST and trade unions have regularly developed materials over the years. They have designed and implemented awareness campaigns for a wide range of sectors and population groups and developed technical materials to inform further action in the field. The INSST has a repository of almost 150 materials produced in relation to PSRs across sectors and population groups that includes (INSST, n.d.a):

Technical documents (technical studies and situation analysis): there are around 40 of these documents related to PSRs in the workplace, containing specialised information in the form of regulations, practical guides, toolkits, recommendations and statistical reports, among others, that ensure technical and scientific rigour. The most recent ones have been dedicated to mental health, the challenges of digitalisation, digital platforms, display screen units, the impact of the COVID-19 pandemic (focused on healthcare personnel), teleworking and so on. Moreover, these technical documents target sectors and/or population groups, for example, some of the latest publications target call centre personnel, the hospitality sector, domestic services (e.g. housekeepers), care services (hospital personnel, the elderly care sector), and the road transport sector, among many others.

- NTPs: according to the INSST repository, there are around 65 technical factsheets on PSR-related topics. As these documents are thematic and specialised, they cover a wide range of areas and are exclusively dedicated to specific topics and/or groups such as work-family balance, age and generational diversity in safety and health management, PSR factors associated with new forms of work, new technological tools for psychosocial intervention and sexual harassment in the workplace. More importantly, NTPs provide technical and scientifically based definitions and generation processes for different PSRs (existing, as well as new and emerging ones) and their consequences, as well as instruments for their measurement, risk assessment and prevention (e.g. burn-out syndrome, technostress, etc.). Additionally, these documents target a wide range of population groups and/or sectors.
- Awareness-raising materials including posters, pamphlets, brochures and videos. According to the INSST repository, there are around 35 communication materials directed at both workers and employers. They cover a wide range of topics (i.e. teleworking, remote working, digital disconnection, hyperconnectivity, stress and fatigue, equality plans to integrate the gender perspective into OSH) across a wide range of sectors and population groups such as telemarketers, healthcare workers, fast food delivery services through digital work platforms, drivers (i.e. ambulance, taxi, truck and bus drivers), couriers, self-employed women, caregivers and fishers.
- Technical guides establishing guidelines and conceptual bases serving as informative documents with key actions to be carried out, along with numerous helpful examples to ensure a good understanding of legislation and facilitate its implementation. One of them, published in 2022, namely 'Basic guidelines for Psychosocial Risk Management' (INSST, 2022b), is exclusively dedicated to PSR management in the workplace. This publication is part of the development of the Action Plan of the Spanish Safety and Health at Work Strategy 2015-2020, which includes, in the line of action (nº 3A.5), the preparation by the INSST of basic guidelines for PSR management. This document emphasises the importance of psychosocial management in the workplace, beyond just protecting workers from risks. It stresses the need to safeguard various rights and considerations such as moral integrity, dignity, equality, privacy and digital disconnection. The document sets out key actions and practical examples to facilitate understanding and application of psychosocial management, highlighting the benefits of effective management for individuals and companies.

In summary, the development and implementation of measures supporting PSR legislation have evolved significantly, focusing on adapting to emerging risks and changing workplace dynamics. While Spain's PSR legislative framework primarily dates back to the late 1990s, non-legislative measures have played a critical role in advancing PSR management. Through initiatives such as updated definitions, awareness campaigns, technical guides and sector-specific training, public administrations and the social partners have addressed evolving challenges, enhancing workplace safety and health.

Furthermore, the debate around PSRs is active and ongoing in Spain. Notably, approximately 100 occupational health experts (mostly academia experts) recently called on the Ministry of Labour to revise the existing LPRL legislation. Their collective appeal emphasises the importance of creating a regulatory system that is 'more pragmatic, progressive, inclusive, and in line with current times and production models' (Hidalgo, 2024). This call from specialists — ranging from academics to experienced practitioners — highlights the critical need for modernised frameworks that reflect contemporary work practices, ensuring PSR prevention strategies remain effective and relevant amid evolving workplace demands. While this initiative may not constitute a formal measure, it illustrates the growing momentum behind PSR advocacy driven by the leverage and engagement of key stakeholders.

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

Only when research began to highlight the detrimental effects of work-related stress, burn-out and other PSRs on worker wellbeing and organisational performance, alongside the profound impacts of the COVID-19 pandemic and the rapid acceleration of digitalisation, did a notable shift occur towards prioritising PSR prevention strategies and placing mental health at the top of Spain's political agenda. The national Mental Health Strategy that had been dormant for over 12 years was revived and updated in 2021 to cover the period 2022-2026, complemented by a Mental Health Action Plan (Ministerio de Sanidad, 2022). The Spanish Occupational Safety and Health Strategy 2023-2027 stands out with regard to PSRs by integrating and explicitly emphasising PSRs, revising legislation to further incorporate PSRs, and establishing a social dialogue platform with the social partners to address both current and emerging challenges, particularly those exacerbated by new forms of work introduced or intensified during the pandemic and by the rise of digitalisation (see section 3.1.3). The interviews conducted confirmed that the COVID-19 pandemic was a key catalyst in accelerating this strategic prioritisation, highlighting the increased urgency to protect worker mental health in a rapidly changing work environment.

Moreover, during the Spanish Presidency of the European Council in 2023, Spain took the opportunity to put forward initiatives in relation to the protection of workers in a digitalised world and emphasised the need for a strong focus on the importance of paying attention to mental health (Sanidad, 2023). Spain promoted the first Conclusions of the Council of the European Union on the relationship between mental health and precarious work (Council of the European Union, 2023). As the pandemic resulted in a majority of the workforce working remotely, thus raising concerns in terms of hyperconnectivity and the increased use of ICTs, both the COVID-19 pandemic and digitalisation raised innumerable legal uncertainties that needed to be addressed by labour law. Spain has therefore implemented two pieces of legislation in this regard, one concerning the right to digital disconnection and one on remote working (further explained in section 3.1.1). Similarly, despite not having a normative nature, Spain signed a Charter of Digital Rights in July 2021 formulating the rights of citizenship and companies in the digital world. The charter aims to continue disseminating and raising awareness of its principles, as well as monitoring and promoting its integration into the application and interpretation of the Spanish regulatory framework to ensure a digital humanism that puts people at the centre.

Additionally, the Riders' Law (Ley Rider), enacted in 2021, is specifically dedicated to digital delivery platform workers. Prompted by negotiations between the Ministry of Labour and Social Economy, the major trade unions and employers' organisations, the law introduced a rebuttable presumption of employment for delivery platform workers. This means that, by default, workers engaged in food delivery and transport through digital platforms are classified as employees rather than self-employed workers. In regard to this employee status, companies are required to provide workers with essential labour protections, including a minimum wage, social security benefits and formal employment contracts.

Amid these regulatory changes, the COVID-19 pandemic and the acceleration of digitalisation have presented significant challenges for managing PSRs in the workplace. In response to these challenges, the government unveiled its '2021-2024 Action Plan for Mental Health and COVID-19' designed by and for mental health professionals and patients, with a budget of €100 million (La Moncloa, 2021). The aim of this action plan was to address the emergency caused by the impact of the COVID-19 pandemic on mental health, by including key measures such as improving mental health care at all levels of the National Health System — for both hospital and primary care. It also emphasised enhancing specialised health training in mental health, raising awareness and combating stigmatisation, preventing addictive behaviours and promoting emotional wellbeing (with a special focus on children, adolescents, and other vulnerable groups, such as women and the elderly).

The new reality of the country with a prevalence of remote working was duly reflected from a legislative point of view with the new piece of legislation (Law 10/2021) on remote working in Spain (see section 3.1.1).

Although the INSST had dealt with teleworking in the past, with documents such as 'Teleworking: criteria for its implementation' (1996) and 'Teleworking. New perspectives in the organisation of work' (1997), the new legislation has prompted numerous and diverse initiatives in recent years, some of which were pre-pandemic, but many are explicitly linked to the COVID-19 pandemic and the impacts of digitalisation following the pandemic. An INSST report on the status of OSH in Spain in 2021-2022 highlighted two major projects related to the impact of the COVID-19 pandemic and remote working on PSRs (INSST, 2023b).

- 1. A project exclusively dedicated to PSRs of workers of the healthcare system. A study conducted by the INSST in Spain in 2022 revealed that 57% of workers in the health sector presented symptoms of post-traumatic stress disorder, 58% of anxiety and 46% of depression, which led the national and regional health authorities to provide telephone support and psychological assistance services during the most critical phase of the pandemic (INSST, 2022c). In this context, the INSST initiated a project aiming at deepening understanding of the psychosocial impact of the work situation on the staff of healthcare centres in Spain during the first wave of the COVID-19 crisis, as well as identifying possible occupational risk prevention actions. Furthermore, the project contributed to a publication of a guide: 'Working in COVID-19 Times: Best Practices for Psychosocial Intervention in Healthcare Centres' (INSST, 2020a). Its goal was to provide guidance to management, directors, middle managers and prevention services on preventive actions that could be taken to protect the psychosocial health of healthcare workers throughout the various stages of the health crisis. This focus on healthcare workers was also reflected in awareness-raising campaigns aimed at the personnel involved in the management of the COVID-19 pandemic.
- 2. In the context of the progressive digitalisation and intensive use of ICTs that accelerated sharply as a result of the COVID-19 pandemic, a project was initiated with the aim of developing recommendations for addressing the ergonomic and psychosocial aspects of remote working. This project resulted in a set of guidelines on basic integrated management actions to be carried out in companies and organisations (INSST, 2020b). The guidelines emphasised design, planning and implementation, as well as the need to address effectively the potential ergonomic risks and PSRs associated with this form of work.

In terms of implementation measures, over the last four years, the INSST has carried out projects, campaigns (e.g. including videos, pamphlets and posters), and studies to deepen understanding and/or raise awareness of the challenges and emergence of new PSRs related to, among other things, digitalisation, work on digital platforms, teleworking, working with display screen equipment, the right to disconnect, and new forms of organisation of work (hyperconnectivity, mental workload, liquid work, information societies, work–life balance, etc.). In this regard, the INSST has covered not only all these different areas but has also targeted particular working population groups and/or sectors, such as healthcare workers, call centre workers, women working in residential care facilities for the elderly and home help services.

In terms of technical materials, in the so-called NTPs dedicated to PSRs in the workplace, the focus has shifted in recent years to digitalisation and remote working issues. Moreover, this shift began even before the pandemic. The most relevant NTPs with regard to PSRs and digitalisation are the following:

- NTP 0730 (2006) is dedicated to technostress and the necessary PSR intervention (2006).
- NTPs 1122 and 1123 (2018) are dedicated to analysing the psychosocial impact of the use of ICTs in the workplace. The latter includes a non-exhaustive list of the impacts of digitalisation and the subsequent preventive measures across all the PSR criteria (i.e. work content, workload/work pace, working time, participation/control, role performance, professional development, interpersonal relations/social support, work equipment and exposure to other risks).
- NTP 1165 (2021) is dedicated to teleworking and outlines criteria for integrating teleworking into OSH management systems. It reviews relevant preventive regulations for teleworking and highlights the key characteristics necessary for effective system implementation.

 NTPs 1185 and 1186 (2023) are dedicated to work–family conflict or double presence as a PSR, including a definition and covering aspects such as consequences, evaluation and preventive measures.

Additionally, during the interviews, an external prevention services representative highlighted 2021 as a pivotal year for increasing awareness of the mental health crisis in Spain, breaking down resistance from employers and trade unions and fostering an open dialogue on PSRs. Key developments included the Labour Inspectorate's Technical Criterion 104/2021 (Ministerio de Trabajo y Economía Social, 2021), the release of ISO 45003 (ISO, 2021), the first international standard on PSRs, and the ratification of ILO Convention 190 on workplace violence and harassment (ILO, 2019). Furthermore, a collective bargaining framework agreement, the V Agreement for Employment and Collective Bargaining (2023-2025), formalised provisions on managing PSRs (see also section 3.4).

All in all, the impact of the COVID-19 pandemic and digitalisation has significantly reshaped Spain's approach to PSR management. The pandemic accelerated awareness and prompted decisive updates, such as the revival of the national Mental Health Strategy and the creation of targeted legislation, including remote working regulations and digital disconnection rights. Initiatives such as the Spanish Occupational Safety and Health Strategy have incorporated PSR as a key priority, supported by collective agreements and the ratification of international standards.

3.4 PSR prevention activities implemented by the social partners

In Spain, the social dialogue plays a crucial role in shaping the prevention of PSRs in the workplace, with the CC.OO and UGT trade unions taking the lead in promoting safer and healthier work environments. CC.OO's ISTAS and the UGT's Observatory of Psychosocial Risks have become pivotal entities in the analysis and promotion of PSR prevention strategies across Spain. As already discussed in section 3.1.3 'National PSR strategy', these trade unions play a fundamental role in shaping and refining the strategy through the ongoing social dialogue. This collaborative engagement demonstrates how the social partners extend their impact beyond isolated activities, driving systemic change within the broader framework of Spain's OSH strategy.

Both trade unions promote workers' rights and champion initiatives to promote PSR prevention in the workplace. They both have parallel initiatives for the monitoring and analysis of PSRs in the country, namely the CC.OO's ISTAS and the UGT's Observatory of Psychosocial Risks. It is noteworthy that, even before the start of the 2008 economic crisis and the increase of psychosomatic pathologies, the Spanish trade union movement played a leading role in investigating PSRs at work in the country.

Likewise, both the UGT's Observatory of Psychosocial Risks² and ISTAS³ regularly publish on their websites a wide range of informative documentation in different formats, including annual reports on the situation in Spain, with data from national and European studies, a newsletter with updates on both the legislation and regulatory framework, communication material for raising awareness across sectors and taking into consideration vulnerable groups (including factsheets, brochures, monographs and training sessions), as well as guides and manuals for all stakeholders in the field (employees, employers and governmental institutions). Additionally, ISTAS was the entity responsible for adapting the CoPsoQ evaluation method to the Spanish context named 'CoPsoQ-ISTAS21' that adapts its length and (online) tools to small companies (under 25 workers) and medium and large companies. It can also be used for investigative purposes with a lengthy questionnaire requiring the input of skilled professionals.

The main areas of influence of trade unions in Spain are centred on practical matters, specifically helping both employers and workers to fulfil their duties and rights regarding PSR prevention. These areas include the following:

 The UGT and CC.OO ensure that the concerns and wellbeing of workers are prioritised in collective bargaining and workplace policies. By promoting measures such as workload management, work–

² Observatorio de Riesgos Psicosociales: <u>https://observatorioriesgospsicosociales.com/</u>.

³ Instituto Sindical de Trabajo, Ambiente y Salud: <u>https://istas.net/</u>

life balance initiatives and harassment prevention strategies, the trade unions contribute to creating healthier and safer work environments for their members.

- Organising awareness campaigns, training sessions and workshops. The UGT and CC.OO raise awareness about PSRs, educate workers and employers about the importance of addressing these risks, and provide training on prevention strategies and coping mechanisms. Through these initiatives, the trade unions empower workers to recognise, report and address PSRs effectively, fostering a culture of prevention and mutual support in the workplace.
- Participating in tripartite forums alongside government and employer representatives. The UGT and CC.OO promote policies and initiatives that promote PSR prevention and protect workers' rights. By engaging in dialogue, negotiation and consensus-building processes, the trade unions influence the development of legislation, regulations and guidelines that uphold workers' health, safety and wellbeing.

Trade unions also play a crucial role in preventing PSRs by driving tangible workplace improvements. Research by Payá and Pizzi (2020) shows that prevention delegates help ensure more frequent PSR assessments, comprehensive plans to address stress and violence, and better worker training. However, challenges such as weak enforcement of regulations and limited resources for union efforts still hinder progress. Overcoming these barriers is essential to strengthen PSR prevention strategies led by social partners.

Finally, as mentioned also in other parts of this report, the importance of PSRs in collective agreements needs to be highlighted. Several sectoral collective agreements do include specific measures and aspects with regard to PSR prevention, for example in the telemarketing sector or in the meat industry (Cefaliello, 2022).

3.5 Other national measures/activities not explicitly linked to PSRs

Recent developments in the Spanish economy may have had an impact on PSRs. For example, the annual minimum interprofessional wage in 2024 is $\leq 15,876$, distributed in 14 payments of $\leq 1,134$, representing an accumulated increase of 54% since 2018 (≤ 736). More than 2.5 million workers benefit from this measure that has helped to address economic precariousness without however eradicating it. Along these lines, the prevention service representative interviewed asserted that any measures contributing to the reconciliation of work and family life had a positive effect on PSRs, especially for workers with dependents for care or guardianship, often women who as a group are still more burdened in this regard. This view was confirmed by the interviewed academic expert. The trade union representative stressed the need to reduce working hours and increase salaries and added that temporary contracts require better regulation as they are the main source of job insecurity, which also translates into economic insecurity and work–life balance concerns.

In terms of institutional factors, Spain's 2012 labour reform significantly altered the balance of power between employers and trade unions, impacting labour relations and the broader framework for occupational risk prevention. This reform introduced pivotal changes: it shifted the hierarchy of collective agreements, giving precedence to company-level agreements over those negotiated at sectoral or national level, and limited the duration of ultra-activity, thereby reducing the legal validity of previous collective agreements once they expired (Alós et al., 2017). These changes weakened the influence of the trade unions and disrupted established mechanisms for safeguarding workers' rights and negotiating workplace conditions.

In response, the UGT and CC.OO trade unions have consistently called for these measures to be reversed, recognising their detrimental impact on occupational risk prevention and the broader work environment. In fact, the government is committed to rolling back key aspects of the 2012 reform and this commitment culminated in the 2021 labour reform, marking a significant shift in the direction of Spanish labour legislation. Unlike the contentious reforms of 2010 and 2012, which led to general strikes

being called by the trade unions, the 2021 reform was the first in over a decade to secure the backing of both the UGT and CC.OO.

According to the interviewees, these efforts, while not explicitly tied to PSRs, have far-reaching implications for the overall safety and health of workers. By strengthening collective bargaining mechanisms and ensuring more equitable workplace negotiations, these reforms contribute indirectly to fostering environments that are more supportive and mindful of worker wellbeing, including addressing factors that can influence PSRs. This broader approach to labour policy, anchored in the social dialogue, reflects a concerted effort to create safer, fairer and more resilient workplaces across the country.

4 Success factors and challenges addressing PSRs

4.1 Assessment of the impact of PSR measures on PSRs

There are currently no comprehensive evaluations in Spain to assess the impact of measures and policies aimed at addressing PSRs, and academic research on their effectiveness remains very limited. Consequently, this section relies on insights gathered from interviews with stakeholders and their input on the impact of PSR measures.

One of the most significant developments in recent years has been the increased awareness and prioritisation of PSRs, largely driven by the COVID-19 pandemic and digitalisation. According to a government representative, these factors accelerated the social dialogue and heightened awareness at political, trade union and corporate levels, pushing PSRs to the forefront of workplace management discussions. This shift has facilitated a stronger focus on the importance of PSRs, enhancing their visibility in workplace policies and practices. Efforts by the INSST and the Labour Inspectorate through educational and training initiatives have also played a crucial role in fostering a more informed approach to PSRs. Similarly, increased academic engagement, evidenced by a surge in publications, has helped validate the significance of PSRs within the occupational health framework.

The development of specific guidelines, such as 'Criterio Técnico 104/2021'⁴ and initiatives led by the Labour Inspectorate further illustrate Spain's changing approach to PSR management. These measures have provided a framework for integrating PSRs into the broader occupational health system, albeit with varying degrees of implementation and adherence across different sectors and organisations. According to the Labour Inspectorate representative, with improving (although still vague) legislation the recognition of PSRs in court rulings has also increased, reflecting a growing awareness of the need to treat PSR-related conditions with the same seriousness as physical workplace injuries and related diseases. This legal recognition has helped raise the status of PSRs, giving them a more prominent focus in workplace safety and health regulations.

Moreover, the impact of the involvement of trade unions in the debate and their influence through collective bargaining agreements has been pivotal in steering a more comprehensive approach to addressing PSRs, particularly in vulnerable sectors and among vulnerable groups such as immigrants and women. The government representative emphasised that work–life balance measures have been especially beneficial for workers with dependents for care or guardianship given that these persons, especially women, are disproportionately affected by PSRs. Strengthened regulations on working hours, wages and contract stability have proved essential in reducing job insecurity and improving work–life balance. Moreover, the trade unions add to the improvements within workplaces, as the presence of prevention delegates is associated with more frequent PSR assessments and the implementation of comprehensive plans and procedures to address work-related stress, violence and aggression, as well as offering training and guidance to workers for managing these risks and resolving conflicts (Payá & Pizzi, 2020).

⁴ It is a technical guideline that serves as a specific and practical tool to help labour inspection and also employers and other stakeholders to better understand and manage PSRs in the workplace. The guideline outlines measures and processes for evaluating, managing and mitigating PSRs.

It is to be noted that the RSP in Spain has had a mixed impact on PSR management. The reliance on external prevention services has, in some cases, led to a compliance-driven, commercialised approach to PSR assessments, particularly in smaller companies. According to the external prevention services representative, many organisations treat PSR assessments as a formal exercise to satisfy legal requirements rather than having a meaningful commitment to improving workplace mental health. This attitude, according to the interviewee, underscores the need for a genuine cultural shift in PSR management.

In summary, while measures to address PSRs in Spain have made significant strides in raising awareness and integrating PSRs into workplace safety and health, challenges remain with regard to their practical implementation and impact. Additionally, there is a need for more thorough research on the positive impact of PSR management.

4.2 Assessment of success factors and challenges

This section explores the success factors and challenges associated with the legislative and nonlegislative measures aimed at addressing work-related PSRs and mental health issues in Spain. The insights provided below were mostly obtained through the stakeholder interviews and thus reflect the different experiences and views of the actors involved.

At national level, Spain's legislative framework on OSH provides a foundational structure that, while broad, supports the management of PSRs. However, the **absence of a specific and explicit legislative framework** dedicated solely to PSRs creates ambiguity and gaps, limiting its effectiveness. Current legislation is perceived by the interviewed stakeholders as general and insufficiently tailored to comprehensively address the specific and evolving nature of PSRs. This lack of clarity and specificity often results in organisations overlooking or deprioritising their management, believing existing regulations do not adequately cover these risks.

The lack of specific protocols for addressing adverse psychosocial conditions at work, coupled with the rigid requirements of Spain's General Law on Social Security, further complicates the recognition and management of PSR-related conditions by making causality difficult to establish. Despite some legal measures aimed at addressing PSRs, **practical implementation remains a major challenge**. Many organisations conduct assessments and analyses but fail to follow through with preventive or corrective measures. The interviewed stakeholders, including those from employer-representative organisations and the Labour Inspectorate, emphasised the need for dedicated PSR regulations within Spanish law to standardise PSR assessments and management, aligning them with physical safety protocols. According to the interviewees, legislative initiatives such as the 2021 labour reform highlight some progress by reducing job precarity and improving job quality but fall short of comprehensively addressing PSRs and labour precarity, leading to calls for further legislative and regulatory measures.

Moreover, interviewees emphasised the critical need for **clear legal definitions of PSRs**, which are currently lacking in Spain. This absence creates significant challenges in consistently understanding, identifying and addressing these risks. However, there is an ongoing debate regarding the extent to which these definitions should be flexible. Rigid definitions may be restrictive, given that PSRs are influenced by changing organisational conditions, digitalisation and interpersonal dynamics. The external prevention services representative highlighted that the primary focus should be on assessing and managing work conditions, such as workloads, levels of autonomy and skill demands, as opposed to providing rigid definitions.

Interviewees further stressed the importance of establishing a **clearer list of occupational diseases** that would include conditions related to PSR exposure and advocated a more balanced regulatory approach. Since the early 2000s, regulatory efforts in relation to PSR prevention have predominantly focused on issues such as violence and harassment, often overshadowing other critical outcomes of PSR exposure such as burn-out and stress. This misallocation of resources has led to gaps in addressing the broader spectrum of psychosocial challenges. According to one interviewee, burn-out, for instance, remains insufficiently acknowledged despite its inclusion in the International Classification

of Diseases (ICD) since 2019. A balanced regulatory approach that ensures equal attention to the full range of PSRs was recommended in order to comprehensively address these shortcomings.

According to government representatives, the COVID-19 pandemic and rapid digitalisation have spurred so far the most **significant legislative advances in Spain, including digital rights laws** aimed at protecting worker wellbeing, for example, by addressing digital disconnection. However, as highlighted by the external prevention services representative, these changes impact demographic groups differently and this is not adequately captured in the legislation. Older workers, for example, often experience heightened stress or isolation due to technological shifts. Additionally, the rise of gig work and company fragmentation has worsened job insecurity and complicated PSR management. While progress has been made, continuous efforts and targeted interventions are needed to address emerging risks and close policy gaps, particularly for vulnerable groups such as older and isolated workers affected by night work and teleworking.

According to government, trade union and employers' organisation representatives, a strong example of Spain's proactive approach to addressing vulnerable groups is its **sectoral PSR management strategy**. This approach has proven highly effective by focusing on industries at greater risk, such as healthcare, transport and public administration. As noted by the representative from an employers' organisation, tailored, region-specific and industry-specific programmes target distinct stressors and challenges unique to sectors with high public interaction, enhancing the overall impact of PSR management efforts. Applying this specificity-driven approach to vulnerable worker groups, such as individuals with disabilities, women and older workers, could further improve the inclusivity and effectiveness of PSR strategies.

The **social dialogue** plays a pivotal role in advancing efforts to manage PSRs. A representative of the Labour Inspectorate highlighted the **importance of collaboration among trade unions, employers and government bodies in fostering comprehensive PSR strategies**. This cooperative approach strengthens the effectiveness of initiatives by promoting cohesive, multi-stakeholder efforts. In Spain, collective bargaining agreements have successfully introduced sector-specific PSR measures, such as flexible working hours and stress management protocols, particularly in sectors with strong trade union representation, such as banking and chemicals. While these agreements bridge legislative gaps, their success often depends on the enforcement and active and consistent participation of both workers and employers (Payá & Pizzi, 2020). Moreover, there is a need for more resources for trade union activities and more training for delegates (Payá & Pizzi, 2020).

To ensure effective legislation and measures, comprehensive and **accurate data on PSR** are essential. Interviewees pointed out that the **management of PSRs faces significant challenges owing to gaps in data availability and quality**. Currently, there is a lack of reliable data on PSR prevalence, the socioeconomic impact and effective interventions. Interviewees consistently emphasised the critical need for enhanced research efforts, supported by reliable and extensive data, to better understand and address PSRs. According to the academic expert, improved research funding, mandatory reporting requirements and robust data collection systems could help to obtain detailed insights into workplace conditions, employee wellbeing, and the broader economic impacts of PSRs on individuals, companies and health systems.

The other challenges relate mainly to **prevention and enforcement measures**. According to interviewees, the structure of Spain's prevention services presents a notable challenge, as there is a tendency to outsource PSR assessments to external providers, often driven by cost-saving motives. While external experts can provide valuable insights, this approach frequently leads to weak integration within companies and a lack of tailored, effective risk management strategies. In contrast, internal services, which can be more responsive, often suffer from chronic underfunding and a shortage of expertise. Both internal and external services face difficulties with role clarity, particularly around PSRs, such as harassment and workplace violence, which are often managed by human resources departments instead of specialised prevention services.

Interviewees, including those from the employers' organisation and academia, also emphasised the need for more thorough inspections, while pointing out that **limited resources and a lack of personnel**

hinder the effectiveness of compliance checks. Although efforts have been made to increase the number of inspectors, Spain still falls short of international standards in regard to how many inspectors there are in the country. Interviewees noted that enforcement often lacks specificity and impactful sanctions. The academic expert proposed introducing a national mental health action plan with clear sanctioning protocols to strengthen compliance. While the representatives of the Labour Inspectorate and external prevention services acknowledged improvements in inspector training, they noted that the **enforcement of PSR-related measures remains largely reactive, focusing more on incident response than preventive strategies** targeting broader mental health concerns.

The enforcement of legislation and the implementation of prevention measures are especially rare in SMEs. In Spain, **SMEs appear to be frequently overlooked** in the context of PSR management, as highlighted by interviewees. According to the academic expert, there is limited awareness and insufficient resources among SMEs regarding their PSR-related obligations. Economic pressures give rise to obstacles for SMEs in managing PSRs. During financial downturns, mental health programmes are often among the first to be cut, with immediate business concerns taking precedence over long-term employee wellbeing. Additionally, SMEs have a smaller role in collective bargaining and social dialogue processes, further limiting their influence and leaving their specific needs and challenges in PSR management often unaddressed.

Interviewees emphasised that fostering a proactive culture of PSR management requires a blend of incentives and structural support for businesses. The external prevention services representative suggested financial incentives, such as tax benefits and reducing financial repercussions related to PSRs, while focusing on providing more support and resources to help companies effectively manage these risks.

Overall, Spain's approach to managing PSRs presents a mix of successes and challenges. While the legislative framework provides a broad foundation, the lack of specific PSR-focused measures and clear definitions limits its impact. Advances driven by digitalisation and the COVID-19 pandemic have highlighted the need for targeted interventions, particularly for vulnerable groups. Effective sectoral approaches, social dialogue and collaborative efforts have shown promise, yet persistent gaps in data availability, enforcement and support for SMEs remain. Achieving comprehensive and meaningful PSR management requires a balanced regulatory approach, stronger data systems and proactive, tailored support across all sectors and organisations.

5 Conclusions

In conclusion, in the last decade, **Spain has made significant strides in advancing PSR prevention and management in the workplace**. Increased exposure to workplace mental health challenges, driven by precarious employment conditions and economic shifts — exacerbated further by the COVID-19 pandemic and digitalisation — has highlighted the critical need for open dialogue on mental health and more targeted legislation to address the needs of the whole workforce, but specifically those of vulnerable groups. Legislative measures, complemented by non-legislative tools and resources, provide a solid foundation for the identification, assessment and mitigation of PSRs, although continued efforts to refine and adapt these measures remain essential.

Spain is at the forefront of pioneering legislation aimed at protecting workers' digital rights and ensuring disconnection policies, reflecting a progressive approach to adapting labour regulations to modern workplace challenges. These advances aim to safeguard worker wellbeing in an era marked by rapid technological changes and increasing demands for constant connectivity, which also requires flexibility and proactiveness from policymakers and implementers.

In parallel, there is significant potential to leverage collective bargaining agreements as a powerful mechanism, allowing them to be customised to the **unique needs of each sector**. By tailoring these agreements, their effectiveness in addressing PSRs could be significantly improved, ensuring that sector-specific challenges are met with targeted, impactful solutions. The **social dialogue** has expanded significantly in recent years, and PSRs have gained a prominent position on political agendas. This increased attention provides a valuable opportunity to advance PSR prevention efforts and foster greater

collaboration between employers, trade unions and policymakers. **Multi-stakeholder collaboration**, including the active involvement of government agencies, employers' organisations, trade unions and other stakeholders, enhances the effectiveness and sustainability of prevention efforts.

However, challenges remain, including resource constraints, awareness gaps and emerging risks, necessitating ongoing efforts to strengthen prevention strategies and foster a culture of wellbeing in the workplace.

While Spain's legislative framework on OSH provides a broad foundation for managing PSRs, the **absence of a specific, explicit legislative focus** creates gaps and ambiguity. Interviewees pointed out that the existing legislation, while comprehensive, is often general and insufficiently tailored to the complex and changing nature of PSRs. When advancing legislation, especially with regard to digitalisation, the **importance of paying more attention to vulnerable groups**, such as older workers, was mentioned. A sector-specific approach to PSR management has proven effective in Spain, particularly in industries with a high prevalence of PSRs, such as healthcare, transport and public administration. Expanding this approach to vulnerable worker groups could further improve inclusivity and effectiveness.

Another critical issue is the lack of **clear legal definitions for PSRs**, which creates significant challenges to ensure consistent identification and management. While there is a debate over **the flexibility of such definitions**, stakeholders generally agreed that a focus on assessing and improving work conditions — such as workloads, autonomy and skill demands — would be more effective than rigid definitions. Furthermore, it is important to look at a possible **broader scope of the list of occupational diseases** to include PSRs, with a balanced regulatory approach that goes beyond issues such as violence and harassment to address other prevalent risks such as burn-out and stress.

Moreover, while legal measures exist, their **practical implementation often falls short**, with many organisations conducting assessments without translating the findings into meaningful preventive or corrective actions. This is especially true among SMEs, which often lack the resources and expertise to implement comprehensive strategies. There is a **need for incentives and structural support**. Additionally, **the role of labour inspections should be strengthened**, and they should also receive more training and resources to improve the enforcement part of the PSR legislation.

Effective PSR management also depends on **accurate and comprehensive data**. Interviewees highlighted significant gaps in data availability and quality, which hinder the understanding and mitigation of PSRs. Improved research funding, mandatory reporting mechanisms and robust data collection systems are essential for gaining insights into workplace conditions, employee wellbeing and the economic impact of PSRs.

In summary, Spain's approach to managing PSRs demonstrates both strengths and areas for improvement. While legislative and sector-specific measures provide a solid foundation, targeted interventions, inclusive protections, stronger data systems and proactive support for SMEs are necessary to ensure comprehensive and effective PSR management. The social dialogue and collaborative efforts remain vital for building a resilient and supportive work environment for all.

6 List of references

- Alós, R., Beneyto, P. J., & Jódar, P. (2017). Reforma laboral y desregulación del mercado de trabajo. Anuario IET de Trabajo y Relaciones Laborales, 4, 73-86. <u>http://dx.doi.org/10.5565/rev/aiet.55</u>
- Carnero, M. C., & Pedregal, D. J. (2013). *Ex-ante assessment of the Spanish Occupational Health and Safety Strategy (2007–2012) using a State Space framework.* <u>https://www.sciencedirect.com/science/article/abs/pii/S0951832012001755#:~:text=To%20add</u> <u>ress%20the%20problem%20of%20high%20numbers%20of,the%20conditions%20of%20healt</u> <u>h%20and%20safety%20at%20work</u>

- Cefaliello, Aude (2022). Mapping of work-related psychosocial risks regulation in the European Union: the starting line to move forward. <u>https://www.etui.org/sites/default/files/2022-</u> <u>10/20221019_Aude_%20Cefaliello_Mapping%20of%20work-</u> <u>related%20psychosocial%20risks%20regulation%20in%20the%20European%20Union_2022.</u> <u>pdf</u>
- Confederación Sindical de CCOO (2022). *Análisis de las estadísticas de accidentes de trabajo y enfermedades profesionales en España en 2022.* https://www.ccoo.es/31194e3b577c37267342180212c1b783000001.pdf
- Contreras Hernández, O. (2020). *Capítulo XXVII. La inclusión de los riesgos psicosociales en el cuadro de enfermedades profesionales: evidencias y propuestas para una revisión legal.* <u>https://blog.uclm.es/oscarcontreras/wp-content/uploads/sites/57/2021/10/Riesgos-psicosociales-y-enfermedades-profesionales.pdf</u>
- Council of the European Union (2023). *Mental Health and Precarious Work, Council Conclusions*. <u>https://data.consilium.europa.eu/doc/document/ST-13937-2023-INIT/en</u>

Departament de Treball, Afers Socials i Famílies (2022). *Gestió de la prevenció de riscos laborals a les empreses de Catalunya*. Generalitat de Catalunya. <u>https://treball.gencat.cat/web/.content/09</u> - <u>seguretat i salut laboral/publicacions/imatges/Gestio-de-la-prevencio-de-riscos-laborals-a-les-empreses-de-Catalunya 2022.pdf</u>

- Eurofound (2023). *European Working Conditions Telephone Survey, 2021*. Available at: <u>https://www.eurofound.europa.eu/en/data-catalogue/european-working-conditions-telephone-</u> <u>survey-2021-0</u>
- EU-OSHA European Agency for Safety and Health at Work, *Third European Survey of Enterprises* on New and Emerging Risks (ESENER 2019): Overview Report - How European workplaces manage safety and health, 2019. Available at: https://osha.europa.eu/sites/default/files/esener-2019-overview-report.pdf
- EU-OSHA European Agency for Safety and Health at Work, *Spain: OSH Pulse 2022: OSH in post-pandemic workplaces*, 2022a. Available at: <u>https://osha.europa.eu/en/publications/spain-osh-pulse-2022-osh-post-pandemic-workplaces</u>
- Europa Press (2024). *Elma Saiz cifra en 1.053 los casos de enfermedades mentales de origen laboral en los últimos 10 años*. Available at: <u>https://www.europapress.es/economia/laboral-00346/noticia-elma-saiz-cifra-1053-casos-enfermedades-mentales-origen-laboral-ultimos-10-anos-20240409191946.html</u>
- Fernández Avilés, J. A. (2019). *Guía Propuestas normativas en prevención de riesgos psicosociales en el trabajo*. Secretaría de Salud Laboral y Medio Ambiente UGT-CEC. Available at<u>https://observatorioriesgospsicosociales.com/wp-content/uploads/2019/12/UGT-guia-</u> prevencion-riesgos-psicosociales-2018-WEB.pdf
- Gómez-Salgado, J., Andrés-Villas, M., Domínguez-Salas, S., Díaz-Milanés, D., & Ruiz-Frutos, C. (2020). Related health factors of psychological distress during the COVID-19 pandemic in Spain. *International Journal of Environmental Research and Public Health*, *17*(11), 3947. https://doi.org/10.3390/ijerph17113947
- Hidalgo, E. S. (2024, 13 April). *Cien académicos piden a Díaz que priorice la salud mental en la prevención de riesgos laborales*. EL PAÍS. <u>https://elpais.com/economia/2024-04-13/cien-academicos-piden-a-diaz-que-priorice-la-salud-mental-en-la-prevencion-de-riesgos-laborales.html</u>
- ILO (2019). C190 Violence and Harassment Convention, 2019 (No. 190). <u>https://normlex.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:</u> <u>C190</u>

- Instituto Nacional de Seguridad y Salud en el Trabajo (INSST), O.A., M.P. (1999). *III Encuesta Nacional de Condiciones de Trabajo.* <u>https://www.insst.es/documents/94886/96082/+Encuesta+nacional+de+condiciones+de+trabaj</u> o.pdf/64de8964-39b8-4f51-bc8c-c3fb5946ed54?t=1522938040000
- Instituto Nacional de Seguridad y Salud en el Trabajo (INSST), O.A., M.P. (2020a). *Trabajar en tiempos de COVID-19. Buenas prácticas de intervención psicosocial en centros sanitarios.* <u>https://www.insst.es/documents/94886/710902/Trabajar+en+tiempos+de+COVID19+buenas+pr%C3%A1cticas+de+intervenci%C3%B3n+psicosocial+en+centros+sanitarios+-</u>+A%C3%B10+2020.pdf/24564955-b26b-c550-036b-c656c84c2f15?t=1612177306684
- Instituto Nacional de Seguridad y Salud en el Trabajo (INSST), O.A., M.P. (2020b). *Prevención de riesgos psicosociales en situación de trabajo a distancia debida al COVID-19. Recomendaciones para el empleador.* <u>https://www.insst.es/documents/94886/712882/Riesgos+psicosociales+y+trabajo+a+distancia +por+Covid-19.+Recomendaciones+para+el+empleador.pdf/70cb49b6-6e47-49d1-8f3c-</u>

29c36e5a0d0f

- Instituto Nacional de Seguridad y Salud en el Trabajo (INSST), O.A., M.P. (2022a). *Epidemiología de patologías traumaticas: 11 años despues de PANOTRATSS*. <u>https://www.insst.es/documentacion/material-tecnico/documentos-tecnicos/epidemiologia-de-patologias-no-traum%C3%A1ticas-11-anos-de-panotratss-ano-2022</u>
- Instituto Nacional de Seguridad y Salud en el Trabajo (INSST), O.A., M.P. (2022b). Directrices básicas para la gestión de los riesgos psicosociales. https://www.insst.es/documents/94886/2927460/Directrices%20basicas%20para%20la%20ge stion%20de%20los%20riesgos%20psicosociales%202022.pdf/e4e0720b-9c0b-5859-a38ef7f2ea8f4636?version=1.0&t=164933233509
- Instituto Nacional de Seguridad y Salud en el Trabajo (INSST), O.A., M.P. (2022c). Estudio de situación de los riesgos psicosociales en el personal de centros sanitarios: impacto de la pandemia por COVID-19. <u>https://www.insst.es/documentacion/material-tecnico/documentos-</u> tecnicos/estudio-situacion-riesgos-psicosociales-en-personal-centros-sanitarios-impactopandemia-por-covid-19-ano-2022
- Instituto Nacional de Seguridad y Salud en el Trabajo (INSST), O.A., M.P. (2023b). Informe sobre el estado de la seguridad y salud laboral en España. 2021-2022. <u>https://www.insst.es/documents/94886/5326464/Informe+sobre+el+estado+de+la+seguridad+</u> <u>y+salud+laboral+en+Espa%C3%B1a+2021-2022.pdf/8d9a6c31-6699-c15b-6974-</u> <u>8f89a580d9dc?t=1703248044064</u>
- Instituto Nacional de Seguridad y Salud en el Trabajo (INSST) (n.d.a). *Documentación disponible para la materia "Riesgos psicosociales"*. <u>https://www.insst.es/materias/riesgos/riesgos-psicosociales/documentacion</u>
- Instituto Nacional de Seguridad y Salud en el Trabajo (INSST), O.A., M.P. (n.d.b). *Spanish Strategy on Occupational Safety and Health.* <u>https://www.insst.es/documents/94886/211340/Spanish+Strategy+on+Occupational+Safety+a</u> <u>nd+Health.pdf/7bacaade-8bda-40b2-9eee-5101fb8420d4</u>
- International Organization for Standardization (ISO) (2021). ISO 45003:2021 Occupational health and safety management — Psychological health and safety at work — Guidelines for managing psychosocial risks. <u>https://www.iso.org/standard/64283.html</u>
- Johnson, J.V., & Hall, E.M. (1988). Job strain, work place social support, and cardiovascular disease: A cross-sectional study of a random sample of the Swedish working population. American Journal of Public Health,78, 1336-1342.

- Karasek, R. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. Administrative Science Quarterly, 24(2), 285-306.
- La Moncloa (2021, 9 October). El Gobierno presenta el Plan de Acción 2021-2024 Salud Mental y COVID-19 para atender al impacto provocado por la pandemia. https://www.lamoncloa.gob.es/presidente/actividades/paginas/2021/091021salud-mental.aspx
- Leka, S., & Cox, T. (Eds) (2008). *The European Framework for Psychosocial Risk Management: PRIMA-EF*. Institute of Work, Health and Organisations. <u>http://www.prima-ef.org/uploads/1/1/0/2/11022736/prima-ef_ebook.pdf</u>
- Martinez, L. M. (2020). Editado por Cátedra de Comunicación y Salud. Riesgos psicosociales y estrés laboral en tiempos de COVID-19: Instrumentos para su evaluación. https://www.researchgate.net/publication/346000398 Editado por Catedra de Comunicacio n y Salud RIESGOS PSICOSOCIALES Y ESTRES LABORAL EN TIEMPOS DE COVI D-19 INSTRUMENTOS PARA SU EVALUACION Psychosocial Risks and Work Stress in Times of COVID-19 Instru
- Ministerio de Inclusión, Seguridad Social y Migraciones (2012). *Campaña europea de inspección para evaluar los riesgos psicosociales en el trabajo*. <u>https://www.inclusion.gob.es/w/campana-europea-de-inspeccion-para-evaluar-los-riesgos-psicosociales-en-el-trabajo</u> (accessed 14 October 2024).
- Ministerio de Sanidad (2022). *Plan de Acción de Salud Mental 2022-2024.* <u>https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludMental/docs/PLAN_AC_CION_SALUD_MENTAL_2022-2024.pdf</u>
- Ministerio de Trabajo y Economía Social (2021). *Criterio Técnico OE ITSS nº 104/2021 sobre* actuaciones de la Inspección de Trabajo y Seguridad Social en Riesgos Psicosociales. <u>https://www.mites.gob.es/itss/ITSS/ITSS_Descargas/Atencion_ciudadano/Criterios_tecnicos/C</u> <u>T_104_21.pdf</u>
- Ministerio de Trabajo y Economía Social (2023). Precaridad laboral y salud mental PRESME. Conocimientos y políticas.

https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/trabajo14/Documents/2023/170 323-informe-salud-mental.pdf

- Ministerio de Trabajo y Economía Social (n.d.). *Guía Laboral. Derechos de las personas trabajadoras.* <u>https://www.mites.gob.es/es/Guia/pdfs/Guia_Laboral_2024.pdf</u>
- Ministerio de Industria y Turismo (2024). *Cifras PYME: Datos febrero 2024*. <u>https://industria.gob.es/es-es/estadisticas/Cifras PYME/CifrasPYME-febrero2024.pdf</u>
- Navarro Esteve, A., Llorens, S., & et al. (2021). La salud mental en el trabajo: retos y oportunidades en la recuperación de la pandemia de COVID-19. Anuario de Investigación en Psicología, 8, 115-128.
- Observatorio de enfermedades profesionales (CEPROSS) y de enfermedades causadas o agravadas por el trabajo (PANOTRATSS) (2024). *Annual report 2023*. <u>https://www.seg-social.es/wps/wcm/connect/wss/5b153e97-94fb-4271-ad07-6b8dbf192625/Informe+anual+2023.pdf?MOD=AJPERES</u>
- Observatorio de Riesgos Psicosociales (2019). Costes Sanitarios Directos de los Riesgos Psicosociales. <u>https://observatorioriesgospsicosociales.com/wp-</u> content/uploads/2019/04/72.Costes-Sanitarios-Directos.pdf
- Observatorio Zeres (2023). El coste de los riesgos psicosociales y el estrés en el mercado laboral español. <u>https://www.avatep.org/wp-content/uploads/2023/08/Observatorio-Zeres_-riesgos-psicosociales.pdf</u>

- Olcese, A. (2024, 10 April). Los sindicatos ganan fuerza en España con casi 300.000 representantes en las empresas, un 8,3% más que antes de la pandemia. El Mundo.
- Payá, R., & Pizzi, A. (2020). Presencia sindical y gestión de riesgos laborales de origen psicosocial: Un análisis del caso español. Revista Internacional de Organizaciones, nº 24, junio 2020, 325-366.
- Pérez Zapata, Ó., & Álvarez Hernández, G. (2022). *Empleo, trabajo y riesgos para la salud mental:* análisis y propuestas de intervención. Universidad Pontificia Comillas. <u>https://hdl.handle.net/11531/65257</u>
- Salud Mental España (2022). *Informe sobre el estado de los Derechos Humanos en salud mental,* 2022. Confederación Salud Mental España. <u>https://consaludmental.org/publicaciones/Informe-</u> Derechos-Humanos-Salud-Mental-2022.pdf
- Sanidad (2023). *Miñones anuncia que España impulsará en el Consejo Europeo un marco homogéneo en torno a la salud mental.* <u>https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/sanidad14/paginas/2023/05102</u> <u>3-minones-salud-mental-ue.aspx</u>
- Seguridad Laboral (2022, 10 June). En España, el estrés laboral provoca que se pierden más 25.000 millones de euros al año. <u>https://www.seguridad-laboral.es/actualidad/riesgos-psicosociales-actualidad/en-espana-el-estres-laboral-provoca-que-se-pierden-mas-25-000-millones-de-euros-al-ano_20220610.html</u>
- Siegrist, J. (1996). Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology*, 1(1), 27–41.
- Soriano-Tarín, G., & Guillén Robles, P. (2024). *Protocolo PSICOVS2023. Guía de recomendaciones* para la vigilancia específica de la salud de trabajadores expuestos a riesgos psicosociales. AfforHealth.

https://sanidad.castillalamancha.es/sites/sescam.castillalamancha.es/files/documentos/pdf/20 140813/guia_vs_trabajadores_expuestos_a_riesgo_psicosocial_.pdf

UGT (2024). Salud mental y trabajo. Unión General de Trabajadores (UGT). https://www.ugt.es/sites/default/files/SALUD%20MENTAL%20Y%20TRABAJO%202.pdf

Velázquez, M. (2021). *Concepto y ámbito de los riesgos psychosociales*. Gobierno Vasco Osalan. <u>https://www.osalan.euskadi.eus/contenidos/informacion/ponencias_210625_psicosociales/es_def/adju_ntos/ponencia_jt210623_manuel_velazquez.pdf</u>

Legislation:

- 1. Constitución Española: https://www.boe.es/eli/es/c/1978/12/27/(1)/con
- Criterio Técnico OE ITSS nº 104/2021 sobre actuaciones de la Inspección de Trabajo y S.S. en Riesgos Psicosociales: <u>https://www.mites.gob.es/itss/ITSS/ITSS Descargas/Atencion_ciudadano/Criterios_tecnicos/C</u> T_104_21.pdf
- 3. Ley 10/2021, de 9 de julio, de trabajo a distancia: https://www.boe.es/eli/es/l/2021/07/09/10/con
- 4. Ley 14/1994, de 1 de junio, por la que se regulan las empresas de trabajo temporal: https://www.boe.es/eli/es/l/1994/06/01/14/con
- 5. Ley 23/2015, de 21 de julio, Ordenadora del Sistema de Inspección de Trabajo y Seguridad Social: <u>https://www.boe.es/eli/es/l/2015/07/21/23/con</u>
- 6. *Ley 31/1995, de 8 de noviembre, de Prevención de Riesgos Laborales:* <u>https://www.boe.es/eli/es/l/1995/11/08/31/con</u>

- 7. Ley 33/2011, de 4 de octubre, General de Salud Pública: https://www.boe.es/eli/es/l/2011/10/04/33/con
- 8. Ley Orgánica 3/2018, de 5 de diciembre, de Protección de Datos Personales y garantía de los derechos digitales: <u>https://www.boe.es/eli/es/lo/2018/12/05/3/con</u>
- 9. Orden ESS/1451/2013, de 29 de julio, por la que se establecen disposiciones para la prevención de lesiones causadas por instrumentos cortantes y punzantes en el sector sanitario y hospitalario: https://www.boe.es/eli/es/o/2013/07/29/ess1451
- 10. Real Decreto 1299/2006, de 10 de noviembre, por el que se aprueba el cuadro de enfermedades profesionales en el sistema de la Seguridad Social y se establecen criterios para su notificación y registro: <u>https://www.boe.es/eli/es/rd/2006/11/10/1299/con</u>
- 11. Real Decreto 39/1997, de 17 de enero, por el que se aprueba el Reglamento de los Servicios de Prevención: <u>https://www.boe.es/eli/es/rd/1997/01/17/39/con</u>
- 12. Real Decreto Legislativo 2/2015, de 23 de octubre, por el que se aprueba el texto refundido de la Ley del Estatuto de los Trabajadores: <u>https://www.boe.es/eli/es/rdlg/2015/10/23/2/con</u>
- 13. Real Decreto Legislativo 8/2015, de 30 de octubre, por el que se aprueba el texto refundido de la Ley General de la Seguridad Social: <u>https://www.boe.es/eli/es/rdlg/2015/10/30/8/con</u>

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