

1. Introduction: Health at the workplace in small and medium-sized companies

The economic figures in this chapter originate from different sources. As not all the data in Austria is classified in the same economic groups used in the EU (ÖNACE), individual criteria have been worked out according to the categories available.

1.1 Number of employees in small and medium-sized enterprises

Production and service industries

	<i>Total</i>	<i>1-9</i>	<i>10-49</i>	<i>50-249</i>	<i>>249</i>
Mining	6,397	569	2,274	-	-
Manufacturing	607,661	47,568	118,996	169,583	271,514
Energy and water supply	37,557	1,218	3,171	-	-
Building and construction	235,083	34,541	89,582	65,060	45,900
Commerce and repair	467,069	96,500	125,784	96,875	147,910
Accommodation and catering	146,597	55,434	62,091	-	-
Transport and telecomm.	232,649	18,156	35,040	-	-
Finance and insurance	3,682	-	1,070	-	0
Property and business services	173,054	45,153	47,394	43,450	-
Total	1,909,749	300,867	484,183	427,517	697,202

Source: Statistik Österreich: Beiträge zur Österreichischen Statistik, Hauptergebnisse der Leistungs- und Strukturerhebung 1997

Agriculture

In the agricultural sector, most enterprises are small, with up to 5 employees of whom most are family members.

No. of enterprises	employees who are family members	Non-family employees
252,110	547,287	46,427

Source: Statistik Österreich: Agrarstrukturerhebung 1997, haupt- und fallweise Beschäftigte

1.2 Number of small and medium-sized enterprises

Production and service industries

	<i>Total</i>	<i>1-9</i>	<i>10-40</i>	<i>50-249</i>	<i>>249</i>
Mining	302	167	110	22	3
manufacturing industries	25,465	17,226	6,221	1,591	427
energy and water supply	699	543	94	38	24
Building and construction	17,403	11,689	4,920	725	69
Commerce and repair	60,783	52,544	7,108	971	160
Accommodation and catering	36,605	32,570	3,766	253	17
Transport and telecomm.	11,561	9,430	1,832	259	41
Finance and insurance	2,272	2,199	64	10	0
Property and business services	32,868	29,551	2,841	417	59
Total	187,961	155,919	26,956	4,286	800

Source: Statistik Österreich: Beiträge zur Österreichischen Statistik, Hauptergebnisse der Leistungs- und Strukturhebung 1997

Agriculture: 252,110

Source: Statistik Österreich: Agrarstrukturhebung 1997 - a breakdown according to no. of employees is not available

1.3 Selected economic indicators for SME's

Production and service industries

Personnel costs in 1,000 ATS

	<i>Total</i>	<i>1-9</i>	<i>10-49</i>	<i>50-249</i>	<i>>250</i>
Mining	3,592	296	1,054	-	-
Manufacturing	291,277	14,956	43,606	80,847	151,869
Energy and water supply	29,653	458	1,050	-	-
Building and construction	110,952	12,738	41,433	30,469	26,313
Commerce and repair	177,422	30,482	49,655	43,306	53,979
Accommodation and catering	35,775	12,356	14,939	-	-
Transport and telecomm.	100,351	5,110	13,276	-	-
Finance and insurance	1,754	-	576	-	0
Property and business services	73,333	17,488	22,636	19,660	-
Total	824,109	94,479	188,224	194,397	347,008

Turnover - in 1,000 ATS

	<i>Total</i>	<i>1-9</i>	<i>10-49</i>	<i>50-249</i>	<i>>249</i>
Mining	13,171	1,366	3,554	-	-
Manufacturing	1,241,795	60,418	155,399	330,641	695,397
Energy and water supply	142,371	2,048	5,007	-	-
Building and construction	311,225	44,590	107,797	82,700	76,138
Commerce and repair	1,680,439	395,186	438,075	399,351	446,827
Accommodation and catering	114,679	51,633	41,306	-	-
Transport and telecomm.	324,827	39,248	61,159	-	-
Finance and insurance	5,677	-	1,743	-	-
Property and business service	301,311	110,543	86,796	72,898	-
Total	4,135,495	707,890	901,774	977,248	1,548,584

Gross value added

	<i>Total</i>	<i>1-9</i>	<i>10-49</i>	<i>50-249</i>	<i>>249</i>
Mining	7,117	577	1,902	-	-
Manufacturing	412,858	24,369	61,459	111,543	215,487
Energy and water supply	66,013	1,079	1,898	-	-
Building and construction	141,697	21,554	54,847	37,095	28,200
Commerce and repair	261,100	60,591	69,364	58,683	72,462
Accommodation and catering	54,735	23,125	21,130	-	-
Transport and telecomm.	152,681	12,177	20,901	-	-
Finance and insurance	2,939	-	856	-	0
Property and business services	146,189	52,687	41,965	36,403	-
Total	1,245,329	197,528	274,323	276,371	497,107

Investment -in 1,000 ATS

	<i>Total</i>	<i>1-9</i>	<i>10-49</i>	<i>50-249</i>	<i>>250</i>
Mining	2,070	164	537	-	-
Manufacturing	67,788	3,823	9,839	17,812	36,314
Energy and water supply	22,767	739	987	-	-
Building and construction	12,841	3,163	4,584	2,719	2,374
Commerce and repair	35,190	7,857	7,719	8,209	11,404
Accommodation and catering	10,408	5,328	3,469	-	-
Transport and telecomm.	56,402	7,236	6,230	-	-
Finance and insurance	295	-	62	-	0
Property and business services	70,675	28,648	13,516	26,060	-
Total	278,435	57,149	46,942	63,947	110,397

Source of the above economic indicators: Statistik Österreich: Beiträge zur Österreichischen Statistik, Hauptergebnisse der Leistungs- und Strukturerhebung 1997

Apprentice statistics: number of apprentices on 31.12.1998

<i>section</i>	<i>number</i>	<i>percentage</i>
Trades and crafts	69,092	55.1
Industry	14,442	11.5
Commerce	18,925	15.1
Finance and insurance	786	0.6
Tourism and leisure	13,031	10.4
Not registered with Chamber of Trade, etc	7,158	1.5

Source: Wirtschaftskammer Österreich: Lehrlingsstatistik 1998

1.4 Number of Trade Union members in SME's

Every employee who is not self-employed is recorded as a compulsory member of the Chamber of Labour. Trade Union membership is on a voluntary basis. The degree of in-company organisation varies greatly between the individual branches and increases with the size of the company. In total, 63% of employees work in enterprises which have a shop steward or a representative for the personnel.

<i>Differences according to size of enterprise</i>	<i>degree of organisation</i>
fewer than 20 employees	11%
more than 500 employees	91%

<i>Different branches</i>	<i>degree of organisation</i>
Energy and water supply	86%
Chemical industry	82%
Commerce	42%
Wood industry	39%

Source: Arbeiterkammer Oberösterreich: Gut organisiert, <http://www.ak-ooe.at/ak-ooe/aex499c.htm>

A total of 1,480,016 union members are distributed as follows:-

<i>Union</i>	<i>members</i>
Private sector employees	298,044
Public service	229,778
Local government	176,623
Arts, media and freelance	16,202
Building and wood	166,733
Chemical workers	37,941
Rail employees	103,432
Printing and paper	18,023
Commerce and transport	33,715
Hotels, catering and personal services	50,320
Post and telephone	78,436
Agriculture, food etc	44,432
Metal, mining and energy	205,898
Textiles, clothing and leather	18,439

Source: Österreichischer Gewerkschaftsbund: ÖGB-Mitgliederstatistik, Stand 31.12.1998

1.5 Number of SME's belonging to employer organisations

Austrian regulations require all enterprises, no matter what their size, to be members of the Austrian Chamber of Commerce. The second association for employers is the Industrial Association,. This is an organisation with voluntary membership which represents the interests of about 2,000 Austrian enterprises using industrial methods in their production and services. The member enterprises have a total workforce of over 400,00 ¹

Size and structure in the Industrial Association member enterprises.

<i>Employees</i>	<i>0-10</i>	<i>11-49</i>	<i>50-249</i>	<i>over 250</i>
Companies	116	292	515	354
Percentage	9.08	22.87	40.33	27.72

Source: Industriellenvereinigung Oberösterreich, tel. Ms Bernold, situation 3/2000

¹ cf. Industriellenvereinigung: Industrie bewegt, Jahresbericht 1998

1.6 Number of SME's subject to collective agreement regulations

In Austria about 98% of the companies are subject to collective agreement regulations. The reasons why 2% are not subject to such a regulation are as follows²:-

- there is no employer's association
- there are too few employees in this branch or the employment relationship is too atypical (artists, sports-men and -women)
- the branch consists of organisations which do not take advantage of their ability to use collective agreement, or there are technical or legal difficulties

1.7 Sick leave statistics in SME's

Work related illnesses are shown in chapters 1.9, 1.10, and 1.11, broken down according to branch and size of company. There are no figures available in Austria about general sick leave according to company size. In the following table, days of sick leave are shown according to the different economic sectors.

	<i>cases of sick leave</i>	<i>days per 1,000 employees</i>
Agriculture and forestry	23,750	13,533
Fisheries	53	6,617
Mining and stone prod.	15,630	14,849
Manufacturing	736,416	14,802
Energy and water supply	32,221	14,868
Building	353,685	18,370
Commerce and repair	491,212	11,680
Accommodation and catering	131,232	12,820
Transport and communications	154,761	15,515
Finance and insurance	87,293	8,954
Property	193,388	11,713

Source: Österreichisches Statistisches Zentralamt: Gesundheitsstatistisches Jahrbuch 1997

² phone call, Ms.Killian, ÖGB Vienna, 1.3.2000

1.8 Accidents at work in SME's

Distribution according to company size (workplace accidents, including travel)

	<i>no. of accidents</i>	<i>Fatalities</i>
Total	123,163	211
1-10 employees	15,195	41
11-50	24,926	59
51-250	32,254	43
over 250 & non-categorised	50,788	68

Source: AUVA Vienna: Sonderstatistic 1998 sw00-047.xls

Distribution according to economic sectors (most common occupational groups)

	<i>Accidents</i>	<i>fatalities</i>
Metalworkers	25,768	24
Construction workers	18,341	34
Transport, post and freight forwarders	7,170	20
Wood	6,429	5
Retail and sales personnel	5,549	3
Hotel and catering	5,266	1
Electricians, cable production	4,931	7
General unskilled workers	4,649	2

Source: AUVA Vienna: Statistik 1998, p. 12

Agriculture and forestry	7,533	69
--------------------------	-------	----

Source: Social Insurance Institute for Agricultural workers: Sonderstatistik TU43-45.xls

Basically, a decrease in the number of work-related accidents in the production and service sectors can be seen in the period since 1994. This is closely related to the new industrial safety laws (see chapter 2.3)

1.9 Physiological hazards in SME's (caused by vibrations)

Distribution according to company size

	<i>total work-related illness</i>	<i>physiolog. cause</i>
total	1,211	9
1-10 employees	213	-
11-50	195	2
51-250	198	4
over 250 and non classified	605	3

Source AUVA Vienna Sonderstatistik 1998, sw00-047.xls

According to economic sector

	<i>total w.r. illness</i>	<i>physiolog. cause</i>
total	1,211	9
mining	34	-
metal industries	237	3
manufacturing	207	-
Building	187	3
Commerce	72	-
Hotels and catering	41	-
Services	142	-
Other categories	291	3

Source AUVA Vienna Sonderstatistik 1998 table 6.2

1.10 Physical hazards in SME's (caused by physical factors, such as noise)

distribution according to company size

	<i>total w.r. illness</i>	<i>physical causes</i>
total	1,211	481
1-10 employees	213	46
11-50	195	58
51-250	198	95
over 250 + non categorised	605	282

Source: AUVA Vienna: Sonderstatistik 1998, sw00-047.xls

Distribution according to economic sector:

	<i>total w.r. illness</i>	<i>physical cause</i>
total	1,211	481
mining	34	15
metal industries	237	150
manufacturing	207	61
building	187	102
Commerce	72	22
hotel and catering	41	2
other economic sectors	291	117

source AUVA Vienna: Statistik 1998 Table 6.2

1.11 Chemical and biological hazards in SME's

(caused by allergens and toxic materials, bacteria, dust, asbestos)

distribution according to company size

	<i>total w.r. illness</i>	<i>chemical cause</i>
total	1,211	673
1-10 employees	213	159
11-50	195	129
51-250	198	91
over 250 +		
non-categorised	605	294

Source: AUVA Vienna: Sonderstatistik 1998 sw00-047.xls

Distribution according to economic sector

	<i>total w.r. illness</i>	<i>chemical cause</i>
total	1,211	673
mining	34	19
metal industries	237	77
manufacturing	207	140
building	187	65
commerce	72	47
hotels and catering	41	39
service industries	142	128
other economic sectors	291	158

Source: AUVA Vienna: Statistik 1998, table 6.2

1.12 Psychosocial working conditions in SME's

The results of various studies indicate a change in the workplace stress factors: physical strain has decreased owing to technical innovation but psychosocial stress is increasing. In a study done by the IFES Institute mental stress was examined according to the following criteria³:-

emotionally upsetting and distressing work

The fields of health, social work and education are especially affected. Agriculture, forestry and sections of industry are below average.

Distress caused by technical or organisational changes

Above average stress through this criterion is experienced in transport and telecommunications, in mining and administration; it is below average in wholesale and retail occupations.

Change in work process/requirements

Here again, transport is especially affected as well as the building industry, the field of energy and some parts of other industries

Psychosocial problems are less common in small companies than in larger organisations, which can be explained by the lower degree of anonymity and, in general, a better company atmosphere. Staff in management positions with a high level of responsibility are particularly affected.

Almost half of all employees do their work under time pressure. Irregular distribution of work volume, continuous exposure to customers or to the public, high levels of concentration and of accident risk are the rule of daily work.⁴

³ Phone call, Mr. Michenthaler, IFES, 1.3.2000, evaluation of the survey on psychosocial working conditions

⁴ cf. Fasching, M.: Arbeitsbedingungen in Österreich, s.13

2. Current practice of industrial safety and health promotion in small and medium-sized companies

2.1 Brief description of the statutory industrial safety system

"In Austria, industrial safety is a matter of social policy for the State. It defines the basic requirements for a humane organisation of work through its requirements concerning protection of life, health and morality"⁵ (§3 par.1 ASchG - Industrial Safety Act)

This thematic area was previously the responsibility of the Ministry for Social Affairs, but through the new constellation of the government this has been changed. The agenda is now the responsibility of the Ministry of Economy. The main regulatory instrument is the Industrial Safety Act (ASchG). General regulations for industrial safety can be found in the book of General Citizens' Law (§1157) and in the Employees Act (§18). Additionally, there is a collection of laws and regulations which must be displayed publicly.⁶

Scope of the Industrial Safety Act (ASchG)

§1 ASchG defines the scope for the employment of workers. The responsibilities of the employer also apply to leasing workers and workers from outside companies. Exceptions include workers in the civil service, agricultural and forestry workers as well as those employed under the Mining Act. For these fields, the Civil Servants Protection Act, the Agricultural Workers Act and the Mining Act apply. Especially in agriculture and forestry, industrial safety, improved according to EU guidelines, must be ensured through alteration of the Agricultural Work Act 1984 and through the implementation laws of the federal states.⁷

⁵ Meggeneder, O.: Zum Stande der betrieblichen Gesundheitsförderung in Österreich, in: Betriebliche Gesundheitsförderung in Österreich, S 37

⁶ cf. Schreilechner, P.: Arbeitssicherheit und betriebliche Vermögenssicherung, S.19

⁷ cf. AUVA: ArbeitnehmerInnenschutzgesetz in the 1999 draft, §1.(2)3.

Thematic divisions of industrial safety

- Health and safety (technical protection)

This deals with the prevention of accidents and work related illness as well as other hazards which arise from the work situation. It is the main consideration of classic employee protection.

- Deployment protection

This comprises the protection of special groups (maternity protection act, Act for the protection of young people and children) as well as overwork (working hours and leisure time act) ⁸

The following description of the legal situation in Austria has been limited to technical protection - health and safety. In this field there have been considerable innovations through the alignment with the guidelines of the European Union (EU). The legal basis for technical protection in the business economy sector is given by the Industrial Safety Act (ASchG) which first came into effect in 1973. The amendment, in which the guidelines of the EU on health and safety at the workplace were defined for Austria, came into effect on 1.1.95.

Innovations through the adaptation of EU guidelines for national law

- The idea of prevention has become a central element in the law: the emphasis is on risk prevention concerning the workplace, the work process and materials used during work.

- The responsibility of the employer has been comprehensively redefined: the employer must assess possible hazards at each workplace and must document these and carry out appropriate measures.

⁸ cf. Schreilechner, P.: Arbeitssicherheit und betriebliche Vermögenssicherung, S.20

- The right to the preventative services of occupational physicians and safety officers becomes valid for every employee: whereas previously only organisations with more than 250 employees were required to provide medical care at work, now a system of care for small and medium sized companies is also being built up, with interim provisions.

Organs of inter-company employee protection

As well as the regulations which are concerned with in-company responsibilities of health and safety protection and those who implement them, there is also a system of inter-company employee protection. This includes organisations who are directly concerned with the implementation of the legal requirements on the one hand, and on the other organisations representing the employees, such as the Austrian Trade Unions and the Chamber of Labour, which are traditionally responsible for the health and safety interests of their members.

Austrian Workers Compensation Board (AUVA)

The AUVA is an institution of social insurance for blue and white-collared workers, schoolchildren and students, as well as self-employed persons. Further institutions of accident insurance are the Agricultural Workers Social Insurance Institute (SVB), the Insurance Institute of Austrian Railworkers (VAÖE) and the Insurance Institute of Public Employees (VAÖB). The interests of those insured in the AUVA are represented by functionaries of the organisations for employers and employees. The AUVA carries the costs of medical treatment and compensation for the victims of accidents at work and occupational illnesses and possesses its own hospitals and rehabilitation centres for this purpose. The highest amount of spending is on compensation. Preventative measures have a very low budgetary importance; there are advisory and training services for employers and prophylactic organs concerning all questions of health and safety at the workplace, but mainly concerning occupational diseases and the prevention of accidents at work⁹.

⁹ cf. AUVA: Wir sind um Sie besorgt, S.13

Factory Inspectorate

The main task of the factory inspectorate as a national supervisory board is the monitoring of the industrial safety regulations. Since the amendment to the Factory Inspection Act (ArbIG) 1995, which provides the legal basis for the activities of the Factory Inspectorate, the main emphasis has been on advice concerning prevention. Dr. Eva-Elisabeth Szymanski, the head of the Central Factory Inspectorate, gives the following reason for this: 'The main goal of factory inspection is to ensure that the employee protection regulations are observed completely. It is not important how this goal is attained, it is important that it is attained. There are many ways of getting there, and of course one way is to give employers the relevant advice, not only to take legal action against them, although the right to do this is essential for the Factory Inspectorate.'¹⁰

Chambers of Labour

The Chambers for wage and salary earners are obliged by the Chamber of Labour law to represent the social, economic, occupational and cultural interests of employees. In the field of industrial safety, together with the works inspectorate they are called on to ensure the legal regulations are observed. The Chamber of Labour Assembly influences the legislation and is represented in the Industrial Safety Advisory Board of the Ministry of Labour, Health and Social Affairs.¹¹

The Chambers for Wage and Salary earners offer a larger number of training courses, seminars and advisory services in industrial safety than they did previously. Their target groups are the shop stewards and safety officers as well as the employees themselves.

Trade Unions

It is also the task of the Federation of Austrian Trade Unions (ÖGB) to provide a comprehensive representation of the employees' interests, industrial safety being of particular importance. As a result of the social partnership, the Federation participates in the production of relevant legislation. The main activities are concerned with political education.. The function of contact persons and trainers in the company is carried out by the shop stewards and personnel representatives. The ÖGB not only plays a great role in classical employee protection, it is also of great importance for

¹⁰ Szymanski, E.: Die Tätigkeit der Arbeitinspektion im Jahr 1997, Vorwort

¹¹ cf. Mayer, C.: Perspektiven des betrieblichen Gesundheitsschutzes, S. 103

health promotion. Especially the Upper Austrian ÖGB strongly supported the idea of including the workforce, as well as experts, in matters concerning health and safety at the workplace as early as the beginning of the eighties, within the concept of Action G.¹²

2.2 Statutory Industrial Safety Legislation in SME'S

The Industrial Safety Act (ASchG) amendment brought considerable changes for small and medium-sized companies: regulations were drawn up concerning minimum standards of safety and medical care at work. In order to avoid organisational or economic problems caused by adaptation to the regulations, an interim phase was agreed on so that the new tasks - evaluation, documentation and the use of preventative services - could be realised in stages. As well as this, the AUVA bears the costs of the safety and works medical care for worksites having fewer than 50 employees, if the whole company employs fewer than 250 persons. The ASchG does not provide for any differences according to economic branch but does provide for differences according to the size of company or worksites in the following points. The term 'worksites' is defined in § 2 paragraph 3 ASchnG and refers principally to the spatial connection of workplaces or buildings.¹³

Minimum hours for preventative officers, depending on size of works premises (according to ASchG §§ 77 and 82.

	<i>safety officers</i>	<i>occupational doctors</i>
	<i>minimum hours/year</i>	<i>minimum hours/year</i>
11-15	13	9
16-20	18	12
21-25	23	15
26-30	28	19
31-40	36	24
41-50	46	30
51-60	56	37
61-70	66	44
71-80	76	50
81-90	86	57
91-100	96	64
101-150	126	84

¹² Interview with Dr Gumpelmaier, ÖGB Upper Austria, 17.2.2000

¹³ cf. AUVA: Arbeitnehmerinnenschutzgesetz in der Fassung von 1992, §2. (3)

For a workforce between 151-1000, the minimum hours of the safety officers increases by 50 hours for every further 50 employees, for occupational physicians by 33 hours every calendar year

The care provided by the safety officers and occupational doctors takes the form of an inspection carried out once a year for worksites with a workforce of between 11 and 50 and once every two years for those with up to 10 employees (§77a(1)+(2) ASchG)

Coming into force of regulations depending on worksite size¹⁴

no.of employees	evaluation	assignment of preventative services	document completion	no.of worksites in %
1-10	1.1.1997	1.1.2000	1.7.200	82.6
11-50	1.1.1997	1.1.1999	2.7.1999	14.1
51-100	1.1.1997	1.1.1998	1.7.1998	1.8
101-150	1.1.1997	1.1.1997	1.7.1997	0.6
151-250	1.1.1997	1.1.1996	1.7.1997	0.5
>250	1.7.1995	ANSchG	1.7.1997	0.4

For companies with a workforce of over 250, a higher number of contact hours (according to the old industrial safety act) will be kept until the new regulations on the minimum hours come into force.

Assignment of safety officers (SVP) according to the worksite size (in accordance with the SVP regulations)

Safety officers are 'employee representatives with a special function'. They have to inform, advise and support the personnel authorities in all questions of health and safety. The acquisition of the personal and technical requirements must be ensured through relevant training measures.¹⁵

¹⁴ cf. Köck, P. & Lenzmann, A. 'Umsetzung des 'neuen' Arbeitnehmerschutzes in Klein und Mittelbetrieben in Österreich, in: angew. Arbeitswiss. (1999), nr. 159, s. 41

¹⁵ cf. Chamber of Labour, Vienna: Arbeitnehmerschutz S.34

<i>employees</i>	<i>number of safety officers</i>
11-50	1
51-100	2
101-300	3
301-500	4
501-700	5

In order to facilitate the implementation of the new regulations, simplified models were developed especially for SME's, which bring help in the following areas¹⁶:-

- welfare model In workshops of up to 50 employees and a company size of less than 250 employees, the AUVA bears the cost of the preventative officers.
- employer model: After relevant training, the employer can fulfil the function of safety officer in workshops of up to 26 employees.
- condensed model: For workshops with similar circumstances the documentation, hazard and stress profiles can be combined.
- calculated model: This is particularly for seasonal companies as in the tourist industry. The working hours necessary for the preventative services and the deadlines for completion are linked to a number of employees calculated from an annual average.

¹⁶ cf. Köck, P & Lenzmann, A: Umsetzung des 'neuen' Arbeitnehmerschutzes in Klein und Mittelbetrieben in Österreich, in: angew. Arbeitswiss. (1999), Nr.159, s.54ff.

2.3 Flaws and success factors of statutory employee protection in SME's.

The following description basically contains the differences in implementation of the employee protection according to company size. There are no studies of economic sectors which justify general statements.

Organisational/technical factors

Because the *implementation of the industrial safety regulations* takes place in stages, according to the size of the company or worksite, there is a delay in the assessment, the completion of documentation and assignment of preventative staff. Some SME's are still without any support 5 years after the new safety act (ASchG) came into force.

The *minimum number of contact hours* is very low, especially in companies with *fewer than 50 employees*. Within the time available it is not possible to give comprehensive service. This means that contact is limited to inspections (once a year or once every two years). Naturally, the employer is free to purchase additional contact hours, but mostly they are not prepared to do so.

The AUVA has undertaken to bear the costs of the service of the preventative officers for companies with fewer than 50 employees, either by providing personnel from its own prevention centres or by appointing experts. 2/3 of the companies have applied for the service. That means that 1/3 of the companies are without any service, as it cannot be assumed that these companies will pay for the resources themselves.

The rigid rule that costs will only be borne up to a limit of 50 employees occasionally results in loss of jobs at individual worksites.

How well the models are accepted by the companies depends on whether their *implementation is practical*. The *assessment of hazards* has become to some extent a nightmare for SME's. There were problems with very *bureaucratic models* with complicated forms. Small companies have not only a time problem but also an emotional one if they have to fill in a form which consists of more than 4 pages. In general, the *flood of information* poses a difficulty. The reason for industrial safety laws is not questioned, but the new items such as assessment, documentation and preventative services for everyone are not so well accepted, nor is the fact that the highest fine for companies

has been drastically increased (from 30,000 ATS to 200,000 ATS).¹⁷

In small companies there is generally a *lack of structure* in both company operation and personnel (shop steward, safety officer, occupational physician). This causes difficulties when it comes to the implementation of industrial safety regulations, as there is not only a lack of specialist competence concerning the topic but also a lack of competence in communication and implementation. The level of information is better where the relevant structure already exists. However, it is especially in small companies that the responsible personnel lack the relevant qualifications, the safety officers, for example.

In general, SME's have *limited financial scope*, which affects human resources and the possibility of investment. Especially those whose economic situation is weak as they belong to sectors with structural problems are affected: building-related trades such as roofers, plumbers, and foundries, and also textile production trades.¹⁸

The *lack of funds and personnel* in the factory inspectorate prevents comprehensive coverage and control. Only 1/3 of the companies with over 250 employees were inspected in recent years, and only 1/7 of the companies smaller than this.¹⁹

In many sectors, industrial safety has *positive side effects*, especially in the use of safer materials. The incentive comes from the marketing situation - the trend to ecologically acceptable products requires the use of ecologically compatible production processes.²⁰

Management systems which are tailor-made for SME's can simplify the implementation of statutory regulations, particularly in the fields of environment and safety. Systemic approaches will also gain more importance in SME's - because of the legal regulations and also because of the changing competition, so that the enterprises can react more flexibly to the changing conditions.²¹

¹⁷ cf. Köck, P & Lenzmann, A.: Umsetzung des 'neuen' Arbeitnehmerschutzes in Klein und Mittelbetrieben in Österreich, in: angew. Arbeitswiss. (1999) Nr159, s.45 + 46

¹⁸ Interview with Dipl.Ing. Dr Köck, Austrian Chamber of Commerce, 10.2.2000

¹⁹ Interview with Heider, A: AK Vienna, 10.2.2000

²⁰ Interview with Mag.Elsigan G., ppm forschung und beratung, 4.2.2000

²¹ cf. Federal Ministry for Labour, Health and Social Affairs, Sicherheits- und Gesundheitsschutz Management Systeme, s. 19

Personal factors

Important factors for success lie in the *social competence of the management* and those *responsible for industrial safety* as well as in the *general attitude* towards health and safety in the enterprise. Where personal concern is felt, industrial safety functions particularly well.

Participation is an important factor. It is important to involve the employees in the assessment phase - to take into consideration important information from those affected on the one hand, and to achieve their acceptance of possible measures on the other.

SME's generally utilise *external preventative officers*. There are great differences in *level of training and social competence*. Depending on the institution responsible for training, the emphasis is put on technical details instead of on process orientation in the company. This can mean that bureaucratic details take precedence over a comprehensive overview.²² If occupational medical officers and safety officials are assigned separately, instead of coming from the same prophylactic centre, there is often a lack of *co-operation in these two disciplines*.

Industrial safety is left to external experts. Many employers have this attitude. There must be a change in this way of thinking, as industrial safety must come from the company and its staff as part of a continuous process.²³

Well informed staff can be found where there is an adequate structure in the company for industrial safety. In small companies, however, persons are required to fulfil functions for which they are not adequately qualified, e.g. safety officer.²⁴

²² Interview with Dipl. Ing. Knasmüller, work. design, 10.1.2000

²³ Interview with Dipl. Ing. Knasmüller, work. design, 10.1.2000

²⁴ Interview with Dipl. Ing. Dr. Köck, Austrian Chamber of Commerce, 10.2.2000

Sometimes the employer shows unwillingness to participate because he is afraid that high investment will be required, and economic disadvantage for the company will result from safety inspections and detailed workplace analysis. However, experience shows that 90% of the measures concern organisation, and only 10% are technical.²⁵

Results of statutory factory safety

A distinct reduction in both accidents at work and fatalities can be seen since the new factory safety act came into force:

	1994	1995	1996	1997	1998
accidents at work	165,748	160,475	151,270	129,924	124,374
fatalities	294	318	253	254	228

Source: Chamber of Labour, Vienna: Daten und Fakten zum Arbeitnehmerschutz, S3

Especially in SME's, comprehensive coverage - albeit with various deficits - can be seen as great progress.

The discussion of industrial safety is a topic of interest at various levels and has a sensitising effect for both employer and employee.

Commitment, motivation, readiness to co-operate - both for one's own health and safety as well as for one's colleagues - these are the key factors which mean success or failure for industrial safety. This must begin at every level - management, the preventative services, the shop stewards and the employees.

2.4 Workplace Health Promotion in SME's.

Health promotion, as defined in the Ottawa Charter (1986) embraces the whole of human life. In reference to the world of work it is directed towards all the connections, all the factors, the conditions, the causes which affect health.²⁶

²⁵ Interview with Dipl. Ing. Knasmüller, work. design, 10.1.2000

²⁶ cf. Meggeneder, O.: Betriebliche Gesundheitsförderung - Ein Rückblick mit Perspektiven

The Luxembourg Declaration gives the definition:- "Workplace health promotion includes all the combined measures set by employers, employees, and society to improve health at the workplace."²⁷ Particular points according to this definition are the improvement of work organisation, promotion of active employee participation and the strengthening of personal competence.

In Austria, workplace health promotion has developed into a decentralised field of action with a multitude of actors and projects. The orientation of the projects shows a definite trend to classical prevention themes, such as nutrition and exercise.

Measures and Programmes

- complex workplace health promotion programmes

Comprehensive programmes with holistic orientation, aimed at preventative aspects of conditions and behaviour, can be found almost exclusively in larger companies. These projects are based on the main principles of project management. Starting with an analysis of the present situation, a project is integrated into the company over a definite period of time. Important criteria for this are the participation and consent of all persons who are affected by questions of workplace health - from the management, the preventative services, the personnel representatives to the affected employees themselves. Health circles are used as an instrument to ensure the participation of the staff, who are largely the experts in recognising problem situations and also for giving practical solutions. The project is accompanied by in-company and external communication measures. At the end of the project, the aim is not only to have actual solutions to the problems identified but also to have built up a structure in the company which enables a continuous surveillance and development of the standard of health.

²⁷ cit. WHP-Net-News, Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, s. 2

- Lifestyle measures

Health promotion programmes which are mainly behaviour-oriented are also a main feature in workplace health promotion. They are easy to implement and are often one-off actions which makes them easier to realise in SME'S. They range from health conscious canteens, exercise programmes and stress management through to the more sensitive theme of addiction prevention. The main disadvantage is that the work environment is not considered during the search for, and elimination of, causes of illness. However, they may well serve to strengthen the employees against health-damaging factors, as well as influencing motivation and the general atmosphere in a positive way.

- Information, training, networking

In-company and external information and education measures are the building blocks to give information and sensitise people to the issues of health and work. This can be done through publications of various sorts, seminars or information events. For example, multipliers can be used to carry out an exercise programme in the company.

Measures for particular target groups

These measures are designed for groups of people who are particularly affected. They can be orientated towards individuals for example, the coaching models of various social institutes, or towards target groups.

The national programme 'Age-adjusted work environment' aims to contribute to the adjustment of the work environment according to age by carrying out company pilot projects, reform projects in social and labour market policy as well as research and publicity.²⁸ Productive ageing projects are at present related to larger companies. The range of themes deals with monitor ergonomics, stress, shift plan organisation and qualifications²⁹.

²⁸ cf. Kloimüller, I.: Productive Ageing, in: Betriebliche Gesundheitsförderung in Österreich, s.92

²⁹ Interview with Dr. Kloimüller, I., IBG Österreich, 20.1.2000

The actors in workplace health promotion

As well as the sickness funds and social insurance institutes, workplace health promotion is also supported by the *Chambers of Labour, trade unions, Chamber of Commerce and local authorities*. Independent organisations also offer their services, which range from implementation of industrial safety to management training. Here the border between workplace health promotion and other disciplines, such as organisation development, quality management and leadership skills, becomes hazy, as these also influence the physical and mental well-being of the employees.

In-company actors. These include the *management, the employee representatives and the preventative services*. Shop stewards or occupational medical officers often initiate action. Occasionally, the initiative comes from the management.

The *impulse* is given by above average time loss through illness, motivation problems or the personal concern of the employer.³⁰ Economic considerations play a role for the employer if there is a competitive advantage to be gained through healthier staff or a better image.

2.5 Deficits and factors for the success of workplace health promotion in SME's

Just as in statutory industrial safety, problems occur in initiating and implementing workplace health promotion measures at both the personal and structural level.

Organisational and technical factors

As already shown in chapter 2.3, small companies generally suffer from a lack of *structure* for industrial safety concerns. If the resulting lack in expertise and implementation affects whether the legal requirements can be met or not, how much more does this affect health promotion, which is a voluntary matter. *Information* is available in companies where shop

³⁰ Interview with Fr. Mag. Gröschel, Hauptverband der Sozialversicherungsträger, 20.1.2000-

stewards or preventative officers keep the topic visible, or in sectors where there is a high degree of union organisation. The employees can be reached there through the media of their representatives.

The kind of health promotion measures that the enterprise can implement depends on its size and structure. Small companies can generally carry out *one-off actions* or *preventative behaviour* programmes. Health circles or complicated team processes are more difficult to realise for organisational reasons. If there are no responsible bodies (health committees, shop steward) who take an interest in health matters after the end of the measures, then the *continuity* suffers.

The *financial scope* is one of the main criteria whether health promotion activities are offered or not. In small and medium sized companies it is accordingly smaller, which has an effect on the resources (as above). The kind of arguments given, that relevant measures pay off because time loss is reduced, that motivation and quality increase and therefore so do profits, generally only impress large concerns. On the one hand it is easier to do an objective cost-benefit analysis in large companies, on the other they can invest in health promotion more easily as it produces long-term benefits.

Management systems will become more important for SME's, too. Combined systems which connect safety, quality and environmental management help to keep to the legal standards on the one hand and also free resources for additional measures. the organisational or financial scope resulting can be used for additional measures. As well as this, responsibility for health and safety is defined.

Person-related factors

Key factors in the initiation and implementation of workplace health promotion are the *personal attitude and social competence* of those responsible for it as well as the *corporate culture* in a company. They are decisive for the readiness to accept health promotion and influence the how the measures are carried out. These criteria are the same for small as well as for large companies, the only difference being that in larger companies more co-operation is necessary between the persons

responsible (management, middle management, shop steward, prophylactic staff). This requires more *communication and information* in advance to ensure optimum co-operation. Especially complex projects fail because the human component has not been taken into consideration or because sources of informal power block the progress.³¹

The *participation of the staff* is closely connected to the corporate culture in the company. After all, they are the ones affected by the health promotion measures. *Sensitive preparation of information* and transparency are necessary to dispose of any fear or resistance in advance. Many people are sceptical, as they imagine that further exploitation is the target of the measures, especially when this is only a reduction of time lost through illness. When they are *included in finding a solution*, in health circles for example, expert knowledge is utilised. It is important that trust and openness do not bring any disadvantage. The *employees must participate of their own free will*, and must be allowed time off work for this. The *solutions proposed* must subsequently either be implemented or good reasons given why they are not. If nothing happens, there is a high level of frustration. Especially in life-style programmes, it is important that *self-responsibility and voluntary participation* is stressed, as healthy but tasteless canteen food or compulsory gymnastics in the breaks will hardly meet with any great success.

The *lack of anonymity* in small companies can have both *positive and negative effects* on the practice of health promotion. Where the boss himself is affected by health-damaging factors or is confronted with employees who are affected, the readiness to take measures increases.³²

On the other hand, control is stricter and the fear of being dismissed is greater, as there is no protection from the shop steward. In small companies the close contact at work also leads to more identification with the company and solidarity towards the employer. In times of economic crisis, even the employees reject health promotion measures if these could cause financial problems for the enterprise.

³¹ cf.Gründemann, R.: Krankheitsbedingte Fehlzeiten, in: Krankenstände in Betrieb -wie können sie reduziert werden, s.17

³² Interview with Fr.Dr.Peilowich-Pichler, AUVA Linz.11.2.2000

Results of workplace health promotion

Apart from measures which fail because essential criteria have not been taken into consideration, both employers and employees see a positive outcome. If health promotion is practised in the company in a comprehensive way, it has positive effects on time loss, motivation and productivity. The dimension of success naturally depends on the extent of the measures carried out. But also one-off actions and small programmes can have a positive influence on corporate culture and company atmosphere if they are aimed at keeping the staff healthy in a believable way. They not only help to avoid factors which damage health, they also contribute to the factors which improve health, and also improve awareness concerning health in private life.

3 The value of health protection according to national experts

3.1 Sickness funds and industrial health institutes

Task and role

The *social insurance institutes* are not immediately concerned with the implementation of statutory health and safety standards in the companies, they are concerned, however, with payment. Amongst their services, then, measures can be found which have as their objective the prevention or reduction of industrial accidents, diseases or other occupational hazards.

The 50 ASVG Amendment of 1992 provided a basis for the social insurance institutes to carry out health promotion. The Health Promotion Act (1998) provides an additional legal framework for measures and initiatives for the maintenance, promotion and improvement of health as a whole. "Participatory intervention approaches, health circles, improvement of communal catering and special programmes for small and medium-sized companies" are proposed as ways of implementing the measures.³³

The *Austrian Social Insurance Institute* carries out the following functions in the field of workplace health promotion:

³³ cf. Scharinger, C: Bestandsaufnahme-Betriebliche Gesundheitsförderung, S 1f

provider of services, service point for service providers, co-operation and network partner.

The legal assignment of the *Austrian Workers' Compensation Board (AUVA)* comprises the fields of accident prevention and the fight against industrial diseases. The AUVA offers a range of preventative measures in workplace health promotion.

The *factory inspectorate* puts emphasis on preventative advice as well as on its main assignment of inspection and control. They are a shining example of how a supervisory authority can function as a service, particularly when workplaces are to be redesigned.³⁴

³⁴ cf. Meggeneder, O: Krankenstände im Betrieb - wie können sie seduziert werden?, S. 60

The *Upper Austrian Sickness Fund* is the *national contact point* within the European network for workplace health promotion. In this function it aims at an exchange of information and experience with the various actors and supports concrete projects in this field.

The Fund for Austrian Health (FGÖ) is a country-wide institution whose objective is to encourage health promotion processes and to support activities. People at work are one of the main target groups.

Measures

The measures taken by the institutions of health and insurance range from inspection, advice and information to concrete model projects, according to their objectives and their legal assignment.

The Upper Austrian Sickness Fund, as the national contact point, offers regular *expert conferences* on the topics of "Health Promotion and Public Health in Austria". These conferences are important platforms for information and networking. Additionally, it supports the development of *concrete projects*. At the conference "Healthy Workers in Healthy Enterprises" (1999) in Bonn, Austria had above average representation with its six exemplary models. The prize-winning companies were from the sectors industry, mining, tourism and energy and had workforces of between 80 and 8,000. ³⁵

As well as its legal insurance duties, the *Social Insurance Institute for Agricultural Workers* places emphasis on health promotion. For example, multipliers are trained for an *exercise programme* in co-operation with the technical colleges and the Chambers of Agriculture. This programme teaches competence in ergonomically correct behaviour and compensating exercises. ³⁶

³⁵ cf. BKK Bundesverband Essen: Beispiele guter Praxis betrieblicher Gesundheitsförderung, S.52ff

³⁶ Interview with DI Stadlmann, Social insurance institute of agricultural workers

The project "*Colleagues move colleagues*", an initiative of the AUVA and the Upper Austrian Sickness Fund, trains staff as multipliers for in-company exercise programmes.

Marketing activities offer the companies an incentive to realise health promotion at the workplace. In this connection, the Fund for Austrian Health has promised a prize for innovative measures.

Standpoints and strategies

With the WHO objectives as a background, some federal states have defined *regional health objectives* for the 21 century. The objectives agreed on between the social insurance institutions and local authorities plan, amongst other things, that at least 10% of all medium and large companies should undertake to implement the principles of healthy workplaces by 2005.³⁷

Because there is no central authority in Austria, many activities run parallel to each other with no connection. *Competent networking and quality control* of the projects will be among the most important activities in future.³⁸

Health promotion should be strongly anchored in the centre of workplace health promotion, particularly in occupational medicine. This means that the *initial and further training* of occupational physicians must be *improved* in this field.

Older employees, small and medium-sized enterprises are the problem areas of the future concerning health promotion. Models and concepts connecting these areas should be developed.

³⁷ cf. Scharinger, C.: Bestandsaufnahme - Betriebliche Gesundheitsförderung, S. 2.

³⁸ cf. Scharinger, C.: Bestandsaufnahme - Betriebliche Gesundheitsförderung, S. 3.

A further important point is the development of successful models for *workplace health reports* as a starting point for comprehensive workplace projects.³⁹

The representatives are increasingly realising that workplace health promotion is a win-win situation for both sides. It is important to use *marketing activities* to make this clear in the enterprises. Initial support is also necessary for interested companies, such as regional networks which offer advice and know-how on how to implement measures.⁴⁰

3.2 Employer organisations

Task and Role

The employer organisations are mainly concerned with the statutory industrial safety regulations. As well as showing their political position on the topic, they see their task as giving information and support to their members in the implementation of the statutory regulations.

Measures

As well as providing *advisory services*, the Chambers of Commerce offer *training courses* in industrial safety for safety officers and safety experts. The courses are offered through the educational institutes of the Chambers, the WIFI's.

The Department of Ergonomics of the Federal Chamber of Commerce is working on *pragmatic assistance for the implementation of the statutory standards*. Simplified forms have been developed for evaluation and documentation in SME's.

The *ecological advisory service* for companies in WIFI Linz is a service provided by the Land of Upper Austria and the Chamber of Commerce for healthy companies in a healthy environment. It gives an example of comprehensive and innovative objectives: in a pilot project, five Upper Austrian enterprises

³⁹ cf. Scharinger, C.: Bestandsaufnahme - Betriebliche Gesundheitsförderung, .S.4.

⁴⁰ cf. Meggeneder, O.: Betriebliche Gesundheitsförderung - Ein Rückblick mit Perspektiven

were given a generic management system intended to ensure that standards of environment, safety and quality were kept (see models of good practice). This management system is particularly suitable for small and medium-sized companies

Networking and a 'whole system' view are also the basis for the project *"Top Enterprise in a Top Region"*. Together with representatives of regional industry, the Institute for the Promotion of Industry and external advisors, it aims to improve the psychosocial skills of management staff and employees in small and medium-sized companies.⁴¹

The Chamber of Commerce Upper Austria offered to serve as a forum for the latest *information day on workplace health promotion in October 1999*, thereby showing its interest and readiness to co-operate in this field.

Standpoints and strategies

"Industrial safety is the right step for the employer to take for long-term workplace and capital safety. The development of industrial safety began at the start of the industrial age. Safety measures were continuously improved, which was also in the interests of the employer, so that today there is already a very high standard in many companies."⁴²

The connection between safety standards and the economic existence of the company should be made clear when employer representatives appeal to their members.

The objectives of industrial safety and health promotion are basically not questioned by employers, but there is a distinction made regarding the legal requirements. The extension of the safety act (ASchG) to small and medium-sized companies caused a certain sensitivity to this topic. The inspection model for worksites with a workforce of up to 50, where the AUVA bears the costs, has had a positive effect and is widely accepted. Enterprises with a workforce between 50 and 250 are excessively burdened by costs and bureaucracy.

⁴¹ cf. Pro-Regio, schlierbach: "Top Unternehmen in einer Top Region", Konzept, S.1

⁴² cit. Leischko, E.u. Hlawacek, S.: Arbeitssicherheit und betriebliche Vermögenssicherung, S.3

A basic disadvantage of the Industrial Safety Act is that it is applied to all sectors without differentiation, without taking the risk factor into account. It would be preferable to have a more flexible model. This would lead to more understanding and acceptance from the employer towards particular statutory regulations and would free resources for individual measures. Combined models of more flexible statutory regulations with participatory models of health promotion would comply with the real objectives of workplace health protection. Comprehensive and integrated workplace health promotion are however, more likely to be realised in larger companies.⁴³

3.3 Employee representatives, unions

Task and Role

Industrial safety and health promotion are central tasks for *trade union activity* in their role as representatives of the workers interests. Whereas the *Chambers of Labour* are more concerned with the scientific and technical field, the unions take responsibility for the ideological and political field as well as initiating and supporting concrete projects.⁴⁴

Measures and Programmes

Within the scope of Action 'G', the ÖBG Upper Austria made concrete steps towards workplace health promotion. The measures were carried out in various ways; by making the general public aware of health and environment issues, and also through projects in companies, where the workers were involved through health circles. There were topics such as new management philosophies, stress reduction seminars, office organisation and time management. The main objective of Action 'G', apart from raising awareness of health at work in general, is to achieve the participation of those affected and also the co-operation between science and practical experience.⁴⁵

⁴³ Interview with Dr. Prugger, Upper Austrian Chamber of Commerce, 8.3.2000

⁴⁴ cf. Meggeneder, O., in Mayer, C., *Perspektiven des betrieblichen Gesundheitsschutzes*, S. 105

⁴⁵ cf. Mayer, C.: *Perspektiven des betrieblichen Gesundheitsschutzes*, S. 184

In the project 'Spagat', an initiative with the co-operation of ÖGB and 'ppm research + advice' (ppm forschung + beratung), the problems of women at work are currently being looked at in women's health circles, and relevant measures are being developed.

The union does not solely use its own resources, it is also involved in the *development of facilities and networks* which work within the scope of industrial safety and health promotion. The Occupational Medical Service (AMD) and 'ppm research + advice' offer services to enterprises in the field of occupational medicine, on working conditions or environmental protection in the company. In co-operation with the Federal Ministry for the Environment, Youth and Family, and with the support of the EU, ppm has developed a handbook on safety, health and the environment for small and medium-sized companies.

Standpoints and Strategies

The ÖGB sees the *further development and expansion of union organisation* as an important task. Small and medium-sized companies remain a problem area in industrial safety. It is not possible to reach the employees because there is a lack of structure - for example, there are no shop stewards. If the employer is not involved, there is neither information nor acceptance of any measures.

The situation of *older employees* at work is gaining in importance. Demographic development, changes in technology, and the current practice of dismissing older employees make it increasingly necessary to take action, especially considering the simultaneous raising of the retirement age. This requires carefully directed programmes and projects at both company and political levels.

The main emphasis in the future must be on *instruction in and campaigning for* health and safety issues. This concerns the general attitude towards industrial safety. The companies must bear the costs of the resources used by their staff, barriers must be created to prevent these costs being transferred to society in general, and a system of incentives for health promotion must be developed.⁴⁶

⁴⁶ Interview with Dr. Gumpelmaier, ÖGB Upper Austria, 17.2.2000.

4 Summary and evaluation of health and safety at work in small and medium-sized companies

4.1 Strengths and weaknesses in statutory industrial safety

Great progress has been made with the coming into force of the new industrial safety act, as the legal requirements are also valid for small and medium-sized enterprises. These include an analysis of workplace risks as well as minimum requirements for preventative care services.

Special provisions have been made for small companies in the implementation of the statutory requirements. Whether the required measures serve the real aim of health and safety for the employees or not depends on the political point of view. The employers consider that rigid regulations, which are applied without differentiating between sectors of industry, cost more in expense and effort than they bring for the employees. Representatives of the workers see problems in the low hours required of the preventative services and also in the technical orientation of the experts.

The wide exposure of the issues in various media has certainly led to a higher degree of sensitivity to health and safety at the workplace. The reduction in the number of accidents at work can also be connected to the introduction of the statutory regulations and the orientation towards prevention.

4.2 Strengths and weaknesses in health promotion

Workplace health promotion which goes beyond the statutory requirements of industrial safety is still the province of the larger enterprises. These companies can defend investments in the health of their employees through a cost-benefit calculation, and also possess the necessary structure.

Small companies are confronted with the advantages and disadvantages of a lack of anonymity and a lack of structure. To be personally affected by working conditions which affect health, or to see a colleague affected, could be the reason to start workplace health promotion. However, greater solidarity in small companies, also towards the business objectives, can also cause some employees to help their boss to save even on standards of safety.

The measures carried out in small companies are mostly limited to one-off actions with a preventative behaviour approach. The utilisation of such offers must be voluntary and based on personal responsibility. In smaller companies, there is a danger that the chance to make an independent decision is limited by the fact that it is easier to keep a check on employees.

Communication and participation are basic principles for successful workplace health promotion. Experience has shown that even expensive programmes have little effect if these criteria are not taken into consideration. In this respect, even small companies can organise successful and unbureaucratic programmes at little expense.

4.3 Conclusions and instructions

Statutory industrial safety can only define a field if it first defines certain tasks. Protection for the health and safety of the employees can not be assured by laws or regulations alone. The social component, which reaches from the personal attitude of the management to the personal responsibility of the workers, is in the end decisive as to whether the aim of health is achieved or not. If health promotion is not a company objective, it will only remain as rules which are not followed completely. For the special situation of small or medium-sized companies, conclusions can be drawn for future activities:

Make employees into experts - that is a key principle of successful health promotion, and not only for large companies. In a small company, participation will take another form, but the knowledge of those who are really affected should also be utilised here. In the end, a company culture which involves a democratic approach has a positive effect not only on health and company atmosphere, but also on motivation and productivity.

The qualifications of those responsible for health and safety should not be limited to specialist knowledge, but should also include social competence. Emphasis must also be placed on this in the field of training. The increase in psychosocial stress necessitates the development of suitable methods for recognition through to prevention.

Co-operation with regional or supraregional organisations in the form of networks ensures that small companies can participate in spite of limited scientific or practical knowledge. Networking in the field of health encourages the exchange of experience. Synergy effects can be utilised.

In the implementation of industrial safety, small and medium-sized companies need practical and unbureaucratic models which encourage acceptance and liberate resources. Systems which combine the management of safety, health and the environment will be an important instrument of support in a dynamic market.

The thoughts of the entrepreneur are always on how economic the measures are. Small companies cannot use cost-benefit calculations, in the form of reduced loss of time through illness, to the same extent as large ones. Other incentives are needed to encourage investment in health, such as an improvement of image, in quality or in the motivation of the employees. Health promotion is a win-win situation, and as such, has a great chance for the future.

Bibliography

Statistics

Arbeiterkammer Oberösterreich: Gut organisiert, <http://www.ak-ooe.at/ak-ooe/aix499c.htm>

Allgemeine Unfallversicherungsanstalt Wien: Sonderstatistik 1998, sw00-047.xls

Allgemeine Unfallversicherungsanstalt Wien: Statistik 1998

IFES Wien: Auswertung Befragung 2/1997 - 11/1999 zu psychosozialen Arbeitsbedingungen
im Rahmen der Arbeitsklimaindexterhebungen der Arbeiterkammer
Oberösterreich

Industriellenvereinigung Oberösterreich: Größenstruktur der
IV-Mitgliedsbetriebe Stand 3/2000

Österreichischer Gewerkschaftsbund, Landesstelle Oberösterreich: ÖGB-Mitgliederstatistik, Stand 31. 12. 1998

Österreichisches Statistisches Zentralamt: Gesundheitsstatistisches Jahrbuch 1997

Sozialversicherungsanstalt der Bauern: Arbeitsunfälle nach
Tätigkeiten und häufigsten Unfallursachen 1998, Sonderstatistik TU43-45.xls

Statistik Österreich, Abteilung 3: Beiträge zur Österreichischen Statistik, Hauptergebnisse der Leistungs- und Strukturhebung 1997, Produzierender Bereich und Dienstleistungsbereich

Statistik Österreich, Abteilung 2 (Land- und Forstwirtschaft): Agrarstrukturhebung 1997

Wirtschaftskammer Österreich: Lehrlingsstatistik 1998

Literature

Allgemeine Unfallversicherungsanstalt: ArbeitnehmerInnen-schutzgesetz in der Fassung von 1999, Wien

Allgemeine Unfallversicherungsanstalt: Wir sind um Sie besorgt, Wien 1998

Arbeiterkammer Wien: Arbeitnehmerschutz, Wien 2000

Arbeiterkammer Wien: Daten und Fakten zum Arbeitnehmerschutz, Nov. 1999

BKK Bundesverband: Beispiele guter Praxis betrieblicher Gesundheitsförderung, Essen 1999

Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, Dortmund, WHP-Net-News, Sonderausgabe, 1998

Bundesministerium für Arbeit, Gesundheit und Soziales: Die Tätigkeit der Arbeitsinspektion im Jahr 1997, Wien 1998

Bundesministerium für Arbeit, Gesundheit und Soziales: Sicherheits- und Gesundheitsschutz-Management Systeme, Wien 1999

Fasching, M.: Arbeitsbedingungen in Österreich, Bundesministerium für Arbeit, Gesundheit und Soziales, Wien 1998

Industriellenvereinigung: Industrie bewegt, Jahresbericht 1998

Köck, P. und Lenzmann, A.: Umsetzung des „neuen“ Arbeitnehmerschutzes in Klein- und Mittelbetrieben in Österreich, in: angew. Arbeitswiss. (1999), Nr. 159

Mayer, C.: Perspektiven des Betrieblichen Gesundheitsschutzes, Linz 1997

Meggeneder, O.: Betriebliche Gesundheitsförderung – Ein Rückblick mit Perspektiven, Aufsatz, ohne Jahresangabe

Noack, H. und Meggeneder, O.: Krankenstände im Betrieb – Wie können sie reduziert werden?, 1997

Österreichische Kontaktstelle für betriebliche Gesundheitsförderung: Betriebliche Gesundheitsförderung in Österreich, Linz 1997

Pro-Regio, Zentrum für nachhaltige Gemeinde- und Regionalentwicklung, Top Unternehmen in einer Top Region, Modell für ein Präventions- und Lernprogramm für Unternehmen, Konzept, 1998

Scharinger, C.: Bestandsaufnahme – Betriebliche Gesundheitsförderung, Aufsatz, 2000

Schreilechner, P.: Arbeitssicherheit und betriebliche Vermögenssicherung, Wien 1996

Interviews

Mag. Elsigan Gerhard, ppm forschung + beratung, Linz, 4. 2. 2000

Mag. Gröschel Claudia, Hauptverband der österreichischen Sozialversicherungsträger, Wien, 20. 1. 2000

Dr. Gumpelmaier Erich, ÖGB Oberösterreich, Landessekretär, Linz, 17. 2. 2000

Heider Alexander, Arbeiterkammer Wien, Arbeitnehmerschutz, Wien, 10. 2. 2000

Dr. Kloimüller Irene, IBG-Österreich, Institut für Betriebliche Gesundheitsförderung, Wien, 20. 1. 2000

Dipl.Ing. Knasmüller Gerhard, work.design, Sicherheitstechnisches Zentrum, Linz, 10. 1. 2000

Dipl.Ing. Dr. Köck Peter, Wirtschaftskammer Österreich, Gruppe Ergonomie, Wien, 10. 2. 2000

Dr. Peilowich-Pichler Claudia, Allgemeine Unfallversicherungsanstalt, Linz, 11. 2. 2000

Dr. Prugger Erhard, Wirtschaftskammer Oberösterreich, Leiter der Abteilung Sozialpolitik, Linz, 8. 3. 2000

Dipl. Ing. Stadlmann Heinrich, Sozialversicherungsanstalt der Bauern, Leiter der Sicherheits- beratung und Gesundheitsförderung, Wien, 10. 2. 2000