

# Focus on Social Dialogue in Transition: Navigating Change in Europe

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Social Dialogue in Safety and Health  
Regulations on Remote Working: a New Challenge  
for Social Partners. The Case of CEE Member States

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## 1. *Introduction*

The development of teleworking is directly linked to technological change and is a “legacy” of the Covid-19 pandemic, during which teleworking solutions were introduced due to the social distance rules imposed by the crisis. Although teleworking was introduced in workplaces around the world as a temporary measure to contain the spread of the Sars-Cov-2 virus, it was quickly adopted as a preferred way of working by many organisations and workers alike. According to Eurostat, 9% of the total European workforce teleworked in 2023. It is therefore expected that remote working will become increasingly common, especially for workers who care for dependents. Teleworking has already been the subject of several publications. It has been analysed from various angles, such as the environmental aspect (reduced carbon footprint due to less commuting), various aspects of employee management and work-life balance. However, little research has been conducted on the provision of safe and healthy working conditions in teleworking, *i.e.* which aspects of safety and health are at the discretion of the employee, and which obligations are the responsibility of the employer.

Nevertheless, it is important to investigate the provision of safety and health in teleworking for several reasons. Safety and health is a fundamental right at work and needs to be respected. Employees who perform work duties at the employer's premises are entitled to safe and healthy working conditions. Employers must fulfil occupational safety and health (OSH) legal obligations such as completing an occupational risk assessment of the material working environment and analysis of the risks stemming from organisational factors and social relations at work. Based on the results of the risk assessment, the identified occupational hazards have to be eliminated, or minimised. Generally, working with display screen equipment can cause physical health hazards such as musculoskeletal disorders, ocular and visual problems, headaches, cardiovascular diseases, diabetes, and strokes, as well as mental health problems such as anxiety, insomnia or depression that stem from psychosocial risk factors. Consequently, employers have a legal duty to reduce such health hazards by providing ergonomic workstation equipment and minimising psychosocial risk factors by introducing adequate organisational measures, adapted to the type of work carried out.

However, there has been observed a poorer provision of safety and health in remote working compared to the work performed at the employer premises. This was particularly the case during the pandemic. Workers were then assigned telework as an emergency measure aimed at preventing the spread of the virus, regardless of their capacity to ensure ergonomic workstations or the lack of it. Consequently, workers in telework were faced with such adverse working conditions as improper office furniture, prolonged use of laptops and mobile devices, improper lighting, room temperature and noise levels, or even electrical hazards. Equally, remote working has been conducive to numerous psychosocial risk factors such as long working hours, increased quantitative job demands, higher work pace, monitoring of job performance, blurred boundaries between private and professional spheres, social isolation, and technostress to name but a few.

Owing to the poor provision of safety and health in teleworking during the pandemic, negotiations with social partners across Member States were initiated to improve the working conditions of remote workers. Regulations on remote working have emerged in most EU Member States, to varying degrees as a result of action by the social partners (negotiations between them), action by the public authority followed by consultation with the social partners, or fully independent action by the public authority. Therefore, the

present paper aims to assess the effectiveness of the agreed provisions in ensuring safety and health in remote working. The analysis will be focused on the regulations introduced in EU Central and Eastern European (CEE) Member States. Full remote working (provided exclusively outside the employer's premises) and hybrid working models (combining work from the employee's home with work at the office/employer's premises) are analysed. Without any doubt, the introduction and operation of remote working presents numerous challenges that span across various aspects. However, research on collective bargaining related to telework in CEE Member States remains very limited. Therefore, this paper aims to fill this void by assessing the collective bargaining on telework in the CEE region. In the paper, we would like to focus exclusively on the aspects resulting from the employer's obligation to provide safe and healthy working conditions for workers. We would like to answer the question of to what extent the social partners in the CEE Member States have addressed the issue of ensuring the right to health and safety at work for remote workers (bilateral or trilateral).

Above all, we would like to capture to what extent these works/discussions/negotiations were deepened and to what extent the social partners returned to this topic at a time when they already had more experience with remote working. In other words, what were the dynamics of taking up the topic? Most CEE Member States are characterised by a relatively underdeveloped social dialogue, and the number of workers covered by collective agreements is very low in some of them (*e.g.* the Baltic countries or Poland). To varying degrees, we can speak of the development of tripartite dialogue. The question arises to what extent these conditions have been an obstacle to addressing the topic of health and safety for remote workers in an effective manner. The social partners may have been inspired to take up this topic by a direct need, related to the development of remote working, or it may have been indirectly linked to the implementation of the European agreement on digitalisation. Individual CEE Member States "started" in a different place: the number of remote workers before the COVID-19 pandemic had varied between the countries, and there had been established more or less specific regulations on teleworking. Specifically, we would like to explore whether the social partners undertook in their discussions/negotiations/consultations with public authorities concerning areas such as:

- ergonomics of remote workers' workstations;
- occupational risk assessment;

- OSH-related training;
- employer inspections related to OSH obligations and the employer's obligation to comply with OSH regulations.

We intend to examine to what extent the discussions/negotiations/consultations have led to specific regulations taking into account the specificities of remote working and to what extent there has been a formal “sticking together” of regulations and rules that were previously in force and functioned in the area of classic work organisation. In the paper, we intend to focus on measures taken at the national/sector level. The level of individual workplaces and possible good practices at this level will have the character of a complementary outlook at social dialogue activities on OSH in the context of remote working at the national or sectoral level. Our study methodology has included a literature review focusing on the impact of collective bargaining on workers' health, and a legal analysis of national laws on teleworking. The research has been crucially complemented by qualitative interviews conducted in January 2024 with trade union OSH officers across the CEE region, namely: Croatia, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.

## 2. *Setting the problem*

The purpose of this paper is to explore the extent to which trade unions in Central Europe recognise the new OSH challenges associated with the development of remote working. Independently of this specific question, however, it is worth taking a brief look at the literature to see if we have an answer to the question of the impact of trade unions on workers' health.

Negotiating working conditions, including OSH, in telework poses important questions on the role of trade unions and social dialogue in addressing issues faced by remote workers, particularly in the context of a workforce often characterised by high education levels and higher income – groups that historically have lower union density<sup>1</sup>.

While union density may be lower among white-collar and upper-income professionals, trade unions serve a broader purpose than merely

<sup>1</sup> HEWITT, *Panoptic Employment: Remote Worker Health Data Under Surveillance*, in *Colum. Sci. & Tech. L. Rev.*, 2023, 24, p. 349.

representing their direct membership. Their role extends to shaping labour standards and policies that benefit all workers, regardless of their union status<sup>2</sup>.

This is particularly relevant in the case of remote work, as its widespread adoption presents challenges and opportunities that affect labour markets at large as it is part of a broader shift toward flexible, technology-driven labour markets. Unions have a stake in ensuring this transition is fair and sustainable, addressing emerging issues like algorithmic management, surveillance, and the erosion of boundaries between work and personal life (Indeed, European research shows that sectors that the rise of telework has been more equitable in sectors with stronger trade union presence, including in jobs driven by technological development<sup>3</sup>).

The literature shows that it is difficult to analyse the impact of union membership/working for a unionised employer and being covered by collective agreements on OSH or lack thereof. We also have to contend with a relatively small number of studies on trade union policies on health and safety or, more broadly, on health.

Of course, we can start with the trivial observation that it would be possible to study the impact globally and at the workplace level, possibly at the level of a particular sector.

Trying to answer the first question would be very difficult – of course, trade unions take action to shape public policy on health and safety in a particular way, but it does not seem possible to isolate methodologically the impact of union policy on public policy and then assess its impact on public health. The research conducted so far tends to rather focus on determining the impact of trade unions on health at the workplace level.

One study shows that trade unions, and in particular collective bargaining at the workplace, have a role to play in supporting workers' physical and mental health, with a stronger and more statistically significant impact on

<sup>2</sup> CHUNG, SEO, *Flexibility stigma across Europe: How national contexts can shift the extent to which flexible workers are stigmatised*, Social Indicators Research, 2024, 174(3), pp. 945–965.

<sup>3</sup> VEVERKOVÁ, *Enhancing the social partners and social dialogue in the new world of work in the Czech Republic*, in VAUGHAN-WHITEHEAD, GHELLAB, MUNOZ DE BUSTILLO LLORENTE (eds.), *The New World of Work* Edward Elgar Publishing, 2021, pp. 155–187; ZWYSEN, *Remote work as a new dimension of polarisation: Individual and contextual determinants of the relationship between working from home and job quality*, in COUNTOURIS, DE STEFANO, PIASNA, RAINONE (eds.), *The future of remote work*, ETUI, 2023.

mental health. The study did not find any physical health benefits from union membership compared to working in a unionised environment<sup>4</sup>.

The relationship between employment and public health is well described<sup>5</sup>, but studies of the relationship between collective bargaining and workers' health are fewer and focus mainly on three types of approaches.

A first set of studies looks at the relationship between union membership and health using cross-sectional or macro-level data. For example, Sochas and Reeves<sup>6</sup> have shown, using European comparative data, that health inequalities are high when unions represent only part of the workforce, but low when a high proportion of the workforce is unionised. Similarly, higher union density is associated with lower depressive symptoms among workers<sup>7</sup>. The same type of analysis has also been carried out looking at differences between industries based on union density<sup>8</sup>.

A second set of studies has focused on the individual relationship between union membership and health, mainly using individual longitudinal data. The results from these studies are quite contradictory, showing either a positive<sup>9</sup> or a negative relationship<sup>10</sup>. A few other studies have focused on the advantages of using a longitudinal approach to assess the relationship between union membership and wages or job satisfaction, but such a perspective is still rare when considering health<sup>11</sup>.

A third set of studies takes a collective approach by focusing on the bargaining process within companies, particularly through health and safety committees. These committees are set up to negotiate working conditions

<sup>4</sup> WELS, *The role of labour unions in explaining workers' mental and physical health in Great Britain. A longitudinal approach*, in *Soc. Sci. Med.*, 2020, 247, 112796.

<sup>5</sup> ROSS, MIROWSKY, *Does Employment Affect Health?*, in *JHSB*, 1995, 36, 3.

<sup>6</sup> SOCHAS, REEVES, *Does collective bargaining reduce health inequalities between labour market insiders and outsiders?*, in *SER*, 2022.

<sup>7</sup> REYNOLDS, BUFFEL, *Organized Labor and Depression in Europe: Making Power Explicit in the Political Economy of Health*, in *JHSB*, 2020, 61(3), pp. 342-358.

<sup>8</sup> APPLETON, BAKER, *The Effect of Unionization on Safety in Bituminous Deep Mines*, in *J LABOR RES.*, 1985, 6(2), pp. 209-210; TAYLOR, *A reanalysis of the relation between unionization and workplace safety*, in *IJHS*, 1987, 17(3), pp. 443-453.

<sup>9</sup> WELS, *Are there health benefits of being unionized in late career? A longitudinal approach using HRS*, in *Am J Ind Med*, 2018, 61(9), pp. 751-761; WELS, *The role of labour*, cit.

<sup>10</sup> EISENBERG-GUYOT, MOONEY, BARRINGTON, HAJAT, *Does the Union Make Us Strong? Labor-Union Membership, Self-Rated Health, and Mental Illness: A Parametric G-Formula Approach*. *AJE*, 2020, 186(2), pp. 227-236.

<sup>11</sup> WELS, *Are there health*, cit.; WELS, *The role of labour*, cit.

and safety issues in the workplace and involve trade unions or workers' representatives. For example, using cross-sectional data from Korea, it has been shown that health and safety committees reduce workplace accidents, but appear to be less effective in non-unionised workplaces<sup>12</sup>.

Bryson has shown for the UK that union representation in health and safety committees is associated with lower health and safety risks compared to non-unionised workplaces<sup>13</sup>.

Recently, a growing body of evidence has highlighted the link between workers' health and the role of trade unions. Studies have shown that collective bargaining at the workplace is associated with better health outcomes for workers and that the absence of such bargaining is often associated with greater vulnerability at work<sup>14</sup>. Also other research confirms these findings showing that the absence of a workplace union or staff association being connected to both poorer physical and mental health among workers<sup>15</sup>. It seems that some of the increased interest in this topic in the literature can easily be linked to the COVID-19 pandemic and the research that has been conducted on its impact on workers' physical and, in particular, mental health.

However, it should be remembered that the nature of the trade union-health relationship is complex and the few studies on the subject are contradictory, with some showing a negative relationship between trade union membership and physical or mental health<sup>16</sup>. While the general tendency would be to consider trade union membership – i.e. whether a worker is actually a member of a trade union – as the exposure, other studies have emphasised that the role of trade unions in workplaces goes beyond membership behaviour<sup>17</sup>.

<sup>12</sup> KIM, CHO, *Unions, Health and Safety Committees, and Workplace Accidents in the Korean Manufacturing Sector*, in *SHW*, 2016, 7(2), pp. 161–165.

<sup>13</sup> BRYSON, *Health and safety risks in Britain's workplaces: where are they and who controls them?*, in *IRL*, 2016, 47(5–6), pp. 547–566.

<sup>14</sup> CAI, MOORE, BALL, FLYNN, MULKEARN, *The role of union health and safety representatives during the COVID-19 pandemic: A case study of the UK food processing, distribution, and retail sectors*, in *IRL*, 2022, 53, pp. 390–407; KROMYDAS, DEMOU, LEYLAND, KTIKIREDDI, WELS, *Trade unions and mental health during an employment crisis. Evidence from the UK before and during the COVID-19 pandemic*, 2023, <https://www.medrxiv.org/content/10.1101/2023.10.30.23297780v1>.

<sup>15</sup> WELS, *The role of labour*, cit.

<sup>16</sup> EISENBERG-GUYOT, MOONEY, BARRINGTON, HAJAT, *Does the Union Make Us Strong?*, cit.

<sup>17</sup> WELS, *Does the Union make us strong? Labor-Union membership, self-rated health, and mental illness: a parametric G-formula approach*, in *AJE*, 2021, 190, pp. 1178–1178.

In this sense, unions would also help to explain the health outcomes of those who are not unionised. Looking at the workforce, studies have highlighted that union presence – which measures whether union representatives are involved in collective bargaining and health and safety committees at the workplace level – is a more relevant distinction because it includes the potential health benefits that affect those in a unionised workplace who are not union members.

Collective bargaining institutions are likely to have positive effects on health. This is partly because collective bargaining tends to empower unions, which aim for higher and more equal wages, greater job security and better working conditions and safety at work, all key social determinants of health<sup>18</sup>.

However, there are still important gaps in our understanding of the health effects of collective bargaining.

First, health researchers have typically focused on the health effects of trade union membership rather than collective bargaining institutions<sup>19</sup>, with mixed results, particularly when using more causal methods<sup>20</sup>.

On the other hand, union density and other measures of collective bargaining seem to be more consistently associated with better health<sup>21</sup> and life satisfaction<sup>22</sup>.

Reves<sup>23</sup> (2021) focuses on collective bargaining institutions rather than union membership because individual health outcomes are likely to be in-

<sup>18</sup> HAGEDORN ET AL., *The Role of Labor Unions in Creating Working Conditions That Promote Public Health*, in *AJPH*, 2016, 106, pp. 989–995.

<sup>19</sup> REYNOLDS, BRADY, *Bringing You More than the Weekend: Union Membership and Self-Rated Health in the United States*, in *Soc Forces*, 2021, 90, pp. 1023–1049; REYNOLDS, BUFFEL, *Organized Labor and Depression*, cit.; EISENBERG–GUYOT ET AL., *Does the Union Make Us Strong? Labor-Union Membership, Self-Rated Health, and Mental Illness: A Parametric G-Formula Approach*, in *AJE*, 2021, 190, pp. 630–641.

<sup>20</sup> WELS, *The role of labour*, cit.; EISENBERG–GUYOT ET AL., *Does the Union Make Us Strong?*, cit.

<sup>21</sup> EISENBERG–GUYOT ET AL., *Solidarity and Disparity: Declining Labor Union Density and Changing Racial and Educational Mortality Inequities in the United States*, in *Am J Ind Med*, 2020, 63, pp. 218–231; REYNOLDS, BUFFEL, *Organized Labor and Depression*, cit.; MULLER, RAPHAEL, *Does Unionization and Working under Collective Agreements Promote Health?*, in *HPI*, 2021, pp. 1–17; REEVES, *The Health Effects of Wage Setting Institutions: How Collective Bargaining Improves Health but Not Because It Reduces Inequality*, in *SHI*, 2021, 43, pp. 1–20.

<sup>22</sup> RADCLIFFE, *Class Organization and Subjective Well-Being: A Cross-National Analysis*, in *Soc Forces*, 2005, 84, pp. 513–530.

<sup>23</sup> REEVES, *cit.*



fluenced by how unions, employers' organisations and, in some countries, governments come together to shape labour and welfare policy.

Only a few economic studies look at how trade unions directly affect health, and these are limited to two outcomes: sickness absence and occupational accidents<sup>24</sup>. The authors present pathways, assessments and studies of the direct links between unions and various indicators of health.

All studies recognise reverse causality: workplace hazards may lead to more unions because unions are more likely to form in workplaces with significant hazards. Some studies attempt to remove reverse causality with instrumental variables and/or longitudinal data<sup>25</sup>, allowing researchers to test whether unions reduce the number of injuries from existing high levels. A further complicating factor is that unions are likely to help workers apply for and receive workers' compensation benefits<sup>26</sup>. The authors' assessment is that unions reduce fatal injuries, but the results for non-fatal injuries are controversial<sup>27</sup>. There is a consensus in the literature that unions increase reported sickness absence. However, there is no consensus on how to explain the association. Most researchers suggest that unions do not cause sickness but rather encourage workers to take more days off when they are genuinely ill. Union workers may not feel as threatened by employer retaliation for taking days off as non-union workers. Finally, studies show that unions improve self-rated physiological and psychological health<sup>28</sup>.

<sup>24</sup> LEGH, CHAKALOV, *Labor unions and health: A literature review of pathways and outcomes in the workplace*, Preventive Medicine Reports, 2021, 24.

<sup>25</sup> DONADO, *Why do union workers have more nonfatal occupational injuries?*, in *Ind. Labor Relat. Rev.*, 2015, 68 (1), pp. 153–183.

<sup>26</sup> HIRSCH, MACPHERSON, DUMOND, *Workers compensation reciprocity in union and nonunion workplaces*, in *Ind. Labor Relat. Rev.*, 1997, 50 (2), pp. 213–236.

<sup>27</sup> ECONOMOU, THEODOSSIOU, *Join the union and be safe: The effects of unionization on Occupational Safety and Health in the European Union*, in *Labour*, 2015, 29 (2), pp. 127–140.

<sup>28</sup> REYNOLD, BRADY, *cit.*; DOLLARD, NESER, *Worker health is good for the economy: Union density and psychosocial safety climate as determinants of country differences in worker health and productivity in 31 countries*, in *Soc. Sci. Med.*, 2013, 92, pp. 114–123; DEFINA, HANNON, *Drug use, de-unionization and drug death rates*, in *Soc Currents*, 2019, 6 (1), pp. 4–13.

### 3. *Social dialogue on remote working OSH regulations in CEE*

As the COVID-19 pandemic advanced, trade unions and the remaining social partners increasingly observed the need to extend the safety and health protections at work to employees who were instructed to switch to full-time teleworking<sup>29</sup>.

Consequently, around 2021 governments in CEE Member States embarked upon developing permanent provisions, as opposed to ad-hoc, temporary solutions. Most frequently, governments looked into amending the already existing labour code provisions on telework, however, there was noted practice of drafting a new set of laws regulating remote working in the transforming world of work. The development of regulations on teleworking, and the inclusion of OSH provisions followed a process of tripartite consultations and negotiations with social partners at varying dynamics across the CEE region.

It has to be noted that not always the representative CEE trade unions were actively consulted with due diligence on the process. Several surveyed trade unionists reported that their organisations were only presented with the final draft law for comments. There had been no tripartite discussions that trade unions had been invited to before having been presented with the proposal of the regulations on remote working (Estonia case)<sup>30</sup>. Accordingly, there was no space provided for trade unions to voice and discuss their demands in those instances. Trade unions could only act in a reactive way to the proposal unilaterally presented to them by the government. On the other hand, it has to be admitted that some trade unions in the CEE region have not been particularly active in negotiating the regulations on remote working. This was attributed in the conducted survey to the rather “passive” attitude to health and safety in remote working, as it emerged, and to some extent still is, a relatively new phenomenon when it comes to its larger application.

Nevertheless, where the CEE trade unions were included to a lesser or

<sup>29</sup> KOTÍKOVÁ ET AL, *Flexibilní formy práce-homeworking v ČR a vybraných evropských zemích*. Vydal Výzkumný ústav práce a sociálních v cí, 2020, vvi.

<sup>30</sup> Cf. TWING Project case studies: Estonia [https://twingproject.eu/wp-content/uploads/2024/07/Case\\_studies\\_ET.pdf](https://twingproject.eu/wp-content/uploads/2024/07/Case_studies_ET.pdf); Poland [https://twingproject.eu/wp-content/uploads/2024/07/Case\\_studies\\_PL.pdf](https://twingproject.eu/wp-content/uploads/2024/07/Case_studies_PL.pdf) for more details on obstacles to social dialogue on telework.

larger extent in tripartite consultations on teleworking regulations, several common trade union demands could have been identified across the CEE region. Whether these have been met or further trade union strategies for effectively meeting those demands have been implemented will be presented in the next chapter.

### 3.1. CEE trade union demands on OSH in the area of remote work

#### *Equality of treatment*

Most of the representative trade unions in CEE Member States participating in the study have reported that they fundamentally advocated for equal treatment of remote workers with employer premises-based workers in the scope of health and safety protection provided by the employer. This meant that trade unions asked for remote workers to enjoy the same working conditions in contractual and health and safety provisions as if they had applied should the workers have worked at the employer's premises. Some trade unions also called for equality in the treatment of remote workers to be applied regardless of whether the place of work was mutually agreed between the worker and employer or chosen at the worker's discretion.

There was also voiced common disapproval of shifting the responsibility for OSH from the employer onto workers in telework, in terms of providing adequate work tools, ergonomic office equipment and psychosocial conditions meeting the health and safety standards, those already enshrined in the labour code, as concerning workplace bullying or gender-based violence and harassment, as well as those scientifically proven.

#### *Reimbursement of costs by the employer*

Directly related to the demand for equal treatment in working conditions of remote workers, was another common demand for the reimbursement of costs incurred by remote workers when adapting their workstations to safety and health standards. Standard labour code OSH provisions place an obligation on the employer to provide workers with ergonomic office equipment. As such, trade unions called for the application of this rule equally to employees in telework. Any reimbursement of the costs incurred by telework was to be exempt from income tax.

Moreover, the employer is also obliged to provide and cover all costs arising from the performance of work duties. Consequently, trade unions demanded that employers reimbursed remote workers for the use of their office equipment, including energy and internet costs. Some trade unions, such as the Slovenian ZSSS union, even proposed to apply sanctions on those employers who failed to reimburse remote workers for all such costs. The rules on workers' right to financial compensation should have also been clearly defined so that no deviations could have been made.

### *Collective bargaining*

Several trade unions, notably in Latvia and Slovenia, placed a strong emphasis on collective bargaining in establishing rules on remote working at sectoral and company levels. Any provisions limiting OSH rights of remote working were to be introduced only through collective agreements concluded with the workplace or representative trade unions, establishing compensatory measures.

Moreover, trade unions reported concerns about ensuring the participation and consultation of remote workers in defining OSH risks and preventive measures, i.e. fulfilling Article 11 of the OSH Framework Directive. The Slovenian ZSSS trade union advocated for the introduction of special provisions promoting trade union organising amongst remote workers.

### *Prevention of psychosocial risks*

The issue of psychosocial risks in remote working was also emphasised by the CEE trade unions in the tripartite negotiations on remote working. Trade unions became alert by the intensification of psychosocial risks in remote working which needed to be addressed in the OSH provisions. National OSH research institutes, such as the Polish Institute for Labour Protection, as well as the European Agency for Safety and Health at Work and the Eurofound, concluded in their studies that remote working increases such risks as increased quantitative and qualitative job demands, loss of autonomy at work due to increased monitoring of the performed tasks, social isolation and lack of support at work, disturbed work-life balance and the blurring of private and professional sphere, and technostress to

name a few<sup>31</sup>. Accordingly, several trade unions in the region, such as, the Lithuanian LPSS, Latvian LBAS, the Polish NSZZ Solidarność, or the Slovenian ZSSS trade unions advocated for addressing the psychosocial risks in the regulations on remote working, including the practical implementation of the European Framework Agreement on Digitalisation.

The two latter trade unions also made explicit calls for the inclusion of the right to disconnect for remote workers in the provisions. Although the labour code usually guarantees the right to disconnect, as employees cannot freely work overtime, but only when agreed with the employer and remunerated accordingly, trade unions observed that the working culture facilitates and motivates full-time availability of employees in telework, and therefore the right to disconnect was not working properly in practice. Only the Slovenian ZSSS trade union saw their demands for the right to disconnect fulfilled and introduced in the regulations on remote working.

#### *Obligatory worker training on OSH in remote work*

Lastly, the CEE trade unions advocated for strengthened employer obligations providing comprehensive OSH training to remote workers. The employer was also to be made responsible for the safety and health of workers who needed to adapt to changes in the digitalised working environment and its OSH risks. It was emphasised that workers needed to be trained on the physical ergonomics of the remote workstation as much as on the psychosocial risks present in telework, as well as the preventive measures developed by the employer.

<sup>31</sup> BROUGHTON, BATTAGLINI, *Teleworking during the COVID-19 pandemic: risks and prevention strategies*, EU-OSHA, Publications Office of the European Union, 2021; CAPRILE ET AL., *Telework and health risks in the context of the COVID-19 pandemic: evidence from the field and policy implications*, EU-OSHA, Publications Office of the European Union, 2021, [https://osha.europa.eu/sites/default/files/202112/TW\\_during\\_pandemic\\_risks\\_prevention.pdf](https://osha.europa.eu/sites/default/files/202112/TW_during_pandemic_risks_prevention.pdf); EUROFOUND, *Telework and ICT-based mobile work: Flexible working in the digital age*, New forms of employment series, Publications Office of the European Union, 2020; MOCKALLO, BARAŃSKA, *Nowe formy pracy – ich charakterystyka oraz związki z dobrostaniem osób pracujących*, in *Bezpieczeństwo Pracy: nauka i praktyka*, 2022, pp.10–14; MOCKALLO, *Nowe Formy Pracy a Dobrostan Pracowników*, CIOP-PIB, 2022, [https://m.ciop.pl/CIOPPortalWAR/file/95982/Nowe\\_formy\\_pracy\\_a\\_dobrostan\\_pracownikow.pdf](https://m.ciop.pl/CIOPPortalWAR/file/95982/Nowe_formy_pracy_a_dobrostan_pracownikow.pdf); SANZ DE MIGUEL, CAPRILE, ARASANZ, *Regulating telework in a post-COVID-19 Europe: recent developments*. EU-OSHA, Luxembourg: Publications Office of the European Union, 2023, [https://osha.europa.eu/sites/default/files/documents/Regulating\\_telework\\_post-COVID-19\\_Europe\\_en.pdf](https://osha.europa.eu/sites/default/files/documents/Regulating_telework_post-COVID-19_Europe_en.pdf); CAPRILE ET AL., *cit*.

#### 4. *Remote work OSH regulations in CEE Member States*

##### 4.1. *Employer OSH obligations in remote work*

The following part provides a brief overview of the regulations on occupational safety and health in remote work that have been introduced in the CEE Member States, as well as the gaps that have been identified.

In the majority of the CEE Member States, national governments have developed regulations for remote work based on older labour law provisions on telework that were introduced in the decade of the 2000s, when telework emerged as a novel but sporadic way of working. Accordingly, the processes of regulating telework amid the COVID-19 pandemic consisted of amending existing legislation rather than creating new provisions. There were a few Member States, such as Poland, where new legislation on telework was drafted, repealing the earlier telework legislation introduced in 2007.

##### *Standard employer OSH obligations*

The study of the developed laws on telework in the CEE region shows that provisions commonly uphold the employer's responsibility for OSH in telework in all instances where the place of remote work has been agreed with the employer, which is also the fundamental condition for binding employer OSH obligations regarding remote workers in the analysed CEE regulations on telework. Let us remind the reader, that one of the principal employer obligations is to protect worker's health and life with all the available means. It should be no different in the case of employees working remotely at the place agreed on with the employer. The main employer OSH obligations encompass such aspects as conducting, in participation and consultation of workers or their representatives, occupational risk assessment for all the existing risks to the health and life of workers, development, implementation and periodic evaluation of preventive measures, as well as provision of OSH training to workers, specific to the work carried out.

##### *Occupational risk assessment in remote work*

Accordingly, the employer's obligation to conduct an occupational risk assessment of the working conditions in remote work has been included in

the regulations on telework introduced in CEE Member States. The obligation is usually framed as stemming from the general employer OSH duty to conduct risk assessment corresponding to the hazards present in the working environment. Some Member States, such as Poland, also included the employer obligation to account for the psychosocial risks specific to telework in the occupational risk assessment<sup>32</sup>.

#### *Worker participation in OSH in remote work*

Although OSH provisions in EU Member States must comply with Article 11 of the OSH Framework Directive laying down the principles of worker consultation and participation in the occupational risk assessment, development and implementation of prevention measures, it is not clear how this obligation is ensured by the regulations on telework in the CEE Member States. The exception seems to be Latvia where an employee who is performing remote work shall cooperate with the employer in the evaluation of the occupational risks and provide information to the employer on the conditions of the place of remote work which may affect the workers' safety and health<sup>33</sup>. Yet, some provisions on telework, as in the case of Poland, seem to limit this worker's entitlement, establishing a possibility for employers to develop an *a priori*, universal occupational risk assessment in telework, which can be uniformly applied to all remote workers<sup>34</sup>.

#### *Prevention of OSH hazards in remote work*

Neither do the CEE regulations on telework commonly define employers' obligations to define prevention measures for all occupational risks present in remote working, particularly in the area of psychosocial risks. As risks to the mental health of workers are not recognised in labour law in the EU nor Member States as occupational hazards, the lack of binding employer guidelines on the prevention of these risk factors in telework may leave remote workers exposed to adverse psychosocial working conditions. The introduction of the right to disconnect seems an adequate solution in the

<sup>32</sup> Art. 67<sup>31</sup> § 5 of the Labour Code.

<sup>33</sup> § 8 (11) of the Labour Protection Law.

<sup>34</sup> Art. 67<sup>31</sup> § 5 of the Labour Code p. 4.

present circumstances, however, it has only been granted in Slovenia in the CEE region<sup>35</sup>.

As for the risks to the physical health of workers in telework such as musculoskeletal disorders, headaches, and eye strains, the employer obligations vary across the region. Some Member States have considered the prevention of such hazards by employers, based on organising ergonomic workstations of remote workers, in the same manner as this is practised at the employer's premises. In such instances, it is the employer who is responsible for arranging ergonomic work equipment and furniture for remote workers. This has been the case, e.g., in Lithuania, Slovakia and Slovenia.

### *Reimbursement*

Whereas other Member States have ruled that it is the worker who is responsible for organising an ergonomic workstation. Often it is practised that workers sign a statement confirming that they adequate OSH conditions at the place where the telework shall be performed, as to relieve the employer of the burden of being responsible for OSH in teleworkers. This is practised in: Estonia, Hungary, Poland, and is often a precondition for obtaining employer authorisation for telework, even in such Member States as Slovenia where the employer must equip remote workers with ergonomic office equipment.

In those CEE Member States where the workers have been made entirely responsible for OSH in telework and for adapting the workplace to the requirements of an ergonomic workstation, there has been introduced an explicit obligation on employers to refund workers on the incurred costs. Accordingly, workers must be reimbursed for the cost of ergonomic workstations in Croatia, Latvia (subject to parliamentary adoption of the compromise proposal), Slovakia and Slovenia. Whereas other CEE Member States have only introduced a facultative reimbursement of remote workers on the cost of ergonomic equipment, subject to an individual or collective bargaining agreement. Such has been the case in e.g. Estonia, Hungary and Poland. As the agreement depends on the goodwill of the employer, remote workers may find it difficult to cover the cost of ergonomic office equipment and risk exposure to adverse physical health working conditions in such countries.

<sup>35</sup> Art. 142.a of Labour Relations Act (ZDR-1).



*Employer control of OSH in remote work*

Some CEE Member States have introduced an explicit obligation for employers to inspect the safety and health at work of teleworkers. In Croatia, for example, the regulations impose a binding obligation on the employer to check that the workplaces of teleworkers comply with health and safety standards, but only in cases where the place of work is mutually agreed between the employee and the employer. Similar provisions have been introduced in Hungary and Latvia. The employer is granted the right to enter the employee's premises where telework is performed to inspect the health and safety of the workplace, provided that the conditions for such inspections have been agreed between the employee and the employer and at a time agreed with the employee. The employer must ensure the protection of the privacy of the worker and other residents of the place where telework is carried out during the inspection of the working conditions. The provisions also often allow the inspection to be carried out using ICT tools, either online or by providing the employer with images of the workplace, which is a common practice in Hungary, for example. In Estonia, on the other hand, no such obligations have been introduced and reference is made to the worker's declaration of compliance with the health and safety requirements in telework before authorising remote working. Similar provisions have been introduced in Estonia and Poland, although the employer is given a voluntary right to control the working conditions of telework, under the general conditions defined in other CEE Member States where the employer controls OSH in telework.

*Worker training on OSH in remote work*

The employer obligations on conducting OSH training for remote workers tend to refer to the general OSH provisions establishing such employer duty. Standard clauses in the CEE regulations on telework refer to general OSH provisions stating that the OSH training needs to be adapted to the hazards present in the working environment. In some Member States, such as Poland, the OSH training in telework can be conducted online, subject to written confirmation by the workers of having participated in such training.

Accordingly, the provisions on OSH training for remote workers tend

to be very general. An exemption seems to be Slovakia where the employer has been obliged to notify and inform employees in telework on the activities preventing OSH hazards at work with display screen equipment<sup>36</sup>. However, it seems that some detailed guidelines, particularly, regarding the psychosocial risk factors in telework, should have been included in the regulations. As the general OSH laws only account for the OSH hazards pertaining to the material working environment, there is a risk that the hazards to the mental health of remote workers are not thoroughly covered in the OSH training, increasing the workers' exposure to adverse psychosocial working conditions in present in telework.

##### 5. *Trade union assessment of regulations on OSH in remote work*

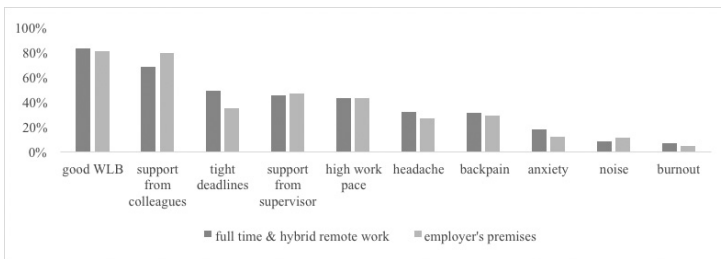
This chapter will account for the trade union assessment of the effectiveness in preventing OSH hazards of the introduced provisions on telework in the CEE region, accompanied by an analysis of official data sources in the field.

The central concern of the surveyed CEE trade unions has been the inequality of treatment in the level of safety and health of remote workers compared to employees working at employer's premises. Accordingly, we could see that several CEE Member States transferred the responsibility for OSH from the employer to the remote worker in the regulations on telework, despite the general OSH employer obligations stating the opposite. Such has been the case in Croatia, Estonia, and Poland. The surveyed trade unions from those Member States expressed their discontent with how the OSH has been addressed in regulations on telework, prompting fears of inadequate protection of remote workers. E.g. Croatian trade unions have reported that "in practice most of employers have been using telework, not work at an alternative place (working from home) provisions so they can avoid health and safety obligations" (Katarina Rumora, NHS). Moreover, in Croatia there have not been concluded any collective agreements, encompassing OSH employers in telework, which may further impact the poor provision safety and health in remote workers.

<sup>36</sup> § 7 of Act no. 124/2006 Coll. on safety and health protection at work and on amending some laws as amended.

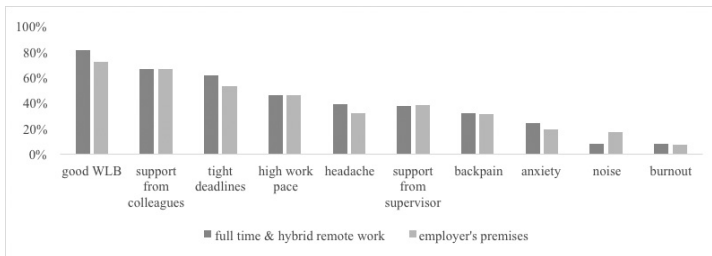
Indeed, some of these fears seem to be reflected in official data sources. According to the European Working Conditions Survey, conducted by Eurofound in 2021, full-time and hybrid remote workers in Croatia and Poland enjoy a better work-life balance, however, experience higher time pressure (tight deadlines), lower support from supervisors and more frequently suffer from headache, back pain, anxiety and job burnout than employees working at employer's premises (Figure 1 and Figure 2). In turn, Estonian remote workers enjoy greater social support a work than their Croatian and Polish counterparts, however, also experience a higher level of bodily and mental afflictions than persons working at employer's premises (Figure 3).

FIGURE 1. – *Exposure to OSH risks of employees in telework and working at employer's premises in Croatia*



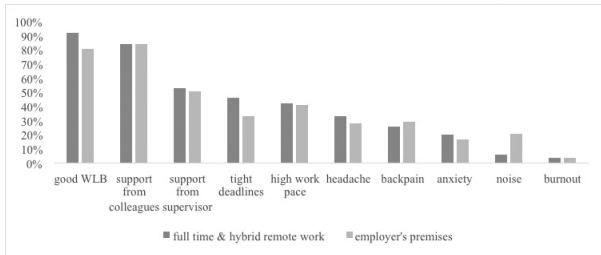
Source: Authors' elaboration based on Eurofound, EWCTS 2021

FIGURE 2. – *Exposure to OSH risks of employees in telework and working at employer's premises in Poland*



Source: Authors' elaboration based on Eurofound, EWCTS 2021

FIGURE 3. - *Exposure to OSH risks of employees in telework and working at employer's premises in Estonia*



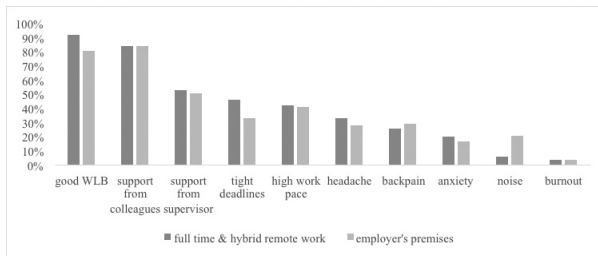
Source: Authors' elaboration based on Eurofound, EWCTS 2021

The lesser exposure to OSH hazards of Estonian remote workers, for example, lower level of back pain in employees who telework compared to employees working at employer's premises may be the result of advances in bipartite social dialogue on telework. In 2017 there was a Goodwill Agreement (non-binding national agreement) on telework between the Estonian Trade Union Confederation (EKAL) and the Employers Confederation, which was renewed in 2021. There have also been ongoing collective bargaining negotiations on an agreement on telework for the energy sector, with a proposal for full reimbursement of costs incurred by workers to adapt the workstations to ergonomic design requirements. Conversely, the bipartite social dialogue on telework has been much less prominent in Croatia, Poland, or Hungary. On the other hand, Estonia and Poland are the only CEE Member States that recorded a higher number of accidents in remote working in 2020 compared to 2013 (Figure 4). However, this latest available data only covers the period before the amended regulations on telework were introduced starting from the third wave of the pandemic in 2021. Nevertheless, all CEE Member States recorded a lower level of occupational accidents in remote working compared to the EU average, although this may be also due to poorer reporting in those countries.

In turn, there can be observed lesser exposure to occupational risk factors in those CEE Member States that have achieved a stronger social dialogue and established greater OSH employer obligations in telework. As observed by the surveyed trade unions, the strength and effective implementation of provisions guaranteeing OSH in telework depends on the

strength of social dialogue, but also on the culture of the organisation. In Slovenia, Slovakia or Latvia the surveyed trade unions reported some considerable achievements in collective bargaining on working conditions in telework. The Slovenian ZSSS trade union has concluded a number of sectoral agreements on telework, including collective agreements for real-estate business, public utility services, , and a collective agreement for the newspaper, publishing and bookselling sector, to name but a few. Whereas the Slovak KOZ and Latvian LBAS trade unions have been active in negotiating collective agreements on telework at the company level. For example, remote workers in Latvia and Slovakia enjoy greater social support at work than employees working at employer's premises as well as their counterparts in other CEE Member States (Figure 5 and 6). The exposure of remote workers to remaining riskfactors is at similar levels compared to the other countries in the region and higher than that of employees working at employer's premises. Nevertheless, additional statistical difference tests would be required to assess whether all these differences are significant, which the authors have not performed on this occasion as outside of the scope of the study. The protection of workers in telework may also be strongly shaped by the working culture, which varies across the CEE Member States, although may exhibit common cultural characteristics, inherited from the socioeconomic past and a similar transformation (if not a "shock therapy") to liberal democracies.

FIGURE 4. - *Persons reporting an accident at work and working from home [% of persons employed]*



Source: Authors' elaboration based on Eurostat, 2020 [hsw\_ac14]; missing data for Czechia

FIGURE 5. – Exposure to OSH risks of employees in telework and working at employer’s premises in Latvia

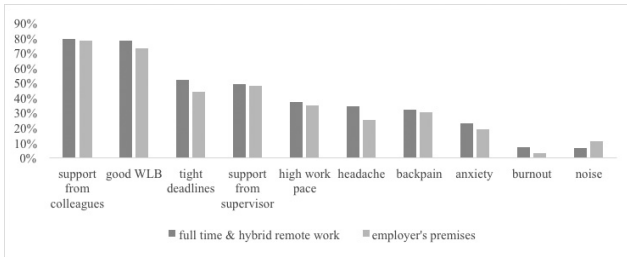
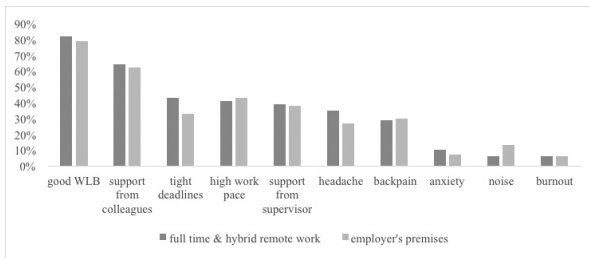


FIGURE 6. – Exposure to OSH risks of employees in telework and working at employer’s premises in Slovakia



### 6. Conclusions

The challenges for trade unions concerning teleworking are primarily in the area of attracting new members. This topic has not been the focus of this paper. Undoubtedly, however, working away from the employer’s premises with little interaction with other employees poses a challenge for organising.

The information we gathered from representatives of the trade union movement in CEE in the area of health and safety in remote working allows us to formulate the following assessment.

Unions have sought to maintain the same rules in the area of health and safety as for “classic” workers. Of course, certain challenges (such as the right to disconnect) have become more pronounced, but steadily the right to disconnect is not an issue that only affects remote workers.

Unions were put in a rather stalemate situation: on the one hand, a sizeable group of employees pushed hard for remote work (especially in the form of a hybrid solution) seeing it as a *de facto* tool to make working hours more flexible or to save time on commuting. To a lesser extent, there was pressure on employers to fully fund ergonomic workstations. Throughout the discourse on remote working, there was a strong emphasis on the employee's right to privacy, which does not allow the employer to "impose" working at a particular desk, chair or lighting. A discourse that boils down to the statement: "everyone has the right to furnish his or her home as he or she wishes" was clear.

At the same time, employers have not been eager to incur the additional costs of ergonomic equipment, which would have to be delivered to the employees' homes in most cases.

As we all know, the effects of not working ergonomically, working with poor lighting, working with an improper keyboard, will not be visible immediately. The effects will only reverberate through the employee's health years later. For many, the effects are too distant in time to see the causal relationship. This trivial thought also applies to the trade unions, who have, in our view, insufficiently emphasised the need to ensure an effective obligation on the part of the employer to guarantee work tools that meet health and safety requirements. With remote working, the focus was on psychosocial risks, which are of course very important (in the context of alienation of the remote worker or the blurring of the boundaries between work and leisure). However, the analysis shows that the classic problem of workstation ergonomics was too easily forgotten.

### **Abstract**

The subject of this paper is the process of trade union involvement in the development of remote work arrangements in Central and Eastern Europe. We were interested in the area of securing the right to safe and healthy working conditions. The paper is based on a survey of trade unionists in CEE.

The consequences of poor ergonomics, inadequate lighting and inappropriate keyboards are not immediately visible and often affect workers' health years later. This delayed impact can obscure the causal link. In our view, trade unions have not sufficiently emphasised the employer's responsibility to provide safe work equipment. While discussions on remote work have prioritised psychosocial risks, the critical issue of workplace ergonomics has been overlooked, despite its longstanding importance.

### **Keywords**

Remote work, Trade unions, Central and Eastern Europe, Health and safety.