DE BEDRIJFS POLI

Kerkenbos 1075B, 6546 BB Nijmegen
t. +31 024 371 77 99 f. +31 024 371 77 91
info@debedrijfspoli.nl - www.debedrijfspoli.nl

RISK INVENTORY AND EVALUATION OF PSYCHOSOCIAL WORKLOAD

University of Twente

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Implementation/legal review:	Drs. Marion van den Wittenboer Drs. Maaikelien Wijma Both certified occupational and organisational experts

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Kerkenbos 1075B, 6546 BB Nijmegen
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1. Introduction

Between June and December 2024, the University of Twente (UT) conducted a Risk Inventory and Evaluation (RI&E) of Psychosocial Workload (PSA). PSA encompasses all factors within the work environment that may cause stress, including workload, undesired behaviour (such as bullying, discrimination, and (sexual) harassment), as well as aggression and violence.

This RI&E aligns with UT's goal to address and assess systematically the risk of Psychosocial Workload (PSA) among its employees. The objective is to incorporate PSA more effectively into a cycle of improvements related to working conditions and to improve its integration into policies and ongoing initiatives aimed at promoting safe and healthy working environments. There was an urgency to conduct this RI&E following a report by the Netherlands Labour Authority on recommended improvements in the area of PSA at Dutch universities. This report indicated that it was essential for UT to perform an RI&E of PSA and initiate an improvement cycle on this topic.

1.1 Research Questions, Scope, and Parameters

This RI&E PSA identified risks that could potentially cause stress in the workplace. The assessment took place both at the policy level and in terms of specific risks for employees. Based on the inventory, recommendations were made on necessary measures and areas worth maintaining were highlighted. This was summarised in a proposal for an action plan.

Under occupational health and safety legislation, risks related to PSA must be identified. This legislation includes the Health and Safety at Work Act, Health and Safety Decrees, and related Regulations. For the assessment framework, see Appendix C. This RI&E identified and evaluated the following aspects and risks:

Policy:

- Is UT's PSA policy comprehensive, current, and in compliance with statutory and substantive requirements?
- Is the PSA policy known and implemented by various stakeholders?
- How is PSA management guided? What are the desired approaches in terms of management and assurance from the leadership (PDCA cycle)?
- Are managers aware of their responsibilities regarding PSA, and how is its implementation ensured (training and instruction, supervision, responding to reports)?
- Are employees aware of the responsibilities and policies regarding PSA?
- How is PSA incorporated into the current RI&E framework?
- What is working well and should be preserved, and what challenges exist at the policy level?

PSA Risks:

- Workload and contributing factors
- Work-life balance
- Social support from supervisors and colleagues at work
- Hybrid working
- Working hours and leave options
- Undesired internal behaviour: bullying, (sexual) harassment or discrimination by colleagues or supervisors
- Undesired external behaviour: various forms of aggression from external individuals
- Familiarity with PSA policies
- Information on risks

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- Awareness of the options UT offers for prevention or when there is a risk of absenteeism, as well as who to contact for support
- Specific groups and work-related risks (e.g., interns, younger or newly starting employees, pregnant employees, older staff, etc.)
- Positive aspects of PSA experienced in the workplace that should be maintained, along with identified areas for improvement.
- Which PSA risks do UT employees highlight in an employee experience survey, both at UT and in individual departments or faculties?

The following conditions were set for the implementation of the RI&E PSA:

- A current RI&E PSA that meets the requirements of the Health and Safety at Work Act, Article 5. With this RI&E, both the employer and employees gain insight into the key PSA issues (risks and focus areas) and identify where further analysis is needed.
- Recommendations on how to address identified risks.
- The RI&E was conducted by certified core experts, ensuring compliance with legal standards for completeness, reliability, and timeliness.

1.2 RI&E Approach

This RI&E was conducted in close collaboration with UT, particularly the HR department and the well-being project group. The client and point of contact for the implementers is Annemiek Baars, HR Policy Manager.

For this RI&E:

- Documents were reviewed, including the Well-being Action Plan, protocols, HR annual reports, and reports from various officials.
- Employees were surveyed on their experiences with PSA through a validated PSA questionnaire from SKB.
- Over 30 interviews were conducted with faculty boards and councils, service department management teams and councils, employee participation representatives, HR, Health, Safety & Environment advisors, and various other PSA-involved stakeholders.

Based on the document review and interviews, a report was produced that includes recommendations for measures as a basis for the action plan.

Below is a summary of the main findings from UT's RI&E PSA.

The research was conducted on behalf of the Occupational Health Service by:

- Marion van den Wittenboer, certified occupational & organisational expert (certification number A&O-63376)
- Maaikelien Wijma, certified occupational & organisational expert (certification number 36895)

After addressing comments, [name/committee] discussed and approved the draft report. The final report was subsequently produced.

A more detailed description of the methodology can be found in Appendix 1, and the consulted documents are listed in Appendix 2.

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1.3 Structure of the Report

The structure of this report is as follows:

- Chapter 2 provides a summary of the RI&E PSA's key positive findings and identified risks.
- Chapter 3 contains the main recommendations.
- Chapter 4 outlines the legal obligations and the steps to be taken as a follow-up to the RI&E.

The report also includes the following appendices:

- Appendix A: Accountability and methodology of the RI&E:
    1. Project approach
    2. Documents reviewed
    3. RI&E methodology
    4. Risk assessment
    5. IMA method (Inspection Method for Working Conditions - see explanation in Appendix A)
- Appendix B: Separate Excel sheet with an overview of findings, identified issues, and risks in an action plan, including risk assessment, root causes, and recommended measures.
- Appendix C: Legal review of the RI&E and Action Plan
- Appendix D: Description of UT

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2. Results

The RI&E PSA provides insights into factors impacting the well-being of employees.

Section 2.1 outlines the most notable positive findings, while Section 2.2 highlights the primary psychosocial workload risks requiring attention.

2.1 Positive Findings

The following positive findings were noted at UT:

1. **Numerous PSA-focused initiatives, activities, and policies**
   UT offers a broad range of PSA-related resources, including extensive policies, protocols, and dedicated working groups (such as well-being, social safety, DE&I - Diversity, Equity & Inclusion). A well-being survey is conducted every two years, and a variety of roles support PSA efforts, including HR advisors, an ombuds officer, and confidential advisors. Additionally, UT collaborates closely with occupational health services, which provide reports highlighting PSA concerns.
   Beyond these policy-based measures, other activities include a wide array of voluntary training (e.g., active bystander training, leadership development), as well as faculty or department-specific initiatives, such as tailored support for teams facing undesired behaviour, surveys for PhD students, and creative check-ins like using colours in weekly meetings to gauge staff well-being. In sum, UT offers a substantial range of PSA resources.
2. **Strong social support and high engagement**
   Interviews reveal a high level of mutual social support and engagement at UT. Managers and employees frequently indicated that when they need support, they often first turn to each other before seeking external assistance. The culture is generally warm, with several people likening it to a family atmosphere where managers and team members actively seek solutions together.
   As an international organisation with a diverse mix of staff and students, UT has a unique dynamic, with a noticeable emphasis on student well-being.
3. **High autonomy and flexibility for employees**
   Employees value the autonomy and flexibility UT offers, whether in work organisation, scheduling, or choice of work location (on-campus or remote). This flexibility positively influences the work-life balance and helps mitigate work pressure or the atypical working hours often encountered in international roles.
4. **Extensive learning opportunities**
   UT offers extensive learning opportunities, including a wide range of training programmes. Interviews also highlighted many examples of career development through varied roles and positions at UT, demonstrating a strong commitment to continuous learning and professional growth.

2.2. Risks Requiring Improvement

The main risks identified for improvement in UT's health and safety policy are as follows:

1. **Lack of an overarching policy framework for healthy, safe, and enjoyable (well-being-oriented) work**
   UT currently lacks an up-to-date, written, overarching policy framework supporting healthy, safe, and enjoyable (well-being-oriented) work. Elements of health and safety policy form part of central HR policies, including occupational health services (e.g., contracts with health service providers and absence

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management), guidance, high-level risks (e.g., biological safety and radiation), and protocols addressing psychosocial workload. While these frameworks, goals, and actions are present in HR documents such as the "2023-2025 Employee Well-being Action Plan", annual reports (such as the 2023 "Empowering People" report), and surveys, a more integrated approach is needed.
Each faculty manages health, safety, and environment (HSE) policies locally. Central guidelines are outdated, especially concerning the RI&E and health and safety catalogue. Central policies, including well-being (PSA) as part of an integrated approach, are currently being updated.

2. **Multiple PSA policies without integration into the business plan/annual planning, and absence of a PDCA cycle**
   Faculties and departments create annual plans, but health and safety (including PSA) is not a standard topic in these plans. There is no clear link between the annual plans, the locally conducted RI&Es, well-being surveys, and other PSA activities overseen centrally. Additionally, there is no structured PDCA (Plan-Do-Check-Act) cycle.

3. **Some statutory obligations are dealt with too informally**
   UT insufficiently addresses certain statutory health and safety obligations. These include:
   - Job descriptions that include statutory responsibilities (e.g., Arbowet Article 13), including role and responsibilities for prevention officers (HSE coordinators).
   - Documented annual guidance on priority work risks, including PSA: work pressure, undesired behaviour (internally by staff, externally by students or visitors).
   - Procedures for reporting incidents, including record-keeping for incident reports.

   While not legally required, it is also recommended to:
   - Train supervisors on their health and safety responsibilities and tasks.

4. **RI&E procedure is insufficient**
   The RI&E procedure, which dates from 2015, is inadequately implemented and requires updating, particularly around PSA, to meet current legal requirements. Until now, the RI&E has not included PSA. Although well-being surveys addressing PSA elements have been conducted, these are not integrated into the RI&E. UT aims to create a new RI&E format that includes PSA integrally rather than through separate surveys. The goal is to foster meaningful discussions and effective solutions rather than ticking boxes, while ensuring compliance**.**

5. **Insufficient implementation of RI&E**
   RI&Es are conducted locally by HSE officers, focus on safety and occupational hygiene risks, and are typically location-specific (e.g., labs) rather than organisation-wide. Currently, RI&Es are conducted in only a limited number of locations, primarily laboratories, resulting in incomplete organisational coverage. No overview of completed RI&Es exists, and there is limited engagement and consent from employee representatives. In some cases, action plan implementation is monitored, but PSA is not included in these RI&Es, and there is little collaboration on RI&E efforts between HSE coordinators and HR advisors.

6. **Lack of Periodic Occupational Health Examination (PAGO)**
   No PAGO is provided, particularly in terms of PSA. Employees who completed the recent Work Experience Survey received individual written feedback, including an option to contact the occupational physician if needed. While this could be considered a PSA PAGO, it is unclear whether employees have followed up with the physician as recommended.

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7. **No occupational health assessment offered for night shift workers**
   The security department requires night shifts, which presents potential health risks. Legally, employees taking on night shifts for the first time should be offered an occupational health assessment (as per Arbobesluit Article 2.43), which is currently not provided.

Main PSA-Related Risks for Improvement at UT:

1. **High Work Pressure: Work pressure is frequently reported and varies significantly depending on the role, additional responsibilities, and individual resilience.**
   Interviews indicate mixed experiences; some employees or teams feel minimal work pressure, while others experience high or even excessive levels. Key signals include:
   - Budget Cuts: Ongoing budget reductions, hiring freezes, and a halt on student assistant positions mean that workload is increasing in some areas, requiring difficult choices regarding tasks. This impacts several organisational units and poses ongoing challenges.
   - Role Creep: Employees report that over time they take on additional tasks or roles, leading to an unmanageable workload. Employees need to be able to "juggle" their responsibilities and set their own boundaries. This is particularly challenging for new and younger employees who are still developing these skills.

   In some teams, work distribution is discussed regularly (sometimes weekly). Employees feeling overwhelmed can raise this with colleagues or supervisors to seek a solution, but practices vary by team and supervisor.

2. **PhD Work Pressure**

PhD students were identified as a high-risk group regarding work stress and social safety, a pattern also reflected in recent surveys. There are different PhD categories—some are employed, while others rely on external funding. Key stressors include:

- Lack of Supervision: Some PhD students report insufficient supervision, due either to limited time, limited attention, or subpar quality, with supervisors sometimes overseeing too many PhDs. A clear framework for supervision is lacking.
- Financial Pressure: PhD candidates, often international students with time-bound funding, face pressure to complete their research on time. Family expectations can add to this pressure.
- Cultural Adaptation: Adapting to a different culture in a short time is challenging.
- Dependence on Supervisors: PhDs may hesitate to raise concerns due to their dependency on supervisors, who they might encounter later in their careers.
- Complex Issues with Health and Absence: International PhDs with health or absence issues face additional complexities, including language barriers and multi-party involvement (e.g., manager, supervisor, and promoter).

While some faculties have introduced measures such as supervision handbooks, regular progress meetings, and assigning a second supervisor, these efforts have yet to address the challenges for this group fully.

3. **University Lecturers (UDs) Facing High Work Pressure**

Many university lecturers experience work-related stress from performance pressure. Their workload includes research, teaching, PhD supervision, securing funding, and publishing. Measures have been introduced to reduce pressure, such as recognising applications for projects with good evaluations but no external funding. However, it remains unclear if these measures effectively reduce work pressure.

4. **Work Pressure on Middle Management**

Interviews reveal that middle management, particularly those below faculty boards and department management teams, face increased pressure due to budget cuts and associated uncertainties. These managers

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must often handle last-minute decisions with minimal input, leading to stress, compounded by the need for ad-hoc problem-solving.

5. Lack of Clear Reporting for Undesired Behaviour

A reporting procedure for undesired behaviour is outlined in the Code of (Un)desirable Behaviour, requiring reports to be made to a confidant (according to the formal procedure). Reports can also be filed through other channels, such as the ombudsperson or occupational health service, which provide an anonymised report to HR annually. However, this procedure is not well-known among supervisors or staff.

In practice, incidents are often reported to supervisors or colleagues. While there are positive examples where supervisors effectively address disrespectful behaviour, there is no centralised system to log these incidents, and they are not systematically analysed to inform policy. The collective labour agreement requires universities to establish a reporting point for undesired behaviour.

Many interviewees do not see the added value of a centralised system, perceiving it as overly bureaucratic. Implementing such a system could contribute to a safer work environment.

6. Lack of Structural Discussion with Employees on Discrimination

Discrimination is prohibited at UT on 12 grounds, including religion, political beliefs, race, gender, nationality, sexual orientation, and disability. The university's stance against discrimination is outlined in the aggression protocol. Interviews with various stakeholders confirmed UT's commitment to non-discrimination.
However, there is no regular discussion of discrimination with employees. When asked, responses included:

- Language: Using English among diverse language speakers sometimes leads to perceived disrespect, even if unintended.
- Exclusion: International staff sometimes feel excluded due to Dutch language use.
- Regional Differences: Non-locals or "non-Tukkers" may feel out of place.
- Knowledge Security: Staff or students from certain countries (e.g., China, Russia, Iran) are sometimes viewed with suspicion.
- Discrimination Perception: Female staff in technical roles report feeling less respected or needing to prove themselves more, especially to external visitors or faculties.
- Academic vs. Support Staff: Support staff (OBP) may feel they must prove themselves more or that university policies are more focused on academic staff (WP).

7. No Comprehensive Overview of Aggression Incidents Targeted at Staff

UT's aggression protocol includes an aggression reporting procedure, which requires that "all incidents of aggression and violence should be reported." Supervisors should refer cases to a UT confidant. In practice, this rarely happens. HR annually collects anonymised reports, but these are limited and do not conform to current health and safety standards.

The head of security maintains a log of incidents reported to security, but there is no complete, centralised system. As a result, there is no comprehensive view of the number and types of aggression incidents from external parties (including students) directed at staff.

8. Aggression Incidents at UT Require Proper Response Measures

Several incidents in various services and faculties emerged from the interviews, including:

- Visitor aggression in the library
- Verbal aggression at student desks
- Aggression when addressing students for smoking in restricted areas
- Staff encountering student fights
- Threats on social media, e.g., related to gender-neutral restroom discussions
- Confrontations during protests (e.g., on Palestine).

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Incidents are typically reported to supervisors but not consistently escalated. Staff feel that aggression at UT is increasing, similar to broader societal trends.

Current measures lack:

- Regular Education
- Regular Training: Mandatory for high-risk roles
- Sanctions: Policy limited to filing complaints; lacking actions post-incident, such as breaches of house rules
- Aftercare for Serious Incidents

House rules are in place but need updating and better visibility. Alarm procedures are in place for certain roles, which should be reviewed as part of location-specific RI&E.

1. **Aftercare for Traumatic Experiences**

When emotionally challenging incidents occur at work (such as the death of a colleague or student), aftercare is arranged by supervisors or HR managers. They manage this at their own discretion, seeking support through victim services, occupational health services, or other sources. However, UT has no formal policy, organised approach, or contracted support for aftercare in such cases.

2.3. Questionnaire Outcomes

This section outlines the outcomes of the UT-wide questionnaire. It was administered by SKB and had a response rate of 48%, meaning nearly half of UT employees completed it. This level of response provides valuable input for the RI&E PSA.

The survey gave the following results. They are presented following the IMA methodology, which has been applied in this RI&E PSA.

2.3.1 Workload

The workload section (task demands) covers various topics with questions about:

- Work pace and volume
- Working outside of contracted hours
- Emotional demands
- Mental demands
- Complexity of tasks
- Changes in work duties
- Organisation of work

The results for the workload risk across these topics are as follows:

Task Demands: Work Pace and Volume

Question	Percentage of respondents agreeing

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Has too much work	57%
Needs to work extra hard to complete tasks	43%
Feels the need to rush	36%
Experiences a backlog in tasks	35%
Has issues with work pace	13%
Has issues with workload pressure	20%

Task Demands: Working Beyond Contracted Hours

Question	Percentage of respondents in agreement
Regularly works more hours than contracted	25%
Average number of regular extra hours per week beyond contract	8.2 hours
Occasionally works extra hours per week beyond contract	47%
Average number of occasional extra hours per week beyond contract	3.3 hours
Able to decide whether to work beyond contracted hours	60%

Task Demands: Emotional Strain

Question	Percentage of respondents in agreement
Finds work emotionally demanding	22%
Experiences personally impactful situations at work	18%
Interacts with difficult students or visitors in the workplace	9%
Needs to persuade others as part of the job	51%
Encounters distressing situations due to work	10%

Task Demands: Mental Strain

Question	Percentage of respondents in agreement
Needs to work with high precision at all times	25%
Work requires constant mental engagement	41%
Work requires sustained attention	35%
Work demands high levels of accuracy	33%

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Task Demands: Work Complexity

Question	Percentage of respondents in agreement
Finds the work complex	22%
Struggles with increasingly complex tasks	13%
Must complete tasks that feel overly challenging	3%

Task Demands: Changes in Work Responsibilities

Question	Percentage of respondents in agreement
Finds it difficult to adapt to changes in work tasks	6%
Changes in tasks create issues	6%
Experiences negative effects due to changes in tasks	8%

Task Demands: Organisation of Work

Question	Percentage of respondents in agreement
Cannot complete tasks sequentially	56%
Hindered by unexpected situations	32%
Work proceeds differently than desired	34%
Experiences disruptions in work	35%
Has to wait on others to continue work	26%
Hindered by others' substandard work	16%

Conclusion:
The survey results confirm the impression from interviews that high workload is a significant issue for a portion of staff. The following work pressure indicators are notably high:

- having too much work (57%),
- working extra hard to complete tasks (43%),
- structurally working more hours than contracted (25%).

Many employees also report being unable to complete tasks consecutively or experiencing frequent interruptions.

Resources
The resources category includes various topics with questions about:

- Variety in work,
- Autonomy,
- Learning opportunities,
- Clarity in tasks,
- Participation (including the ability to discuss work-related issues with supervisors).

Overall, the resources category shows positive outcomes. However, under Clarity in Tasks, the results reveal that:

- 79% do not know precisely what others expect from them,
- 72% know what they are responsible for,

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- 79% clearly know their tasks,
- 70% know exactly what to expect from others in their team.

Conclusion:
These findings align with the impressions from interviews, which highlighted positives like autonomy, variety, and learning opportunities. Uncertainty regarding tasks was also mentioned in the interviews. Due to the range of tasks and roles, and the organisation's size, it is not always clear what falls within task-related responsibilities and what can be expected from others.

Social Support
(NB: SKB refers to this as social safety.)

The social support category includes:
- Relationship with direct supervisor,
- Relationship with colleagues,
- Team functioning,
- Team development,
- Reporting culture: reluctance to address undesired behaviour.

Social Support: Relationship with Direct Supervisor

Question	Percentage of respondents in agreement
Can rely on direct supervisor in difficult work situations	76%
Can ask direct supervisor for help when needed	80%
Has a good working relationship with direct supervisor	88%
Seldom or never has conflicts with direct supervisor	96%
Pleasant atmosphere with direct supervisor	91%
Seldom or never experiences unpleasant events with direct supervisor	97%

Social Support: Relationship with Colleagues

Question	Percentage of respondents in agreement
Can rely on colleagues in difficult work situations	79%
Can ask colleagues for help when needed	83%
Has a good working relationship with colleagues	94%
Seldom or never has conflicts with colleagues	98%
Pleasant atmosphere with colleagues	94%
Seldom or never experiences unpleasant events with colleagues	98%

Social Support: Team Functioning

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Question	Percentage of respondents in agreement
We invest energy in functioning well as a team	77%
We hold each other accountable for following agreements	58%
Difficult issues are discussed constructively in the team	63%
Feels safe enough to share personal opinions in the team	81%
Team members treat each other with respect	86%
Feels there is sufficient space to discuss personal life	79%

Social Support: Team Development

Question	Percentage of respondents in agreement
Team members regularly give each other feedback	49%
Values receiving feedback	88%
Feels safe enough to give feedback to colleagues	73%
Mistakes are allowed in the team	81%
Team has a positive, development-oriented culture	70%
Mistakes are discussed to learn from them	57%

Social Support: Reporting Culture - Reluctance to Address Undesired Behaviour

Question	Percentage of respondents in agreement
Does not know where to report undesired behaviour	38%
Undesired behaviour is not countered effectively	17%
Does not feel safe to make a report	9%
Reports are not taken seriously	9%

Conclusion:
The findings in these areas are consistent with the interview data.
Social support from supervisors and colleagues is generally rated positively. For Team Development and Team Functioning, the survey provides additional insights beyond the interviews. Results indicate there is still room for improvement in professional collaboration, particularly in feedback, making agreements, and holding each other accountable.
Lastly, the findings related to the reporting culture align with the interview results, as 38% indicated they do not know where to report inappropriate behaviour.

Personnel Policy
The personnel policy covers the following topics:

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- Commitment to Well-being
- Work and Rest Periods
- Job Security

Commitment to well-being

Question	Percentage of respondents in agreement
UT places a significant focus on employee interests	46%
UT takes good care of its employees	56%
UT cares about its employees	55%
UT safeguards the health and safety of employees	53%
UT provides adequate information on health risks at work	40%

Work and Rest Periods

Question	Percentage of respondents in agreement
Can set start and end times for the workday independently	88%
Can take breaks as desired	91%
Can take leave as desired	89%
Is rarely or never called back from leave	95%
Work and rest periods are well organised	76%
Can adapt work hours to personal life	84%
Private life is not adversely affected by irregular working hours	93%

Job Security

Question	Percentage of respondents in agreement
Feels sufficiently certain they will still have work in one year	65%
Feels sufficiently certain they will retain their current job over the coming year	60%
Feels sufficiently certain they will maintain their role level over the coming year	63%

Conclusion:
This aligns with the RI&E findings, such as the lack of a comprehensive occupational health policy, structured employee briefings, and awareness of health responsibilities for supervisors. Work and rest periods were not frequently noted as a problem in interviews, but survey results show that while 76% find them well organised, 24% do not. Job security remains an area of concern, often raised in light of recent budget cuts.

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Work-Life Balance

Question	Percentage of respondents in agreement
Insufficient time for personal life	12%
Insufficient energy for personal life	23%
Organisation pays too little attention to work-life balance	15%
Feels pressured to respond to work messages outside of working hours	12%
Worries about personal financial situation	22%
Is a carer	12%
Finds combining work and caregiving (very) difficult	15%

Conclusion:
The top two scoring questions were also reflected in the interviews: a portion of staff experiences insufficient energy for their personal life and concerns over personal financial situations (often due to budget cuts).

Consequences of Workload and Work Stress
Nearly half of respondents (47%) indicate that workload and work stress negatively impact their performance. Over the past year, 24% reported sick leave due to workload/stress, and 38% feel their performance has been affected. Additionally, 35% report a loss of enjoyment in their work, and 28% have considered changing jobs.
Conclusion:
These figures demonstrate that the negative effects of workload and work stress are apparent for a significant portion of respondents.

2.3.2 Internal undesired behaviour

Over 1 in 5 respondents (22%) reported experiencing undesired behaviour internally. This includes behaviour from:

- Colleagues: 14%
- Supervisors: 6%
- Both colleagues and supervisors: 3%

The table below shows the types of undesired behaviour encountered.

Type of Undesired Behaviour	Percentage of respondents experiencing/having experienced this
Undesired sexual attention	3%
Intimidation	12%
Physical violence	0%
Bullying	12%
Discrimination	9%

Consequences of Internal Undesired Behaviour
Experiencing undesired behaviour internally reduces the ability to work (through absenteeism and/or impaired performance) for 11%, causes stress symptoms for 9%, and reduces job satisfaction for 13%. Nearly three-quarters

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of those who experienced undesired behaviour were able to find someone for support afterwards (72%). A smaller portion, 21%, reported the undesired behaviour within UT, and 9% feel their report was handled appropriately.

Conclusion:
Undesired behaviour internally is mainly seen in cases of intimidation, bullying, and discrimination. Support is generally available, but reporting experiences remains infrequent. This aligns with findings from interviews.

2.3.3 External Undesired Behaviour

Over 1 in 10 respondents reported experiencing undesired behaviour from external sources.
The table below details the types of undesired external behaviour encountered.

Type of Undesired Behaviour	Percentage of respondents experiencing/having experienced this
Verbal aggression	10%
Personal threats	2%
Physical violence	0%

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Consequences of External Undesired Behaviour
Experiencing undesired behaviour externally reduces the ability to work (through absenteeism and/or impaired performance) for 3%, causes stress symptoms for 9%, and reduces job satisfaction for 2%. Only 1% of respondents feel regularly or consistently unsafe. Nearly 80% of respondents found support in their workplace, usually from colleagues (59%) or supervisors (44%). Additionally, 19% sought support from a confidential advisor.

Conclusion:

External undesired behaviour mainly involves verbal aggression. While its impact appears less significant than that of internal undesired behaviour, this may be due to fewer respondents being affected by the former. Support is primarily sought in the immediate work environment. Reporting remains infrequent, especially through official channels like confidential advisors, aligning with interview findings.

2.3.4 Vitality

The SKB survey summarises the results for workload and undesired behaviour (internal and external) under the concept of Vitality, measured in terms of:

- Job satisfaction
- Energy during work
- Recovery after work
- Detachment

For job satisfaction, the scores are as follows:

Question	Percentage of respondents in agreement
Finds the work still interesting	71%
Does the work for reasons beyond necessity	79%
Finds the work engaging even after five years	58%
Enjoys their work	84%
Feels no resistance towards doing work	75%

Energy During Work:

Question	Percentage of respondents in agreement
Has plenty of energy at the start of the workday	73%
Feels fit during work	78%
Bursts with energy at work	61%
Can still concentrate well towards the end of the day	55%
Feels the last part of the workday flies by	55%

Recovery After Work:

Question	Percentage of respondents in agreement

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Has difficulty relaxing at the end of the workday	25%
Feels genuinely exhausted at the end of the workday	32%
Feels rather drained by the end of the day	28%
Has trouble concentrating during free time after work	21%
Has little interest in others immediately after work	24%
Needs some quiet time after work	36%

Detachment:

Question	Percentage of respondents in agreement
Continues to worry about work problems after hours	31%
Finds it hard to leave work behind	52%
Worries about work even during time off	23%

Conclusion

Job satisfaction is generally present among most employees. Energy levels tend to decline over the course of the day, leading to reduced concentration towards the end of the workday. The need for recovery is relatively high, which is an important indicator as it can predict potential absenteeism. The fact that over half find it hard to detach mentally from work was frequently mentioned in interviews as well.

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3. Recommendations

The primary policy-level recommendations for UT regarding psychosocial work stress (PSA) in the draft action plan are:

1. **Establish a comprehensive policy framework on health, safety, and well-being**
   Develop an updated, overarching policy framework for UT covering health, safety, and well-being. Ensure this framework links safety, health, and well-being/enjoyment at work (PSA) and formally document these connections. Integrate information from current policy documents and action plans, connecting HR, the central Safety & Health team, and the HSE organisation at the decentralised level. Include the relationship between central UT and the decentralised faculties and services in the policy. Ensure policy accuracy and completeness to meet occupational health and safety standards by utilising existing systems.

2. **Link PSA and risk assessments to annual plans, implement PDCA Cycle, and foster collaboration**
   Consistently include a section titled "safe, healthy, and enjoyable (well-being)" in the faculty or service's annual plan. This should outline key priorities, including PSA risks identified in the well-being survey and action points arising from risk assessments. Outline how follow-up on both well-being surveys (PSA risks) and risk assessments will be monitored, such as through biannual management discussions, project groups, or assigning responsibility to HSE officers and/or HR advisors, along with discussion with faculty or service councils.

3. **Ensure Compliance with Occupational Health and Safety Requirements to Support PSA Risk Management**
   This includes:
   - *Prevention Officers*: Provide clear role descriptions, responsibilities, and authority for HSE coordinators, particularly in their statutory role as prevention officers, involving operational directors as needed. Also, consider ways to enhance functional collaboration between the central Safety & Health team (at HR) and decentralised HSE staff.
   - *Education:* Provide annual training on priority workplace risks. For PSA, this involves training on workload and internal undesired behaviour for all staff. For external undesired behaviour, training should especially target those who work with students and other external parties, covering a significant number of UT staff.
   - *Accident reporting procedure*: Increase awareness of the accident and incident reporting procedure among supervisors and employees at UT. Highlight the importance of reporting by consistently providing feedback and discussing trend reports.
   - *Supervisors' role*: Ensure that occupational health and safety responsibilities (working safely, healthily, and with enjoyment) are incorporated into supervisors' induction programmes.

4. **Update the risk assessment procedure to include PSA**
   Develop a risk assessment procedure that systematically includes PSA. Incorporate:
   - Assignment of risk assessment responsibility in departments
   - Clarity on which roles conduct risk assessments, on methods, and on the stakeholders involved (collaboration)
   - Procedures for risk assessment validation
   - An overview of tracking, monitoring the action plan's implementation, PDCA cycle adherence, and preparation of management reports.

   Align the risk assessment as closely as possible with existing tools and practices, such as:
   - Linking primary improvement points to annual plans
   - Integrating well-being surveys with risk assessments

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- Monitoring risk assessment progress in existing meetings and including this monitoring in current management reports.

5. **Implement risk assessments at faculty and service levels**
   Implement the updated risk assessment procedure (see point 4) at faculty and service levels. Foster strong collaboration between line managers, HSE, and HR advisors and ensure monitoring of conducted risk assessments, including action plans. Develop a timeline for conducting risk assessments over the coming years.

6. **Offer a periodic occupational health examination (PAGO)**
   Provide PAGO (Periodic Occupational Health Examination) based on the risks identified in risk assessments. The content of PAGO can be determined in consultation with the occupational health physician.

7. **Provide occupational health examination for night shifts**
   Offer an entry occupational health examination for employees starting night shifts, focusing on night work risks, as legally required. Additionally, offer all employees periodic occupational health examinations (PAGO) after employment begins.
   Provide toolbox sessions addressing night work risks and methods to reduce these risks as much as possible.

The primary recommendations for UT on PSA risks in the draft action plan are:

1. **Monitor workload at organisational, team, and individual levels and take action as needed**
   Ensure that workload alignment with available capacity is regularly reviewed at the organisational, team, and individual levels. Consider this carefully during budget cuts.
   Utilise existing tools at various levels, such as:
   - Strategic Workforce Planning
   - Departmental/Team Reports and Meetings
   - Annual Performance Reviews

   Take appropriate measures if workload becomes excessive, including:
   - Prioritising tasks or reducing workloads
   - Exploring organisational changes to improve efficiency

2. **Address PhD Workload Issues**
   Significant research has already been conducted on PhD workloads. Evaluate each faculty to ensure current measures are properly implemented. Identify any additional measures and learn from practices in other UT faculties or at other universities. Involve PhD students and supervisors in discussions on PSA survey results and develop a tailored plan for this group, with regular evaluations.
   Centrally, ensure:
   - A limit on the number of PhDs per supervisor
   - Support for financial challenges faced by PhDs, including a contact point at UT
   - Attention to language issues in sickness absence guidance, with clear information flow and coordination between the Manager, Supervisor, and Promotor

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3. **Investigate workload signals from interviews with University Lecturers**
   Examine whether interview feedback indicating that University Lecturers experience high work stress from performance pressure is also evident in surveys or in discussions with them. If so, engage this group to develop and implement targeted workload reduction measures, with evaluations to follow.

4. **Support supervisors, especially during budget cuts**
   Address the interview signals of workload stress among mid-level supervisors dealing with extensive tasks, especially during budget cut periods, and support them accordingly. Ensure supervisors receive timely and clear information about budget cuts and their implications for work organisation and staff. Provide time, guidance, and access to training, advice, or support as needed, such as training in "Leading in Turbulent Times".

5. **Improve insight into the frequency and types of internal undesired behaviour with an effective reporting system**
   Implement a more effective reporting system for cases of undesired behaviour to gain clearer insight into the actual number and nature of incidents. Relying solely on incidents reported to a confidential advisor, ombuds officer, or occupational health service may overlook cases. According to current occupational health standards, organisations must maintain an effective registration system for undesired behaviour. Ensure UT meets these standards.

6. **Discuss discrimination more explicitly with employees**
   In information sessions, address discrimination explicitly. This is particularly important given UT's international community with its diverse cultures and languages. Engage staff in work meetings or individual discussions to identify whether they feel discriminated against, covering a range of discrimination grounds. HR or the DE&I Team could facilitate such discussions by providing guiding questions or prompts.

7. **Enhance understanding of aggression incidents at UT to manage aggression risks towards staff**
   Establish a robust reporting system for incidents of aggression by external parties (including students) toward UT employees. Involve the Integrated Safety Officer, Head of Security, and HR, ensuring usability for both supervisors and staff. Compile an annual management report on this, aligned with other reporting sources, and discuss it to determine any targeted actions needed. This will also ensure compliance with current occupational health standards.

8. **Improve handling of aggression directed at staff**
   Take the following measures to better manage aggression from visitors or students:
   - *Regular Information Sessions*: Provide annual training on the Aggression Protocol, presented clearly and simply, with clear instructions on the reporting procedure and available post-incident support.
   - *Mandatory Training for High-Risk Roles*: Create an overview of high-risk and lower-risk roles in terms of exposure to aggression. Assess current measures and consider further action if needed, such as training, reporting and response processes, addressing work-related aggression triggers, building modifications, or alarm systems.

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- *House Rules:* Update and display house rules, ensuring oversight and enforcement.
- *Sanction Policy*: Create a sanction policy independent of the complaints procedure for cases where house rules are violated.
- *Post-Incident Support:* Ensure a clear protocol for post-incident support is in place, either internally or through an external party, and inform supervisors and staff.
- *Alert Systems:* Integrate building and technical safety measures in functional risk assessments for roles at risk of aggression. Prioritise known high-risk situations.

9. **Post-incident care for traumatic experiences**
   Ensure post-incident support is incorporated into policy and practice for traumatic work incidents, with clear organisational and contractual arrangements. Inform supervisors and staff accordingly.

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4. Next Steps

4.1 RI&E - Further Assessments

This RI&E PSA is a partial RI&E. Together with the RI&Es on other risks and the building RI&Es, it forms a complete RI&E as intended by legislation. This RI&E PSA recommends several follow-up investigations at the UT level. The most important is an in-depth study of the workload among PhD students. Also, make use of additional research that has already been conducted.

4.2 Action Plan

There is a legal requirement to draw up, review, and implement an action plan based on the RI&E. The draft for the action plan is included in Appendix B of the separate Excel document. The next step is for UT to tailor the provided draft action plan to fit UT. You have already established a procedure for this, both centrally and decentrally. It is advised to involve employees in this process. This final action plan must be submitted to De Bedrijfspoli for review. Subsequently, it can be used as a working document, allowing UT to start working with it easily.

4.3 Legal Review

The RI&E PSA has been conducted by two certified experts and is therefore legally reviewed. An overview of the justification for the review is included in Appendix C. The action plan is reviewed separately. To carry out this review, UT must further complete the template provided by De Bedrijfspoli and send it to the RI&E implementers. They will then send a review letter for the action plan.

The implementers will inform the UT Council of the results of the action plan review and the accompanying advice, in accordance with Article 14, paragraph 3 of the Working Conditions Act.

4.4 Employee Participation (UT Council)

Employees have a say in the establishment of the RI&E and the action plan through the right of consent of the employee participation body, the UT Council. In this way, the UT Council can contribute to any improvements or additions (source: www.arboportaal.nl).

4.5 RI&E Pprocess for the Coming Years

We advise UT to develop the further RI&E process for the entire organisation in the coming years (see also the action plan). Additionally, keep this RI&E up to date.

4.6 PAGO

Based on this RI&E PSA, PAGO policy must be developed in consultation with the company doctor. The company doctor advises on target groups, content, and frequency of the PAGO. Given the outcomes of this RI&E, a PAGO is relevant in the areas of:

- PSA (workload, undesirable behaviour internally and externally).
- Night work.

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Appendix A Accountability and Methodology for the RI&E

A.1 Project approach

Project Executives
The RI&E was conducted by the following experts:

- Ms Marion van den Wittenboer, certified occupational & organisational expert (certificate number A&O-63376)
- Ms Maaikelien Wijma MWO, certified occupational & organisational expert (certificate number 36989)
  Additionally, the existing knowledge and expertise within UT were utilised as much as possible.

Project Approach
To achieve a thorough assessment, the following project approach was followed for this RI&E PSA:

1. In consultation with UT (Annemiek Baars and the well-being working group), the setup of the RI&E PSA was determined. Its objectives, final result, and approach were agreed upon.
2. A review of relevant documents regarding PSA from UT was carried out (see A2).
3. Group interviews (75 min) were conducted with the following groups. Additionally, several individual interviews with experts were held. The following interviews were conducted:

Date	Interview with	Number of participants and roles
9 September 2024	MT and Dienstraad CES	MT: 3 pers. DR: 2 pers.
	ET managers	5 pers.
	VGM officers and other VGM experts	8 pers.
	TNW managers	4 pers.
10 September 2024	OPUT	9 pers.
	MT and Dienstraad MC	MT: 4 pers. DR: 3 pers.
	University Council	6 pers.
	HR managers	6 pers.
16 September 2024	HR Beleid	4 pers.
	MT and Dienstraad SBD	MT: 3 pers. DR: 1 pers.
18 September 2024	FB and FR EEMCS	FB: 3 pers. FR: 1 pers.
	MT and Dienstraad HR	MT: 4 pers. DR: 2 pers.
19 September 2024	General Affairs	8 pers.
	Bedrijfspoli	1 pers.
	Executive Board	3 pers.
	MT and Dienstraad LISA	MT: 3 pers. DR: 2 pers.
	LISA managers	7 pers.

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Date	Interview with	Number of participants and roles
	ITC managers	3 pers.
	EEMCS managers	2 pers.
24 September 2024	FB and FR TNW	FR: 5 pers.
	FB and FR ET	FB: 2 pers. FR: 4 pers.
	BMS managers	5 pers.
	CES managers	3 pers.
	FB and FR ITC	FB: 5 pers. FR: 5 pers.
	CFM managers	5 pers.
30 September 2024	SP	2 pers.
	FB and FR BMS	FB: 4 pers. FR: 2 pers.
	MT and Dienstraad CFM	MT: 4 pers. DR: 5 pers.
	Provider	1 pers.
1 October	Ombuds officer	1 pers.
9 October	MT and Dienstraad FIN	MT: 3 pers. DR: 1 pers.

4. Drafting the RI&E report (including results of the questionnaire conducted by SKB).
5. Discussion of the draft report on 23 October 2024.
6. Delivery of the RI&E report.
7. Legal review of the further completed action plan by UT by a certified expert (by the Company Clinic); drafting a review letter.

A.2 Consulted documents

During implementation of the RI&E PSA, the following documents were reviewed or assessed:

Documents
2023 – HR annual report for 2023 + infographics (final)
2023-2025 employee well-being action plan
891 Memorandum on the HR occupational health and safety catalogue
Aggression protocol
1. Confidential Counsellors annual report for 2021-2022
Complaints Committee annual report for 2022-2023
Disputes Committee annual report for 2022-2023
Ombuds officer annual report for 2022-2023 (EN def)
Appendix 1 Definitive basic questionnaire on workload
Code of ethics
Complaints procedure
Code of conduct for ICT employees
Code of conduct on undesired behaviour
Code of conduct on personal relations in the workplace

Complaints procedure
Bedrijfspoli annual report for 2023, University of Twente
2024 Half-yearly Report of the University of Twente - Dutch
Reporting of irregularities
Ombuds Officer Regulation (EN def) 210614
Regulation on disputes
Regulations on pregnancy and breastfeeding
Social safety_Update HR team_October 2023
Ombuds Officer Statute 240922
Structure RI&E_UT 2015_DEF
TBV
UT Employee Well-being Report 2023 (final version)
Ut-house-rules-def
Waaier-werkdruk-nl
Arbeidsinspectierapport-Universiteit-Twente
Psa-universiteiten-infographic-20240514
Psa-universiteiten-publieksversie-20240514
Psa-univresiteiten-rapport-20240514
University's position on AI
A&M 2009-4
Working times (UT site)
Results of the Well-being Survey Ongewenst Gedrag (2024)
RI&E PSA_TBV
Minutes of the Ronde Tafel-gesprek 11-04-2024
Health and safety at UT (PowerPoint)
VGM-org. organisation chart

A.3 RI&E Methodology

The underlying methodology for the RI&E is the Inspection Method for Working Conditions (IMA) (module on occupational health policy, sickness absence policy, and PSA).

IMA is a methodology used as an underlying instrument for this RI&E, including for the categorisation of sections .

Explanation of the Action Plan

Column Title	Content
No.	Sequence number of the finding
Main Topic	The relevant occupational health aspect – main category
Subject	The relevant occupational health aspect – detailed category
Location/Room	Indication of the department to which the identified point of attention or risk relates
Finding	Description of the identified point of attention or risk
Advice/Measure	Description of measures that can be taken to control or eliminate the point of attention or risk
Risk	Risk class

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Column Title	Content	
	1 High risk	
	2 Significant risk	
	3 Risk present (possibly acceptable)	
	Retain, positive	
N/a	Not calculated, risk calculation not applicable	
Priority	Advice on the priority the organisation can give to the point of attention/risk to resolve it	
Basic Risk Factor (not included in the table as a separate column)	Basic risk factors are the root causes of unsafe situations. There are various methods to determine these. The policy itself and the failure to implement it are indicated in several theories as the root cause of issues in the areas of safety, health, and enjoyable working conditions. We use the following root causes: Design, Materials and Resources, Maintenance, Environmental Factors, Organisational-Procedural, Organisational-Cultural, Training and Education, Procurement and Selection, Communication, Order and Cleanliness, and Employee Behaviour. These root causes are derived from the tripod method for accident investigation.	

The following needs to be completed by UT:

Column Title	Content
Action	Action that UT will take (adopt the given advice or otherwise)
Owner	Implementing and/or responsible officer/committee
Target Date	Time needed to address the point of attention/risk
Status	Description of actions taken and current status

Risk Assessment

The risk classification is based on a pragmatic method described in “Dossier Risk Inventory and Evaluation (RI&E)” from 2013 by P. Beumer et al.

Risks are indicated when deviations from legal obligations, standards, and guidelines are found, or when the occupational health experts who conducted the RI&E identify (potentially) unsafe situations or activities.

Improvements are prioritised based on risk, which is assessed based on:

- The severity of the effect and the possibility of averting the danger;
- The risk of exposure, determined by the duration and frequency of exposure and the number of exposed persons;
- The likelihood that the effect will occur once exposure to a hazard takes place;
- Legislation.

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Risk Categories

In practice, this leads to the following risk assessment classed 1 to 3, which is linked to the improvement points:

1. Significant risk or violation of the Occupational Health and Safety Act involving "seriously punishable facts", where it is hardly possible to avert danger: relatively high chance of health damage, serious effects, absenteeism, or accidents.

2. Possible risk or violation of the Occupational Health and Safety Act involving "directly punishable facts": moderate chance of health damage, absenteeism, or accidents.

3. Low risk, improvements are still possible. Small chance of limited consequences such as nuisance, injury without absenteeism, or minor disruptions to business operations due to occurring hazards.

Prioritisation

The prioritisation must be completed by UT itself and is reflected by the deadlines linked to the actions. Importantly, it should take the magnitude of the risks into account. A rule of thumb for deadlines in relation to risk class is:

Risk class 1 (High risk): address within 1 to 3 months.

Risk class 2 (Significant risk): address within 6 months.

Risk class 3 (Risk present): address within 1 year.

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Appendix B UT PSA Action Plan

UT's RI&E PSA action plan is included as a separate Excel document. The action plan is an integral part of the RI&E.

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Appendix C Legal Review

For the sake of completeness, this appendix includes the review framework for core experts. The full RI&E at the UT must meet the requirements set out in Table 1. This has been taken into account during implementation. For this RI&E, we have only focused on PSA.

Table 1: Review of RI&E PSA for reliability, completeness, and timeliness

No.	Question
1.1	
1.1.1	Have all risks, including the underlying root causes, regarding safety and health for the entire organisation or specific organisational units, including groups of employees or activities, been inventoried?
1.1.2	Have data from absence analyses been used to gain insight into the work-related causes of absenteeism?
1.1.3	Have the insights of the company doctor and other experts engaged by the employer for absence and occupational health policy been included in the RI&E?
1.1.4	Have the insights of the employees been included in the RI&E?
1.1.5	Have the insights of the prevention officers been used?
1.1.6	Have the analyses of occupational health studies been used in the RI&E?
1.1.7	Are accident registrations present and analysed for the underlying root causes, and have these been processed in the RI&E?
1.1.8	Have the tasks of the prevention officer been defined and executed?
1.1.9	Is it described how many prevention officers are needed to perform the tasks and what the required knowledge and capacity are for performing the tasks?
1.1.10	Is it described which occupational health studies are needed, and what the content and frequency are?
1.1.11	Is the occupational health policy described and operational?
1.1.12	Is the organisation of emergency response (BHV) described and operational?
1.1.13	Are the risk-reducing measures regarding the existing risks described?
1.1.14	Are the risk-reducing measures tested against occupational hygiene principles and the “reasonably practicable” principle?
1.1.15	Is it determined whether further in-depth RI&Es and/or additional measurements are needed to determine the exposure to certain work-related factors and the associated risks?
1.2	
1.2.1	Is the RI&E up to date?
1.2.2	Is the timeliness of the RI&E ensured?
1.3	
1.3.1	Does the RI&E meet current insights, based on the state of science and professional services?
1.4	
1.4.1	Are the exposures to the risks represented accurately (no over- or underestimation)?
1.4.2	Are the exposures investigated and mapped using validated methods?
1.4.3	Is the evaluation of the exposure to the risks correctly performed and compared with relevant legal and scientifically substantiated limits?

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The action plan is drawn up by UT itself and must be reviewed by core experts in accordance with the provisions in Article 14, first paragraph, under a, of the Occupational Health and Safety Act and Article 2.1 of the Occupational Health and Safety Regulations. For this, a review letter is drawn up. The completed action plan is reviewed based on the criteria included in Table 2.

Table 2: Review of the Action Plan

No.	Question
2	
2.1	Have measures been proposed to eliminate the hazards or to minimise the risks to safety and health as much as possible? The employer's responsibilities go beyond complying with legal standards, as they must pursue a policy aimed at the best possible working conditions (Article 3, paragraph 1, Occupational Health and Safety Act).
2.2	Have the proposals for risk-reducing measures taken into account the occupational hygiene strategy?
2.3	If the proposed measures in the action plan deviate from the occupational hygiene strategy, is this justified?
2.4	Is it described how the measures will be implemented?
2.5	Has the effectiveness of the measures been assessed?
2.6	Have the undesirable consequences of measures been considered?
2.7	Has the correct prioritisation of measures been proposed based on the risk magnitude assessment?
2.8	Is the action plan concrete and realistic (SMART)?
2.9	Do the persons appointed by the employer (action holders) have sufficient authority to implement the proposed measures from the action plan?

Finally, there is a review of the substantive topics of the RI&E, including additional regulations. This review concerns the criterion of "completeness". For each topic, it is determined whether the topic has been sufficiently described and assessed for all risk groups in the RI&E and whether the root causes have been inventoried. If there are findings regarding the completeness of the RI&E, a review recommendation is given.

In the review of completeness, the topics in Table 3 are considered. For this RI&E PSA, only the topics related to PSA are included.

Table 3: Substantive Topics in the RI&E PSA

Main Risks and Sub-Risks (nature, extent, duration of exposure, risk-reducing measures, limits, and relevant standards)
3.1 Psychosocial Workload, including:
a. a. Workload
b. b. Bullying, sexual harassment, aggression, and violence
c. c. Discrimination
d. d. Content and organisation of work
3.2 Working and Rest Times, including:
a. Working and rest times
b. Shift work
c. Night work

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Main Risks and Sub-Risks (nature, extent, duration of exposure, risk-reducing measures, limits, and relevant standards)
3.3 Special Categories of Employees
a. a. Temporary workers, interns, volunteers, non-native speakers, other persons/third parties (such as visitors and passers-by)
b. b. Pregnant women
c. c. Young people
d. d. Employees with disabilities/partially incapacitated for work
e. e. Workers who work independently of place and time

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Appendix D Description and Characteristics of UT

D.1 Description of the Organisation

UT is an organisation for scientific education and research with some 4,000 employees. It comprises five faculties and nine services. Ultimate responsibility lies with the Executive Board. Additionally, each faculty has a faculty board, and each service has a management team. Employee participation is organised as follows: at the organisational level, there is a University Council (Uraad). Faculties have a faculty council, and services have a service council.

The following faculties are part of UT:

BMS
ET
EEMCS
ITC
TNW.

Within these faculties, there are roles in education, research, and support. The support functions are very diverse and include administration, laboratory work, technical support, facilities, etc.

Additionally, UT has the following services:

GA
CFM
CES
FIN
LISA
MC
SBD
SP
HR.

Within the services, there are very varied roles, suitable for support services.

D.2 Sickness Absence

The analysis of sickness absence was provided by the occupational health service in two documents: the 2023 Annual Report and the 2024 Half-Year Report. Sickness absence was discussed with the company doctor; this is reported in the Excel document (Appendix B).