

**THE TOKYO DECLARATION**  
**on**  
**Work-Related Stress and Health in**  
**Three Post-Industrial Settings**  
**-EU, Japan and USA-**



**Sponsored by Tokyo Medical University**

# THE TOKYO DECLARATION

on Work-Related Stress and Health  
In Three Postindustrial Settings -  
The European Union, Japan and the United States<sup>1</sup>  
as adopted at a "triangular" Conference  
at the Tokyo Medical University  
1<sup>st</sup> November 1998.

This Declaration will be made available to government and public sector agencies and partners in industry, labour, health and academia.

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<sup>1</sup> This declaration reflects the viewpoints of the conference attendees. It does not necessarily reflect the views of the co-sponsoring organizations.

## PREAMBLE

The "triangular" Conference on "Work-Related Stress and Health in Three Postindustrial Settings - the European Union, Japan and the United States" – was held in Tokyo on 31 October - 1 November 1998, sponsored by Tokyo Medical University and co-sponsored by the World Health Organization, International Labor Office, the European Commission, Japan Ministry of Labor, Japan Ministry of Health and Welfare, Tokyo Metropolitan Government, the United States National Institute of Occupational Safety and Health, Karolinska Institute, Japan National Institute of Industrial Health, Japan Industrial Safety and Health Association, Tokyo Citizens' Council for Health Promotion, The Japanese Association of Stress Science, Japan Society for Occupational Mental Health, and the Section of Occupational Psychiatry of the World Psychiatric Association. Its 28 international scientists (Annex 1) from all three settings and relevant disciplines described and discussed:

- o present conditions of work, stress and occupational health,
- o foreseeable trends,
- o needs for action, and
- o needs for research, education, and information.

Discussions focused on the similarities and differences in all these respects between the three postindustrial settings. Agreement was reached concerning a number of conclusions and recommendations, including options for continued information exchange and concerted actions.

The conference participants are fully aware of the enormous environmental and health burden carried by workers in countries at earlier phases of industrial development. We envisage that their corresponding problems and solutions need to be given consideration.

This declaration is based on the philosophy of "Investment for Health." According to a common dictionary the verb "invest" is defined as "a commitment (of money or capital, technology, human resources, etc.) in order to gain a return, to spend or devote for future advantage or benefit." Consequently, an investment for health refers to a commitment of resources in order to gain a health and social return. Seen in such a way, the investment does not constitute a burden, rather an opportunity for increasing returns.

## BACKGROUND

All around the world, countries are undergoing rapid, fundamental changes in almost every aspect of life. In some of these countries, this has created great social stress, whereas others seem to have managed to maintain the relative stability needed for long-term, beneficial transformation processes to flourish.

One of the key areas for such transformation, with secondary effects on virtually all other areas of human existence, is working life.

Major determinants of these transformations are the globalization, computerization and robotization of the production and provision of goods and services. In the three major economies of the world - the European Union, Japan and the United States - these processes exhibit many similarities. Technological developments are almost identical, but the cultural settings and social coping strategies are not.

These processes and their effects, both positive and negative, on the health and wellbeing of the populations of these three regions have been the subject of this "triangular" Conference.

It was believed that it is vital to identify ways to overcome current difficulties and prevent foreseeable future difficulties, whilst at the same time maximizing the tremendous potential inherent in this period of dramatic transformation. It was also agreed that there is a great need to exchange experiences, and compare problems, approaches and outcomes from these three postindustrial settings.

The growth of neuroscience and stress science has allowed elucidation of the links between social structures and processes (at work and outside it), the way in which these are perceived and appraised and the resulting interaction between the central nervous system and other organ systems to promote or counteract workers' health, based on a bio-psycho-social approach to all relevant aspects of the man-environment ecosystem and its dynamics. These dynamics include organizational restructuring, mergers, acquisitions and downsizing, the frantic pace of work and life, the erosion of leisure time and/or the blending of work and home time. Most of these developments are driven by economic and technological changes aiming at short-term productivity and profit gain.

Organizations are becoming flatter, if not smaller. There is a growing trend toward increased self-direction in work. Production practices are increasingly "leaner". New employment practices such as use of contingent workers are increasingly adopted. Concurrently, job stability and tenure is decreasing. There is also a trend toward increasing information (cognitively demanding) and service work. Another common trend is the aging of the working population.



We have a rather limited understanding of the effects of these trends on job characteristics and on workers' health and wellbeing.

According to a recent study (Paoli, 1996), the European workforce is presently undergoing rapid transformation from industry to the service sector, with much more computer work and work in direct contact with customers, clients or patients. New management models are introduced with more teamwork, just-in-time, and TQM (Total Quality Management). The workforce is getting older with an increasing proportion of women workers, and with employees more likely to work on fixed term or temporary contracts. These developments are set against a background of a chronically high unemployment rate (presently over 10 % in the European Union). This rapid change, combined with both over- and under-employment, is likely to be highly stress provoking. Occupational stress-related mental and psychosomatic complaints are very common in all 15 EU Member States. With the exception that employment so far remains high in the U.S., these conditions aptly describe the situation in the U.S. as well.

Japanese workers also experience similar situations. In addition, aspects of the Japanese employment system, such as life-long employment and seniority wages, have been changing rapidly due to the recent economic recession.

Thus, our discussions during the "triangular" Conference have identified the similarities as well as the differences in the conditions and trends present in Europe, Japan and the USA.

Under the European Community Framework Directive (89/391/EEC), as well as the U.S. Occupational Safety and Health Act of 1970, employers have a "duty to ensure the safety and health of workers in every aspect related to the work." Furthermore, the European Community Framework Directive specifies the following general principles of prevention: avoiding risks, adjusting the risks which cannot be avoided; combating the risks at source, and adapting the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work rate and to reducing their effects on health.

The Japanese government enacted the Industrial Safety and Health Law in 1972 to assure the safety and health of workers in the workplace. A 1992 amendment included a commitment to facilitate the promotion of the "comfortable" working environment. In addition, the Japan Ministry of Labor established the 9<sup>th</sup> Industrial Accident Prevention Plan in 1998, which includes strategies for managing increasing mental stress.

It can be *hypothesized*, but yet remains to be demonstrated, that these interrelated goals can be achieved through:

- coordinating action across sectors and disciplines,
- allocating resources to ensure priority goals are addressed,
- developing professional as well as life skills in the population,
- improving social networks;
- implementing the essential elements of the EU Fourth Framework Programme for Research by “giving priority to projects which are likely to have a direct impact in terms of competitiveness and quality of life.”

It can further be hypothesized that the management and prevention of work stress, in addition to improving the health and wellbeing of the labour force, will contribute to the productivity and economic wellbeing of organizations and the economic system, the participation of workers in the democratic process and the enhancement of social capital at work and outside it.

## SPECIFIC PROPOSALS

The participants of the triangular conference concur with the recommendations of the Luxembourg Declaration on Workplace Health Promotion in the European Union (Annex 2). Participants further agreed that special attention must be paid to the prevention of risks and inequities among the growing numbers of women in the workforce.

Further, consideration must also be given to addressing the specific issues relating to the promotion of health and wellbeing of ethnic minority groups within the labour market.

Finally, attention needs to be given to disadvantaged groups such as the mentally, physically and socially handicapped in each country to enable them to work, remain healthy and contribute to society.

They have formulated the following specific proposals for healthier work in healthier workplaces and consider that there is a need for increased cooperation between all relevant "actors" in all three settings with regard to

- *Implementation* of the very considerable body of current information on prevention measures to reduce stress related illness and injury in the workplace and promote the health and wellbeing of workers, and *research* to address gaps in such knowledge. Such research needs to specifically address the contribution of psychosocial factors directly related to working conditions in the etiology of work related injury and illness. It is important to bridge the gap between current knowledge and implementation of that knowledge at all levels - international, national, regional, local and individual. The role of agencies such as NGO's, labour organizations and health services will be critical in facilitating the closing of these gaps.
- *Surveillance* at individual workplaces and *monitoring* at national and regional levels, in order to identify the extent of work related stress health problems and to provide baselines against which to evaluate efforts at amelioration. They recommend that workplaces assess both workplace stressors and health outcomes known to result from such exposures (e.g. repetitive work and WRMD's) on an annual basis. Materials (references) on how to accomplish these tasks should be developed and provided on the WWW.
- *Education and training* of occupational and other key professional groups to facilitate their participation in researching and developing programs to reduce the impact of work related stress and to evaluate the outcome of such approaches.
- *Methodological developments* for the production of valid and reliable methodology kits for intersectoral and interdisciplinary monitoring, clarification and action by all concerned.

- Creation of a *Clearing House* for all relevant information using state of the art technology, video, curricula, leaflets, hotline, etc. This would include utilization of the WWW to collect, review, integrate and disseminate information concerning such activities.
- Addressing the stress-related consequences of unemployment on the individuals concerned and their families and the communities in which they live. This will mean minimizing unemployment and underemployment, minimizing overemployment, promoting “the healthy job” concept, and humanizing organizational restructuring.

Because these issues do not respect national borders and in order to proceed meaningfully with respect to the above mentioned objectives, it will be necessary to develop more formal interactions and partnerships between international and national authorities, bodies and organizations with an interest in reducing the economic and health burden of stress related ill-health in the workplace.

This declaration is commended to policy-makers and decision-makers throughout the three settings as a framework for healthier work in healthier workplaces and expects urgent action in response to the proposals made above.



## **Annex 1**

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## Annex 2

Luxembourg Declaration on Workplace Health Promotion (WHP) in the European Union, adopted by the European Network for Workplace Health Promotion on 28 November 1997 to improve employees' health.

- o WHP includes individual-directed and environment-directed measures from various fields. It combines the strategy of risk reduction with the strategy of the development of health protection and promotion factors and health potentials (comprehensiveness).
- o management principles and methods which recognize that employees are a necessary success factor for the organization instead of a mere cost factor;
- o a culture and corresponding leadership principles which include participation of the employees and encourage motivation and responsibility of all employees;
- o work organization principles which provide the employees with an appropriate balance between job demands, control over their own work, level of skills and social support;
- o a personnel policy, which actively incorporates health promotion, issues;
- o an integrated occupational health and safety service.

WHP is based on multisectoral and multidisciplinary cooperation and can only be successful if all the key players are committed to it.

WHP can reach the aim "healthy people in healthy organizations" if it is oriented along the following guidelines:

- o All staff have to be involved (participation).
- o WHP has to be integrated in all important decisions and in all areas of organizations (integration).
- o All measures and programmes have to be oriented to a problem-solving cycle: needs analysis, setting priorities, planning, implementation, continuous control and evaluation (project management).

The European Network for WHP regards the following priorities as a basis for future activities:

- o Increase awareness of WHP and promote responsibility for health with regard to all stakeholders.
- o Identification and dissemination of models of good practice.
- o Develop guidelines for effective WHP.
- o Ensure commitment of the Member States to incorporate respective policies.
- o Address the specific challenges of working together with small and medium-sized enterprises.



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