NDPHS Northern Dimension Partnership in Public Health and Social Well-being

Connecting minds for healthy lives

epic. Effectively Prepared in Crisis

Workshop Summary Report

Developing a transnational project concept

23 September 2026

Helsinki

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EPIC – Background and Helsinki Workshop

EPIC aims to strengthen cooperation in the Baltic Sea Region on health-related emergency preparedness and crisis management, with a particular focus on occupational safety and health and workforce resilience. The initiative seeks to enhance cooperation between Nordic-Baltic countries, support the development of approaches for cross-border collaboration, and facilitate the exchange of expertise and good practices on maintaining health and healthcare capacities during emergencies and crises.

The work is being developed in close cooperation with the NDPHS Occupational Safety and Health Expert Group (OSH EG) and through a series of workshops and stakeholder exchanges. Previous EPIC activities have highlighted the importance of organisational factors, leadership, psychological safety, workforce competence and support, preparedness systems, and stronger coordination and learning before, during and after crises.

The third EPIC workshop, held in Helsinki on 23 September 2026, aimed to move from these broader challenges and priority areas towards more concrete directions for a potential future transnational project. Building on earlier EPIC discussions and a preparatory mapping exercise, participants examined potential project objectives, target groups, research questions, methodological approaches, partnership needs and transnational added value.

The workshop resulted in three emerging project strands, each addressing organisational resilience and preparedness from a different perspective: protective work-environment factors during crises, preparedness in small and micro-enterprises, and digital psychosocial-risk management in healthcare.

Summary of the three emerging strands

1

Protective and mitigating work-environment factors in crises

This strand focuses on identifying organisational and work-environment factors that help workers and organisations maintain health, work ability and functioning during crises.

It would combine evidence from previous crises, OSH data and qualitative research to identify protective factors and translate them into practical organisational measures.

2

Organisational capability and preparedness in small and micro-enterprises

This strand examines how small and micro-enterprises can strengthen preparedness despite limited resources and specialised structures.

The aim would be to integrate preparedness into existing OSH and everyday organisational practices and develop a practical approach that can be adapted across different national contexts.

3

Digital psychosocial-risk management in healthcare

This strand proposes developing and testing a digital approach that helps healthcare organisations identify psychosocial risks during crises and link them to concrete organisational responses.

The approach would be co-designed, piloted and evaluated across different healthcare settings and countries.

Strand 1: Protective and mitigating work-environment factors in crises

BACKGROUND AND RATIONALE

The first strand focuses on understanding which organisational and work-environment factors enable workers and organisations to maintain health, work ability and functioning during crises and other disruptive situations.

A particular concern emerging from the workshop was that crises are not necessarily short, clearly defined events. Organisations may experience prolonged periods of uncertainty, changing workloads, disrupted work processes and simultaneous demands from routine operations and crisis response. In healthcare, for example, organisations may need to continue providing ordinary services while at the same time managing additional crisis- or incident-related demands.
The strand therefore moves beyond identifying crisis-related risks. Its central interest is in distinguishing between factors that increase vulnerability, factors that protect workers, and factors that organisations can realistically modify in order to strengthen preparedness and mitigate negative effects.

One of the strongest principles emerging from the discussion was that workforce resilience should not primarily be treated as an individual characteristic.

“Resilience is not individual – it’s built in organisational structures.”

The focus would therefore be on working conditions, organisational practices, leadership, support systems and cooperation structures that create an environment in which workers can continue functioning during difficult circumstances.

OVERALL OBJECTIVE

The overall objective could be formulated as:

To identify and validate organisational and work-environment factors that protect workforce health, work ability and organisational functioning before, during and after crises, and to translate this knowledge into practical measures for organisations and preparedness systems.

The project could examine why some organisations and workers appear to maintain work ability and experience fewer adverse health effects during crises, while others struggle. This creates a comparative research question:

What differentiates organisations that maintain workforce health and functioning relatively well during disruptive situations from those that experience greater difficulties?

SCOPE AND TARGET GROUPS

Workers would remain the main population of interest, but interventions and recommendations would primarily address the organisational and system level. Potential target groups include:

- **employers and organisational leadership;**
- **trade unions and social partners;**
- **public authorities;**
- **healthcare organisations and other crisis-relevant sectors;**
- **OSH and preparedness actors.**

The workshop initially placed particular emphasis on healthcare, including emergency and intensive care settings, but also considered organisational and regional or local healthcare systems. This gives the strand a possible multi-level structure ranging from the worker and workplace to cooperation between organisations and regional systems.

Importantly, the project could consider the whole crisis cycle: preparedness before a crisis, working conditions and organisational adaptation during disruption, and longer-term consequences and recovery afterwards. Prolonged crises would remain a particular area of interest because disruptive situations may gradually become part of the organisational “new normal.”

PROPOSED RESEARCH APPROACH

The first step would be to establish common definitions of concepts such as crisis, resilience, preparedness, work ability and occupational safety and health. This is particularly important in a transnational project where terminology and operational definitions may differ between countries.

The project could then map and analyse evidence from previous crises and disruptive events. Existing datasets could be explored to understand their consequences for workers and organisations.
Potential sources mentioned during the workshop included occupational accident data, occupational-disease data, work-environment data and information on organisational responses. Larger datasets and potentially data-driven analytical approaches could also be considered where appropriate.

This quantitative work could be complemented by qualitative research, including expert interviews and interviews within organisations that have experienced crises. These interviews could help explain why certain organisational responses succeeded or failed and identify potentially protective or mitigating factors.

Based on this preparatory work, the project could identify a set of relevant organisational and work-environment factors and test them through a larger cross-country survey or comparable data collection.

POSSIBLE OUTPUTS AND PRACTICAL RELEVANCE

The project should ultimately move beyond identifying protective factors and consider how organisations can act on the findings.
Potential outputs could include:

- **evidence-based recommendations on protective organisational factors;**
- **guidance for organising working time and workloads during crises;**
- **leadership and organisational preparedness recommendations;**
- **competence-building approaches for crisis situations;**
- **measures supporting interoperability and cooperation;**
- **tools or training for implementing protective factors in workplaces.**

The longer-term aim would be to support healthier and better-functioning organisations and potentially reduce outcomes such as sickness absence, burnout and loss of work ability.

Strand 2: Strengthening organisational capability and preparedness in small and micro-enterprises

BACKGROUND AND RATIONALE

The second strand focuses on the preparedness and organisational capability of small and micro-enterprises.

Small organisations may face particular challenges in preparing for crises and other disruptive situations. Unlike larger organisations, they may not have dedicated OSH, preparedness, HR or risk-management departments. In very small companies, the employer may simultaneously carry operational, managerial and occupational-safety responsibilities.
The workshop therefore raised a central question:

How can preparedness become a realistic part of everyday organisational practice in small enterprises rather than an additional system that requires resources and expertise that these organisations do not have?

The workshop also highlighted a potential tension between normal business objectives and OSH obligations, legislation and preparedness responsibilities. The challenge is consequently not only one of awareness, but of the practical organisational capacity to integrate preparedness into everyday business processes.

OVERALL OBJECTIVE

The emerging objective could be formulated as:

To strengthen the organisational capability of small and micro-enterprises to prepare for and manage disruptive situations while supporting work well-being and sustainable organisational functioning.

Preparedness should in this context be understood broadly as the organisational ability to anticipate disruption, organise work effectively, protect workers and continue essential activities.

This strand would place particular emphasis on the prevention and preparedness phase before a crisis, making it distinctly proactive rather than primarily reactive.

SCOPE AND TARGET GROUPS

The principal target would be small and micro-enterprises, particularly organisations without specialised internal structures for OSH or preparedness.

The project could potentially cover several economic sectors and compare organisations of different sizes and operating contexts. This would make it possible to examine whether preparedness challenges are broadly shared across small enterprises or differ substantially according to sector, organisational characteristics or national context.

While workers would ultimately benefit from stronger preparedness, many of the activities and outputs would likely be directed towards:

- **owners and employers of small and micro-enterprises;**
- **managers and persons responsible for occupational safety;**
- **employees and worker representatives;**
- **OSH and preparedness organisations;**
- **business and employer organisations;**
- **public authorities and other organisations providing support to SMEs.**

Unlike the first strand, which considers the whole crisis cycle, this strand would place its strongest emphasis on prevention and preparedness before disruption occurs. The intention is therefore predominantly proactive rather than reactive.

PROPOSED RESEARCH APPROACH

The strand points towards an intervention-oriented research approach in which the project first develops a better understanding of existing SME preparedness and subsequently develops and tests practical measures.

An initial phase could establish common definitions of preparedness and organisational capability and clarify how these concepts apply specifically to small and micro-enterprises.

The project could then map the actual situation in SMEs, including existing preparedness practices, OSH arrangements, perceived barriers, support needs and possible incentives. This would help avoid developing an intervention based primarily on assumptions about what small companies need.

An important part of this work would be to understand the wider systems in which SMEs operate. National OSH systems, legislation, business culture, external support structures and organisational context may all influence how preparedness measures can be implemented.

Based on this knowledge, a practical preparedness approach could be developed and tested in participating small enterprises. Its implementation could then be compared across countries and organisational contexts.

POSSIBLE OUTPUTS AND PRACTICAL RELEVANCE

A central ambition would be to develop and test a practical preparedness approach that reflects the realities and limited capacities of small organisations.
Depending on the findings of the preparatory phase, potential outputs could include:

- **a practical preparedness model for small and micro-enterprises;**
- **an OSH-integrated preparedness assessment;**
- **simple tools or checklists for employers;**
- **training and capacity-building materials;**
- **guidance on incorporating preparedness into everyday work processes;**
- **recommendations concerning incentives and enabling conditions;**
- **recommendations for authorities, employer organisations and other actors supporting SMEs.**

A digital application or tool connected with preparedness and near-miss incidents was also discussed as one possible direction. At this stage, however, it should be regarded as a potential option rather than a defined project output.

The practical value of the strand would lie in making preparedness feasible and relevant for organisations that may not have the resources to develop separate preparedness structures, while connecting resilience and preparedness more closely to everyday OSH practice.

Strand 3: Digital psychosocial-risk management in healthcare

BACKGROUND AND RATIONALE

The third strand focuses on using digital tools to make psychosocial-risk management more actionable in healthcare during crisis situations.

Healthcare workers can face rapidly changing psychosocial risks during crises, including high workloads, uncertainty, disrupted working arrangements, changing responsibilities and additional emotional or organisational demands. These risks may also evolve quickly as a crisis develops.

The challenge is therefore not only to recognise psychosocial risks but to enable healthcare organisations to identify emerging problems and translate this information into timely organisational responses.

Existing psychosocial-risk assessments may identify problems without necessarily establishing a direct pathway towards action. The distinctive element of this strand would therefore be to connect risk identification with organisational decision-making and practical measures.

The digital component would not be intended as a stand-alone measurement tool, but as part of a broader organisational process that supports the management of psychosocial risks and workforce resilience in crisis situations.

OVERALL OBJECTIVE

The overall objective could be formulated as:

To develop, test and evaluate a digital psychosocial-risk management toolkit that enables healthcare organisations to identify changing psychosocial risks during crises and translate the findings into timely organisational action supporting workforce resilience.

A key question would be how digital risk assessment can be linked to concrete organisational responses.

SCOPE AND TARGET GROUPS

The primary setting would be the healthcare sector, with the possibility of testing the approach across different types of healthcare organisations.
The concept could potentially include:

- **public and private healthcare providers;**
- **organisations of different sizes;**
- **different healthcare settings;**
- **healthcare workers broadly or selected occupational groups, such as nurses;**
- **organisational leadership and managers;**
- **OSH and psychosocial-risk professionals;**
- **crisis-preparedness actors.**

Testing the approach across different settings could help determine whether the same basic model can function across healthcare systems and organisational contexts.

The focus would be on psychosocial-risk management in connection with crises and disruptive situations, although parts of the approach could potentially also strengthen everyday organisational risk management and preparedness.

The strand would operate primarily at the organisational level: workers would provide essential information about their working conditions and experiences, while organisations would need to be capable of interpreting this information and acting upon it.

PROPOSED RESEARCH APPROACH

The strand has a comparatively clear development and testing pathway.

The first stage would involve mapping user and organisational needs. Focus-group interviews with healthcare workers and other potential users could help identify the main psychosocial challenges, limitations of existing approaches and requirements for a future digital tool. Expert interviews and advice could complement this work.

Based on the needs assessment, the consortium could define the criteria and technical requirements for the digital solution and accompanying organisational action protocol.

The tool could then be developed through a co-design process involving users, organisational actors, OSH specialists and technical experts. This would help ensure that the solution is both technically feasible and suitable for everyday healthcare environments.

An initial version could subsequently be pilot-tested, potentially during crisis or preparedness exercises. Following refinement, the tool could be tested on a larger scale across participating organisations and countries.

Evaluation could combine quantitative and qualitative approaches and examine aspects such as:

- **usability and user satisfaction;**
- **ability to identify relevant psychosocial risks;**
- **whether identified risks lead to organisational responses;**
- **feasibility within healthcare operations;**
- **acceptance among workers and managers;**
- **differences between healthcare organisations and countries.**

POSSIBLE OUTPUTS AND PRACTICAL RELEVANCE

The strand would aim to produce a concrete and practically applicable psychosocial-risk management approach for healthcare organisations.
Potential outputs could include:

- **a digital psychosocial-risk assessment tool;**
- **an organisational action protocol linked to identified risks;**
- **practical implementation guidance;**
- **materials for use in crisis exercises and preparedness planning;**
- **evaluation results from different healthcare settings;**
- **recommendations for adapting the approach to different national and organisational contexts;**
- **training and dissemination materials supporting wider uptake.**

This could strengthen the ability of healthcare organisations to respond more systematically to rapidly changing psychosocial conditions during crises rather than relying solely on retrospective assessments.

Cross-cutting conclusions and next steps

Common direction

The three strands approach workforce resilience and preparedness from different perspectives, but share a common understanding: resilience should not primarily depend on the individual worker. Organisational structures, working conditions, preparedness systems and the capacity to translate knowledge into practical action are central across all three strands.

Transnational added value

A transnational approach would make it possible to compare different organisational and national contexts, learn from experiences across the Baltic Sea Region and distinguish between approaches that can be applied across countries and those requiring adaptation to national systems. The development of shared knowledge, methods and practical solutions could also strengthen cooperation between OSH, preparedness, research and implementation actors in the region.

Partnership needs

Depending on the strand taken forward, a future consortium could combine OSH and preparedness expertise with research institutions, workplaces, public authorities, social partners and relevant sector-specific expertise. SME and business expertise would be particularly important for Strand 2, while Strand 3 would additionally require healthcare, psychosocial and technical expertise.

Next steps

The next stage of EPIC should further assess the three strands and clarify:

- **which strand, or combination of elements, provides the strongest basis for further project development;**
- **where additional evidence or mapping is needed;**
- **which organisations could contribute the required expertise and potentially lead a future project;**
- **which funding opportunities are suitable for taking the concept forward.**