

Work-related psychosocial risks in health and long-term care sectors: Sources, factors and prevention

EU-OSHA Webinar

OSH management in the Human health and social work –
what are European workplaces telling us?

4 May 2022

Dr Paula Franklin, ETUI Senior Researcher

pfranklin@etui.org

Structure of the presentation

- Scope & methods of the ETUI study *'Psychosocial risks in the health and long-term care sectors: Evidence review and trade unions' views on sources and prevention'*
- Main findings
- 3 Key messages

Psychosocial Risks in the
Health and Long-term Care Sectors:
Evidence review and trade unions'
views on sources and prevention

ETUI Report

Clara Llorens Serrano
Claudia Narocki
Clara Gual

Barbara Helfferich
Paula Franklin

etui.

Scope

- Investigate and conceptualise work-related PSR sources and factors
- Explore prevention and mitigation measures

Methods

- A review of scientific literature using PubMed and Scopus databases
- Semi-structured online interviews with trade union officials in Germany (n=9), Spain (n=6), and Sweden (n=8)
- Online focus groups to verify the findings

etui.

Main findings: The context

“PSR is the first cause of unhappiness, demotivation, and absenteeism from work. It is already and will be the big cause to fight for trade unions in the 21st century, it is what is coming, and we need to tackle it.” (Spain)

- Increasing demand for healthcare
- Lack of staff
- Devaluing health and care work
- Austerity measures; Privatisation and commercialisation of care

Main findings: Psychosocial Risk Sources in HC & LTC

High

Job insecurity

Working conditions insecurity

Emotional demands

Quantitative demands

Work-family/life conflict

Low

Control over working conditions

Social support

Recognition and rewards

* Violence and harassment

etui.

Main findings: Sources - Factors - Prevention

“The [care] gaps have been filled mostly with inexperienced or untrained staff, that faces high job insecurity because of zero-hour or otherwise limited contracts. They never know when a restructuring or change in management puts their livelihood into danger.” (Sweden)

“There is a wave of dismissals and elimination of posts that were created due to the [Covid-19] crisis. But we see that we need those workers. They have been working during the most difficult times and now they’re being fired.” (Spain)

EMPLOYMENT CONDITIONS		
Source	PSR factors	Preventive measures
High job Insecurity	Zero-hour contracts Involuntary part-time work Unpredictability of salary Uncertainty of being re-employed after temporary hiring	Unionisation Collective Agreements Establishment of works councils

Main findings: Sources - Factors - Prevention

“It is not uncommon that ‘everybody does everything’, which can put carers and auxiliaries at risk - and legal boundaries are broken – this adds to the already high level of stress experienced [by the workers]...most healthcare workers fear the constant changes - many are not explained to them and they don’t know what the next day will bring, perhaps yet again new staff, mostly auxiliaries who come and go...” (Germany)

WORKING CONDITIONS		
Source	PSR factors	Preventive measures
High working conditions insecurity	<ul style="list-style-type: none"> Conflicting demands and lack of role clarity Frequent changes in the content of the work High number of “floating” staff reassigned from one unit to another Hiring untrained staff Poorly managed organisational change Ineffective communication 	<ul style="list-style-type: none"> Providing clear and detailed description of roles and responsibilities Collective agreements on working conditions/Company agreements on working conditions Involving workers and their representatives in decision-making processes

Key messages

1. Negative impacts of PSRs on workers' health are evident in the healthcare and long-term care sectors.
2. While the sectors, work contexts, and job roles are diverse there is convergence in terms of the sources, factors and health outcomes of PSR.
3. The discourse must shift from a focus on individual mental health to the prevention on work-related psychosocial risks.

Open Access Article

A Scoping Review of Psychosocial Risks to Health Workers during the Covid-19 Pandemic

by Paula Franklin^{1*} and Anna Gkiouleka²

¹ Occupational Safety & Health and Working Conditions Unit, European Trade Union Institute (ETUI), Boulevard du Roi Albert II, 1210 Brussels, Belgium
² Department of Public Health & Primary Care, University of Cambridge, Cambridge CB1 8RN, UK
* Author to whom correspondence should be addressed.

Academic Editor: Alan H.S. Chan
Int. J. Environ. Res. Public Health 2021, 18(5), 2453; <https://doi.org/10.3390/ijerph18052453>
Received: 29 January 2021 / Revised: 18 February 2021 / Accepted: 25 February 2021 / Published: 2 March 2021
(This article belongs to the Collection Contemporary and Emerging Issues of Occupational Safety and Health)

[Download PDF](#) [Browse Figures](#) [Review Reports](#) [Citation Export](#)

Abstract

The Covid-19 pandemic has exposed health workers to a diverse set of hazards impacting their physical, psychological and social wellbeing. This review aims to provide an overview of the categories of the psychosocial risk factors and hazards affecting HCWs during the Covid-19 pandemic and the recommendations for prevention. We used the scoping review methodology to collate categories of psychosocial risks, the related health outcomes, interventions, and data gaps. The review was conducted on global peer-reviewed academic and authoritative grey literature, published between 1. January–26. October 2020, in total, 220 articles were included into the review and the subsequent analysis. Analysis of the extracted data found PSRs related to four sources: personal protective equipment (PPE), job content, work organisation, and social context. Women health workers and nurses reported worst health outcomes. Majority of the research to date concerns health workers in secondary care, while data on psychosocial risks at primary and community-based settings are scarce. However, the emerging research implies that the pandemic creates psychosocial risks also to non-clinical health workers. The intervention and mitigation measures address individual and organisational levels. Preventative and mitigating measures for social and societal risks—such as staff shortages, intersecting inequalities, and financial stressors require further research.

Keywords: healthcare workers; occupational health; psychosocial risks; scoping review; Covid-19

International Archives of Occupational and Environmental Health
<https://doi.org/10.1007/s00420-021-01737-4>

ORIGINAL ARTICLE

Update of the fractions of cardiovascular diseases and mental disorders attributable to psychosocial work factors in Europe

Isabelle Niedhammer¹ · H el ene Sultan-Taieb² · Agn es Parent-Thirion³ · Jean-Fran ois Chastang¹

Received: 7 January 2021 / Accepted: 27 April 2021
  The Author(s) 2021

Abstract

Objectives The objectives of this study were to provide the fractions of cardiovascular diseases and mental disorders attributable to five psychosocial work exposures, i.e. job strain, effort-reward imbalance, job insecurity, long working hours, and bullying in Europe (35 countries, including 28 European Union countries), for each one and all countries together, in 2015. **Methods** The prevalences of exposure were estimated using the sample of 35,571 employees from the 2015 European Working Conditions Survey (EWCS) for all countries together and each country separately. Relative risks (RR) were obtained via literature reviews and meta-analyses already published. The studied outcomes were: coronary/ischemic heart diseases (CHD), stroke, atrial fibrillation, peripheral artery disease, venous thromboembolism, and depression. Attributable fractions (AF) for each exposure and overall AFs for all exposures together were calculated. **Results** The AFs of depression were all significant: job strain (17%), job insecurity (9%), bullying (7%), and effort-reward imbalance (6%). Most of the AFs of cardiovascular diseases were significant and lower than 11%. Differences in AFs were observed between countries for depression and for long working hours. Differences between genders were found for long working hours, with higher AFs observed among men than among women for all outcomes. Overall AFs taking all exposures into account ranged between 17 and 35% for depression and between 5 and 11% for CHD. **Conclusion** The overall burden of depression and cardiovascular diseases attributable to psychosocial work exposures was noticeable. As these exposures are modifiable, preventive policies may be useful to reduce the burden of disease associated with the psychosocial work environment.

Keywords Attributable fraction · Exposure prevalence · Job stress · Psychosocial work factors · Cardiovascular diseases · Mental disorders · Depression · Europe



Review

Scand J Work Environ Health 2021;47(7):489-508
doi:10.5271/sjweh.3968

Psychosocial work exposures and health outcomes: a meta-review of 72 literature reviews with meta-analysis

by Niedhammer I, Bertrais S, Witt K

This meta-review aimed to present all available pooled estimates for the associations between psychosocial work exposures and health outcomes. Given its very broad objective, it is probably the most comprehensive meta-review performed so far on this topic. Based on a rigorous methodology, this meta-review underlines convincing associations as targets for prevention, and also knowledge gaps as avenues for future research.



Thank you