

# Work-related MSDs: prevalence, costs and demographics in the EU

European Risk Observatory  
Executive summary

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## Executive summary

### Introduction

Musculoskeletal disorders (MSDs) remain the most common work-related health problem in the European Union (EU). MSDs concern workers in all sectors and occupations. Besides the effects on workers themselves, they lead to high costs to enterprises and society.

In order to support policy-makers, researchers and the occupational safety and health (OSH) community at EU and national levels, the European Agency for Safety and Health at Work (EU-OSHA) has carried out a study that provides an accurate picture of MSDs across Europe. This study pulls together and analyses existing data relating to MSDs from the main EU surveys and administrative data. These data are completed and enriched with data from national sources. The main outcomes of this study are presented in this executive summary<sup>1</sup>.

**Musculoskeletal disorders (MSDs)** are impairments of bodily structures such as muscles, joints, tendons, ligaments, nerves, cartilage, bones and the localised blood circulation system. If MSDs are caused or aggravated primarily by work and by the effects of the immediate environment in which work is carried out, they are known as **work-related MSDs**.

### Policy context

The challenge of work-related MSDs has been recognised and addressed at the European level by the adoption of a number of EU directives, strategies and policies. EU Community strategies since 2002 have called MSD prevention a priority area to improve workers' health and well-being.

The Strategic Framework on Health and Safety at Work 2014-2020<sup>2</sup> defines MSDs as one of the main challenges to address. It recommends that 'specific attention should be given to addressing the impact of changes in work organisation in terms of physical and mental health. In particular, women can face specific risks, such as musculoskeletal disorders (...) as a result of the nature of some jobs where they are over represented.' It also underlines the need to improve 'prevention of work-related diseases by tackling existing, new and emerging risks'.

The Communication from the Commission on Safer and Healthier Work for All — Modernisation of the EU Occupational Safety and Health Legislation and Policy<sup>3</sup> (from 2017) underlines the fact that 'Exposure to ergonomic risks factors represents one of the major occupational safety and health problems in the EU today. Repeated exposure to these risks can result in work-related musculoskeletal disorders — one of the most serious and widespread work-related illnesses, which give rise to major cost burden for individuals, businesses and society in general.'

Preventing workers from suffering MSDs and promoting workers' musculoskeletal health throughout their working life, from their first job onwards, are key to allowing them to work for longer. This therefore contributes to addressing the long-term effects of demographic ageing, in line with the Europe 2020 strategy's objectives for smart, sustainable and inclusive growth. MSDs are therefore not only an occupational health challenge, but also a public health challenge, a demographic challenge and a social challenge. They are also a European challenge, and addressing it means developing working conditions that are sustainable over the working lives of European workers.

This summary starts by providing an overview of the main findings of the study, after which several policy pointers and key messages are presented.

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<sup>1</sup> The full report is available at: <https://osha.europa.eu/en/publications/msds-facts-and-figures-overview-prevalence-costs-and-demographics-msds-europe/view>

<sup>2</sup> Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, 'An EU Strategic Framework on Health and Safety at Work 2014-2020', COM(2014) 332 final, p.5 and p.6. Available at <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM:2014:332:FIN>

<sup>3</sup> Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, 'Safer and Healthier Work for All — Modernisation of the EU Occupational Safety and Health Legislation and Policy', COM(2017) 12 final, p.9. Available at <https://ec.europa.eu/social/BlobServlet?docId=16874&langId=en>

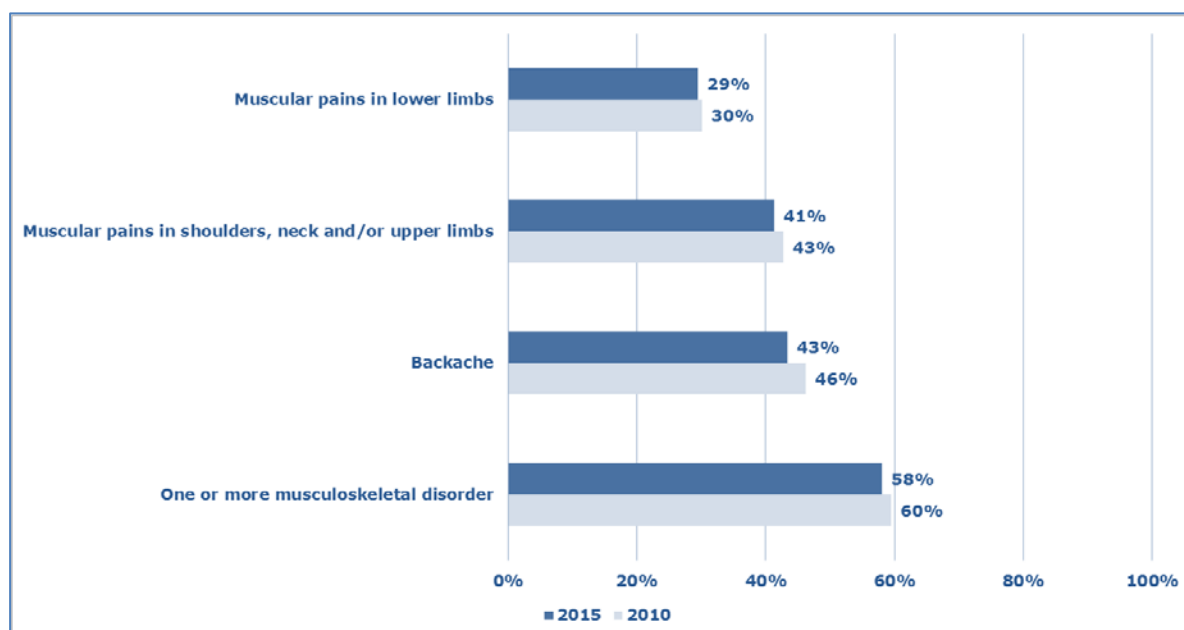
MSDs can be caused by many different (combinations of) factors. These include not only physical factors (whereby mechanical load applied to the musculoskeletal tissues can cause MSDs), but also organisational and psychosocial ones. The extent to which these risk factors occur and affect the musculoskeletal health of workers is related to various contextual dimensions, including the social, political and economic environment, the organisation of the workplace, and also sociodemographic and individual factors.

## Main findings

### *MSDs are the most prevalent work-related health problem*

- Roughly three out of every five workers in the EU-28 report MSD complaints. The most common types of MSDs reported by workers are backache and muscular pains in the upper limbs. As can be seen in Figure 1, muscular pains in the lower limbs are reported less often.
- Of all workers in the EU with a work-related health problem, 60 % identify MSDs as their most serious issue, as can be seen in Figure 2.
- One out of five people in the EU-28 suffered from a chronic back or neck disorder in the past year.
- The proportion of workers in the EU-28 reporting MSD complaints decreased slightly between 2010 and 2015.

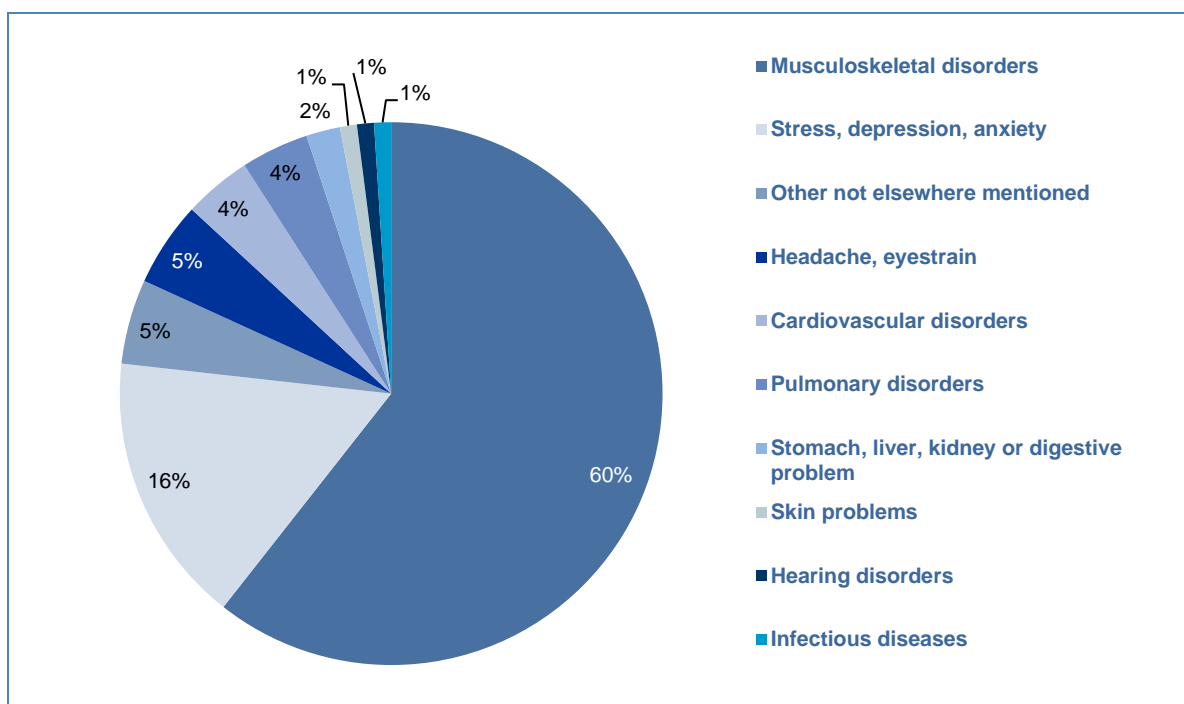
**Figure 1: Percentage of workers reporting different musculoskeletal disorders in the past 12 months, EU-28, 2010 and 2015**



N = 33,173 (2010); N = 31,612 (2015)

Source: Panteia based on the fifth (2010) and sixth (2015) waves of the European Working Conditions Survey (EWCS)

Figure 2: Percentage of workers reporting a work-related health problem, by type of problem, EU-27, 2013



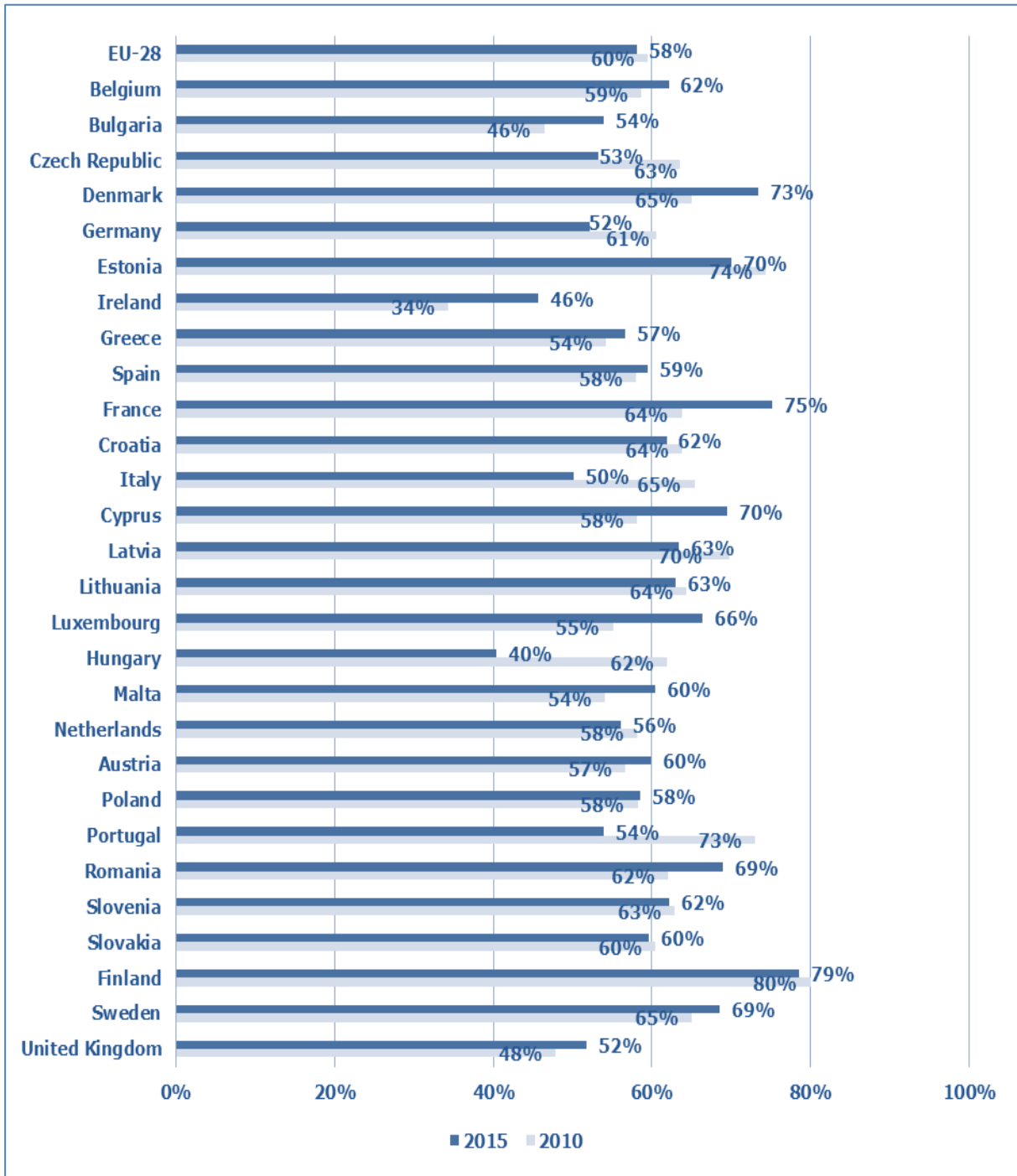
Note: The population of workers includes everybody aged 15 to 64 who was working or had worked during the past 12 months before the survey took place.

Source: Eurostat, Labour Force Survey ad hoc module 'Accidents at work and other work-related health problems' (2013). All EU Member States participated in this ad hoc module except for the Netherlands.

### ***Prevalence of MSDs varies between Member States, sectors and occupations***

- The proportions of workers reporting MSD complaints vary considerably between Member States (Figure 3).
- The prevalence of self-reported MSDs shows significant differences between sectors. MSDs in the back, upper limbs and lower limbs are most often mentioned by workers employed in the following sectors: construction, water supply, and agriculture, forestry and fishing. MSD prevalence is also above average among workers in human health and social work activities. The sectors where MSDs are reported least often are financial and insurance activities, professional, scientific and technical activities, education, and arts, entertainment and recreation.
- The prevalence of self-reported MSDs shows significant differences between occupations (Figure 4). In 2015, approximately 69 % of skilled agricultural, forestry and fishery workers reported having one or more MSDs, whereas for professionals this was the case for 52 % of workers.

Figure 3: Percentage of workers reporting that they suffered from one or more musculoskeletal disorders in the past 12 months, by Member State, 2010 and 2015

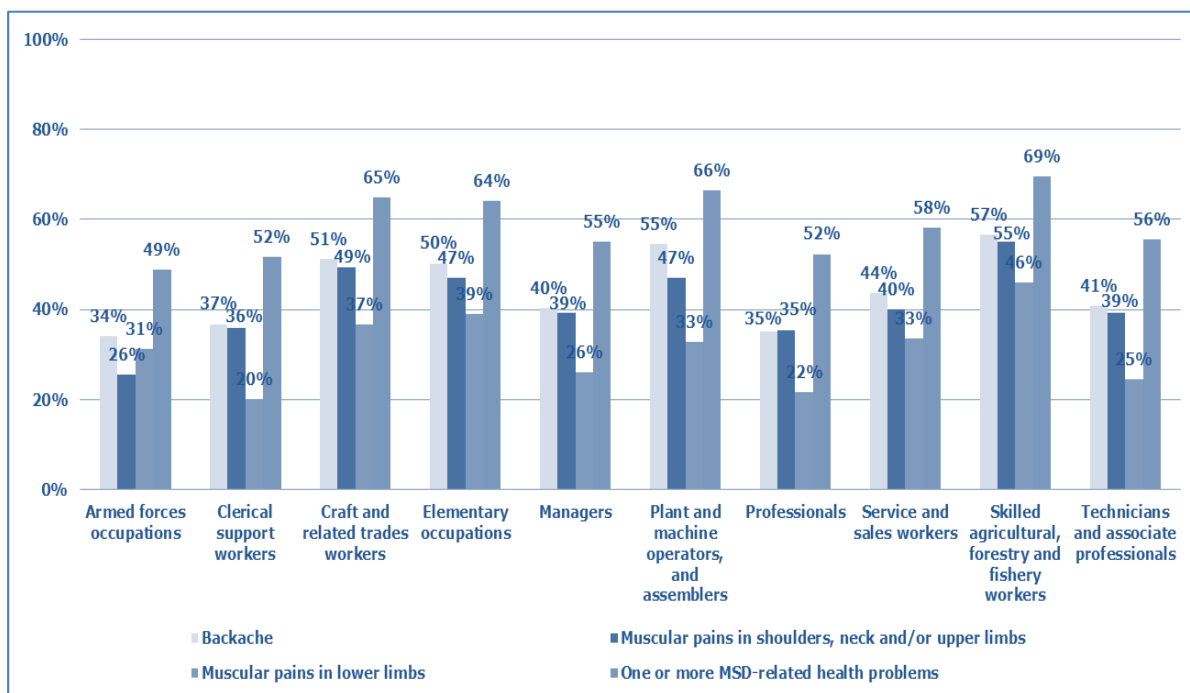


Note: ‘Musculoskeletal disorders’ refers to backache and/or muscular pains in shoulders, neck, upper limbs and/or lower limbs (hips, legs, knees, feet, etc.).

N = 33,173 (2010); N = 31,612 (2015)

Source: Panteia based on the fifth (2010) and sixth (2015) waves of the European Working Conditions Survey (EWCS)

Figure 4: Percentage of workers reporting different musculoskeletal disorders in the past 12 months, by International Standard Classification of Occupations 2008 (ISCO-08), EU-28, 2015



N = 35,536

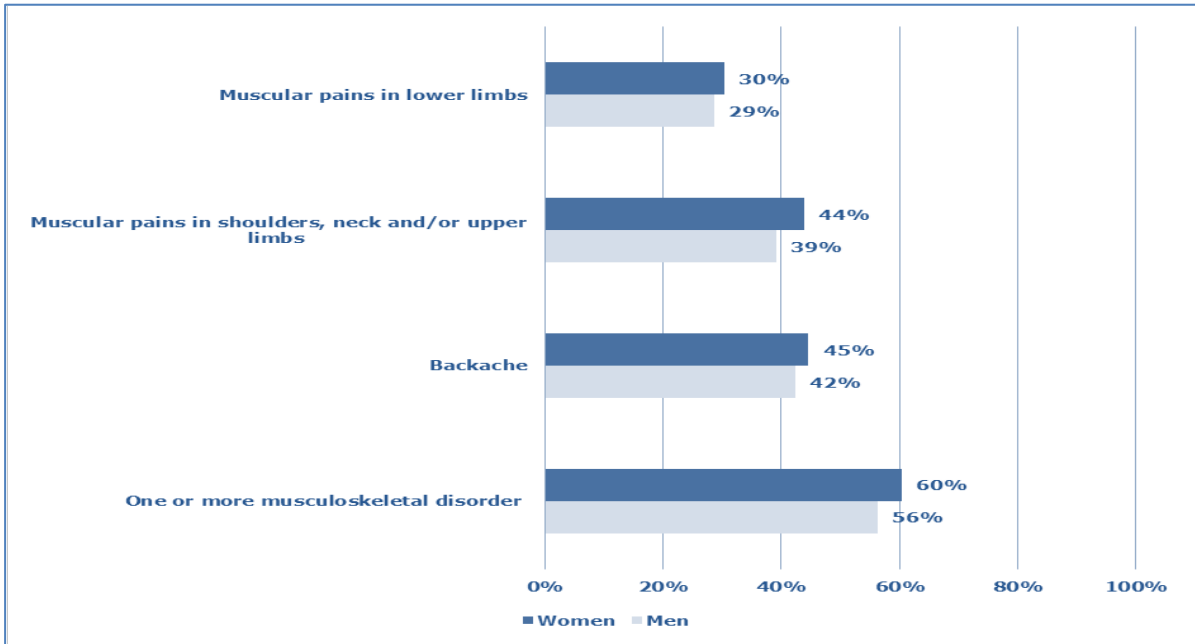
Source: Panteia based on the sixth (2015) wave of the European Working Conditions Survey (EWCS)

### Prevalence of MSDs also varies with sociodemographic factors

- The prevalence rates of MSDs are higher for female workers than for male workers. This applies to all types of MSDs, as can be seen in Figure 5.
- The likelihood of reporting MSDs increases significantly with age. The difference between age groups applies to all types of MSDs in Figure 6.
- Workers with only pre-primary or primary education are more likely to report muscular pains in the upper limbs, lower limbs and/or back, and are also more likely to report chronic MSDs.



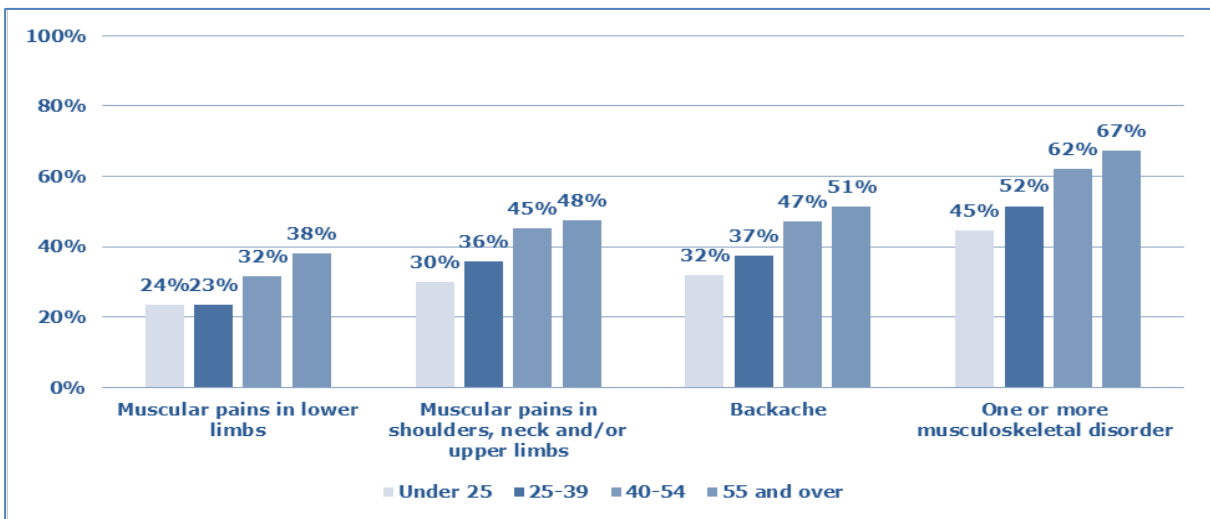
Figure 5: Percentage of workers reporting different musculoskeletal disorders in the past 12 months, by gender, EU-28, 2015



N = 31,612

Source: Panteia based on the sixth (2015) wave of the European Working Conditions Survey (EWCS)

Figure 6: Percentage of workers reporting different musculoskeletal disorders in the past 12 months, by age group, EU-28, 2015



N = 31,612

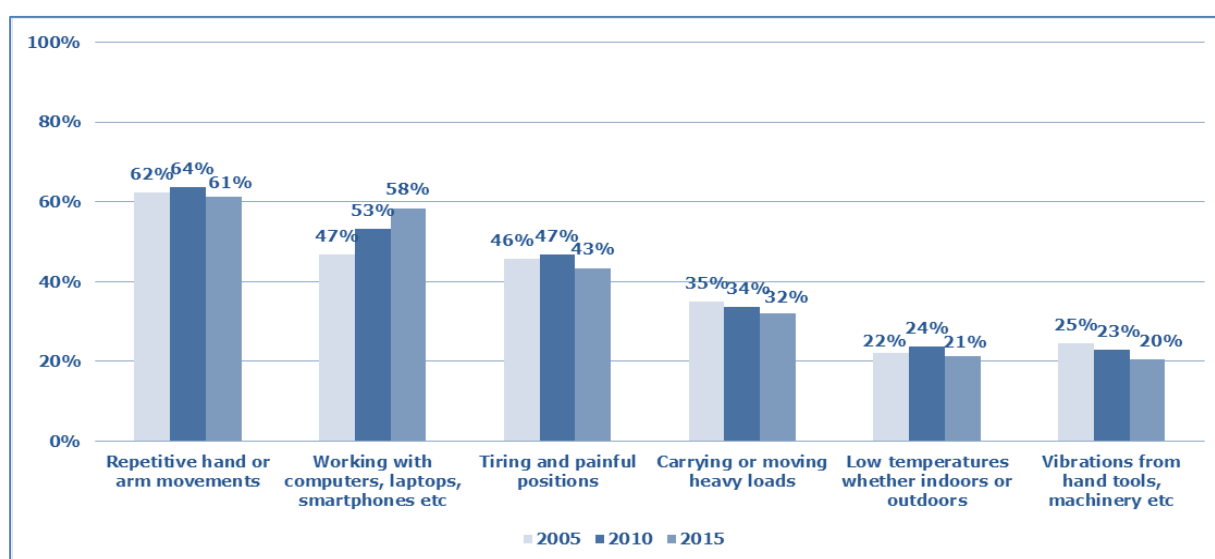
Source: Panteia based on the sixth (2015) wave of the European Working Conditions Survey (EWCS)

## Exposure to MSD risk factors

For this study, the contribution of physical, organisational, psychosocial and sociodemographic risk factors has been analysed in detail using available EU-wide data sources. The main findings regarding the relationship between different risk factors and MSD complaints are summarised below:

- Various studies find that the following physical risk factors are related to MSDs (in the back, upper limbs and/or lower limbs): posture and working in awkward positions (such as working in tiring and painful positions), heavy physical work, lifting, repetitive work, being exposed to vibrations from hand tools and being exposed to low temperatures. The prevalence of these risk factors among the working population shows considerable variation (Figure 7).
- Previous research indicates that self-reported time spent sitting is positively related to chronic diseases and mortality. Analysis of European Working Conditions Survey (EWCS) data carried out for the current study cannot confirm that sitting increases the risk of different types of MSDs. Further research is needed to determine whether this is due to measurement problems or because prolonged sitting does not in itself increase the risk of developing MSD complaints.
- A total of 21 different organisational and psychosocial risk factors are significantly related to at least one of the three types of MSDs considered (backache, MSDs in upper limbs, MSDs in lower limbs). Many of these risk factors are related to only one of these MSD types. This confirms the idea that each type of MSDs has its own specific risk factors. The exploratory analyses conducted for the current study should be followed by further analyses in order to better explore the nature of the interrelationships between MSDs and these psychosocial and organisational risk factors in statistical terms.
- Nine organisational and psychosocial risk factors were found to be significantly related to at least two of the three MSD types considered: anxiety, overall fatigue, sleeping problems, low level of mental well-being, being subjected to verbal abuse at work (each related to three types of MSDs), being subjected to unwanted sexual attention at work, feeling energised, having enough time to get the job done and knowing what is expected at work. As can be seen in Figure 8., the prevalence of some of these risk factors is high, while other risk factors are not often mentioned.

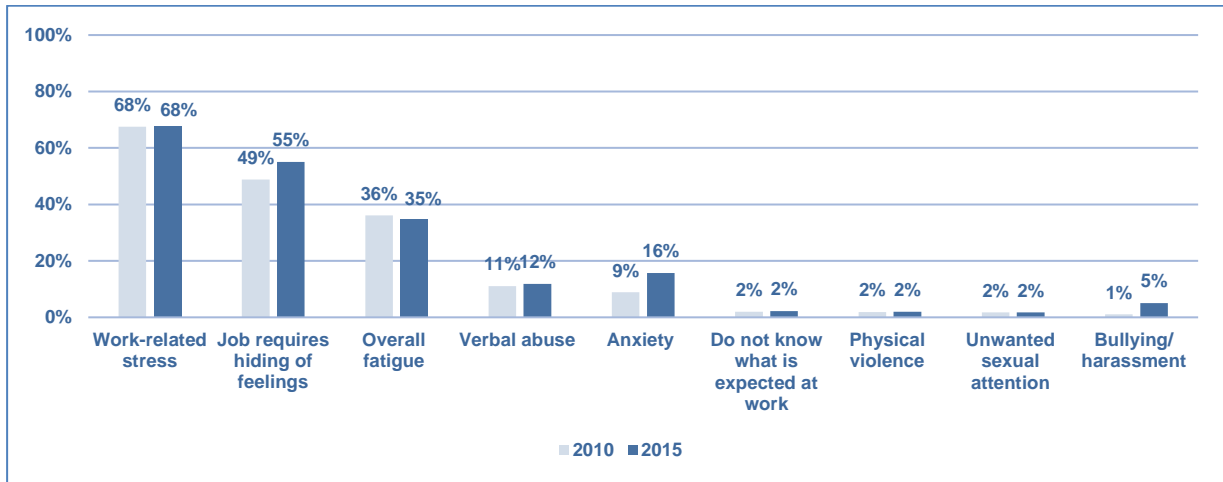
**Figure 7: Percentage of workers reporting that they are exposed to different physical risk factors at their work at least a quarter of the time, EU-28, 2005, 2010 and 2015**



Note: Data concern workers who work at least 12 hours per week.

Source: Panteia based on the fourth (2005), fifth (2010) and sixth (2015) waves of the European Working Conditions Survey (EWCS)

**Figure 8: Percentage of workers reporting different organisational and psychosocial risks, EU-28, 2010 and 2015**

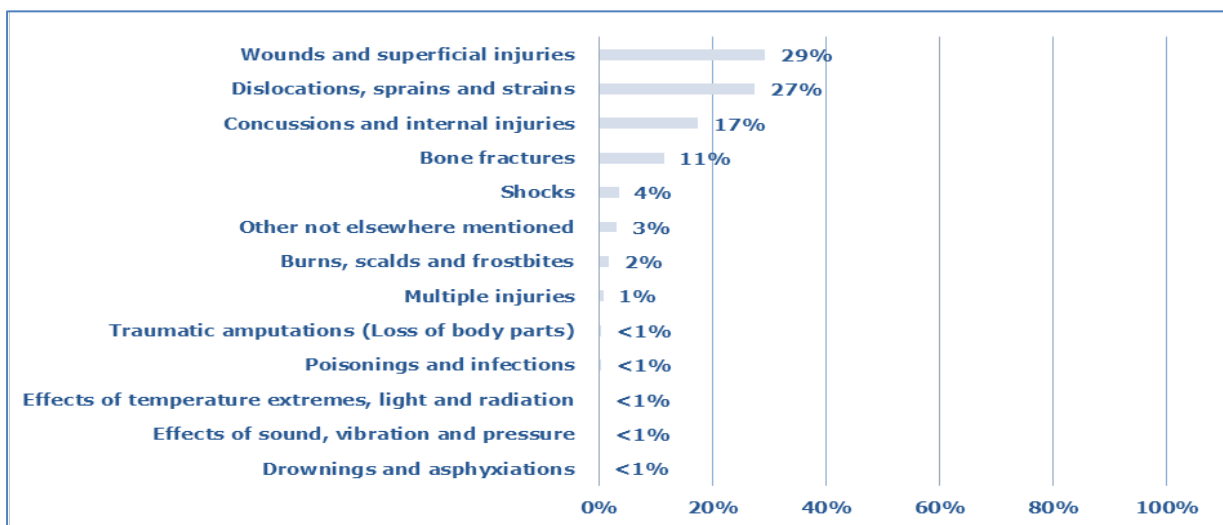


Note: Trend for anxiety is modified (in 2010 the question included the word ‘depression’; in 2015 this word was removed).  
 Source: Panteia based on the fifth (2010) and sixth (2015) waves of the European Working Conditions Survey (EWCS)

### MSD-related accidents

- Several types of injuries may be interpreted as acute MSDs, for instance dislocations, sprains and strains and bone fractures.
- These types of accidents accounted for 38 % of all reported fatal and non-fatal serious accidents at work. In particular, dislocation, sprains and strains are the second most common group of work-related injuries in the EU-28 (after wounds and superficial injuries), accounting for 27 % of all fatal and non-fatal work-related injuries. Bone fractures are lower, at 11 %, (Figure 9).
- In some countries accident figures address acute episodes of musculoskeletal problems, for instance those occurring after lifting of heavy loads. Where this is the case, the proportion of these accidents are among the most (or the most) common work-related accidents.

**Figure 9: Distribution of fatal and non-fatal accidents at work by type of injury, EU-28, 2016**



Note: Non-fatal (serious) accidents reported in the framework of European Statistics on Accidents at Work (ESAW) are accidents that imply at least four full calendar days of absence from work. Provisional.  
 N = 3,288,581  
 Source: Eurostat, European Statistics on Accidents at Work (ESAW).

## ***MSDs are the most common recognised occupational diseases in some Member States***

- National compensation and reporting systems used to register occupational diseases show considerable institutional differences.
- The lists of recognised diseases and recognition practices vary considerably between Member States.
- The pattern and distribution of occupational diseases currently recognised and compensated is far from reflecting the actual health impairment of workers through MSDs caused by their work.
- Data collected at national level show that MSDs are the most common recognised occupational diseases in France, Italy and Spain.
- There is a higher proportion of women than men and a higher proportion of older workers than younger ones among the total cases of recognised MSD-related occupational diseases (based on the data gathered at Member State level and despite differences between countries).

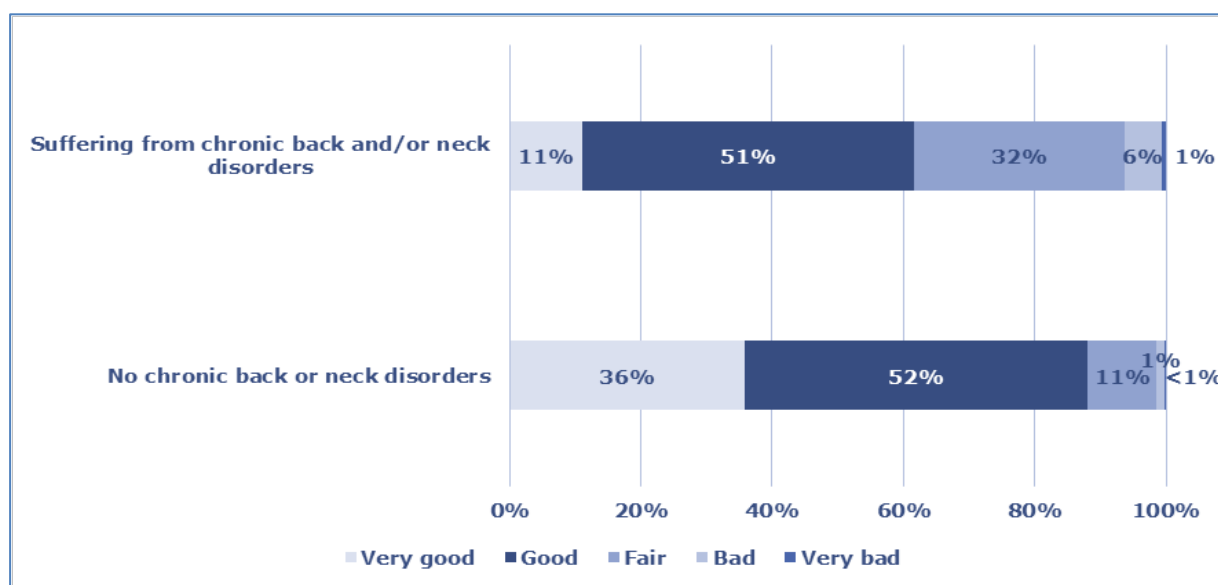
## ***Impact of MSDs***

MSDs are a major cause of concern: first of all because they affect the general health situation of so many workers, and secondly because of the economic impacts on enterprises and the financial and social costs to European countries.

The main findings regarding the general health situation of EU workers are:

- The large majority of workers with MSD complaints report a good or very good health condition. This indicates that self-reported MSD complaints include not only severe cases of MSDs but also less severe ones. This also applies to chronic MSDs in the back and/or neck (see Figure 10), although to a lesser extent.
- MSDs, on the one hand, and stress, depression and anxiety (mental health problems), on the other, are the two most common work-related health problems faced by EU workers (see Figure 2).
- The prevalence of MSDs is associated with higher levels of anxiety, sleeping problems and overall fatigue of workers. MSD prevalence is also related to the mental well-being of workers (MSDs are more prevalent among workers with lower levels of mental well-being). These relationships apply to MSDs in the upper limbs, lower limbs and back.
- Workers can suffer from anxiety, overall fatigue, sleeping problems and (lack of) mental well-being alongside MSD problems. In some cases, MSDs may even cause these health problems, or make them worse. The causality could, however, also run the other way: high levels of anxiety, overall fatigue and sleeping problems may cause MSD complaints or worsen already existing MSD complaints.

**Figure 10** Percentage of workers reporting that their general health is very good, good, fair, bad or very bad, by presence or absence of chronic back or neck disorders in the past 12 months, EU-28, 2014



Note: The results are based on individuals who carry out a job or profession, including unpaid work for a family business or holding, an apprenticeship or paid traineeship, etc.

N = 127,338

Source: Panteia based on the second wave (2014) of the European Health Interview Survey (EHIS)

The true extent of the costs and burdens associated with MSDs is difficult to assess and compare at EU level. Different indicators that are used to shed some light on the costs and burdens include disability-adjusted life years (DALYs), absenteeism, and production and productivity losses for enterprises.

- DALYs are calculated as the number of years lost as a result of ill-health, disability or early death, and reflect the effect of diseases on the general population in terms of both quality of life and death. MSDs add up to a total of 15 % of the total number of (disability-adjusted) life years lost because of work-related injuries and illness.
- Absence from work due to MSDs accounts for a high proportion of working days lost in EU Member States. In 2015, more than half (53 %) of the workers with MSDs (including those with other health problems) reported being absent from work during the past year, which is considerably higher than the proportion of workers without health problems (32 %). Workers with MSDs are not only more likely to be absent from work, but (given absence) on average are also absent for a longer period of time. For example, 26 % of workers with chronic MSDs and other health problems report being absent for more than eight days during the past year, which is considerably higher than the 7 % for workers with no health problems.
- At the level of individual Member States, some studies have been identified that show the impact of MSDs in economic terms (loss of productivity and higher social expenses). In Germany for example, musculoskeletal and connective tissue disorders accounted for EUR 17.2 billion (EUR 17,200 million) of production loss (production loss costs based on labour costs) in 2016 and EUR 30.4 billion in loss of gross value added (loss of labour productivity). This represents 0.5 % and 1.0 % of Germany's gross domestic product (GDP), respectively.

## MSD prevention

The European Survey of Enterprises on New and Emerging Risks<sup>4</sup> (ESENER) provides some insight on the prevention of work-related MSDs currently provided by employers:

- Most employees work in establishments where one or several preventive measures are in place, including provision of ergonomic equipment, encouraging regular breaks for people in uncomfortable working positions, and rotation of tasks to reduce repetitive movements. These measures are provided by establishments in all sectors and of all sizes. The establishment's size class has, however, a clear effect: the availability of preventive measures increases by establishment size.
- There are considerable differences between EU-28 Member States regarding the proportion of establishments that have policies to support employees to return to work after a long-term sickness absence. Large percentages of employees in the United Kingdom (97 %), Sweden (95 %), Finland (93 %) and the Netherlands (92 %) work in enterprises where support is provided to employees to help them to return to work after a long-term sickness. In Lithuania (19 %) and Estonia (27 %), the percentages are significantly lower than the EU-28 average (73 %).
- Investing in preventive measures is especially rewarding, since they prove to be effective. Workers in countries and sectors where more preventive measures are in place are less likely to report MSD complaints. The percentage of workers reporting backaches drops from 51 % (for workers in countries and sectors where on average one to three preventive measures are in place) to 31 % (for workers in countries and sectors where on average five or six preventive measures are in place). The prevalence of MSDs in lower limbs shows a comparable development.

## Policy pointers

Based on the findings from this study, this section presents several pointers for policy actions in prevention.

### ***An integrated and combined MSD prevention approach is needed***

- Different groups of factors may contribute to MSDs, including physical, organisational, psychosocial, sociodemographic and individual factors. Most of the time, these factors interact with each other. Because of these multiple causes, the best way to tackle MSDs is through a combined approach.
- Research has shown that interventions based on single measures appear to be less effective at preventing MSDs. Actions addressing one risk factor in isolation will probably be less effective than a combination of actions targeting several factors. These types of interventions are often described as 'holistic' or 'integrated'.
- An integrated approach to prevention seems the most promising strategy. This strategy must start by identifying MSD risks. Policy-makers should focus on providing practical risk assessment tools and guides, which can be quite simple, consisting of items that connect the several MSD risk factors mentioned in this report.
- The availability of preventive measures increases with establishment size. This indicates that micro and small enterprises need further policy attention. Practical guides and risk assessment tools should be targeted to meet the specific needs and challenges faced by smaller enterprises and establishments (when it comes to the prevention of MSDs on their premises).
- A successful and integrated approach can be especially fruitful when set up as a participatory approach including the workers themselves.

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<sup>4</sup> ESENER covers employees in enterprises employing five or more workers.

- The promotion and dissemination of these more integrated and participatory approaches would require actions in terms of increased awareness and in terms of knowledge transfer regarding MSDs (their causes, their impact and their preventive measures). The Healthy Workplaces Campaign (HWC) 2020-22 on the theme of 'Prevention of work-related musculoskeletal disorders (MSDs)' (and/or equivalent campaigns) should be an opportunity for this.
- Upper limb MSDs, lower limb MSDs and back MSDs are all examples of MSDs. However, the way they arise, the degree of risk, the type of health impact and the type of measures required to prevent them differ. When developing interventions and policies, this should be taken into account. In practice, this means that targeted interventions are needed for each type of MSDs.
- Bearing in mind the multifactorial nature of MSDs, a focus on work-related MSD prevention should be integrated with and complemented by an occupational health promotion approach focusing on the promotion of good musculoskeletal health at the workplace (also from a more public health point of view).

### **Exposure to MSD risk factors**

- Workers are usually exposed to a combination of MSD risk factors. For instance, a cluster analysis performed in this study on physical risk factors shows that certain combinations of risk factors occur more often than others. These kinds of findings could have relevant implications for MSD prevention. Future studies should further examine these specific combinations of risk factors (and also health problems) related to MSDs. For instance, an area of further research could be to what extent these different risk factors (or health problems) reinforce each other, and how this reinforcing effect could be inhibited.
- Regardless of the specific nature of the relationship between sitting, computer work and MSDs, sedentary behaviour at work can be hazardous for health (cardiovascular pathologies, cancer, diabetes, etc.) and this occupational risk needs to be prevented, especially in a context in which sitting at the workplace is increasing.
- Very often, when organisational and psychosocial risks are assessed at the workplace level, this is done in isolation, focusing purely on the mental health consequences of 'stress' without considering their impact on other risks or other health problems, such as musculoskeletal pain. As workers are exposed to several MSD risk factors at the same time, one dimensional risk-outcome approaches (based on the relation between a single risk factor and a single outcome measure), should be avoided as part of the risk assessment process, opting instead for more holistic approaches. The challenge is to transfer the existing knowledge into workplaces in order to bridge the silos of MSD risk assessment and psychosocial risk assessment. Guidance and risk management tools that integrate these dimensions should be put at the disposal of employers and workers at the workplace.
- Psychosocial risk factors such as stress, anxiety, sleeping problems and mental well-being may play a role in the onset of MSDs. However, research suggests that they play an especially important role in the progress of the chronicity of MSDs, from acute (reversible problems) to chronic. This means that psychosocial risk factors have to be taken into account when assessing and preventing MSD risks (primary prevention), but above all when the first symptoms of musculoskeletal pain appear.
- By improving the way work is organised and the social climate, enterprises also contribute to MSD prevention. It is important to increase awareness at the workplace level about this interrelationship and to encourage actors in the field to consider the prevention of MSDs when introducing changes in work organisation or when preventing exposure to psychosocial risks.



## ***Prevalence of MSDs varies between countries, sectors and occupations, and along sociodemographic dimensions***

- The prevalence of MSDs shows wide variations, across different levels (national, sectoral, organisational and individual). This calls for additional research to better understand these differences.
- National differences in proportions of workers reporting MSD complaints indicate that policies and strategies to prevent MSDs must be tailored and adapted to the specific national circumstances of a country.
- Given the differences in prevalence, type and severity of MSDs between sectors, it also appears logical to design sector-specific approaches to addressing MSDs. Such approaches would include the introduction of specific sectoral standards, risk assessment tools and sector-specific MSD risks catalogues (including preventive and protective measures adapted to the specific MSD risks of the sector).
- The differentiation of the prevalence of MSDs by gender, age and level of education underlines that there is a need for diversity-sensitive approaches/risk assessments to better prevent and manage MSDs. Prevention of MSDs should ideally follow an inclusive and differentiated approach that adapts to an increasingly diverse working population. Such a comprehensive approach will most likely include actions to increase awareness of the need for these approaches to tackle MSDs, and to develop specific guidance and practical tools that address this issue in order to support and guide employers and workers at the workplace. The development of policies and schemes supporting such initiatives is highly recommended.
- Three age-related developments reinforce each other: increasing MSD risk with age, ageing of the population and higher retirement age. This indicates that specific measures are necessary. Preventing exposure to risk factors that contribute to work-related MSDs is important for the sustainability of work. In the context of the ageing workforce, OSH strategies should therefore pay particular attention to the cumulative exposure of workers to physical and psychological hazards, as this affects the sustainable employability of all workers.

## ***Impact of MSDs***

- Absenteeism among workers with MSD complaints is higher than among workers without health problems. This stresses the importance of actions aimed at primary prevention. However, once sickness or absenteeism occurs, measures focusing on rehabilitation and return to work are also important in avoiding or minimising sickness absence leading to disability and/or occupational diseases.
- This also stresses the importance of early interventions. Early intervention to minimise disability and restore health can lead to tangible savings in health, social welfare and reduced absenteeism. A large percentage of MSDs are short-term (or acute), so workers could recover by taking simple measures as soon as the first symptoms appear. The sooner an MSD is managed, the less likely it is to become a chronic condition leading to long-term work absence.
- OSH has an important role to support workers with chronic MSDs to continue in work and ensure that work does not make those painful conditions worse. A driver for developing rehabilitation and return to work systems is the cost of sickness absence and of disability benefit schemes, as these are a major burden on social security systems.

## **Key messages**

- More than half of the EU workforce reports MSD complaints, and the impact of MSDs should not be underestimated.
- The challenge of work-related MSDs has been recognised and addressed at the European level, but extra efforts are needed in terms of prevention.



- New trends and changes (of very different nature) have or may have an impact (positive or negative) on the exposure of EU workers to MSD risk factors: the ageing population and workforce, growing employment in the services sector, the new business models and forms of employment, new forms of organisation of work, digitalisation, sedentary work, etc. MSD prevention will need to adapt to face these new trends and changes.
- Efforts to prevent MSDs at enterprise level must be supported by changes/efforts at political, social and economic levels (regulatory dimensions, health policies, market conditions, organisation of the economic sectors, etc.) to foster the development of more sustainable and healthy workplaces.
- Traditionally, MSD prevention has focused on the prevention of physical/biomechanical risk factors. Research has found that organisational and psychosocial risk factors also need to be considered in MSD prevention. The challenge now is to transfer this knowledge into the workplaces (through campaigns, practical tools, guidance, etc.).
- Prevention of MSDs should ideally follow an inclusive and differentiated approach that adapts to an increasingly diverse working population.
- Bearing in mind the multifactorial nature of MSDs, work-related MSD prevention should be integrated with and complemented by an occupational health promotion approach focusing on the promotion of good musculoskeletal health at work.
- Statistics show that MSDs and mental health problems (stress, depression and anxiety) are among the most important OSH health problems in Europe. This report (confirming other studies/research findings) shows that the two types of health problems can be or are often connected or associated (even if the nature of these interrelationships cannot be explained, at least in statistical terms). This has important implications in terms of prevention. More combined approaches to deal with these two types of health problems need to be promoted.

**The European Agency for Safety and Health at Work (EU-OSHA)** contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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