

# Human health and social work activities – evidence from the European Survey of Enterprises on New and Emerging Risks (ESENER)

## Executive Summary

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## Executive summary

The European human health and social work activities sector is a key sector in terms of ensuring the health and wellbeing of Europe's citizens, including its workforce. The human health and social work activities sector is one of the largest in Europe, employing around 11% of workers in the European Union according to 2020 figures from Eurostat<sup>1</sup>. A significant proportion of workers in the sector are employed in hospitals, although they also work in other workplaces, such as nursing and care homes, medical practices and in other health-related activity areas, as well as in patients' own homes.

Workers in this sector are exposed to a wide range of risks to their health and wellbeing. This diversity of risks for those working in this sector provides further justification for the selection of this sector for further analysis of the available ESENER data relating to this sector. The main risks include: biological risks, which include any form of exposure to biological agents such as blood-transmitted pathogens and infectious micro-organisms, and which also include risks related to COVID-19; chemical risks, including among others from drugs used in the treatment of cancer and from disinfectants; physical risks, such as from noise, slips, trips and falls, and ionising radiation; ergonomic risks, for example lifting during patient handling; and psychosocial risks, which include violence and harassment, exposure to traumatic events, high workload, dealing with people at the end of their lives, the need to multitask, shift work, lone working, burnout, mobbing and lack of control over work.

Given the importance of this sector and the specific occupational safety and health (OSH) risks that its workers face, the main aims of this study were to analyse data from the three waves of the ESENER surveys (2009, 2014 and 2019) to gain an overview of trends over time in the areas of OSH management in general, psychosocial risks in particular, drivers and barriers to OSH management in the sector and worker participation in OSH. The overall objective of this study was to provide information that helps to explore the ways in which OSH management is organised in this sector and the reasons and motivations behind this. It also aimed to provide information about how OSH management is shaped by the context in which establishments in the sector operate.

In particular, the following research questions were addressed:

- **What are the main OSH risk factors faced by the human health and social work activities sector?** Have these risk factors significantly changed over the past decade, over the course of the three waves of ESENER from 2009 to 2019, and if so, how? Is there variance regarding the risk factors faced by country? How do the risk factors faced by this sector compare to those faced by other sectors?
- **How is OSH managed in the human health and social work activities sector?** What are the types/typologies of establishments in the sector regarding the way OSH is managed at the workplace? Has OSH management significantly changed over the past decade, and if so, how? Are there substantial differences regarding OSH management in this sector by country? Is OSH managed significantly differently in this sector than in other sectors?
- **What are the main factors influencing the management of OSH in the human health and social work activities sector?** What is the effect of, among other factors: national/sector context; size of establishment; management commitment; worker involvement; existence of procedures; and availability of expertise and support? Has this changed over time? Are there substantial differences at country and sector level?

To answer these research questions outlined, the study used a mixed-method approach. This comprised the following elements:

- Literature review;
- Interviews with nine key sector informants;
- Descriptive analysis of ESENER datasets;
- Advanced statistical analysis (latent class analysis) of ESENER datasets.

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<sup>1</sup> [https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=lfsa\\_egan2&lang=en](https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=lfsa_egan2&lang=en)

Overall, this study found that there is a **higher than average awareness of OSH** in the human health and social work activities sector, when compared with the average of all sectors.

In terms of the main OSH risks for the sector, the study focused on the two most common risks: ergonomic risks (including musculoskeletal disorders, MSDs) and psychosocial risks. The main reported **ergonomic risks** to those working in the human health and social work activities sector are repetitive hand and arm movements, prolonged sitting, and lifting or moving people or heavy loads. These risks can cause MSDs in general and back pains in particular. These factors are identified as risks for all sectors, but lifting or moving heavy loads is reported to be more of a risk for this sector than for other sectors. Risks from chemical or biological substances were also confirmed as higher for this sector than for other sectors.

In terms of **psychosocial risks**, having to deal with difficult patients is confirmed as the most significant reported risk for this sector. Time pressure is also identified as a significant risk. In line with this, according to a number of the experts interviewed for this study, harassment and violence in the workplace is a significant problem for the sector.

Overall, evidence from ESENER shows that risks related to the way the work is organised are much more often reported in establishments in the sector than in other sectors. Over time, all risks have increased in the sector, with the exception of fear of loss of job.

The **impact of COVID-19** has been significant for the sector in many different ways, a result that came out strongly from the interviews conducted for this research. Interviewees pointed to a huge rise in stress for those working in the sector, caused by factors such as overwork due to increases in the number of patients and staff shortages, lack of personal protective equipment (PPE) in the first wave of COVID-19, and general anxiety about their own health as a result of potential exposure to COVID-19 at work, and the health of their families during the pandemic. COVID-19 has also had an impact on workplace inspections, leading to reduced numbers of inspections taking place, due to factors such as shortages of labour and restrictions on entering workplaces due to biological risks.

Building on this, the proportion of establishments **visited by the labour inspectorate** in the past three years was reported to have decreased over time, both for all sectors and the human health and social work activities sector specifically. There are a number of reasons for this, such as the fact that labour inspectorates are under significant pressure in terms of number of personnel, and specialisation and training on specific risks. As pointed out above, the COVID-19 pandemic has also meant that labour inspectorates have on occasion not been allowed to enter workplaces due to biological risk factors.

The study found that human health and social work activities sector establishments, compared with establishments in all other sectors, are **most likely to have good OSH management and rely on internal support for OSH management**. Establishments have a range of **mitigation measures** in place to try to minimise both ergonomic and psychosocial risks in this sector. The sector performs better than the average of all sectors in terms of companies reporting that they have **action plans** in place to deal with workplace stress, and **procedures** in place to deal with bullying and harassment, and threats and abuse from external parties.

The provision of **specific ergonomic equipment, such as chairs or desks, was the most popular preventive measure**, followed by the provision of equipment to help with the lifting or moving of loads or other physically heavy work, and the possibility for people with health problems to reduce working hours. The most common measure taken to mitigate psychosocial risks in the sector in 2014 was **confidential counselling for employees**, but in 2019, a new ESENER item, on **allowing employees to take more decisions on how to do their job** was the most frequently reported one.

Overall, establishments in this sector, compared with establishments in all other sectors, are **most likely to have well-developed psychosocial risk management**. Establishments in the sector were more likely than those in the other sectors to have a high uptake of measures to prevent psychosocial risks.

There is also a reported **higher use of health and safety services** in the sector than in other sectors across ESENER waves for almost all services.

The proportion of companies that reported carrying out **risk assessments** was higher in the sector than in all sectors, both in 2014 and 2019, although the trend is decreasing. There is **an increase over time in risk assessments being conducted internally** for the sector, in particular for micro/small and medium companies. Overall though, large companies more often have internal staff conducting risk assessments compared with micro/small or medium companies. There is also a substantial split between those companies that opt for internal and external OSH experts, and this is often associated with the level of human and financial resources. The most commonly reported reason for workplace assessments not being carried out in the sector in 2019 was that **no major problems were identified, or that the hazards and risks were already known**.

The major difficulties reported most often in terms of addressing OSH risks are the **complexity of legal obligations, a lack of time or staff, and paperwork**. In the case of psychosocial risks, the most commonly reported obstacle in the sector in 2019 was the reluctance to talk openly about the issues. This appears to be confirmed by the experts interviewed for the study, who pointed out the **stigma attached to mental health**.

The main drivers for addressing OSH risks include **fulfilling legal obligations, meeting expectations from employees or their representatives, maintaining or increasing productivity, organisational reputation and avoiding fines and sanctions**. The analysis found that human health and social work activities sector establishments, compared with establishments in all other sectors, are more likely to report these drivers for OSH management, with this effect stronger in the private sector and with a positive correlation according to company size. The interviews support these findings, the key identified drivers including **reputation** and **legal compliance**. Further, interviewees consider that **COVID-19** has renewed attention and awareness of the link between public health and the human health and social work activities sector. Finally, **digitalisation** can also be seen as a key driver of OSH in that it can contribute to high-quality, effective and efficient OSH management, particularly in the area of automation. It is likely that artificial intelligence (AI)-based systems will increasingly be used in this sector in the future to automate tasks that are both cognitively and physically-based, due to factors such as an increase in demand for staff in this sector. The positive consequences of this include the fact that AI-based systems can perform strenuous tasks such as patient lifting, and also some routine tasks, such as reporting of scans or needle insertion. This will help to prevent MSDs and can also reduce psychosocial risks by removing some of the burden of routine work. However, AI-based systems may also create new and emerging risks linked to fear of job loss, deskilling and lack of appropriate skills. These themes have been discussed widely in the literature<sup>2</sup>.

In terms of worker participation in OSH, **health and safety representatives** are the most common form of employee representation, both in this sector and in all sectors. Overall, health and safety was discussed more regularly between employee representatives and the management in establishments in the human health and social work activities sector in 2019 than in all sectors. Health and safety representatives are also provided with **training during working time** slightly more often in the sector compared with all sectors, although the trend has been slightly downward since 2014.

For both the human health and social work activities sector and all other sectors, the vast majority of the companies that have regular risk assessments involve their employees in the design of the measures; this proportion is slightly higher for this sector than all sectors. Employees in the human health and social work activities sector are also much more often involved in **identifying possible causes for work-related stress and designing measures to deal with them** than in all sectors.

<sup>2</sup> See, for example, European Commission (2019), AI, the future of work? Work of the future!: on how artificial intelligence, robotics and automation are transforming jobs and the economy in Europe: <https://op.europa.eu/en/publication-detail/-/publication/096526d7-17d8-11ea-8c1f-01aa75ed71a1>; and European Parliament (2021), Improving working conditions using Artificial Intelligence: [https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662911/IPOL\\_STU\(2021\)662911\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662911/IPOL_STU(2021)662911_EN.pdf)

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