

OSH in figures in the health and social care sector

Summary

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Introduction

This report¹ contributes to a major research activity currently being carried out by the European Agency for Safety and Health (EU-OSHA) on the health and social care sector (HeSCare sector). The HeSCare sector covers a wide range of activities: healthcare activities (NACE code Q86), residential care activities (NACE code Q87) and social work activities (NACE code Q88). It provides work for those in formal care settings such as hospitals, nursing and care homes and medical practices, as well as to care workers for individuals in their own homes. The specific objectives of the study are as follows:

- to help provide a comprehensive overview of the occupational safety and health (OSH) in the HeSCare sector, by exploiting the main EU data sources on OSH and working conditions;
- to make visible (in statistical terms) the differences, variations and specificities, in terms of prevalence of OSH risks, outcomes and OSH management among the different subsectors under the NACE Q sector (NACE codes Q86, Q87 and Q88);
- to help prevent OSH-related problems and to promote good physical and mental health at work for workers in the HeSCare sector;
- to improve understanding among policy-makers, social partners and OSH practitioners at workplaces and researchers, by providing a comprehensive, cross-national insight on the state of the art of the HeSCare sector as regards OSH;
- to help identify data gaps and needs in terms of data and knowledge; and
- to provide data to support preparation of the Europe-wide Healthy Workplace Campaign on “Safe and healthy work in the digital age” (HWC 2023-25) and the forthcoming campaign on “Together for mental health at work” (HWC 2026-28).

The report was prepared using desk research to identify and compile existing relevant information on OSH issues and the HeSCare sector, including scientific and academic publications, and policy documents (such as those produced by the European Commission). The report draws from the following data sources:

- the European Survey of Enterprises on New and Emerging Risks (ESENER);
- the European Working Conditions Telephone Survey (EWCTS);
- the EU Labour Force Survey (LFS);
- the EU-OSHA – OSH Pulse survey 2022; and
- the European Statistics on Accidents at Work (ESAW).

Additionally, in-depth interviews were carried out with selected stakeholders at European Union (EU) level: including representatives from employers and workers organisations, European institutions/agencies and other relevant organisations/associations.

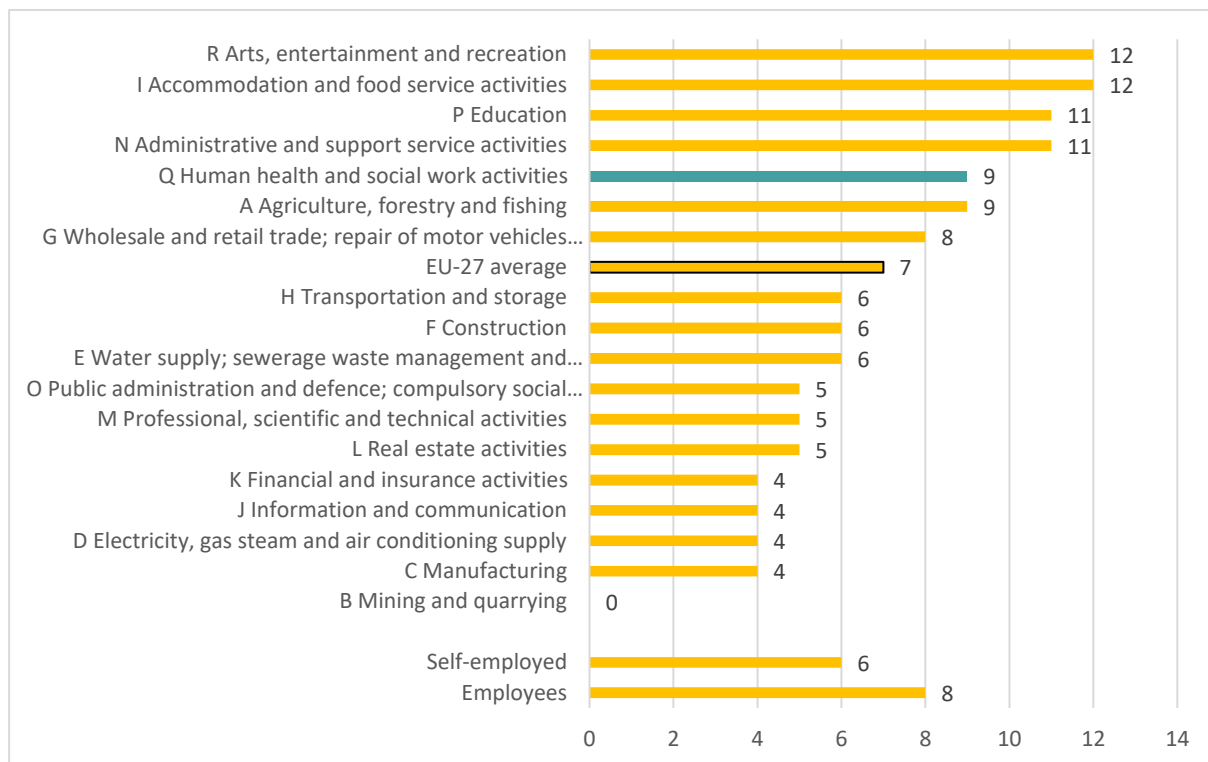
Characterisation of the HeSCare sector

- The HeSCare sector plays a significant role in European society, in terms of overall health and wellbeing as well as for the economy in general. **The HeSCare sector is an important job generator in the EU economy.** According to Eurostat LFS statistics over 21.5 million people were employed in the HeSCare sector (NACE Q) in 2022. **Most of these workers work in the healthcare subsector**, with around 12.5 million employees. Employment levels in the HeSCare sector have been steadily increasing over the past 10 years, something seen to be occurring across all subsectors. The HeSCare sector accounts for 11% of all employment across the total economy.
- According to the EWCTS-2021:
 - **The prevalence of precarious employment conditions is notably higher in HeSCare (9%) compared with the EU-27 average across all sectors (7%). The highest prevalence of precarious employment conditions can be found in the social work subsector (13%),** which is almost twice as high as the share in the healthcare subsector (7%). Also, residential care subsector workers are more likely to report precarious

¹ The full report is available at: <https://osha.europa.eu/en/publications/osh-figures-health-and-social-care-sector>

employment conditions than the average in the sector (11%). The distribution of persons reporting precarious employment conditions in the HeSCare sector varies widely across European countries (for example, 2% in Ireland vs 17% in Hungary).

Percentage of workers with precarious employment conditions*, by sector, EU-27, 2021 (%)



Source: TNO based on the EWCTS-2021
Base: All workers in the EU-27.

(*) Precariousness is defined as having a part-time or fixed-term job, and difficulty making ends meet or multiple jobs.

- **Most HeSCare workers hold a permanent contract** (with significant differences depending on the country, the subsector and certain groups of workers). However, as a result of cost and efficiency policies in the HeSCare sector, **non-standard forms of employment contract have become more prevalent**. The proportion of workers holding **temporary contracts is slightly higher in the HeSCare sector (15%)** than in the overall economy (12%). Based on a report from the European Labour Authority (2021), in 2019 there were 3.8 million undeclared workers in the EU engaged in personal care activities.

Characteristics of the HeSCare employment (NACE Q) and total economy, EU-27 (%)

	All sectors	HeSCare sector
% Temporary employment	12	15
% Part-time work	18	31
% Undeclared work	3	8

Sources: Eurostat (2022) (Temporary employment and part-time work, year 2022), Special Eurobarometer 498: Undeclared work in the European Union (2019) (Undeclared work)

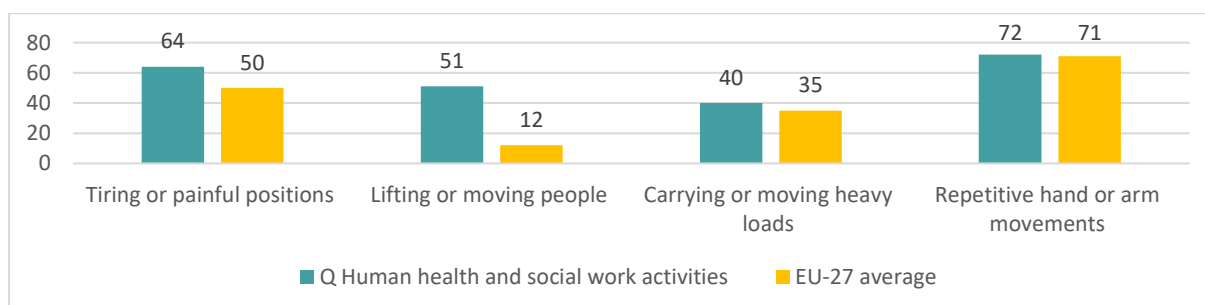
- **Strained jobs, where job demands exceed resources, account for half of all jobs in the HeSCare sector (50%)**, significantly surpassing the EU-27 average across all sectors.

- Employees within HeSCare experience a higher intensity of work compared with the EU average (41%), with the healthcare workforce witnessing the highest work intensity (50%).
- **Workers in the HeSCare sector encounter challenges in maintaining a satisfactory work-life balance.** The share of employees in the HeSCare sector reporting that they have difficulties managing their work life-balance is higher (23%) compared with the EU-27 average across all sectors (19%).
 - According to Eurostat LFS statistics, **women make up a significant majority of the HeSCare sector workforce (around 80% of HeSCare sector employees).** This is apparent in all subsectors, notably in residential care (82%) and social work (82%) and has changed little over the past decade (Eurofound 2020a). Despite providing essential services, women in this sector (especially migrants and those with lower education levels) often face undervaluation and insufficient recognition.
 - **Demographic changes, particularly the ageing population, pose significant challenges, leading to potential workforce shortages in the sector.** The increase in older individuals needing care due to age-related health issues, combined with declining birth rates and an ageing workforce, creates an imbalance in the supply and demand for care workers. According to the LFS 2022, within the HeSCare sector, 37% of employees are aged 50 years or above, indicating a 3% higher representation compared with the broader workforce demographics.

Main working conditions and work-related health risks in the HeSCare sector

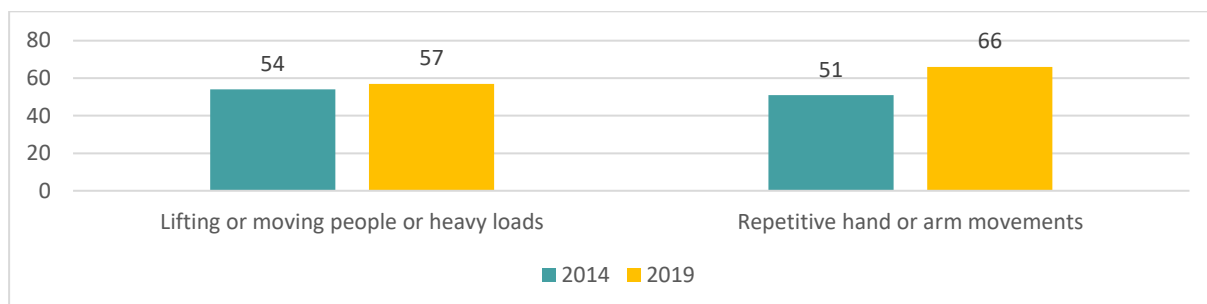
- Data from the 2021 EWCTS shows that **workers within the HeSCare sector have the highest share of co-exposure to musculoskeletal (MSK) risk factors and psychosocial risks.** Workers in the social work subsector are less co-exposed to MSK and psychosocial risk factors when compared with healthcare workers and residential care workers (25%, 35% and 36%, respectively).
- **According to ESENER, MSK risks are the most reported risks in the HeSCare sector;** they can lead to musculoskeletal disorders (MSDs), which are painful injuries of the muscles, tendons, joints and nerves.
- Between 2014 and 2019, data from ESENER shows that in the HeSCare sector there was a **significant increase in the number of establishments reporting repetitive hand or arm movements as a risk** (from 51% in 2014 to 66% in 2019). Healthcare workers and residential care workers are more often exposed to tiring or painful positions, lifting or moving people, carrying or moving heavy loads and repetitive hand or arm movements than workers in the social work subsector.

Percentage of workers working sometimes/often/always exposed to musculoskeletal risks, by sector, EU-27, 2021 (%)



Source: TNO based on the EWCTS-2021
Base: All workers in the EU-27.

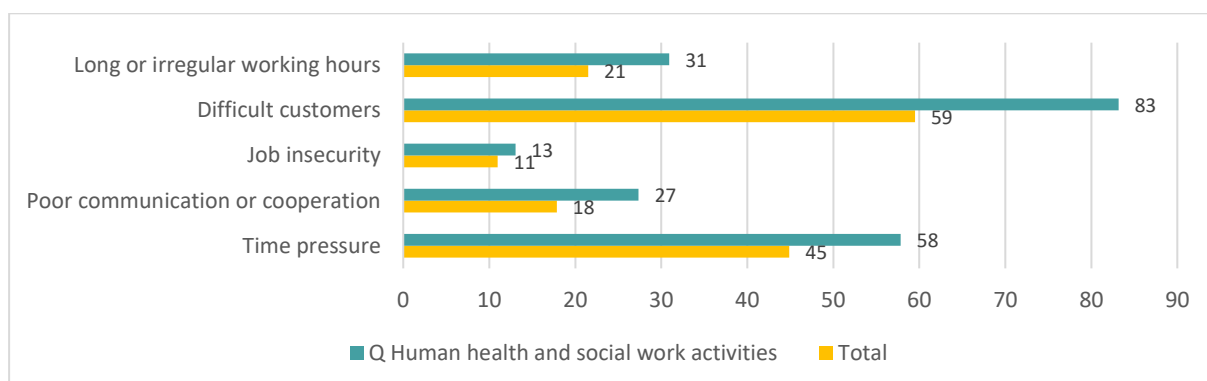
Types of musculoskeletal risks indicated by HeSCare sector establishments, EU-27, 2014 and 2019 (%)



Source: Panteia based on ESENER-2014 and ESENER-2019
 Base: All HeSCare sector establishments in the EU-27.

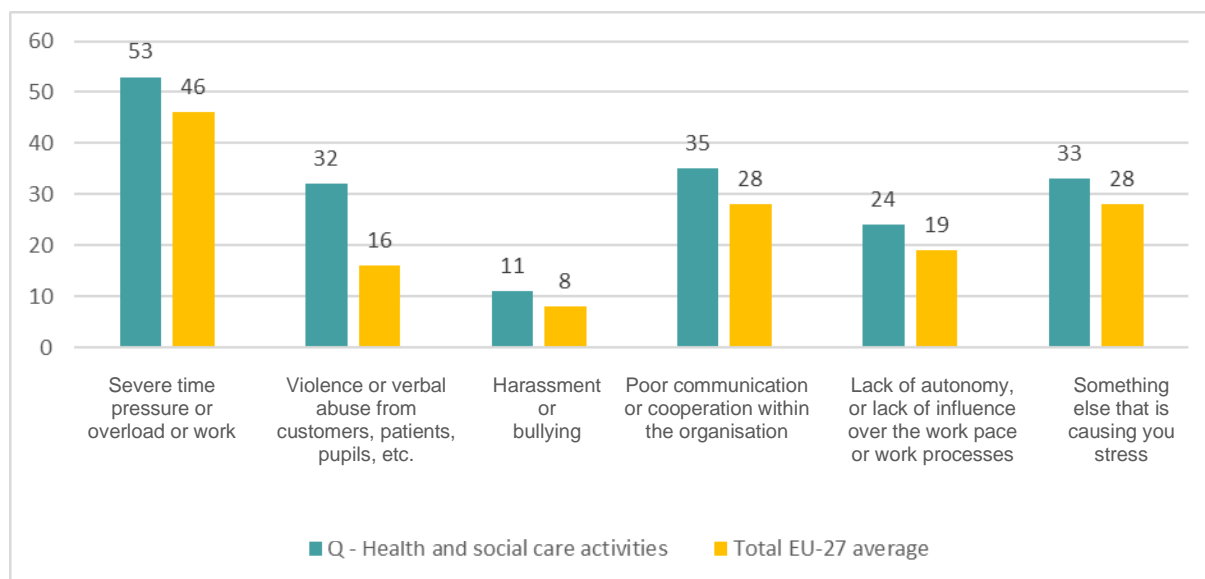
- Compared with other sectors, HeSCare sector **establishments indicate higher levels of exposure to several psychosocial risk (PSR) factors**, as indicated by data from ESENER 2019. Data from the OSH Pulse 2022 Survey show a similar pattern: **for all psychosocial risk factors, HeSCare workers report a higher rate of exposure compared with all workers.**

Percentage of establishments indicating psychosocial risk factors, by sector, EU-27, 2019 (% indicating yes)



Source: Panteia based on ESENER-2019
 Base: All HeSCare sector establishments in the EU-27.

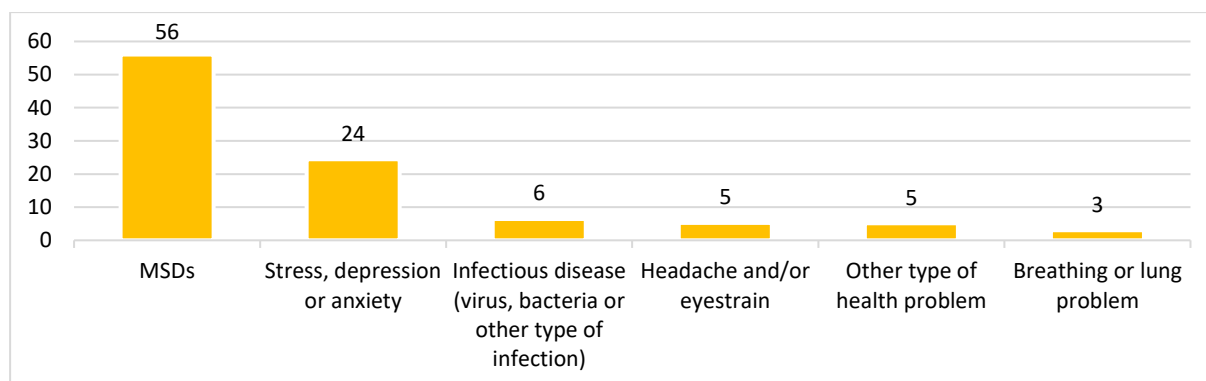
Percentage of workers exposed to a selection of psychosocial risk factors at work, by sector, EU-27, 2022 (%)



Source: Panteia based on 'OSH Pulse 2022 – Occupational safety and health in post-pandemic workplaces'
Base: All respondents.

- Analysis of the data from ESENER 2019 shows that **establishments in the HeSCare sector are less exposed to physical risks**, in comparison with the EU-27 average across all other sectors.
- According to the EWCTS-2021, **workers in the HeSCare sector are more frequently exposed to chemical products or substances** than the average for all EU-27 workers (46% and 26%, respectively). Establishments within the healthcare subsector report almost double the exposure to chemical and biological substances compared with establishments within the social work subsector (61% and 31%, respectively).
- Compared with the EU-27 average across all sectors, **workers in the HeSCare sector are more than three times more likely to handle or be in direct contact with materials that can be infectious**, based on figures from the EWCTS-2021 (59% in the HeSCare sector compared with an EU-27 average across all sectors of 18%). Healthcare workers and residential care workers are more often exposed to biological risks, compared with workers in the social work subsector.
- In the HeSCare sector workers score a **lower task autonomy than the average EU worker** (57% compared with 50%). Employees in the HeSCare sector are more likely than employees in other sectors to have irregular schedules including working during the night and working on short notice compared with the average EU-27 worker (28% and 21%, respectively), based on figures from the EWCTS-2021.
- Work-related health risks in the HeSCare sector (along with transportation and storage sector) are the highest reported when compared with other sectors with nearly half of workers reporting their health or safety is at risk due to work, varying across healthcare (52%), residential care (47%) and social work (37%) based on figures from the EWCTS-2021.
- Data from the LFS-2020 show that of the reported health problems, 80% are MSDs and mental health related: **more than half of the reported problems are MSDs and about a quarter of the reported problems can be described as mental health problems.**

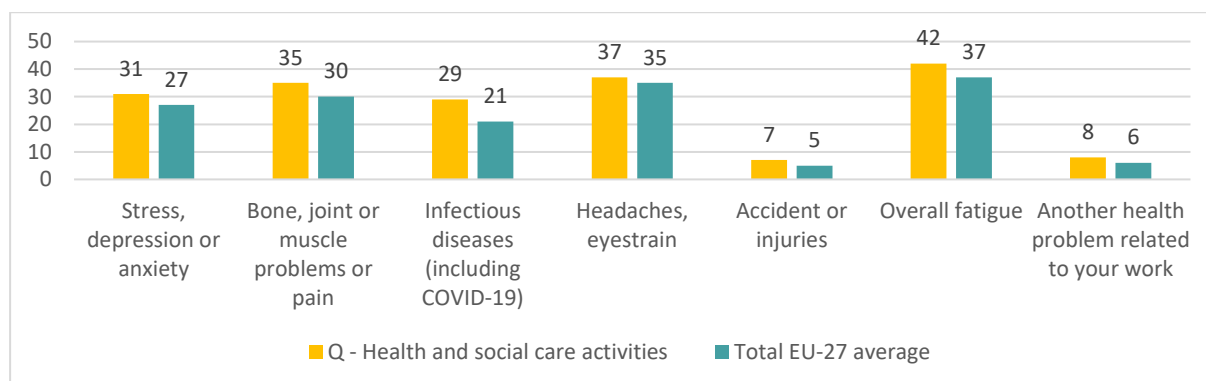
Persons reporting a work-related health problem by type of problem in the HeSCare sector, EU-27, 2020 (%)



Source: EU Labour Force Survey, 2020
Base: % of total employed in the HeSCare sector, age group 15-64.

- Data from the OSH Pulse 2022 Survey show for all health problems caused or made worse by work in the past 12 months, workers in the **HeSCare sector report those problems more often** compared with the EU-27 average across all sectors.

Percentage of workers indicating health problems caused or made worse by work in the past 12 months, by sector, EU-27, 2022 (% indicating yes)



Source: Panteia based on 'OSH Pulse 2022 – Occupational safety and health in post-pandemic workplaces'
Base: All respondents.

- Workers in the HeSCare sector suffer from MSDs more often than the workers in any other sector.** According to data from the 2021 EWCTS, HeSCare workers experience more back pain, as well as muscular pains in both the upper limbs as well as the lower limbs, in comparison with the average EU-27 worker.
- Data from the 2019 ESENER survey clearly show that, **in comparison with other sectors, establishments in the HeSCare sector report higher levels of work-related stress** (68% compared with EU-27 average across all sectors of 46%). A large percentage of establishments in all three subsectors indicate work related stress. Data from the LFS show that 24% of the workers within the HeSCare sector experiences stress, depression or anxiety. Compared with other sectors, the level of people reporting work-related stress, depression or anxiety is highest for the HeSCare sector. The OSH Pulse 2022 Survey data show that 41% of respondents in the HeSCare sector reported experiencing overall fatigue compared with a share of 37% for all sectors.
- The **number of fatal accidents in the HeSCare sector increased slightly in the period between 2011 and 2019**, while the total number of fatal accidents in all NACE sectors decreased in this period. ESAW data on fatal accidents show a clear peak (an increase of 250%) in the number of

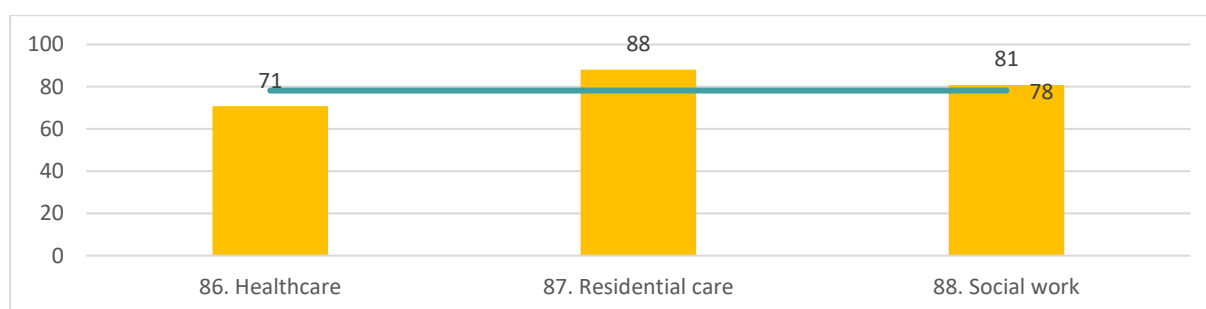
fatal accidents in 2020. Occupational COVID-19 cases in 2020 were reported as accidents at work or cases of occupational disease, which explains the surge of fatal accidents.

- According to LFS data, **non-fatal accidents in the HeSCare sector are reported more often compared with other sectors**. Most of the reported accidents in the HeSCare sector have a relatively low impact, with about 50% of the accidents leading to < 1 day time off work, and about 80% to <2 weeks' time off. Whereas the number of non-fatal accidents in the total economy is relatively stable, **the number of non-fatal accidents in the HeSCare sector seems to have increased over the years**.

OSH management in the HeSCare sector

- According to the ESENER-2019 data on OSH management:
 - **78% of establishments in the HeSCare sector regularly carry out workplace risk assessments**. Residential care establishments are most likely to carry out risk assessments regularly. Larger establishments are more likely to conduct risk assessments regularly (94% among large establishments, in comparison with 67% of micro and small establishments).

Percentage of HeSCare sector establishments that regularly carry out workplace risk assessments, by sub-sector, EU-27, 2019 (%)



Source: Panteia based on ESENER-2019
 Base: All HeSCare sector establishments in the EU-27.
 The horizontal line indicates the HeSCare (NACE Q) EU-27 average.

- Risk assessments are performed by internal staff for 55% of respondents, with 33% indicating assessments are contracted to external providers. The **most important topics covered in risk assessments in the HeSCare sector are biological and chemical risks, and posture and physical working demands, as well as the organisational aspects** – aligning with the main OSH risks for workers in the sector.

Topics that are routinely evaluated by HeSCare sector establishments in workplace risk assessments, by subsector, EU-27, 2019 (%)

	Dangerous chemical or biological substances	Work postures, physical working demands	Exposure to noise, vibrations, heat or cold	Supervisor-employee relationships	Organisational aspects such as work schedules
Healthcare	94	77	41	63	74
Residential care	90	79	42	68	84
Social work	80	77	53	66	76
Total HeSCare	90	78	45	66	77

Source: Panteia based on ESENER-2019
 Base: Information from HeSCare sector establishments that carry out regularly risk assessments.

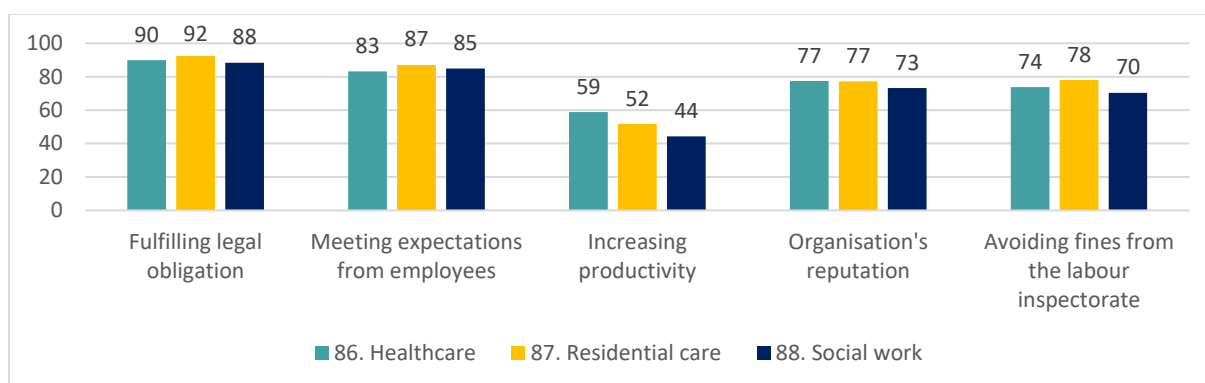
- **General health promotion measures to cope with OSH-related risks are more common in the HeSCare sector when compared with the whole EU-27 economy:** 43% of HeSCare establishments raise awareness of prevention of addiction and 42% promote healthy nutrition.
- **The most recurrent practice to address MSK risks is the provision of ergonomic equipment** (reported by 79% of HeSCare sector establishments), followed by the provision of equipment to help with the lifting or moving (71%). Rotation of tasks to reduce repetitive movements is the least reported measure (50%). Residential care establishments are most likely to provide equipment to help with lifting and moving (83%), rotate tasks to reduce repetitive movements (62%) and allow people with health problems to reduce working hours (75%). Healthcare establishments are most likely to provide ergonomic equipment (81%) and encourage regular breaks for people in uncomfortable working conditions (68%). In most cases, all subsectors are more likely to take preventive measures for MSDs when compared with the total economy, although preventive measures are less prevalent in the HeSCare sector in 2019 when compared with 2014, particularly in the reduction in the provision of equipment to help with lifting of moving.
- **The most common measure taken by HeSCare sector establishments to prevent psychosocial risks is to allow employees to take more decisions on how to do their job** (75%, compared with an EU-27 average across all sectors of 67%). Allowing confidential counselling for employees was reported by 63% of respondents, above the EU-27 average across all sectors. Establishments in the residential care and social work subsectors are most likely to allow employees to take more decisions on how to do their job. Establishments in the healthcare subsector are the least likely to take measures to reduce psychosocial risks.
- **Compared with other sectors, establishments in the HeSCare sector are more likely to arrange regular medical examinations for their employees.** Establishments in the HeSCare sector mostly use the support of occupational health physicians or generalists on health and safety. However, only 39% have the support of a psychologist. Additionally, 63% of establishments in the HeSCare sector uses external providers for support in OSH tasks and to obtain relevant information.
- **The HeSCare sector is also characterised by a high level of management commitment to OSH**, with 73% of establishments indicating that OSH issues are regularly discussed by top-level management. OSH aspects are regularly discussed in staff or team meetings significantly more than the EU-27 average across all sectors.

- **As regards training, 75% of establishments within the HeSCare sector report that their team leaders and line managers receive regular training on OSH issues.** HeSCare sector establishments are more likely to offer relevant training to their employees than the average among all other economic sectors in EU-27. Additionally, only 9% of establishments in the HeSCare sector provide OSH training in different languages, which is one of the lowest among all economic sectors in EU-27.
- Data from ESENER-2014 and ESENER-2019 show that **formal procedures taken by HeSCare sector establishments to prevent psychosocial risks have increased over time.** For instance, in 2014, 51% of establishments have a procedure in place to deal with cases of bullying or harassment; this rose to 59% in 2019.

Main drivers and barriers for OSH management in the HeSCare sector

- According to ESENER-2019 data on the main drivers and barriers for OSH management in the HeSCare sector:
 - Two key reasons why HeSCare sector establishments engage in OSH-related issues are the **fulfilment of existing legal obligations and the importance of meeting the expectations of sector employees** (91% and 85%, respectively). Meanwhile, comparison of the HeSCare subsectors shows that the order and importance of the different reasons are relatively similar among the different subsectors.

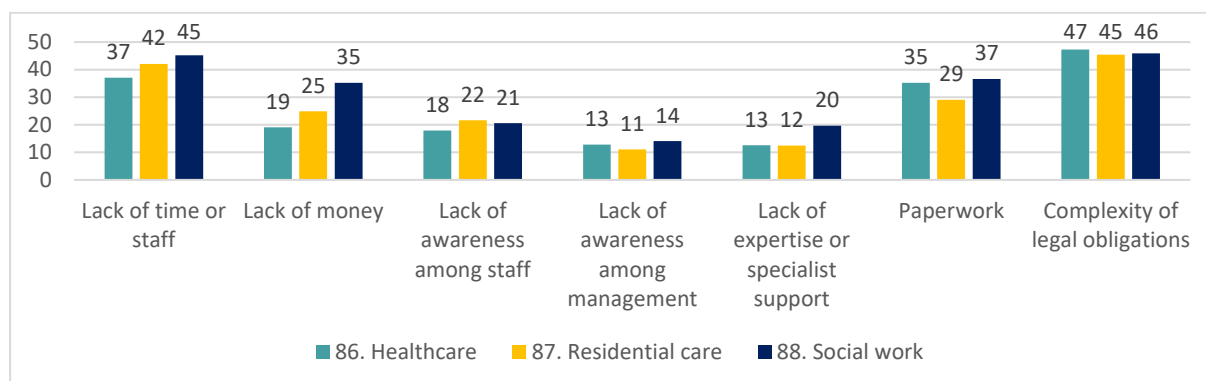
Reasons given by HeSCare sector establishments for addressing health and safety, by subsector, EU-27, 2019 (% indicating major reason)



Source: Panteia based on ESENER-2019
Base: All HeSCare sector establishments in the EU-27.

- **In the last three years, 36% of HeSCare sector establishments have been visited by the labour inspectorate to check health and safety conditions;** this percentage is lower than the EU-27 average for all sectors (41%). Labour inspectorate services visited 47% of establishments in residential care, compared with 33% in the healthcare subsector, and 31% in the social work subsector.
- **The most important difficulties in addressing OSH issues are the complexity of existing legal obligations, followed by lack of time and staff to deal with these issues and existing paperwork** (47%, 41% and 34%, respectively). The sequence of the importance of these difficulties is equally perceived by the different subsectors comprising the HeSCare sector.

Difficulties for HeSCare sector establishments to address health and safety, by subsector, EU-27, 2019 (% indicating major reason)



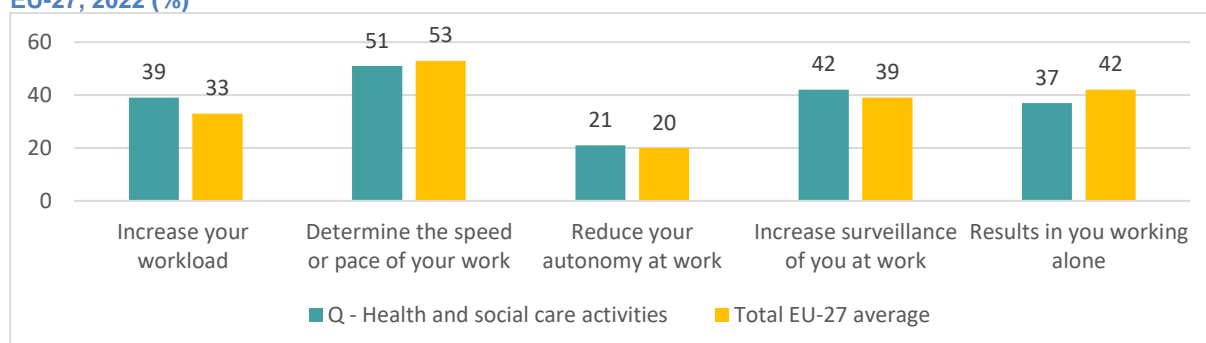
Source: Panteia based on ESENER-2019
Base: All HeSCare sector establishments in the EU-27.

- The main difficulties establishments in the HeSCare sector face in addressing PSRs include the **reluctance to talk openly about these risks** (51% of enterprises), followed by the **lack of expertise or specialist support and the lack of awareness among staff** (34% and 33% respectively).

Additional elements influencing OSH management practices

- The EU HeSCare sector has undergone profound shifts driven by the **COVID-19 pandemic**, with the advent of tougher OSH conditions, and a reshaping of the sector's image and societal relevance. Work stress among HeSCare workers rose, with over half citing increased stress levels due to the pandemic, surpassing the average in the EU-27 population.²
- **Digitalisation has become a major driver in the HeSCare sector**, encompassing telemedicine, AI and electronic health records, and reshaping interactions and work processes.³ The use of digital devices (computer, laptop, tablet, or smartphone) is common in the sector (70% of HeSCare workers use these often or always, according to the EWCTS. OSH Pulse 2022 data respondents indicated that **the biggest consequences of the use of digital devices in the HeSCare sector are the determination of the speed/pace of work** (51%), followed by **increased surveillance at work and an increased workload** (42% and 39% respectively).

Main consequences identified by workers and derived from the use of digital devices at work, by sector, EU-27, 2022 (%)



Source: Panteia based on 'OSH Pulse 2022 – Occupational safety and health in post-pandemic workplaces'
Base: All respondents.

² European Agency for Safety and Health at Work (EU-OSHA) (2022), Human health and social work activities – evidence from the European Survey of Enterprises on New and Emerging Risks (ESENER). Available at: https://osha.europa.eu/sites/default/files/2022-02/ESENER_Human_health_and_social_work_activities_report.pdf

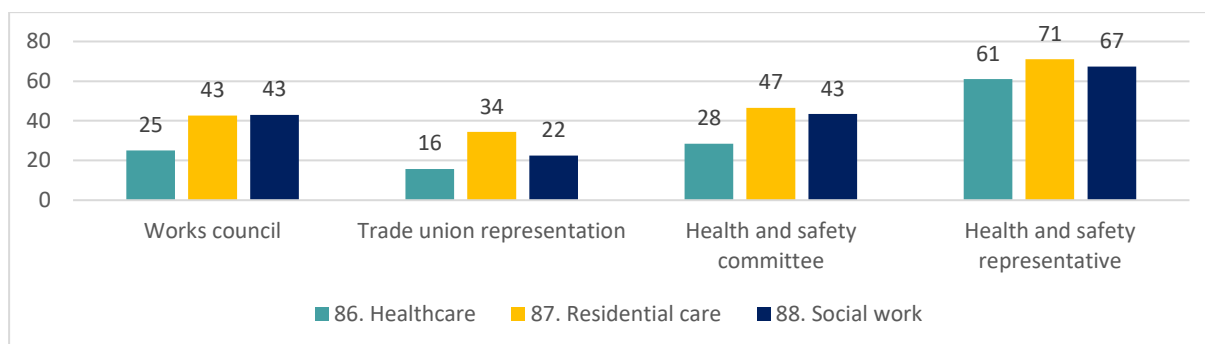
³ World Economic Forum (2023), 5 innovations that are revolutionizing global healthcare. Available at: <https://www.weforum.org/agenda/2023/02/health-future-innovation-technology/>

- The HeSCare sector faces challenges due to the increasing **ageing population**, which triggers a multitude of challenges, such as an increase in the burden of specific diseases, intensified demand for HeSCare services, and financial strain due to rising costs, service demands and funding challenges, stressing a need for sustainable financial models.⁴
- **Labour shortages** plague the HeSCare sector, impacting its resilience and sustainability, with qualified healthcare professionals, including general and specialist doctors, nurses, healthcare assistants and physiotherapists in short supply.⁵

Worker participation in OSH management practices in the HeSCare sector

- Data from ESENER-19 on worker participation in OSH management practices in the HeSCare sector show:
 - **Health and safety representatives are the most common formal form of employee participation** for 65% of HeSCare establishments. Compared with the EU-27 average for all sectors, the HeSCare sector has a higher presence of formal forms of employee participation. At subsector level, the presence of forms of employee participation is higher among residential care subsector establishments, whereas it tends to be lower among healthcare establishments.

Percentage of HeSCare sector establishments indicating forms of employee participation, by subsector, EU-27, 2019 (% indicating yes)



Source: Panteia based on ESENER-2019
Base: All HeSCare sector establishments in the EU-27.

- 61% of HeSCare sector establishments with formal employee representation structures are characterised by regular discussions on OSH issues between employee representatives and management. **Compared with other economic sectors, this share is among the highest shares at EU level**, with residential care having the highest presence of establishments indicating that health and safety is regularly discussed between employee representatives and the management (69%); by contrast, this is only 54% for the healthcare subsector.
- **A large majority of employees are usually involved in the design and implementation of measures related to health and safety in HeSCare establishments** (87%), the highest share among all economic sectors in the EU-27.

⁴ Foundation for European Progressive Studies (2023), The European Care Strategy. A chance to inclusive care for all? Policy Study, March 2023. Available at: https://fepe-europe.eu/wp-content/uploads/2023/03/FEPS-FES_Care-Strategy-Policy-Study-web-PP.pdf

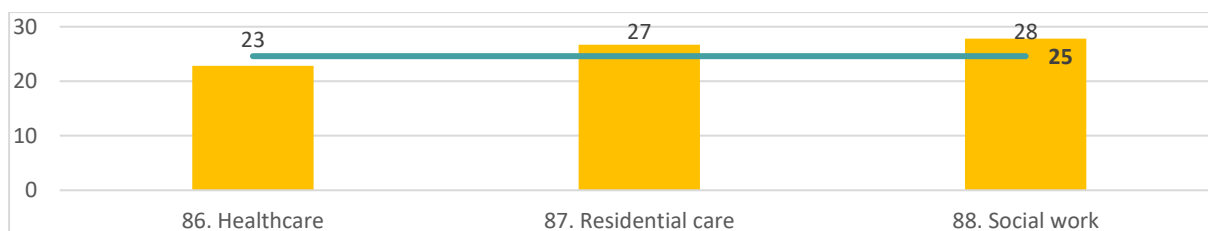
⁵ European Labour Authority (2023), EURES Report on labour shortages and surpluses 2022. Available at: <https://www.ela.europa.eu/sites/default/files/2023-09/ELA-eures-shortages-surpluses-report-2022.pdf>

- Finally, **77% of establishments in the HeSCare sector indicate that their employees have a role in the design and set-up of measures to address PSR, which is the highest percentage in the EU-27**, compared with economic sectors. 85% of establishments in residential care activities indicate that employees have a role in the design and set-up of measures to address PSR, compared with 70% of healthcare establishments.

Economic costs and burdens

- Absence due to work related accidents, illnesses or health problems has economic costs for the employer, the worker and society. EWCTS data show that in 2021, **the HeSCare sector had the highest share of workers with an illness or health problem which has lasted, or is expected to last, for more than 6 months**. This high share is seen in all three subsectors. The EWCTS was carried out in the second year of the pandemic, which might partly explain these results.

Percentage of HeSCare sector workers with an illness or health problem which has lasted, or is expected to last, for more than 6 months, by subsector, EU-27, 2021 (% indicating yes)

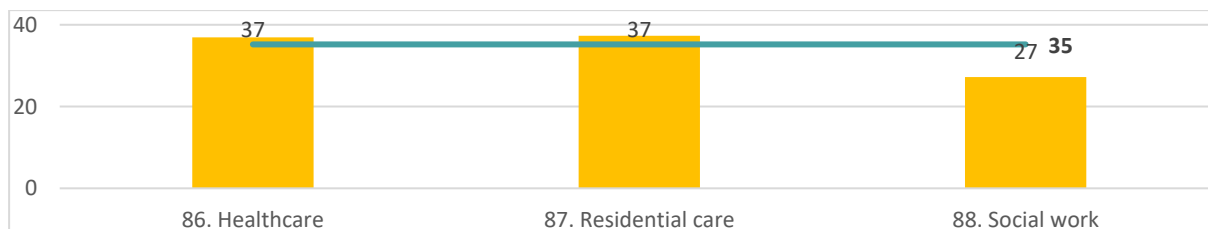


Source: TNO based on the EWCTS-2021
Base: All HeSCare workers in the EU-27.

The horizontal line indicates the HeSCare (NACE Q) EU-27 average.

- According to data from the 2021 EWCTS, the share of workers in the HeSCare sector reporting working whilst sick over the past 12 months is higher than the EU-27 average across all sectors. Differences in presenteeism are quite large throughout the EU-27. For example, the level of presenteeism in the HeSCare sector in France is more than 2.5 times higher than presenteeism levels in Estonia and Lithuania. Presenteeism is less frequently reported **in the social work subsector (27%) compared with that of the healthcare subsector as well as the residential care subsector (both 37%)**.

Percentage of HeSCare sector workers reporting working sick over past 12 months, by subsector, EU-27, 2021 (% indicating yes)



Source: TNO based on the EWCTS-2021
Base: All HeSCare workers in the EU-27.

The horizontal line indicates the HeSCare (NACE Q) EU-27 average.

- In the HeSCare sector, data from ESAW show that **accidents which lead to the loss of 4 or more days have been steadily increasing since 2011**. 2020 saw a large spike in accidents in the HeSCare sector, although this increase is mostly due to COVID-19 infections. For all NACE activities, there was a reduction in accidents in the workplace.

- Data from ESAW also show that **the number of accidents at work with either permanent incapacity or a significant number of days off resulting from the accident (183 days or more) has been increasing steadily since 2011**. The biggest increase can be attributed to the healthcare subsector.

Policy pointers

OSH in the HeSCare sector

- There is a **need for targeted interventions addressing both musculoskeletal and psychosocial risks factors** in the sector. These interventions should take into account the fact that these risks factors interact with each other.
- **The diversity of the HeSCare workforce needs to be considered in the context of OSH policies and OSH preventive action.** For instance, differences in prevalence of MSDs or mental health issues among the HeSCare workforce (such as by gender and age) underlines the need for diversity-sensitive approaches and risk assessments.
- The findings and analysis carried out at subsector level (healthcare, residential care and social work) show differences in terms of OSH management and the prevalence of certain risks and health outcomes. These findings underscore the importance of **considering subsector-specific factors when designing strategies to improve OSH management** in general or more specifically, regarding psychosocial OSH management. Understanding these differences can provide the information and knowledge required to design and implement targeted interventions aimed at promoting psychosocial well-being, for instance, in specific HeSCare workplaces (depending on the subsector, the size of the establishment and other relevant factors).
- **Extra effort should be put into measures to address MSDs**, considering that the prevalence of MSK risks and MSDs is quite high, but also that preventive measures were less prevalent in the HeSCare sector in 2019 when compared with 2014.
- **Efforts to prevent mental health issues in HeSCare establishments must be supported** by acting at various levels: workplace, sectoral, national and European. This can be addressed by taking actions of a different nature: from practical tools and guidelines to the development of recommendations or legislation on this specific issue. The development of EU legislation specifically addressing PSRs was raised by some of the stakeholders involved in the study. It should be acknowledged that there are different stakeholders' perspectives on the matter, which need to be considered in the context of future dialogue.
- There should be **regular psychosocial risk assessments in HeSCare workplaces, alongside clear guidelines for identifying, evaluating, and managing psychosocial risks**, including excessive workload, violence and bullying.
- This study shows that this sector performs well (in comparison with other sectors) in terms of having a range of OSH risk mitigation strategies in place, particularly for stress, bullying and harassment, abuse and threats from external parties. This is a solid basis on which to **encourage HeSCare establishments to continue to focus further on this to maintain and improve their OSH management**.
- The HeSCare sector has a higher presence of formal forms of employer participation when compared with other sectors, suggesting that the sector is already performing well in this area (even if there is room for improvement). This should be used as a **foundation to build on and encourage further worker participation and social dialogue at EU, national, sector and workplace level**. Special efforts are likely needed in the private sector and in parts of the sector that are less organised, such as home-based related activities.
- **The specificities of home-based care activities** show at least three important issues to be considered, such as the coverage of domestic care work from the protection afforded by EU OSH legislation, the 'home care setting' as a challenging work environment in terms of OSH prevention and the challenges related to undeclared work and precarious working and employment conditions.

- **Tailored actions towards small and medium-sized enterprises (SMEs)** (and more specifically micro and small enterprises (MSEs) are required, as these are less likely to report OSH risks (including psychosocial risks) but are also less inclined to make use of OSH services or manage OSH, including carrying out risk assessments (probably derived from their limited financial and human in-house resources).

Economic costs and burdens

- **Accidents at work, absenteeism and presenteeism pose substantial economic challenges for the European HeSCare sector.** Addressing these issues requires a holistic approach that combines policy interventions, employer initiatives, and a commitment to fostering a culture in HeSCare organisations that prioritises employee well-being and healthy workplaces.
- Proactive measures and actions **aimed at primary prevention** are necessary. **HeSCare sector establishments should be encouraged to invest and improve in OSH management in general (such as through better risk assessments and the training of managers and workers) and more specifically, on accident prevention, back-to-work protocols and accommodations to help workers returning from sick leave.**
- Support is required for HeSCare workers **with chronic or age-related health conditions, as well as workers with cumulated exposure (over the years) to a combination of OSH risks in the sector.**

Available OSH-related data in the HeSCare sector

This study has shown the need to make visible – in statistical terms – the OSH situation in the HeSCare sector, given the significant challenges faced by workers. The following measures are proposed to address OSH related data challenges identified in the context of this study:

- **Ensure EU level data remains comparable over time**, to be able to analyse trends and developments at European level.
- **Address sample size limitations** (by increasing the budget allocated to these surveys) that restricted further analysis for all the surveys analysed in this study.
- Make efforts to ensure that the information collected in the various EU-level surveys reflects the **continuous rapid developments in the workplace and changes in the demographics of the HeSCare sector**. This can involve including new or adapted items in relevant survey questionnaires to better address:
 - **generational differences** in stress and resource factors among the workforce;
 - **new and emerging risks** (with a specific focus on those relating to PSR and digitalisation);
 - the prevalence and working conditions of **EU and non-EU migrants** in the sector;
 - indicators for the impact of **chemical, biological and physical risks** in the sector;
 - the prevalence and impact of **violence and harassment** in the sector; and
 - the impact that different **occupations and roles** within the workforce have on OSH.
- **Carry out statistical analyses at the subsector level.** This study was the first time that this had been carried out for ESENER in the HeSCare sector. Having specific subsector-level data allows for more tailored policy actions and responses from policy-makers to address sectoral specific challenges.
- **Carry out more in-depth further analysis** of the variables included in the surveys covered in this study by increasing the budget allocated to statistical reports and analysis.

Going beyond OSH

There needs to be a **collaborative effort between stakeholders from different policy areas to improve the health and safety of HeSCare workers**. A combination of efforts is required from stakeholders from different policy areas. Several key issues, challenges and trends identified in this report have an influence and impact on the health and safety of workers and can only be addressed under other policy areas (beyond OSH): public health policy, healthcare and long-term care policies, employment policy, and patients' rights and quality of care. Key factors to be addressed include, among

many others, resolving staffing shortages, addressing existing financing issues in the sector (ensuring sufficient funding of healthcare and long-term care systems), improving employment conditions, protecting the workforce from factors such as third-party violence, managing an ageing population and an ageing workforce, and improving the sector's attractiveness and its capacity to retain its workforce.

The data presented in this study show that the **COVID-19 pandemic has had an important impact on the health and safety of HeSCare workers**, contributing to increasing the profile of the sector in the public eye. The numerous initiatives and strategies carried out at EU and national level that target the sector can be considered as a way of recognising its key role and importance in Europe. **The pandemic could be used as a catalyst to improve OSH in the sector.** Measures to **guarantee the right of HeSCare sector workers to a high level of protection of their health and safety at work** are needed. These measures are also needed to **guarantee the right of EU citizens and patients to timely access to affordable, preventive and curative health care of good quality** and the right to **affordable long-term care services of good quality**, in particular home-care and community-based services. It is important to underline that without healthy and safe HeSCare workers, the provision of good-quality health and long-term care services is highly compromised. The pandemic has also helped to make more apparent the links between OSH and public health policy, and the need to strengthen collaboration in these two policy areas.

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, and employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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