

## SAFEGUARDING MUSCULOSKELETAL HEALTH IN THE HEALTH AND SOCIAL CARE SECTOR – A POLICY BRIEF

### 1. Background

This policy brief examines musculoskeletal (MSK) health and related occupational safety and health (OSH) risks in the health and social care (HeSCare) sector. It is based on a comprehensive research project<sup>1</sup> commissioned by the European Agency for Safety and Health at Work (EU-OSHA), to enhance knowledge, raise awareness and support prevention strategies to prevent musculoskeletal disorders (MSDs) among HeSCare workers. It draws from an extensive review of academic and grey literature, policy documents, data sources (ESENER, OSH Pulse Barometer and EU-OSHA's 'OSH in Figures in the HeSCare Sector' project<sup>2</sup>) and stakeholder interviews.

### 2. Practice and guidance on how MSK risks can be prevented in the HeSCare sector

MSK risk factors in the HeSCare sector are widespread and have a significant impact on workers' health and the operational effectiveness of care facilities. **MSK risk factors are the most reported risks in the HeSCare sector** and HeSCare workers are more frequently exposed, on average, to all types of MSK risks than all other sectors in the EU-27. Moreover, **some of these risks are becoming more prevalent in the sector over time**. They are shaped by the **physical, psychosocial and organisational demands** of the sector, contributing not only to the prevalence but also to the severity of MSDs. Sector-specific data, research findings and stakeholder insights have helped to identify the main MSK risk factors and to highlight the multifaceted challenges associated with these risks.

Preventing MSK risks and MSDs in the HeSCare sector requires a combination of workplace organisation, ergonomic design, training and support measures. **Participatory approaches** that involve workers in decision-making have been shown to improve workplace processes and reduce strain. **Quality of life at work initiatives** that focus on time management and staff wellbeing can also prevent the development of MSDs by fostering better work-life balance and increasing worker engagement.

While assistive devices like ceiling lifts and sliding sheets can reduce physical strain, their effectiveness depends on addressing barriers such as time constraints and insufficient training. **Safe Patient Handling and Mobility (SPHM)** programmes, which include risk assessments, staff training and proper equipment are key to preventing injuries. Actively involving workers in identifying and overcoming obstacles to using assistive devices can improve adoption and safety practices. Strategies such as ergonomic workplace design, proper work techniques, regular breaks and task rotation help **reduce the frequency and intensity of these repetitive actions**. Task rotation should balance high- and low-strain activities to minimise the risk of injury.

**Collaboration between ergonomists and healthcare professionals** can address poorly designed workstations, cramped spaces and improperly placed equipment in the sector. Providing **training on proper posture** is important, but environmental adjustments, such as ensuring equipment is adjustable and suited to task requirements, are equally essential. Inadequate training remains a major challenge in the sector. Basic manual handling training alone is often ineffective in reducing injuries, with a more comprehensive approach needed that incorporates physical strength and flexibility training, tailored interventions, and integration of occupational health and physical therapy principles. Digital tools

<sup>1</sup> For more information please see: <https://osha.europa.eu/en/publications/osh-figures-health-and-social-care-sector>

<sup>2</sup> For more information please see: <https://osha.europa.eu/en/publications/musculoskeletal-health-and-risk-factors-hescare-sector-review-existing-information>

provide an opportunity to make training more accessible and engaging, particularly for dispersed home care workers.

**Long-term exposure to MSK risks**, particularly among an ageing workforce, is compounded by long working hours, irregular shifts and limited social support. Effective prevention strategies include improved work organisation, task rotation, continuous training, assistive technologies for patient handling, and age- and gender-sensitive workplace policies that protect both older and younger workers from developing chronic MSDs. Psychosocial risk factors and more specifically violence and harassment, which are very prevalent in the sector, might also contribute to the onset or exacerbation of MSDs, as they create stressful work environments that can lead to physical tension and strain. Clear policies, management commitment, worker participation, and regular risk assessments — including evaluations of both psychosocial and physical risks — are necessary to mitigate these challenges.

For workers already experiencing MSDs, **tailored interventions are essential to prevent further harm**. While assistive devices like ceiling lifts and adjustable beds can help reduce strain, their benefits are often undermined by time constraints, lack of awareness and inadequate training. Ensuring these tools are used effectively requires ergonomic adjustments, task rotation to prevent overuse of injured areas and targeted training on safe manual handling techniques. By implementing these preventive measures, the HeSCare sector can create safer and healthier working conditions, reducing the burden of MSDs while improving both worker wellbeing and care quality.

### 3. Key takeaways for policy- and decision-makers

This section outlines key policy takeaways derived from a comprehensive analysis of MSK risks, sectoral data and stakeholder inputs — complemented by EU-level policy frameworks and good practices.

- **Key takeaway 1: Address MSK risks through cross-policy collaboration**

To effectively prevent and address the MSK risk factors and MSK-related health outcomes, a coordinated effort across multiple policy areas is essential. While MSK risks are a core OSH concern, their root causes and solutions extend beyond the traditional OSH remit. Improving MSK health in the HeSCare sector requires alignment between OSH, public health, healthcare and long-term care policy, employment policy and patients' rights frameworks.

- **Key takeaway 2: Protect workers' health to safeguard quality care and public health**

Robust measures are needed to uphold the right of HeSCare workers to a high level of protection for their health and safety at work — particularly in relation to MSK risks, which are among the most prevalent and persistent occupational hazards in the sector. These measures are not only essential for protecting workers but are also foundational to ensuring EU citizens' access to timely, accessible, and high-quality healthcare and long-term care services. Without a healthy and safe workforce — free from preventable MSDs and chronic strain — the quality, safety and sustainability of care provision is significantly compromised. This study reinforces the critical connection between workplace safety, including MSD prevention, and the overall functioning of care systems.

- **Key takeaway 3: Foster the development of guidelines or guides for MSD prevention specific or adapted to the sector and promote cross-border knowledge sharing and transferability of practical tools, methods and risk prevention programmes and initiatives**

These guidelines could be developed by specific risk factor (for instance, handling and transfer of patients) and could provide, among other things, minimum standards for ergonomic equipment (for example, adjustable beds, chairs, assistive devices), work–rest patterns, task organisation and safe lifting policies. They could also include implementation examples to guide practical uptake across diverse care settings. Guidelines could also recommend the adoption of validated ergonomic assessment tools.

Encourage the exchange of good practices among Member States on workload management, ergonomic design, training methods and successful prevention programmes. Case-based learning should be promoted, showcasing workplaces that have successfully implemented changes to reduce MSDs and improve both staff wellbeing and patient care outcomes.

- **Key takeaway 4: Mainstream MSD prevention into EU policies, strategies and initiatives supporting sustainable work and active ageing**

It would be beneficial if a 'life course' approach is adopted in studying and addressing MSK health, ensuring that prevention strategies are applied early and adapt to different stages of workers' lives. Sustainable work improves the employability of workers throughout their working lives and requires HeSCare establishments to develop and promote age management strategies or policies for the workplace. Age management from an OSH viewpoint refers to various dimensions by which human resources are managed within organisations and encompasses elements such as lifelong learning, career development and flexible working time practices as well as ergonomics, health promotion and workplace design.

- **Key takeaway 5: Promote return-to-work systems and early intervention pathways**

Protecting the long-term employability of HeSCare workers, particularly those with chronic conditions, requires early intervention and return-to-work systems, integrated with active ageing, sustainable work and disability inclusion policies. EU mechanisms like guidance, funding, peer learning and sharing good practice should support rehabilitation pathways and workplace accommodations, reducing sickness absence costs and retaining skilled staff.

- **Key takeaway 6: Transform care culture to reduce MSK risks and promote quality of care**

Addressing MSK risks related to manual handling of patients in the HeSCare sector requires more than just technical training — it calls for a cultural shift in how care is conceptualised and delivered. Innovative approaches that reframe patient handling as care without necessarily carrying the patient challenge traditional norms and reduce physical strain on workers. By embedding these principles into everyday practice, organisations not only protect worker health but also improve the quality, safety and dignity of care for patients. Supporting such a shift through policy and practice can lead to more sustainable, person-centred care systems.

- **Key takeaway 7: Establish EU training frameworks for MSD prevention**

Support the development and dissemination of standardised training modules for HeSCare workers, focusing on safe patient handling, ergonomic awareness, posture and psychosocial risk management. Training should be modular, practical and adapted to different job profiles across the sector. EU-wide exchange of modular, sector-specific training models could be encouraged.

- **Key takeaway 8: Empower worker participation and leverage collective bargaining for OSH**

Employers, unions and professional bodies should ensure frontline workers participate in designing and monitoring OSH policies through mechanisms like risk assessments, feedback loops and safety dialogues. Collective bargaining should set workload limits, staffing ratios and balanced shifts, making MSD prevention a labour standard in HeSCare.

- **Key takeaway 9: Fund research, innovation and longitudinal data collection on MSDs**

EU and national funding should support research on ergonomic innovations like exoskeletons, smart lift systems, and task automation, with pilot testing in real care settings. Investments should also fund new assessment tools for physical capacity and strain exposure. Longitudinal data, disaggregated by gender, age and job role, are needed to understand the long-term impact of MSDs and guide evidence-based policy.

- **Key takeaway 10: Institutionalise MSD prevention at the organisational level**

HeSCare establishments could be encouraged to adopt multi-pronged MSD prevention programmes that integrate ergonomic risk assessments, SPHM protocols, staff training and workplace redesign. These programmes could include clear policies and responsibilities for prevention. Institutions are encouraged to enforce 'no-lift' policies wherever feasible and ensure that manual handling procedures prioritise both safety and staff empowerment.

- **Key takeaway 11: Promote better psychosocial work environments among HeSCare establishments**

Given the multifactorial nature of MSDs, strategies must also consider the strong interlinkages between physical-biomechanical, psychosocial and organisational risk factors. MSDs cannot be effectively understood or prevented without considering the high prevalence of psychosocial risks and

organisational stressors in this sector. Therefore, there is a need to better promote the joint assessment and prevention of both MSK and psychosocial risk factors, addressing the total physical and psychological workload faced by HeSCare workers.

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