

Residential care workers: a comprehensive overview of occupational safety and health

Summary

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This report¹ focuses on the occupational safety and health (OSH) of workers in the residential care sector. The study forms part of a broader research initiative carried out by the European Agency for Safety and Health at Work (EU-OSHA) in the health and social care (HeSCare) sector (EU-OSHA, n.d.). It explores current evidence on the most prevalent OSH risks and health and safety outcomes faced by residential care workers, and to identify relevant strategies and interventions for OSH risk management and prevention in residential settings.

The study is based on a mixed-methods approach. It integrates an extensive review of research literature, the analysis of recent data from the European Survey of Enterprises on New and Emerging Risks (ESENER 2024) and the European Working Conditions Survey (EWCS 2024), and field research through interviews with relevant stakeholders and the identification of good practices. Some relevant examples have been developed as case studies (published as stand-alone documents and linked² in the report).

▪ Residential care sector

Residential care work involves providing personal and care services in non-hospital residential settings for older people and dependent adults. The sector encompasses a variety of establishments, such as nursing homes for older people and residential facilities for dependent individuals and people with mental health issues or disabilities. A large proportion of residents require long-term care (LTC) services, either in day facilities or permanent facilities. The residential care workforce mainly consists of nursing professionals, nursing associate professionals and healthcare assistants, with notable variations in job profiles and education levels across Member States.

▪ Main structural features

The residential care sector is facing structural challenges that directly affect the working conditions and OSH of its workforce. Chronic understaffing remains a pervasive problem, largely driven by factors such as demanding work environments, low wages and limited career progression opportunities, which result in recruitment and retention issues in many establishments. Public funding constraints, coupled with broader trends towards privatisation and marketisation of LTC services and the growing presence of private for-profit providers, can often culminate in the adoption of cost-cutting measures. These measures give rise to inadequate staffing ratios and limited investment in OSH preventive strategies, further reinforcing the undervaluation of care work and diminishing the sector's attractiveness. Moreover, changes in work organisation have led to a growing reliance on lower-qualified roles for direct care work, while increasing nurses' supervisory roles and responsibilities.

This study has identified initiatives that address the residential care sector's structural challenges. They reflect an increasing awareness of the need to improve working conditions and professionalisation, to ensure the sustainability of the residential care workforce, and to guarantee the quality and safety of LTC in the EU. Key examples presented in the report include enhancing training and career pathways to increase the professional status and appeal of residential care work. Some Member States have established minimum structural requirements, like Finland's statutory staff ratios, to enhance the quality of care and working conditions. Collective bargaining and social dialogue at different levels play a pivotal role in efforts to improve working conditions in the sector. Relevant examples include extending

¹ The full report is available at: <https://osha.europa.eu/en/publications/residential-care-workers-comprehensive-overview-occupational-safety-and-health>

² See:

EasyMAPO tool for safer resident handling in care homes, available at:

<https://osha.europa.eu/en/publications/easymapo-tool-safer-resident-handling-care-homes>

Germany's emergency programme for carers: strengthening occupational safety and staff retention, available at:

<https://osha.europa.eu/en/publications/germanys-emergency-programme-carers-strengthening-occupational-safety-and-staff-retention>

Evaluating working conditions in residential care: a participatory approach from Poland, available at:

<https://osha.europa.eu/en/publications/evaluating-working-conditions-residential-care-participatory-approach-poland>

Staffing ratios in Finnish residential care: implications for safe and healthy work, available at:

<https://osha.europa.eu/en/publications/staffing-ratios-finnish-residential-care-implications-safe-and-healthy-work>

Your rights, the best medicine: union campaign to reduce psychotropic drugs in residential care, available at:

<https://osha.europa.eu/en/publications/your-rights-best-medicine-union-campaign-reduce-psychotropic-drugs-residential-care>

Preventing risks in nursing homes through safer design and renovation, available at:

<https://osha.europa.eu/en/publications/preventing-risks-nursing-homes-through-safer-design-and-renovation>

coverage of binding collective pay standards, improved wages, and minimum staffing ratios and qualification levels.

▪ **Main safety and health issues and OSH risks**

Recent survey evidence shows that residential care workers face a highly demanding physical and psychosocial work environment. In the HeSCare sector, they are the workers who perceive the most substantial negative impact of their work on their health status. Compared with other LTC settings, residential care work involves assisting patients with more complex and chronic conditions than those who receive care at home. Such conditions include physical dependencies, cognitive impairments and behavioural challenges, which result in increased physical and emotional strain.

Overall, musculoskeletal disorders (MSDs) remain the most common OSH issue in residential care settings. They are primarily attributed to the frequency and intensity of manual handling and transfers of dependent residents, which are often carried out without the use of technical aids. Studies show that tasks such as lifting and repositioning residents frequently exceed recommended safe biomechanical limits, leading to overexertion and an increased risk of injuries, especially to the back, neck and shoulders. The impact of exposure to highly demanding physical tasks is further compounded by organisational factors, such as understaffing and inadequate ergonomics in the workplace. Psychosocial risks (PSRs), such as time pressure and effort-reward imbalances, exacerbate the impact of physical strain, highlighting the need for integrated interventions that address both physical and psychosocial risk factors. Research highlights the effectiveness of assistive equipment in reducing MSDs and work-related injuries. However, many workers do not make proper use of equipment despite its availability, mostly due to time constraints. The use of lifting devices like ceiling hoists takes considerable time as residents must be positioned properly, which can be challenging in understaffed environments where workers face high workloads and time pressure. Additionally, workers may perceive less demanding tasks, such as repositioning or turning residents, as not requiring assistive devices and may instead rely on assistance from colleagues or manual handling.

The study provides evidence of a significantly higher prevalence of work-related accidents in the residential care sector than in other sectors. These accidents primarily stem from manual handling of residents. The severity of work-related accidents and MSDs is reflected in high sickness absence rates. Presenteeism, or working with pain, is also a prevalent issue, linked to understaffing and high workload. Studies show that psychosocial factors, such as low social support and high job demands, increase presenteeism rates, which in turn predict future disability.

The psychosocial work environment in residential care is characterised by high quantitative demands, time constraints and emotionally demanding work. Understaffing and evolving roles have resulted in excessive workloads and time pressure, contributing to job dissatisfaction, emotional exhaustion and turnover intentions. These factors, and complex interactions with residents and relatives, may also lead to work-related stress and burnout, which are significant challenges. The present study reveals growing awareness and concerns about the prevalence of mental health issues and PSR factors amidst the current recruitment and retention crisis in the residential care sector.

Research in the field highlights that the prevalence of mental health issues in the sector is largely attributable to organisational factors, such as job strain, low social support and the experience of work-life conflict, which negatively affect workers' feelings of personal accomplishment. Excessive workloads and time pressures often lead to moral distress and role conflicts when workers are unable to provide care aligned with professional and ethical standards. Low job control, poor social support from supervisors and colleagues, and effort-reward imbalances further intensify workers' emotional exhaustion and turnover intentions. Working time patterns characterised by irregular and unpredictable schedules, long shifts and reduced breaks present a significant burden, given the predominantly female workforce with caring responsibilities. High emotional demands stemming from the complex clinical conditions of the resident population, including exposure to aggressive behaviours of residents or their relatives, also have a significant impact on residential care workers' mental health and well-being. Staffing adequacy and managerial support are factors that influence the prevalence and management of the risk of aggression, highlighting the relevance of comprehensive organisational interventions to improve workers' well-being and quality of care.

The report identifies chemical, biological and physical risks as significant occupational hazards in residential care settings. The report notes limited research on these risks compared with musculoskeletal (MSK) and psychosocial hazards but emphasises their importance. The Covid-19 pandemic underscored the critical need for effective sanitary measures and preparedness in residential care facilities to mitigate biological risks.

▪ **Risk prevention and management strategies at the workplace level**

The study identified organisational and individual strategies for OSH risk prevention and management in residential care settings. Organisational interventions involve changes in work organisation practices to reduce risk exposure at its source. Individual interventions aim to improve workers' ability to deal with OSH risks through training programmes and the promotion of safety behaviours and skills.

Organisational interventions include the implementation of innovative care models and facility designs that promote more supportive work environments, along with enhanced quality of care. Small-scale, homelike living facilities that promote resident autonomy and integrate domestic and social roles for care workers have been shown to enhance job autonomy and reduce time pressure, though emotional demands may increase. Person-centred care (PCC) models further improve worker well-being by emphasising individualised care, shared decision-making and ethical alignment, all of which have positive impacts on reducing work-related stress and burnout.

Relevant strategies for work organisation practices focus on improving social support and work-life balance. The promotion of effective teamwork and supportive management can contribute to increasing workers' satisfaction with their job and retention. The adoption of self-managed multidisciplinary teams offers increased autonomy on the job. Other relevant interventions include restructuring of work schedules into longer shifts with improved rest times, adopting flexible individualised scheduling, and providing family support services such as on-site childcare. Individual-focused strategies commonly involve programmes aimed at improving workers' coping skills, emotional regulation and management of challenging resident behaviours, with evidence supporting improvements in self-efficacy and reduced stress, although long-term effectiveness varies.

Preventive measures addressing MSK risks emphasise the use of assistive handling devices, particularly ceiling lifts, combined with comprehensive training and safe patient handling protocols, which significantly reduce work-related injuries and associated costs. Integration of ergonomic principles into facility design and renovation further supports risk reduction by improving workspace conditions and equipment accessibility. Individual-focused interventions include ergonomic training, proper use of assistive equipment and physical conditioning programmes that help reduce MSK pain and injury rates.

Interventions targeting physical, chemical and biological risks remain largely under-researched but gained attention during the Covid-19 pandemic, with a focus on hygiene adherence and vaccination policies. Return-to-work policies and health literacy programmes also support worker reintegration and pain management. Overall, evidence suggests that comprehensive, participatory approaches combining individual skill development with organisational improvements yield the most sustainable benefits for OSH in residential care settings.

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