European Agency for Safety and Health at Work

Work-related psychosocial risks and mental health in the EU health and social care sector

Summary

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Executive summary

This report is the culmination of a research study carried out for the European Agency for Safety and Health at Work (EU-OSHA) providing an overview of research on work-related psychosocial risks (PSRs) and mental health-related outcomes in the health and social care (HeSCare) sector in the EU.

- **Background and objectives**

The HeSCare sector is a significant component of the EU economy, employing over 21.5 million people in 2022 and accounting for around 11% of the total EU workforce. This sector has experienced employment growth over the past decade across its three main subsectors: healthcare, residential care, and social work. However, the sector faces several challenges that impact occupational safety and health (OSH) conditions. One of the primary challenges is the ageing EU population, leading to increased demand for HeSCare services. While the population aged 65 or over is expected to grow by 23% by 2035, projected employment growth in the HeSCare sector over the same period is only 12%, indicating potential labour shortages. Additionally, the sector itself has a high proportion of older workers; this is notable given that age-related physical changes can increase vulnerability to OSH risks. Further lifestyle factors, such as increased sedentary behaviour, contribute to a general rise in preventable illnesses like obesity, diabetes and heart disease, further straining the HeSCare sector.

HeSCare workers are exposed to a wide range of OSH risks, including PSRs and musculoskeletal risks, and these risks interact with each other. The combination of these diverse risks makes HeSCare a high-risk sector for workers. In 2020, HeSCare was identified as the sector with the highest reported exposure to risks adversely affecting mental wellbeing in EU Member States.

The overarching aim of the report is to provide a review of research on the topic of work-related PSRs and mental health-related outcomes in the EU's HeSCare sector. In order to do this, the report identifies 11 of the most common PSRs in the sector, according to triangulated evidence from the desk research and interviews that were conducted. For the purposes of the study, PSR factors for workers in the HeSCare sector have been categorised into two groups:

- PSRs linked to organisational factors and working conditions. These relate to the working environment and aspects of workers' terms and conditions of employment, for example, workload, time pressure, working time, work schedules, work–life balance, pay and job autonomy.
- PSRs linked to the social environment of work, namely the psychosocial environment in which work is performed. These include experiences of adverse social behaviour, exposure to high emotional or ethical burdens and potentially traumatic events, stigma against seeking support and low workplace social support.

- **Methodology**

The study employed a mixed-methods approach, encompassing desk research, interviews and case study research. The desk research included a review of both scientific literature from peer-reviewed journals and 'grey literature' from authoritative sources and studies. All sources selected for the review focused either explicitly on PSRs and mental-health outcomes in the HeSCare sector or on directly related topics (i.e. interlinkages between PSRs and musculoskeletal disorders (MSDs)). Additionally, 12 in-depth interviews were conducted with key stakeholders and experts to validate and build upon findings from the desk research. Based on the evidence gathered through primary and secondary research, eight case studies were selected for further research and analysis via additional desk research and an interview with a key stakeholder for each case study.

These case studies have been published as stand-alone documents,[1] with findings from them integrated into this report to illustrate effective prevention measures and innovative approaches for addressing work-related PSRs.

[1] CS1: France´s G2P: a digital risk assessment tool for the social care sector: https://osha.europa.eu/en/publications/g2p-frances-digital-risk-assessment-tool-social-care-sector
CS2: Action plan and collective agreements help ensure healthcare employee wellbeing in Lithuania: https://osha.europa.eu/en/publications/action-plan-and-collective-agreements-help-ensure-healthcare-employee-wellbeing-lithuania

- **Identified PSRs, mental health outcomes and interlinkages with MSDs**

As already noted, the most prevalent PSR factors identified by the primary and secondary research conducted for this study fall into two main categories: those linked to organisational factors and working conditions; and PSRs related to the psychosocial environment in which work is performed. Further, given that PSR exposure often correlates with the development of MSDs, which can exacerbate both physical and mental health issues, the interplay between PSRs and MSDs was explored.

- **PSRs linked to organisational factors and working conditions**

Data confirm that **high workload coupled with severe time pressure** is one of the most cited PSR factors in the HeSCare sector. This is particularly true in the healthcare and residential care subsectors. Excessive workloads and time constraints can lead to physical and mental exhaustion and to burnout, stress, anxiety and depression. Ageing populations are placing increasing demands on the sector, as are staffing shortages. The COVID-19 pandemic also exacerbated these challenges, contributing to higher stress levels as a result of increased workload.

Long or irregular working hours are another of the top three risks resulting from the way in which work is organised in the HeSCare sector. **Long working hours** have clear implications for the mental wellbeing of sector staff, work–life balance (and therefore the recruitment and retention of staff), and patient safety. Scientific literature shows that working long hours is associated with a range of mental health issues such as depression, anxiety and increased levels of occupational stress. However, evidence shows that interventions to combat long or irregular hours worked were least common among all measures taken to prevent PSRs.

Atypical working hours and irregular shift patterns, including night and weekend shifts, are common in the HeSCare sector. They disrupt natural sleep patterns and can contribute to sleep deprivation, depression, work-related stress and occupational burnout. The prevalence of shift work, and indeed low levels of control over shift patterns and/or notification of shifts being given at short notice, impacts upon work–life balance and contributes to chronic fatigue and heightened stress levels. Studies have also shown a link between shift work and MSDs, with rotating and irregular shifts contributing to the development of MSDs such as lower back pain, shoulder pain and knee pain in healthcare professionals.

The challenges of managing professional responsibilities alongside demands related to personal life can lead to **poor work–life balance** among HeSCare workers. Evidence shows that work–life conflict is a PSR associated with numerous indicators of poor health and impaired wellbeing. Work–life imbalance or conflict is frequently the result of cumulated effects involving other PSRs such as low influence over shifts, weekend or night shifts, long working hours per week and high work demands. In addition, the possibility of space or separation from work is very low in certain occupations and care settings (e.g. live-in care[2]), rendering it virtually impossible to separate working and recreational time and to maintain a healthy work–life balance.

Effort–reward imbalance (the disparity between the effort expended for work and the rewards received in recognition, appreciation and respect) is a critical PSR factor in job dissatisfaction and burnout in the HeSCare sector. Salaries in the sector vary considerably, with personal care workers being some of the lowest-paid HeSCare workers, earning around 30% less than the economy-wide average wage across EU countries. Evidence also shows that female workers in the HeSCare sector are more likely to

CS3: The benefits for emergency medicine of an annual approach to rostering – HealthRota: https://osha.europa.eu/en/publications/benefits-emergency-medicine-annual-approach-rostering-healthrota
CS4: Increasing mental health awareness among staff - the work of Vienna's Psychological Counselling Centre: https://osha.europa.eu/en/publications/increasing-mental-health-awareness-among-staff-work-viennas-psychological-counselling-centre
CS5: Magnet4Europe - empowering nurses at Cork University Hospital: https://osha.europa.eu/en/publications/magnet4europe-empowering-nurses-cork-university-hospital
CS6: Empowering healthcare workers through participation - a Danish case study: https://osha.europa.eu/en/publications/empowering-healthcare-workers-through-participation-danish-case-study
CS7: Supporting mental health of long-term care workers - European Works Council case study: https://osha.europa.eu/en/publications/supporting-mental-health-long-term-care-workers-european-works-council-case-study
CS8: Finland's model for supporting mental health through shift scheduling and ergonomics: https://osha.europa.eu/en/publications/finlands-model-supporting-mental-health-through-shift-scheduling-and-ergonomics:

[2] Live-in care is a type of long-term care where a trained carer lives in a person's home to provide support and assistance.

experience lower pay than men. In parallel, the prevalence of precarious employment conditions in the HeSCare sector is higher than the EU-27 average across all its subsectors, particularly in the social work subsector. Precarious work is understood as when workers experience at least one of three working conditions: very low pay, very low intensity working hours, and/or low job security. This inability in certain cases to make ends meet means that jobs in the sector that used to be secure now need to be supplemented with extra shifts or side jobs, contributing to financial and psychosocial stress.

In the HeSCare sector as a whole, 57% of workers report having **low task autonomy** (defined by never, rarely or only sometimes deciding on: i) the order of tasks, ii) methods, or iii) the speed or rate of work). A lack of autonomy in the workplace has negative impacts on both physical and mental health. Evidence shows that workers in 'high-strain' jobs are more susceptible to stress-related illnesses, including anxiety, depression and cardiovascular diseases. Studies have shown this to be true for emergency healthcare workers, nurses and midwives, in different national contexts.

Organisational participation is another factor linked to task autonomy, referring to the involvement and engagement of workers in decision-making processes and activities within the workplace. Data show that low organisational participation is more common in the healthcare and residential care subsectors than the EU average across all sectors. Low organisational participation brings with it low psychological wellbeing scores and increased negative mental health outcomes such as stress.

The **use of digital technologies and the automation of tasks** can help streamline administrative and bureaucratic processes, freeing up time that could be spent on caring for patients. In this sense, it is a potential enabling factor for reduced PSR exposure, given that standardised, repetitive, technical tasks with low levels of autonomy — tasks that are typically susceptible of being automated — are negatively associated with PSRs. However, 39% of workers in the EU's HeSCare sector reported that the use of digital devices at work has increased their workload. This may be due to insufficient training provided to workers in relation to digital tools.

- **PSRs related to the social environment of work**

Workers in the health sector reported the highest prevalence of **intimidation** across all sectors analysed, with the highest exposure of any sector to: **i) verbal abuse; ii) bullying, harassment and violence; and c) unwanted sexual attention**. Abusive behaviour against HeSCare workers can come from both members of staff (e.g. colleagues and managers) and third parties, such as patients or clients. While such behaviour exists in other types of workplaces, third-party violence is particularly pervasive in the sector due to workers' intense contact with patients or clients. Violence against workers has been associated with mental health outcomes like anxiety, depression, sleeping problems and suicidal thoughts. Evidence also points to the lack of a zero-tolerance culture regarding harassment and violence in the workplace, or having relevant strategies and risk assessment measures in place, as amplifying this risk factor.

Exposure to **adverse social behaviour, including violence, harassment and bullying**, in the workplace can cause severe anxiety, depression and significant workplace stress. This hostile environment can lead to long-term psychological trauma, affecting workers' mental health and their ability to perform their duties effectively. Such behaviours undermine a sense of safety and trust within the workplace, making it difficult for workers to feel secure and supported.

Workers in the HeSCare sector frequently encounter **emotionally taxing situations and ethical dilemmas**. The HeSCare sector also has the highest share of people reporting exposure to dealing with difficult third parties and dealing with ethical dilemmas, which can adversely affect their mental health.

Professionals in the HeSCare sector may struggle with **self-stigmatisation**, with research showing that doctors tend to consider their state of health, especially mental health, as an indicator of their medical competence. This means they may fail to seek mental health support for fear of being perceived as weak or incompetent. One of the knock-on effects of stigma is reluctance to talk openly about issues (including in relation to mental health), which can act as a barrier to effective PSR management.

Weak social support, both from colleagues and management, can increase stress levels and feelings of isolation, depression and loneliness. Supportive relationships are crucial for buffering the impact of stressors, with research demonstrating the importance of well-functioning relationships within and between workers and their respective units as a positive psychosocial factor.

- **Key prevention measures**

The report identifies various effective interventions to mitigate PSRs. **Integrating regular risk assessment of PSR factors into overall risk management** practices is crucial. There are several tools available that can be used to assess PSRs at workplace level, which have been developed by national and international OSH organisations. These include the Online interactive Risk Assessment tool at EU level, as well as the G2P tool developed in France.

Creating a supportive work environment is another important factor for the success of interventions to prevent and mitigate PSRs. Interventions to foster a supportive working environment include those that implement/improve social support structures, for example, through peer support groups (see the Danish case study[3]). The report also identifies interventions aimed at providing access to mental health support, raising awareness and reducing mental health-related stigma (e.g. see the services provided by the Psychological Counselling Centre to Vienna Health Network (WIGEV) employees in the Austrian case study[4]). Finally, there are interventions that address adverse social behaviour through zero-tolerance policies on violence, harassment and bullying, notably the Violence and Harassment Prevention Policy in Lithuania. For details, see the Lithuanian case study.[5]

Ensuring **adequate staffing levels** is critical for managing workloads and reducing patient–professional ratios, thereby alleviating work-related stress. This includes measures to create a more effective rostering system that would allow, for instance, doctors to have more control over their working hours and ultimately enjoy a better work–life balance, as in the case of the annualised hours in emergency medical care intervention in a hospital trust in the United Kingdom (UK). For details, see the UK case study.[6]

Equally, **promoting job autonomy** by enhancing workers' control over their schedules and decision-making processes can significantly reduce stress and improve mental health. The same is true of participatory management and **encouraging workers' influence over decisions affecting them**, such as control over the working environment. Engaging workers in decision-making processes ensures that they have a say in matters that affect them directly. Evidence shows that where there is collective representation of workers, preventive actions lead to better results (e.g. in the cases of trade union support for the creation of works councils in healthcare organisations in France, and the Magnet4Europe project to improve mental health and wellbeing among health professionals in Europe[7]).

Fair remuneration and recognition of workers' efforts are vital for job satisfaction and mental health. Collective bargaining, unionisation and industrial action, up to and including strikes, can serve as effective tools for negotiating higher wages.

Given that evidence shows that the lack of stakeholder awareness of PSRs, their effect on workers and how to manage them effectively in the workplace are key barriers to preventing and managing PSRs in the HeSCare sector, providing **information, awareness-raising and training** can have a considerable positive impact on the management and mitigation of these risks.

Finally, **regulatory initiatives** such as legislation, non-binding or voluntary policies developed by international, European and national organisations to prevent and manage PSRs are helpful for providing a framework for comprehensively addressing PSRs. An example is the National Nursing Policy Guidelines (2016-2025) and Action Plan introduced in Lithuania to improve the psychological wellbeing of staff in the personal healthcare sector.[8]

[3] More information available at: https://osha.europa.eu/en/publications/empowering-healthcare-workers-through-participation-danish-case-study

[4] More information available at: https://osha.europa.eu/en/publications/increasing-mental-health-awareness-among-staff-work-viennas-psychological-counselling-centre

[5] More information available at: https://osha.europa.eu/en/publications/action-plan-and-collective-agreements-help-ensure-healthcare-employee-wellbeing-lithuania

[6] More information available at: https://osha.europa.eu/en/publications/benefits-emergency-medicine-annual-approach-rostering-healthrota

[7] More information available at: https://osha.europa.eu/en/publications/magnet4europe-empowering-nurses-cork-university-hospital

[8] More information available at: https://osha.europa.eu/en/publications/action-plan-and-collective-agreements-help-ensure-healthcare-employee-wellbeing-lithuania

Implementing comprehensive risk management frameworks involves regularly evaluating the work environment for potential PSRs and taking proactive measures to address them. This includes conducting thorough risk assessments, engaging in continuous monitoring and adapting strategies based on feedback from workers. By fostering a culture of continuous improvement, organisations can better anticipate and mitigate PSRs before they escalate. Fostering a positive organisational culture is also vital for preventing PSRs, promoting open communication and encouraging collaboration within the workplace.

- **Conclusions and policy pointers**

The study concludes that the HeSCare sector faces significant challenges in terms of the presence of PSR factors, which can result in workers' mental health issues and overall reduced job satisfaction. Key resources to prevent such risks include **the importance of creating support networks, promoting autonomy, ensuring adequate staffing, involving workers in PSR management, and providing training and awareness-raising initiatives**. The interlinkages between PSRs and MSDs underscores the need for **integrated preventive measures** to address PSRs and musculoskeletal risks when carrying out risk assessments.

Investing in research and data collection is crucial in terms of understanding the evolving landscape of PSRs in the HeSCare sector. Policymakers should support efforts to collect comprehensive data on PSRs and their impact, using this information to inform evidence-based decision-making and policy development.

Finally, given the examples highlighted in this study that relate to successful cooperation and the creation of innovative solutions in terms of PSR prevention and mitigation, seeking out and using available funding for pilot initiatives and projects on these themes should be encouraged. Sharing knowledge, resources and best practices across borders will encourage an improved risk prevention and management culture and foster open dialogue about these PSRs and related mental health outcomes.

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