

Workforce diversity and psychosocial risks: towards healthier and more inclusive workplaces

Summary

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1 Introduction

Workforce diversity was defined by Loden and Rosener (1991) as that which differentiates one group of workers from another along primary and secondary dimensions. The primary dimension includes a range of characteristics exerting primary influences on workers' identities, such as gender, ethnicity, race, sexual orientation, age and mental or physical abilities and characteristics. The secondary dimension includes workers' characteristics which are less visible, exert a more variable influence on personal identity and add a more subtle richness to the primary dimensions of diversity. They include educational background, geographic location, religion, first language, family status, work style, work experience, organisational role and level, income and economic status (Loden and Rosener, 1991). Additional dimensions were added to these two by other scholars to emphasise the complexity of individual workers' identity, and the many factors contributing to it. For example, Thomas (1996) added a third dimension including aspects such as beliefs, assumption, perceptions, attitudes, feelings, values and group norms, and Gardenswartz and Rowe (2010) added a fourth dimension emphasising the importance of organisational aspects such as functional level, seniority, department or unit, management status, work content, union affiliation.

This report explores the linkages between workforce diversity and work-related psychosocial risk (PSR) factors that arise from work organisation, poor work design and management, work culture, and the social and psychological context of work. It analyses how these impact on workers' health, safety, and well-being.

The report highlights the importance of PSR assessment and prevention initiatives for the entire workforce, which are inclusive of and responsive to the heightened exposure to PSRs among diverse groups of workers. Research and evidence from EU-OSHA (2022), Eurofound (2021), and WHO (2022), amongst other sources confirm that PSRs contribute to stress, depression, anxiety, burnout, and physical conditions such as cardiovascular disease and musculoskeletal disorders (MSDs), with especially high impacts where inequalities and discrimination are entrenched (EU-OSHA, 2020a). In an occupational safety and health (OSH) context, treating PSRs, such as inequality, discrimination and exclusion, as workplace hazards and implementing prevention measures to eliminate or control them, can lead to healthier, more inclusive and resilient workforces.

PSRs in the workplace should be addressed through inclusive and diversity-sensitive risk assessments and preventive actions. PSR factors heighten exposure for some groups of vulnerable workers, including high workload, working in isolation, emotional labour, low autonomy, poor support, and hostile work environments (EU-OSHA, 2013a & 2024e). Meanwhile, digitalisation and platform work introduce new and heightened stressors for vulnerable workers, such as surveillance, isolation, and algorithmic management (Dütsch, 2022).

Diversity and inclusion are critical drivers for achieving mentally healthy workplaces. Preventing work-related PSRs in a diverse workforce can contribute to this. When combined with diversity and inclusion (D&I) programmes, there are business benefits for employers and benefits for workers in terms of well-being, psychosocial safety, inclusion, and lower levels of stress (McKinsey & Company, 2023).

European Union (EU) and national legal frameworks, including the OSH Framework Directive, directives on equality and non-discrimination, and the International Labour Organisation (ILO) Violence and Harassment Convention No. 190, provide a legal and policy basis for integrating diversity, inclusion, equality and non-discrimination with OSH prevention. These initiatives are complemented by programmes such as the EU Platform of Diversity Charters and EU Diversity Month, which in 2025 adopted the theme 'healthy workplaces.'¹ EU-OSHA has developed a comprehensive approach to OSH, including guidance on workforce diversity and risk assessment (EU-OSHA, 2009 & 2017). The research, including nine case studies and a review of guidance, demonstrates that collective measures, such as gender-sensitive risk assessment and inspections, company equality plans, social dialogue, European and national sectoral collective bargaining agreements (CBAs), and workplace diversity and inclusion policies, are amongst several proactive measures that can help address vulnerabilities while improving conditions for all workers.

¹ https://eu-diversity-inclusion.campaign.europa.eu/eu-platform-diversity-charters_en?prefLang=bg

Methodologically, the report combined literature and policy reviews, questionnaires across Member States, case study analyses, and interviews with stakeholders from governments, OSH agencies, employers' organisations and trade unions to identify best practices and policy pointers. Overall, it concludes that embedding diversity, equality, and inclusion into OSH strategies not only reinforces the importance of workforce diversity and protects vulnerable groups but also creates healthier, more resilient, and more productive workplaces.

2 Work-related PSR factors and specific diversity groups

The report explores the unique and common exposures to PSRs in a diverse workforce, with a specific focus on women workers, Black and ethnic minority workers, migrant workers, lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) workers, older and younger workers, workers with disabilities, and those with low socio-economic status. Illustrative evidence of PSR factors and prevention measures for each diversity group are summarised below. In addition, intersectionality intensifies risks, as overlapping identities (e.g., migrant women in care and domestic work, Black LGBTIQ workers) lead to multiple layers of discrimination and exclusion, as well as compounding PSRs, such as exposure to violence and harassment or working in sectors with poor working conditions. It is important to note that while workers of all backgrounds and employment statuses are potentially exposed to PSRs in the workplace, the diversity groups examined in this report face vulnerabilities and increased exposure to PSRs. While some exposures are specific to a particular group, many commonalities exist across diversity groups.

2.1 Women workers

The report underlines that women workers are disproportionately exposed to PSRs due to structural gender inequalities, occupational segregation, and institutional sexism. While definitions of sex and gender are fluid, gender is understood as a social and cultural construct that shapes roles and opportunities. Women are more likely than men to experience stress, depression, anxiety, fatigue, MSDs, and burnout, especially in feminised sectors such as healthcare, education, cleaning, domestic work, and social care (EU-OSHA, 2013b). These sectors involve triggers for stress, such as isolated work, emotional labour, unsocial working hours, low pay, and insecure contracts. Survey evidence shows that women face severe time pressure, workload overload, poor autonomy, and are subject to higher rates of gender-based violence and harassment (GBVH), including third-party violence and harassment (TPVH) in customer and client-facing services. Exposure to GBVH, including gender-based TPVH, causes significant physical and psychological harm, impacting women's health, well-being, and capacity to work (FRA, 2024a; ILO, 2020; ETUC, 2024; Pillinger/EPSU, 2023; Pillinger/ILO, 2024). Women are also disproportionately exposed to unsafe travel when working unsocial hours, and cyber-harassment, particularly those in public-facing roles or opinion-forming roles, such as journalists and politicians. Young women, migrant women and women in precarious jobs, for example, carrying out platform work in care and cleaning, are especially at risk (ILO, 2024; ITUC, 2024).

In addition, single mothers face compounded vulnerabilities, such as higher levels of adverse health effects, burnout, depression and anxiety, primarily caused by low wages, precarious work and work-life conflict, poor access to healthcare, and financial insecurity (European Parliament 2020). OSH practices are often based on the 'average male worker' model (Messing, 1998), further heightening exposure to invisible or unrecorded psychosocial and physical risks. Work-life conflict is a key PSR factor, as women still perform more unpaid care work than men, leading to health problems and limited career opportunities (EIGE, 2024).

Strategies to address these risks stress the importance of integrating a gender perspective (gender mainstreaming) in OSH (EU-OSHA, 2014a). This includes gender-sensitive and intersectional risk assessment, recognition of reproductive health issues (e.g., menstruation, menopause, pregnancy), policies on equal pay for work of equal value, safe staffing, flexible work options, and robust responses to GBVH, including domestic violence as a workplace issue (EU-OSHA, 2023a). Social dialogue and gender-responsive collective bargaining are effective approaches, while union representation and awareness-raising can further enhance women's representation and protection (ILO/OECD, 2020;

ETUC, 2024). Overall, there is a strong business case for addressing PSRs for women through inclusive and preventive frameworks. This not only improves their safety and health but also enhances equality, organisational performance, and well-being across the workforce. See Table 1 for a summary.

Table 1: PSRs and women workers

Theme	Summary of PSR factors	Examples of prevention measures
Discrimination & inequality	Institutional sexism; gendered norms; invisible gendered risks; motherhood penalties	Gender-sensitive, intersectional risk assessment; policies on menstruation/menopause; pay transparency/equal pay audits
Working conditions	Low pay; insecure/part-time work; emotional labour; limited progression	Job redesign; fair pay and progression; policies reducing stress from emotional labour; job rotation and support
Work organization	High workload; time pressure; unsocial hours; low autonomy; lone/night work	Flexible work; safe staffing; autonomy in tasks/time; lone/night work protocols
Violence & harassment	GBVH and TPVH; cyber-harassment; domestic violence risks/impacts at work; unsafe travel	Prevention of GBVH in risk assessment; survivor-centred support; safe transport; domestic violence protocols

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.2 Black and ethnic minority workers

The EU Racial Equality Directive prohibits discrimination based on racial or ethnic origin, recognising that race is largely a social construct that has been used to categorise and disadvantage specific groups. In this report, “Black” is capitalised to underline its role as a unifying and empowering term, while ethnic minority refers to groups defined by their ethnic, religious or linguistic background. The racialisation of groups such as Roma and migrant workers from Central and Eastern Europe illustrates how prejudice can shape employment opportunities and working conditions (European Commission, 2017).

Research evidence shows that Black and ethnic minority workers experience heightened exposure to PSRs. Rising levels of racism, discrimination, harassment and stereotyping create barriers to recruitment, progression and retention, while contributing to poor working conditions and pay inequalities. Surveys by the EU Fundamental Rights Agency (FRA) show, for example, that a third of people of African descent report racial discrimination in job-seeking and employment, with Black workers being disproportionately concentrated in temporary, insecure and low-status roles (FRA, 2023).

The mental health consequences are significant. Victims of racist violence frequently report depression and anxiety, while ethnicity is an important factor in poor mental health at work (Nieuwenhuijsen et al., 2015). Women from ethnic minority backgrounds face compounded challenges. Muslim women wearing religious clothing report particularly high rates of discrimination (FRA, 2024b). Black women experience disproportionately high levels of sexual harassment at work, often shaped by racialised and gendered stereotypes. In addition the Trade Union Congress report informs on “misogynoir” (the intersection of racism and misogyny), silences survivors, deters reporting and reinforces stigma (TUC, 2022). The FRA gender-based violence survey (2024a) found that nearly two-thirds of Black women had experienced sexual harassment, often with long-lasting impacts on mental health. Similarly, LGBTQI+ Black women and those with precarious migration status face intensified risks. Racialised discrimination is also acute

in new forms of work. In platform work, where Black and migrant workers predominate, there are compounded vulnerabilities due to weak protections, algorithmic bias, communication barriers and exposure to abuse from clients or third parties. In frontline sectors such as health, care, and cleaning, being visibly 'different' increases exposure to violence, harassment and bullying, reinforcing a sense of minority status and increasing stress.

Addressing these risks requires measures to integrate race and ethnicity into OSH frameworks and PSR assessments. This includes recognising the intersection of race with gender, disability, migration status and socio-economic inequality. Anti-discrimination and zero-tolerance frameworks are also important in tackling racialised violence and harassment, including third-party abuse, while training for employers, workers, and trade union representatives is crucial in addressing discriminatory stereotypes and biases. Inclusive collective bargaining strategies, stronger representation of Black and minority ethnic workers in unions, and workplace policies that accommodate cultural and religious practices are all critical to systemic change. Preventing Black and ethnic minority workers' exposure to PSRs will improve conditions for all workers, for example, by embedding race and ethnicity perspectives in PSR/OSH and equality strategies, thereby ensuring workplaces are safe, fair, and inclusive. See Table 2 for a summary.

Table 2: PSRs and Black and ethnic minority workers

Theme	Summary of PSR factors	Examples of prevention measures
Discrimination & inequality	Institutional racism; stereotypes; limited access to training/promotion	Anti-racism plans, including intersectionality; support; progression; mentoring
Working conditions	Low pay; precarious contracts; concentration in insecure sectors	Fair pay and secure status; targeted upskilling; equal OSH coverage including platform work
Work organisation	Unsafe tasks; lack of recognition of skills; limited managerial support	Skill recognition; diversity-conscious policies; peer networks; support for Black/ethnic minority managers
Violence & harassment	Racialised harassment and TPVH; targeting of Black women	Violence and harassment protocols and policies; safe reporting; bystander training; TPVH prevention

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.3 Migrant workers

Migrant workers are individuals engaged in paid work in a country of which they are not nationals, including asylum seekers, documented and undocumented migrants, and temporary or seasonal workers. Work-related migration has increased significantly over the last few decades, with large numbers of migrant workers employed in construction, agriculture, cleaning, healthcare, social care, and domestic work. Evidence consistently shows that migrant workers face higher exposure to PSRs than local workers, with studies showing a strong link between migration and poorer mental health, higher rates of occupational illness and injuries, job insecurity, and discriminatory practices. Migrants are often concentrated in the most hazardous, physically demanding and precarious jobs, under temporary

contracts, and with limited recognition of skills. They experience discrimination, harassment, unethical recruitment practices and exploitation, which exacerbate stress and poor working conditions.

Specific sectors are particularly high-risk in terms of heightened exposure to PSRs. For example, in cleaning, care and domestic work, PSRs include monotonous tasks, time pressure, irregular hours, lack of autonomy, limited training, stress from emotional labour, and exposure to TPVH (Smith et al., 2013; EU-OSHA, 2010; FRA, 2019a). In digital platform work, where many migrants rely on insecure work and incomes, risks include low pay, fragmented working hours, algorithmic bias, weak OSH protections and vulnerability for undocumented workers (ITUC, 2024; Dütsch, 2022; EU-OSHA, 2023b). Migrant health and care workers often face racist and anti-migrant abuse from third parties, such as customers, clients, patients or family members. At the same time, visa restrictions, and poor OSH and social protection compound their exposure to PSRs.

Women migrants are especially vulnerable, as gender and migration status intersect to create compounded risks such as low pay, temporary contracts, work–family conflict and high emotional demands (PSI, 2020). Migrant workers also face social isolation due to language and cultural barriers, which limit their ability to access OSH information, report abuse or seek support. This is particularly acute in undeclared care and household services, where an estimated 6.8 million workers across the EU—predominantly migrant women—are exposed to exploitation and violence (Eurofound, 2025a). The COVID-19 pandemic further underscored these vulnerabilities, as migrant workers, especially in health and care roles, faced higher risks of infection, poor outcomes, and intensified discrimination (Yeates & Pillinger, et al., 2022).

Strategies to reduce PSRs combine universal protections, such as decent work, fair pay, and robust OSH frameworks, with targeted measures addressing migration-related vulnerabilities. These include formalising employment in high-risk sectors, tackling exploitative recruitment, ensuring access to OSH rights and information, and establishing protections against discrimination and harassment, particularly for migrant women. Multilingual training, cultural competence for managers, and inclusive risk assessments are crucial for overcoming these barriers. Trade union representation, worker organising and collective bargaining can strengthen migrant workers' voices and bargaining power. Embedding migrant perspectives into PSR/OSH policies, inspections, and diversity strategies not only safeguards their rights but also contributes to safer and more inclusive workplaces for all workers. See Table 3 for a summary.

Table 3: PSRs and migrant workers

Theme	Summary of PSR factors	Examples of prevention measures
Discrimination & inequality	Visa precarity; exploitation; language barriers; fear of reporting	Ethical recruitment; multilingual OSH info; cultural competence training; non-retaliatory reporting
Work conditions	Informality and undeclared work; temporary/platform work; very low pay; fragmented hours	Formalisation; equal OSH rights; recognition of skills/qualifications; access to social protection
Work organisation	Isolation; long/unsocial hours; low autonomy; lone work	Participatory risk assessment (focus groups/body-mapping); support; safe scheduling of work; safe transport
Violence & harassment	Anti-migrant hostility; TPVH in homes and public spaces	TPVH protocols; targeted inspection; union support for migrant workers

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.4 LGBTIQ workers

LGBTIQ workers encompass lesbian, gay, bisexual, trans, non-binary, intersex, and queer individuals, recognising sexual orientation, gender identity and expression, and sex characteristics. Despite limited data, evidence indicates that LGBTIQ workers are disproportionately exposed to PSRs, especially discrimination, harassment, and violence, which greatly impact mental health, job satisfaction, and quality of life at work (EU-OSHA, 2020a; Sears and Mallory, 2011). The EU Fundamental Rights Agency (FRA, 2019b) reports increasing levels of workplace discrimination, with trans and intersex workers being most affected. Nearly one-fifth of LGBTIQ workers experienced discrimination at work, and over 30 % reported at least one form of workplace discrimination. Studies in Sweden (SAWEE, 2025), Portugal (Pereira & Monteiro, 2017), and the UK (TUC, 2024) reveal widespread discrimination, stigmatisation, harassment, microaggressions, verbal abuse, and exclusion in workplaces characterised by heteronormative cultures. Concealing one's identity is a common coping mechanism, yet it is strongly associated with stress and poor mental health. An intersectional approach is also essential, as experiences of discrimination and exclusion often intersect with ethnicity, religion, age, and disability, increasing the risks of depression, anxiety, and burnout (Oliveira et al., 2024). Young LGBTIQ workers face particularly high levels of bullying and discrimination (TUC, 2024), while the Minority Stress Theory demonstrates how stigma, prejudice, and discriminatory policies generate chronic stressors (Frost & Meyer, 2023). These factors contribute to poor physical and mental health, higher rates of work-related disability, decreased productivity, and lower wages and job opportunities.

Addressing these risks requires organisational and culture change. Benefits are reaped when employers treat discrimination and harassment as workplace hazards and integrate LGBTIQ perspectives into PSR/OSH frameworks, policies and risk assessments. This includes fostering inclusive and respectful work cultures, adopting zero-tolerance approaches to discrimination, violence, harassment and TPVH, and providing training tailored to LGBTIQ inclusion. Awareness-raising initiatives that challenge bias and promote workplace practices that support dignity, equality, and respect can help foster an inclusive working environment. Strengthening the psychosocial work environment, including social support, autonomy, and recognition of LGBTIQ families, is vital to this. In addition, accessible occupational health support services that address stress, depression and isolation, alongside preventive strategies combining universal mental health measures with targeted actions, are crucial. These approaches will not only safeguard the rights of LGBTIQ workers but also improve trust, health, safety, and productivity across workplaces. See Table 4 for a summary.

Table 4: PSRs and LGBTIQ workers

Theme	Summary of PSR factors	Examples of prevention measures
Discrimination & inequality	Homophobic and transphobic discrimination and abuse; exclusion; concealment; stigma; policy gaps	LGBTIQ-inclusive policies; inclusive benefits
Working conditions	Occupational segregation; precarious roles; limited recognition of families	Equal leave and benefits for all families; access to Employee Assistance Programme (EAP)/occupational support; fair recruitment practices
Work organisation	Hostile climate; microaggressions; low support	Awareness training; inclusive leadership; employee resource groups; mentoring

Theme	Summary of PSR factors	Examples of prevention measures
Violence & harassment	Harassment, TPVH and cyber-abuse	Zero-tolerance; inclusive incident response; digital safety; privacy in HR/IT systems

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.5 Workers with disabilities and chronic ill health

Persons with disabilities, as defined by the UN Convention on the Rights of Persons with Disabilities, include those with long-term physical, mental, intellectual, or sensory impairments which, in interaction with barriers, restrict their participation in society on an equal basis with others (European Commission, 2021). In this report, the term also encompasses people of working age living with chronic health conditions such as cancer, cardiovascular disease, and MSDs. Despite their willingness and ability to work, only half of the EU's 42.8 million working-age persons with disabilities are employed (European Commission 2021), reflecting persistent barriers, discrimination, and unequal treatment both in access to employment and within workplaces. Evidence shows that people with disabilities and chronic health problems are disproportionately exposed to PSRs such as stress, harassment, stigma, job insecurity, and third-party violence. For example, while just 6 % of workers reporting good health experience bullying or harassment, the proportion rises to 23 % among those with poor health (EU-OSHA, 2022). The stigma attached to mental health problems is particularly severe, with half of workers fearing that disclosing such a condition would negatively affect their careers (EU-OSHA, 2022). Stressful working environments also exacerbate existing health conditions, such as musculoskeletal pain or mental ill-health, while new forms of work, including digital platforms, create additional risks linked to inaccessibility and algorithmic bias.

Workplaces that are accessible and inclusive are not only beneficial for workers with disabilities and chronic health conditions but also improve safety and well-being for the entire workforce, as well as clients and customers. Yet many workers with disabilities and/or chronic conditions do not receive the support and reasonable accommodations they need. This lack of support undermines vocational rehabilitation and reintegration into work (EU-OSHA 2023c & 2024). Practical strategies, therefore, require both universal and targeted approaches. Universal measures, such as flexible working arrangements and inclusive work design, help reduce the stigma associated with requesting special accommodations.

Meanwhile, targeted measures are necessary to address the specific needs of individuals. Disability inclusion should involve accessible information, assistive technologies, awareness-raising, and training to challenge stigma, alongside organisational interventions that address PSRs for all workers. Supporting return-to-work for those with mental health conditions should be given the same attention as for physical health problems (EU-OSHA, 2024g). Success depends on creating positive, supportive environments that value workers' capabilities, adapt work to reduced capacities, and invest in disease prevention and rehabilitation. Measures such as adapting workloads to manage fatigue, granting paid leave during recovery, or reintegrating workers after rehabilitation are practical steps that promote sustained employment. For example, recognising and supporting the diverse abilities of neurodivergent workers is essential to fostering inclusive workplaces (EU-OSHA, 2025b). An intersectional perspective is critical, as women or migrant workers with disabilities may face multiple and compounding disadvantages. Ultimately, tackling PSRs for workers with disabilities and chronic health conditions contributes to healthier, fairer, and more inclusive workplaces, with benefits extending across the entire workforce. See Table 5 for a summary.

Table 5: PSRs and workers with disabilities and chronic ill health

Theme	Summary of PSR factors	Examples of prevention measures
Discrimination & inequality	Stigma; inaccessible policies/systems; lack of adjustments	Reasonable accommodation; accessible HR/OSH processes; anti-ableism training
Working conditions	Insecure roles; attendance pressure; presenteeism	Flexible scheduling; adjustments to workload; supportive return-to-work pathways
Work organisation	Low autonomy; poor ergonomic fit; high pace; lack of support	Job/task redesign; assistive tech; coaching; peer/manager support
Violence & harassment	Bullying; hostility; exclusion from social networks	Respectful culture; clear boundaries and sanctions; confidential support

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.6 Young workers

Young workers, defined in this report as those under 30 years of age, face significant exposure to PSRs that negatively impact their health, well-being, and career development. Evidence shows that young people in Europe report higher rates of stress, fatigue and mental ill-health, with almost half of those aged 15–24 having unmet mental healthcare needs (OECD, 2022; EU-OSHA, 2022). Fatigue caused by work is particularly high among this group, and the prevalence of depression doubled during the pandemic. For many young people, their heightened vulnerability is closely linked to labour market insecurity, with temporary contracts, low pay, lack of autonomy, and discrimination (Eurofound, 2021; EU-OSHA, 2013). Insecure and precarious employment exposes them to poorer working conditions, unstable work schedules and limited rights, while reducing opportunities for meaningful work experience and professional growth.

These risks are compounded for young people who experience multiple forms of discrimination, such as migrant, racialised, disabled or LGBTIQ youth, who often face higher levels of exclusion, harassment and unequal treatment (Oliveira et al., 2024; IGLYO & ILGA, 2022; TUC, 2024). FRA (2024) data show that over 40 % of young women between ages 18 and 29 report workplace sexual harassment. Exposure is particularly high in sectors with high client and customer contact—such as hospitality, retail, care, and gig work—where TPVH, including cyber harassment, is common (EIGE, 2025; Pillinger/EPSU, 2024; Eurofound, 2025). Gender-related PSRs, such as the impact of menstruation, pregnancy and breastfeeding on work, further shape young women's experiences that expose them to stress. At the same time, MSDs are increasing among young workers, often linked to stress and poor working conditions (EU-OSHA, 2020). Many young people remain silent about their exposure to harassment or poor conditions, fearing retaliation or job loss.

Strategies that reduce exposure to PSRs among young workers include addressing job insecurity, low pay, precarious contracts, and limited autonomy, while also tackling triggers for stress, fatigue, and mental ill-health. This requires age- and gender-sensitive risk assessments, alongside policies that make workplaces safer, more inclusive and supportive for all age groups. Tailored measures include access

to youth-relevant mental health support, training and awareness to prevent harassment and violence, and recognition of young workers' diverse and intersecting identities, including those of young women, young migrants and LGBTIQ youth. Building supportive organisational and work cultures where young people feel valued, can report abuse without fear of retaliation, and are supported in their career development and work–life balance are essential ingredients for their inclusion. Such measures not only reduce PSRs but also help create healthier and more sustainable employment for young people. See Table 6 for a summary.

Table 6: PSRs and young workers

Theme	Summary of PSR factors	Examples of prevention measures
Discrimination & inequality	Age stereotypes; limited voice; precarious entry routes	Supervisor training; mentorship; participation in risk assessment
Work & contracts	Temporary/zero-hours; variable hours; intense customer contact	Predictable scheduling; fair wages; skills pathways
Work organisation	High pace; performance pressure; limited autonomy	Coaching; feedback culture; autonomy building; safe staffing in peak times
Violence & harassment	Customer abuse; cyber-harassment; online rating pressures	TPVH policies, prevention and reporting protocols; algorithmic fairness reviews in platform work

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.7 Older workers

Older workers, generally defined in the EU as those aged 55–64 years, are a growing proportion of the workforce as later retirement ages and longer life expectancy increase employment rates among older people (Eurofound, 2025b). This trend raises important questions about how to retain, support and value older workers in the workforce. While many older workers remain healthy and productive, they often face barriers such as age discrimination, limited training opportunities, gender inequalities and stereotypes that devalue their contributions. Ageism in recruitment, compulsory retirement policies and lack of accommodations create stress and limit career progression, while stigma and exclusion undermine motivation and well-being (WHO, 2021; OECD, 2021; EU-OSHA, 2016a). This leads to older workers being sidelined and systematically ignored by colleagues and supervisors. Older women face cumulative disadvantages linked to low pay, care responsibilities, health conditions such as menopause or osteoporosis, and a significant gender gap in pensions, which increases risks of poverty (EU-OSHA, 2016b). Older LGBTIQ people, particularly trans men, report higher exposure to violence and harassment in analysing the data for older LGBTIQ people (FRA, 2019b; AGE & ILGA, 2023).

Older workers also report experiencing work-related health problems, with 32 % of workers aged 54 years or older experiencing fatigue that was caused or exacerbated by their work (EU-OSHA, 2022). PSRs for older workers that stem from organisational personal factors include workload pressures, unclear roles, limited resources and insufficient support from peers or managers. Experienced workers

may be exposed to stress due to heavy responsibilities and the need to keep up with rapid technological and organisational changes. At the same time, financial pressures force some to continue working beyond retirement age, often in poor health or insecure jobs. Fatigue, stress, anxiety and depression are common, while missed training opportunities and limited autonomy increase frustration and disengagement. Work–life balance is also a challenge, as many older workers provide unpaid care for elderly relatives, partners or grandchildren. This ‘sandwich generation’ faces higher risks of stress and depression, and without support, many are forced to leave employment prematurely. Stress and the struggle to balance paid work with care mean that many carers have to leave their jobs (Lyons, 2024).

Strategies to prevent PSRs among older workers include recognition of demographic change and the diversity within this group. Inclusive workplace design, flexible hours, partial retirement and lifelong learning opportunities are essential to reduce strain and keep older workers engaged. Tackling ageism, ensuring career development and recognising the intersecting challenges faced by older women, older carers, and older LGBTIQ workers are critical. Age-friendly policies, such as adapting tasks to workers’ physical and cognitive changes, supporting health needs linked to ageing, and investing in multigenerational teams, help foster respect, knowledge sharing, and resilience. Organisations that adopt age-inclusive policies not only reduce exposure to stress and discrimination but also enhance productivity, innovation, and sustainability. Organisations need to address these challenges and adapt work tasks and job roles to changes in physical and mental skills that can affect performance and expose workers to PSRs and stress (EU-OSHA, 2013). By valuing older workers and integrating intersectional approaches into PSR/OSH and equality systems, workplaces can better protect mental health, retain skills and contribute to a healthy working environment. See Table 7 for a summary.

Table 7: PSRs and older workers

Theme	Summary of PSR factors	Examples of prevention measures
Discrimination & inequality	Ageism; blocked progression and training; pension insecurity stress	Age-inclusive HR; access to training/lifelong learning; fair access to training and redeployment
Working conditions	Long hours/responsibility; high cognitive load; financial pressure to work longer	Workload levelling; team-based support; flexible retirement transitions
Work organisation	Role ambiguity; low control in change processes; tech stress	Co-design of changes; autonomy; ergonomic and digital upskilling support; intergenerational teams
Violence & harassment	Bullying, disrespect; undervaluing expertise	Respect norms; tasking by role not by age; coaching and recognition

Source: Author’s elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.8 Workers with low socioeconomic status

Workers with low socioeconomic status (LSES), generally defined as those with low income, low educational levels and employed in low-skilled or unskilled occupations, are particularly exposed to PSRs in the workplace. Their vulnerabilities are compounded by intersecting identities, especially for

women, young people, Black and ethnic minority workers, and migrant workers. Women with low educational attainment face persistent employment insecurity, low pay, poor pensions and limited career opportunities, reflecting gender segregation in the labour market and the disproportionate share of care responsibilities. These factors, combined with discrimination experienced by LSES migrant and ethnic minority women, heighten their exposure to stress, harassment and violence.

Research indicates that PSRs for LSES workers can be categorised into three broad areas (EU-OSHA, (2023d)). The first relates to socioeconomic, demographic and occupational status, where income insecurity, limited education and precarious work create significant stressors. The second concerns the nature of work tasks: jobs requiring emotional labour, such as care and domestic work, demand constant interaction with vulnerable clients and a need to maintain ‘service with a smile,’ generating emotional dissonance and stress, particularly for women and migrants. A lack of organisational support further increases risks. The third relates to job insecurity and precariousness: non-standard contracts, agency work, involuntary part-time jobs and vulnerable self-employment all expose workers to instability, downward mobility and financial stress. These conditions have been linked to poorer health outcomes, with depression a frequent consequence. The impact of digitalisation and the COVID-19 pandemic have further intensified these risks. Essential frontline workers such as cleaners faced worsening conditions during the pandemic, while many platform and gig workers—disproportionately LSES—reported high levels of stress, insecurity and depression.

Prevention strategies to reduce exposure to PSRs among LSES workers include adjustments to job design to lower demands and provide more organisational support, particularly for workers in emotionally demanding roles. Policies must also address precarious work and financial insecurity, while ensuring that LSES workers have a stronger voice through representation and participation in workplace dialogue. Promoting work–life balance, tackling discrimination, and preventing bullying and harassment are crucial, especially in sectors where LSES workers predominate. Inclusive PSR/OSH policies, which integrate job security, improved working conditions and worker representation, are essential to reduce stress and build healthier, fairer working conditions for low-income and low-educated workers. See Table 8 for a summary.

Table 8: PSRs and low socio-economic status workers

Theme	Summary of PSR factors	Examples of prevention measures
Discrimination & inequality	Stereotypes and bias; limited access to information and representation	Accessible OSH info; awareness of rights; union representation; targeted outreach
Working conditions	Low pay; insecure status; unsocial hours; multiple jobs	Living wages; secure contracts; predictable hours; access to benefits
Work organisation	High pace; low autonomy; task monotony; lone work	Job redesign; work/task rotation; increased autonomy; safe staffing levels
Violence & harassment	TPVH from customers/clients; risks when commuting	TPVH prevention; community policing links; safe commuting policies

Source: Author’s elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

3 Towards an integrated and intersectional approach

▪ Common and unique risks in a diverse workforce

This section examines transversal issues (issues that cut across the groups) and why diversity considerations that are responsive to the entire workforce should be integrated into workplace risk assessments, including PSRs. An integrated transversal approach to PSRs recognises the uniqueness and overlapping dimensions of the lived experiences of workers.

Exposure to PSRs—arising from work design, work organisation and the social context of work—is unevenly distributed across a diverse workforce. Many of the groups discussed in the previous section face both common and group-specific exposure to PSRs. For instance, high workload, time pressures, job insecurity low pay and poor working conditions are common exposures for some groups of women workers, Black and ethnic minority workers, migrant workers, young workers and workers from low socio-economic backgrounds. Migrant workers, low socio-economic status workers, and some workers with disabilities may have limited knowledge of their rights or OSH protections because of barriers relating to language, literacy or accessible information. As a result, exposure to PSRs is connected, on the one hand, to sociodemographic status, discrimination and stigma, and on the other hand, to stressful working conditions resulting from high job demands, lack of time, shift work and working in environments with inadequate staffing and high staff turnover. For example, the interaction between exposure to MSD risk factors and exposure to PSR factors suggests that these issues should be assessed together (EU-OSHA, 2021). This becomes all the more critical for groups, such as women, migrant and low socioeconomic status workers, who are more exposed to MSDs resulting from repetitive work and fast-paced work.

The sector worked in is relevant. For example, platform work can offer employment, income and flexibility to groups facing labour market barriers—such as migrants, young people, caregivers, or workers with disabilities (EU-OSHA, 2022a). However, these workers face heightened exposure to PSRs as they are often concentrated in insecure, low-paid and poor-quality jobs with limited OSH protections. In feminised sectors such as care, domestic and cleaning work, migrant and low socio-economic status women face multiple exposures to PSRs resulting from isolation, low-value and low-paid work, exposure to GBVH, and, in the case of undocumented or undeclared workers, limited OSH and social protection.

▪ Building understanding of intersectionality in PSRs prevention

These heightened exposures to PSRs are compounded for workers facing intersecting identities and vulnerabilities. Furthermore, all of the groups discussed face different levels of discrimination, stereotyping and stigma, but exposure to discrimination is heightened for some groups, such as Black women workers, migrant women workers, or older and younger LGBTIQ workers. An essential part of the integrated approach is recognising intersectionality. Intersectionality provides a crucial framework for understanding how multiple, overlapping identities and forms of discrimination—such as gender, race, class, disability, sexual orientation, gender identity, age, and migrant status—increase workers' risk of PSRs in the workplace. For example, this means that overlapping identities (e.g., migrant women in personal and household services; Black LGBTIQ workers) compound exposure to stressors such as discrimination, bullying, violence and harassment, including third-party violence and harassment, job insecurity, low autonomy, and work–life conflict.

Evidence shows, for instance, that women with multiple marginalised identities—including migrant and ethnic minority women, women workers with disabilities, LGBTIQ women, and those with caring responsibilities—face higher levels of stress, violence, harassment, and pay disparity, with compounded effects like the “motherhood pay gap” and racialised gender-based violence. However, data remains limited, particularly regarding how intersecting identities affect PSR exposure, highlighting the need for more detailed risk assessments and workplace policies. Effectively tackling PSRs requires integrating intersectional perspectives into prevention efforts, risk assessments, and return-to-work strategies, supported by training, awareness campaigns, safe reporting channels, and customised mental health support. Ultimately, embedding intersectionality in PSR management encourages more inclusive, fairer, and healthier workplaces.

▪ The role of integrated universal OSH/PSR frameworks

According to WHO Guidelines on mental health at work (WHO, 2022, p. 12), ‘universal’ organisational interventions should include culturally and contextually sensitive planning and delivery, considering that some groups of workers may be adversely or differently affected by PSR factors. An integrated approach means that common PSRs, such as workload and time pressure, low autonomy/support, job insecurity, unfair treatment, and exposure to bullying, violence and harassment, are addressed alongside group-specific hazards (e.g., GBVH for women; racialised harassment for Black and ethnic minority workers; visa precarity for migrants; heteronormative work climates for LGBTIQ workers). As a result, an integrated approach embeds diversity within standard risk-management cycles (identify–assess–control–review), combining universal protections with targeted measures and building an inclusive culture, capacity, and worker voice.

Across Member States, OSH frameworks provide a preventive, system-level mechanism that complements equality and non-discrimination laws, which are often reactive in nature. When PSR prevention obligations are explicitly stated in law or in a government strategy, inspectorates, employers, and social partners are better equipped to mainstream diversity and prevention initiatives. Social dialogue can help establish common reference points through the use of tools, guidance, training, and sector-specific approaches. One way to address this is to assess exposure to risks by different groups of vulnerable workers through tailored risk assessments in sectors where risks are highest, for example, as has been developed for domestic services in Spain (EU-OSHA, 2025d), and as shown in several of the case studies (discussed below) where exposure to PSRs such as TPVH is heightened when there is contact with the public, customers and clients, such as in health and social care (EU-OSHA, 2020b). These risk factors, along with the fact that workers do not always receive support from their manager or colleagues, e.g., because they are LGBTIQ or have a different religion or ethnicity to the majority of the workforce, can lead to some workers being socially isolated and stigmatised at work.

The most well-established and tested actions are those related to gender. In contrast, intersectional approaches and broader diversity initiatives are beginning to take shape, but are less well-embedded in practice. However, the methods developed and the insights gained from processes that integrate actions on gender equality into policies (such as gender mainstreaming and gender-impact assessment) and gender-sensitive risk assessment are highly transferable to diversity-sensitive risk assessment.

A gender and diversity-sensitive approach not only benefits vulnerable workers, but also provides a protective framework for workers who are currently, or may in the future, face life-course events or challenges such as parenthood, ill-health, ageing or acquiring a disability. This approach can foster inclusive working environments for all, with a positive impact on workplace productivity and efficiency. An integrated and transversal approach also means shifting job design and mindsets away from the organisation of work, equipment and workplaces designed for male, full-time, family-wage earners to organisations that value the contribution and diversity of all workers, lifting barriers to ensure the inclusion of everyone, including men who do not fit this stereotyped view of work.

If PSRs are identified and addressed for one group, such as providing tailored mental health supports for LGBTIQ workers or managing workload for women in jobs with high emotional labour, it can create a ripple effect that enhances understanding of other diversity-related risks, leading to shifts in policy and workplace culture. It helps to shift focus onto how work is structured and organised, and towards culture change that benefits all workers in a diverse workforce. Table 9 illustrates the main PSR factors explored in the report with examples of prevention measures that address workforce diversity within an integrated, whole-of-workforce approach.

Table 9: An integrated approach: examples of PSR factors and prevention measures for a diverse workforce

PSR Factor	Examples of prevention measures relevant for a diverse workforce
Discrimination, stigma, inappropriate stereotypes	▪ Raise awareness about unconscious bias, stereotypes, sexism, racism, homophobia, transphobia, ageism. ▪ Include non-discrimination in PSR assessments. ▪ Promote D&I culture with awareness campaigns and training.
Job insecurity, low status jobs	▪ Provide pathways to permanent contracts. ▪ Value and recognise workers' skills to avoid deskilling.
Low pay/financial insecurity	▪ Raise pay in low-paid sectors; promote living wages. ▪ Improve conditions for vulnerable groups such as migrant women workers, low socio-economic status workers with disabilities.
High workload, work intensity, time pressures	▪ Address staffing levels, workload and scheduling. ▪ Adapt work tasks for older workers, workers with disabilities, pregnant/breastfeeding mothers.
Working in isolation	▪ Develop policies, security systems, and support structures to reduce risks of lone working.
Limited control over job content/task design	▪ Involve workers in decision-making. ▪ Recognise hidden, undervalued skills and overlooked work skills and tasks.
Limited awareness of diversity in PSRs	▪ Provide diversity and cultural competency training. ▪ Tackle unconscious bias, stereotypes, and microaggressions.
Emotional labour	▪ Recognise emotional labour as a PSR, and include in risk assessments. ▪ Provide training, support, and policies to reduce cumulative stress, job and task rotation etc.
Exposure to violence and harassment	▪ Implement comprehensive OSH policies and risk assessments. ▪ Ensure effective complaints mechanisms. ▪ Address risks linked to digitalisation and cyber harassment.
TPVH	▪ Embed TPVH prevention in workplace policies/risk assessments. ▪ Provide worker training, safe workplace design, security measures and victim-centred support.
Workers' low trust in reporting complaints	▪ Promote safe spaces, managerial and peer support. ▪ Ensure accessible, confidential, and inclusive reporting.
Communications not inclusive	▪ Use inclusive, accessible formats and participatory communication. ▪ Promote diversity and inclusion through events and awareness campaigns.
Limited recognition of workers' voice, trade unions, and representation	▪ Strengthen social dialogue and collective bargaining. ▪ Support advisory groups/committees. ▪ Involve diverse workers in decision-making, an innovative forms of consultation e.g. body mapping, safety walks.
Limited social and psychological support	▪ Ensure equal access to mental and occupational health services. ▪ Provide tailored workplace support, adjustments, and reintegration measures.

PSR Factor	Examples of prevention measures relevant for a diverse workforce
Work-life conflict	▪ Include flexible working, right to disconnect, care leave, and culturally sensitive work-life policies. ▪ Tailored work-life balance programmes to the needs of all workers, including parents, older workers, workers with disabilities and chronic ill-health.
Lack of information about rights/OSH	▪ Provide OSH information in accessible and multilingual formats.
Lack of monitoring of work-related stress	▪ Develop systems to track stress indicators e.g., absenteeism. ▪ Implement effective ways to enhance worker voice, including worker input into workplace policies, risk assessment and prevention.

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

In summary, the key features of good practices on diversity-sensitive PSR assessment are as follows:

- Tackling discrimination, bias, and stereotypes reduces exclusion, bullying and harassment across the workforce, creating a culture of respect and equality.
- Policies on flexible work and teleworking that cover the entire workforce can help improve everyone's work-life balance, including men who may be single parents or have care responsibilities.
- Enhancing autonomy, reducing excessive workloads and providing flexibility help all workers balance their work and personal lives, reducing stress and burnout.
- Preventing violence and harassment (including TPVH and cyber abuse) improves physical and psychological safety for all workers, not only those disproportionately targeted.
- Measures to prevent GBVH and TPVH, even if aimed at improving safety for women, will benefit the whole workforce.
- Improving job security, fair pay, and working conditions supports workers in precarious employment, raising overall job satisfaction and productivity.
- Expanding access to training and career development creates more inclusive and equal opportunities for progression, which strengthens workforce skills and organisational resilience.
- Integrating diversity into OSH policies and risk assessments ensures risks are identified, assessed and prevented for all workers, rather than being overlooked.
- Worker voice and representation through unions and collective bargaining benefits all workers by promoting safer workplaces and fairer employment policies.
- Mental health support and inclusive organisational cultures for the whole workforce reduce stigma, encourage help-seeking and provide tailored support for specific groups.

4 Case studies

Nine case studies (summarised in Table 10, below) illustrate different approaches and levers, including legal frameworks on PSR and equality, tripartite/bipartite social dialogue, inspectorate-led tools and training, targeted sectoral approaches in high-risk sectors, and a stepwise evolution from gender to broader diversity initiatives linked to PSR prevention. The case studies confirm that diversity-sensitive PSR prevention is most effective when embedded into mainstream OSH systems rather than treated as an add-on, while gender-related approaches (gender mainstreaming) provide a tested model that can evolve into a full diversity and intersectional approach. The case studies collectively demonstrate that progress in integrating workforce diversity into PSR prevention relies on a combination of strong legal frameworks, active social dialogue, and practical workplace tools.

In summary, the following critical success factors underpin the good practices outlined in the case studies, showing innovative practices that are transferable across Member States and sectors:

Duties for gender and diversity in PSR prevention: Legal duties on employers to conduct PSR assessments have created a critical entry point for integrating gender and diversity into OSH prevention and inspection frameworks. Where laws clearly define PSR responsibilities, there is a stronger emphasis on prevention, shifting the focus towards organisation-wide issues and workplace culture factors that contribute to stress, violence, and harassment.

The central role of social partners: They play a crucial role in bridging the gap between law and practice. Through collective agreements, sectoral guidance, and workplace protocols, they secure legitimacy, tailor interventions to sectoral realities, and build trust. In contexts where legal frameworks are weaker, social dialogue can lead to the development of innovative, sector-specific tools. European-level agreements (e.g. on digitalisation, harassment, and third-party violence and harassment) further serve as reference points for national adaptation and innovation.

Enhancing labour inspectorate and employers' guidance and tools: Labour inspectorates fulfil a dual role in raising awareness and enforcing compliance. Their guidance, training, and toolkits have helped to make diversity a practical and systematic component of PSR assessment. Online and digital tools (e.g. Belgium's OiRA module and open-source risk assessment tools) support SMEs and managers in applying diversity-sensitive risk assessment.

From gender to diversity and intersectionality: Gender mainstreaming, particularly gender-sensitive risk assessment, is currently the most developed entry point for addressing these issues. It provides concrete methods, data, and tools that can be extended to other diversity dimensions such as age, disability, migrant status, and LGBTIQ workers. Awareness of intersectionality is increasing, but remains less embedded in practice. Case studies demonstrate that starting with gender provides a practical pathway to operationalising broader diversity and preparing systems for intersectional approaches.

Equality policy levers and organisational change: Equality and non-discrimination laws and policies provide additional leverage. For example, in Spain, prevention programmes are integrated into company equality plans.

Organisation-wide and culture change initiatives: In Belgium, the Netherlands and Sweden, a central focus is given to organisation-wide and cultural change strategies, which have also been used to embed PSR prevention and diversity into mainstream OSH systems.

Targeted and sectoral approaches: Evidence-based targeted interventions have been developed for feminised sectors, such as healthcare and domestic work, and for specific groups, including women migrant workers. Stepwise sectoral approaches in Sweden and the Netherlands demonstrate how phased implementation can support early risk detection and the development of tailored solutions.

Table 10: Summary of case studies

Case study	Summary
CS1 - Psychosocial risks, gender and diversity: lessons from recent European social partner agreements	Four EU-level social partner agreements: cross-sectoral agreement digitalisation (2020), updated multisectoral TPVH guidelines (2025), UNI-Europa service-sector guidance on PSRs/GBVH (2023), and digitalisation agreement in central government (2022), embed PSR prevention with gender and diversity perspectives, stressing collective bargaining, employer prevention duties, risk assessment, and victim support, including recognition of domestic violence as a workplace issue.
CS2 - How labour inspectors address workforce diversity and psychosocial risks across Europe	EU SLIC guidance and national practices in Austria, Denmark, Lithuania, the Netherlands, Slovenia and Spain show inspectorates integrating gender and diversity into labour inspections, including tailored tools (e.g. interview guides, guidance on integrating diversity into risk assessment), targeting of high-risk sectors and training. Results highlight that combining enforcement with practical resources, self-assessment and continuous capacity-building improves inclusion and prevention across high-risk sectors.
CS3 - Psychosocial risks and working conditions of migrant women in care, cleaning and domestic work	Migrant women in care, cleaning and domestic work are exposed to PSRs—precarity, isolation, long/unsocial hours, client abuse and cyber-harassment—often outside of full legal OSH and social protection. Innovative practices include formalisation (e.g., Spain's extension of OSH rights; Belgium's service-voucher system, multilingual guidance for migrant cleaning workers, labour-inspection outreach, and sectoral/collective agreements), showing that formalisation, targeted PSR tools, worker participation and culturally sensitive support, reduce risks in feminised, high-risk sectors.
CS4 - Belgium: integrating workforce diversity into psychosocial risk assessment	Belgium's robust legal framework (Well-being at Work Act, a new law on retaliation protections, ILO C190 ratification, national OSH strategy) link PSR prevention with anti-discrimination, inclusion and reintegration, through evidence-based tools. They include an open-source interactive PSR questionnaire with diversity modules, annual diversity reporting, online 'Beswic' resources, Online interactive Risk Assessment (OiRA) PSR assessment tool for small and medium-sized enterprises (SMEs), and demonstration projects. Coordinated action among OSH, equality bodies and social partners has impacted on culture change.
CS5 - Denmark: preventing offensive behaviour and sexual harassment in a diverse workforce	With strong OSH/equality law and a 2022 tripartite agreement, Denmark combines clear employer duties, higher compensation for victims of sexual harassment, targeted inspections, and high-visibility campaigns with inspector training and behavioural checklists. While implementation remains uneven and prevalence high in youth and customer-facing sectors, the integrated approach demonstrates how coordinated prevention, enforcement and culture change can prevent sexual harassment as a core element of PSR management.
CS6 - Netherlands: workforce diversity, culture change and psychosocial risk prevention	Dutch initiatives—the government's (SER) diversity programme and portal, a national commission and handbook on transgressive behaviour, and safe healthcare (Veiligezorg)—combine legal obligations with risk assessment, codes of conduct, participatory training and workplace protocols to address stress, discrimination and aggression, including TPVH. Strong focus is given to reducing exposure to PSRs through diversity-focussed organisational and culture change.

Case study	Summary
CS7 - Slovenia: integrating diversity into psychosocial risk prevention and management	Grounded in OSH, gender-equality and anti-discrimination laws, Slovenia's ministry-led programme includes guidelines, a diversity handbook and workshops for OSH experts and labour inspectors, embedding gender/diversity into PSR risk assessment and leadership practices. They have developed from gender mainstreaming practices, with an approach that builds employer and inspector awareness, addresses resistance, and positions diversity management as integral to PSR prevention.
CS8 - Spain: a gender and diversity sensitive approach to psychosocial risk prevention	Without a dedicated PSR law, Spain leverages the strong gender-equality legislation (mandatory equality plans) and a national OSH strategy aligned with ILO C190. Extensive guidance from the national OSH agency (INSST) and dynamic regional bodies (ICASEL, ISSGA, IRSST, Asturias) has helped to mainstream gender and diversity in PSR management; social-partner action and CBAs, demonstrating how non-legislative tools and dialogue can drive prevention, albeit on a largely voluntary basis.
CS9 - Sweden: gender mainstreaming to prevent psychosocial risks	Sweden embeds gender and diversity into OSH embedded in a strong gender mainstreaming framework. The Work Environment Act, organisational and social environment regulations, and a national strategy, backed by actions by the Swedish Work Environment Authority (SWEA). SWEA implements inspector training, sector inspections in feminised jobs, and practical checklists and tools (e.g., Genuskollen). Social-partner initiatives reinforce prevention, and lessons are extended to other groups (LGBTIQ, youth, disability).

5 Conclusions and policy pointers

Conclusions

The research conducted for this report, including the good practices in the case studies, recognises the value of an integrated strategy for PSR prevention. This strategy is designed for all workers in a diverse workforce and is aligned with a broad objective in OSH management and risk assessment to prevent PSRs for the entire workforce. The findings suggest that it is essential to move beyond reactive approaches to systematically address diversity-sensitive measures in OSH strategies, PSR risk assessment, and workforce policies and planning. In summary, the following critical success factors highlight how a shift can be made towards the integration of diversity in PSR assessments and policies:

- Having an *existing legal basis* for PSR assessment and *integration of OSH, equal treatment and non-discrimination* in policy frameworks and preventive actions in the workplace.
- Developing *evidence-based guidance*, tools, checklists, and budgets to support interventions and training on integrating gender and diversity considerations in PSR assessment.
- Having an *organisational focus* on prevention in the working environment and the importance of culture change that reflects the needs of a diverse workforce.
- *Building on existing knowledge and tools* for integrating gender in OSH and PSR, diversity-sensitive risk assessment highlights the intersections between vulnerability at work due to low socio-economic status, precarity, discrimination, and unequal power relations.
- Using *social dialogue* (EU-level social partner agreements and national tripartite and bipartite agreements, tools and guidance for negotiators).
- Implementing a *comprehensive approach* to preventing violence and harassment in OSH, including TPVH, GBVH, domestic violence as a workplace issue, and the effects of labour market developments such as digitalisation, platform work and teleworking.

- Taking into account *sector-specific PSRs*, with targeted interventions to identify, assess, and mitigate risks faced by diverse groups in high-risk sectors, such as those exposed to TPVH.
- Agreeing *dedicated budgets and embedding learning into long-term plans* to ensure the sustainability of interventions and actions for long-term organisation/culture change in the workplace.
- Implementing *proactive measures* that raise awareness and support and motivate employers to act, with the practical support targeted at small and medium enterprises (SMEs), and adaptable to changes in the world of work.
- Taking measures to *reduce resistance and build knowledge of diversity-sensitive risk assessment* by focusing on capabilities rather than a person's individual identity, age, health, or other conditions.
- Recognising that preventing exposure to PSR factors requires *organisation-wide policies*, resources for research, evaluation, learning and piloting initiatives, as well as long-term culture change.
- *Recognition of workers' intersectional identities*, addressing bias and unequal power relations, and acknowledging workers' unique and common forms of exposure to PSR factors.
- Engaging in *learning about what an intersectional approach* means in practice, particularly on the intersection of gender with other identities and forms of discrimination.
- Facilitating *dynamic and innovative approaches to organisational learning* and actions that reach all workers, regardless of their identity, status or background,
- Engaging in *networking, sharing good practices*, and developing new initiatives that mainstream learning through a stepwise approach.
- Addressing *knowledge gaps* that may arise due to staff turnover among inspectors and employers, which can result in a loss of expertise, and keeping up-to-date with new guidance and tools.

Policy pointers

The following policy pointers aim to raise awareness of and suggest ways to integrate diversity considerations into policies and programmes on the prevention of PSRs at work. They are classified in Key policy pointers, corresponding to system-level levers (law, enforcement, governance, social dialogue, workplace systems) and in Complementary policy pointers, corresponding to enabling actions (knowledge, awareness, implementation tools, representation, coordination). The policy pointers are targeted to key actors, government and public authorities on the one hand, and social partners (trade unions and employers' associations) on the other hand.

▪ Key policy pointers - Government / public authorities

1. Embed diversity and intersectionality in OSH/PSR laws and strategies, with legal duties on employers to assess and prevent PSRs (stress, violence, harassment, sexual harassment).
2. Strengthen governance, capacity and enforcement
 - Mandate national OSH agencies to set diversity-specific goals and indicators, and training and guidance, for OSH experts, inspectors, trade unions and employers.
 - Empower labour inspection with training, tools and guidelines linking PSR prevention with diversity.
 - Conduct inspections in high-risk sectors and compare female- and male-dominated work roles to identify exposure to hidden risks and build an understanding of how bias, gender norms and unequal power at work frequently influence OSH policies.
3. Improve evidence base and policy coherence
 - Strengthen evidence and improve data, research and practical guidance and self-assessment tools on integrating diversity into PSR assessments and programmes.
 - Promote better linkages between OSH/PSRs and equality/diversity policies through stronger institutional collaboration and joint strategies, ensuring cross-learning between OSH agencies and equality bodies.

▪ **Key policy pointers - Social partners**

4. Use social dialogue and binding instruments to drive change

- Promote awareness-raising with accountability through binding equality/OSH obligations in regulations and CBAs, and leverage these through social dialogue among social partners at national/EU level.

5. Embed diversity-sensitive PSR prevention at workplace level

- Develop organisation-wide approaches, integrate them into risk assessment processes, and focus on culture change in the workplace. Pilot, then scale up, network, and build and maintain learning.

▪ **Complementary policy pointers - Government / public authorities**

- Build practical knowledge on incorporating an intersectional perspective into PSR assessments and workplace programmes.
- Prioritise high-risk groups/sectors (e.g. health and social care, domestic work, cleaning) ensuring that they benefit from the same OSH and social protection rights as other workers/other sectors, intersectional policy approaches that recognise both the gendered nature of the work and its reliance on migrants – and the complex issues related to this – are needed.
- Raise awareness about workforce diversity and PSRs in national and EU-level campaigns, highlighting the business benefits and the positive effects on workers' health and well-being when action is taken.
- Prevent violence and harassment systematically (including TPVH, GBVH, cyber-abuse and domestic violence as a workplace issue) through legal duties, protocols, survivor-centred supports, and tackling root causes such as power imbalances and PSR factors related to work organisation and work culture.
- At EU level, measures can promote the enhanced integration and coordination of EU policies and programmes, regarding gender equality / non-discrimination (DG Justice) and OSH (DG Employment).²
- Lead from the top by making diversity-sensitive PSR prevention a leadership objective and competence; invest in training, resources, representation for and the voices of under-represented workers, and targeted support for SMEs/MSEs (with the involvement of social partners).

▪ **Complementary policy pointers – Social partners**

- Co-design OSH/PSR policies and strategies with gender/diversity experts, and integrate into equality plans, diversity charters and HR strategies.
- Align OSH management with HR D&I practice to deliver prevention and mitigation measures, for example on non-discrimination, inclusion, work-life balance, career progression, accommodating work for older and disabled workers, and TPVH/GBVH prevention.
- Social dialogue should be promoted to establish shared ownership of initiatives. Organisational and culture change initiatives carried out in collaboration with social partners can drive sustainable improvements in workplace safety, inclusion and well-being.
- In developing social dialogue structures, the social partners can consider ways to ensure the voice and representation of diversity groups in trade unions and social partner structures so that negotiations reflect the diversity of the workforce.
- Leadership commitment and inclusion of under-represented workers. Invest in training, resources, representation for and the voices of under-represented workers, and targeted support for SMEs/MSEs.

² An example would be to address gender-sensitive PSR/OSH in a future EU mutual learning programme on gender equality: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/who-we-work-gender-equality/mutual-learning-programme-gender-equality_en.

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

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