

# Improvements in quality of work, particularly for people in lower occupational groups, would contribute to a significantly healthier and more productive Europe

## The issue

### Work is of central importance to most Europeans' lives.

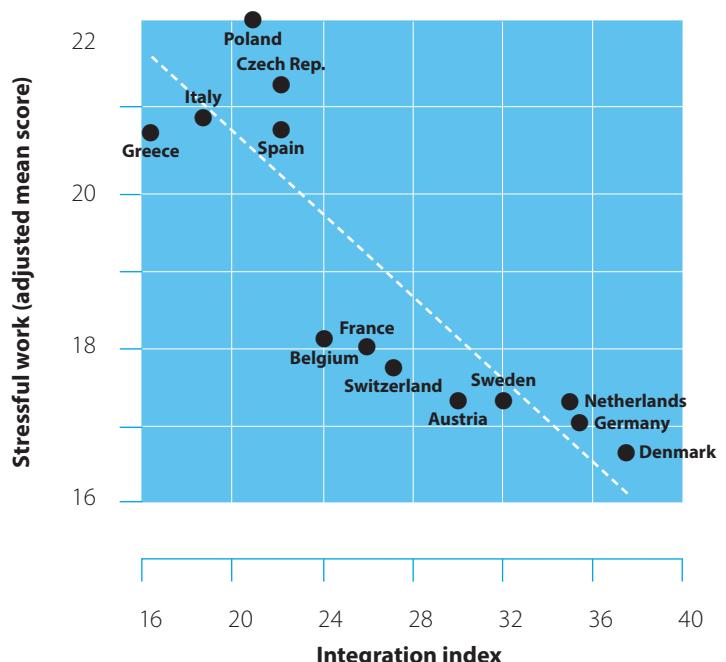
It provides income, skills, recognition and social status. Good quality work and employment contributes to workers' health and well-being, whereas poor working conditions increase their burden of disease by exposing them to material (physical, chemical, biological) and psychosocial - stress-inducing - adversities<sup>1</sup>.

Research demonstrates that stressful work, defined in terms of jobs with high demands and low control and low rewards relative to efforts expended, directly and negatively affect workers' health and productivity. There is clear evidence that the frequency of exposure to health-adverse working conditions follows a social gradient in employed populations across Europe: the lower the socioeconomic position, the higher the exposure to adverse working conditions. Thus, lower occupational groups are at higher risk of work-related ill health than higher occupational groups<sup>2</sup>.

Given this evidence, and in view of economic costs and loss of productivity attributable to unhealthy work, there is an urgent need to invest in health-protective and health-promoting work and employment conditions in all business sectors, prioritising the less privileged occupational groups with the greatest needs. These investments should be reinforced by national labour and social policies, and supplemented by concerted action and regulation at the international level.

Important research within DRIVERS reveals a linear relationship between investments in national active labour market policies (specifically those directed towards

integrating vulnerable groups into employment) and quality of work. This suggests that European countries with more developed active labour market policies also have more health-conducive work environments<sup>3</sup>. Worryingly, research shows that lower levels of almost every indicator of quality of work are observed in southern and eastern countries than in northern and western countries<sup>3-5</sup>.



**Figure: Level of national labour market integration and work stress score<sup>3</sup>.**

## Solutions

**No single sector can tackle unfair employment on its own.** It requires the involvement of many stakeholders, including employers, trade unions, policy makers and occupational health and safety professionals. They need to

work together to improve working conditions in general, but focus a proportionately greater part of their attention on groups that need it more. There is also no single solution: it needs a multi-faceted and co-ordinated ➤

approach.

As a first step, adversities at work should be systematically monitored using scientifically approved tools. Where possible, monitoring should be supported by national regulations and investments in capacity and training. Monitoring should be carried out by established professional associations and networks at the European level (e.g. MODERNET, OHS experts and labour inspectorates) in collaboration with organisations such as EU-OSHA, Eurofound and Eurostat<sup>6</sup>.

Second, organisational-level interventions to improve working conditions should be implemented. This requires collaborative action by major stakeholders such as BusinessEurope, the European Trade Union Confederation and the European Network of Healthy Enterprises, in co-

operation with on-going and planned programmes of EU-OSHA. Research suggests that interventions need to tackle multiple sources of adversity and take a participatory approach involving employers, managers, professional experts and employees<sup>7</sup>.

Third, labour market policies which help re-integrate vulnerable groups into the labour market should be introduced. These policies are investments that result in important returns rather than burdens on public spending.

Finally, EU-level policies need to be developed to reduce the large variations seen in the quality of work in different parts of Europe. They should rely on models of good practice from countries that have already established particularly effective regulations, and require consultation and support of experts from the European institutions.

## Opportunities to take action

- Emphasise equity aspects of fair employment in the European Employment Strategy. This includes taking employment conditions, stress management and collective bargaining on conditions and wages into account in the European Semester.
- Encourage worker participation and board-level representation to improve fair employment. This could be done through the Shareholder Rights Directive or through introduction of a legislative framework for workers' involvement in the workplace.
- Enhance co-operation on prevention and deterrence of undeclared work. A review of the posted workers directive could help tackle, regularise and improve particularly unfair conditions.
- Prioritise fair employment in the EU investment plan, for example by making social and employment indicators part of the selection criteria for funding<sup>8</sup>.
- Propose a directive on back injuries and other

musculoskeletal disorders to support the implementation of the EU Occupational Safety and Health Strategic Framework 2014-2020. This should place particular emphasis on lower occupational groups.

- The EU 2020 Strategy has targets and processes related to industrial performance, employment and training. The aim to reduce poverty by increasing employment should stress the importance of quality jobs. Inter-state and representative mechanisms, such as the EU Employment and Economic Committees and European Parliament, should consider the new evidence so that effective practices and investments for *quality employment* can be brought to bear and implemented.
- Fund research on workplace interventions and fair employment in Horizon 2020, particularly research focused on lower occupational groups, countries and employment situations where the need for action is acute but the evidence base weak.

## References

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**9** See DRIVERS website at: <http://health-gradient.eu/>.