

Making the link: Working conditions, health, and equity

POLICY
PRÉCIS

The Situation

One of the most important determinants of health is work¹. Beyond generating income, it can provide social status and purpose in life. There are strong associations between unemployment and ill-health². However, simply having work is not sufficient: working conditions and job quality can have a significant impact on health and wellbeing. The European Foundation for the Improvement of Living and Working Conditions (Eurofound) identifies seven dimensions of job quality: physical environment, work intensity, working time, social environments, skills and discretion, prospects, and earnings³.

In general, EU workers enjoy better working conditions than ever. There are fewer low-quality jobs, and work requires more skills and offers more autonomy than previously⁴. But the extent to which workers benefit from these improvements depends on educational attainment, gender, and sector of work⁵. European countries still face high rates of costly 'absenteeism' and 'presenteeism'⁶. These can result from occupational physical ailments, but also increasingly from psychosocial factors, linked to for example work intensity, social environment, or effort-reward imbalance.

Working conditions and inequalities

The COVID-19 syndemic⁷ accelerated changes in the 'world of work', demonstrating clearly how these changes can **reinforce vulnerability, widen health and gender inequalities, and fuel intergenerational**

divides⁸. Workers with low educational levels were more likely to lose their job⁹. Highly-educated workers and those in skilled professions adapted more easily to remote working, while this was impossible for many people with mid- to lower-skilled manual and service-oriented jobs. Many of these workers had jobs that were considered 'essential', meaning they had little choice but to go to work, reflecting their lower levels of autonomy and control over their work. They are also less likely to benefit from post-COVID-19 recovery and from 'up-' and 're-skilling' opportunities¹⁰, despite being most vulnerable to job loss due to digitalisation and automation.

COVID-19 has also demonstrated how the changing world of work can reinforce **gender inequalities**¹¹. Despite forming the majority of the workforce, women are more likely to work part-time and combine paid work with unpaid caring responsibilities. They often earn less, and have fewer opportunities to develop new skills or be promoted. Additionally, they are more likely to work in less profitable service oriented sectors that were heavily affected by the pandemic.

Women also face more psycho-social risks at work linked to the emotional demands and exposure to adverse social behaviour¹². While teleworking may offer flexibility, it can also increase work intensity and undermine work-life balance for everyone, but particularly for people with caring roles¹³.

"Beyond generating income, work provides social status and purpose in life."

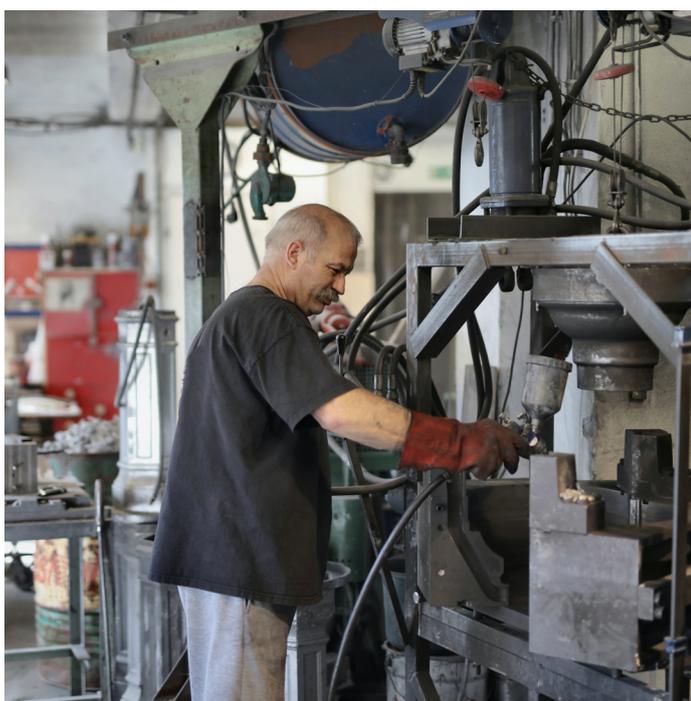
Current workplace conditions can also lead to **intergenerational divides**. Older workers are less likely to develop the skills needed in more 'digitalised' economies, and express more unmet need for support from colleagues, although support from management is improving¹⁴. Young people (and those in service and sales sectors) face the highest levels of work intensity and difficulties securing fixed, contractual work, a situation aggravated by the pandemic¹⁵. This can have implications across their working lives, as entering the labour market during a recession can negatively affect employment outcomes for a decade or more¹⁶.

Solutions

A key pathway for public health professionals to improve population health and reduce health inequalities is to help **ensure quality work with decent working conditions for all**. They can contribute evidence on how the dimensions of job quality impact on health and wellbeing and help identify and implement good practice to strengthen these dimensions. Health professionals can also help **ensure that resources for workplace health initiatives are invested in proportion to need** (proportional universalism). The health and social care sector employs 10% of EU workers, with women accounting for 77% of the workforce¹⁷; it can set an example by **improving quality of work and gender equity, and be at the heart of social change**.

EU Policies and Programmes

The EC's vision for a '*A Strong Social Europe for Just Transitions*'¹⁸ highlights the **European Pillar of Social Rights**, which sets out principles and rights to support fair and well-functioning labour markets and social protection¹⁹. Its **Implementation Action Plan** includes an EU target of 60% of all adults participating in training every year by 2030. The **Social Scoreboard**²⁰ tracks trends in performance and allows cross-country comparison. Governments and businesses are also encouraged to collaborate via the **EU Pact for Skills**²¹.



EU-OSHA's new **EU Occupational Safety and Health Strategic Framework 2021–27**²² covers specific occupational health risks and will help prepare for future crises and threats. A key action is a non-legislative EU initiative on mental health at work, assessing emerging issues related to workers' mental health and putting forward guidance for action. It's **Healthy Workplaces campaign**²³ for 2023-2025 will have a strong focus on creating a safe and healthy digital future covering psycho-social and ergonomic risks, and an overview of occupational health and safety for the health and social care sector is planned.

The **Council Conclusions on enhancing wellbeing at work**²⁴ acknowledge that wellbeing at work can lead to higher productivity and participation in the labour market and reduced public health expenditure. For companies, this ensures staff retention and reduced absenteeism. The conclusions call for the wellbeing perspective to be included in relevant EU and national policies.

The **EU Work-Life Balance Directive**²⁵ sets out minimum rights of citizens to combine work with family responsibilities. The EC also issued an Interpretative Communication on the **EU Working Time Directive**²⁶, aimed to improve workers' health, safety, gender equality and productivity. Efforts are underway to review the application of the **Employment Equality and Non-Discrimination Directive**. The EC's **Green**

Paper on Ageing²⁷ discusses new ways of reconciling work and caring duties, also in the context of ageing societies.

A range of EU funds can be invested in enabling people to engage in good quality work and improving working conditions. The implementation of funds is monitored via the **European Semester** annual cycles, closely linked with the **EU Recovery and Resilience Facility**²⁸. The **EU Social Fund Plus (ESF+)**²⁹ and structural, cohesion and regional programmes³⁰ support EU priority projects for work, inclusion and wellbeing. The **EU Youth Guarantee**³¹ offers employment,

education, apprenticeship, or traineeships for unemployed young people.

The International Labour Organization's (ILO) **Centenary Declaration for the Future of Work**³² gives governments a roadmap for constructing a human-centred recovery from the COVID-19 crisis, heading towards a carbon-neutral digital age. The report of the ILO's **Global Commission on the Future of Work**³³ outlines key recommendations on investments in people's capabilities, institutions of work, and decent and sustainable work.

Making it Happen

Many countries are exploring changes to social protection systems to promote good health and health equity, support the recovery from COVID-19, and reach the Sustainable Development Goals.

Finland

The **Finnish Government's Implementation Plan for Wellbeing, Promoting Health, and Reducing Inequalities**³⁴ specifically mentions wellbeing in work transformations, and safe and healthy living and working environments. Strategic priorities are strengthening the ability to work and function, longer careers, and constant renewal of skills in the health and social care sector. The plan also aims to ease the challenge of a fragmented service sector, including employment, social and health services, and accommodating for changes in working life.

Wales

One of **Public Health Wales's** (PHW) objectives for 2030 is to "have influenced main employers in Wales to create good work, maintain employment and invest in staff health and wellbeing". PHW developed a Model for Good Work and Health in Wales³⁵. Their health impact assessment (HIA) of **'Home and Agile Working in Wales'**³⁶ demonstrated benefits for some population groups, but also exposed inequalities for others like women, those on low incomes, and care givers.



Austria

The **Austrian Health Fund** promotes fairness and health at workplaces in the changing world of work³⁷, mostly under digital transition trends. Their **'Workplace Health Promotion'** toolkit offers practical examples for preparing employees and companies for the challenges of new forms and conditions of work and their impacts on health and wellbeing. It addresses various interest groups (companies, managers, evaluators, employees) from a sustainable and operational perspective.



Fonds Gesundes
Österreich

The Netherlands

Trimbos Institute in the Netherlands developed guidelines³⁸ to design sustainable policies and practices to prevent psycho-social ill-health among the healthcare workforce. Serving employers in the healthcare sector, they also include advice for policymakers. Although tailored to the healthcare context, the content is applicable to other sectors.



Pathways to Progress

In order to improve the sustainability and resilience of health systems and societies, we recommend that policy makers and health professionals at all levels of governance consider and invest in the following pathways:

1. Improve knowledge and evidence on how the changing world of work is affecting health, and what can be done to support people facing vulnerabilities in the workplace, with due regard for the challenges that they face, given their stage of life.
2. Technological changes are increasing work intensity, while social environments, agency and control are an important dimension of wellbeing at work; it is important to focus on the psychosocial aspects of work, in addition to occupational safety and health.
3. Engage in policies and programmes that strengthen skills and incorporate (digital) health literacy and 'skills for life', which are crucial to empower and build resilience of workers.
4. Ensure the health sector has its 'own house in order' and sets an example by optimising conditions for workplace health and wellbeing.
5. Engage in and link to efforts to promote 'economies of wellbeing'³⁹. Ultimately people want to engage in work that they value and provides meaning. This is work in which they feel that they are a valued stakeholder, that is adequately remunerated, and that protects rather than undermines the wellbeing of people and the planet.



For more information, visit www.EuroHealthNet.eu

EuroHealthNet is the European Partnership for improving Health, Equity and Wellbeing. We are active in policy, practice and research. Our unique focus is on reducing health inequalities through action on the social determinants of health, integrating sustainable development goals, and contributing to the transformation of health systems. The main members of the partnership are authorities and statutory bodies responsible for public health, health promotion and disease prevention at national, regional and local level. For further information and references visit www.EuroHealthNet.eu.

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FOOTNOTES

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