

**HOSPEEM - EPSU**  
**Social partners' conference on**  
**approaches to the issue of**  
**musculoskeletal disorders**

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- ❑ **EUROFOUND:** European Foundation for the Improvement of Living and Working Conditions
- ❑ Established in 1975 / Dublin
- ❑ Comparative socio-economic research
- ❑ Tripartite European Agency
- ❑ Staff: 120 persons
- ❑ Budget: EUR 20.5m



- My presentation
- Information on the:
  - - sector,
  - - definition,
  - - data sources,
  - - extent,
  - - reasons for the phenomenon's level,
  - - looking forward – comments.

- Employment in the human health sector increasing (2008-10: +3,1% / 10-12: +1,9%). (Eurostat 2008-12)
- Differences between countries – as well reflection of societal choice.
- Female dominated sector and large proportion of older workers. Percentage of women (57%) and men (46%) reporting to have a female boss are above EU 28 average (47% and 12% respectively). (Source: always EWCS 2010 except if otherwise indicated)
- Demographic evolution and perspectives.
- “Societal change creates new opportunities: “White jobs” have been one of the engines of employment growth in recent years (+ 3.3 million since 2000)... Ageing will reinforce this trend.” (Background Information for the Informal European Council, 11 February 2010)

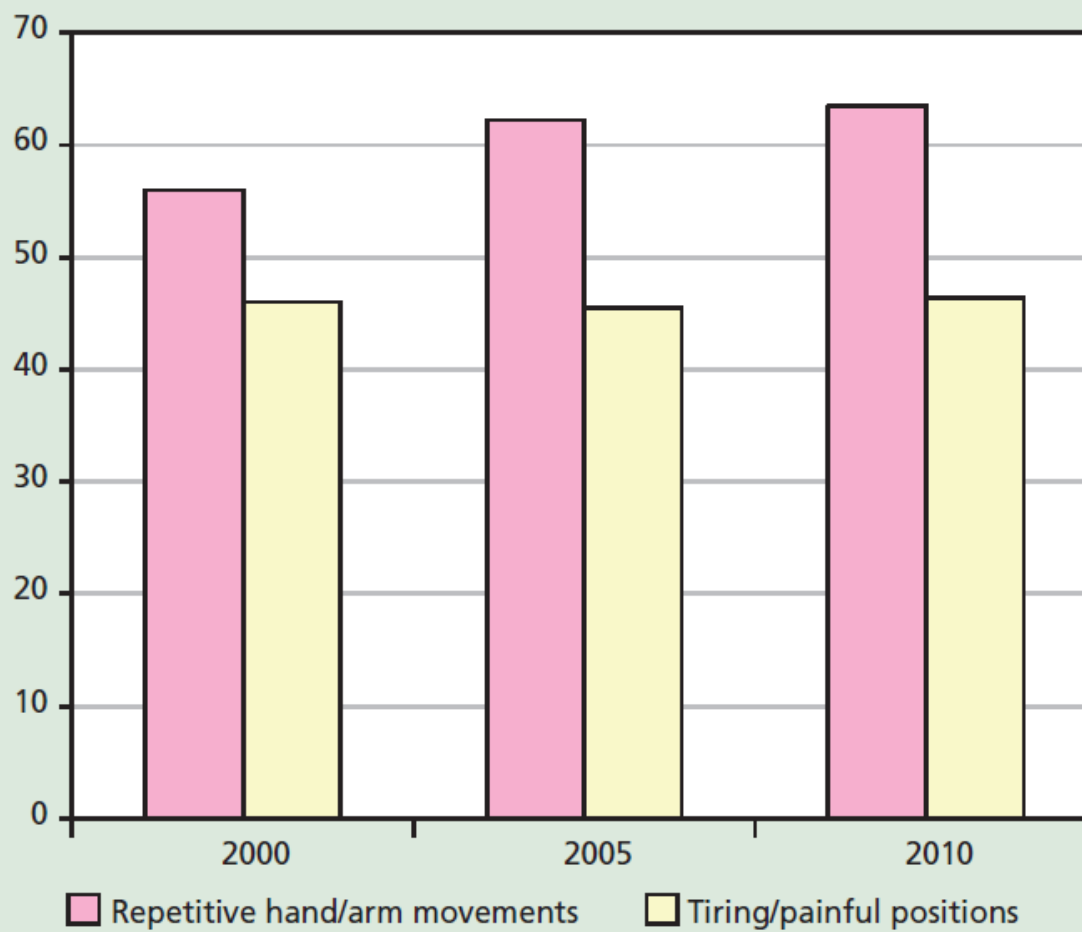
- “Work-related health problems and illnesses are those health problems and illnesses which can be caused, worsened or jointly caused by working conditions. This includes physical and psychosocial health problems” (EU statistical acquis).
- Musculoskeletal disorders (MSDs) are characterised by pain and loss of physical function in the body, which limits a person’s activities and restricts their participation in society.
- These diseases may be chronic and their symptoms may appear only after prolonged exposure to work related risk factors, such as awkward postures, repetitive tasks, carrying heavy loads and applying force or pressure. Organisational problems can be at the root of MSDs; a participatory approach to prevention policies has found to be effective.

- LFS – ad hoc module (work related accidents and health problems) undertaken in 1999, 2007 and 2013 (results not yet available).
- EWCS (... work organisation, training, physical and psychosocial risk factors, health and safety, worker participation...) undertaken since 1990, field work for the 2015 edition ongoing.
- National sources (legal definitions; social security agencies set the list of diseases for which the occupational cause for MSDs is presumed).

**Table 23:** Health problems in the past 12 months (%)

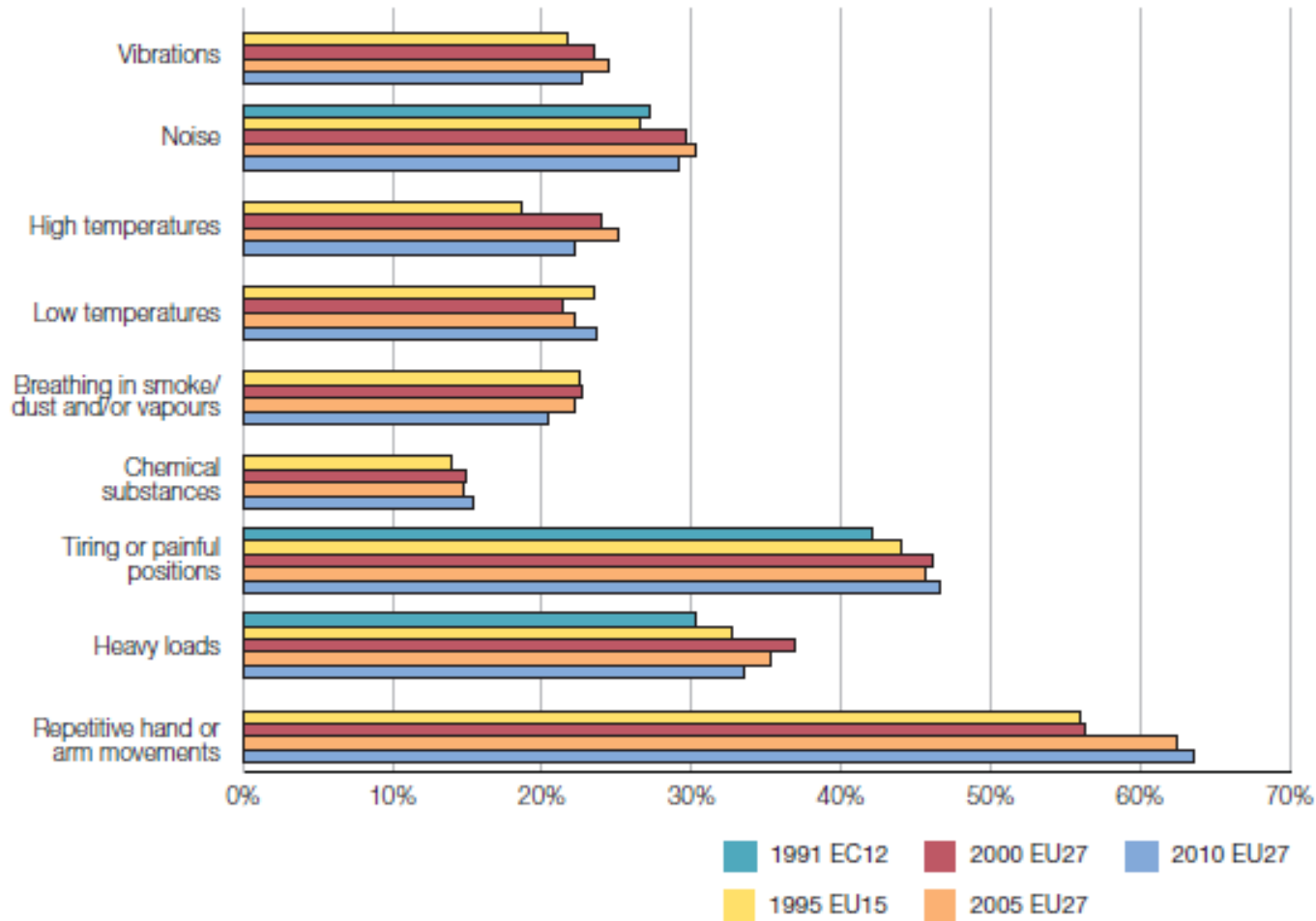
	Women	Men
Backache	47	46
Muscular pains in shoulders, neck and/or upper limbs	45	41
Headache/eyestrain	46	33
Muscular pains in lower limbs	30	30
Insomnia or general sleep difficulties	21	16
Stomach ache	15	12
Injury	6	11

Figure 8: Trends in physical demands of work 2000–2010, EU27 (%)





**Figure 17:** Exposure to physical risks over time (% exposed quarter of time or more)



**Figure 18:** Exposure to physical risks, by gender (% exposed quarter of time or more), EU27

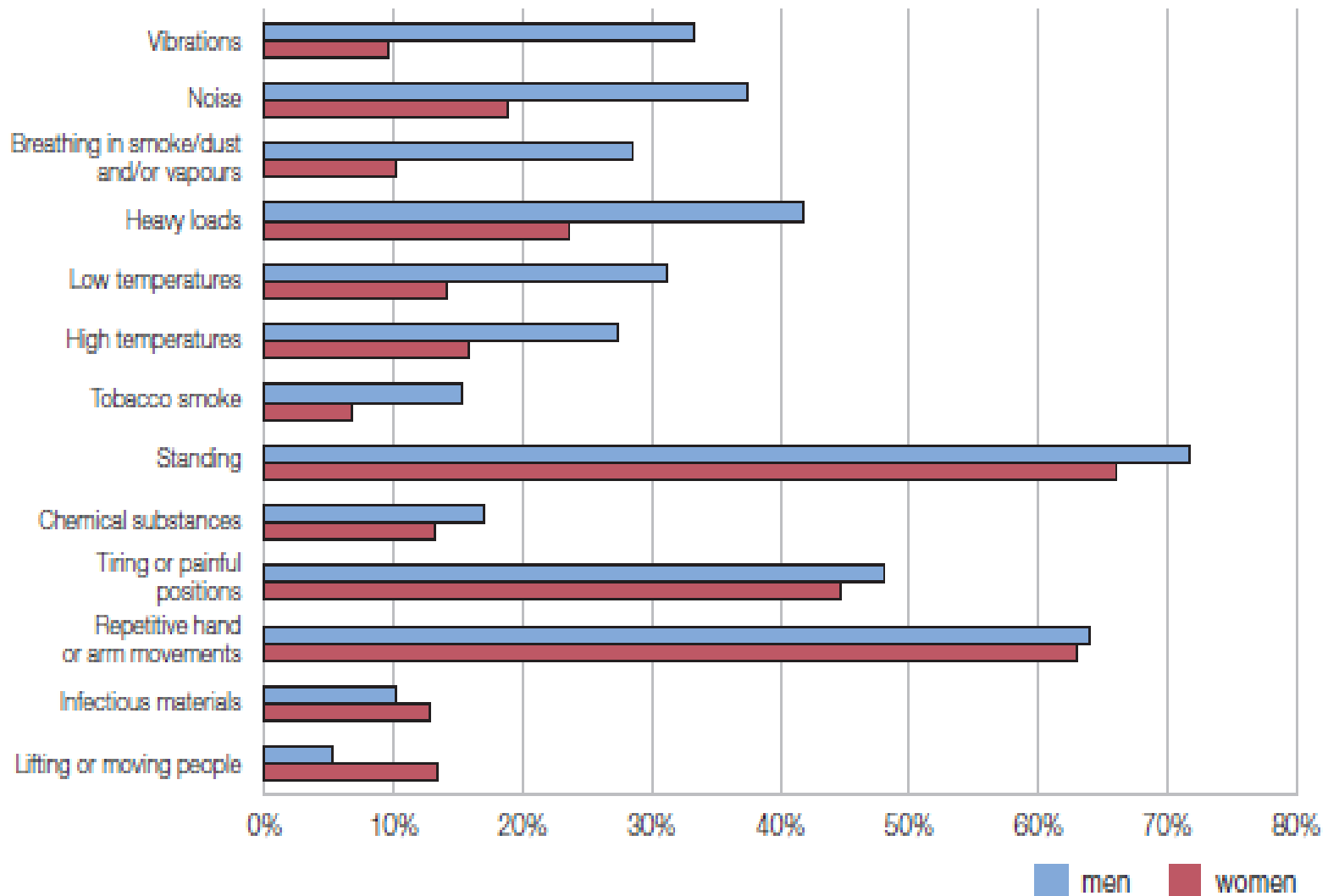


Figure 16: Indices of exposure to physical risks (EU28 = 100), by gender and occupation

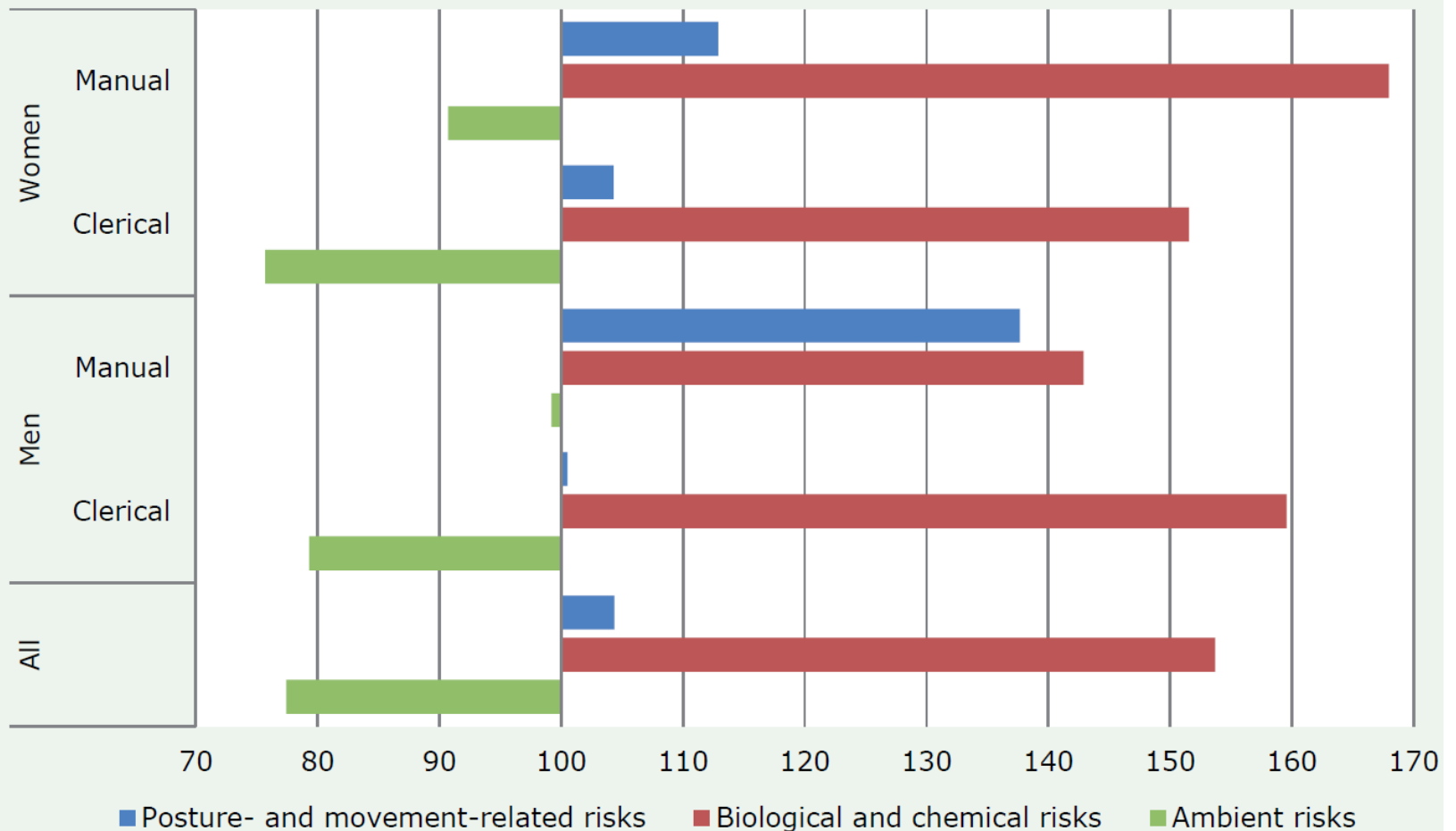


Figure 19: Health and sustainability of work

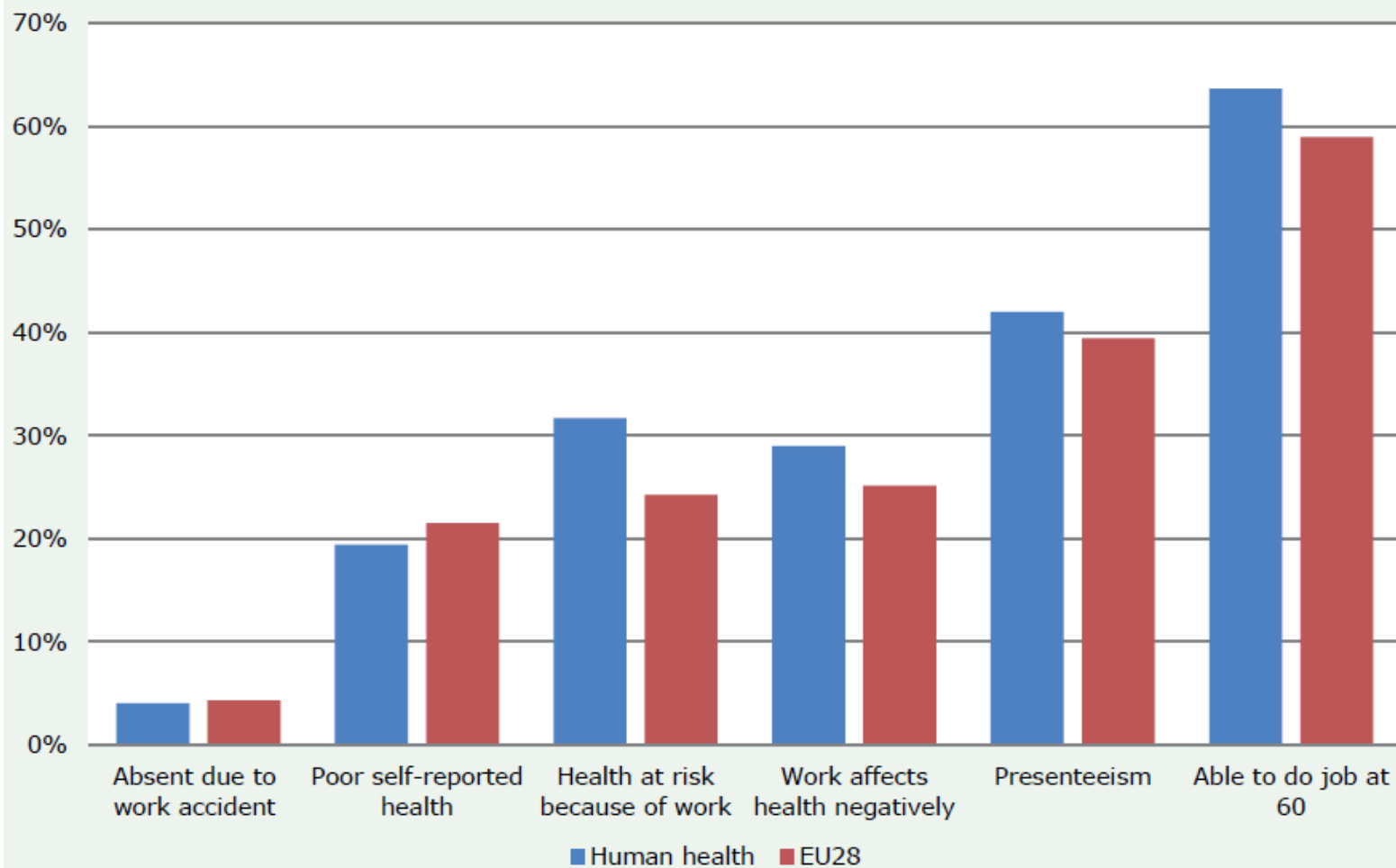


Figure 17: Not very well or not at all well informed about health and safety risks at work, by workplace size

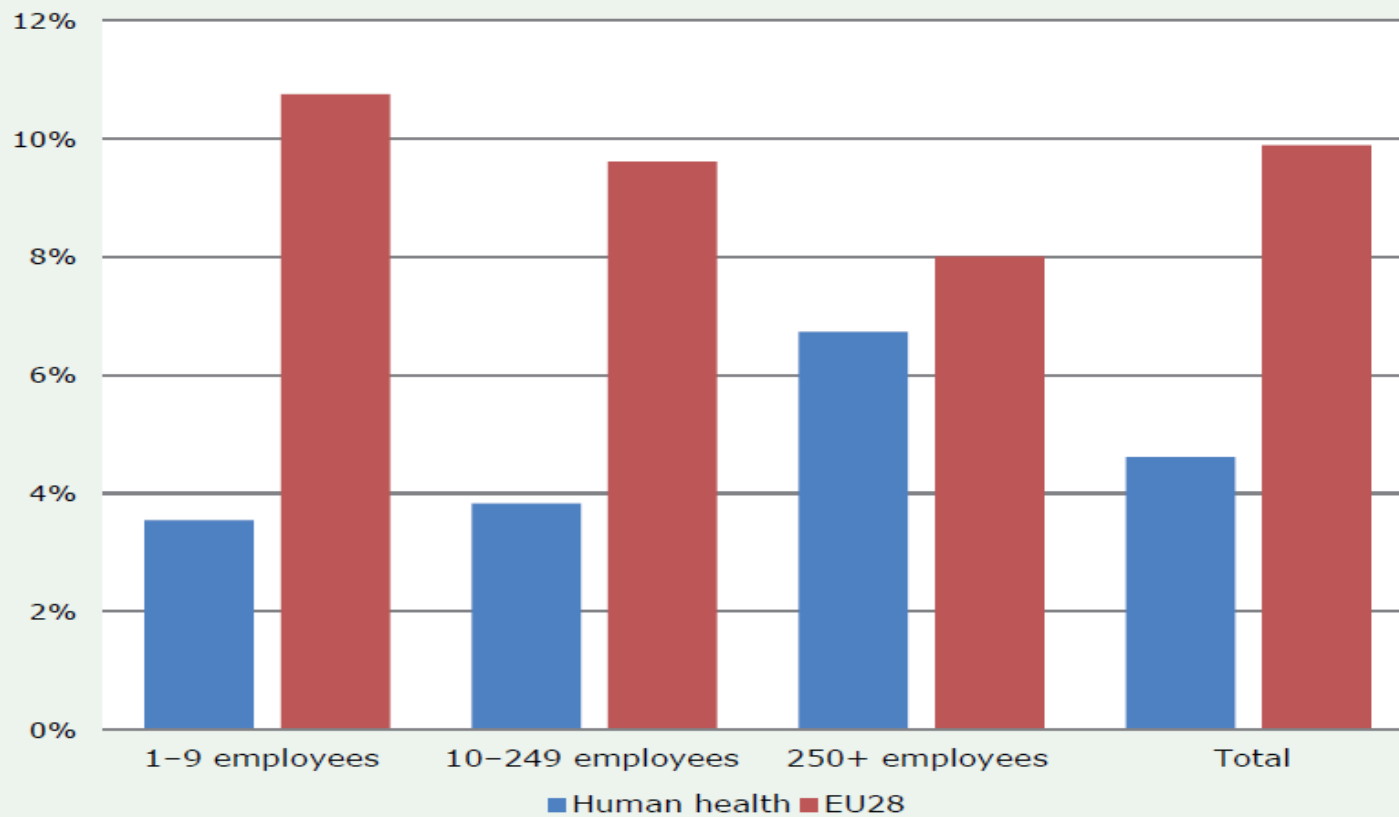


Figure 9: Teamwork and team autonomy, by occupational category

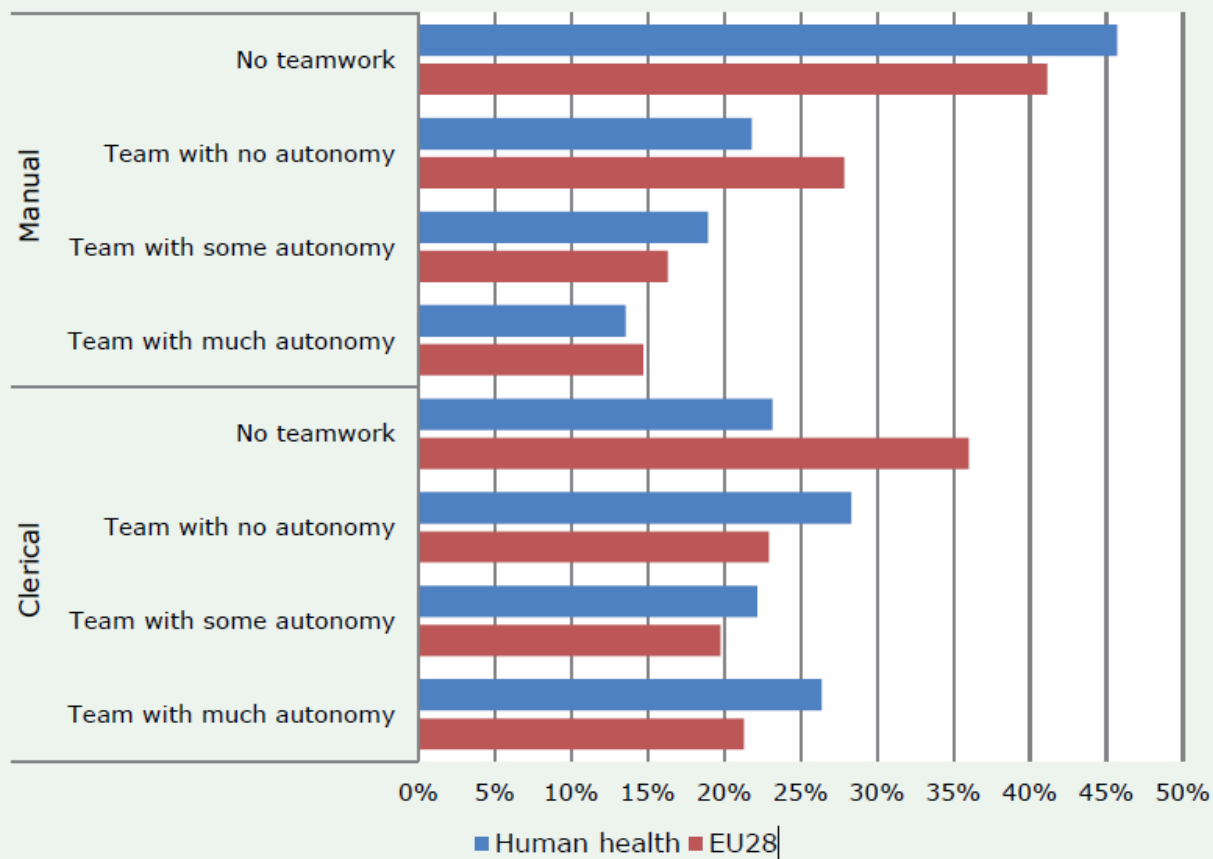


Figure 10: Prevalence of task rotation, by workplace size

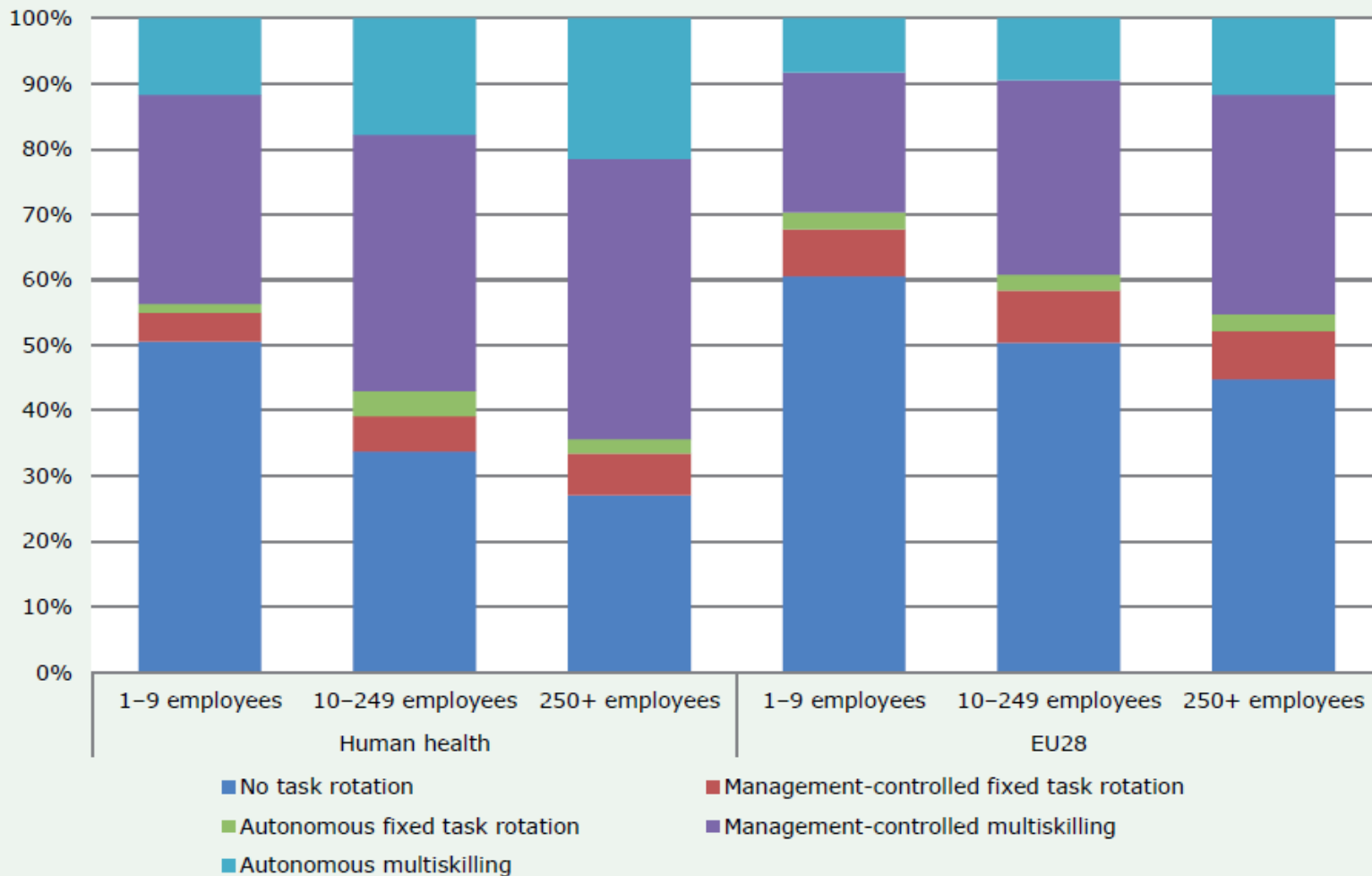


Figure 11: Match between skills and tasks, by age group

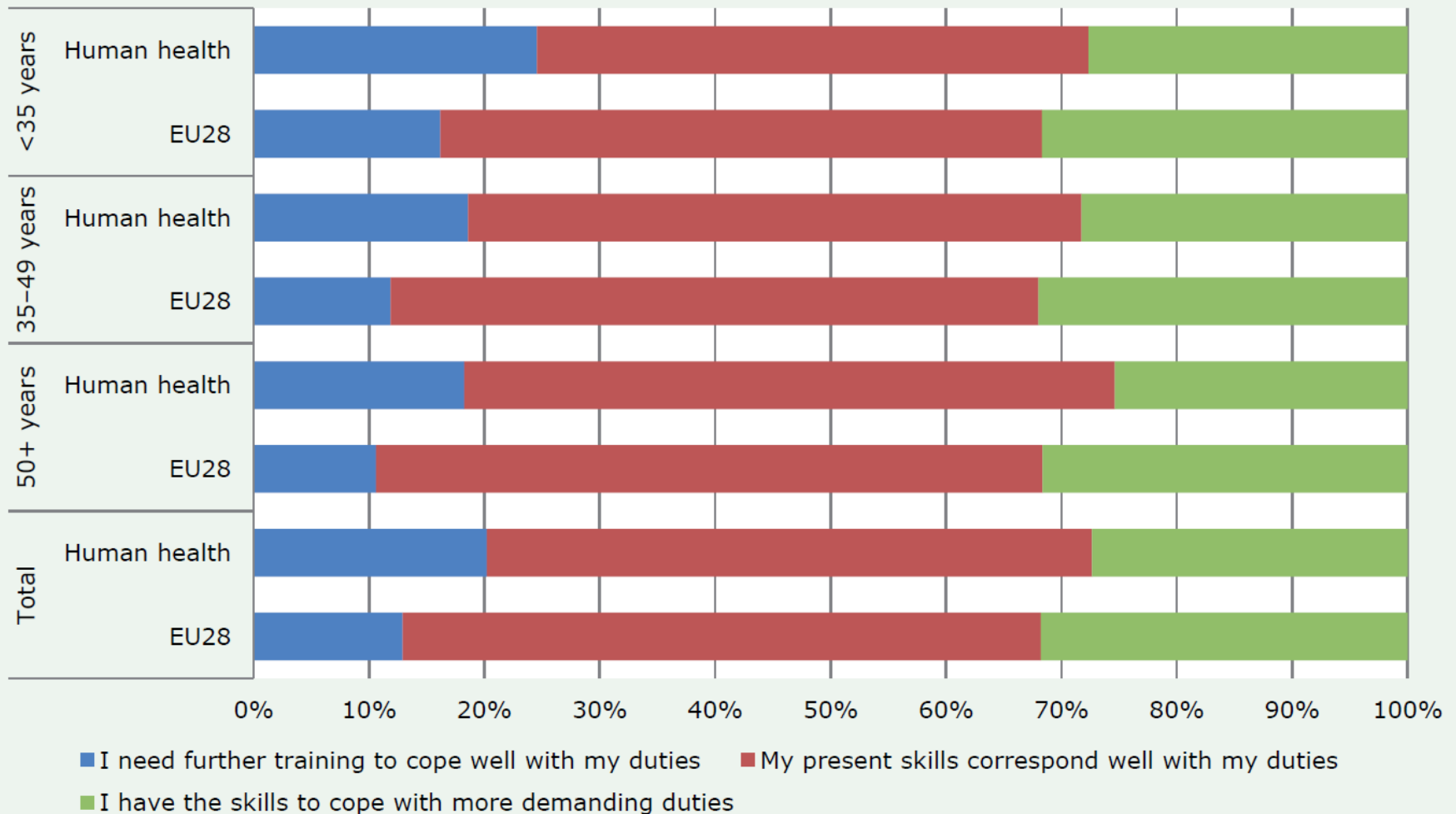




Figure 61: Skills and duties match, by sector, EU27 (%)

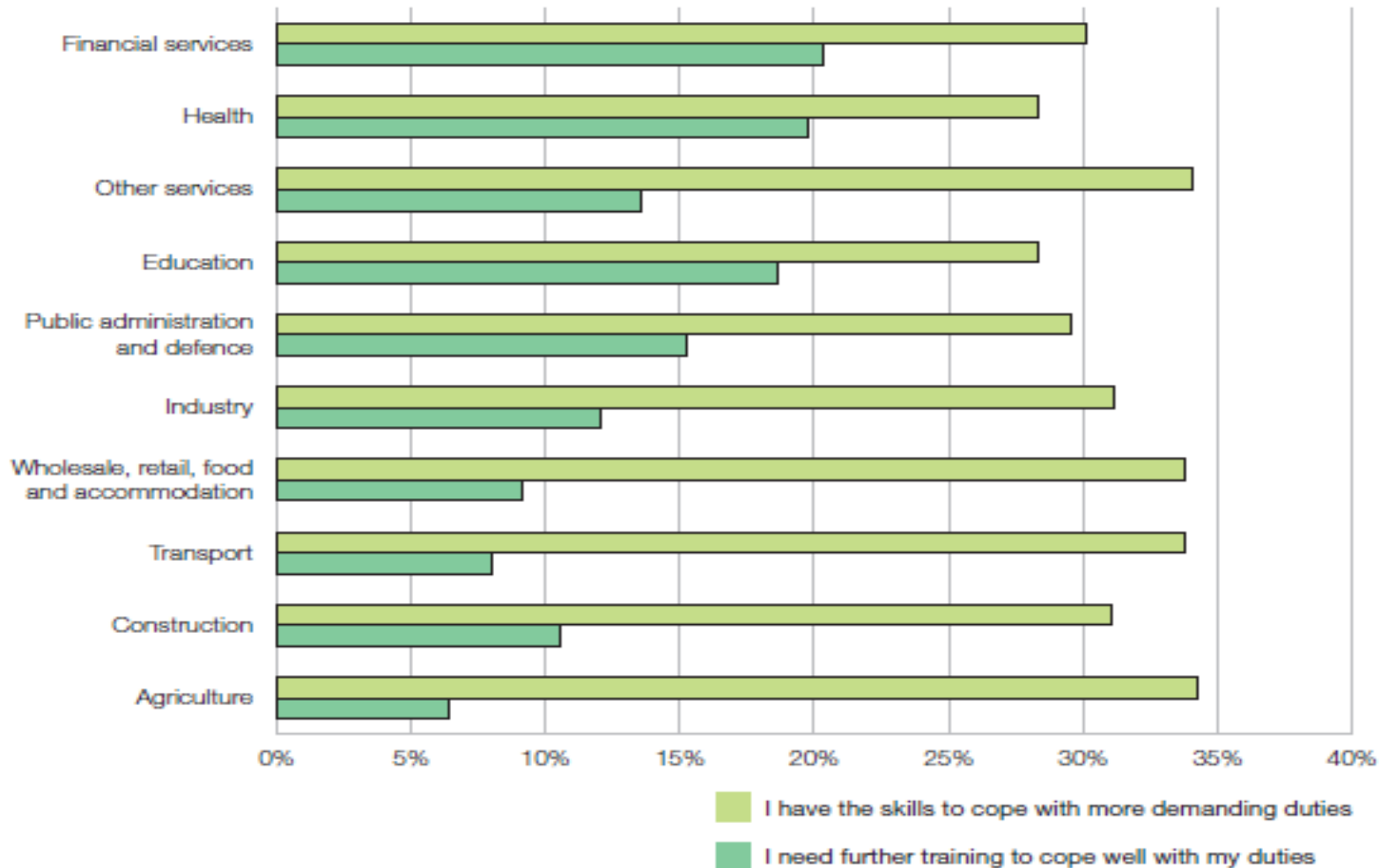
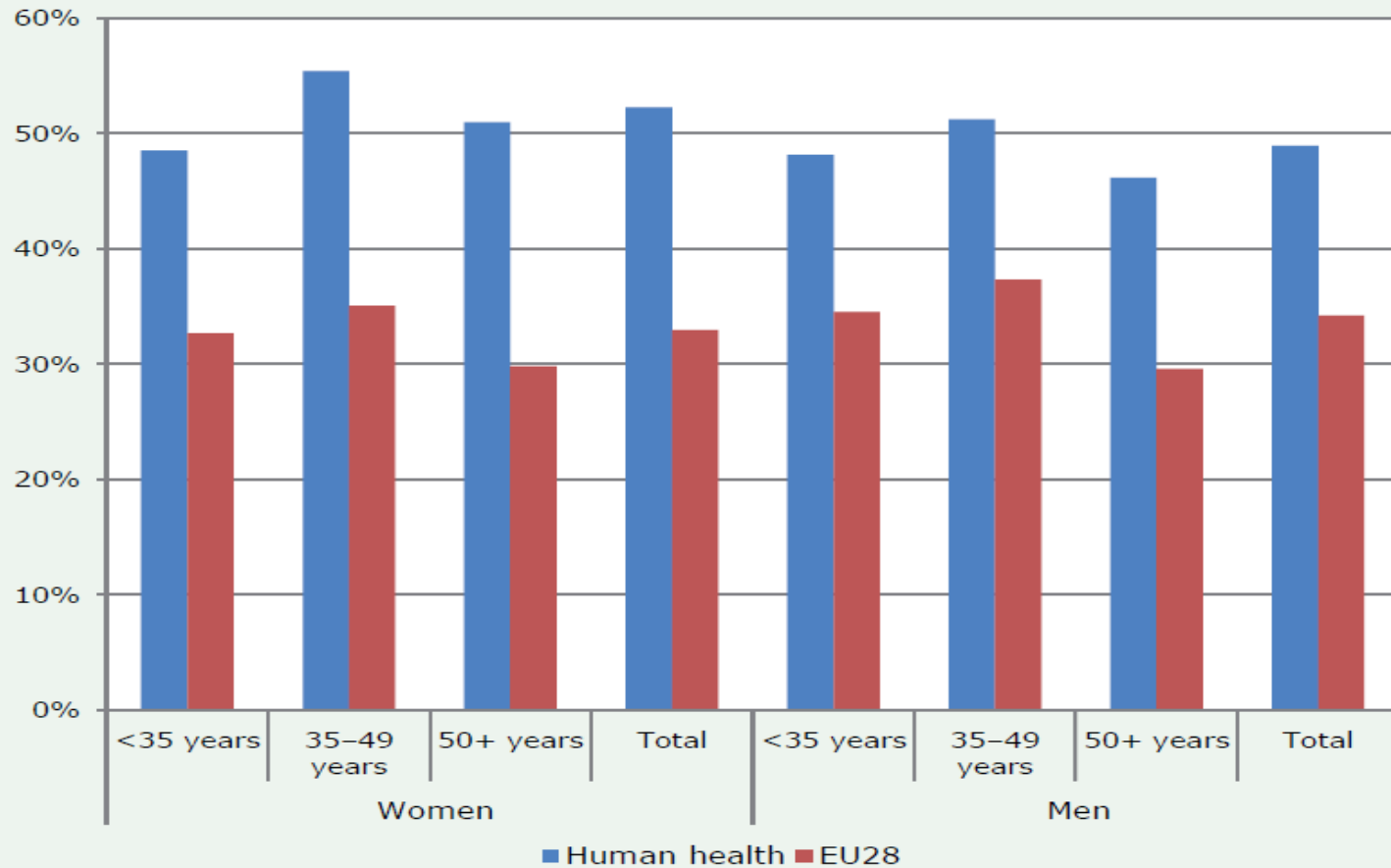
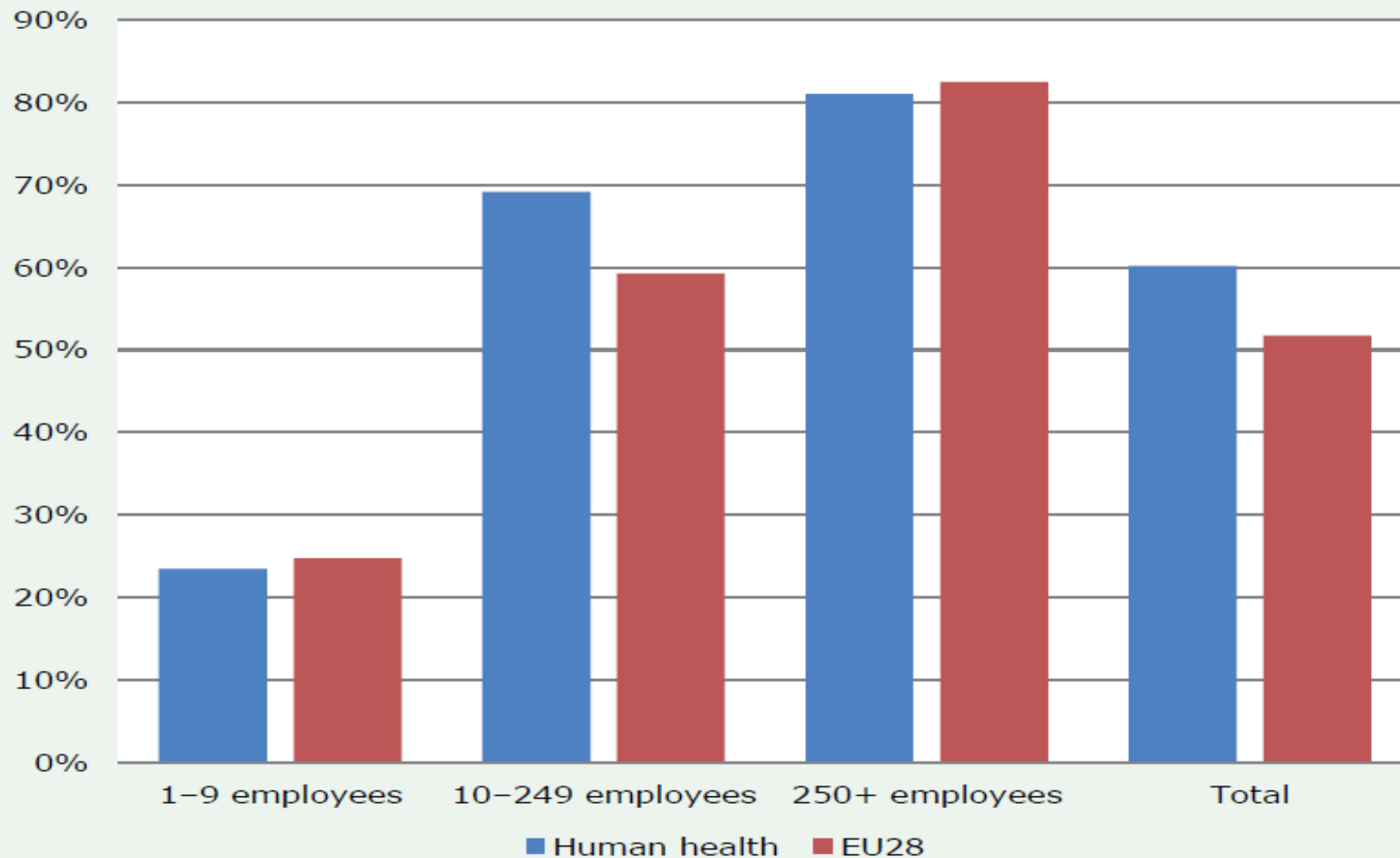


Figure 12: Employer paid training, by gender and age



*Figure 13: Availability of an employee representative at the workplace, by workplace size*



What makes the difference?:  
Findings from a special evaluation of the IAB survey

**Share of companies with measures for older employees**

	Whole enterprise population		Construction		Health care	
	Works Council exist					
	With WC	Without WC	With WC	Without WC	With WC	Without WC
<b>Yes</b>	61%	11%	60%	9%	72%	29%
<b>NO</b>	39%	89%	40%	91%	28%	71%

Source: Wilke, Maack and Partner based on IAB Establishment Panel Survey Data 2006.

**The impact of works councils on further education: Share of different forms of further education in companies carrying out measures of further education**

Sector	Whole enterprise population		Construction		Health care	
	With WC	Without WC	With WC	Without WC	With WC	Without WC
External training and seminars	86%	85%	99%	85%	76%	94%
In-house training and seminars	74%	42%	63%	27%	91%	88%
Further education on-the job	65%	52%	53%	49%	85%	68%
Participation in workshops, presentations etc.	63%	51%	59%	41%	79%	85%
Self-determined learning supported by media	31%	21%	8%	11%	15%	29%
Quality circle, workplace circles	20%	8%	11%	5%	42%	47%
Other measures of further education	16%	11%	21%	12%	31%	24%

Source: Wilke, Maack and Partner based on IAB Establishment Panel Survey 2007.

- Reality of MSDs cannot be denied. It varies according to countries sectors, gender, age groups ... and averages certainly hide differences.
- Understand the demographics, societal and economic change.
- Encouraging to see that better working conditions (lower levels of MSDs) are achieved when training is provided and a consultation process implemented.
- How can new technologies support the delivery of care, support employees and transform the lives of all concerned?

## Comments

"One fit all" solutions do not exist

- company realities
- company possibilities
- employees' working conditions
- employees' demands

"Win-Win" solutions are needed

- two sides of industry have to elaborate solutions for the appropriate level

Debate on room to manoeuvre / work organisation development

Programmes on inclusive workplaces with workers' involvement merit attention

Early intervention "when designing the work place" has become the focus of attention

Information / consultation and training are an element of prevention policies.

Social dialogue is the adequate instrument the two sides of industry have at their disposal.

- **Merci pour votre attention!**

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