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
Size and nature of the phenomenon of musculoskeletal disorders

• 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.
SURVEYS / Information sources


- 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 (%)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backache</td>
<td>47</td>
<td>46</td>
</tr>
<tr>
<td>Muscular pains in shoulders, neck and/or upper limbs</td>
<td>45</td>
<td>41</td>
</tr>
<tr>
<td>Headache/eyestrain</td>
<td>46</td>
<td>33</td>
</tr>
<tr>
<td>Muscular pains in lower limbs</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Insomnia or general sleep difficulties</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>Stomach ache</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Injury</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>
**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)

- Vibrations
- Noise
- High temperatures
- Low temperatures
- Breathing in smoke/dust and/or vapours
- Chemical substances
- Tiring or painful positions
- Heavy loads
- Repetitive hand or arm movements

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

- Vibrations
- Noise
- Breathing in smoke/dust and/or vapours
- Heavy loads
- Low temperatures
- High temperatures
- Tobacco smoke
- Standing
- Chemical substances
- Tiring or painful positions
- Repetitive hand or arm movements
- Infectious materials
- Lifting or moving people
Figure 16: Indices of exposure to physical risks (EU28 = 100), by gender and occupation

- **Women**
  - Manual
  - Clerical

- **Men**
  - Manual
  - Clerical

- **All**

Legend:
- Blue: Posture- and movement-related risks
- Red: Biological and chemical risks
- Green: Ambient risks
Figure 19: Health and sustainability of work

- Absent due to work accident
- Poor self-reported health
- Health at risk because of work
- Work affects health negatively
- Presenteeism
- Able to do job at 60

Human health vs EU28
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

<table>
<thead>
<tr>
<th>Occupational Category</th>
<th>No Teamwork</th>
<th>Team with No Autonomy</th>
<th>Team with Some Autonomy</th>
<th>Team with Much Autonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Human health | EU28
Figure 10: Prevalence of task rotation, by workplace size

- No task rotation
- Management-controlled fixed task rotation
- Autonomous fixed task rotation
- Management-controlled multiskilling
- Autonomous multiskilling

1-9 employees | 10-249 employees | 250+ employees
---|---|---
Human health
EU28
Figure 11: Match between skills and tasks, by age group

- Human health
  - <35 years
  - EU28
  - 35-49 years
  - EU28
  - 50+ years
  - EU28
  - Total
  - EU28

I need further training to cope well with my duties
My present skills correspond well with my duties
I have the skills to cope with more demanding duties

Coordinating the Network of EU Agencies 2015
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

- **1-9 employees**
  - Human health: 20%
  - EU28: 20%
- **10-249 employees**
  - Human health: 70%
  - EU28: 70%
- **250+ employees**
  - Human health: 80%
  - EU28: 80%
- **Total**
  - Human health: 60%
  - EU28: 60%
### What makes the difference?: Findings from a special evaluation of the IAB survey

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

<table>
<thead>
<tr>
<th></th>
<th>Whole enterprise population</th>
<th>Construction</th>
<th>Health care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With WC</td>
<td>Without WC</td>
<td>With WC</td>
</tr>
<tr>
<td>Yes</td>
<td>61%</td>
<td>11%</td>
<td>60%</td>
</tr>
<tr>
<td>NO</td>
<td>39%</td>
<td>89%</td>
<td>40%</td>
</tr>
</tbody>
</table>


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

<table>
<thead>
<tr>
<th>Sector</th>
<th>Whole enterprise population</th>
<th>Construction</th>
<th>Health care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With WC</td>
<td>Without WC</td>
<td>With WC</td>
</tr>
<tr>
<td>External training and seminars</td>
<td>86%</td>
<td>85%</td>
<td>99%</td>
</tr>
<tr>
<td>In-house training and seminars</td>
<td>74%</td>
<td>42%</td>
<td>63%</td>
</tr>
<tr>
<td>Further education on-the-job</td>
<td>65%</td>
<td>52%</td>
<td>53%</td>
</tr>
<tr>
<td>Participation in workshops, etc.</td>
<td>63%</td>
<td>51%</td>
<td>59%</td>
</tr>
<tr>
<td>Self-determined learning</td>
<td>31%</td>
<td>21%</td>
<td>8%</td>
</tr>
<tr>
<td>Quality circle, workplace circles</td>
<td>20%</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>Other measures of further education</td>
<td>16%</td>
<td>11%</td>
<td>21%</td>
</tr>
</tbody>
</table>

• 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
Openings in the debate

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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