



Safe and healthy workplaces in Europe - where do we stand in 2023?

Strong legislation and policies on occupational safety and health (OSH) can reduce avoidable harm for individuals and society.¹ Despite progress in OSH in EU Member States over the past three decades, some areas still require improvement. The decreasing rate of work accidents is offset by the rise of psychosocial and emotional stressors affecting worker wellbeing, while physical risks and ergonomic burden remain on a high and stable level. Additionally, the use of new technologies at work, the shift of sectors and changes of the workforce, as well as globalisation demand wider and more comprehensive OSH measures.

This policy brief summarises the main findings of the report **Occupational safety and health in Europe: state and trends 2023**² that examines various indicators, trends and contextual developments in the field.

Improvements and developments

Significant advancements have been achieved in various key areas of OSH, including legislation, guidance, training, development, and the use of digital support tools and management systems. There has also been heightened awareness about specific risks for certain groups, psychosocial risks and mental health. Technical and organisational progress have also been made in areas like safety coordination and

58 % reduction in the incidence rate of non-fatal accidents at work from 1998 to 2019.

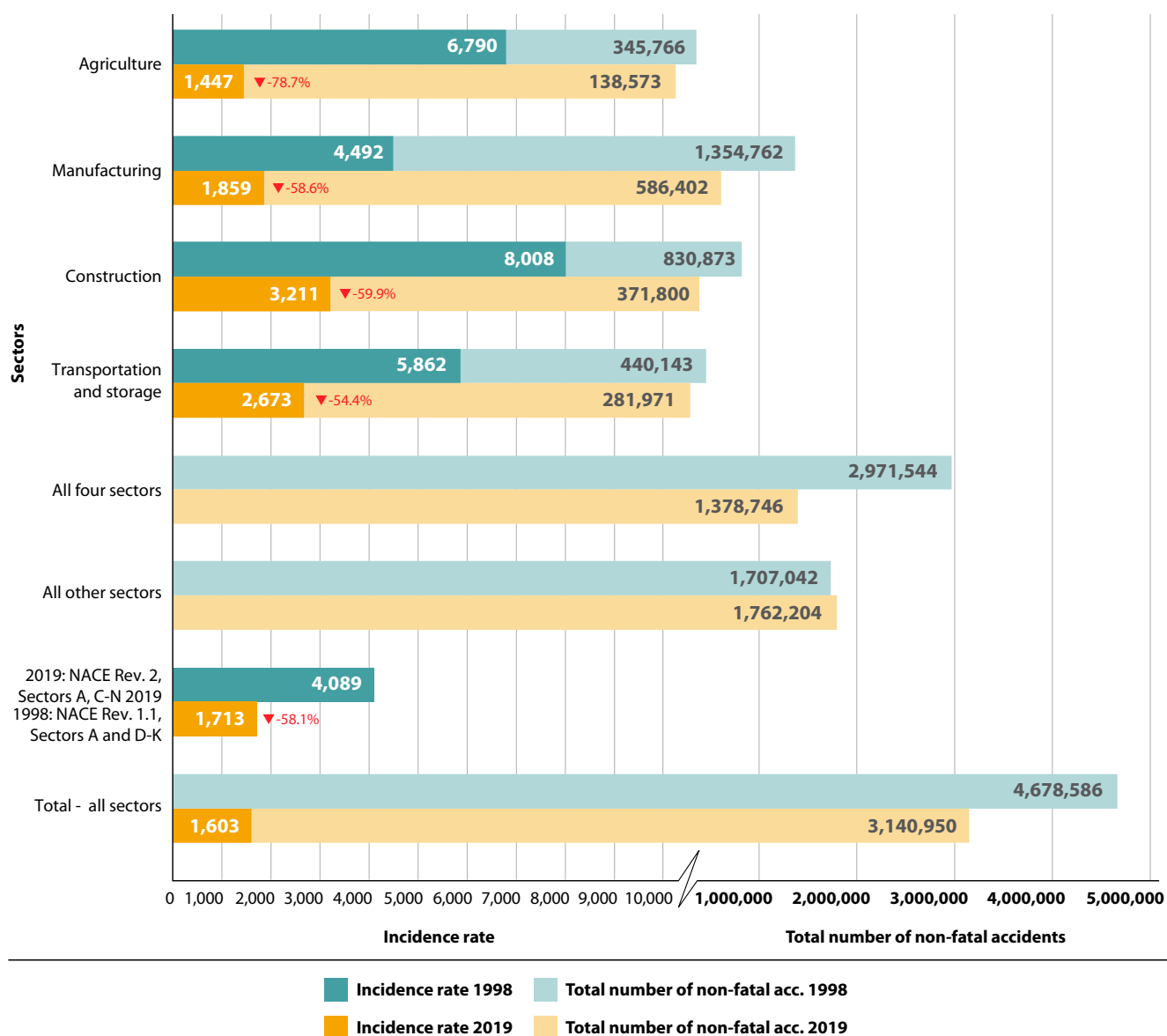
warning systems, technologies to reduce physical health risks like noise, handling of hazardous chemicals, medical treatment, financial incentives and insurance obligations.

EU OSH **legislation** has undergone substantial modernisation since the mid-1980s, establishing a framework for managing OSH risks. The legislation, agreed upon by Member States, governments and social partners, is comprehensive.

Work accidents, including fatal and non-fatal incidents at work and in relation to work or during commuting, remain the main indicator for OSH outcomes in both public policy and general perceptions. From 1998 to 2019, the rate of non-fatal work accidents fell by 58% at the EU level, with the rate for fatal accidents dropping by 57% during the same period. Improved organisational, technical and medical prevention, along with economic developments³ and workforce shifts, were the key reasons behind these decreases. However, attention should be given to serious non-fatal accidents since they account for a significant part of the human and financial burden.⁴

- 1 More than 3,000 fatal accidents at work, over 230,000 severe accidents at work, and an estimated 180,000 deaths from work-related illness are recorded annually in the EU.
- 2 EU-OSHA – European Agency for Safety and Health at Work, Occupational safety and health in Europe: state and trends 2023. Available at: <https://osha.europa.eu/en/publications/occupational-safety-and-health-europe-state-and-trends-2023>
- 3 In the four major sectors of agriculture, manufacturing, construction and transport that employed just under 40% of the workforce (in 1998 and in 2019).
- 4 In 2019, 232,892 work accidents resulted in an absence of more than three months or caused a permanent disability, compared to 3,008 fatal accidents.

Development of the total number of non-fatal accidents at work and incidence rates (accidents per 100,000 workers), in 1998 and 2019 – Eurostat⁵



Officially recognised occupational diseases as indicators for **health outcomes** (deaths and illnesses) caused by exposure in the workplace show a similar downward trend. Technical preventive measures and workforce shifts to sectors with fewer ‘traditional’ exposures have contributed to this decrease.⁶

Over the past 15 years, the **workforce structure** has changed significantly. With a growing percentage of female workers in employment, which expanded from 61.2% in 2005 to 67.9% in 2019, and an increasing share of older workers,⁷ organisational and technical adaptations have been necessary and important.

Statistics also attest to a more **international workforce**, with approximately 12% of the EU workforce being made up of different groups of mobile extra- and intra-EU workers, accounting for about 23 million individuals. Most occupations have evolved to require **higher skills and education**, with the share of professions requiring tertiary education growing from 24.9% to 36.4% between 2005 and 2020.

Increased global efforts towards better OSH are supported by international organisations like the International Labour Organization, World Health Organization, International Social

5 Data for 1998: Statistics in focus, Theme 3-16/2001: Eurostat: Accidents at work in the EU 1998-1999. Data for 2019: Eurostat: Accidents at work by sex and severity (NACE Rev. 2 activity Total); Non-fatal accidents at work by NACE Rev. 2 activity and sex
6 Eurostat: Experimental European Occupational Diseases Statistics and Eurostat: Occupational diseases statistics
7 From 11.1% in 2005 to 18.4% in 2021.

Security Association, United Nations, International Commission on Occupational Health and International Association of Labour Inspection, who develop not only general objectives and common observation tools but also actions to practically improve the situation on the global scale. Ethical considerations in international supply chains have led to the voluntary adoption of improved frameworks by enterprises as well as NGOs.

The proportion of occupations requiring tertiary education increased from 24.9% to 36.4% between 2005 and 2020.

Areas of stagnation

There are areas where data suggest a lack of progress. **Traditional OSH risks** such as accidents, noise, vibrations, dust, chemical and biological agents, and extreme temperatures continue to pose a significant threat, as the proportion of workers exposed to them has remained unchanged since 2005.⁸

There has also been a lack of progress in the **implementation and enforcement** of the related legislation, with varying capacities of OSH infrastructure at the national level among EU Member States. On average, two million visits per year were made by labour inspectorates, in approximately 22 million businesses in the EU, in the decade 2010-2020, with a steady decline over the years.⁹ Ensuring compliance with the OSH legal framework as well as monitoring it statistically are complicated further by the increase in the share of types of **'non-standard' work** (part-time, temporary, seasonal work, self-employment, work at home, remote work). A key feature of a number of these employment types is a **less clear employer-worker relationship**.¹⁰ With the work **not taking place at the premises of the employer** in some of those cases, such non-standard workplaces often lack basic OSH facilities and suitable help or digital tools.

Data also reveal that many enterprises, particularly micro and small enterprises (MSEs) and the self-employed, often have **difficulties complying with the more complex risk prevention tasks** (e.g. in relation to psychosocial, chemical, biological,

optical, electromagnetic risks) due to lack of resources, expertise and awareness.¹¹ Some EU Member States have set explicit objectives to reach the MSEs and the self-employed that often present big challenges to the enforcement authorities in terms of supervision.

The **shift in the workforce** is also noticeable at the sectoral level and in occupations. The share of work in **administrative** (clerical, professional, managerial, etc.) **as well as client-oriented and communicative occupations** has increased.¹² This development has resulted in a shift of risks to **psychosocial and emotional challenges**, frequently accompanied by **lower physical activity**. Three main aspects in certain sectors — 'Difficult clients', 'Poor communication' and 'Long working hours' — pose widespread psychosocial burdens.¹³ Combined with extended periods of sitting, these challenges have gradually but significantly shifted the focus from safety risks to health risks.

The increasing share of 'non-standard' types of work makes the employer-worker relationship less clear and poses challenges to the monitoring and implementation of OSH regulations.

Classical ergonomic risks are still a prevailing OSH concern, showing no significant improvement over the years. Between 40% and 75% of workers in the European Survey of Enterprises on New and Emerging Risks (ESENER) and the European Working Conditions Survey (EWCS) report exposure to such risks as part of their occupation (repetitive hand/arm movements, tiring and painful positions, moving heavy workloads, and so on).

Despite several research efforts, in some of which EU-OSHA was engaged, to estimate the impact of work-related diseases, including their financial burden, the **relationship between work and major diseases** in the adult population (cardiovascular diseases, cancer, musculoskeletal disorders, pulmonary diseases, hearing loss) continues to be the subject of intense scientific debate. The **attributable fraction of work to diseases** remains

⁸ Depending on the occupation and sector, between 15% and 30% of workers are exposed to such risks (EWCS). EU-OSHA – ESENER Data Visualisation, Comparisons 2014 and 2019.

⁹ ETUC. (2021, April 28). *Huge fall in labour inspections raises Covid risk*. Available at: <https://www.etuc.org/en/pressrelease/huge-fall-labour-inspections-raises-covid-risk>

¹⁰ In 2019, approximately 77% worked at the employer's premises, 5% at home, 9% at the clients' premises and 8% at non-fixed workplaces. With the onset of the COVID-19 pandemic in 2020, the share of work at home more than doubled; in the EU-27 it increased from 5.4% in 2019 to 13.4% in 2021. Eurostat: *Employed persons working from home as a percentage of the total employment, by sex, age and professional status (%)*

¹¹ EU-OSHA – European Agency for Safety and Health at Work, *Third European Survey of Enterprises on New and Emerging Risks (ESENER 2019): Overview Report How European workplaces manage safety and health, 2022* (Ch. 5 'Drivers of and barriers to OSH Management', p. 64-81). Available at: <https://osha.europa.eu/en/publications/esener-2019-overview-report-how-european-workplaces-manage-safety-and-health>

¹² Namely, the sectors 'Education, human health and social work activities' and 'Trade, transport, food/accommodation and recreation activities'.

¹³ According to EU-OSHA's ESENER reports of 2014 and 2019, the risk factors associated with pressure due to time constraints increased from 43% to 45%, respectively, with the counterpart figure of dealing with difficult customers/patients/pupils, etc. rising from 56% to 60%. EU-OSHA – ESENER Data Visualisation, Comparisons 2014 and 2019.

contentious, albeit in varying degrees depending on the relation under examination.¹⁴ Nonetheless, there is a clear connection between **working conditions and socioeconomic status** as a major cause of low life expectancy and high morbidity.

Areas of concern and future challenges

The increasing share of ‘non-standard’ types of work has also increased difficulties in compliance with OSH regulations in certain sectors and occupations. With changing employer–worker relations and shifts in the responsibilities of both parties, future measures could focus on several aspects, including a **new definition of ‘work’ or ‘employment’ and innovative interventions to guarantee OSH**, to complement the current focus on **improving information** and **strengthening self-responsibility**.

It is imperative to continue efforts towards a clearer view in the research and statistics of **undeclared or illegal employment**. While the overall OSH situation is mostly unknown, the working conditions in this case are generally regarded as worse in comparison to those of employees on regular contracts. Alternative approaches to the research method, action initiatives and renewed cooperation with national supervising authorities may contribute to the successful inclusion of undeclared work in case and investigative studies.

The ever-growing share of **work tasks that result in or even require physical inactivity** is clearly shown in the relevant health data. Inactive work may entail **permanent sitting** and/or heightened requirements for **visual and mental focus** (e.g. drivers monitoring traffic conditions closely for prolonged periods). The impact of this inactivity may be seen in the

significant **increase in some widespread diseases or disease factors** such as obesity.

Considerable variations between EU Member States can still be observed regarding several working conditions. According to data on workers’ self-assessment of risks, eastern Member States perform worse in physical risks at work, their wellbeing and their working life expectations in terms of their projected health capabilities. Southern Member States follow, with central, western and northern Member States performing better. In terms of **psychosocial risks**, the situation is reversed with central, western and northern Member States reporting the highest burden at work.

Future solutions to tackle the challenges posed by new types of work could focus on including a new definition of ‘work’ or ‘employment’ and extended state interventions to guarantee OSH.

As a result of **ethical concerns about the unfair division of OSH risks in global supply chains**, the ILO declared OSH one of the Fundamental Principles and Rights at Work.¹⁵ While important actions and initiatives (agreements, conventions, government and business programmes) have had an effect on the overall situation, their impact still remains limited on the international scale. The data indicate that **EU enterprises outsource to developing countries industries and services with high OSH risks**, such as mining, metallurgic processes, and treatment of hazardous waste, chemicals and textiles. More comprehensive and coordinated efforts are required to ensure decent, safe and healthy workspaces and conditions on a global level.

Find more up-to-date information and data on occupational safety and health in Europe in the **OSH Barometer data visualisation tool**: <https://visualisation.osha.europa.eu/osh-barometer/>

The tool informs on a large range of OSH indicators, such as work-related accidents, diseases and wellbeing as well as working conditions and prevention. It also presents the national OSH authorities and strategies, economic and sector information, and enforcement capacity.

You can visualise and compare country data, generate graphics and download a report of all data per country. The OSH Barometer is updated regularly with new indicators, data, publications and features.

14 ‘[I]t is not always that easy to designate a disease as being work-related. In fact, there is a wide range of diseases that could be related in one way or another to occupation or working conditions. On the one hand, there are the classical diseases that are occupational in nature, generally related to one causal agent and relatively easy to identify. On the other hand, there are all sorts of disorders without strong or specific connections to occupation and with numerous possible causal agents.’ ILO Encyclopaedia (para. 4): [Work-related Diseases and Occupational Diseases: The ILO International List](#)

15 ILO: Fundamental Principles and Rights at Work: [International Labour Conference adds safety and health to Fundamental Principles and Rights at Work and Conventions and Recommendations](#)