

Working conditions and sustainable work
**Job quality of COVID-19
pandemic essential workers**



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Introduction

During the COVID-19 pandemic, some workers were tasked with supporting the functioning of our societies. They ensured people had access to essential services such as healthcare, long-term care, food supply, water and energy supply, the internet and waste treatment. These workers were referred to as essential, key or critical workers. The occupations they hold are wide-ranging: most obviously, for example, doctors, nurses, professional carers, cleaners, refuse workers, police officers, firefighters, teachers, workers in food production and retail, and transport workers. But they also include scientists, engineers, managers, legislators, tech workers and office workers, who supported the battle against COVID-19 or performed roles to ensure that society could continue to operate.

This distinction of essential, or critical, workers has raised a number of policy questions linked to both the management and the impact of the COVID-19 crisis but also in relation to the EU's preparedness for future crises. Some of these workers worked in stressful and dangerous conditions: was the right balance struck between their protection and the provision of essential services and societal support?

Others worked in occupations that were mostly invisible until the crisis, such as cleaners and waste workers: is the value of these jobs fairly recognised? Labour shortages are commonplace in some critical occupations: what should be done to increase their attractiveness?

Questions also arise about the potential scarring effect of strenuous work during the years of the pandemic on workers' health and well-being and their ability to continue to work in the future. Are work practices sustainable, and are public investments in these critical occupations sufficient and aligned with the challenges? Should additional measures be taken to ensure the physical and psychological recovery of workers from what they went through during the pandemic?

These occupations will continue to play a key role in supporting societies as they adapt to the challenges of the demographic, digital and green transitions, but are they prepared and equipped to address future shocks?

This policy brief uses unique sources of information to examine critical workers' experiences of working during the pandemic and to outline the challenges facing them.



Policy context

The European Pillar of Social Rights was established to guide the EU Member States ‘towards a strong social Europe that is fair, inclusive and full of opportunity’. Its principles give special attention to sectors such as childcare and support to children, social protection, healthcare, long-term care and education. One principle states the right of everyone to access to essential services, including water, sanitation, energy, transport, financial services and digital communications. The Pillar also advocates fair working conditions, equal treatment and opportunities, and the right to equal pay for work of equal value.

During the pandemic, the European Commission identified certain occupations as critical, including those in sectors such as health, food, childcare and elderly care, as well as those essential to maintain infrastructure and utilities, for whom continued free movement in the EU was deemed crucial (European Commission, 2020). This was recognition at the highest level of the essential role that critical workers play. Some Member

States also produced their own lists of critical workers.

Since then, the Commission has recognised the important role of critical workers in ensuring the future prosperity of the EU and the well-being of its citizens as it addresses demographic change and its challenges, the greatest of which is the ageing population (European Commission, 2023a). The shrinking working-age population and the increasing prevalence of labour shortages highlight the need to enable workers to stay longer in employment and to activate more people outside the labour market (such as carers and people with chronic illnesses or disabilities) to take up employment. Investing in improving working conditions is key to this endeavour. The European Care Strategy reflects the growing attention that job quality is receiving in policy: it aims to ensure not only ‘high-quality, affordable and accessible care services’ but also ‘fair working conditions and training for care staff’.

It is crucial to assess the job quality of critical workers and whether that job quality aligns with the EU's preparedness for the demographic, digital and green transitions and its capacity to tackle future shocks, including pandemics, and 'polycrises' – the simultaneous occurrence of several calamitous events.

The terms 'essential workers', 'critical workers' and 'key workers' are used interchangeably in the policy debate and more generally.

Key findings

- This study distinguished 11 groups of critical workers based on European Working Conditions Telephone Survey (EWCTS) 2021 data: health and care workers, education workers, office workers, cleaners and refuse workers, food system workers, managers and legislators, manual workers, ICT workers, scientists and engineers, protective services workers, and transport workers. Each group experienced specific job quality and working life challenges during the COVID-19 pandemic.
- Health and care workers had the poorest job quality overall during the pandemic. Half were in strained jobs – jobs that put the health and well-being of workers particularly at risk. These workers experienced a combination of high levels of physical risks and demands, high exposure to adverse social behaviour and high work intensity. At the same time, they benefited from the support of colleagues and opportunities for training and learning. The sustainability of these types of jobs is questionable, given that half of these workers reported that their health and safety were at risk because of work, and more than half reported exhaustion or were at risk of burnout.
- Cleaners and refuse workers also had poor job quality, many having jobs combining high levels of physical demands and risks with high job insecurity. The group also stands out as having poor support from colleagues and managers, poor access to training and learning, and very limited opportunities for career advancement. In addition, half had difficulty making ends meet, and many did not have formal representation in the workplace.
- Food system workers – comprising agricultural, food processing, food preparation and food sales workers – are a third group where strained jobs were prevalent. Job insecurity, physical demands and unsocial hours (long hours, night work and requests to work at short notice) were common. A large share felt that they were not paid appropriately and faced economic hardship, lacked representation at work and had limited access to training. More than half reported exhaustion or were at risk of burnout.
- Job quality was worse than average for transport workers, manual workers and protective services workers. A large share of transport workers reported difficulty making ends meet and lacked organisational participation and formal representation at work. Manual workers also lacked access to formal representation, and many experienced job insecurity. Protective services workers were the group with the largest shares exposed to adverse social behaviour and working unsocial hours.
- Large shares of education workers, who had to quickly embrace new digital teaching methods during the pandemic, reported experiencing emotionally demanding situations at work. Nearly half were at risk of burnout, and many felt that they did not receive recognition or appropriate pay for their work.
- ICT workers, scientists and engineers, managers and legislators, and office workers enjoyed good job quality overall. These groups were able to perform their work during the pandemic while relatively well sheltered from the threat of COVID-19 infection and job loss, as many could work from home. Most of these workers were in well-resourced jobs, which translated into much smaller shares showing signs of exhaustion or risk of burnout.
- Labour shortages characterise the labour market situation of health and care workers, food system workers, cleaners and refuse workers, and education workers. This issue is observed in the EU and beyond.



Exploring the evidence

The subject of this study is the job quality of the workers who provided essential goods and services during the COVID-19 pandemic, referred to as essential or critical workers.

The study begins by providing a definition of critical workers and identifies 11 groups of workers that meet the definition. The analysis of the EWCTS data has two strands: it first looks at the working conditions of critical workers to assess their job quality; it then examines the sustainability of their work, in other words whether their working conditions support them sufficiently to enable them to remain in work in the long term. The study goes on to look at the measures put in place during the pandemic to support critical workers and then to discuss the extent of labour shortages in the critical worker groups.

Details of the identification of the critical worker groups and of the indicators used to assess job quality are available in the annexes, published as a working paper accompanying this policy brief.

Data sources

This policy brief results from the analysis of three main sources of information.

- **Consultation with the Network of Eurofound Correspondents:** Based in all the Member States, the correspondents provided information on national definitions of critical workers and national measures to support critical workers.
- **EWCTS 2021 data:** The EWCTS, carried out between March and November 2021, provides a wide-ranging picture of job quality across countries, occupations, sectors, gender and age groups in the context of the COVID-19 pandemic. Data from 58,403 workers in the 27 Member States were analysed.
- **Interviews with representatives of the EU-level social partners:** Representatives from five sectors were interviewed: hospitals and healthcare; education; industrial cleaning; local and regional governments; and food and drinks. Ten interviews lasting between 90 and 135 minutes were conducted, focusing on the main challenges in the wake of the COVID-19 pandemic.

Defining critical workers

EU and national definitions

From the beginning of the COVID-19 pandemic, EU Member States implemented lockdowns restricting public movement to reduce the spread of the virus, with the result that much of the workforce was prevented from going to their normal place of work. However, certain activities, sectors and occupations were considered critical and entrusted with ensuring that the basic needs of the population continued to be met. Workers in these sectors and occupations were requested to continue to go to work, even if this meant an increased risk of contracting COVID-19.

There were, however, considerable differences across Europe in the identification of critical workers. The European Commission's definition was included in the communication *Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak*, which listed the critical occupations exempt from the restrictions on free movement across national borders. This list included frontline workers, whose jobs are characterised by frequent direct interactions with third parties such as customers, passengers, pupils and patients. It also included workers who are not in direct contact with others but who are instrumental for ensuring continuity in the provision of critical services. The Member States also produced their own lists of critical workers, all of which differed from that produced by the Commission. Several used existing lists of sectors or activities considered crucial to address the continuity of operations during the pandemic, while others created specific lists to be used while the pandemic lasted.

Several studies on essential workers during the COVID-19 pandemic built on the Commission's list of occupations. In such studies, essential workers were defined as those employed in occupations or jobs that were required to continue being performed in order to keep citizens healthy, safe and fed (see Samek Lodovici et al, 2022; Fasani and Mazza, 2020). The occupations identified ranged from those requiring few skills, such as cleaners and refuse workers, to highly skilled occupations, including medical doctors, medical researchers and scientists.

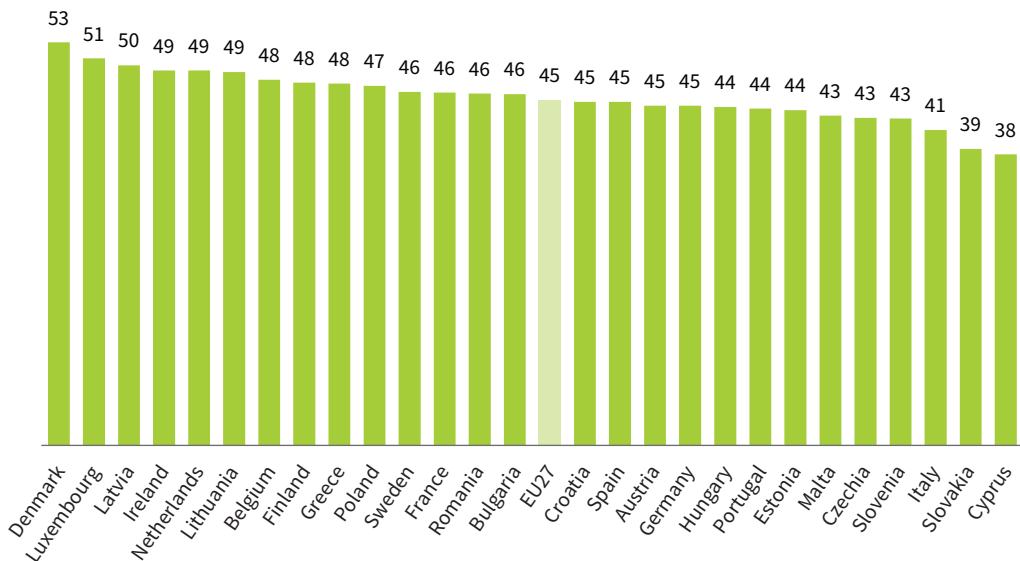
An empirical definition

In light of the diversity of national definitions, and in order to increase the comparability of the findings, the analysis for this brief used a harmonised operationalisation of the concept of critical workers across countries, informed by the ILO's definition of a key worker, which has a global scope (ILO, 2023).

Critical workers are defined as those individuals whose jobs are in critical occupations and in critical sectors of activity. This classification provides a broad definition of a critical worker. However, it excludes those working in critical occupations but not in critical sectors (for instance, cleaners working in the car manufacturing sector). It also excludes those working in critical sectors but in occupations that were not considered critical during the pandemic (for instance, client information workers in hospitals).

In line with this definition, 45% of workers in the EU in 2021 could be considered critical workers, with the share in Member States varying from 38% in Cyprus to 53% in Denmark (Figure 1).

Figure 1: Share of critical workers, EU and Member States, 2021 (%)



Source: EWCTS 2021¹

Profile of critical workers

Critical workers are not homogeneous. For the purposes of analysis, they have been categorised into groups that account for distinct job characteristics, including the type of work carried out and specific working conditions. The categorisation is based on occupation and sector, two of the most significant determinants of working conditions and job quality, which enables the job quality of critical workers to be characterised and compared. A total of 11 distinct groups were identified:

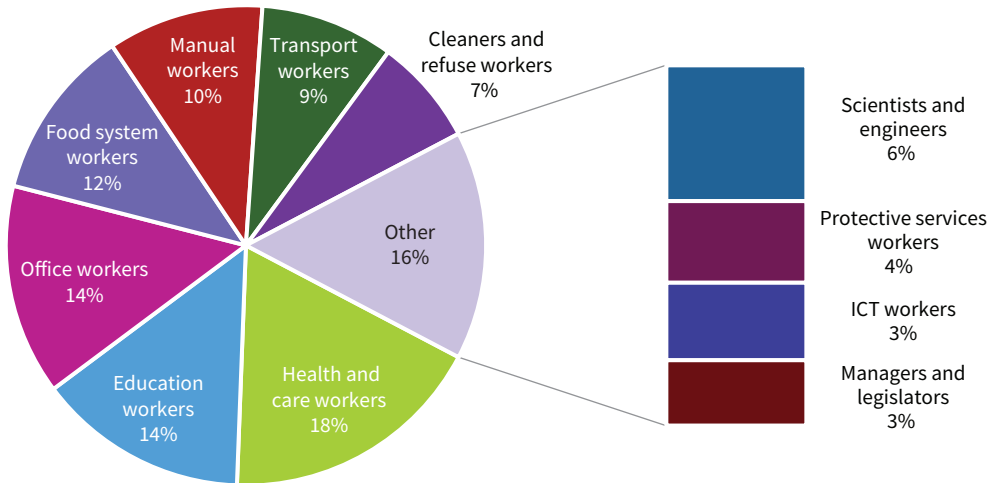
- cleaners and refuse workers
- education workers
- food system workers
- health and care workers
- ICT workers
- managers and legislators
- manual workers

- office workers
- protective services workers
- scientists and engineers
- transport workers

Most of the group designations are self-explanatory but some require a brief description. Food system workers include agricultural, food processing, food preparation and food sales workers, representing the concept of ‘farm to fork’. Manual workers include machine operators (for instance, in food production) and electric, electronic and machinery trades workers (for instance, required to repair diagnostic equipment in hospitals). Office workers include administration and legal professionals and associate professionals and clerks (including, for instance, those involved in the administration of public support measures during the pandemic). Protective services workers include police officers, prison guards and firefighters.

¹ The source of all figures and tables in this policy brief is the EWCTS 2021.

Figure 2: Distribution of critical workers according to group



The largest group is health and care workers (18%), followed by education and office workers (14% each) and food system workers (12%) (Figure 2). ICT workers and managers and legislators are the smallest groups, with only 3% of all critical workers in each.

Gender balance

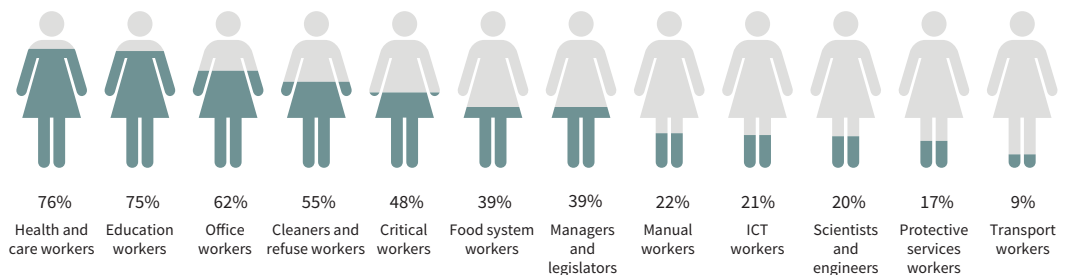
Critical workers are balanced in terms of gender overall (48% are women), but many of the groups have disproportionate shares of men or women. Health and care workers and education workers are female-dominated groups whereas manual workers, ICT workers, scientists and engineers, protective services workers and transport workers are male

dominated. Office workers, cleaners and refuse workers, food system workers, and managers and legislators are more balanced (Figure 3).

However, even within a gender-balanced profile at group level, some subgroups may have a substantial gender imbalance. For instance, 80% of cleaners are women, while 76% of refuse workers and 69% of building and housekeeping supervisors are men.

There are also substantial differences within gender-unbalanced groups: among health workers, 81–86% of personal health workers and nursing professionals are women, while doctors and paramedics are more balanced (women constitute 58%). Similarly, for

Figure 3: Women as a share of critical worker groups, EU, 2021 (%)



education workers, 85% of primary school teachers and childcare workers and teachers' aides are women, while university teachers are more gender balanced (57% are women).

Sociodemographic characteristics

Table 1 summarises the sociodemographic characteristics of the critical worker groups.

Education: The critical workers group differ according to educational attainment, reflecting the levels of skills and qualifications required for their jobs. The vast majority of managers and legislators, education workers, office workers and ICT workers have a tertiary education, whereas most food system workers, protective services workers, transport workers, cleaners and refuse workers, and manual workers have a secondary education.

Age: A critical worker's average age is 43.5 years, varying from 41 years for manual workers to 48 years for managers and legislators. In the context of an ageing population and workforce, and growing labour shortages, it is notable that cleaners and refuse workers, education workers, health and care workers, and managers and legislators have an ageing profile, with 22% or more of workers aged 56 or above. By comparison, 19% of all

critical workers and 18% of the whole EU workforce are aged 56 or over.

Employment contract: The majority of critical workers have permanent employment contracts. However, some groups include substantial shares of self-employed workers – 43% of food system workers and 16% of managers and legislators. In other groups, many have non-permanent employment contracts – cleaners and refuse workers (24%), education workers (24%), and manual workers (22%). The shares of part-time workers vary between the groups, being largest among cleaners and refuse workers (38%), education workers (30%), and health and care workers (29%).

Working time: Usual working hours vary across the groups. Managers and legislators, food system workers, and transport workers reported the longest weekly working hours – 44 hours or more per week, which is longer than the EU average of 38.9. Cleaners and refuse workers, education workers, and health and care workers reported the shortest working weeks, which indicates the high prevalence of part-time work in these groups and possibly precarious situations in which individuals work very few hours but would prefer to work more.

Table 1 (part 1): Summary of sociodemographic characteristics of critical worker groups

	Predominant educational level	Average age (years)	% aged 56+ years	% self-employed
All critical workers	Secondary (57%)	43.5	19	12
Cleaners and refuse workers	Secondary (79%)	44	23	5
Education workers	Tertiary (78%)	45	23	4
Food system workers	Secondary (77%)	42	17	43
Health and care workers	Tertiary (54%)	43	22	10
ICT workers	Tertiary (71%)	42	16	5
Managers and legislators	Tertiary (77%)	48	26	16
Manual workers	Secondary (85%)	41	13	3
Office workers	Tertiary (74%)	45	20	13
Protective services workers	Secondary (62%)	43	15	1
Scientists and engineers	Tertiary (61%)	43	19	5
Transport workers	Secondary (85%)	44	17	11

Table 1 (part 2): Summary of sociodemographic characteristics of critical worker groups

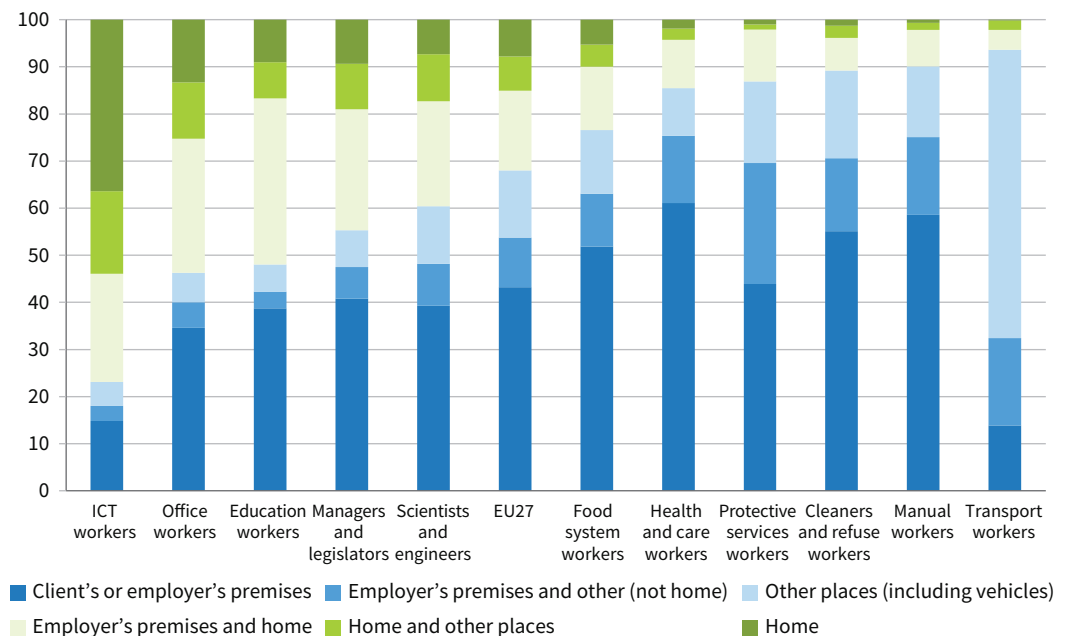
	% with non-permanent contracts*	Usual working hours	% part time	% in teleworkable jobs
All critical workers	18	39.0	21	59
Cleaners and refuse workers	24	33.0	38	16
Education workers	24	33.6	30	83
Food system workers	18	44.4	19	10
Health and care workers	20	37.3	29	18
ICT workers	11	40.0	8	95
Managers and legislators	11	45.2	6	65
Manual workers	22	38.6	14	0
Office workers	13	39.0	19	55
Protective services workers	18	43.0	7	0
Scientists and engineers	11	42.0	6	31
Transport workers	15	44.0	10	22

* These include contracts of limited duration, temporary agency contracts, apprenticeships or other training schemes, and no contracts.

Teleworkability: The jobs of critical workers have different levels of teleworkability (the possibility of working remotely) and are carried out in different places. Most transport workers, manual workers, protective services

workers, health and care workers, cleaners and refuse workers, and food system workers have non-teleworkable jobs and tend to work in their employers’ premises or in other places, such as vehicles (Figure 4).

Figure 4: Place of work of critical workers, EU, 2021 (%)



Job quality of critical workers

The job quality of critical workers was investigated by means of a job quality index comprising six dimensions: physical and social environment, job tasks, organisational characteristics, working time arrangements, job prospects and intrinsic job features (Eurofound, 2022a). Each of the dimensions is broken down into subdimensions, representing job demands, which require effort and can have physical or psychological costs, or job resources, which support the performance of work tasks and can have a positive impact on health and well-being. Each subdimension is captured using indicators from the EWCTS data.

The quality of the working environment is measured as the difference between the number of job resources and the number of job demands. A job is described as strained when

the number of demands exceeds the number of resources and as resourced when the number of resources exceeds the number of demands.

Overall job quality

The job quality index indicates that 30% of workers in the EU were in strained jobs in 2021, a worrying finding given that workers in strained jobs are at greater risk of poor health and well-being. Figure 5 shows that six critical worker groups had more workers in strained jobs than the EU average: health and care workers, cleaners and refuse workers, transport workers, food system workers, manual workers and protective services workers.

It is notable that half of health and care workers were in strained jobs (44% of men and 52% of women), while only 23% were in moderately or highly resourced jobs (25% of men and 22% of women). Among health and care workers, the subgroup of nurses and

Figure 5: Job quality index, by critical worker group, EU, 2021 (%)



Note: The numbers at the start and end of each bar indicate the total percentage of workers in strained and resourced jobs, respectively.

midwives stands out, with 65% in strained jobs; for doctors, this share was 43%. This contrasts with ICT workers, among whom nearly 70% were in moderately or highly resourced jobs, and only 12% were in strained jobs.

This snapshot indicates that the conditions under which critical workers performed their jobs during the pandemic were very diverse. By examining the job demands and job resources of the various groups in more detail, we will be able to better understand how different those experiences were. The sections that follow discuss selected findings from the analysis.

Job demands

Job demands were measured through the following subdimensions: physical risks, physical demands, intimidation and discrimination, work intensity, unsocial work schedules, and perception of job insecurity.

Physical risks and demands

Health and care workers, as well as food system workers, cleaners and refuse workers, and, to some extent, manual workers were more exposed to physical risks and physical demands than other groups or the average EU worker (Figure 6).

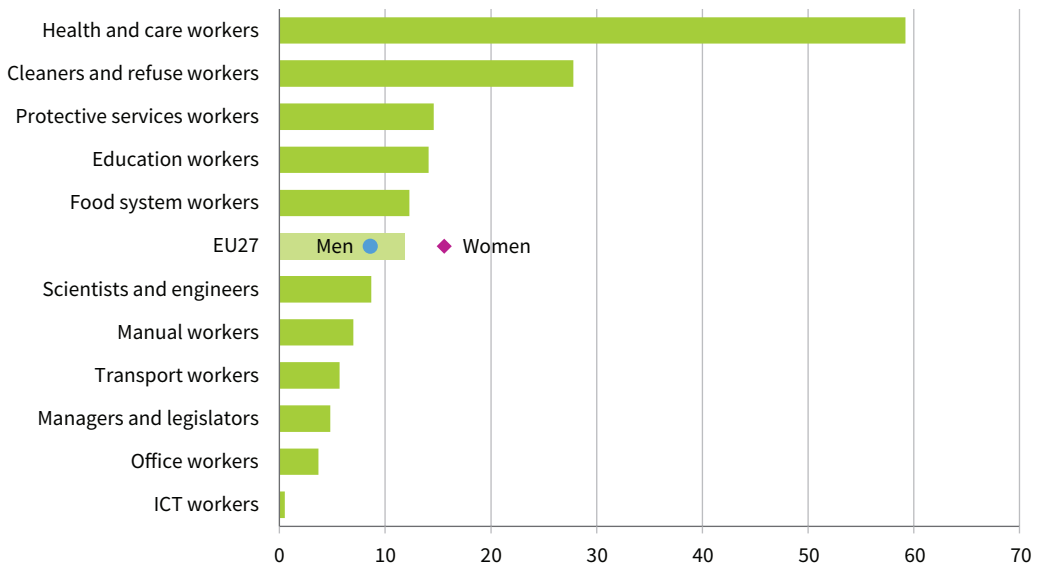
One physical risk that was very salient during the COVID-19 pandemic was exposure to infectious materials. Close to 60% of health and care workers reported handling or being in contact with infectious materials often or always (Figure 7). Within this group, the share ranged from 42% of technicians and other health workers to more than 80% of nurses and midwives.

The second critical worker group with a large share of workers exposed to infectious materials (nearly 30%) was cleaners and refuse workers. Although 14% of education workers, on average, were exposed to infectious materials, the share was 26.5% among childcare workers and 20% among primary teachers, reflecting the specific nature of their jobs, which involve frequent close contact with children.

Figure 6: Job demands, by critical worker group, EU, 2021 (index 0–100)

	Physical risks	Physical demands	Intimidation and discrimination	Work intensity	Unsocial work schedules	Perception of job insecurity
Health and care workers	80	75	31	79	62	32
Food system workers	68	79	17	63	63	46
Protective services workers	54	56	35	66	83	31
Transport workers	52	64	22	62	71	40
Manual workers	66	72	16	62	51	35
Education workers	67	45	19	64	66	29
Cleaners and refuse workers	69	67	22	50	37	35
Managers and legislators	34	35	15	75	67	30
Scientists and engineers	51	36	13	67	53	26
Office workers	20	32	20	73	45	26
ICT workers	17	26	9	58	45	26
EU27	49	52	18	66	52	32

Figure 7: Handling or being in contact with infectious materials, EU, 2021 (%)

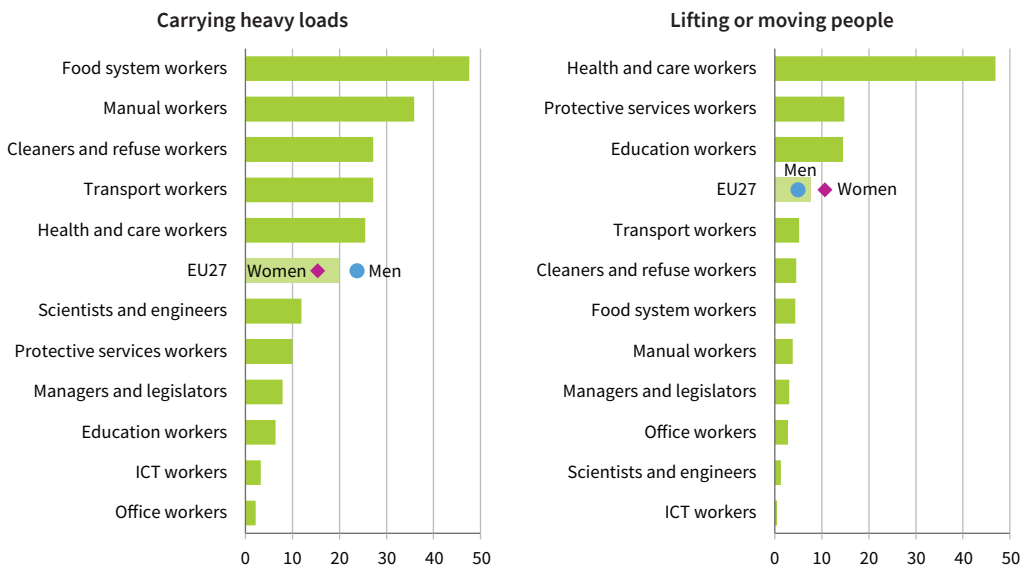


Note: The percentage of workers who always or often handled or were in contact with infectious materials.

In terms of physical demands, a large share of food system workers (48%) reported carrying heavy loads, which is nearly matched by the large share of health and care workers whose

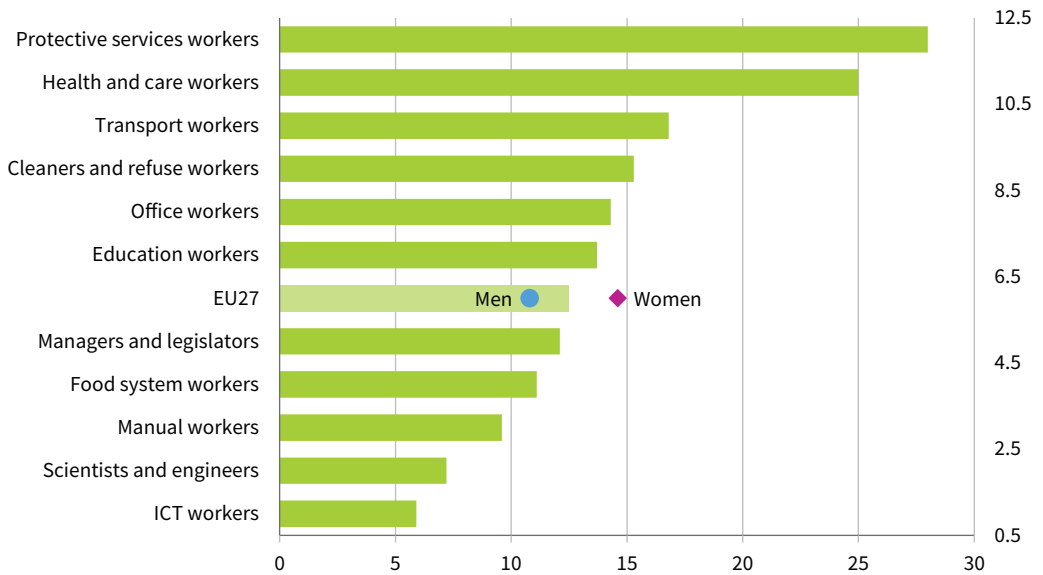
work involved lifting or moving people (47%) (Figure 8). The task of lifting or moving people was particularly common for nurses and midwives (68%) and personal care workers (66%).

Figure 8: Physical demands, EU, 2021 (%)



Note: The percentage of workers whose job always or often involved carrying heavy loads or lifting or moving people.

Figure 9: Exposure to adverse social behaviour, EU, 2021 (%)



Note: The percentage of workers who were always or often exposed to adverse social behaviour.

Intimidation and discrimination

Intimidation includes verbal abuse and threats, unwanted sexual attention, and bullying, harassment or violence – collectively known as adverse social behaviour. It is another area where differences between groups are quite stark. Protective services workers were most exposed to some type of adverse social behaviour at work, with 28% reporting it, followed by health and care workers (25%) (Figure 9).

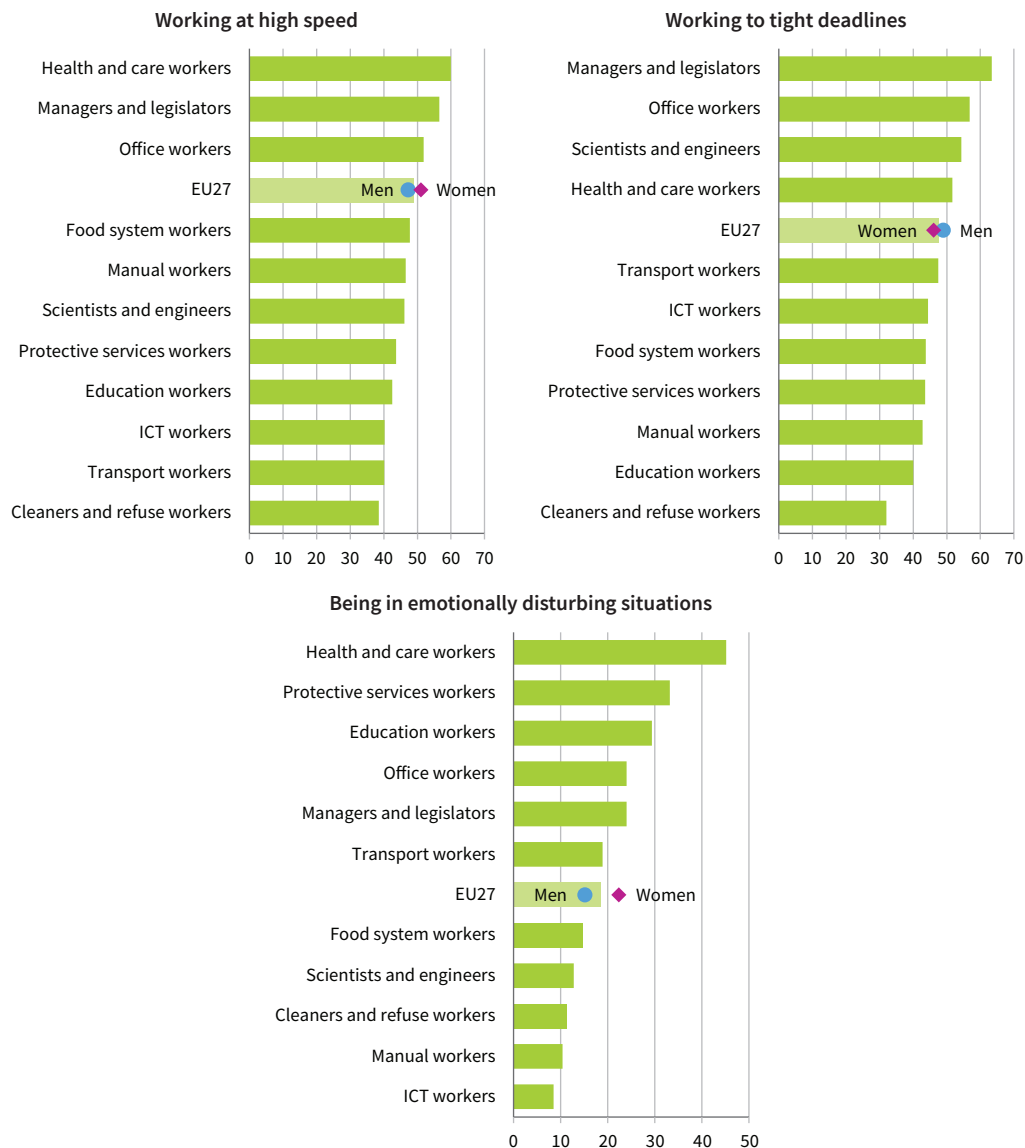
The largest share of workers who reported exposure to any type of adverse social behaviour was among the subgroup of nurses and midwives (one in three). In general, more women than men, especially young women, reported being subject to adverse social behaviour. Among workers who routinely

interacted with clients, customers, pupils and so on in their job, the share was double that of those who did not have contact with third parties (Eurofound, 2022a).

Work intensity

Work intensity encompasses working at high speed, working to tight deadlines or being in emotionally disturbing situations. Figure 10 shows that above-average shares of workers in the managers and legislators group, the office workers group, and the health and care workers group always or often worked at high intensity. Health and care workers are the most concerning group in this respect, having the largest shares of all groups working at high speed (60%) and dealing with emotionally disturbing situations at work (45%).

Figure 10: Work intensity, EU, 2021 (%)



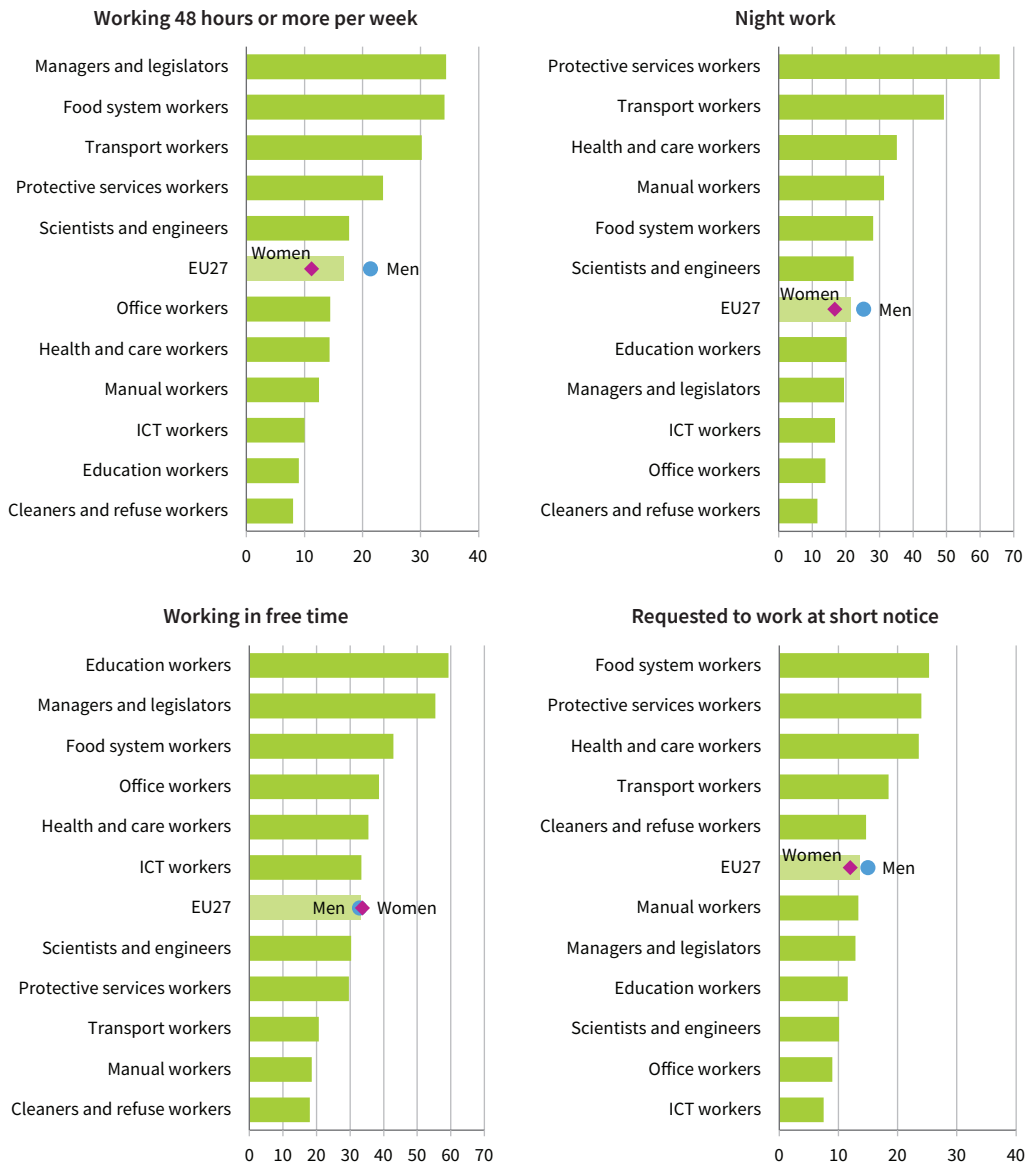
Note: The percentage of workers whose job always or often involved working at high speed, working to tight deadlines or being in emotionally disturbing situations.

Unsocial work schedules

Unsocial work schedules particularly affected protective services workers and transport workers, who often experienced a combination of long working hours (48 hours or more per week), night work and requests to work at short notice (Figure 11). A large share of food

system workers also reported long hours, requests to work at short notice, night work and working in their free time. Education workers and managers and legislators are the groups with the largest shares of workers reporting working in their free time to meet work demands at least several times a month (59% and 55%, respectively).

Figure 11: Unsocial work schedules, EU, 2021 (%)



Note: The percentage of workers who sometimes, often or always worked at night; who worked in their free time several times a month, several times a week or daily; or who were requested to work at short notice several times a month, several times a week or daily.

Perception of job insecurity

Job insecurity was most common among food system workers, followed by transport workers (see Figure 6). The COVID-19 pandemic may have exacerbated pre-existing levels of job insecurity among workers in these two groups.

For food system workers, job insecurity was related in part to their economic status: 43% of the group overall and 56% of the food production workers subgroup (which makes up 70% of the whole group) were self-employed, and one in four of these self-employed workers

was dependent on a single client (meaning their income sources were not diversified).

Looking at just one aspect of job insecurity – the perceived possibility of losing one’s job within six months – transport workers, manual workers, and cleaners and refuse workers were those with the worst prospects (Figure 12).

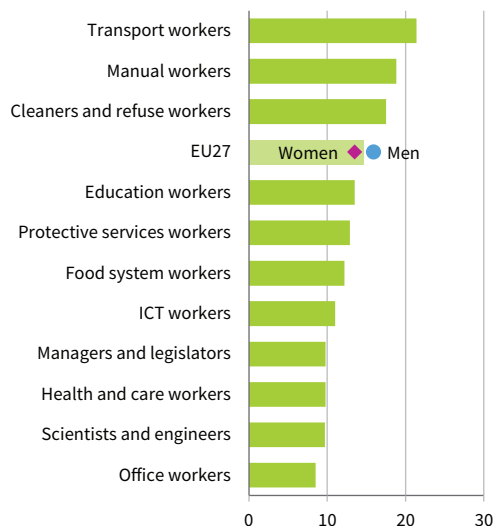
Job resources

Job resources were measured in eight subdimensions: social support, task discretion and autonomy, organisational participation, flexibility in working hours, training and learning opportunities, opportunities for career advancement, intrinsic rewards, and opportunities for self-realisation.

Social support

Social support from colleagues and management has been found to have a positive impact on workers’ health and to increase workers’ engagement at work (Eurofound, 2019). It was relatively high and in line with or above the EU27 average for most critical worker groups (Figure 13). The exceptions

Figure 12: Possibility of losing one’s job within six months, EU, 2021 (%)



Note: The percentage of employees who tended to agree or strongly agreed that they might lose their job in the coming six months.

Figure 13: Job resources, by critical worker group, EU, 2021 (index 0–100)

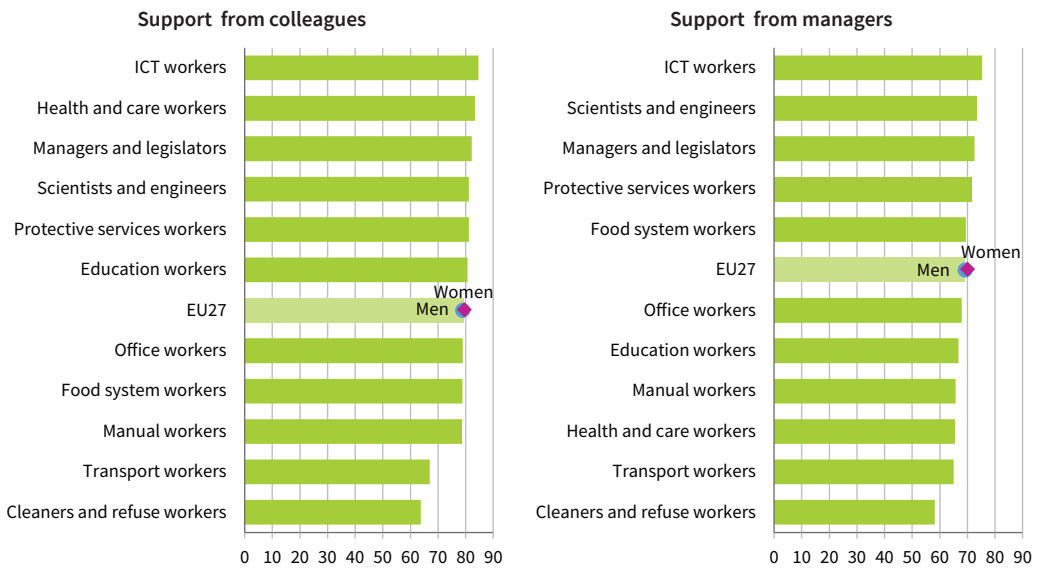
	Social support	Task discretion and autonomy	Organisational participation	Flexibility in working hours
Cleaners and refuse workers	72	67	43	33
Transport workers	73	54	41	26
Food system workers	71	64	55	30
Manual workers	84	64	47	32
Protective services workers	86	57	48	21
Health and care workers	84	63	52	18
Education workers	84	76	59	20
Office workers	81	82	58	36
Scientists and engineers	86	79	66	39
Managers and legislators	85	85	77	38
ICT workers	89	88	66	49
EU27	81	73	57	33

	Training and learning opportunities	Career advancement	Intrinsic rewards	Opportunities for self-realisation
Cleaners and refuse workers	56	15	39	61
Transport workers	71	19	37	67
Food system workers	71	21	32	61
Manual workers	75	21	33	59
Protective services workers	88	26	30	60
Health and care workers	88	21	32	62
Education workers	90	12	29	57
Office workers	88	21	30	49
Scientists and engineers	90	21	36	47
Managers and legislators	88	24	36	55
ICT workers	93	28	38	50
EU27	81	21	35	57

were food system workers, transport workers, and cleaners and refuse workers, with fewer than average receiving such support. Health and care workers had one of the largest shares

of workers who received support from colleagues but one of the smallest shares who received support from managers (Figure 14).

Figure 14: Social support at work, EU, 2021 (%)



Note: The percentage of workers always or often received support from their colleagues or manager.

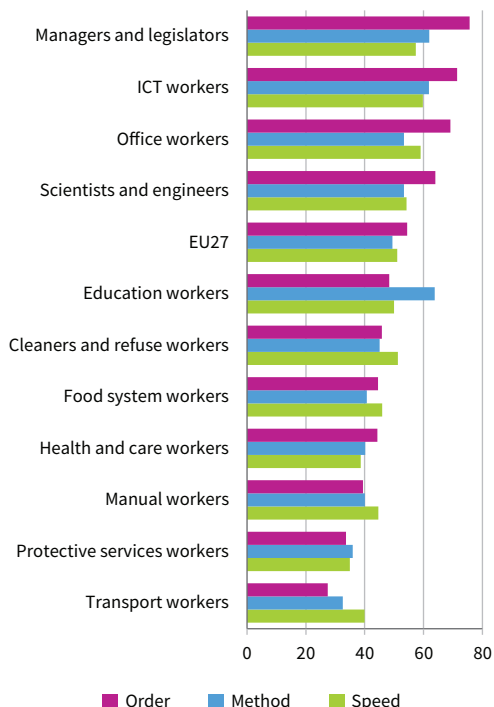
Task discretion and autonomy

Task discretion and autonomy – the ability to choose or modify the order of tasks, the methods of performing tasks or the speed of work – have a positive effect on health and well-being. They were quite high for white-collar critical workers: managers and legislators, ICT workers, office workers, scientists and engineers, and, to some extent, education workers (for methods) (Figure 15). Task discretion and autonomy were substantially lower for transport workers and protective services workers, and also notably lower than average for manual workers and health and care workers.

Organisational participation

Organisational participation – the ability of employees to influence or to participate in decisions that are important for their work – varies greatly across the groups, but not so by gender (Figure 16). A lack of participation was not a problem for most managers and legislators, as indicated by the high proportions who were involved in improving work organisation or work processes or who were consulted before objectives were set for

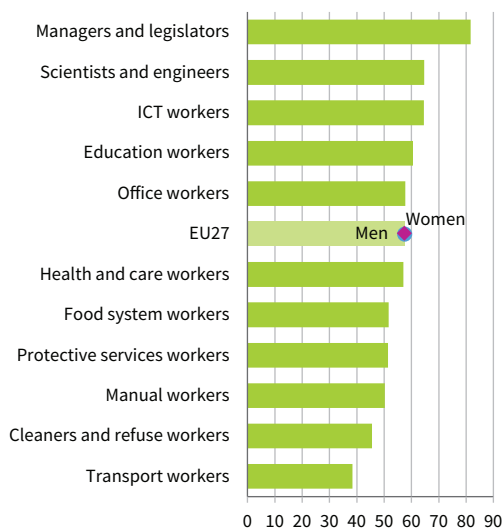
Figure 15: Task discretion and autonomy, EU, 2021 (%)



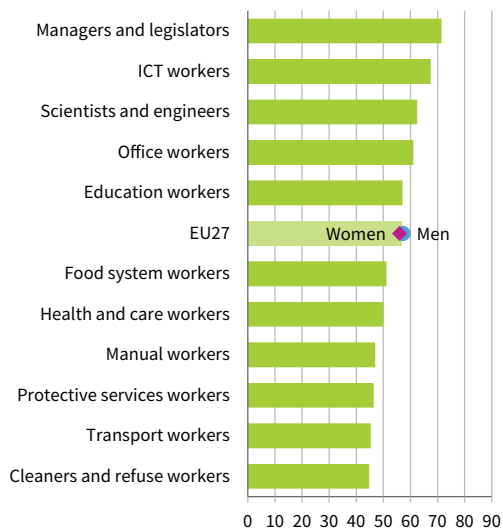
Note: The percentage of workers who always or often could choose the order, method or speed of tasks.

Figure 16: Organisational participation, EU, 2021 (%)

Involved in improving work organisation or work processes



Consulted before objectives are set for their work



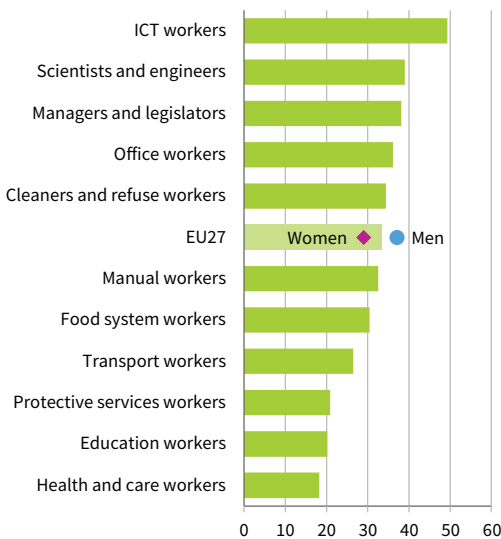
Note: The percentage of workers who were always or often involved in improving the work organisation or work processes of their organisation or were consulted before objectives were set for their work.

their work. High proportions of ICT workers, scientists and engineers, and, to some extent, education workers and office workers also had the opportunity to participate. However, the numbers are much lower among transport workers, cleaners and refuse workers, protective services workers and manual workers.

Flexibility in working hours

Having the flexibility to adapt one’s working hours – indicated by the ability to arrange very easily to take an hour or two off work to deal with private or family issues – is beneficial for workers’ well-being and supports a healthy balance between personal and working life. However, while this flexibility was available to close to 50% of ICT workers and 34–39% of scientists and engineers, managers and legislators, and office workers, it was available to only around 1 in 5 protective services workers, education workers, and health and care workers (Figure 17). On average, more men (37%) than women (29%) found it very easy to take an hour or two off. The largest

Figure 17: Flexibility in working hours, EU, 2021 (%)



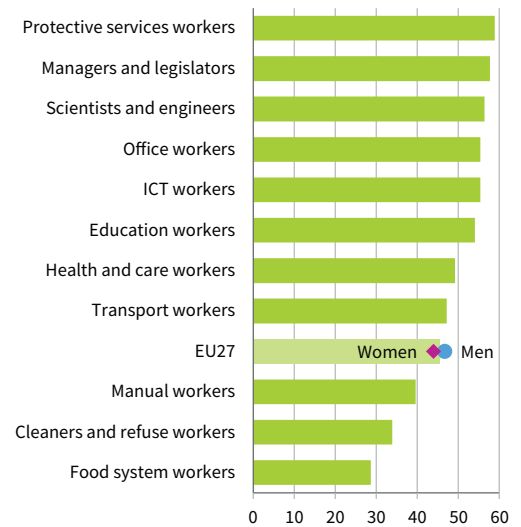
Note: Percentage of workers who were able to very easily take an hour or two off work to deal with private or family issues.

gender gaps were among education workers (28% for men and 17% for women), office workers (42% for men and 32% for women), and health and care workers (23% for men and 17% for women).

Training and learning opportunities

Most critical worker groups fare as well or better than the EU average in terms of training and learning opportunities. Overall, in the EU, 45% of employees received training paid for or provided by their employer in 2021 (Figure 18).

Figure 18: Training provided or paid for by the employer, EU, 2021 (%)



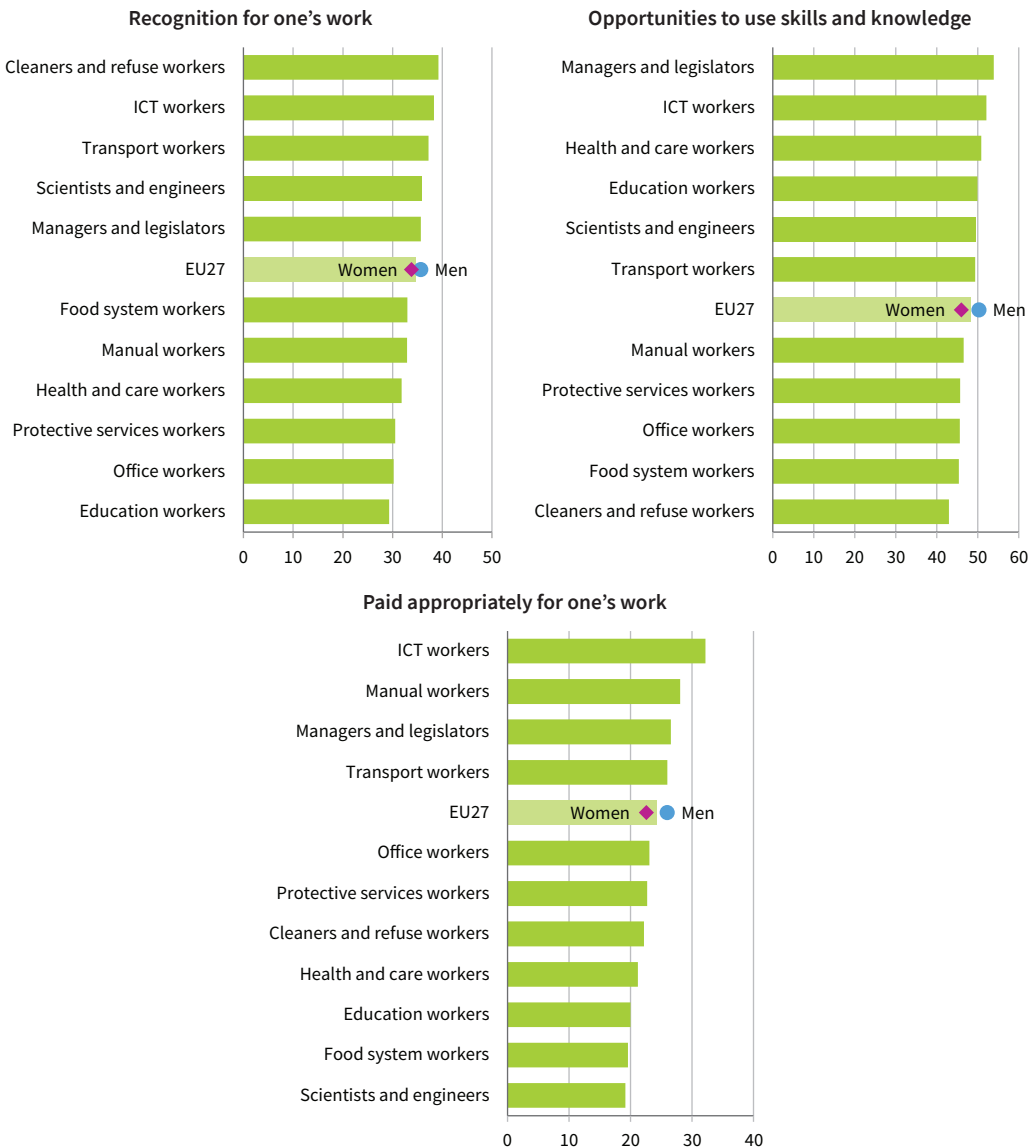
For protective services workers, managers and legislators, scientists and engineers, office workers and ICT workers, the percentages were in the range of 55–59%. However, only 33% of cleaners and refuse workers (42% of men and 27% of women) and fewer than 30% of food system workers (30% of men and 28% of women) received such training. The finding regarding cleaners and refuse workers is concerning, as they (alongside education workers) also had one of the lowest percentages with career advancement possibilities.

Intrinsic rewards

Intrinsic rewards refers to receiving deserved recognition for one's work, having opportunities to use one's skills and knowledge, and being paid appropriately for the efforts put into work. These rewards are not received equally across the critical worker groups (Figure 19). Education workers stand out as the group with the

smallest share of workers who strongly agreed that they received recognition (29%), combined with a small share who felt paid appropriately for their work (20%). Food system workers rank low among the groups in terms of feeling appropriately paid for their efforts (around 20%) and having opportunities to use their skills and knowledge at work (45%).

Figure 19: Intrinsic rewards, EU, 2021 (%)



Note: Percentage of workers who strongly agreed that they received the recognition they deserved for their work, had enough opportunities to use their knowledge and skills in their job, or felt paid appropriately for their efforts and achievements in their job.

Cleaners and refuse workers are the group with the smallest share of workers who reported having opportunities to use their skills and knowledge, but close to 40% of them felt they received the recognition they deserved at work. Scientists and engineers had the smallest share who felt appropriately paid but had larger-than-average shares who reported receiving recognition and having opportunities to use their skills.

Despite the gratitude expressed by the public towards health and care workers during the pandemic (demonstrated by the daily public clapping across Europe’s towns and cities), only around one in three reported receiving the recognition they deserved, and only around one in five felt they were paid appropriately for their work.

Sustainability of working life of critical workers

In addition to the job quality of critical workers, the sustainability of their work is an important concept to examine, as it determines their ability, willingness and motivation to perform their work now and in the future.

Sustainable work is defined as the interplay between working and living conditions ‘such that they support people in engaging and remaining in work throughout an extended working life’ (Eurofound, 2015). This section examines four specific aspects of workers’ experiences of working life that are important elements of sustainable work (Eurofound, 2021a):

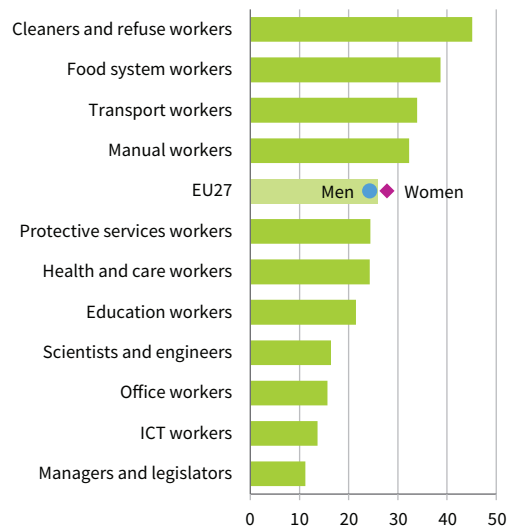
- economic hardship – the ability to sustain a household by covering its expenses, based on income from work and other sources
- employee representation – the extent to which workers have organised structures in their workplace, such as a trade union, works council or similar committee, to represent their interests
- work engagement – an outcome of the working environment reflecting the emotional commitment of employees to their organisation

- workers’ health and well-being – a precondition for sustainable work

Economic hardship

The ability to make ends meet is a well-established indicator of economic hardship, which takes into account income from work and other types of income such as social benefits received by the household. The perceived ability to pay for basic needs depends on many factors, such as income, the number of household members, health-related needs, commitments and consumption patterns. Nearly half of cleaners and refuse workers (45%) had difficulty making ends meet (Figure 20). Part of the problem for these workers might be low hourly pay combined with a short working week (only 33 hours on average). Manual workers, transport workers and food system workers are other groups with large shares of workers who reported difficulty making ends meet (between 32% and 38%).

Figure 20: Economic hardship, EU, 2021 (%)



Note: Percentage of workers who reported having some difficulty, difficulty or great difficulty making ends meet.

Education workers, health and care workers, and protective services workers also deserve attention, given that between 20% and 25% reported economic hardship.

The picture is more diverse among certain subgroups. For example, only 5% of doctors and paramedics reported having difficulty making ends meet, but the share was as high as 39% for personal care workers. Among education workers, one in three childcare workers and teachers' aides reported economic hardship, compared with 14% of university and secondary school teachers.

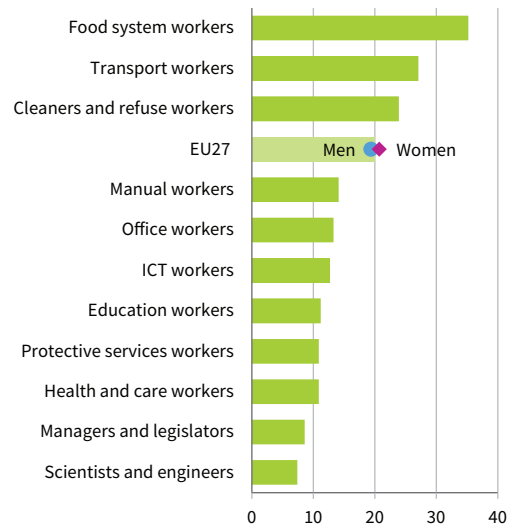
Employee representation in the workplace

Employee representation is the right of employees to seek a union or individual to represent them for the purpose of negotiating with management on such issues as wages, hours, benefits and working conditions. As Figure 21 shows, not all critical workers have access to such representation. The shares of employees lacking formal representation are larger than the EU average among cleaners and refuse workers, transport workers and especially food system workers, where 35% of employees² do not have access to formal representation, diminishing the possibility that their working conditions are monitored and improved.

Work engagement

Work engagement is the experience at work of a 'positive, fulfilling, work-related state of mind that is characterized by vigour, dedication, and absorption' (Schaufeli and Bakker, 2003, p. 4).

Figure 21: Employees without formal employee representation in the workplace, EU, 2021 (%)



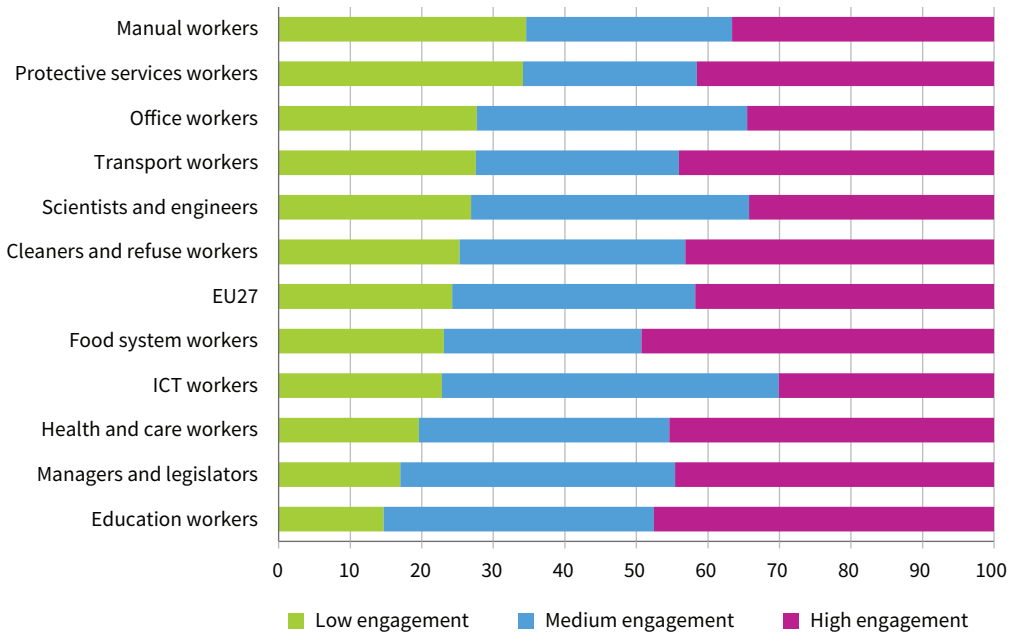
Note: Formal employee representation can take the form of a health and safety representative or trade union, works council or other representative body in the workplace.

Having job resources improves work engagement, which in turn has a positive effect on workers' health and well-being.

Manual workers and protective services workers have the largest shares of workers with low levels of engagement (Figure 22). By contrast, despite experiencing relatively poor job quality, health and care workers and food system workers have levels of engagement that are notably high and on par with those of managers and legislators and education workers.

² Some 57% of food system workers are employees and 43% are self-employed.

Figure 22: Levels of work engagement, EU, 2021 (%)

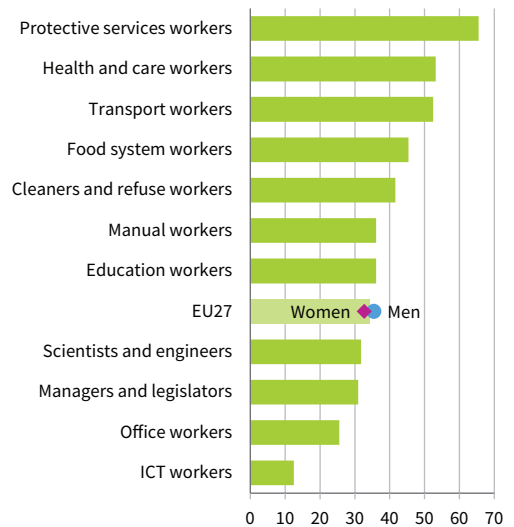


Health and well-being

Staying healthy physically and mentally is key to ensuring that workers remain employed and contribute meaningfully at work until retirement. COVID-19 not only threatened workers’ health but also heightened their awareness of possible contagion in the workplace, challenging their feelings of safety at work, leading to anxiety and uncertainty. Two-thirds of protective services workers and over half of health and care workers and transport workers reported feeling that their health and safety was at risk because of work (Figure 23). Conversely, only 13% of ICT workers reported this concern; the low percentage is linked to their ability to work remotely.

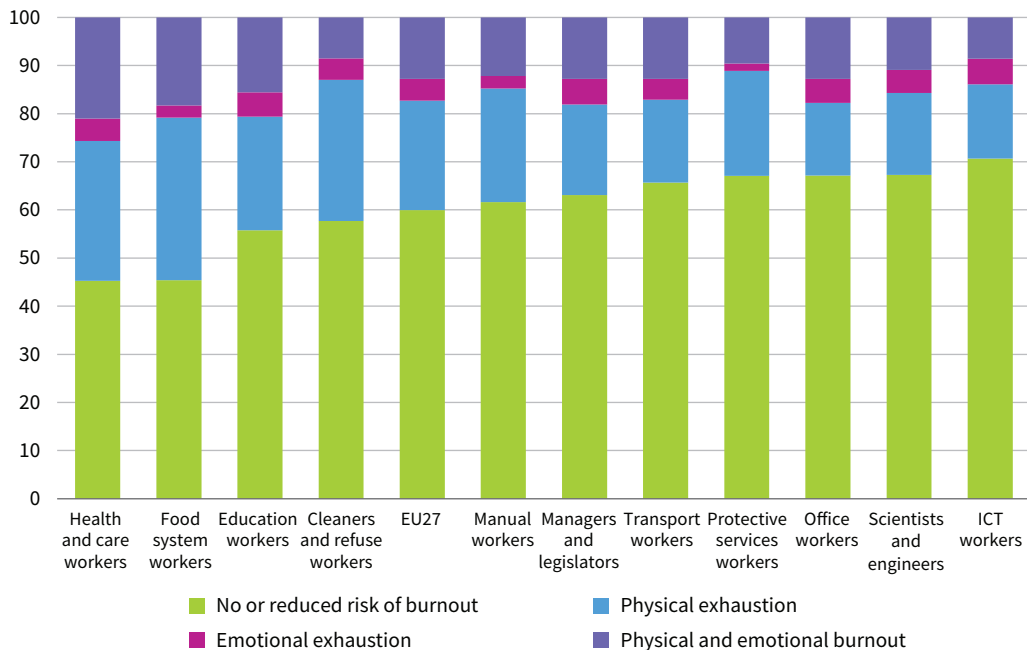
Research shows that job demands, including work intensity, unsocial working hours, and physical and emotional demands, are important predictors of impaired health at work, expressed through exhaustion and ultimately through burnout (Eurofound, 2019).

Figure 23: Health and safety at risk because of work, EU, 2021 (%)



Overall, more women than men experienced physical and emotional exhaustion, which is one key dimension of burnout, in 2021 (43% and 37%, respectively).

Figure 24: Risk of burnout, EU, 2021 (%)



Health and care workers and food system workers raise the most concern in this respect, with more than half of workers in both groups indicating some type of exhaustion or risk of burnout (Figure 24). Once again, ICT workers, scientists and engineers, and office workers were less exposed to certain job demands and therefore showed fewer – though still concerning – signs of exhaustion or risk of burnout.

Support for critical workers during the pandemic

The members of the Network of Eurofound Correspondents were asked to provide information on up to three initiatives introduced during the COVID-19 pandemic in each of the Member States aimed at improving the working conditions of critical workers. A total of 47 initiatives were identified. Most involved the creation of new legislation or adaptation of existing legislation (18) or aimed to support or recognise the efforts made during

the pandemic (18). A few collective agreements were also identified, mostly dealing with wages, working conditions or both in specific critical sectors or groups of workers (7).

Most of the measures addressed the needs of health and care workers (22), while others targeted the entire workforce (6) or combinations of various sectors or occupations, usually including health and care workers (4). A few measures targeted transport workers (railway workers, bus drivers and truck drivers) and farmers or agricultural workers. The remaining individual measures were aimed at various types of workers, including education workers (mostly teachers), municipal workers, police force workers and hotel workers, or very specific groups of critical workers such as those at high risk of COVID-19 infection or with childcare responsibilities.

Wages, bonuses and financial support was the area covered most commonly by the measures identified – most measures related to these were directed at health and care workers. Measures also addressed working conditions in

general or some aspects of working conditions, such as rest days, working hours, training opportunities and methods for determining workload. Several of these measures are permanent, and the changes instituted have remained after the pandemic. Significantly, seven of the measures relate to the recognition of COVID-19 as an occupational disease, which is crucial to ensuring that employers provide the right working conditions to protect workers from contracting it. These measures covered either the entire working population (in France, Latvia and Slovakia) or health and care workers specifically (in Germany, Spain and Sweden, and Norway).

Challenges ahead

The Network of Eurofound Correspondents was also asked to provide a national perspective on the labour market situation for critical workers in each of the Member States. The common denominator in the majority of countries is the difficulty filling job vacancies in some critical occupations. Healthcare, social care and agriculture were the sectors about which most concerns over labour shortages were raised.

According to the information collected, and to specific Eurofound research on labour shortages in the EU, the pandemic exacerbated staff shortages in the healthcare sectors of many countries, especially shortages of nurses and specialised doctors (Eurofound, 2021a, 2023). Heavy workloads, long working hours, the long duration of medical training for doctors and the low wages for nurses are some of the main reasons that the sector is unattractive to workers. Some of these deterrents are the result of the major restructuring that the healthcare sectors across the EU have undergone over the last few decades, especially with the implementation in some countries of austerity policies in the aftermath of the 2007–2008 financial crisis (Eurofound, 2022b). Representatives of the European social partners in the hospitals and healthcare sector interviewed for this study confirmed that this was the case.

Worsening staff shortages in healthcare were mentioned in relation to Austria, Belgium, Bulgaria, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Latvia, Lithuania, Malta, Poland, Spain and Sweden. Hungary, Portugal and Romania (and Norway) also reported high numbers of vacancies in the sector, although the situation had been improving or at least not getting worse at the time of the consultation. Pressure on the sector is slowly increasing as a result of an ageing population requiring greater medical care, an ageing workforce and a global shortage of health professionals.

Another sector negatively affected by staff shortages is social and personal care. Shortages are currently being experienced in Austria, Belgium, Czechia, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Lithuania, the Netherlands, Romania, Slovakia, Slovenia and Spain. As with the healthcare sector, low salaries and heavy workloads make a career in the sector less attractive than in other sectors (Eurofound, 2020a). Furthermore, the workload for workers in social care is increasing with the ageing population.

Substantial labour shortages were also identified in agriculture. Belgium, Cyprus, Czechia, Estonia, Greece, Latvia, Poland and Romania (and Norway) reported a lack of seasonal workers in agriculture, resulting in difficulties during harvest season. Low salaries, travel restrictions during the pandemic and poor working conditions in general were singled out as the main reasons for the situation.

The 2023 *Employment and social developments in Europe* report confirms persistent labour shortages over the last 10 years in many of the occupations identified as critical (European Commission, 2023b). It is also one of the main challenges identified by the EU sectoral social partners interviewed. Staff shortages or unattractive jobs are considered to be problems by at least one side of industry in five sectors: hospitals and healthcare, education, food and drinks, industrial cleaning, and local and regional government. Difficult or poor

working conditions were mentioned as a challenge in all five sectors, especially by trade union representatives, who partly explain staff shortages and the unattractiveness of some jobs in their sectors by reference to suboptimal working conditions (Table 2).

There are also important sector-specific challenges. Trade unions raised the issue of recognition of COVID-19 as an occupational disease in hospitals and healthcare.³ Inadequate financing of the education sector was raised by employer representatives as a significant obstacle to ensuring good-quality education. Employers in the food and drinks sector identified the fragmented and dispersed legislation covering many different areas (such

as packaging, food safety and labelling) as a big challenge for the sector, which distracts from its important social and economic role. Procurement rules that give preference to bidders with the lowest prices were mentioned by both trade unions and employers in industrial cleaning as an issue that could impair the sustainability of the sector, including in terms of providing good working conditions and retaining staff. Third-party violence was mentioned by the trade union representatives of the local and regional government sector as a growing problem, particularly affecting workers dealing with the public (in public services and health services, for instance).

Table 2: Sectoral challenges in the wake of the COVID-19 pandemic identified by sectoral social partners

	Workers	Employers
Hospitals and healthcare	Staff shortages Need for recognition of COVID-19 as an occupational disease Privatisation Stress (partly caused by staff shortages) Low pay	Staff shortages Mental health problems Attractiveness of jobs
Education	Working conditions: precarity, low pay, career advancement and training Digitalisation Privatisation	Attractiveness of the teaching profession Inadequate financing of sector Green and digital skills
Food and drinks	Low pay (rising cost of living) Staff shortages Difficult working conditions	Fragmented legislation (on packaging, food safety, labelling and so on) Social, economic and environmental sustainability
Industrial cleaning	Procurement rules (lowest price) Working conditions: time pressure, health and safety, physical demands and low pay Shift work and night work	Attractiveness of jobs and staff retention Physical demands Work-life balance Procurement rules
Local and regional government	Twin transition Third-party violence Low pay and gender pay inequality Staff shortages Health and safety	Skills and staff shortages (for digital jobs) Attractiveness of the sector Funding and privatisation

³ In November 2022, the Commission adopted a recommendation adding COVID-19 to the list of recognised occupational diseases (European Commission, 2022).



Policy pointers

Striking the right balance between protection of essential workers and protection of society

Many of the essential workers who rose to the challenges of the COVID-19 pandemic experienced job strain, indicating poor job quality, which is linked to increased risk of poor health and well-being. Policy measures to support these critical workers did not cover all groups, excluding those less visible and not on the frontline. Critical workers across all occupations need to be recognised and supported, especially in times of crisis.

Improving job quality

Job quality can be improved through two separate but complementary mechanisms.

- **Reduction of job demands:** Jobs with a mix of excessive job demands, such as an unsocial work schedule, exposure to adverse social behaviour, high work intensity and job insecurity, deter workers from remaining in or taking up such jobs. Although some of these job features are hard to change (night work or exposure to

emotionally disturbing situations, for instance), efforts to reduce them, which are not necessarily costly, would not only make those jobs more attractive but also have a positive impact on workers' health and well-being.

- **Increase in job resources:** Resources including social support, autonomy, participation in organisational decision-making, training and learning opportunities, career development, and opportunities for self-realisation make jobs attractive. Endeavours that aim to increase the resources available to workers are not necessarily costly for employers and can boost workers' health, well-being and levels of engagement.

Developing sustainable work practices

Policies and practices to improve the job quality of critical workers and the sustainability of their work practices should be complemented by specific actions and policies targeting those at high risk of experiencing job strain – health and care workers, food system workers, and cleaners and refuse workers.

Such actions must not only address the challenges experienced today but help to protect critical workers' future working lives. This means:

- limiting the medium- and long-term scarring effects of current conditions on workers' health and well-being
- promoting work practices that support workers' ability to use and develop their skills
- promoting workers' work–life balance as their personal circumstances and caring responsibilities change
- supporting workers' engagement in work and improving their financial situation
- ensuring sufficient public investment in these essential occupations and their working conditions

Addressing gender stereotypes

Many groups of critical workers, in particular those who score worst on job quality, operate in occupations and sectors that are highly imbalanced in terms of gender. Increasing job quality and sustainable practices is a key factor in supporting the creation of a more diverse workforce in these occupations and sectors and in enlarging the pool of potential candidates. Stereotypes that lead to the persistence of gender segregation in the labour market must be addressed. European and national job quality strategies that mainstream gender equality are needed.

Addressing labour shortages in critical occupations

Critical occupations that are currently suffering from labour shortages could be made more attractive to workers through the improvement of job quality.

In order to have an engaged, adaptable, skilled and resilient workforce where workers are needed the most, the jobs must be of high quality, with fewer job demands and more job resources. It also means that workers must be protected from economic hardship, with pay in line with the value they provide to society.

A resilient, fairer and inclusive EU requires good job quality for all, including critical workers

The EU's capacity to deal with future shocks, crises and possibly polycrises while navigating the demographic, digital and green transitions will depend greatly on the conditions under which critical workers will be able to perform their work. While some of the critical workers during the COVID-19 pandemic – typically workers in white-collar jobs – enjoyed good working conditions and job quality for the most part, other groups experienced a combination of job demands that diminished their job quality, and this was reflected in the finding that large shares of workers were in strained jobs.

These workers included health and care workers, food system workers, cleaners and refuse workers, transport workers, manual workers and protective services workers, whose health and well-being were at risk and continue to be at risk because of poor job quality and the weaker sustainability of the work practices they experience. If this is not changed, it is likely to exacerbate labour shortages, reducing the capacity of our societies to function and to provide quality services.



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Eurofound topic 'Job quality': <https://eurofound.link/jobquality>

Eurofound topic 'Sustainable work': <https://eurofound.link/sustainablework>

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During the COVID-19 pandemic, a diverse collection of workers ensured the functioning of our societies. In a time of crisis, they maintained access to healthcare, long-term care and other essential goods and services, including food, water, electricity, the internet and waste treatment. These were the COVID-19 pandemic essential, or critical, workers, many of whom risked their physical and mental health by continuing to go to work during the pandemic.

This policy brief investigates the job quality of these critical workers, making use of unique sources of information, including data from the European Working Conditions Telephone Survey 2021, data gathered by correspondents from across the Member States and interviews with EU-level social partner representatives from selected sectors. It examines the experiences of work among critical workers during the pandemic, and highlights imminent challenges to the sustainability of their work. The aim is to discover whether these workers are equipped to support society through future shocks and crises.

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency established in 1975. Its role is to provide knowledge in the area of social, employment and work-related policies according to Regulation (EU) 2019/127.

