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European Commission
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Concern: DG Employment Public Consultation on a new EU Strategy on Occupational Safety and Health at Work

Dear Commissioner László Andor,

The EFN welcomes the Commission public consultation on a new EU Strategy on Occupational Safety and Health at Work. More than ever, investing in the EU workforce is imperative if the EU is to take active and concrete initiatives to foster competitiveness and growth. Extremely related to the EU initiative on New Skills and New Jobs, hopes are placed on the EU workforce as the main driver for change and innovation to effectively cope with the challenges the economic downturn has brought upfront. EU discussions are focusing on determining and ensuring the EU workforce has the right skills and competencies to match labour needs effectively. But only a healthy workforce that feels safe at the workplace would be able to make this happen. Therefore, EFN believes in the need for a new EU OSH Strategy that must:

1. Link to the EU flagship initiatives (European Innovation Partnerships) and foster collaboration with stakeholders and social partners;
2. Define clear objectives, actions, implementation tools and measurable outcomes;
3. Need to focus on clear and limited priorities;
4. Working conditions and health at work are crucial to support citizens;
5. Focus more on the healthcare sector and on the need to invest in health;
6. Embrace in its actions the EU Workforce for Health as a precondition for success, ensuring there is an established relation between the number, diversity and competencies of the healthcare workforce.
7. Ensure that patient rights and healthcare professionals' values are respected and encouraged by all people involved.

Based on the EFN members input, we are confident that your services will strengthen the new OSH Strategy, with a major focus on implementation. At current times of austerity, the EFN calls on the EU Agency (OSHA) to move beyond awareness raising towards a more supportive role for Member States to take the new strategy forward and to be an enabler of facilitating the exchange of experiences and good practices on health and safety at work from all EU Member States.

Best regards,
Paul De Raeve
EFN General Secretary

EFN input to DG Employment Public Consultation on a new EU Strategy on Occupational Safety and Health at Work

1. Do you agree with the assessment of the EU OSH strategy? Did it lead to tangible results?

The EFN believes that the assessment of the EU OSH strategy is a very comprehensive and informative report, but not critical enough to boost innovation and as such this consultation will need to gather a more practical evaluation from healthcare stakeholders and civil society allowing them to design a new OSH strategy 2014-2020, fitting other EU strategies and flagships to strengthen its impact and efficiency at times of austerity.

There is no doubt that through the European Strategy on Safety and Health at Work 2007-2012 tangible results have been achieved since 2007 and many players need to be congratulated for this enormous step forward. However, stakeholders will need to change their mind-set and use the today's identified weaknesses to urgently improve health and safety at work within the healthcare sector. As rightly mentioned in the evaluation report, a strong point of the OSH strategy was the intention to actively involve a wide range of actors in its implementation but somehow it was not appropriately achieved which has resulted in a lack of ownership of the initiative and stakeholders and civil society feeling not having been engaged enough.

The economic downturn since 2008 influenced the implementation of the OSH strategy in a number of ways which the evaluation report has not been able to determine with certainty. However, from the analysis and recommendations set out in the EFN report "Caring in Crisis: the impact on the financial crisis on nurses", consequences of the economic downturn are: unemployment, less job security, constraints in resources, increased workload and reduction in high qualified personnel. Furthermore, closely link to their will and ethical commitment to deliver care, nurses whose workload has been enormously increased, continue committed to deliver the same care to a larger number of patients, at the expense of their own health and well-being, which is leading to increased stress and burn-out, and an overall lack of safety for the public as well as for professionals themselves.

This commitment of nursing professionals is nevertheless not enough *per se* due to the current economic adjustment policies. Therefore we are undergoing a new phase of insecurity in healthcare, never seen in the past, whose dramatic consequences are proved by the scientific evidence provided in this field, both in the US and in Europe. Quality and safety are in a deep crisis as a result of the current policies of cutbacks that do not take sufficiently into account the necessary reform in terms of actual governance^{1,2}.

¹ Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA 2002; 288(16):1987-1993.

² Aiken LH, Clarke SP, Cheung RB, Sloane DM, Silber JH. Educational levels of hospital nurses and surgical patient mortality. JAMA 2003; 290(12):1617-1623).

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On the other hand, the latest research carried out in this field was RN4CAST³, developed within the 7th Framework Program of Research and Technological Development concluded that the organization of work in hospitals and the number of nurses have an impact on nursing and on patient outcomes. A good and safe working environment is linked to a higher degree of patient satisfaction.

Mobilizing patients, especially in nursing homes or in long term care services, exposes workers to the risk of injuries involving specifically the lumbosacral spine and it correlated with stress and absence from work⁴. There are also studies⁵ that confirmed the multiple factors involved in the phenomenon of burnout and the need to pay particular attention to the wellbeing of health professionals working in care and treatment of cancer patients via individual measures associated with other organizational measures.

2. In order to improve workplace safety and health, do you consider it necessary to continue coordinating policies at EU level or is action at national level sufficient?

For the EFN, developing a new OSH strategy for 2014-2020 is an obvious step needed. Especially at a time where healthcare is facing severe cuts having an impact on patients' outcomes (Aiken, 2011). Therefore, the new developed strategy needs to support the healthcare and social care sector in all EU Member States by putting in place effective mechanisms to put in practice all EU formulated recommendations. In order for any EU strategy to be more effective, even cost-effective, the new OSH strategy 2014-2020 must be built on the existing, impactful and measurable initiatives where the EU can play through its strategy scale up good existing good practices. Similarly, the European Innovation Partnership strategy, three pillar focussed designed roadmap, can be coordinated at EU level while embracing local, regional and national initiatives.

In that sense, the EU Health Workforce is an important player when designing a new European Innovative Partnership in promoting health and safety at the workplace. As working conditions and health at work are crucial to support citizens, the EU institutions need to go beyond raising awareness. Raising awareness is not at all enough in times of austerity. European citizens are in need of way much more!

The logic behind a new European Innovation Partnership (EIP) relates to investing in a high quality work environment contributing to fostering economic growth by boosting productivity and creating employment. The EFN members have the evidence (RCN, Frontline First) that when empowering good existing practices in designing safe and healthy workplaces, local and cost-effective initiatives reduce the high costs of work related accidents and diseases for social security systems while increasing the wellbeing of all workers and professionals, including nurses. An EIP can go beyond helping coordinating national policies and activities. The new strategy can upscale impactful results

³ <http://www.rn4cast.eu/es/>

⁴ Caciari T., Casale T., Sacco C., Chighine A., Di Pastena C., De Sio S., Antetomaso L., Prenna A., Marchione S., Colasanti V., Antuono V., Di Marzio A., Penna M., Zangrilli A., Tomei G., Rosati M.V. (2013) Lombalgie e infermieri esposti a movimentazione manuale dei carichi. Journal of Prevention and Research in Medicine, 3(2), ISSN:2240-2594, <http://www.preventionandresearch.com/lombalgie-e-infermieri-esposti-a-movimentazione-manuale-dei-carichi.html> (accessed 8 July 2013).

⁵ Caruso A., Vigna C., Bigazzi V., Sperduti I., Bongiorno L., Allocca A. (2012) Burnout among physicians and nurses working in oncology. La Medicina del Lavoro, 103(2): 96-105.

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which contributed to the well-being of nurses active in the healthcare sector. Having an EU approach helps building the necessary synergies and partnerships to actively upscale “what is good” and participating actively in new implementation research in order to bring in the evidence that supports future policy developments. As such, policy design is not a theoretical exercise; it becomes instead the driver of change based on up-scaled cost-effective initiatives.

3. If you deem such a framework at EU level is necessary, explain why. Which aspects should be covered?

Having a strategy, framework, roadmap at EU level facilitates the development of interlinks with different policies and initiatives. What is clear is that it must be designed to be a support for workers, professionals, employers and employees, and not being limited to a set of recommendations for Member States, as providing guidance is no longer enough to have impact. Each priority and each action must be supported by technical expertise and funds, and the social cohesion funds are the better placed instrument for that as it reaches out to local change. To that end, Social Cohesion Funds must be strategically planned and prioritised and so have to be the national operational programmes. Patchwork is not permitted at a time of economic downturn where citizens are losing their job and risking ending up in poverty!

In times of austerity, health and safety protections are often seen as a soft target and an area, which can be cut back on without any immediate consequences. Workers who fear for their job security or are not in receipt of occupational sick pay schemes, will often continue to work through musculoskeletal pain and stress or not report workplace injuries or poor working conditions for fear of being targeted for redundancy. It is essential that the economic case for investment in good health and safety standards at an organisational, national and EU wide level is an integral element of the strategy. It is especially important to stress the societal costs of occupational diseases, which often do not have an immediate impact. It is also important for an EU strategy to have synergy with other EU wide policies such as those relating to the environment, public health, social policy, active ageing and the provision of health care.

Any designed strategy on safe and health at the workplace needs to link activities to allocated EU funds. Cost-cutting policies and practices are affecting OSH investments. Especially in the healthcare sector, the drastic reduction of staff and replacement of qualified staff by lower qualified workers puts more pressure on the remaining nurses as the skill-mix does not match users’ needs. In addition to that, it is a reality that workers are forced to undertake further riskier tasks against a backdrop of scarce employment opportunities, also in the healthcare sector. The EFN believes that the health and social care sector must be better addressed in the new EU strategy, acknowledging the differences in certain occupational diseases between men and women. Gender should become more prominent in the design of the strategy. It is therefore essential to consider those gender sensitive initiatives that will have an impact on helping implementing the new EU OSH strategy. An EU and European workforce of 6 million nurses, of whom 92% are women, has the potential to make their own practices safe and healthy as far as the strategy reflects their priorities, values and views.

Level of commitment

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1. With respects to your answer to the above questions, is there a need for a new EU OSH Strategy or should alternative measure be considered? Please explain.

The EFN believes that OSH policy is not only a matter of new laws and legislative texts, but it is essential to put in place the necessary mechanism to support local, regional and national initiatives at the workplace level, especially within the healthcare system. The OSH strategy on paper is easy to design, easy to negotiate. Implementation implies concrete activities and available tools in place to support “putting in practice”. Due to austerity, targeted social cohesion funds, engagement of frontline workers, scaling up innovative models (see example of European Innovation Partnership on Active and Healthy Ageing) and stakeholder engagement, of which social dialogue is one of the most important pillars to build the OSH strategy. The social partners have an important role to play in designing and implementing occupational safety and health policy at local, regional and national level. It is needed to continue strengthening social dialogue to design initiatives within the OSH strategy and as such ensuring workers’ and professionals representatives are given a greater coordinating role in the systematic governance and management of occupational risks within the healthcare sector.

Additionally, in order to achieve measurable improvements of the working conditions and a reduction of occupational accidents it is necessary to combine different instruments: Necessary European legislation, social dialogue in the hospital sector, existing good practices (mapping is needed), awareness raising and networking, mainstreaming from a cost-effectiveness perspective and boosting corporate social responsibility. EFN believes that a fundamental precondition for reaching the objectives of any EU strategy is to effectively support stakeholders and particular the employers and employees in making use of implemented coherent national and local strategies in the EU Member States.

2. If EU level action is necessary in order to improve workplace safety and health, do you consider it necessary to set broad goals and priorities and to coordinate national policies at EU level?

Focusing on setting broader goals and priorities is irrelevant at this difficult time of the EU economic situation. We need a very specific sectoral approach with very specific, limited priorities and a timetable. The assessment report highlighted the appropriateness of the objectives of the previous strategy that could remain in the new one, with a further update of some targets. It is clear from the report that most Member States effectively implemented the strategy into their national law. However, the implementation at the workplace and daily reality remains lacking. As such the OSH strategy stays a theoretical exercise while 6 million nurses do not benefit from it. We can turn this around in the new designed strategy by focussing less on the process and more on outcomes.

The EFN wants to bring in the experience with the Directive 2010/32/EU on prevention from Sharp Injuries whose implementing period finished in May 2013. Transposing the directive by the given deadline is a major challenge for several Member States who fear the costs that the implementation might impose on the existing budgetary pressures. The duality exists that governments claim the legal transposition is made (compliance with the Acquis) while in the workplace almost nothing is changed. Also in this care, Member States, regional authorities are not using the social cohesion funds to transpose the directive into daily practice in all Member States. Equally, the transposition of Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the

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application of patient rights in cross-border healthcare and the executive Directive 2012/52/EU of the Commission of 20 December 2012 establishing measures to facilitate the recognition of prescription forms issued by another Member State should also be considered.

3. What would be the added-value of including specific targets into a possible new EU OSH policy framework to measure progress in improving workplace safety and health in the EU?

The target set by the Commission on the EIP on Active and Health Ageing is to reach engagement and scaling up in 53 regions in the EU. This target worked as regions started beyond the pan-European networks to focus on one specific topic (prevention, integrated care, independent living).

The EFN is of the opinion that including specific targets helps monitoring and evaluating the progress made. However, as it is covered in the assessment report, Member States have found very difficult to manage and monitor quantitative targets (experiences from France, Denmark, UK, Austria, Greece, Hungary, and the Netherlands). The current trend is moving away from setting specific targets towards a policy of monitoring a set of measures that helps to indicate progress towards the general goals of the strategy. It should also be considered to formulate a common European goal for inspection of the working environment at the workplaces. E.g. by implementing a common European minimum ratio for the number of employees per inspector or minimum ratio for how often workplaces must have inspection.

A remaining challenge when evaluating progress identified in the assessment report is the need for recent, updated and comparable data. On a positive note, the Commission uses the IMI system for free movement “on the spot”. Therefore, more efforts should be oriented to facilitate the gathering of accurate and updated data and to harmonise the existing reporting systems in the EU. For the health sector, DG Sanco is exploring how to move forward after the EUNETPAS Project (in particular WP3) was finished. Several initiatives at EU level in different sectors are also struggling with the inaccuracy of data. EU initiatives on Health Workforce and Quality of Care are looking into better addressing the data availability and the reporting and learning synergies. The EFN sees great potential of establishing better guidelines and collaboration in this regard.

Measures to indicate progress in the new EU OSH policy framework: (specifically addressed to the health sector)

- A safe device index;
- A occupational risks index;
- A return to work index;
- A nursing staffing levels and nurse-patient ratio index;
- A skills mix and skill needs index;
- Students leaving Nursing Training Courses index;
- European Continuous Professional Development Framework

4. Should a new policy framework include a list of objectives, actions, calendars and actors involved in the implementation of actions or should it be limited to setting a vision for the future, and a definition of goals and priorities?

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The policy framework 2014-2020 should set out clear sectoral objectives, concrete actions linked to the Social Cohesion Fund, and other EU funding systems (such as Horizon 2020), and the full range of actors implementing the actions and measuring their impact for the citizens! The citizens need to know what the EU is doing for them! The newly designed OSH strategy needs to take into account the structural changes taking place when reforming healthcare systems, and especially focussing on the new ways of organising services, healthcare services, (integrated care, community care and self-management) with the use of new technologies. The EIP is therefore a key part of the OSH strategy.

Specific objectives:

- Develop coherent national roadmaps within the EU OSH strategy suited to the specific context of each Member State;
- Make the necessary interlinks with related policies that affect the delivery of OSH objectives (workforce policies, education, finance);
- Define concrete activities linked to each of the objectives providing adequate technical and financial support to undertake them;
- Encourage changes in behaviour and promotion of a preventive culture;
- Better identify, anticipate potential risks by horizon scanning, exchanging knowledge and developing new knowledge which can be transferred into practice;
- Develop monitoring tools to track and monitor progress;
- Identifying and applying the appropriate combination of different EU instruments available.

It would be helpful if the new OSH strategy facilitates the exchange of experiences and good practices on health and safety at work from all EU Member States. As a worth-mentioning example, Denmark found a relationship between the nursing night shifts and the incidence of certain kinds of cancer. The result was a number of recommendations from both Danish and International researchers to prevent circadian rhythm disorders. As a result of the researchers' recommendations, the Danish Working Environment Authority has changed their current recommendations. Again, it is more about the way we organise care than the care itself.

Content of a new EU OSH policy framework

1. What are the key challenges in the OSH area? How would you prioritise them?

It is also a great challenge to secure a modern European health and safety act which matches all relevant problems at the workplaces.

Looking into what is happening in practice and as the evaluation report clearly highlighted, the EFN is convinced that a key challenge to be addressed in the new OSH strategy is "implementation". Recommendations at EU level and guidance are only helpful if adequate tools and support is put in place to take these recommendations forward. Currently, the Commission develops guidelines to implement Council recommendations while there are no funds allocated in the SCF to make it happen. This leads to a lot of EU initiatives which risk to be criticised by the citizens as nothing is in for them.

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As the health sector is concerned, there are many challenges that the economic recession has brought upfront having a significant impact of workers' safety and health and on their life in society. These identified issues should be taken into account and connected if the new OSH strategy is to make a real impact on the "frontline" so to combat and overcome excessive workload leading to stress and depression, harassment and violence at work (which is increasing in the healthcare sector)^{6, 7}, and some specific occupational diseases of which back pain is one of major concern in nursing. There are good examples to prevent violence at work, and as an example in Finland, the employer is by law responsible to provide occupational healthcare and to conduct a survey on the standards of health and safety in the workplace.

Further, it causes great challenges that many employers as well as governments perceive investments within working environment issues as a burden for companies and business competitive power. The EU Commission has conducted research that shows that investment in good working environment gives the investment back more than twice. The EU Commission should stimulate increased research in working environment and the advantages it gives.

Lastly, it is important that working environment is not seen as an isolated policy, but that is integrated into other policies e.g. employment policy, health policy, education policy and others.

2. What practical solutions do you suggest to address all or some of these challenges?

An Occupational Safety and Health Strategy has major implications for different sectors, enterprises, national governments, evaluation services, occupational health services, social security schemes, professional organisations, educational and training institutions, etc. All stakeholders thus need to engage in OSH as a vital component of good governance and performance rather than a burden. The EFN suggests the following solutions:

1. Adequate workforce planning/ skill-mix and skill needs horizontal scanning;
2. Focussing on primary and community care next to the hospital sector;
3. Putting in place an EU Skills Council setting out a transparent competency framework for the entire nursing profession, with nursing activity indicators and healthcare outcomes;
4. Education on risk identification and prevention: undergraduate, postgraduate and continuing education shall include health and safety at work; Develop new knowledge and understanding of the concepts of hazards and risks and how they may be better prevented and controlled. The EIP on OSH needs to incorporate the Industry designing the tools for the nurses to use in daily practice;
5. Well-trained health and safety representatives with the best possible conditions to carry out their task;
6. Qualified guidance, easily accessible for the enterprises;

⁶ Hintikka, N. & Saarela, K.L. 2010. Accidents at work related to violence – Analysis of Finnish national accident statistics database. *Safety Science*, Volume 48, Issue 4, ss. 517-525.

⁷ Rasimus, M. 2002. Insecurity as workmate. Insecurity and violence at the emergency unit of a hospital. Kuopio University Publications E. Social Sciences 98 . 2002. 173 p. (Turvattomuus työtoverina; Turvattomuus ja väkivalta sairaalan päivystyspoliklinikalla. Kuopion yliopiston julkaisuja E. Yhteiskuntatieteet 98.) Available at: <http://www.uku.fi/vaitokset/2002/isbn951-781-937-4.pdf>

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7. Social Cohesion Funds allocated to support the network of teachers to teach and to enable liberating nurses to undertake education activities;
8. Exchange best practices on ratio design (number nurses/patients) and its positive impact on patient outcomes;
9. Research for quality assurance (see experience of Magnet Hospitals) with the design of clinical/care pathways;
10. Build and maintain a preventative safety and health culture at the workplace;
11. Audit guidance for Occupational Safety and Health management systems;
12. Guidelines on mainstreaming gender in OSH policies;
13. Increased attention on young and newly employed people, as these groups – regardless of sector – are in increased risk of being injured.
14. To improve OSH evidence on the economic benefits by building on experience and research to be undertaken in this area.
15. Synchronisation and use of new technologies to facilitate the data collection and reporting on occupational incidents/diseases.
16. Develop new posts for LINK NURSES to implement the OSH roadmap at the workplace.
17. Awareness campaigns to prevent violence at work, to make both patients and health professionals understand that violence in any form should be totally unacceptable in caring situations.

3. Do you consider that such a framework should develop initiatives to provide further protection for vulnerable groups of workers and/or for workers in specific high risk sectors?

The EFN believes that vulnerable groups should be addressed specifically. Due to the variety of the health sector, nurses are considered as a vulnerable group as they are usually in high exposure of risks such as dangerous or toxic materials, needle-stick injuries, contamination, musculoskeletal disorders, stress and depression. It is equally important when designing the OSH strategy to take gender into account.

Mobility of professionals, nurses being the most mobile in the EU, deserves special attention. Workers from other countries can face an increased risk of exploitation as a result of a possible lack of knowledge of the different legislation and working conditions. National safe working procedures might also vary from one country to another.

4. Do you consider that measures for the simplification of the existing body of EU OSH legislation should be included in such a political instrument? If so, which ones would you suggest?

No. European legislation on working environment is relatively simple and easy to understand. A simplified EU legislation on working environment is not a goal in itself. Simplification is not necessarily leading to better quality.

When setting priorities, the EFN focus is on prevention besides implementation, implementation and implementation. Simplification could take up a lot of energy while daily practice needs urgent support due to austerity in the health and education sector.

5. Do you think that such a framework should specifically identify and address the challenges posed by the ageing of the working population? If so, which measures would you suggest?

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The EFN believes that the ageing workforce is a particular challenge that need specific actions which was insufficient addressed in the EIP on Active and Healthy Ageing.

The Social Dialogue in the hospital sector has put the ageing workforce high on its political agenda in the past years. The recommendations of the dialogue should be taken up in the next OSH strategy so we do not need to start from scratch when implementing change.

For the health sector, the ageing workforce normally tends to have a greater incidence of chronic occupational illnesses such as cancer and cardiovascular diseases. They might also find harder to accommodate to changing working practices (shift work) and might require longer time to recuperate from illness and injuries. Therefore there is a need to address the OSH risks for ageing workforce and how they can be effectively managed.

An EU strategy must be aware of the fact that a prerequisite to keep the workforce longer time on the workplaces is a preventive working environment contribution through the entire working life. It is important that the whole entire working live has so good conditions so that it allows staff to work full time until retirement.

Measures:

1. Strategies to retain the ageing workforce;
2. Mechanisms to facilitate the reallocation of tasks and responsibilities according to workforce possibilities;
3. Research and analysis of the impact between age and work.

6. What measures would you suggest to reduce the regulatory burden on SMEs and micro-enterprises, including reducing compliance costs and administrative burden, while ensuring a high level of compliance with OSH legislation by SMEs and micro-enterprises?

The EFN believes that adequate funding and implementation support together with a synchronization and complementarity with different strategies and policy initiatives will help ensuring a higher level of compliance.

7. Do you have any views on the role of social dialogue at EU and national level to the identification, preparation and implementation of any new initiatives to improve health and safety at work?

Social Dialogue in the hospital and primary care sector is crucial to get achievable and concrete outcomes for the nurses and the nursing profession when implementing the OSH strategy and roadmap. The Social Dialogue partners need to lead the EIP on OSH and embrace dialogue with the professions concerned, the industry and scientists focussing on some key issues identified in the OSH strategy.

However, social dialogue and similar initiatives must never be used as replacement of necessary European legislation.

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As it has been highlighted broadly in the EFN response, the OSH strategy 2014-2020 requires of a multi-sectoral approach where different stakeholders together with the social partners leading implementation. Moreover, it is extremely important that civil society feels ownership of the strategy to actively participate and promote its implementation, together with an appropriate engagement of the frontline workforce. This can only be achieved with appropriate involvement from the conceptualisation of the strategy alongside all the steps in the process.

8. Add any further aspects that in your view were not sufficiently taken into account by the above questions?

There has not been enough focus on Gender issues. There are well-known gender related differences concerning physical demands of heavy work, the ergonomic design of workplaces and the length of working day, to name a few.

The results of the European Working Conditions Survey 2010 showed that men are more likely to be regularly exposed to physical risks than women, with the exception of handling infectious materials and lifting or moving people. These two risks are particularly prevalent in white jobs, which are predominantly carried out by women. There is also a growing recognition of gender differences with regard to psychosocial working conditions and exposure to psychosocial risk factors. Recognising the difference and diversity of preventive strategies is essential for promoting safer and healthier workplaces. The effect of gender on health needs to be more carefully explored to develop a more effective, cost-effective OSH strategy. Gender sensitive approaches make the differences more visible and help to identify and address specific problems.

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