Health Risk Outlooks by Social Partners – HEROS

The role of national and European social partners for health and safety (H&S) in the hospital and social care sectors in Germany, Italy, Lithuania, Poland, Sweden, United Kingdom (2021 – 2023)

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Executive summary

Focus of the research:

The provision and governance of health and safety (H&S) in the workplace involve multiple actors at multiple levels. At the EU level, the Framework Directive on Safety and Health at Work (Directive 89/391 EEC) guarantees minimum health and safety requirements for European employees. At the same time, member states can maintain or establish more stringent measures.

With this project, we wanted to understand how social partners (trade unions and employer organisations) at national and European levels contribute to H&S in the hospital[1] and social services sectors[2] (focusing on care services for older people). These sectors are characterised by similar health risks for their workers, as emerged during the pandemic, but also by markedly different organisations and providers, in terms of size, public, private, for/not for profit, religious nature, as well as different industrial relations systems and structures of employee representation for H&S. We share the view that patients and care service users are safe when workers are safe.

We, therefore, explored the effectiveness and coordination, if any, of policy H&S interventions between European, national, and organisational levels in the two sectors and the role of social partners in different national systems of collective bargaining and workplace mechanisms of H&S. Effective interventions will ensure better quality ('fit for purpose') and wider coverage (type of care workers and employment status) of good H&S protection for health and care workers.

Research methods:

Given the multi-level nature of H&S policies (from European, to national to organisational level), we employed a comparative multi-level analysis of H&S policies and social partners involvement in six countries characterised by different systems of industrial relations and different structures of workplace H&S representation - Germany, Italy, Lithuania, Poland, Sweden, United Kingdom – in the two sectors that were most affected by the Covid pandemic in terms of workers' H&S – the hospital and elderly care sectors.

We conducted 64 interviews with representatives of social partner organisations and H&S experts at the national and European levels. This includes 49 interviews with national, sector level representatives of trade unions and employers in the six countries of which 30 are affiliated with EPSU, HOSPEEM, or the Federation of European Social Employers (i.e.

[1] NACE 86 - Human health activities.

[2] NACE 87- Residential care activities and NACE 88 - Social work activities without accommodation, except child day care activities and other social care activities without accommodation.

organisations that have some form of (potential) involvement and engagement with the European level of sectoral social dialogue) as well as representatives of the European level of social dialogue for the hospital sector and social services sector (EPSU, HOSPEEM and Social Employers).

Key findings:

- **H&S risks** for nurses and care workers are **similar across countries** and include, importantly, **both physical** (heavy weightlifting, back pain, exposure to harmful toxic drugs, sharp injuries, violence by patients and service users) **and psychological** risks (prominently professional burnout and fatigue);
- H&S risks are exacerbated in countries where staff shortages, turnover, and lack of adequate competence are acute, e.g., in countries of health and care staff *e*migration/drain;
- **National legislation on H&S is the primary source of regulation** for workplace H&S conditions in all countries, but variations depend on, for example, whether both physical *and* psychological risks are covered; or on the involvement of social partners at the sector and organisational level;
- **Collective bargaining (CB)** at the sector level in individual countries is **of complementary importance** to the law. Focusing primarily on pay and working time, CB contributes to workload and staff retention, which have been found to be of key value for a good quality and safe working environment;
- Technological solutions to workplace risks (e.g., heavy weight lifting aids) are sometimes available but not used because of lack of time during the busy, long hours of health and care workers;
- The extent to which **social partners are involved in the definition of H&S** policies and measures is **key in facilitating information on H&S** problems and solutions**, both top-down and, crucially, bottom-up,** i.e. the nature of the workplace structure of worker representation in the area of H&S can facilitate feedback to the employers and intervention to reduce risks;
- Compliance with nationally established H&S standards varies across member states and largely depends on **enforcement mechanisms and institutions**. H&S is regarded as costly, and sanctions are sometimes found more economically efficient; enforcement needs to be combined with knowledge, skills, and sufficient human and financial resources;
- Workplace level structures of representation of H&S can have a positive impact on enforcement. This is particularly so in case studies where there are mixed – union and non-union – systems of worker representation for H&S;
- **H&S conditions are workplace-specific**, esp. in the care sector due to the wide variety of care providers across and within countries; a one-size-fit-all H&S policy might, therefore, not be suitable;
- The **European level** is an essential source of regulation. Still, social dialogue in the relevant sectors **could do more to coordinate activities** at the cross-border level, i.e., between countries and between the EU and national levels.

Research team: *Dr Barbara Bechter* (Durham University, UK), *Dr Sabrina Weber* (Hochschule Pforzheim, DE), *Dr Manuela Galetto* (University of Warwick, UK), *Professor Bengt Larsson* and *Dr Linda Hiltunen* (Linnaeus University), *Dr Dominik Owczarek*, *Dr Jan Czarzasty* and *Maciej Pańków* (Institute of Public Affairs, IAP, PL), *Dr Inga Blaziene* and *Dr Ramune Goubiate* (Lithuanian Centre for Social Sciences).