5. Occupational health and safety inequalities in the EU

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The pandemic has had a major impact on occupational safety and health (OSH) across different constituencies of workers, exposing inequalities in working conditions and gaps in social and legal protection

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Introduction

The pandemic has had a major impact on occupational safety and health (OSH) across different constituencies of workers, exposing inequalities in working conditions and gaps in social and legal protection. If one thing is clear it is that preventing Covid-19 infections is a crucial occupational health issue, as physical working conditions, work organisation, and employment conditions interact with one another, creating inequalities at both the individual and collective levels (Côté et al. 2021).

The EU 1989 Framework Directive is widely recognised as ‘the benchmark law’ (Vogel 2015) that lays down the principles underpinning the EU’s occupational health and safety legislation. It places preventive measures at the heart of occupational health and safety regulation and emphasises collective measures over individual ones. It mandates that all workers should be equally protected by health and safety law, regardless of their status. It lays down the legal responsibility of employers to provide healthy and safe workplaces, and the right of workers to be consulted on their working conditions. This pandemic has confirmed the timeless relevance of the Framework Directive for the world of work, underpinning the reform of some workplace OSH arrangements which had become manifestly obsolete and inadequate as a consequence of the spread of Covid-19 (Cefaliello 2021).

This chapter assesses Member State policies and legislation against the principles of the ‘benchmark Directive’. Rather than striving for a complete overview of the state of play in the EU, we explore a limited number of essential patterns that can be discerned in the development and persistence of deeply entrenched inequalities in the domain of OSH. For example, the division between essential frontline work and ‘teleworkable’ jobs highlights how different patterns and modes of work correlate to different levels of risk exposure, but without necessarily attracting the implementation of any particular or additional safety measures. And Covid-19 is no exception to the conclusions of many studies about major occupational health risks: precarious jobs involve high risks, and intersecting inequalities in risk exposure cut across the axes of gender, migration status, ethnicity, and age.

Last year, our chapter on the impact of the Covid-19 pandemic in the world of work (ETUI and ETUC 2020) concluded that the crisis had been a magnifying glass, exposing existing inequalities in our societies and in the world of work in particular, as well as exacerbating these inequalities (Vogel 2020; Schaapman 2021). Much of this chapter expands on this analytical thread and builds on the evidence that has accumulated during the pandemic.

We start with an analysis of the inequalities in protection against the SARS-Cov-2 virus as a biological agent. Evidence shows that although there is an EU Directive specifically dedicated to this issue, which applies to all workers who run the risk of being exposed, protection has been very unequal between different sectors and professions (Purkayastha et al. 2021; ETUI and ETUC 2020). The second section explores how precarious employment conditions have created OSH hazards in the female-dominated long-term care sector. The third section shifts the scope of our analysis from the frontline sectors to the realm of telework. Even though ‘teleworkable’ jobs are often portrayed as the new frontier of an emerging social divide, our analysis also reveals substantial gender inequalities that are clearly pertinent to teleworking, specifically in the exposure to a number of psychosocial risks (PSR). The section also highlights national differences in an important risk prevention measure in telework, the ‘right to disconnect’. Finally, we explore what happens to occupational health and safety risks when they are not specifically regulated at EU level – that is, when legislation is left entirely to the individual Member States. While the Framework Directive, in principle, covers all OSH risks, most of these risks are also covered by specific, so-called ‘daughter directives’, with PSR being a notable exception. When it comes to PSR regulation, as well as the topic of the recognition and compensation of occupational diseases, there are big differences between the Member States, creating unequal protection for workers in the different regions of the EU.
Disparities in worker protection against biological hazards: the case of Covid-19

Exposure to occupational risks differs greatly according to occupation. When it comes to biological risks, the type of hazardous biological agents to which workers might be exposed (viruses, bacteria, fungi, parasites, etc.) also varies from one sector to another.

Healthcare workers and laboratory workers are, for example, at risk of blood-borne and other infections; workers in agriculture are at risk from zoonoses; forestry workers are at risk from tick-borne diseases; workers in the waste and recycling sectors are at risk of infection from different microorganisms; sex workers are prone to sexually transmissible infections; and so on. Multiple exposure to different biological agents is also quite frequent in workplaces. According to the French Sumer survey on occupational risks, 19.3% of all workers are exposed to at least one biological risk at work (Memmi et al. 2019).

In the particular case of the SARS-CoV-2 virus, the causal agent of Covid-19, practically all workers and occupations are at risk of exposure due to the pandemic situation. Accounting for 28.8% of all infections in France, work has emerged as the second biggest source of transmission of Covid-19, just behind the family sphere (Galmiche 2020).

However, workers from some sectors are at greater risk of occupational exposure to SARS-CoV-2. In a UK study of more than 120,000 employed persons, the risk of healthcare workers testing positive for Covid-19 was over seven times higher than for non-essential workers, while those in social care had a risk that was three times higher (Mutambudzi et al. 2021). Other occupations that involve possible close or direct contact with Covid-19 carriers were also found to be at increased risk of infection: transport workers (taxi, tram and bus drivers), sales assistants, delivery personnel and all those workers who have to work in close proximity to one another in factories, warehouses and abattoirs (ECDC 2020) appeared to be particularly exposed.

Different studies that have looked at low wage workers, workers from ethnic minorities and migrant workers with precarious contracts have shown that these groups face a higher risk of contracting Covid-19 (EU-OSHA 2021). Possible explanations are the cumulative effects of bad living conditions in cramped quarters, a long commuting time to and from the workplace in shared cars or public transport, insufficient or no access to personal protective equipment, presenteeism due to a fear of losing their job even when exhibiting symptoms compatible with Covid-19, and minimal access to healthcare. Another study exploring the heavier impact of Covid-19 among migrant workers also identified a gender dimension to the OSH implications of the pandemic, with migrant women facing a higher exposure to the disease as well as a higher care burden (Purkayastha et al. 2021).

Workers in precarious situations and other vulnerable groups have long been exposed to a cumulative set of difficulties (e.g. type of job contract, long working hours, low income, limited access to training and career opportunities, migratory status) and are therefore faced with disproportionate work-related risks compared to other workers. As demonstrated in the literature about the Covid-19 pandemic, it was thus to be expected that vulnerable workers in essential sectors would be at increased risk of infection. Moreover, a recent scoping review of the literature on the Covid-19 transmission risk to workers in precarious employment and social situations showed that Covid-19 has exacerbated already existing socioeconomic and health inequalities (Côté et al. 2021).

These findings are important if institutions want to improve their preparedness for possible future pandemics and their capacity to provide a safe and decent working environment and adequate social protection for all workers, regardless of their employment status.
Covid-19 as an occupational disease: an equity perspective

As noted above, the exposure of people to the SARS-Cov-2 virus at work during the pandemic has been evident, but the recognition of Covid-19 as an occupational disease remains fragmented globally, including in the EU (Uni Global Union and ITUC 2021; ILO 2021). This lack of recognition has negative impacts on workers.

This section draws on an ongoing ETUI project on Covid-19 as occupational disease; the analysis is based on 19 national reports and two reports of seminars organised in March and June 2021 (Dierickx et al. 2021). There are many technical issues involved in the recognition of occupational diseases, such as the form of national occupational disease lists (open/closed), the definition of clinical symptoms, the time that recognition procedures take, and the diversity of compensation regimes. As the situation evolves in the EU Member States, regarding the possible recognition of Covid-19 as an occupational disease, there are elements that should be addressed from an equity perspective. These include: worker coverage; reporting of Covid-19 clusters, awareness of rights and inspections; and sick pay, benefits and compensation (Figure 5.1).

Worker coverage

Typically, the recognition of Covid-19 as an occupational disease is only possible for workers in certain sectors. Healthcare is one, but even then, there are many limitations regarding, for example, the type of workplace (hospital or community-based care) or employer (public or private), or the severity of the illness. Some other professions for which recognition can be granted include police officers, the military, and border guards. However, depending on the country, many workers who have been working during the pandemic and are at direct risk of contagion at work are excluded: for example, dentists, schoolteachers, providers of home healthcare and domestic services, and administrative, sales, manufacturing, transport and construction workers. Furthermore, the type of employment contract often dictates the possibility of recognition and compensation; for example, it is usually possible for employed workers, but precarious and (bogus) self-employed workers are left outside the remit (examples noted by the participants of an ETUI project on Covid-19 as an occupational disease include contracted workers in healthcare services in Ireland, and long-term care (LTC), hotel, restaurant and construction workers in Sweden).

Reporting and awareness of rights

There is an under-reporting of Covid-19 clusters at workplaces both on the part of employers and of workers. For the former, the lack of reporting can relate to issues such as liability and sanctions, and the latter may lack awareness of their rights in terms of occupational diseases and workplace safety (e.g. migrant workers in Finland), or be afraid that the reporting will...
Sick pay and compensation

Covid-19 infections are high among essential and frontline workers, who are often in low-wage or precarious employment, and for whom loss of income due to quarantine or even illness is not a real option (in Italy, for example, millions of workers are not insured by the National Institute for Insurance against Accidents at Work and do not, therefore, have access to income or benefits). Once an occupational disease has been established, workers can benefit from compensation (although who and what is covered varies across countries). In the case of Covid-19, in addition to acute illness following infection, the long-term health consequences are also of concern, as the current estimates are that 10% of people who get Covid-19 will develop ‘long Covid’, the symptoms of which fluctuate over months (Ayoubkhani et al. 2021; Greenhalgh et al. 2020). A study by the Dutch Lung Foundation with the Universities of Maastricht and Hasselt found that six months after contracting so-called ‘mild Covid’ (that required no hospitalisation), less than 5% of people were symptom-free. Importantly, these were relatively young patients (the average age in the study was 48 years), and their health had been good prior to infection (Longfonds 2021). This issue thus concerns the working-age population and also has implications for people’s safe return to work. Working-age women are twice as likely to report long Covid symptoms than men (Torjesen 2021), and the vast majority of frontline workers in the pandemic have been women, making gender equality an important aspect of the illness’ recognition as occupational. Another concern is that women in particular are known to face difficulties in obtaining recognition for damage to their health in the course of their work in all European countries (Casse and De Troyer 2021). The European Commission Recommendation of 19 September 2003 concerning the European schedule of occupational diseases advocates the recognition of its listed occupational diseases by Member States, with a view to encouraging convergence. The Commission has committed to updating the Recommendation to include Covid-19 by 2022. Monitoring the developments in the recognition of Covid-19 as an occupational disease by the Member States, and particularly vis-à-vis the question of equity, will reveal if and how current inequalities in protection within and between sectors, countries, and workers will be addressed.
Precarious work in long-term care: an OSH risk

As noted in the sections above, workers in a precarious situation face unhealthy and hazardous working conditions, as well as many psychosocial risks stemming from employment insecurity, income inadequacy and a lack of rights and protection (Hassard and Winski 2017; Quinlan 2015, 2021; Kreshpaj et al. 2020). Due to the impact of Covid-19 on the economy, the prevalence of precarious employment is predicted to rise (Eurostat 2020).

Eurostat monitors the precarious employment rate, which is defined as the ‘percentage of employees with a short-term contract of up to 3 months’ (Figure 5.2).

The data show that the share of precarious employment as a percentage of total employment in the EU in 2019 was 2.3%. Countries above this average included Croatia (6.1%), France (5.3%), Belgium (4.4%), Finland (4.0%), Spain (3.9%), Sweden 3.7 (%), Italy (3.5%), Poland (3.2%), Slovenia (3.0%), and Portugal (2.3%) (Figure 5.3). As 2020 was the lockdown year, the data might be considered as an outlier; in the case of precarious work, the reason for a lower percentage does not necessarily indicate fewer short-term contracts but the closing down of sectors where precarious work is common (e.g. tourism), thus leading to an increase in unemployment.

Precarious employment, represented here by short-term contracts, has many characteristics, including low salaries and income security, lack of workplace rights, and poor or lack of access to social security (European Parliament 2016). The right to sickness benefits, including both long-term sick leave and shorter spells of sickness absence, is an important dimension of worker protection, and an issue that has clearly come to a head during the pandemic (Padrosa et al. 2020; Jonsson et al. 2019; see also the section in this chapter on Covid-19 as an occupational disease). Many workers have had to face the dual challenge of coping with financial stress and the risks associated with exposure to the virus, and workers in precarious employment in particular have had to risk their personal health to maintain their jobs and income (Purkayastha et al. 2021).

Research suggests that workers facing financial stressors are at higher risk of adverse safety-related outcomes at work, including lower safety compliance, as well as more injuries and accidents (Sinclair et al. 2020). It is also known that safety hazards in precarious work can be related to having multiple jobs in multiple work sites (Quinlan 2015). A case in point is long-term care work. Due to the financial stressors of job and income insecurity, ‘presenteeism’

Figure 5.2 Precarious employment as a percentage of total employment, EU27 (2008-2020)

Note: Total employment = across all NACE activities (Statistical Classification of Economic Activities in the European Community).
Source: Eurostat. Precarious employment by sex, age and NACE Rev. 2 activity [lfsa_qoe_4ax1r2].
Total employment = across all NACE activities (Statistical Classification of Economic Activities in the European Community).
(i.e. working while sick) has been evident during the Covid-19 pandemic in the LTC sector, where precarious care workers have had to forego confinement to sustain their income. For instance, one study on LTC workers in elderly care in nine European countries during the Covid-19 pandemic highlighted the limited access to sick pay for these workers (Pelling 2021). Data from the UK and Sweden show that care homes with higher levels of infection amongst residents, and a higher prevalence of staff infection, resorted to more frequent use of agency nurses or carers (ibid). Conversely, evidence shows that in care homes where staff received sick pay, infection levels of residents were lower (Shallcross et al. 2021).

Gender-segregated employment patterns combined with persistent undervaluation of women’s jobs, despite the legislation on equal pay for work of equal value, result in women being paid less than men (Fagan and Norman 2020). Data also show that women are more likely to work on temporary contracts. Temporary contracts are more common in the LTC sector (16%) than in healthcare (12%) and in the economy overall (13%) in the EU. In some countries, zero-hour contracts are common in this sector (Eurofound 2020b). Hourly wages are low in the LTC sector, so annual income can also be particularly low, especially for personal care workers (OECD 2020), the vast majority of whom are women in all EU countries (Figure 5.4).

The numerous female migrant carers in the EU face further challenges related to hostile labour market conditions and discrimination (Kuhlmann et al. 2020). In addition to the biological hazard that is the SARS-CoV-2 virus, care work is very demanding, and the LTC sector suffers from high levels of absenteeism owing to sickness (OECD 2020). Furthermore, evidence of the severe mental health impacts of PSR on health and care workers during the Covid-19 pandemic is overwhelming (Franklin and Gkiouleka 2021).

Almost all EU Member States have introduced measures that address social protection for
non-standard workers and the self-employed in the EU during the Covid-19 crisis. The scope of the measures introduced has, however, been uneven; specifically, employees in non-standard employment may not have had access to effective paid sick leave schemes. In addition, all the measures introduced have a temporary character: they apply for the duration of the health crisis due to the pandemic and are not meant to address more structural shortcomings related to access to support and the effectiveness of national systems (Spasova et al. 2021).

The prevalence of precarious employment contributes to the poor working conditions in the LTC sector, highlighting systemic inadequacies in worker protection. The situation showcases the perils of precarious employment in terms of social protection and hazardous working conditions.
A legislative patchwork on psychosocial risks in the European Union

Stress, exhaustion, burn-out, and physical or psychological violence are all different facets of the same phenomenon: psychosocial risks at work (PSR). Over the past few decades, changes in the nature of work have led to a shift from the physical demands associated with work in the primary and secondary sectors to psychosocial risks more closely associated with the service sector or white-collar jobs (Eurofound and EU-OSHA 2014). Due to the Covid-19 pandemic, teleworking and remote working arrangements have emerged as the ‘new reality’, and are likely to become more structural in the near future. 80% of European employers already say they are requiring, or considering requiring, more employees to work remotely (Littler 2020). The expansion of teleworking, including in the context of hybrid working arrangements, where some days of the working week are office days and others are teleworking days, can lead to situations exacerbating known PSR (e.g. stress arising from unpredictable or changing working patterns), especially if there is no worker participation in the planning of these arrangements.

Two substantial factors can be identified behind the very uneven, and ultimately unequal, capacity of EU Member States to address the growing strains that these new working patterns are having on the psychosocial wellbeing of workers. First of all are the significant regulatory gaps and divergences between Member States, in terms of the legal provisions and legal institutions that workers may be able to rely on in the face of work-related PSR. Second of all is the uneven spread of (old and new) PSR across different sectors of the economy, and the significant implications that these inequalities have on particular groups of the working population that are visibly overrepresented in certain industries or professions.

In theory at least, workers should be already, and equally, protected against PSR by the EU OSH framework. The Framework Directive 89/391/EEC has a broad scope and covers workers’ health and safety in all aspects of work. Therefore, it should cover the psychosocial dimension, and the general principles of prevention should apply to PSR. Unfortunately, any references to PSR within this framework are indirect. There are just a few brief mentions of mental strain in the Working Time Directive (Art. 8 of Dir.2003/88/EC). When asked, more than half of trade unions and employers said that the Directive 89/391/EEC on Safety and Health of Workers at Work had not been effective for the assessment and management of PSR (Leka et al. 2011). The sole direct references to psychosocial risks are in the two framework agreements adopted by the European social partners on work-related stress (2004) and bullying and violence at work (2007). However, these agreements are not legally binding, and their implementation has been inconsistent amongst the Member States (European Commission 2011, 2015), resulting in workers in some countries being less protected than in others. A comparison of the various ways Member States address PSR at work reveals substantial heterogeneity. A distinction should be made between countries whose legal approach is to extend the employer’s obligation to prevent risks at work to the psychological or mental dimension of health, and countries which have specific legal provisions to address PSR factors (e.g. workload, no support from management, or tension at work). Figure 5.5 shows that the legal systems of 68% of the 25 examined EU countries make reference to workers’ psychological or mental health as part of the scope of the employer’s obligation to assess all risks at work. However, only 44% of countries have legal provisions on preventing PSR factors.

Only in a minority of countries can workers rely on legal provisions to establish specific procedures preventing PSR factors at their workplaces. Figure 5.6 shows that, on average in the EU27, the percentage of workplaces that have procedures to address PSR factors (e.g.

1. The national data to compare the national situations is based on an ongoing ETUI research project: Mapping of national law, collective agreements and jurisprudence on work-related psychosocial risks in the EU-26. All the EU Member States have been examined except Finland and Slovakia.
Legislation on psychosocial risks organised by topic, per country (2021)

Figure 5.5a  Legal provisions with mentions of psychological or mental health

Figure 5.5b  Legal provisions addressing psychosocial risk factors

Figure 5.5c  Legal provisions addressing work-related stress

Figure 5.5d  Legal provisions addressing workplace bullying

Source: Cefalivello (2021).
Figure 5.6  Percentage of workplaces reporting psychosocial risks, per country (2019)

Figure 5.6a  Time constraints and working hours
- Long or irregular working hours
- Pressure due to time constraints


Figure 5.6b  Workplace internal communication and difficulties with third parties
- Poor communication or cooperation within the organisation
- Difficulties with third parties

Figure 5.7  Percentages of workplaces reporting PSR action plans, procedures and risk assessments (2019)

Source: Author’s own compilation based on EU-OSHA website. https://visualisation.osha.europa.eu/esener/en

Figure 5.8  Percentages of workplaces reporting on the difficulty of managing PSR compared to other OSH risks (2019)

Source: Author’s own compilation based on EU-OSHA website. https://visualisation.osha.europa.eu/esener/en
reorganisation of work to reduce job demands and work pressure, or intervention in case of excessively long or irregular hours) is lower than the percentage that carry out regular OSH risk assessments. The difference between some countries is stark. For example, 58.91% of Danish workplaces have a procedure to reorganise work to avoid work pressure, while in Czechia only 24.07% of workplaces report similar setups. This example illustrates to what extent workers are protected differently depending on the country they live in and the company they work in.

Work-related stress

If PSR factors are not addressed adequately at the workplace, workers might suffer from stress, and tensions in the workplace can turn into bullying. 76% of the Member States examined make explicit reference to work-related stress or workplace bullying in their laws. However, only 52% of these Member States have actual legal provisions to prevent work-related stress and 60% to prevent workplace bullying. Nevertheless, a lack of legal provisions does not necessarily mean that the issue is not dealt with through other means, such as collective agreements. For example, in Greece, France and Malta, agreements have been negotiated by social partners to prevent work-related stress even if stress is not explicitly mentioned in the law. However, it is important to remember that, depending on the country and the scope of the collective agreement (e.g. sectoral), not all workers can benefit from adequate protection against work-related stress (see Figure 5.6). This lack of legal coverage, or a legal safety net, is even more worrying considering that only one in three workplaces (34.6%) reports having an action plan against stress in place (Figure 5.7).

The lower rate of workplaces with action plans to prevent work-related stress in comparison to those that carry out regular risk assessments (as illustrated in Figure 5.7) demonstrates that workers are not equally protected against this risk, despite the fact that 88% of workers in the EU have reported experiencing stress at work (ADP 2019). Work-related stress can be a consequence of several factors, such as time constraint pressures, long or irregular working hours, and/or poor communication and cooperation within the organisation (Figure 5.9).

Workplace bullying and violence at work

Despite the adoption of a framework agreement in 2007, only 60% of Member States have specific legislation to address workplace bullying and violence at work. According to Figure 5.10, in 48% of Member States, this issue is covered through collective bargaining. Nevertheless, in more than one third (40%), workers are not protected against workplace bullying and violence at work.

This unequal coverage may in part explain the fact that only 46.28% of workplaces in Europe have procedures to deal with bullying or harassment (Figure 5.7). However, this number needs to be placed in perspective and understood alongside another phenomenon: harassment on discriminatory grounds, as prohibited by Directive 2000/78/EC (Art.2(3)). It is indicative that the 2019 International Labour Organisation Convention on Violence and Harassment (C-190) urging Members to ‘take into account violence and harassment and associated psychosocial risks in the management of occupational safety and health’ has only been ratified by three EU Member States: Italy, Greece and France.

Moreover, Figure 5.6 shows that when workers are protected, the protection varies considerably depending on the sectors: from 61.65% in human health and social work activities to 46.18% in personal service activities (even if this sector

Figure 5.9 Percentage of workplaces reporting having procedures in place to prevent PSR (2019)

Education, human health and social work activities

EU27

Public administration

IT, finance, real estate and other technical scientific or personal service activities

Trade, transport, food/accommodation and recreation activities

Agriculture, forestry and fishing

Construction, waste management, water and electricity supply

Manufacturing

Violence

Bullying or harassment

Stress

Workplaces with PSR procedures (%)

Source: Author’s own compilation based on EU-OSHA website (data for 2019).
Figure 5.10  Collective agreements on psychosocial risks organised by topic, per country (2021)

Figure 5.10a  Collective agreements addressing psychosocial risk factors

Figure 5.10b  Collective agreements addressing work-related stress

Figure 5.10c  Collective agreements addressing workplace bullying

Source: Cafalivello (2021).
involves contact with the public, something well known to be a risk factor). These findings concur with a report published by Eurofound (2015) showing that workers in the health and social work sector are more likely to be subject to antisocial behaviour compared to other sectors. Considering that these sectors are well-known to be female-dominated, the lack of legislation has a particularly negative impact on working women.

This analysis has shown that 92% of EU Member States include in their legal framework either: a reference to the psychological or mental dimension of workers’ health; or provisions to prevent PSR factors, work-related stress, or workplace bullying and violence. This trend is encouraging and demonstrates that it might be possible to find common ground in order to adopt an EU Directive on PSR in the future. However, this number might be deceiving, as not all Member States address PSR with the same depth or to the same extent. In most of the countries there is only one reference saying that the mental dimension of work should be assessed by the employer, and without any further details. Therefore, in most of the Member States, it is a simple confirmation that PSR are covered by the implementing legislation of Directive 89/391/EEC without any concrete actions to adequately prevent these risks; the situation leaves workers unequally protected.

Figure 5.11 Percentages of workplaces reporting whether fulfilling a legal obligation is a reason to address OSH (2019)

Source: Author’s own compilation based on EU-OSHA website. https://visualisation.osha.europa.eu/esener/en
Structural inequalities and gender roles in telework

Although hardly new to the world of work, the ‘teleworkability divide’ (between those who can and those who cannot) was less evident before the crisis, both because the incidence of telework remained marginal and because its impact was drastically less severe. During the Covid-19 lockdown, however, not being able to telework meant an increased risk of temporary layoff or furlough, or even permanent contractual termination on economic grounds. Conversely, individuals in ‘teleworkable’ jobs were more likely to still be in employment, to have worked the same or similar working hours as pre-outbreak, and to have not suffered any decline in income (Sostero et al. 2020).

A recent study attempted to identify the groups of workers that were the most affected by the Covid confinement measures (European Commission 2020). Economic sectors were classified into five categories according to the likely impact of the Covid-19 crisis, which were then applied to the most recent data on EU28 employment. Figure 5.12 shows the difference between the average prevalence of selected groups of workers across all sectors and their prevalence in specific sectors, with a positive value meaning that the group is over-represented in the said sector.

The findings show that vulnerable segments of the working population were overrepresented in the forcefully closed sectors during the lockdown. The sectors most affected by the crisis are much more likely to employ young, low-skilled workers with poor employment conditions. Conversely, these groups are underrepresented in teleworkable sectors, meaning that teleworkers are generally older, more educated workers on permanent contracts. A similar trend can be observed for wage levels, with workers in the forcefully closed sectors belonging to the lowest average wage percentiles and workers in the teleworkable sectors being those with the highest wage levels (European Commission 2020).

These findings clearly demonstrate that the teleworkability divide lies at the crossing of multiple structural inequalities within the labour market, and favours the already privileged members of our society while further endangering vulnerable workers. In addition to being more exposed to the risk of job loss and wage cuts (Sostero et al. 2020), these workers are also likely to have less control over their job security, which has a consequent impact on their mental health. It has been demonstrated that increased job insecurity and financial worries due to Covid-19 have been associated with greater depressive and anxiety symptoms (Wilson et al. 2020). The expectation of unemployment coupled with being helpless to change this outcome contributes to a sense of despair that is central to depression. Moreover, the pandemic has intensified the difficulties for some of accessing mental health support at the right time (Allwood and Bell 2020). These same groups will also be the most vulnerable to mental health difficulties in the longer term, as

Figure 5.12 Difference between average prevalence of selected groups of workers across all sectors and prevalence in specific sectors (pp)

<table>
<thead>
<tr>
<th>Group</th>
<th>Active* sectors (essential)</th>
<th>Active sectors (teleworkable)</th>
<th>Partly active sectors (mostly essential)</th>
<th>Partly active sectors (mostly non-essential)</th>
<th>Closed sectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 15-29</td>
<td>-2.22</td>
<td>-3.31</td>
<td>-0.94</td>
<td>-3.27</td>
<td>3.37</td>
</tr>
<tr>
<td>Self employed</td>
<td>0.85</td>
<td>0.17</td>
<td>-0.7</td>
<td>-1.96</td>
<td>7.32</td>
</tr>
<tr>
<td>Temporary contracts</td>
<td>0.02</td>
<td>-0.03</td>
<td>-0.76</td>
<td>1.78</td>
<td>7.53</td>
</tr>
<tr>
<td>Low skilled</td>
<td>-10.92</td>
<td></td>
<td></td>
<td></td>
<td>4.17</td>
</tr>
<tr>
<td>Partly active sectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.06</td>
</tr>
<tr>
<td>(percentage points)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.12</td>
</tr>
</tbody>
</table>

Note: *Status during lockdowns. Source: Fana et al. (2020).
trauma, injustice and abandonment add to the psychological damage. This means that measures to get people back to work after the Covid-19 crisis need to take full account of the risks of doing further harm to the wellbeing of an already fragile workforce. Any moves towards greater labour market deregulation and promoting flexibility could result in widespread and sustained precariously, adding to the psychosocial toll on vulnerable workers.

The double burden for women

For those able to telework during the lockdowns, the concentration of activities at home led to the collapse of work-life boundaries. When work and domestic responsibilities co-exist in the same physical space, boundaries naturally become blurred and result in increased work-related stress. The first round of the ‘Living, working and COVID-19’ e-survey (Eurofound 2020c) showed that conflicts between work and family life are on the rise, especially for women with young children: 29% of them found it hard to concentrate on their work due to their family responsibilities, compared with only 16% of men with young children (Figure 5.13). Family responsibilities have prevented more women (24%) than men (13%) from giving the time they wanted to their work. Women’s difficulties in setting aside the time required to work is also reflected in an increased likelihood of being worried about it when not working, with a prevalence of 34% compared to 28% for men. At the same time, women with young children are more likely to report that work is impacting on family life. Almost one third of them (32%) declared that their job prevented them from giving time to their family, against a quarter of men. This conflict is also reflected in more women (34%) being too tired after work to do household tasks than men (28%). They are also more likely to feel tense (23% vs 19%), lonely (14% vs 6%) and depressed (14% vs 9%). The same pattern of results occurs for women and men with older children (12–17 years), although the differences are narrower.

The pandemic has revealed how deeply gender inequalities remain embedded in our societies’ structures. Despite some progress being made over the last decades, women continue to be responsible for a significant share of domestic, unpaid labour, reflecting the continued presence of the ‘double shift’. For mothers of young children, teleworking in a time of lockdown even created a ‘double-double shift’ by adding home-schooling and taking care of dependents to an already packed day, thus putting extra pressure on the time available for work. During the pandemic, women averaged 62 hours per week caring for children compared to only 36 hours for men (European Commission 2021). The strain caused by this double burden contributed even further to the worsening of women’s mental health during the lockdowns. It was demonstrated that women experienced a greater increase in anxiety, depression, poor sleep quality and trauma over the time spent in lockdown than men (Guadagni et al. 2020), and greater worry and anxiety in relation to their role as caregiver (Hamel et al. 2020). These findings add to the growing evidence that working from home is more of a mixed blessing for women than it is for their male partners (Oakman et al. 2020). Besides increased unpaid work, other psychosocial risk factors for women working from home include domestic violence, digital harassment and cyberbullying (Samek Lodovici 2021).

However, evidence also hints at a potential reshuffling of care responsibilities within

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![Figure 5.13](image-url) **Proportion of women and men with children under 12 experiencing work-life conflicts and mental health issues during the pandemic in the EU (%)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Men (%)</th>
<th>Women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too tired after work to do household tasks</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td>Hard to concentrate on job because of family</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td>Family prevents giving time to job</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>Feel lonely</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Job prevents giving time to family</td>
<td>24</td>
<td>32</td>
</tr>
<tr>
<td>Worry about work when not working</td>
<td>25</td>
<td>34</td>
</tr>
<tr>
<td>Feel depressed</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Feel tense</td>
<td>3</td>
<td>17</td>
</tr>
</tbody>
</table>

Note: The chart shows the percentage of individuals who responded ‘always’ or ‘most of the time’ when asked about each point. Source: Author’s own compilation based on Eurofound 2020a.
The crisis has exposed endemic gender inequality in Europe and presents an opportunity to change the status quo.

### Unequal enforcement of the right to disconnect

Many of the recent initiatives for dealing with the blurring of boundaries between work and personal life have been directed towards restricting access to work systems outside of office hours. However, the right to disconnect is not explicitly regulated in EU law and the situation in the Member States varies widely, adding yet another layer of inequalities. The European Parliamentary Research Service (European Parliament 2020) has identified four types of approaches for regulating telework in the EU27 (Figure 5.14). Belgium, France, Italy and Spain rely on a ‘balanced promote-protect’ approach, emphasising both the benefits and the risks of teleworking, notably by introducing a legal framework for the right to disconnect. The second type of approach focuses solely on the benefits without specifically dealing with any of the negative aspects, and is found in such countries as Czechia, Lithuania, Poland and Portugal. In the 13 other Member States, there is only a general legislation regulating the possibility to telework, with no direct mention of work-life balance issues. The remaining six Member States have no specific legislation governing teleworking.

These categories illustrate the different degrees of maturity of the initiatives deployed by Member States to facilitate a healthy work-life balance. Recognising both the benefits and the risks of flexible and remote working is of paramount importance, and yet the risks associated with constant connectivity has prompted only four Member States to legislate on the right to disconnect. This is becoming an even more pressing policy consideration as telework is almost certain to become an integral part of the post-pandemic reality. That said, the work-life balance situation of teleworkers has been far from ideal during the pandemic, even in countries following the ‘balanced approach’. This raises not only the issue of the coverage of the right to disconnect, but also of its level of enforcement at the company level and its sufficiency. The operationalisation of the right must involve profound changes in company culture so workers feel that they can disconnect from work without facing negative repercussions. This presupposes the need to address the causes of over-connection, including excessive workload, lack of training or unsuitable management and workplace practices. More data is required to clearly assess the impact of these initiatives on employee work-life balance and to identify key factors playing a role in the success of the right to disconnect.

In sum, structural inequalities are widening because of the disproportionate impact of the pandemic on vulnerable groups of workers. These occupational cleavages are reflected in increased financial insecurity for young, low-skilled workers with poor employment conditions, and persistent conflicts between work and family demands for women, especially those with young children. The pandemic has negatively impacted the mental health of vulnerable workers through these societal and economic consequences, with greater emotional distress, feelings of isolation and abandonment. National initiatives deployed to address these issues have been inconsistent, adding yet another layer of inequality to be faced by European workers. The Covid-19 pandemic presents a chance to reflect on these issues and to ‘build back better’ through ambitious actions at the EU level, improving both access to telework and the working conditions of remote workers.
Conclusions

One of the key ramifications of the Covid-19 pandemic has been to not only reveal but also reinforce deep structural inequalities. Much of the burden of the crisis has fallen on individuals in the most vulnerable situations, particularly along occupational and socioeconomic divides; and female gender is a common denominator for higher exposure to hazards and risks in both frontline essential jobs and teleworking. The first layer of inequality involves differences in the risk of exposure to the virus. Work-related exposure is higher for occupations that remained fully operational during the lockdowns and did not permit working from home. These typically include low-income jobs in service sectors, health or social care, transportation, cleaning, education, and the food industry. A second layer of inequality relates to the risk of developing a severe form of Covid-19, which is higher among individuals with poor general health and nutritional status or underling chronic conditions such as cardiovascular diseases, lung diseases, diabetes and cancer. The prevalence of these conditions is also inversely associated with socioeconomic status. Furthermore, persons in disadvantaged socioeconomic groups are more likely to delay seeking care for Covid-19, potentially resulting in a more severe form of the disease (Burström and Tao 2020). The third layer of inequality lies in the social and economic consequences of the pandemic. The risk of unemployment is higher among low-income earners and workers with atypical or precarious employment conditions, as they serve in sectors that have been hit the hardest by the pandemic. Additionally, these workers typically have smaller economic buffers to support periods of lost income (Whitehead et al. 2021). Through these three main layers, the pandemic has exacerbated existing inequalities and disproportionately affected lower socioeconomic groups. And while having a teleworkable job has shielded certain workers from exposure to the virus, psychosocial risks have been rife in this type of work.

The issues that we have discussed in this chapter demonstrate the need for more equal health and safety protection and stronger prevention of hazards and risks in the world of work. Our analyses have provided a view on how poor working and employment conditions hinder the prevention of hazards and risks, thereby contributing to immediate and long-term health inequalities. When addressing structural inequalities in OSH, attention must be given to how employment conditions intersect with working conditions and the rights enshrined in the legal framework that the EU Directive on OSH provides. Treating OSH as a bolt-on topic instead of an integral part of workplace policy planning, work organisation, and indeed employment policy, results in a misalignment between the rights of workers to be safe at work and their lived reality.

The pandemic period has seen the adoption of a new EU Strategic Framework on Health and Safety at Work (2021-2027), which has three key objectives: to anticipate and manage change in the world of work, to improve prevention of work-related diseases and accidents, and to increase preparedness for possible future health threats. While the objectives are laudable, the anticipated actions fall short in their robustness. The means proposed in the Framework are characterised by a high degree of voluntarism. What is missing as an essential underpinning factor is the need to maintain and further develop good regulation at EU level. For example, while the Strategy rightly notes that changes in the work environment are required to tackle hazards to psychosocial wellbeing, many of the funded initiatives focus on individual-level mental (e-)health interventions. Instead of focusing on the discourse of individual resilience, employers should organise work in such a way that work-related PSR are being prevented in the first place. The EU-level regulation of risks as prevalent as work-related PSR is long overdue, and a daughter directive on this issue is needed to create a common basis for safeguarding the mental health of all workers in the EU.

Finally, this chapter has shown the large differences that exist in the protection against occupational health and safety risks between the Member States, particularly regarding the recognition of Covid-19 as an occupational disease and in PSR legislation. OSH regulation should aim at an upward convergence between the Member States, but following decades of neoliberal politics, regulation at the EU level now almost seems to be a taboo. It is therefore no surprise that the subsequent EU OSH Strategic Frameworks have mainly taken a voluntaristic approach. Although there is nothing wrong with employers voluntarily applying the preventive principles, evidence has clearly shown that innovative practices in OSH will only occur if they are supported by regulation (EU-OSHA 2019) and strong direction at the EU level (Walters et al. 2021).
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