



Stable working conditions with decline in work disability

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The quality of work in the Netherlands remains quite stable, with a small increase in exposure to time pressure. Despite the stable working conditions, fewer workers feel that protective measures are needed. Changes in work disability regulations have led to far fewer workers dropping out of employment due to disability. However, it appears that some employees with health issues voluntarily choose to leave the workforce.

This survey data report discusses the following trends in working conditions and health:

- exposure to psychosocial risk factors, such as a high work pace, emotionally demanding work, and workplace violence;
- exposure to physical factors, such as noise, physically dangerous work and dangerous substances;
- exposure to ergonomic work factors, such as heavy physical work, uncomfortable postures, repetitive movements and work with VDUs (Visual Display Units);
- working hours, including the effects of flexible working hours, working during non-standard hours, and combining work and family life;
- general health and health-related drop-out from employment (health, absenteeism, work disability)

The data described in this report predominantly originate from the Netherlands Working Conditions Surveys (NWCS; [NEA](#)), carried out yearly in the 2005–2010 period. In addition, data on (general) health perception from Statistics Netherlands (www.cbs.nl) was used, and information on disability volume was obtained from the disability register maintained by the Social Security Administration (UWV). Details about the methodology of the NWCS are available in the Appendix at the end of this report.

Trends in working conditions

The previous survey data report (NL0601SR01, available through the Eurofound website) showed that working conditions in the 2003–2006 period were quite stable, and when small changes occurred, these were in line with previous Dutch survey findings and reflected an increase in more psychologically and emotionally demanding work.

This report will explore whether this pattern continued beyond 2006 in a period which, especially from 2008 to 2010, was dominated by the economic crisis. It will discuss the changes in working conditions, health outcomes and the extent to which employees find working conditions problematic, as reflected in the reported views on the extent to which they feel it is necessary to take measures.

Psychosocial risk factors

The 2003–2006 period was characterised by relatively stable working conditions, with a small increase in work pace. Between 2007 and 2010 there was still much stability although the statistics reveal small changes in psychosocial working conditions. Employee autonomy declined until 2009, after which it stabilised or declined a little further. Unwanted behaviour from clients, customers, and colleagues decreased by between one and two percentage points in the 2007–2010 period. There were no clear changes in emotionally demanding work and social support (Table 1).

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Table 1: Trends in psychosocial working conditions

	2007	2008	2009	2010
High autonomy (score above 2.5 on a three-point scale)	61.7%	60.5%	59.6%	59.0%
Time pressure (scale: 1=no; 2=sometimes; 3=yes, often; two items)	2.2	2.17	2.17	2.19
Supervisor social support (scale: 1=little - 4=much support; four items)	2.84	2.87	2.88	2.85
Co-employees social support (scale: 1=little - 4=much support; four items)	3.24	3.24	3.26	3.24
Unwanted behaviour from co-employees, supervisor etc.	17.0%	16.2%	16.4%	14.8%
Unwanted behaviour from clients, customers etc.	24.3%	23.9%	24.5%	23.2%

Source: NWCS 2007–2010

Time pressure, on the other hand, decreased between 2007 and 2008 but rose again in 2009/2010. The main cause of time pressure appeared to be working at high speed, regularly for 39% of workers, and sometimes for 49%. Working under high time pressure occurs a little less frequently, with 32% doing this regularly and 48% sometimes. Time pressure is an issue particularly for employees in the 25–54 age group. Employees who work in financial services and in hotels and restaurants report the highest time pressure (Table 2).

Table 2: Time pressure by age, gender and sector.

	Time pressure (scale: 1=no, 2=sometimes; - 3=yes, often; two items)	Working at high speed (yes, at least sometimes)	Working at high time pressure (yes, at least sometimes)
Total	2.19	87.4%	79.6%
Men	2.2	87.8%	82.2%
Women	2.17	86.9%	76.6%
15–24 years	2.03	87.3%	66.1%
25–54 years	2.24	88.5%	83.1%
55–64 years	2.11	82.1%	76.8%
Agriculture	1.95	84.0%	61.1%
Manufacturing	2.12	84.0%	78.3%
Building & construction	2.13	87.8%	79.3%
Trade	2.09	86.4%	71.3%
Hotels and restaurants	2.31	93.5%	80.5%
Transport & communication	2.23	86.0%	84.6%
Financial services	2.35	92.8%	87.4%
Businesses	2.23	88.8%	83.6%
Public administration	2.21	88.1%	84.7%
Education	2.25	87.1%	84.5%
Health care	2.21	87.3%	78.7%
Cultural and other services	2.11	84.0%	76.4%

Source: NWCS, 2010

The stabilisation or even slight improvement of exposure to psychosocial risk factors is reflected in the lower percentage of employees who stated that protective measures were needed, except to reduce time pressure. The percentage of employees who stated that measures were not needed because there was no problem increased. However, among employees who feel that risk factors do exist, the percentage who felt measures were needed remained fairly stable (Table 3).

Table 3: Employees (%) who report that measures to reduce psychosocial risk factors are needed

Measure directed at:	Not necessary (risk is not present)			Necessary (if the risk is present)		
	2008	2009	2010	2008	2009	2010
Work pressure, work pace	18%	20%	20%	52%	50%	51%
Emotionally demanding work	45%	46%	47%	31%	31%	30%
Intimidation, aggression, violence by third parties (e.g. clients, customers)	59%	59%	61%	20%	19%	19%
Intimidation, aggression, violence by co-employee or supervisor	69%	69%	71%	17%	17%	16%

Source: NWCS 2010

Physical risk factors

The decline in the exposure to some of physical risk factors (dangerous substances, noise) appears to have come to an end in the 2008–2010 period. Slightly fewer employees stated that they performed dangerous work, were exposed to loud noises, or inhaled dangerous substances, but the differences are small. Exposure to water or watery substances increased a little (Table 4). Skin exposure to substances or contact with infectious materials seems stable.

Table 4: Trends in physical working conditions

	2008	2009	2010
Dangerous work (yes, at least sometimes)	26.0%	20.7%	23.7%
Loud noises (yes, at least sometimes)	26.0%	24.8%	25.7%
Working with watery substances (scale 1=never-4=always; average)	1.54	1.53	1.56
Skin contact with substances (scale 1=never-4=always; average)	1.45	1.45	1.45
Breathing substances (scale 1=never-4=always; average)	1.38	1.37	1.36
Infectious materials (scale 1=never-4=always; average)	1.32	1.44	1.34

Source: NWCS 2008-2010

Physical risk factors appear especially important in three sectors: building & construction, hotels and restaurants and healthcare, but the problems vary between sectors. In construction, mainly staffed by male employees, the risks include physically dangerous work, excessive noise and inhalation of hazardous substances; in the Hotels and restaurants sector, exposure to water/watery substances and hazardous skin contact is more likely; in the healthcare sector, over 16% of

employees are exposed to infectious materials (Table 5). More women work in the latter two sectors.

Table 5: Physical risk factors by age, gender and sector

	Dangerous work (yes, at least some times)	Loud noises (yes, at least some times)	Working with watery substances (yes, often or always)	Skin contact with substances (yes, often or always)	Breathing substances (yes, often or always)	Infectious materials (yes, often or always)
Total	23.7%	25.7%	16.6%	9.9%	8.1%	5.8%
Men	30.7%	34.5%	13.3%	8.6%	11.9%	4.1%
Women	15.6%	15.7%	20.4%	11.5%	3.8%	7.8%
15–24 yrs	28.0%	31.5%	23.8%	16.4%	8.4%	7.1%
25–54yrs	23.7%	24.6%	15.5%	9.1%	8.3%	5.8%
55–64yrs	19.7%	24.7%	14.6%	7.3%	6.8%	4.6%
Agriculture	40.0%	44.7%	13.8%	5.1%	11.4%	1.7%
Manufacturing	30.8%	49.5%	15.9%	11.6%	17.9%	1.8%
Building & construction	51.6%	58.4%	18.1%	14.4%	21.4%	2.0%
Trade	19.4%	21.6%	12.1%	9.3%	8.2%	4.5%
Horeca	24.2%	32.4%	44.8%	21.3%	3.2%	5.2%
Transport & communication	30.1%	30.7%	5.0%	2.2%	11.4%	3.8%
Financial services	3.7%	9.0%	1.9%	1.2%	1.0%	1.4%
Businesses	14.9%	17.7%	13.1%	8.9%	6.4%	3.3%
Public administration	30.9%	20.9%	6.1%	2.6%	5.2%	4.6%
Education	8.4%	23.6%	5.6%	4.3%	2.2%	5.7%
Health care	30.5%	14.4%	34.4%	17.4%	4.1%	16.7%
Cultural and other services	19.0%	27.7%	23.3%	10.5%	9.4%	6.3%

Source: 2010

As with psychosocial risk factors, the number of employees who feel that measures are needed to reduce physical risk factors decreases with exposure, although this is clearly not the only factor at play since even among some employees who believe they are exposed to some kind of risk, there is a small decrease in those who feel that protective measures are needed (Table 6).

Table 6: Measures needed for physical risk factors

Measure directed at:	Not necessary (risk is not present)			Necessary (if the risk is present)		
	2008	2009	2010	2008	2009	2010
Noise	56%	57%	57%	23%	22%	22%
Dangerous substances	66%	67%	67%	15%	14%	14%

Measure directed at:	Not necessary (risk is not present)			Necessary (if the risk is present)		
Safety, accidents	40%	43%	45%	18%	17%	16%
Viruses, bacteria	--	48%	56%	--	21%	20%
Smoking	46%	48%	48%	15%	14%	14%

Source: NWCS 2008-2010

Ergonomic risk factors

There is no clear trend in the exposure to heavy physical work (such as applying force, vibration or uncomfortable postures). However, exposure to risk factors that are associated with desk work continues to increase, with the exception of the number of hours per day that employees work with visual display units (VDUs). This may be related to the fact that ‘tele-workers’, a group who often work with VDUs, spend at least some of their working time in their own home (Table 7). It may be that ergonomic working conditions at home are not as good as in the office. Home-based work may also lead to employees working longer hours than they are contracted for. Taking the stability in exposure to physical work and the increase of exposure to desk work into account, it is surprising that in 2010 a lower percentage of employees feel that preventive measures are needed to reduce the potential damage caused by heavy physical work or repetitive strain injury (RSI), but this is the case both for employees in general and for exposed employees. The numbers of employees who feel that steps should be taken to prevent or protect against exposure to physically heavy work remains stable (Table 8).

Table 7: Trends in the ergonomics of working conditions

	2007	2008	2009	2010
Work that requires applying force (yes, sometimes/regularly)	41.0%	43.1%	40.7%	44.2%
Use of vibrating machinery/tools (yes, sometimes/regularly)	19.1%	18.5%	18.5%	18.9%
Working in uncomfortable postures (yes, sometimes/regularly)	37.8%	37.2%	36.0%	38.7%
Repetitive movements (yes, sometimes/regularly)	57.7%	56.5%	55.5%	59.3%
VDU work (hours per day)	3.67	3.79	3.80	3.78
Tele-employee (yes)	11.3%	12.2%	13.2%	15.2%
Working at home (hours per week)	1.52	1.57	1.71	1.70

Source: NWCS 2007–2010

Table 8: Measures needed for ergonomic risk factors

Measure directed at:	Not necessary (risk is not present)			Necessary (if the risk is present)		
	2008	2009	2010	2008	2009	2010
Repetitive strain injury (RSI)	40%	41%	42%	32%	32%	31%
Heavy physical work	48%	49%	49%	32%	32%	31%

Source: NWCS 2008-2010

Working time

In 2010 Dutch employees appeared to spend less time working than in 2006. Their contractual hours decreased by over half an hour per week, as did their overtime work. However, when considering the working time trends by gender, we see that both men and women tended to work as many hours in 2006 as they did in 2010, and this suggests an overall increase of women in the work force who are more likely to work part time, rather than a decrease in contractual working hours for Dutch employees in general.

In the 2007–2010 data, statistics covering commuting time and time for breaks during the working day are also available. All in all, this adds up to over 42 hours a week per week spent on work in 2007 and 41 hours in 2010 (Table 9).

Table 9: Trends in working times

	2007	2008	2009	2010
Contractual hours (per week)	31.8	31.6	30.9	30.6
Overtime (hours per week)	3.6	3.6	3.4	3.4
Break time (hours per week)	3.0	3.0	2.9	2.8
Commuting time (hours per week)	4.0	4.0	3.8	3.7
Shift work (yes, sometimes/regularly)	14.6%	15.2%	15.9%	15.9%
Working evenings/nights (yes, sometimes/regularly)	50.8%	50.9%	50.7%	51.0%
Working weekends (yes, sometimes/regularly)	53.6%	54.3%	54.6%	55.2%

Source: NWCS 2007–2010

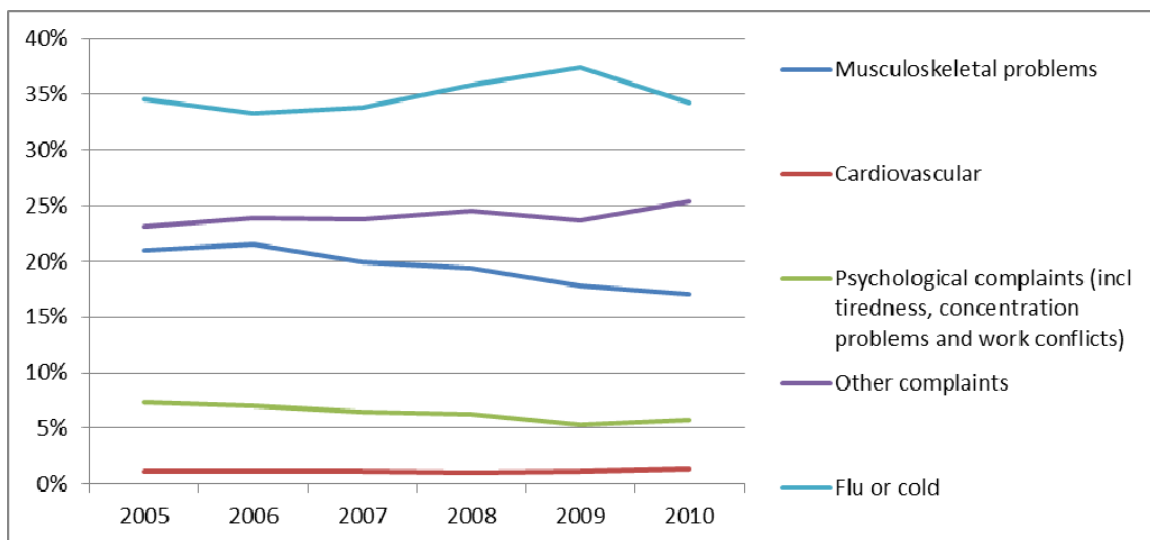
The number of unsocial hours worked (shifts, evenings, nights and weekends) has not changed much in the 2007–2010 period. Shift work and weekend working increased slightly, although this was merely due to employees who ‘regularly’ (as opposed to ‘sometimes’) worked shifts. Employees who worked evenings or nights remained close to 50% throughout the period covered by the study. Working at these hours may also influence the combination of work and private life. In 2010, 9% of employees stated that they often neglect their family because of work responsibilities, which was slightly less than in 2006. However, 2.3% stated that they often neglected their work because of their family, slightly higher than the 2006 figure.

Impact of work-related health on absenteeism

For the past few years the health of the average Dutch employee has been quite good. Around 90% of employees state that their health is good or even excellent. However, small changes appear to have taken place for other health outcomes. The percentage of employees with burnout symptoms slowly increased from 11.3% to 13.1% in the 2007–2010 period. Work absenteeism declined, from 4.5% in 2006 to 4.0% in 2009, although this decline was caused by a shorter average duration of absences. Absenteeism then rose again in 2010 to 4.2%.

The most common reason for work absenteeism remains cold or flu, followed by musculoskeletal problems and psychosocial problems. However, musculoskeletal problems are becoming less important. Absenteeism due to cardiovascular problems, on the other hand, is uncommon but – due to an ageing workforce – is increasing (Figure 1). Employees report that about one in five cases of work absenteeism are work related; however, since work-related absenteeism is, on average, of longer duration, 43% of all absenteeism days were (at least partly) work related in 2010. In 2006 this was 48%. Work pressure or work-related stress is the most common reason for work-related absenteeism. However, the percentage of days off caused by work-related stress or work pressure declined from 18% in 2006 to 13% in 2010. In a recent information update, this issue is extensively discussed ([NL1107029I](#)).

Figure 1: Reasons for work absenteeism

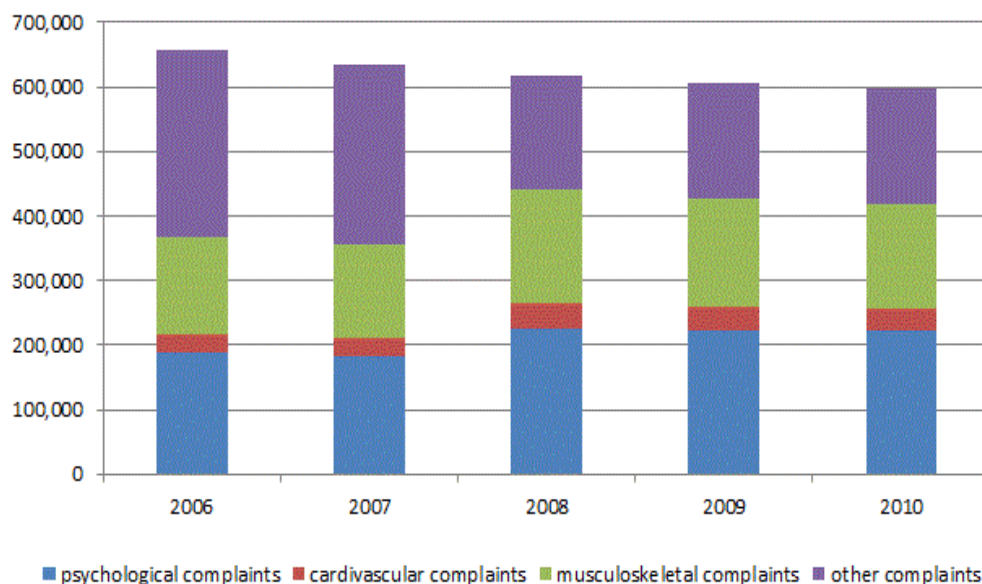


Source: NWCS 2010

Figure 1: Reasons for work absenteeism

Due to a change in work disability legislation at the end of 2005 which aimed to stimulate the participation of sick and absent workers in the labour market, it became much more difficult for employees on long term sickness absence to obtain a disability benefit. (OECD, 2008; 2010). This resulted in a quite drastic drop in the work disability rates in the 2006–2010 period from almost 700,000 people in 2006 to fewer than 600,000 in 2010 (Figure 2). The main reasons for work disability remain psychological complaints (37%), musculoskeletal complaints (26%) and cardiovascular complaints (6%). Together these three categories account for two-thirds of all work disability.

Figure 2: Work disability in the Netherlands



Source: UWV, 2006-2010

Figure 2: Work disability in the Netherlands

The ageing workforce has sparked a wide-ranging debate in the Netherlands about how to keep employees at work for longer. The percentage of workers who state that they are willing or able to work until the age of 65 is steadily increasing. Reducing exposure to unfavourable working conditions may be important to help achieve this. About four out of 10 workers state that less demanding work would contribute to a longer working life, and this figure appears to be rising slightly.

Table 10: Trends in working up to the age of 65

	2007	2008	2009	2010
Willing to work until 65	34.0%	36.3%	42.5%	44.0%
Able to work until 65	41.4%	44.4%	44.8%	45.3%
Less demanding work (physical or mental) would contribute to working longer	39.5%	40.2%	41.1%	40.2%

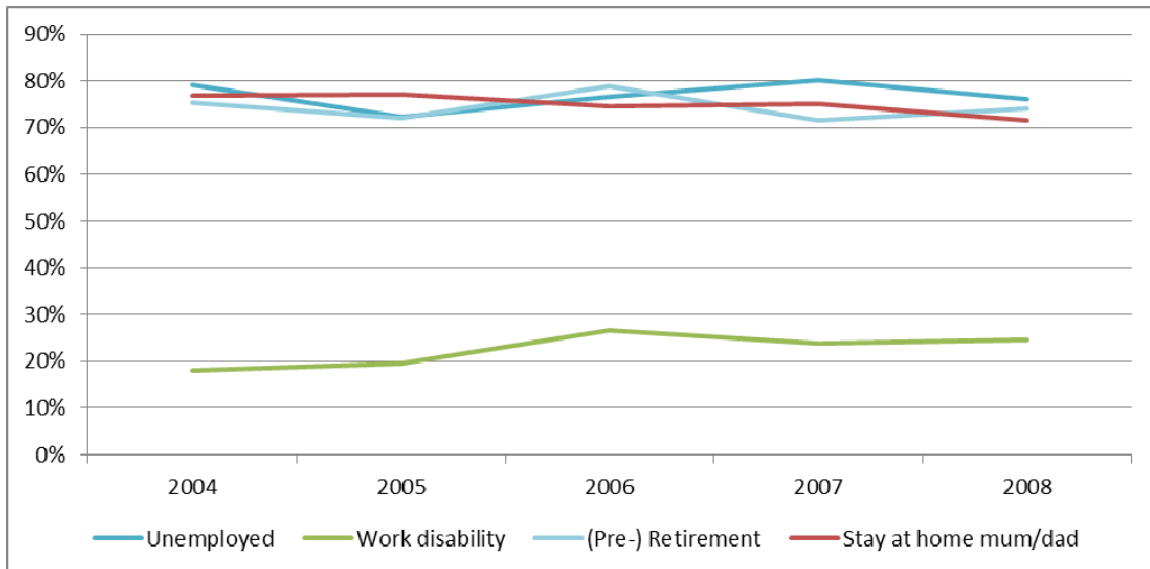
Source: NWCS 2007–2010

Commentary

Due to changes in work disability legislation, the work disability rates have dropped quite dramatically by more than 100.000 employees in four years. This implies that more employees with medical problems remain in the workforce. It is therefore noteworthy that overall the state of health of Dutch employees remained stable, with 90% reporting good or excellent health. Furthermore, given that more employees with medical problems remained at work, it might have been expected that work absenteeism rates would rise when, in fact, they actually fell.

Statistics Netherlands (CBS) also monitors the health of those who are not in employment (Figure 3). The figure shows that while among these groups, in general, in 2008 their level of health was quite stable, or even slightly better than among similar groups at the turn of the century, this is not true for the group described as 'stay at home mums and dads'. This may indicate that there is a group of employees who voluntarily stop working because of their health problems, thus dropping out of the employee (and most other) statistics.

Figure 3: Percentage of persons in (very) good health among those not in employment



Source: CBS

Appendix: Statistical sources

Netherlands Working Conditions Survey (NEA)

The Netherlands Working Conditions Survey ([NEA](#)) began in 2003. The NWCS is carried out by TNO Work and Employment in collaboration with Statistics Netherlands (with the exception of the first NEA survey in 2003, which was not carried out with the collaboration of CBS).

It is commissioned by the Ministry of Social Affairs and Employment. It is a postal/web survey and had a net response of approximately 10,000 employees in 2003. From 2005 the samples were extended to a yearly survey which had a net response of about 23,000 employees a year. The NWCS constitutes a representative sample of the Dutch workforce in the 15–64 year age group but excludes self-employed people. It is currently the largest survey on working conditions available in the Netherlands (the response rate is about 35%).

Other sources

Another source of information on long-term absence from work is the disability register maintained by the Social Security Administration (UWV) and containing information on disability inflow, outflow and volume by diagnostic category. This source is an important monitoring system for the type of health problems that are related to long-term absence and the cost to society of drop out from work.

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