Introduction
Ensuring the sustainability of pension systems in the context of ageing populations has become a priority: it requires that more people enter employment and that they work longer. At the same time, pressure on workers is rising due partly to ongoing change in how work is organised and performed; in turn, this impacts on the type and nature of risks associated with work. For workers to remain longer in the labour force, work must be made sustainable by reducing health-impairing conditions and fostering health-promoting ones. To this end, understanding the relationships between working conditions and workers’ health and well-being is key. This report examines these relationships in the EU28 using data from the European Working Conditions Survey (EWCS).

Policy context
Improving working conditions has long been a goal of European policies. Safe and healthy working conditions became a social right when the European Charter of Fundamental Rights stated that ‘every worker has the right to working conditions which respect his or her health, safety and dignity’ (Article 31). The European Pillar of Social Rights, ratified in 2017, reiterated the importance of working conditions by declaring that workers have the right to healthy, safe and well-adapted work environments. In the EU, occupational safety and health is regulated by the 1989 Framework Directive, plus many individual directives that have as basic principles adjusting workplace design, equipment and methods to the individual and minimising monotonous work and negative health impacts. The European Commission has adopted a number of strategic frameworks on health and safety at work; the most recent, covering 2014–2020, aims to ensure that the EU continues to play a leading role in promoting high standards for working conditions, in line with the Europe 2020 Strategy.

Key findings
Overall, workers in the EU28 report good health and well-being. Chronic health problems are reported by 17% of employees; very few state that these problems impair their daily activities. Men, on average, report better health and well-being, fewer health problems and better sleep quality than women. Country-level differences in health and well-being, although present, are less significant than gender differences.

Individual health is determined by multiple factors, including genetics and lifestyle; for those in employment, working conditions are also important. The relationship between working conditions and workers’ health and well-being can be depicted in a model based on EWCS data. This shows that health outcomes are the result of two processes: health-impairing processes (exhaustion) and motivational processes (engagement).

Health-impairing processes are associated with exposure to adverse work demands; motivational processes are associated with access to work resources that support engagement. Work demands tend to increase exhaustion (which is related to poorer health), while work resources imply greater work engagement and well-being. Physical risks and social demands have direct implications for workers’ health and well-being; for other working conditions, the impacts are indirect.

EWCS data show no dramatic change over the past 15 years in work demands and resources. While support by supervisors or co-workers has not changed, there is some indication that work intensity and job control have increased slightly since 2010. In addition, emotional demands have increased, underlining the growing importance of psychosocial risks. A positive but slow trend is observed with regard to rewards: more jobs appear to be secure, offering better career perspectives and fair pay.
Workers under 25 are most likely to face high demands, often physical in nature, while having the least access to work resources. However, demands and resources seem to be independent of life stage. By occupation, unskilled jobs carry the highest risks. Employees reporting job insecurity also describe relatively more demands and fewer work resources while displaying less engagement, more exhaustion, poorer well-being and worse performance on health indicators. Employees exposed to workplace downsizing experience more work intensity, more social demands and fewer resources than average. Health sector employees, in particular, face high emotional and social demands, such as dealing with angry clients or patients and emotionally disturbing situations. The construction sector is characterised by high physical risk, work intensity and long hours. Although no exceptional demands are found in the transport and manufacturing sectors, employees in these sectors report relatively poor work resources and below-average engagement.

About 10% of the differences in work demands and resources are attributable to country-level characteristics, including labour market context, social protection systems and work regulation systems, and level of gender equality.

Policy pointers

**Protection from physical risks and work intensity remains important:** Physical risks and work intensity remain relevant to workers’ health and show no signs of diminishing.

**Emotional demands and psychosocial risks are growing in importance:** Employees in health and education sectors (mostly female) face high emotional demands. Those demands are significantly related to exhaustion and, in turn, reduced health and well-being. With the growing need for long-term care in ageing societies, these demands are likely to increase further and, therefore, require particular attention.

Motivational aspects can be decisive for health and well-being at work: Job control, social resources and rewarding working experiences have positive effects. Policy initiatives should go beyond protecting workers from excessive work demands to promoting complementary strategic investments that provide workers with the necessary resources to maintain and improve their health and well-being. Employers should be encouraged to introduce workplace initiatives that focus on motivational aspects of work. Such investments should not, however, replace the redesign of work to limit work demands. Workers and their workplace representatives should be encouraged to participate in finding solutions.

**Improvement of working conditions must acknowledge particular risk groups:** Those in occupations requiring lower skills levels, reporting job insecurity or witnessing workplace downsizing are at greater risk of poor health and well-being, since they tend to report greater demands and fewer resources. Employees in the health and construction sectors deserve special attention due to greater emotional and physical demands, respectively.

The country level matters for job demands and resources: High union density, good employment protection and gender equality are associated with reduced demands and more resources; thus, national policies and measures to enhance these areas will likely improve working conditions and so contribute to workers’ health and well-being.

Further information

The report *Working conditions and workers’ health* is available at https://eurofound.link/ef18041

Research manager: Jorge Cabrita

information@eurofound.europa.eu