



European Foundation for the Improvement of Living and Working Conditions

Trends in quality of work in the Netherlands

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This report is available in electronic format only.

A diverse picture emerges regarding trends in quality of work in the Netherlands. It is difficult to draw firm conclusions on trends in working conditions because previously existing surveys have been replaced by newer ones. Nonetheless, work pace appears to be stabilising, while time pressure is decreasing. Some traditional risks, such as noise, dangerous work, physical load and shift work, are also stabilising; other risks, such as dirty work and bad smells at work, have declined. Contractual working hours have been reduced. At the same time, there is increased autonomy in decision making, and (paid and particularly unpaid) overtime is also on the rise.

This report will discuss the following trends in working conditions and health:

- exposure to psychosocial risk factors, such as job demands, job control, support, workplace violence and discrimination;
- exposure to physical factors, such as noise, dirt or bad smells;
- exposure to ergonomic work factors, such as poor posture and lifting heavy loads;
- working hours;
- self-reported health outcomes and, since 1997, work-related health outcomes. Data will also be included on the drop out from work due to absence and disability.

Statistical sources

The report refers to a variety of statistical resources, covering key aspects of working life in the Netherlands and charting their evolution and societal impact over the years. More detailed information on the surveys and other sources used may be found in the Appendix.

- Living Conditions Survey (1977 to 2004), covering working conditions and aspects of health;
- Permanent Quality of Life Survey (Permanent Onderzoek Leefsituatie, POLS); originating in 1977; and, in 1997, integrating the topics covered by the Living Conditions Survey into a [system of surveys](#), including living conditions and working conditions; coordinated by the Central Bureau of Statistics (CBS);
- [TNO Working Situation Survey \(TAS\) - in Dutch](#); commenced in 2000. This survey mainly focuses on quality of work and employment as well as on labour market related topics;
- [Netherlands Working Conditions Survey \(NEA\) - in Dutch](#) ('Nationale Enquête Arbeidsomstandigheden'); commenced in 2003;
- employer and occupational health services reports on absenteeism, in part cooperation with the CBS;
- disability register, containing information on disability inflow, outflow and volume by diagnostic category, maintained by the Social Security Administration (UWV).

Psychosocial risk factors

The POLS covers several aspects of psychosocial job content, namely, quantitative demands (pace of work and time pressure), job control (autonomy), and freedom to use one's skills (opportunities for learning and development). These aspects are key elements in one of the leading models in literature on occupational stress, i.e. Karasek's Job Demands-Control Support model, which emphasises the interaction between psychological job demands and decision latitude (autonomy and freedom to use one's skills), alongside the potential of no social support, in terms of causing stress and other health problems (Karasek and Theorell, 1990).

Decision latitude refers to the extent of decision-making power that workers have (job control) and to the freedom to use one's skills (the variety of work and the opportunity to use skills and learn new things on the job). A combination of high job demands and lack of control over these demands is likely to evoke stress reactions among workers and is also associated with increased health risks, such as mental health problems (Stansfeld et al, 1999), musculoskeletal problems (e.g. Ariëns, 2001; Ariëns et al, 2001; Hoogendoorn, 2001), as well as risk of cardiovascular morbidity and mortality (Belkic et al, 2004).

High work pace and time pressure

Table 1 shows that the number of people working at a high pace has remained stable since 1997 in the Netherlands. Looking at a longer time frame, after increasing for about 20 years - at an average of 1-1.5% per year - high workpace reached its peak in 1997 (Andries et al, 2001). Since then, the pace of work has been levelling off, at

least at national level. Sector-specific data, however, reveal that the level of work pace within sectors varies ([NL0411NU01](#)).

The experience of working under high time pressure, which has been measured since 1996, follows a slightly different pattern. The percentage of workers who frequently have to work under high time pressure increased over the period 1996-1999, then decreased in 2000, and has remained stable since then.

Table 1: Psychosocial risk factors (% of workers* answering ‘yes, frequently/mostly’)

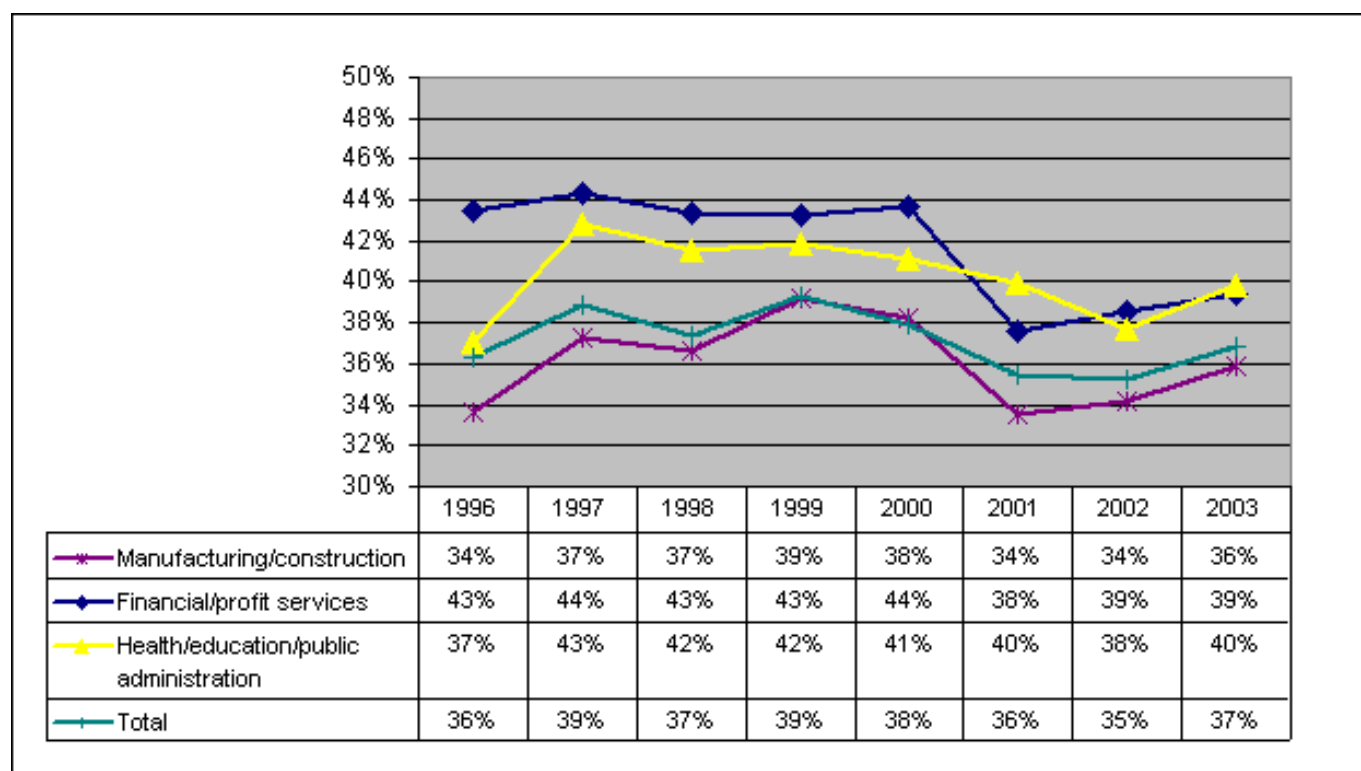
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Quantitative demands										
High work pace	38	42	41	43	42	42	40	41	41	41
High time pressure	-	-	32	35	36	38	35	32	31	32
Job autonomy										
Free to choose work method	65	66	68	69	70	71	72	73	73	-
Free to interrupt work	54	53	52	54	54	54	54	60	61	-
Control over work pace	-	-	59	59	59	65	66	64	65	-
Control over order of work	-	-	71	72	72	68	69	74	75	-
Finding solutions to problems yourself	-	-	78	77	77	78	77	79	80	-
Skills discretion										
Poor fit between work and	25	26	25	28	25	27	27	27	25	-

education										
Monotonous work	7	6	7	7	7	7	7	7	7	-
Lack of personal development	23	22	24	26	24	26	25	24	22	-
Good promotion opportunities	33	31	31	33	34	34	34	38	39	37
Insufficient payment	27	28	31	32	33	33	36	31	29	31

* Population: 18-65 years of age, working 12 hours per week or more. Source: CBS

A combination of both work pace and time pressure suggests that there is a slight downward trend in quantitative demands since the end of the 1990s. However, this trend appears to be less apparent in the public sector than in other sectors (Figure 1).

Figure 1: Quantitative demands, by sector (mean score high work pace and high time pressure)



Source: CBS

Work autonomy

One of the most striking developments in relation to the quality of psychosocial working conditions, in the past decade, is the increase in decision-making latitude of the Dutch workforce. The percentage of workers indicating that they are free to choose the way that they do their work has steadily increased since 1994, on average by 1% per

year. Two other indicators of job control - being free to interrupt one's work whenever one wants and being able to control the order in which one carries out one's work - show a distinct increase since 2001. Finally, the percentage of workers who are able to control their work pace increased sharply in 1999 and has remained stable since then.

The growing level of autonomy may partly be explained by shifts in employment from manufacturing towards more service-oriented industries ([NL0411NU06](#)). The development of job control in the Netherlands is somewhat different from developments at European level. In Europe, there was a reduction of workers reporting low autonomy, but only at the beginning of the 1990s. Since 1995, the European level of reported autonomy has stagnated ([NL0502TR01](#)).

Opportunities for training and development

No significant changes have taken place in the perceived training and development opportunities of employees over the period 1994-2003. In 2002, one in four workers reported that the fit between their work and their education level was quite poor. This figure is exactly the same as 10 years before. Moreover, the percentage of people doing monotonous work and the number of people with limited professional development opportunities remained stable.

A positive development is the increase, since 2000, in the proportion of employees having good promotion opportunities. In 2003, 37% of the Dutch working population regarded their promotion opportunities as good. Compared with the end of the 1990s, the number of people who feel that they are not adequately compensated for their job has decreased slightly in recent years, although the figure is still higher than in the years before 1996. The majority of the Dutch workforce reported themselves as being happy in their work; this figure has remained stable over the period 1994-2003.

Cognitive and emotional demands

Evidently, the aspects of psychosocial working conditions that are monitored by the POLS do not cover the full range of potential psychosocial risks at work. It is acknowledged that, in addition to quantitative demands, qualitative demands (i.e. complexity of work) and emotional demands are also important indicators of the psychosocial work environment ([NL0502TR01](#)). Changes in the nature of work itself, such as the increased use of information and communication technology, have led to higher mental workload for employees. In addition, shifts in employment, such as the growing proportion of workers employed in the service sector, result in a higher number of employees being exposed to emotionally demanding situations.

Unfortunately, trend information on these issues is scarce. Table 2 provides an overview of the available information on complexity of work and emotional demands. The number of employees who experience their work as cognitively demanding appears to be rather stable over the period 2000-2003. By sector, however, the proportions proved to be rather unstable (Andries et al, 2004). Insufficient trend information is available on emotionally demanding work.

Table 2: Cognitive and emotional demands at work (%)

People responding yes, often/always:	2000	2002	2003
Cognitive demands			
Does your work demand intense thinking?	57	54	-
Do you have to remember a lot of information for a long period of time?	50	48	-
Does your work demand that you keep your thoughts focused?	90	86	-

Does your work demand a lot of attention?	80	77	-
Do you have to keep an eye on many things at work at the same time?	74	72	-
Emotional demands			
Does your work bring you into emotional situations?	11	-	-
Is your work emotionally demanding?	-	-	13

Source: TNO (TAS: 2000, 2002, 2004; NEA, 2003)

Workplace violence

Similar to many countries in the European Union, there has been a growing interest in the Netherlands in the issue of workplace violence (see, for example, Di Martino et al, 2003; Lehto and Pärnänen, 2004: [FI0406TR01](#)). To study the prevalence and distribution of this phenomenon, questions on personal experiences of sexual harassment, intimidation and physical violence have been incorporated into the TAS and NEA. Recent research findings ([NL0510NU03](#)) indicate that the tendency of increased workplace violence - especially by customers - that was observed from 2000 until 2003 (Van den Bossche, 2004) seems to have stabilised in 2004 (Table 3). Nonetheless, it is equally possible to conclude that there has not been a clear reduction of exposure to intimidation and violence at work since 2000.

Table 3: Workplace violence (%)

	2000	2002	2003	2004
By customers				
Intimidation	21	22	27	21
Sexual harassment	5	7	9	5
Physical violence	7	7	9	6
Bullying	-	-	-	7
By colleagues				
Intimidation	15	13	15	14
Sexual harassment	3	3	5	3
Physical violence	1	1	2	1
Bullying	-	-	-	10

Source: TNO (TAS: 2000, 2002, 2004; NEA, 2003)

As shown in Table 3, workplace violence originates mostly from customers: in particular, intimidation by

customers (patients, passengers, students) is mentioned frequently and increasingly up to 2004. Sectors such as health care, hotels and restaurants, retail, and education - where work involves frequent customer/client contact - are more vulnerable to intimidation by customers than other sectors. The growing employment in these sectors ([NL0411NU06](#)) could be part of the explanation for the increase in the number of employees reporting that they have been threatened by clients/customers.

Intimidation by colleagues has remained rather constant over the period 2000-2004. Nevertheless, a relatively large proportion of employees (15%) experience intimidation by their co-workers. No significant differences between sectors are evident in intimidation by colleagues.

Up to 2004, the concept of intimidation (by colleagues) was used to refer to acts of mobbing/bullying, in the same way that it is used in the [European Working Conditions Survey](#). It has been suggested, however, that translations of this concept do not always adequately reflect the concept that often encompasses bullying, in the sense that intimidation refers more to threats of (physical) violence ([FI0406TR01](#)).

Therefore, a new indicator of bullying was introduced in the TAS of 2004. Although the original concept of intimidation was correlated to the new indicator of bullying, the distribution of this new indicator was quite different, depending on whether the behaviour was perpetrated by colleagues or customers/clients. Bullying by customers was mentioned by 7.3%, while 10.1% stated that they had been bullied by colleagues in the past year. Intimidation, on the other hand, mostly originated from customers, indicating that the two concepts are related but different.

In 2003, over 2% of the employees who were questioned in the NEA reported that they had been absent from work for more than a month because of workplace violence and aggression. Furthermore, exposure to workplace violence significantly influenced employees' work performance: 3% of all employees stated that workplace violence impaired their performance at work for over a month.

The issues of racial and sex discrimination are monitored by the POLS. There was a clear decrease in both forms of discrimination in 1996 (Table 4). Since 1996, a steady average of 2% of all employees state that they are aware of the existence of gender discrimination in their workplace. The same can be said about racial discrimination.

Table 4: Discrimination in the workplace (% yes*)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Discrimination by gender	4	5	2	3	2	2	2	2	2	2
Discrimination by race	4	4	1	2	2	2	2	3	2	2

* Population: 18-65 years of age, working 12 hours per week or more. Source: CBS

Physical risk factors

During the past 10 years, workers' perceptions of their exposure to physical risks have indicated some improvements (Figure 2). In the POLS, questions on dirty work and bad smells are used as a general (indirect) indicator for exposure to dangerous substances. The proportion of employees frequently involved in doing dirty work has declined steadily since 1994. Nowadays, less than one out of every five employees is exposed to dirty work. There has also been a decrease with regard to frequent experience of bad smells at work. In 1994, about 12% of the total labour force reported experiencing bad smells; this figure declined to 8% in 2003. Unfortunately, no trend information is available on actual exposure to particular chemicals, and to organic and inorganic dusts.

Noise and danger levels

An indication of the noise level which employees are exposed to is obtained by asking whether it is so noisy at the workplace that 'you have to raise your voice in order to make yourself heard'. The proportion of employees who frequently work under such conditions has remained stable over the past 10 years. The same applies for the proportion frequently doing dangerous work.

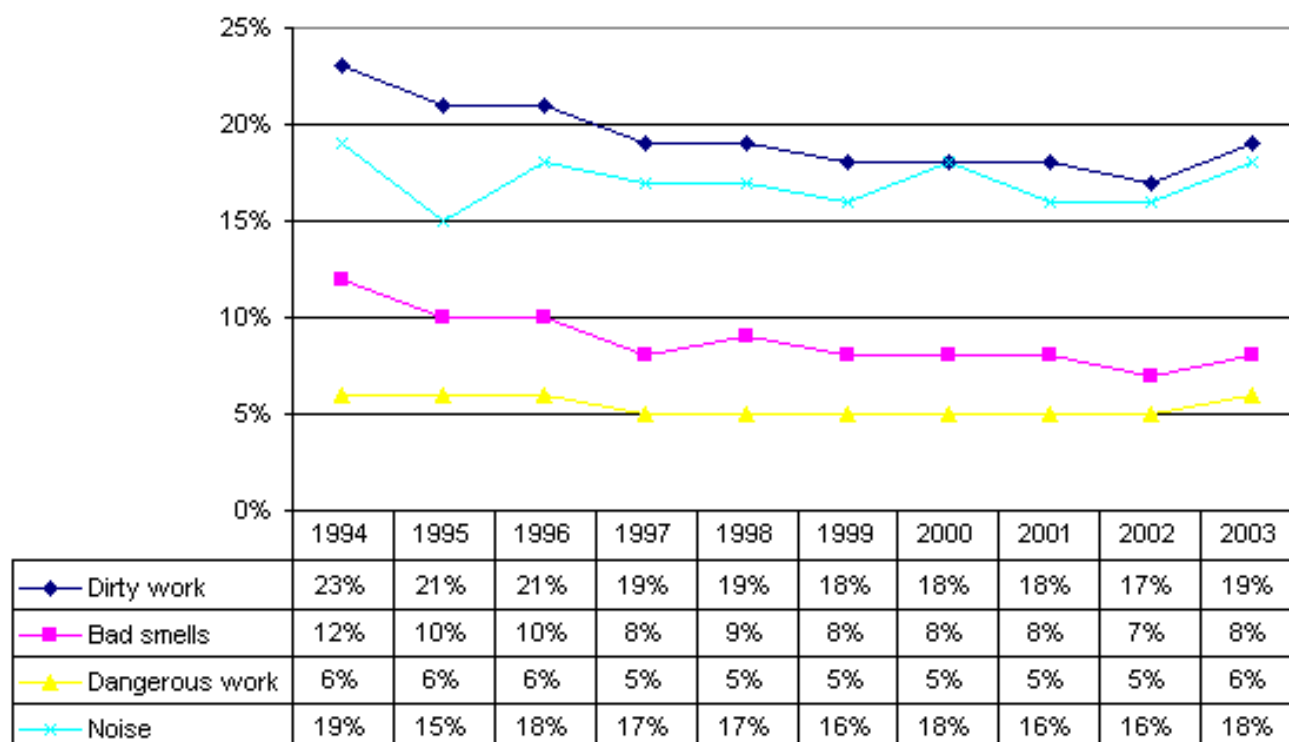
Sectors most at risk

A breakdown by sector (Andries et al, 2004) reveals that physical risks (combination of the exposures mentioned above) are particularly prevalent in agriculture, construction and manufacturing. The average proportion of employees who are exposed to risk in these sectors ranges between 20% and 25%. This situation appears to be largely unchanged since 1994. In the hotel and restaurant sector, however, exposure has increased slightly. Conditions in the financial services sector and the business services sector have improved, but it is difficult to determine to what extent this is the effect of structural changes taking place in these sectors.

Radiation exposure

Exposure to ionising radiation is monitored by the National Dose Registration and Information System (NDRIS). Recent analyses show that the number of employees working with ionising radiation increased from 31,000 to 35,000 in the past 10 years. The need for such employees increased especially in the health care sector. At the same time, actual exposure to ionising radiation decreased because of the use of better protection measures (van Dijk, 2004).

Figure 2: Trends in physical risk factors (% of workers answering 'yes, frequently')



Source: CBS

Control of workplace temperature or ventilation

The percentage of employees who cannot control temperature at work fluctuated at around 60% in the period

1994-2003 (Table 5). The proportion of employees unable to control ventilation at work was between 50% and 55% over the same period. Thus, no significant changes can be observed for these two indicators.

Table 5: Workers* claiming that they cannot control workplace temperature or ventilation (%)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Cannot control temperature	59	57	60	60	57	61	60	58	59	60
Cannot control ventilation	54	50	54	54	53	55	53	53	54	54

* Population: 18-65 years of age, working 12 hours per week or more. Source: CBS

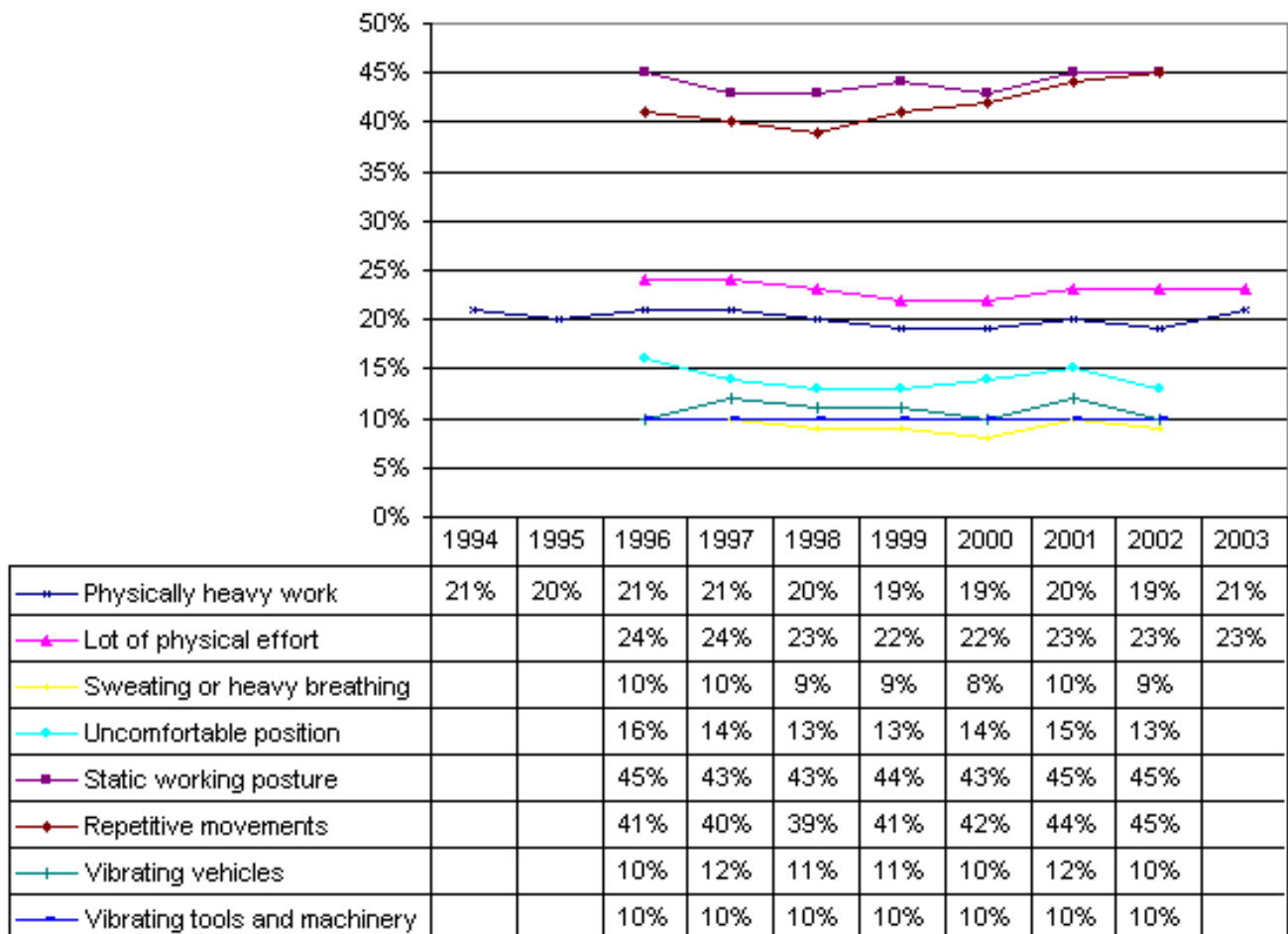
Ergonomic risk factors

About 20% of employees carried out physically heavy work in the period 1994-2002 (Figure 3). Heavy work is one of the most significant risk factors for back, neck, shoulder and arm pain or complaints (Hoogendoorn, 2001; Ariëns 2001). Likewise, the percentage of employees who frequently use a lot of physical effort in their work is just under 25% in 2002, and has not changed much since 1994. Frequent sweating or heavy breathing at work has been fairly stable in recent years, at around 9%.

Other important risk factors, especially those causing repetitive strain injury (RSI), are static working posture and repetitive movements with hands or arms. The number of employees exposed to static working postures remained stable in the period 1996-2002, at between 43% and 45%, while the prevalence of those experiencing uncomfortable positions at work is between 13% and 16%. Work involving repetitive movements of arms and hands has become more common over the last few years, rising from 40% in 1999 to 45% in 2002. In observing the most important risk factors of musculoskeletal disorders, the conclusion can be drawn that, so far, preventive measures of work-related back complaints and RSI seem to have had little effect.

In the period 1996-2002, little has changed in terms of the proportion of employees being exposed to vehicle vibration (10%-12%). The percentage of those working with vibrating tools and machinery also remained the same over that period (at 10%).

Figure 3: Trends in ergonomic risk factors (% of workers answering ‘yes, frequently’)



Source: CBS

Working hours

The TAS shows that, in 2002, employees worked an average of 32.3 contractual hours per week. In addition, they worked a further 9.5 hours per week in paid and unpaid overtime. In 2000, the average was 33.7 hours per week, with an additional 6.5 hours worked as paid and unpaid overtime. There has, therefore, been a slight reduction in the number of contractual working hours per week (from 33.7 to 32.3 hours) but a considerable increase in paid and unpaid overtime (from 6.5 to 9.5 hours).

The Survey on Employment and Earnings (EWL), carried out by CBS, also provides information on duration of working hours. Unfortunately, no information is available on unpaid overtime. The CBS figures support the findings of TNO as far as the decrease in contractual working hours is concerned, although the downward trend is less pronounced. According to the CBS, the average number of contractual hours in 2000 was 30.7 hours per week and 30.2 hours per week in 2002; they measured it as 32.1 hours per week in 1995. Paid overtime remained stable: in 2000 and 2002, employees worked an average of 0.5 hours per week in paid overtime.

Alternative patterns of working hours may be characterised as a double-edged sword. Work during the evening, at night or at weekends can lead to tiredness and can disrupt one's private life. On the other hand, for some, the opportunity to work irregular hours may facilitate the reconciliation of work and caring tasks. According to the CBS, working irregular hours is quite common in the Netherlands. In 2002, as much as 55% of the Dutch labour force worked during the evening, at night or at weekends (based on the Labour Force Survey; Beckers, 2004). In 2000, this figure was slightly higher (57%). Unfortunately, no comparable older data are available because of a

trend break in 1999.

The POLS provides some trend information on non-standard working hours (see Table 6). Over the period 1994-2003, an average of 61% of Dutch employees reported that they sometimes had to work in the evening or at night. Comparing the period 1994-1998 to the subsequent five years, there appears to be a slight decrease in people saying that they have to work in the evening or at night. The average proportion working on Saturdays and Sundays is 57%. A slight decrease can be seen here as well, though it is less distinct than in the case of evening work. These findings are rather surprising, given the fact that the Opening Hours (Shops) Act entered into force in 1996, giving employers in the retail sector more freedom to decide on their opening hours themselves.

Finally, about one out of 10 employees works in shifts. This figure is quite stable. According to Beckers (2004), the eight-hour shift is by far the most common type of shift work (40%), followed by the 12-hour shift (31%).

Table 6: Working non-standard hours (% yes*)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Night work or evening work	62	64	60	63	63	60	60	59	60	58
Weekend work	58	60	57	59	58	58	56	55	56	56
Shift work	10	11	11	9	9	8	10	9	9	9

*Population: 18-65 years of age, working 12 hours per week or more. Source: CBS

General health and work-related health

Table 7 shows trends in self-reported health by Dutch workers. About 87% of the Dutch workforce consider their health status to be good or very good. However, almost 10% report having 'burnout'. Burnout is a state of emotional exhaustion often accompanied by an increasingly cynical and negative attitude towards work and/or declining levels of professional competence. These figures on health status and burnout have been quite stable since they were measured (health status has been included in the Living Conditions Survey since 1977, while burnout has been included since 1997).

About a quarter of the employees report back complaints, a figure which has also remained stable. Repetitive strain injuries (RSI) were reported by about 19% in 1997 when first measured in the Living Conditions Survey. This percentage rose steadily to 23% in 2000, when last measured. When the TAS commenced in 2000, RSI was measured, but in a different way to the Living Conditions Survey. The TAS found the prevalence of RSI to be 26% in 2000 and 28% in 2002. These data indicate a continuation of the rise in this condition (Heinrich and Blatter, 2005).

The percentage of workers reporting absent from work because of work pressure rose from 14% to 22% over the period 1996-2002; absence due to hand-arm vibrations or body vibrations rose from 20% to 29% over the same period. Visits to the family doctor also rose from 31% to 39%. However, absence due to physical strain decreased from 24% to 20%.

Table 7: Trends in self-reported health and self-reported absence by Dutch workers* (%)

	1994	1995	1996	1997	1998	1999	2000	2001	2002

Reported general health status of workers									
Health status (good or very good)	86	87	86	89	88	87	87	87	87
Work-related health complaints									
Burnout (1)	-	-	-	10	8	10	8	10	9
Back complaints (2)	-	-	-	26	26	24	23	-	-
RSI (3)	-	-	-	19	16	21	23	-	-
Health effects of work pressure									
Work became 'too much' because of work pressure (% yes, last 12 months)	-	-	24	24	25	27	26	26	25
Reported absent because of work pressure-related health complaints (% yes, last 12 months)	-	-	14	15	19	21	19	21	22
Contact with family doctor because of work pressure-related health	-	-	17	15	17	18	17	19	19

complaints (% yes)									
Health effects of hand-arm vibrations and body vibrations									
Complaints because of hand-arm and body vibrations (% yes, last 12 months)	-	-	16	17	15	20	18	18	18
Reported absent because of hand-arm and body vibration-related health complaints (% yes, last 12 months)	-	-	20	22	23	27	27	25	29
Contact with family doctor because of vibration-related health complaints (% yes)	-	-	31	31	39	41	35	35	39
Health effects of physical strain									
Complaints because of physical strain (% yes, last 12 months)	-	-	40	41	36	43	45	43	44

months)									
Reported absent because of health complaints related to physical strain (% yes, last 12 months)	-	-	24	16	21	21	19	22	20
Contact with family doctor because of physical strain-related health complaints (% yes)	-	-	43	321	40	38	36	38	38
Employee absenteeism (4)									
Absence rate (pregnancy leave included)	5.5	5.5	5.1	5.1	5.6	6.0	6.1	6.1	6.1
Absence rate (pregnancy leave excluded)	4.9	4.9	4.6	4.6	5.0	5.4	5.5	5.4	5.4

(1) Burnout (emotional exhaustion): percentage of workers affirmative on two of the five items. (2) Chronic and non-chronic back complaints. (3) RSI: complaints with respect to neck, shoulder, arm or hand because of work (during last 12 months). (4) Based on a large and representative sample of private companies in the Netherlands (CBS). Source: DLO 1994-1996; POLS 1997-2002; [CBS](#)

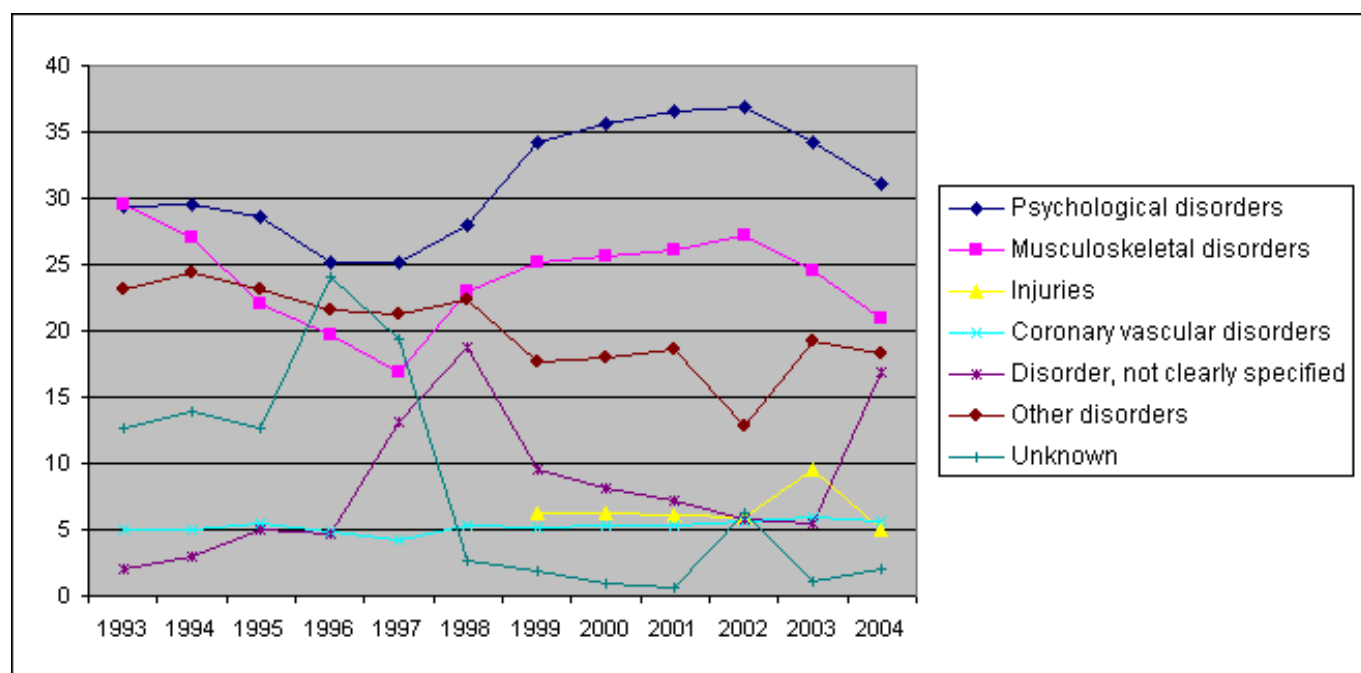
The greatest changes can be observed in the numbers leaving the workforce due to sickness. The data indicate that the percentage of absent workers, as reported by employers, increased from 5.5% in 1994 to 6.1% in 2002 (4.9% to 5.4%, excluding pregnancy). In 2003, the proportion declined again to 5.3% (4.8%, excluding pregnancy).

The inflow into the disability system increased from 79,000 employees per year in 1994 to 118,000 employees in 2001. Since then, there has been a declining trend. Inflow figures for 2002 were 108,000 employees per year. Preliminary figures indicate that this decrease dropped further to 66,335 employees in 2003 and 59,246 employees in 2004.

The risk of disability inflow grew from 1.18 per 1,000 insured employees in 1994 to 1.7 per 1,000 insured employees in 2001, declining to 1.52 per 1,000 insured employees in 2002. Despite this reduction in disability

inflow risk, the main reasons for employees to become work-incapacitated are still psychological disorders (Figure 4).

Figure 4: Employees registering for disability, by diagnosis (%)



Source: UWV; data from 2003 onwards should be read as preliminary.

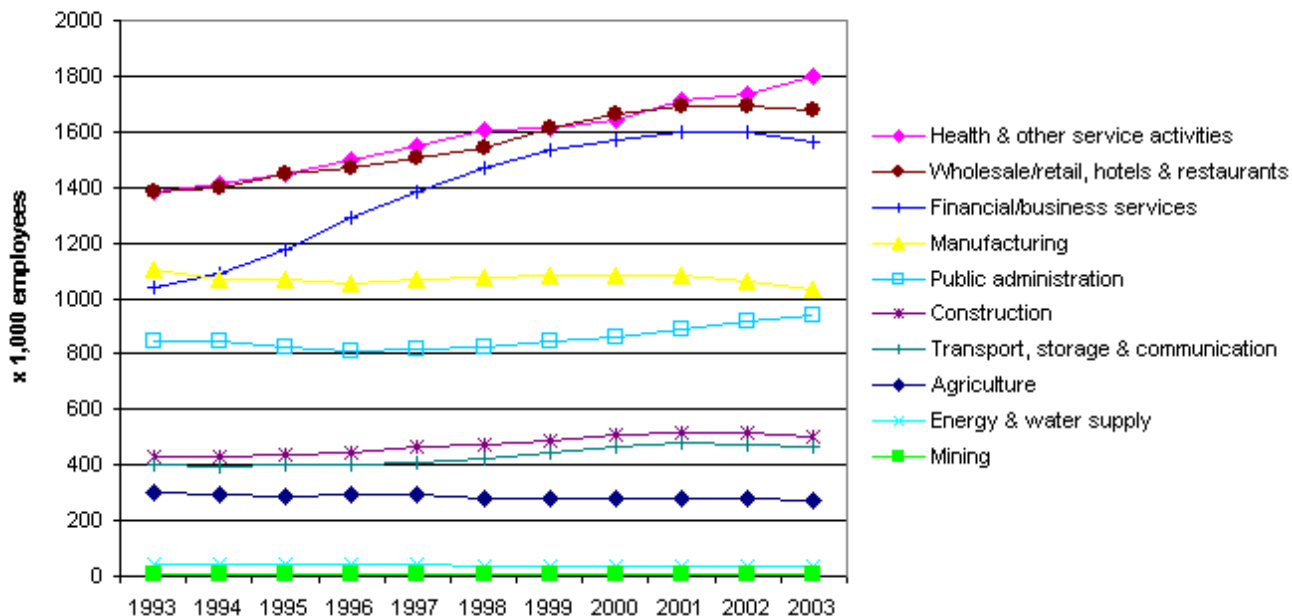
Commentary

The data presented reveal that work pace appears to be stabilising and time pressure is becoming more stable overall, according to the POLS, or even slightly decreasing, according to the TAS. Traditional risks, such as noise, dangerous work, physical load and shift work, are also stabilising. Moreover, other traditional risks, such as dirty work and bad smells, are declining and contractual working hours are also reduced. At the same time, decision latitude is increasing, which is to be considered as positive. In addition, (paid and particularly unpaid) overtime is on the rise.

Some of these trends may have been corroborated by the fact that the workforce has been expanding more in some sectors than in others, resulting in an overall change in the national average exposure level.

Employment is showing a general increase (Figure 5). A large part of this rise can be explained by the rapidly growing number of employees in the service sector. Financial/business services, health care and retail, in particular, have seen large increases in employment. Moreover, but to a lesser extent, the number of people employed in public administration has increased. On the other hand, employment in manufacturing has declined. These changes obviously affect the national trends in working conditions. Therefore, all trends presented in this report should be interpreted in the context of these labour market changes.

Figure 5: Number of employees in various sectors, by year



Source: CBS

Authors: Irene Houtman and Seth van den Bossche

Appendix: Statistical sources

Permanent Quality of Life Survey (POLS)

From 1977 to 2004, working conditions and aspects of health were surveyed in the Living Conditions Survey, conducted by the Central Bureau of Statistics (CBS). Since 1997, these topics have been included in the Permanent Quality of Life Survey (POLS), an integrated [system of surveys](#), including living conditions and working conditions, coordinated by the CBS.

This survey consists of a core interview that is administered to - depending on the year - between 40,000 and 90,000 people who have a registered address in the Netherlands. Some of the respondents also receive work and health questions, submitted to approximately 18,500 workers with a response of approximately 10,000 people each year (about 60% response rate on average). Workers aged 18-64 years number about 4,500, a representative sample of the Dutch workforce.

The POLS is a face-to-face interview. However, the questions on health are presented on paper, and the interviewees are asked to send them back after completion. This may result in additional non-response for these questions.

Until 1989, the POLS took place every three years but has been carried out on an annual basis since then. On several occasions, during this period of about 25 years since the original survey in 1977, questions have been added and changes in phrasing of questions and answering categories have occurred. In 2003, many previously asked questions on working conditions were omitted from the POLS and, in 2004, no questions on working conditions were left in this survey.

TNO Working Situation Survey (TAS)

In 2000, the [TNO Working Situation Survey \(TAS\) - in Dutch](#) commenced, which is intended to be administered every second year, and which has now delivered information from three representative samples of the Dutch workforce, in 2000, 2002 and 2004. This survey mainly focuses on quality of work and employment as well as on labour market related topics, and measures most concepts with scales (with several questions measuring the same concept) instead of using only one or two questions per concept.

The TAS is carried out by TNO Work and Employment in the Netherlands. It consists of a postal survey postal/web survey and has a net response of approximately 4,000 employees. It constitutes a representative sample of the Dutch workforce in the 15-64 year age group. Every employee in the sample receives a questionnaire by regular mail with a login code for the web survey, and decides for themselves whether to fill out the postal questionnaire or the web questionnaire.

Netherlands Working Conditions Survey (NEA)

In 2003, the [Netherlands Working Conditions Survey \(NEA\) - in Dutch](#) ('Nationale Enquête Arbeidsomstandigheden') was started. At present, this survey is designed to replace the working conditions module in the POLS - about 25 items are directly derived from the former survey - and it measures most concepts using scales, preferably validated scales. Validated scales are scales that have proven to be valid for the concept measured in previous research published on this topic.

The NEA is carried out by TNO Work and Employment in the Netherlands for 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. In 2005, the target (net) sample was 25,000 employees. The survey started was originally scheduled for every second year, but will probably become an annual survey in 2006. The NEA 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, and serves as a national benchmark for sector-level monitoring studies on working conditions.

Other sources

Since 1994, there have been no valid and representative absenteeism registers in the Netherlands, as employers themselves have become responsible for the payment of salaries of staff who report sick. The main sources now are employer reports, obtained in interviews by the CBS. However, a start has been made to collect registered absence data from the occupational health services. Thus, the employer reports provide trend information since 1994, while the registered sickness absence data collected by the occupational health service, in collaboration with the CBS, provide information since 2002 (although this information has formally been made available since 2005).

In the POLS, workers are asked if they have been absent during the last two months. In the TAS and NEA, employees are asked to indicate if they have reported absent because of sickness or accidents in the last 12 months, and to indicate how often this occurred and how many days were involved. In the TAS, employees were also asked to indicate if they went to work even though they actually should have stayed home because they felt sick.

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

Surveys on working conditions in the Netherlands

Permanent Quality of Life Survey	TNO Work Situation Survey	Netherlands Working Conditions Survey
Acronym	POLS	TAS
Sample size (net)	10,000 (Module Health & Working Conditions); approx. 4,000 workers	4,000

Since	1977	2,000
Response rate	60%	45%-50%
Frequency	Every third year during 1977-1989; Annual since 1989(trend break in 1994); Continuous data collection (whole year) since 1997. Questions on working conditions no longer included (since 2003, 2004)	Biennial (autumn)
Method	CAPI (face-to-face interviews); PAPI (postal questionnaire)	PAPI (postal questionnaire); CAWI (web interviewing)
Sample	Representative sample of the Dutch population	Representative sample of the Dutch labour force (15-64 years)
Coordination	Central Bureau of Statistics (CBS)	TNO Work and Employment

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