

HOW DO PSYCHOSOCIAL RISKS IMPACT HEALTH AND SOCIAL CARE SECTOR WORKERS? KEY LESSONS LEARNT AND POLICY POINTERS

1. Introduction

This policy brief provides a summary of the key findings and methodology from the European Agency for Safety and Health at Work (EU-OSHA) report: 'An overview of work-related psychosocial risks and mental health outcomes in the EU health and social care sector'.¹

The health and social care (HeSCare) sector is an important sector in the EU economy, employing over 21,500,000 people in 2022 and currently accounting for around 11% of EU workers. Levels of employment in the HeSCare sector have increased over the last decade, as well as in the three subsectors that make up the sector: healthcare, residential care, and social work. The HeSCare sector is characterised by a high degree of segmentation of its providers, as in many EU Member States there is a mix of public sector bodies operating at different administrative levels (e.g. central, regional and/or local), private actors and non-profit organisations. This makes a comprehensive overview of the sector at EU level challenging.

The aim of the overview report is to inform policymakers and occupational safety and health (OSH) practitioners about psychosocial risks (PSRs) in the sector and to provide policy pointers for improving OSH. This policy brief brings the highlights from the report and the policy pointers.

2. Work-related PSRs

The HeSCare sector faces significant challenges related to PSRs, which are categorised into two main groups: those linked to organisational factors and working conditions; and those related to the psychosocial environment of work.

According to this classification, the study identifies the following 11 PSR factors (as shown in Figure 1) as being particularly prevalent and posing a challenge to workers in the HeSCare sector:

Figure 1: The most prevalent PSR factors identified through the primary and secondary research conducted for this study

Organisational factors and working conditions	The social environment of work
<ul style="list-style-type: none">• High workload and time pressure• Long working hours• Work scheduling and shift work• Poor work-life balance• Pay, effort-reward imbalance and precarious working conditions• Lack of autonomy• The use of digital technologies and the automation of tasks	<ul style="list-style-type: none">• Adverse social behaviour, including violence, (sexual) harassment and bullying• High emotional and ethical burden• Stigma, including against seeking mental health support• Low social support

Here below the focus is on the organisational factors and related working conditions.

¹ The report is available at: <https://osha.europa.eu/en/publications/overview-work-related-psychosocial-risks-and-mental-health-outcomes-eu-health-and-social-care-sector>

High workload and time pressure are among the most cited PSR factors, particularly in the healthcare and residential care subsectors. Excessive workloads and time constraints can lead to physical and mental exhaustion, burnout, stress, anxiety and depression. These challenges are exacerbated by a number of factors, including the ageing population and staffing shortages, and this places increasing demands on the sector. The COVID-19 pandemic further intensified these issues, contributing to higher stress levels due to increased workload.

Long or irregular working hours, including night and weekend shifts, are another key risk factor in the HeSCare sector. Atypical working hours disrupt natural sleep patterns and can contribute to sleep deprivation, depression, work-related stress and occupational burnout. The prevalence of shift work, and low levels of control over shift patterns, negatively impacts work–life balance and contributes to chronic fatigue and heightened stress levels.

The challenges of managing professional responsibilities alongside personal life demands lead to **poor work–life balance** among HeSCare workers. Lack of work–life balance is associated with a number of indicators of poor health and impaired wellbeing. This imbalance is frequently the result of cumulative effects involving other PSRs such as low influence over shifts, long working hours and high work demands. In certain occupations and care settings, such as live-in care, it is virtually impossible to separate working and recreational time, making it difficult to maintain a healthy work–life balance.

Effort–reward imbalance, characterised by the disparity between the effort expended for work and the rewards received, is a key PSR factor in relation to job dissatisfaction and burnout in the HeSCare sector. Salaries in the sector vary considerably, with personal care workers being some of the lowest paid, and female employees in the HeSCare sector are more likely to experience lower pay than men. Further, the prevalence of precarious employment conditions is higher in the HeSCare sector than the EU-27 average across all subsectors, meaning that incomes can be irregular. This can lead to an inability to make ends meet in some cases, which means that jobs in the sector that used to be secure now need to be supplemented with extra shifts or side jobs, contributing to financial and psychosocial stress.

In the HeSCare sector as a whole, 57% of workers report having **low task autonomy**. A lack of autonomy in the workplace has negative impacts on both physical and mental health. Employees in 'high-strain' jobs are more susceptible to stress-related illnesses, including anxiety, depression and cardiovascular diseases. Further, low organisational participation, referring to the involvement and engagement of employees in decision-making processes, is more common in the healthcare and residential care subsectors than the EU average across all sectors. Low organisational participation can contribute to low levels of psychological wellbeing and increased negative mental health outcomes such as stress.

The **use of digital technologies** and the **automation of tasks** can help to streamline administrative processes, freeing up time that could be spent on caring for patients. However, it should also be noted that 39% of workers in the EU HeSCare sector reported that the use of digital devices at work has increased their workload. This may be due to factors such as insufficient training provided to workers on how to use digital tools. PSRs related to advanced robotics and AI may be linked to misplaced trust, low acceptance, automation bias or fear of job loss.

3. Mental health outcomes

Workers in the HeSCare sector report high levels of stress, burnout, anxiety and depression. Evidence from the report shows that **stress** among healthcare workers is highest under working conditions with high job demands and low job control. This high incidence of stress causes knock-on effects in terms of impaired health, as well as increased risk of **burnout**. Workers in the HeSCare sector generally report high levels of **anxiety** and **sleeping problems and fatigue**, common in work that involves long working hours and irregular shifts, including evening and night-time work and on-call work, key characteristics of the HeSCare sector. These mental health outcomes are often interlinked and can lead to more serious conditions if left untreated. The hostile environment caused by adverse social behaviours, including violence, harassment and bullying, can lead to long-term psychological trauma. If there is weak social support from colleagues and management, this can increase stress levels and feelings of isolation.

4. Prevention measures

Interventions to prevent and manage stress are often categorised into one of three levels of interventions: primary, secondary, and tertiary. **Primary-level interventions**, also known as organisational-level or stress prevention interventions, aim to eliminate sources of stress in the workplace and their negative impact on individuals. These interventions are informed by risk assessments and include strategies such as redesigning tasks, establishing flexible work schedules and providing social support. **Secondary-level interventions** focus on detecting and managing experienced stress and enhancing workers' ability to cope through education and stress management training. These strategies target at-risk groups and often combine individual and workplace approaches. **Tertiary-level interventions** are reactive, addressing stress-related health issues through treatment and management to minimise their impact on daily functioning (i.e. return-to-work measures after extended sick leave).

Conducting regular risk assessments is widely accepted as one of the most important measures to identify, prioritise and manage a broad range of risks to workers' health and safety. Identifying specific risks early and developing clear follow-up action plans enables organisations to manage the risks by eliminating their sources or controlling them to prevent poor physical and mental health outcomes for workers.

Organisational-level interventions can improve HeSCare workers' mental health outcomes by changing the ways in which the work is designed and organised. Such interventions have been shown to address PSRs associated with high workload, long working hours, atypical and shift working, poor work–life balance, low remuneration and recognition, lack of autonomy, and pressures linked to digitalisation and automation of work.

A **supportive work environment** has been identified in the literature as an important factor to prevent and mitigate PSRs. Creating a supportive work environment covers a broad range of efforts aimed at empowering workers to openly discuss their mental health issues, ensuring they feel supported by their colleagues and managers, establishing clear and effective communication channels, and implementing well-defined policies and processes to support workers dealing with mental health issues. Efforts to minimise third-party violence as well as harassment, bullying, and undermining and aggressive behaviours within HeSCare organisations also contribute to creating a supportive working environment.

5. Lessons learnt and policy pointers

The HeSCare sector has a high prevalence of PSRs and mental health issues. This is due to issues such as the nature of the work in the sector, factors related to the workforce itself, such as the gender, age and migrant status of many of the workers, which can increase exposure to PSR factors due to issues such as occupational segregation in the case of gender, greater risk of anxiety and depression in the case of younger workers, and increased possibility of worse working and employment conditions in the case of migrant workers, and other factors around labour shortages, work intensity, and lack of autonomy and influence over work. These factors can contribute to a range of mental health outcomes, such as elevated levels of stress and anxiety, sometimes leading to burnout, fatigue and problems with sleep.

It is clear that there is a strong link between a healthy and safe HeSCare workforce and the level of quality of the services that these workers provide: if the OSH of HeSCare sector workers is compromised, this will have a detrimental impact on service quality. Therefore, it is key that the HeSCare sector has a healthy workforce, which benefits not only the workers themselves but also ensures that they can provide good quality of care to patients. Key lessons learned and policy pointers for policymakers, stakeholders and social partners include the following:

- **Comprehensive risk assessments:** there is a need for developing and putting into place systematic and structural risk assessments and developing and implementing protocols and policies designed to prevent and manage the factors that can increase PSRs, such as harassment, violence and working hours culture. There is a clear interlinkage of PSRs and musculoskeletal disorders, and therefore regular risk assessments in HeSCare organisations should include PSR factors in the same way as musculoskeletal risk factors and should be fully integrated into these regular risk assessments. Follow-up actions should cover PSRs where risk assessments require this. The social partners can support organisations in risk assessment at the workplace.

- **Creating support networks:** it is clear that the creation and maintenance of support networks has a significant impact on mitigating the potentially damaging effects of the emotional demands placed on workers in this sector. If workers have a safe space in which they can debrief and express their views, with the support of colleagues who have had similar experiences, as well as that of a trained psychologist, this can significantly reduce PSRs. Therefore, setting up peer support groups and offering access to free psychological support should be considered. Combining this with management involvement can support the development of practices to support employees.
- **Promoting individual and collective autonomy and control:** promoting autonomy at both an individual and a collective level — both within teams and collectively under the leadership of a trade union or employee health and safety representative body at the workplace — is key to improving mental health for workers in this sector, and in turn preventing burnout. Policymakers, stakeholders and social partners should focus on developing initiatives that give workers a sense of autonomy and control, as this is key in preventing PSRs.
- **Ensuring adequate staff levels:** it is important to ensure that staff levels are adequate to deal with the level of patient care required in order to avoid overloading individual staff members. Given that staffing shortages are often at the root of long hours and working time pressure, policymakers, stakeholders and social partners, working with organisations in the sector, should consider how to tackle this problem, looking at issues such as the attractiveness of the sector, ensuring that pay and working conditions are adequate, and trying to ensure that funding for the sector overall is realistic and adequate.
- **Encouraging worker involvement:** involving workers in the management of PSRs can have a significant impact on managing these risks. Formal worker representatives can work well with management through formal employee voice channels or informal mechanisms. The presence of employee representatives in an organisation can bring employee perspectives and experiences to management in a way that individual employees would not be able to. Workers should therefore be systematically involved in the prevention and management of PSRs. This is easier in cases where there is formal worker representation.
- **Providing information and training:** the provision of information and training on PSRs to the workforce can have a considerable positive impact on the management and mitigation of these risks. This increases awareness and understanding of PSRs and can help generate a culture in which open discussion about these risks can take place. Policymakers, stakeholders and social partners should therefore ensure that employees receive information and training about PSRs, either from their employers or complementing what employers are offering, in order to raise awareness and knowledge of these risks.
- **Proactive prevention and management of PSRs:** this includes monitoring and reporting and adjusting policies and procedures to adapt to evolving risks. This is most effective when there is buy-in from the leaders of an organisation, which will ensure that proactive risk management remains high on the agenda of the organisation. Guidance and tools should be developed to support organisations to assess and better manage PSRs. Policymakers, stakeholders and social partners should work together to formulate these tools and ensure that they are tailored to the needs of specific parts of the sector and also to the needs of smaller organisations.
- **Focusing on the long term:** this is more effective than concentrating on short-term and temporary solutions. Long-term and sustained impact is more likely to result in culture change, which will help to ensure the sustained management of PSRs. Management engagement in the prevention and management of PSRs is therefore important, as this will create a good risk prevention and management culture and foster open dialogue about these issues. Policymakers, stakeholders and social partners can play a role in this by working with organisations and employers to create and foster this type of culture. This also helps to ensure that interventions are embedded and have a long-term focus, rather than a short-term impact.
- **Making use of available funding:** in order to facilitate the development of innovative solutions in relation to PSR prevention and mitigation, policymakers, stakeholders and social partners should aim to seek out and use any available funding for pilot initiatives and projects that can be implemented by an organisation. Information campaigns about available funding could target organisations in this sector.

Authors: Andrea Broughton, Sophie Buckingham, Neringa Collier (Ecorys)

Project management: Maurizio Curtarelli and Lorenzo Munar (EU-OSHA)

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