



# Overview of Dutch working conditions 2014 Summary



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## Overview of Dutch working conditions 2014, Summary

This document presents a summary of the findings presented by TNO in the Arbobalans 2014 (Overview of Dutch working conditions 2014<sup>1</sup>). The summary is organised as follows: description of the Dutch working population, key figures on the quality of the work, sickness absence, accidents at work and occupational diseases, followed by a number of current themes, i.e. self-employed workers without employees, psychosocial working conditions, preventive policy and sustainable employability.

In 2013 the Dutch working population consisted of 8.2 million working people, made up of 6.9 million employees, 900,000 self-employed workers without employees (abbreviated in Dutch as ZZP'ers) and just under 400,000 self-employed workers with employees. The composition of the group of employees is relatively stable, although the average age of employees has risen somewhat since 2007 and women and young people make up an increasingly larger share of the population. The percentage of employees with a flexible employment contract rose from 21% in 2007 to 25% in 2013. This increase in flexibility is mainly visible among employees below the age of 25. In 2013, 67% of employees below the age of 25 had a flexible employment contract. That percentage was 55% in 2007. Since 2000 the percentage of self-employed workers without employees among the working population has almost doubled, to 11% in 2013. Self-employed workers without employees are more often men, usually with a higher level of education. Just as in earlier years most employees were working in the healthcare sector (18%), commerce (15%), industry (11%) and professional services (11%). The distribution of employees across the sectors has changed over the past years. Since 2007 the number of people working in construction and industry has declined. Dutch employees have been spending less time working. Both the number of contractual hours and number of overtime hours have decreased. Work takes place more often outside of regular office hours or at home.

### *The quality of the work remains more or less the same*

In general the quality of work has remained the same over the past six years. The exposure to physical workload such as repetitive movements (faced by 35% of employees), force exertion (19%) and working in awkward postures (10%) was in 2013 virtually the same as in 2007. An increase can be seen in computer work: there are more employees working on computers and the number of hours of computer work has increased. The exposure to environmental factors, such as noise (faced by 7% of employees), hazardous work (4%), and working with hazardous substances (19%), has not changed.

Aspects of psychosocial working conditions, such as working under time pressure (30%), high work demands (39%) and emotionally demanding work (9%), were virtually the same as in 2007 as well. Another aspect of psychosocial working conditions is harassment: bullying, sexual harassment, intimidation and physical violence. In 2013 one in four employees faced harassment from externals such as customers or patients, 15% experienced harassment from colleagues or superiors and 5% experienced discrimination. These figures are also much the same as in 2007. The degree of autonomy at work however has declined. A low degree of autonomy in combination with demanding tasks, such as having to work quickly, having a heavy workload or having hectic work, increases the risk of stress symptoms. The decline in autonomy is partly due to the increase in the number of flexible contracts. Conflicts with colleagues (23%), managers (16%) and employers (10%) do occur, but usually do not last long.

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<sup>1</sup> Douwes M, Hooftman W, Kraan K, Steenbeek R, Venema A, de Vroome E, Eysink P, van der Molen H, Frings-Dresen, M, van den Bossche S, Arbobalans 2014, Kwaliteit van de arbeid, effecten en maatregelen in Nederland, TNO: Leiden, 2014 (ISBN 978-90-5986-455-9).

### *Employees rate their health as good to excellent*

In 2013 91% of employees said they were in good to excellent overall health. Nonetheless 38% of employees reported they had a long-term or chronic health problem. More than half of them said this limited the work they could perform. Usually these are minor impairments. Especially employees with mental problems and musculoskeletal disorders experience impairments in their work. Just over one fifth of employees with a chronic health problem said that this was caused entirely or partly by the work. Many employees are highly engaged with their work. Employees rate their engagement at 5.5 on average on a scale of 1 to 7. On the other hand, 13% of employees suffer from burn-out symptoms.

### *Light decrease in percentage of absent employees*

The sickness absence rate of employees in the Netherlands was 4.0% in 2013. Since 2010 a slightly rising trend is visible in the percentage of employees who were not absent at all in the year prior to the survey. That percentage rose to 52% in 2013. The duration of the absence - the average number of working days per year absent, calculated for all employees including those who were not absent at all - has fluctuated since 2007 between 7.0 (2013) and 7.7 (2011) working days. The sickness absence rate is relatively high among women, older employees, employees with a low level of education and employees with a chronic or long-term health problem. The higher absence rate among older employees and employees with a low level of education is partly due to the fact that they have more chronic health problems. The higher rate among employees with a low level of education is also due to the demanding working conditions they may face. The public administration, transport and healthcare sectors have relatively high absence rates. Industry and education also score above average.

Employee absence is related to demanding working conditions. In 2013 23% of those who had been absent stated that the problem during their most recent case of absence was partly or mainly related to work. Employees who indicate a connection between their absence and their work tended to have longer durations of absence on average. That is the case, for instance, for sickness absence due to emotional problems, nervous exhaustion or burn-out. For 10% of all employees who had been absent, psychosocial working conditions were the main reason for their most recent absence. That is slightly higher than for physical workload (7%). But it is mainly the relatively high number of days absent that makes psychosocial working conditions such an important factor. In the most recent absence cases, psychosocial working conditions played a role in 19% of the absence days. That figure was 12% for physical workload.

The employer costs for sickness absence (measured as continued payment of wages) amounted to approximately 11.5 billion euros in 2012. Work-related absence cost about 5 billion. Of this 5 billion, 2.7 billion euros was due to psychosocial working conditions, which represents about 58% of the costs of work-related absence.

### *The risk of accidents at work has declined*

The number of Dutch employees who were absent in 2013 as the result of an accident at work was 192,000. The risk of an accident at work involving injury and absence has declined since 2005 by 13.5% to 2.7%. The decline is mainly due to a decrease among men, young people, and immigrants, at medium-sized businesses and in the transport and hospitality sectors. The risk of an accident has not declined for employees aged 55 and over however. Working conditions related to accidents include: working more than 36 hours per week, hazardous work, work requiring a great deal of force exertion, noisy environment, little autonomy, high time pressure and harassment from customers and patients. Employees with a lower level of education or those from an immigrant background have an increased risk of an accident. For the rest the number of fatal accidents at work has declined slightly. The costs of the continued payment of wages after accidents at work are estimated at over 1.2 billion euros.

### *Occupational diseases are common and result in a substantial disease burden and high costs*

The percentage of employees in the Netherlands that suffer from an occupational disease each year ranges from 0.3% - employees who have been diagnosed with an occupational disease by a company

doctor - to 5.8%: employees who themselves believe they have an occupational disease. In 2011 an estimated 3,700 people died in the Netherlands as the result of an occupational disease, specifically almost 900 employees and just over 2,800 pensioners.

The most common diagnosed or self-reported occupational diseases are musculoskeletal disorders and mental problems. The risk of a diagnosed or self-reported occupational disease is relatively high among employees in the age category of 45 to 54 years. Highly educated employees have a relatively low risk of self-reported occupational diseases. Self-reported occupational diseases are highest in the healthcare sector (22% of the total number of reported occupational diseases), professional services (16%), commerce (14%) and industry sectors (13%). This is not surprising since these are the sectors employing the highest number of people. If we look at the risk of an occupational disease, it is highest in the construction, transport and healthcare sectors. In the first two sectors this mainly concerns problems with the musculoskeletal system. In the healthcare sector this concerns not only problems with the musculoskeletal system but also mental problems and skin conditions.

The work-related disease burden, in terms of the loss of healthy years of life due to occupational hazards, amounts in the active working population to an estimated 3.3% of the total disease burden in the Netherlands. Back problems, burn-out, depression and complaints of the arms, neck and shoulders (CANS) are the main conditions. The occupational hazards that contribute most to the disease burden of the active working population are psychosocial and physical workload. Causes for the disease burden in the retired working population are mainly the pulmonary disease COPD, lung cancer, hearing disorders and arthritis of the knee, all caused by exposure to occupational hazards in the past.

In the active and retired working population together, the occupational diseases with the highest disease burden are musculoskeletal disorders (28%), followed by mental problems (24%) and respiratory problems (15%). Exposure to substances at the work place, including secondary smoke, also causes detrimental health effects for many, not only manifesting in COPD and lung cancer, but also asthma, coronary heart diseases, contact eczema, skin cancer, mesothelioma and allergic rhinitis. The disease burden of the active and retired working populations together accounts for an estimated 4.7% of the total Dutch disease burden. This is comparable to the disease burden caused by environmental factors or overweight.

Occupational diseases have a major impact on absence and occupational disability. The estimated costs of extra absence days, those that are attributable to occupational diseases therefore, are highest for musculoskeletal disorders and mental problems, accounting for approximately 800 and just over 300 million euros per year, respectively, and amount to approximately 1.2 billion euros per year in total. These costs are highest in construction (200 million euros per year), followed by healthcare (almost 160 million euros per year), transport and storage (just over 150 million euros per year) and professional services (almost 150 million euros per year).

A forecast based on demographic changes caused by the ageing of the population shows that the work-related disease burden will increase by 15% in 2020. The percentage of the disease burden accounted for by the retired working population will increase relatively strongly.

#### *Accidents at work, occupational diseases and sickness absence in sectors*

Current figures on the occurrence of self-reported accidents at work, occupational diseases and sickness absence in the Netherlands, spread across sectors, are given in table 1. In the construction, industry and transport sectors, an above-average percentage of employees experience accidents at work, occupational diseases and sickness absence. In the commerce, information and communication and financial services sectors, the risk of an accident at work, an occupational disease or sickness absence is lower than average.

Table 1 Percentage of employees with accidents at work causing injury and absence, occupational diseases and sickness absence according to sector. Above-average scores are shown in red.

	ACCIDENTS AT WORK (%)	OCCUPATIONAL DISEASES (%)	SICKNESS ABSENCE (%)
Agriculture	*	*	3,2
Industry	3,5	6,7	4,4
Construction	4,3	7,8	4,6
Commerce	2,6	4,9	3,8
Transport	4,0	7,6	4,7
Hospitality	4,2	6,7	4,0
Information and communication	0,8	2,6	2,6
Financial services	1,2	1,9	3,3
Professional services	2,9	5,7	3,8
Public administration	2,5	4,4	4,7
Education	1,3	4,6	4,2
Healthcare	2,2	7,4	4,5
Culture, sport and recreation	2,4	6,4	4,1
<b>TOTAL</b>	<b>2,7</b>	<b>5,8</b>	<b>4,0</b>

\* Not shown because of the small number of observations in the sample survey.

SOURCES: NEA 2012; NEA 2013.

#### *The working conditions of self-employed workers without employees and employees differ*

Self-employed workers without employees mainly work in professional services, the culture sector, construction and commerce. They work more hours than employees and are also more likely to work outside of office hours and at home. Employees and self-employed workers without employees differ in their exposure to demanding working conditions: they have more physical workload than employees (repetitive movements, force exertion), are more likely to work in a noisy environment and differ in their exposure to hazardous substances. The degree to which self-employed workers without employees experience demanding psychosocial working conditions seem to be relatively favourable: they have less demanding tasks on average and more autonomy. The health of new self-employed workers without employees - who offer their labour - deviates little from that of employees. But the traditional self-employed workers without employees - who sell goods - rate their health somewhat worse. This is expressed both in a lower rating of their own overall health and in the percentage of self-employed workers without employees with an occupational impairment. The difference in health between employees and self-employed workers without employees is related to the fact that especially traditional self-employed workers without employees are on average older.

Self-employed workers without employees have a smaller risk than employees of suffering an accident at work causing injury and absence, even after correction for any differences in age, gender, education and sector. This concerns new self-employed workers without employees, self-employed workers without employees in professional services and healthcare, older self-employed workers without employees and female self-employed workers without employees. Traditional self-employed workers without employees have a similar risk of an accident at work causing absence. The sickness absence percentage for new self-employed workers without employees is significantly lower than that for employees (2.7% versus 4.0%).

#### *Work stress and mental problems often cause occupational diseases and sickness absence*

As stated earlier, the level of exposure to psychosocial working conditions is virtually the same as in 2007. The degree of autonomy declined however in the period 2007 to 2013. Because autonomy provides some protection against the negative effects of psychosocial working conditions, it is unfavourable for the risk of work stress and emotional problems, mental exhaustion and burn-out.

Besides musculoskeletal disorders, mental problems are the most common work-related health problems among the Dutch working population. A high workload and lack of social support are the key occupational hazards for the occurrence of depression and burn-out caused by work. After musculoskeletal symptoms, mental symptoms cause the highest disease burden and costs from additional sickness absence resulting from occupational diseases.

Psychosocial working conditions can also increase the risk of an accident at work. Time pressure, harassment from customers, patients, etc., but also from colleagues and superiors, increase the risk of an accident. Employees with little autonomy in their work have a higher chance of an accident at work involving injury and absence than employees who have a great deal of autonomy.

Given these findings, it is no surprise that mental symptoms, nervous exhaustion and burn-out account for a substantial share of the total sickness absence in the Netherlands, specifically 15% of the total number of absence days. Just over three quarters (78%) of that share is entirely or partially work-related. Psychosocial working conditions are the most common reason reported by employees for work-related absence. This includes high workload, work stress, emotionally demanding work, work that is too difficult, problems with management or the employer and problems with colleagues or customers.

#### *Preventative policy and long-term employability*

Measures aimed at reducing or preventing occupational hazards are needed in order to reduce the risk of occupational diseases and accidents at work and the related disease burden, absence and costs. Occupational health and safety policy on the company level must satisfy the key statutory provisions. In the Netherlands these are: the presence of a risk assessment and evaluation (abbreviated in Dutch as RI&E), a contract with an occupational health and safety service or service provider, the presence of a health and safety officer and company emergency response team, a sickness absence policy, annual consultation with the employees and information provision and instruction. Compared to 2007, the percentage of companies that fulfils these key provisions has decreased. The presence of a health and safety officer and the risk assessment and evaluation are the facilities least often provided for. The degree to which companies take measures and the quality of the measures as judged by the Inspectorate SZW is better if a risk assessment and evaluation has been prepared in advance. Employees were somewhat more satisfied in 2013 with the occupational health and safety measures taken by employers than they were in 2008, though employees do often feel that additional measures are needed. They especially want to see (additional) measures to combat high workload and work stress (50% of employees think this is necessary), but also to combat emotionally demanding work (29%) and complaints of the arms, neck and shoulders (CANS; 31%).

In 2013 employees said they wanted to continue working to the average age of 63 years (six months longer than in 2011) and to be able to continue working in their current job until the age of 62 years (almost a year longer than in 2011). That is somewhat younger than the age at which their colleagues currently retire (64 years). With the increase in the statutory retirement age to 67, the number of older employees will increase. Older employees, particularly the group aged 45 to 54, are more likely to have an occupational disease. They are also more likely to suffer from a chronic condition. This has implications for companies' long-term employability policy.