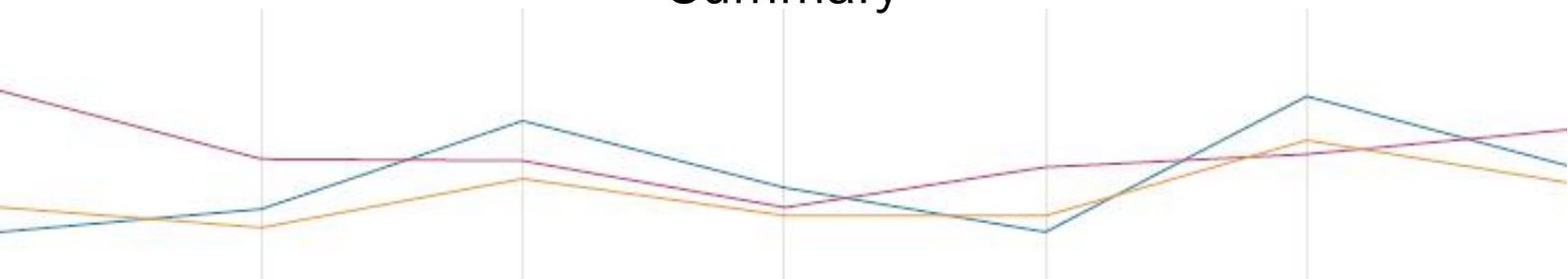




OVERVIEW OF DUTCH WORKING CONDITIONS 2016

Summary



OVERVIEW OF DUTCH WORKING CONDITIONS 2016

Summary

TNO, Leiden, 2017

In this Occupational Health and Safety Balance, we present the current picture, based on figures from recent monitors and surveys, of the working conditions and work-related health of employees and of health and safety policies at companies in the Netherlands. This knowledge can help policymakers in the public and private sectors develop policies for a healthy and vigorous working population. The Occupational Health and Safety Balance looks at key figures on the quality of work (Chapter 2), sickness absence (Chapter 3), work-related injuries (Chapter 4), and occupational diseases (Chapter 6). The Introduction contains more information about the structure of and the sources for this Occupational Health and Safety Balance.

In this summary, we first present the most important conclusions from the four chapters. We then examine three specific themes that feature in various chapters. This concerns the positions of sole traders, the costs of work-related health problems, and the position of the Netherlands compared to Europe.

The composition of the Dutch working population is gradually changing

In 2015, the working population in the Netherlands consisted of 8.3 million people, of whom 6.9 million were regular employees, 1 million were sole traders, and more than 300 thousand were entrepreneurs with employees. The proportion of employees with a permanent contract fell from 81% in 2007 to 75% in 2015, and is expected to continue to decrease to 70% in 2020. At that time, therefore, around 30% of employees will be in flexible employment. The amount of time that people spend at work has been stable for many years, with the average contractual duration being 30 hours a week.

From 2007 to 2015, the proportion of sole traders rose from 9% to 12%. The proportion of older people (45+) among sole traders is increasing. The proportion of those with good educational qualifications and those with a Dutch background also increased, as did the number of women, albeit to a lesser degree.

Employment levels are reasonably stable, but are changing: there is an increase in the number of people working in commercial professions, in care, and in the social sector. The professions in which fewer employees and sole traders are working are primarily within the technical and administrative sectors and, in the case of sole traders, the creative and agricultural professions and independent managers.

The quality of work has remained more or less the same; working at a computer has increased slightly

The physical workload reported by employees, such as force exertions (20% of employees), working in an awkward posture (10%) or making repetitive movements (35%), has remained more or less the same during the past eight years. The same applies to environmental stresses like noise (7%), hazardous work (4%), and working with hazardous substances (15%). The average number of hours spent working at a computer screen increased slightly from 3.7 to 3.9 hours a day. The proportion of employees who work at a computer screen for more than 6 hours a day (a critical level in terms of health risks) rose from 22% in 2007 to 25% in 2015; these employees have a greater risk of developing chronic neck, shoulder, and arm symptoms.

With regard to the psychosocial workload, there has been a slight decline in high task demands, such as having to work under high time pressure (from 41% of employees in 2007 to 38% in 2015). Emotionally demanding work (9%) and harassment by colleagues (16%) or external parties (23%) remained about the same. There was a striking decrease in autonomy from 2007 (38% experienced a low level of autonomy) to 2012 (44% experienced a low level of autonomy), after which it stabilized at the 2012 level. The proportion of employees with

high task demands *and* low levels of autonomy increased a little from 16% in 2007 to 18% in 2015. Employees with high task demands and low levels of autonomy are more likely to experience work-related stress.

Occupational health and safety policies in companies appear to be more widespread

Until 2014, there was a fall in compliance with the key provisions of the Working Conditions Act by companies, such as having a contract with an occupational health and safety service or service provider, sickness absence-related policies, a prevention employee, and an in-house emergency response team.

Businesses are giving this higher priority in 2016, as shown from higher compliance percentages, which vary between 45% of companies with a risk inventory and evaluation (RI&E) and 75% of companies with a contract with an occupational health and safety service provider and the provision of information and training. Unfortunately, the proportion of companies with an RI&E in 2016 is lower (45%) than in 2014 (47%). Large companies have a higher compliance with key provisions than smaller ones. Given that relatively many large companies have an RI&E and also employ the majority of employees, 83% of employees work at a company with an RI&E. Almost all employees work at companies that have a contract with an occupational health and service provider and operate a sickness absence-related policy. Eight out of ten employees work for companies that have appointed a prevention employee.

Employee health is stable

The level of health experienced by employees has been stable for many years: 82% of employees describe their own health as good or very good. Less than 2% assess it as poor to very poor. Of all employees, 18% say they have a long-term or chronic condition that restricts them in their work. This percentage has been pretty much stable for many years. However, there are big differences according to the type of complaint involved. The proportion of people who are limited in their work is high especially among those with psychological complaints (74% feel limited in their capacity to work), arm/hand complaints (71%), and with back/neck complaints (67%).

Between 2007 and 2009, the percentage of employees with burn-out complaints increases from 11% to 13%, after which it stabilizes for a few years (2010-2013). In 2015, 14% of employees report burn-out complaints.

Sustainable employability is stable; the average retirement age is going up

Between 2007 and 2015, the average retirement age rises from 62 to 64.4 years. There are very few employees who continue working above the age of 65 years. The average age at which employees want to and are able to continue working is around 63, which means it is lower than the average actual retirement age. The fact that employees are working longer on average than they say they would like or are able, is probably due to the abolition of the options for early retirement. In 2014, around 40% of companies took measures to encourage people to work longer. This mostly concerned exemption measures, although their popularity is falling slightly. The proportion of business taking stimulation measures (such as training) has remained stable, at 15%. For older employees (55+), the age at which they would like to retire, and up until which they feel they would still be able to keep working, is actually higher than the average retirement age - probably because relatively many employees in this age group have already stopped working due to health problems. There are major differences between sectors, in this regard. It is only in the agriculture, culture, sport, and leisure sectors that the age at which older employees would like or are able to keep working is lower than the actual retirement age.

Sickness absence is stable and depends strongly on personal characteristics and types of employment contract

Since 2007, the level of sickness absence in the Netherlands fluctuates around 4%. This means that every year, on average, employees are absent on 4 out of every 100 working days. On average, employees have one period of sickness absence every year. The average duration of sickness absence for all employees - including those who are not absent at all - is 7.0 working days. In 2011, this was 7.7 working days. Those who do go absent are away from work for an average of 15.7 working days. Around half of all the days lost to sickness in the Netherlands (work-related or not) are related to musculoskeletal symptoms (27%) and psychological symptoms, stress, or burn-out (22%).

Sectors and industries in which employees carry out physically or mentally demanding work stand out on account of the high levels of sickness absence. Healthcare, public administration, construction, transport, industry and education are sectors with an above average level of sickness absence.

Sickness absence among people on permanent contracts is almost twice as high as among those on temporary contracts. Employment agency employees and on-call employees also have a relatively low rate of sickness absence.

Rates of sickness absence are relatively high among women, older employees, employees with poor educational qualifications, employees with a chronic or long-term condition, divorced and widowed employees, and those who act as informal carers for family or friends. In the case of older employees, the higher levels of sickness absence can be explained largely by the fact that they are more likely to have chronic diseases. Employees with poor educational qualifications are also more likely to have health problems and work in relatively more demanding conditions. The higher levels of sickness absence among informal carers may be explained mostly from the fact that they are older on average, and therefore have more chronic health complaints.

Sickness absence is often related to work

Much sickness absence among employees is related to their working conditions. In 2015, 24% of employees who have been absent from work state that the symptoms during their most recent period of sickness absence were related mainly or in part to their work. This percentage is lower than at any time between 2007 and 2015. However, because work-related sickness absence episodes last longer on average than those that are not related to work, these cases form a large proportion of the total number of days absent - that is, 42%. In 22% of the total number of absentee days (work and non-work related), psychosocial workload played a role in the most recent case of sickness absence, while in the case of physical workload, this was 12%. The leading causes of injuries that led to sickness absence are slipping, stumbling, or otherwise falling, cutting yourself on something, or banging into something.

Safety culture important in the event of work-related accidents

In 2015, 211 thousand employees sustained physical or mental injury as a result of an accident while working. That amounts to 3% of all employees. Almost half (96 thousand) were absent for at least a day (1.4% of all employees). In 11% of the work-related accidents that resulted in sickness absence, the employee sustained a permanent injury. From 2005 to 2013, the risk of having a work-related accident involving sickness absence fell by 13.5%. It is not yet possible to determine whether this decrease continued in 2014 and 2015 because of changes in data collection methods. The annual number of fatal work-related accidents fluctuates between 35 and 55 from 2005 to 2014. From 2008, the likelihood of a fatal work-related accident declines slightly and is relatively stable since 2012. In the latest year for which figures are available, 2014, there were 45 fatal work-related accidents.

Men and those with poor or average educational qualifications experience work-related accidents relatively frequently. The same applies to employees in a technical profession, and to those in the transport, logistics, and agriculture sectors. More than 5% of employees in the

metal industry and of mechanics, and almost 5% of construction workers has a work-related accident in 2015 that results in sickness absence. The sectors where many accidents occur are construction, industry, catering, and transport.

The risk of accidents is particularly higher among employees who perform hazardous work (2.7 times greater), experience harassment from colleagues or managers, such as intimidation and bullying (twice as great), perform physically demanding work (1.8 times greater), or who report harassment from customers or other third parties (1.7 times greater). Employees who experience a high degree of social support or autonomy have a smaller risk of having an accident. The safety culture is also related to a smaller risk of a work-related accident.

Occupational diseases account for 5% of the burden of disease in the Netherlands

The figures on work-related conditions and occupational diseases come from different sources, each with their own definition of the diseases in question. A major source is the *Nationale Enquête Arbeidsomstandigheden* (NEA, or [Netherlands Working Conditions Survey](#)), in which employees are asked whether and when they have sustained an occupational disease, and whether this has been confirmed by a doctor. On the basis of this self-reporting, it is estimated that 11% of employees has an occupational disease in 2014 that has been confirmed by a doctor (prevalence). In that year, the number of new cases of occupational diseases (incidence) is 3.2% of the working population (more than 212 thousand employees). Another important source is that of the notifications of occupational diseases diagnosed by company doctors affiliated to the Intensive Notification Surveillance Project (PIM 2015) of the Netherlands Center for Occupational Diseases. According to this source, the number of new cases of medically confirmed occupational diseases in 2015 (the annual incidence) is estimated at around 13 thousand, or 0.19% of the overall working population.

The Dutch National Institute for Public Health and the Environment (RIVM) believes that, in 2013, more than 4,100 people died in the Netherlands as a result of diseases caused by unfavourable working conditions: 900 people in employment and more than 3,200 retired ex-employees. At 2,700 cases, work-related cancer is the leading cause of death; most (2,070 cases) were pensioners.

The categories of occupational diseases that occur most often in 2014 are musculoskeletal disorders (1.7% of the total working population) and psychological disorders (1.4%). Of the musculoskeletal disorders, those of the lower back were the most common. In the case of psychological disorders (1.4%), it was stress/burn-out.

The risk of having an occupational disease is relatively large among women, the 45-54 age group, and among those with poor or average educational qualifications. Sectors where employees have an increased risk of having an occupational disease are healthcare, industry, and construction. These sectors also show the highest risks of developing work-related musculoskeletal diseases. The highest risks of work-related psychological disorders are found in the education and financial sectors, public administration, and healthcare.

The consequences of occupational diseases can be expressed in terms of the work-related burden of disease, the loss of healthy years of life as a result of work-related risks to which people are exposed today and have been exposed in the past. This loss consists of premature death and/or a reduction in the quality of life. On the basis of sickness records, the RIVM estimates the overall work-related burden of disease at almost 5% of the total burden of disease in the Netherlands. Of the total work-related burden of disease, 62% occurs among the working population and 38% among retired ex-employees - in other words, people who during their working lives were exposed to work-related risks.

The occupational diseases with the highest burden of disease are musculoskeletal disorders (23% of the total burden of disease caused by work-related risks), followed by psychological disorders (22%), and diseases of the respiratory system (19%). Of the individual diseases, COPD accounts for the highest work-related burden of disease (15% of the total), followed by burn-out (11%), lung cancer (10%), and back symptoms (9%). Among the active working

population, it chiefly concerns burn-out, back symptoms, depression, and COPD; among retired ex-employees, COPD, lung cancer, hearing disorders, and arthrosis of the knee. The working conditions responsible for the highest burden of disease are high work pressure, physically demanding work, lack of support from managers, and, especially in the case of retired ex-employees, hazardous substances.

Occupational diseases cause a great deal of additional sickness absence. An employee with an occupational disease is absent for 31 days per year, on average. That is 25 days more than an employee who does not have an occupational disease, and who is absent for an average of 6 days. Every year, occupational diseases in the Netherlands result in almost 3.5 million days of sickness absence due to stress/burn-out, more than 1 million caused by work-related depression, and nearly 800 thousand days owing to lower back symptoms that have arisen through work.

The most important determinants of occupational diseases are physical workload (awkward postures, repetitive movements) and psychosocial workload. The latter category concerns low levels of autonomy, high work pressure, heavy emotional burdens, harassment (by colleagues and third parties alike), conflicts with colleagues, conflicts with managers, little support from managers, and little support from colleagues. Because of the ageing population, the overall work-related burden of disease will increase by an estimated 15% between 2013 and 2015.

The work and the working conditions of sole traders and employees differ

Compared to regular employees, there is a relatively large number of sole traders in the service sector, construction, and trade. On average, they work six hours a week more than regular employees and more often do so outside regular office hours, and at home. The working conditions of regular employees and sole traders differ. Sole traders experience less work pressure (less rigorous task demands and more autonomy) than do regular employees. They also spend slightly less time working at computer screens. On the other hand, they face a heavier physical workload, especially in construction (exposure to force exertions, working in an awkward position, and extensive vibrations and shaking). For other working conditions, there are no major differences between sole traders and regular employees, with the exception of autonomy, the levels of which are much higher among sole traders. On average, sole traders miss fewer days than do employees on fixed contracts. But in some sectors, such as trade, services, and transport, sole traders are actually absent more. In 2015, entrepreneurs (with or without employees) are faced less often (2.1%) with work-related accidents on average than were regular employees (3%). This applies to construction workers too: in this group, 2% of sole traders report work-related accidents that led to sickness absence, compared to 5% of regular employees. However, sole traders are more often involved with accidents that result in sickness absence than are entrepreneurs with employees (1.3% and 0.8% respectively).

Entrepreneurs have a lower risk of having an occupational disease than regular employees. In 2015, 1.6% of entrepreneurs acquired a new occupational disease, compared to 3.2% of regular employees. As is the case with employees, occupational diseases affecting the locomotor apparatus and stress/burn-out are the most common.

The costs of work-related sickness absence, disability, and medical care amount to around 8 billion euros a year

Work-related accidents and diseases can lead to high costs. We have attempted to estimate a number of important cost items. These are the costs of paying salaries to employees who are absent due to work-related causes (4.7 billion euros), disability benefits (1.9 billion euros), and the costs of medical and other care for people with a work-related condition (1.4 billion euros). Together, these costs add up to 8 billion euros, thereby accounting for more than 20% of all the costs of sickness absence, disability, and medical care for those in work.

Moreover, work-related health problems lead to other costs that have not been incorporated in the above estimate. Employers may face costs resulting from 'presentism' (employees who are sick but who keep on working anyway), costs for replacing employees, and supervision for absent employees. Employees may face the costs of medical treatment that is not covered by their healthcare insurance, or of a loss of salary after one or two years' absence. The estimated amounts are therefore an under-estimate of the actual costs.

In many areas, the Netherlands compares favourably with the rest of Europe

Compared with the rest of Europe, working conditions (both psychological and physical) are favourable for Dutch employees, according to a 2015 survey among employees in every European country, held in exactly the same way everywhere. More often than their counterparts in the rest of Europe, Dutch employees say that their work has a positive influence on their health, that they are less emotionally exhausted (an important aspect of burn-out), and that they are more engaged in their work. Dutch employees also stated that they are able to continue working up to a higher age, on average. However, Dutch employees also report more frequently than employees elsewhere in Europe that they face verbal threats, humiliation, physical violence, and discrimination in the work place. The fact that aggression is more common can be explained in part by the number of service-provision functions in the Netherlands being slightly higher than in the rest of Europe, on average. Indeed, Dutch employees in this type of function reported aggression and violence much more often than employees in the rest of Europe. Another possible explanation is that there are fewer barriers to reporting aggression in the Netherlands. Other 'cultural' differences could also play a role, though.

With a sickness absence rate of 4.0%, the Netherlands is above the average for the EU nations (3.0%). The proportion of employees who have reported sick at least once in the past 12 months is greater than average in the Netherlands (53% compared to 48% for Europe). However, the proportion of work-related sickness absence in the Netherlands is relatively low: 14% of employees who had been on sickness absence stated that one or more of their days' absence had been work-related. Of the total for the 28 EU countries, this is 19%. Differences between the member states could be the result of differences in financial compensation for those who report sick, of the socio-demographic features of the working population, and of the structure of the various sectors in the employment market, and the related working conditions.

For work-related accidents that result in at least four days of sickness absence, the Netherlands, with almost 1,400 accidents per 100 thousand employees, is slightly below the average of the 28 EU countries. The number of fatal work-related accidents is lower in the Netherlands than in any other European country.

From a European survey among businesses and branches of companies and organizations, it appears that Dutch organizations carry out an RI&E just as often as organizations in other European countries, and also have a document containing health and safety responsibilities and procedures just as often as well. It is, however, more common for Dutch organizations to reserve a specific budget for occupational health and safety matters.

The Netherlands is not far from the European average regarding the deployment of measures designed to better supervise reorganizations, and when it comes to procedures aimed at resolving conflicts and long working days. Dutch organizations make ergonomic tools or ergonomic resources available more often, and use confidential counselling more often for cases of excessive psychosocial workloads. In addition, Dutch organizations relatively often have procedures for tackling aggression and violence in the work place, bullying at work, and threats or abuse by clients.

OVERVIEW OF DUTCH WORKING CONDITIONS 2016

Summary

AUTHORS

Chapter 2. Key figures on the quality of work

- Irene Houtman
- Karolus Kraan
- Kitty van der Ploeg
- Ernest de Vroome

Chapter 3. Sickness absence

- Karolus Kraan
- Ernest de Vroome

Chapter 4. Work-related injuries

- Linda Fernandez Beiro, CBS
- Astrid Pleijers, CBS
- Anita Venema

Chapter 5. Occupational diseases

- Romy Steenbeek
- Petra Eysink, RIVM
- Liza van Dam
- Henk van der Molen, NCvB
- Ernest de Vroome

EDITORS

- Marjolein Douwes
- Joost van Genabeek
- Seth van den Bossche

PUBLISHER

TNO, Leiden

COMMISSIONED BY

Ministry of Social Affairs and Employment

The production of the Overview of Dutch working conditions has been supervised by Hein Kroft and Piet Venema

ISBN 978-90-5986-479-5

© 2016 TNO

LAYOUT

Coek Design, Zaandam

PRINTED BY

MediaCenter, Rotterdam