

Absence from work – Netherlands

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Sickness absence in the Netherlands is monitored by TNO primarily by means of the Netherlands Working Conditions Survey among about 23,000 employees each year. Information on working conditions is also collected by means of a biennial survey among some 5,000 employers. The level of sickness absence in 2008 was 4.1% and it has slightly declined since 2005. Presenteeism is reported by 76.2% of workers, with more women than men being affected in this regard.

Definitions and aims of study

Absence from work is frequently discussed in terms of its costs. These costs were outlined in a report published by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 1997: Preventing absenteeism in the workplace. Since that time – as many reports of the European Working Conditions Observatory (EWCO) and of the European Industrial Relations Observatory (EIRO) note – it has become an issue in many countries; one approach has been to try to reduce the costs by tightening rules on sick pay.

In addition to a focus on costs, sickness absence has been connected to wider debates on the quality of work in two main respects. Firstly, there is growing interest in well-being and health at work. Attention has thus turned to positive ways in which well-being can be promoted, with improved attendance being a possible consequence. Secondly, the concept of ‘presenteeism’ – meaning being present at work while feeling ill or being unable to work at normal capacity – has emerged. Presenteeism may mean that measured absence levels are low but also that there are hidden stresses and pressures on employees.

The purpose of this comparative study is to provide an overview of the extent of absence from work and policies for its management, and to place this overview in the context of wider debates on well-being and presenteeism. The report assesses the current picture in terms of the level of absence and how the problem is treated – purely in terms of cost or in relation to the quality of work. It also examines the effect of the economic recession on levels of absence and how the problem is viewed.

Absence is defined as non-attendance at work when attendance was scheduled or clearly expected. The specific focus is a period of absence lasting longer than three days; the comparative analysis seeks information on this level of absence but recognises that data may not always be available.

The study has two main themes: the extent and patterns of absence, together with any trends; and the means of control and policies towards absence.

Extent and patterns of absence

1. Broad patterns

Where data are sought on the extent of absence, please use if possible the definition given in the briefing note. If available data do not distinguish between absence lasting longer than three days and all absences, please provide the closest available figure.

(a) Please describe the main data sources for absence from work at national level. How are the data collected, and how is absence defined? Are the data broken down according to the length of absence? Which spells of absence are taken into consideration (e.g. three to 19 days and 20 days or more)?

In 2005, 2006, 2007 and 2008, the main national data source for absence in the Netherlands was the Netherlands Working Conditions Survey (Nationale Enquête Arbeidsomstandigheden, [NEA](#)). The NEA is conducted by the Netherlands Organisation for Applied Scientific Research (Nederlandse Organisatie voor toegepast-natuurwetenschappelijk onderzoek, [TNO](#)) Work and Employment among employees aged 15–64 years. Statistics Netherlands (Centraal Bureau voor de Statistiek, CBS) provides the sample, by taking a random sample of 80,000 employees from its so-called 'jobs database'. The survey response rate is about 30%.

The 'jobs database' contains all jobs which fall under employee national insurance schemes and are liable to income tax. Participants could choose to reply by mail, using the 'Paper and Pencil' method, or through Computer Assisted Web Interviewing (CAWI). Absence is defined as working fewer hours or days than usual due to sickness, accident or other health-related issues, but excluding pregnancy-related absence. Subsequently, the respondent could fill in the total number of times that they had been absent in the past 12 months, and the total number of working days that they had been absent in that period. The questionnaire does not break down absence spells according to the length of each absence. Therefore, it is not possible to report on absence of, for example, three to 19 days separately.

(b) Please state the average overall current level of absence either in terms of % of working time lost or number of working days a year. What has been the trend over the past five years?

Sickness absence in the Netherlands appears to be gradually declining in terms of the proportion of days lost and the average number of days lost (Table 1).

Table 1: Sickness absence in the Netherlands, 2005–2008

	Total	2005	2006	2007	2008
Sickness absence (%)	4.40%	4.76%???	4.49%	4.18%??	4.14%???
N	89,364	22,422	23,188	22,273	21,481
Sickness absence (mean working days a year; no absence is counted as '0')	8.00	8.71???	8.14	7.65??	7.47???
N	89,578	22,465	23,227	22,331	21,555

Notes: N = number of observations (sample size). Means are tested with the t-test (horizontal comparisons). The contrast is: 'subgroup' versus 'other cases'. ?: p<0.05, ??: p<0.01, ???: p<0.001 (and ?): significantly high (low) means.

Source: NEA 2005–2008

(c) Please provide a breakdown of absence by gender. What has been the trend over the past five years?

Downward trends in sickness percentages appear both among men and among women. However, the trend is slightly stronger among men than among women (Table 2).

Table 2: Sickness absence, by gender

	Total	2005	2006	2007	2008
Women	5.10%	5.49%???	4.94%	5.05%	4.91%
N	40,733	10,157	10,591	10,124	9,861

Men	3.81%	4.15%???	4.11%???	3.46%???	3.49%???
N	48,631	12,265	12,597	12,149	11,620

Notes: Means are tested with the t-test (horizontal comparisons). The contrast is: 'subgroup' versus 'other cases'.
?: p<0.05, ??: p<0.01, ???: p<0.001 (and ?): significantly high (low) means.

Source: NEA 2005–2008

(d) Please provide a breakdown of absence by age groups (if possible, according to the following age groups: 15–29, 30–49 and 50 years). What has been the trend over the past five years?

Downward trends in sickness percentages appear in all age categories but the trend is clearly less strong among persons aged 50 years or older (Table 3).

Table 3: Sickness absence, by age

Age	Total	2005	2006	2007	2008
15–29 years	3.24%	3.63%???	3.27%	3.10%	2.94%?
N	20,192	5,327	5,091	4,891	4,883
30–49 years	4.43%	4.95%???	4.46%	4.23%	4.05%???
N	46,378	11,697	12,254	11,527	10,900
50 years	5.35%	5.45%	5.62%	4.98%?	5.34%
N	22,795	5,399	5,844	5,854	5,698

Notes: Means are tested with the t-test (horizontal comparisons). The contrast is: 'subgroup' versus 'other cases'.
?: p<0.05, ??: p<0.01, ???: p<0.001 (and ?): significantly high (low) means.

Source: NEA 2005–2008

(e) Please provide any available estimates for the proportion of the total volume of absence a year due to short (3–19 days' duration) spells and long-term absence (20 days or more). Have there been any changes in the prevalence of short-term and long-term levels of absence over the past five years?

The collected data do not enable a breakdown of sickness absence according to short and long-term absences.

(f) Please give the level of absence in small and medium-sized enterprises (SMEs) with fewer than 250 employees, compared with large organisations.

The data enable a breakdown of 'smaller than 100 employees', '100–499 employees', and '500 or more employees'. It can be seen that the downward trend in sickness absence percentages is primarily due to relatively small enterprises of up to 100 employees (Table 4).

Table 4: Sickness absence, by company size

Size of organisation – No. of employees	Total	2005	2006	2007	2008
Under 100	4.20%	4.65%???	4.23%	3.99%?	3.91%??
N	49,499	12,565	12,720	12,375	11,840
100 to 499	4.46%	4.76%	4.52%	4.22%	4.35%
N	20,382	5,085	5,377	5,066	4,854
500 or more	4.86%	5.01%	5.15%	4.71%	4.57%
N	17,300	4,183	4,564	4,327	4,227

Notes: Means are tested with the t-test (horizontal comparisons). The contrast is: 'subgroup' versus 'other cases'.
?: p<0.05, ??: p<0.01, ???: p<0.001 (and ?): significantly high (low) means.

Source: NEA 2005–2008

(g) Using the table below, please provide the latest figures on absence levels by activity sectors.

At the time of writing, the latest available sickness absence figures in the Netherlands were from 2008. Since respondents indicated their main economic sector but not whether their organisation belongs to the public or private sector, the sectors have been recoded into public or private. The sectors included in the public sector are education, hospitals, nursing homes, welfare work and central and local government. The four sectors 'Other type of industry', 'Other type of transport and communication', 'Other type of healthcare', and 'Culture, sports and recreation' contain a substantial mix of private and public organisations and are not allocated to either 'Private' or 'Public'.

Apart from private and public sector, the list used in the questionnaire has been recoded into the requested list on a nearly one to one basis, although the level of detail may be different. In the Dutch list, there is no distinction between 'Fishing' and 'Agriculture, hunting and forestry', and 'Mining and quarrying' is no longer carried out in the Netherlands and was not an option. The categories '(P) Activities of households' and '(Q) Extra-territorial organisations and bodies' were not options in the Dutch questionnaire either.

Table 5 shows that sickness absence is higher in the public sector, especially in health and social work.

Table 5: Sickness absence, by sector

Economic sector	Sickness absence: percentage / average working time lost per year (%)		Sickness absence: working days a year [mean; no absence is counted as '0'] / average days lost per employee per year	
	Mean	N	Mean	N
Total	4.14%	21,481	7.47	21,555
Working in a private or public enterprise				
Private	3.69%???	12,542	6.96???	12,579
Public	4.83%???	6,010	8.18???	6,035
Sector				
1 (A) Agriculture, hunting and forestry / (B) Fishing	2.92%	348	5.74	349
4 (D) Manufacturing	4.19%	3,083	8.35?	3,092
5 (E) Electricity, gas and water supply	5.28%	158	10.7	160
6 (F) Construction	3.76%	1,172	7.66	1,174
7 (G) Wholesale and retail trade	3.43%??	2,264	5.83???	2,268
8 (H) Hotels and restaurants	3.03%?	655	5.07??	658
9 (I) Transport, storage and communication	4.28%	1,110	8.33	1,114
10 (J) Financial intermediation	3.69%	887	6.62	891
11 (K) Real estate, renting and business activities	3.08%???	1,923	5.77???	1,926
12 (L) Public administration and defence	4.62%	1,662	8.59?	1,668
13 (M) Education	4.27%	1,532	7.31	1,537
14 (N) Health and social work	5.23%???	3,667	8.31??	3,685
15 (O) Other community, social and personal activities	4.66%	540	8.11	540

Notes: Means are tested with the t-test (horizontal comparisons). The contrast is: 'subgroup' versus 'other cases'.
?: p<0.05, ??: p<0.01, ???: p<0.001 (and ?): significantly high (low) means.

Source: NEA 2005–2008

2. Causes of absence

(a) Please describe the main causes of absence as identified in national surveys. Are there differences according to gender, company size or sector of economic activity?

For the entire group of employees, absence seems to be related to health – including general health, musculoskeletal health, burnout and chronic conditions – as well as work-related accidents and having thought about looking for a new job. However, when subgroups are examined in detail, different factors become important. For example, working hours and emotional demands at work are significant causes of absence among women but not among men.

(b) Please indicate the main occupational diseases and occupational injuries or accidents responsible for absence from work. Please identify and offer explanations for any changes that have occurred over the past five years.

Venema et al (2009) have examined trends and causes of occupational accidents. In 2007, referring to the most recent data, about 219,000 occupational accidents took place. No trends were found for the 2005–2007 period. Young workers (20–30 years) and men were more often involved in accidents than older workers and women. The economic sectors with the highest risk of occupational accidents are hotels and restaurants, and construction.

As the NEA is a serial cross-sectional survey, no figures are available concerning long-term occupational diseases like asbestosis. Data on occupational diseases are collected by the Netherlands Centre for Occupational Diseases (Nederlands Centrum voor Beroepsziekten, NCvB). On a yearly base, about 6,000 occupational diseases are reported. However, this seems to reflect only part of the problem, since occupational diseases are underreported to a large extent.

The NCvB data show that about 40% of the reported occupational diseases are due to musculoskeletal disorders, 34% are due to hearing problems and 17% are due to psychological problems (Table 6). The trend in the previous five years is that psychological complaints are reported less often, but hearing problems are reported more often. However, since occupational diseases are underreported, the numbers seem to be influenced by the extent to which occupational diseases are reported in the various sectors of economic activity (NCvB, 2009).

Table 6: Main diagnoses for occupational diseases (%)

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Musculoskeletal disorders	51	48	43	39	38	39	40	39	41
Hearing problems	14	13	25	25	24	27	28	31	34
Psychological complaints	25	27	22	24	27	23	22	20	17
Other problems	10	12	10	12	10	11	10	10	8

Source: NCvB

3. Presenteeism

Please refer to the definition of presenteeism: ‘being present at work while feeling ill or being unable to work at normal capacity’. What data are available on its extent?

For example, a Dutch study asked employees, ‘during the last 12 months, did it happen that you went to work, even when you thought you should report sick?’ Almost two thirds of respondents replied in the affirmative. Please report on any data available in surveys of working conditions, presenting the wording of the questions used.

Presenteeism has not been part of the regular NEA. In 2008, however, TNO started a cohort study among employees using the basic structure of the regular cross-sectional NEA. In that questionnaire, a question on presenteeism was included: ‘Did you go to work sometime in the previous 12 months when you actually felt too sick to work?’ The answer options were: No, One day at most, More than one day.

Moreover, TNO also measured unjustified absenteeism: 'Did you report yourself sick and stay at home while you were actually not sick?' The answer options were: No, One day at most, More than one day. Table 7 shows the results according to gender, company size and private or public sector. Presenteeism was more common among women, in small companies and in the public sector. Unjustified absenteeism was relatively low in these groups.

Table 7: Presenteeism, by gender, company size and sector

		Gender		Size of organisation – No. of employees			Sector	
		Men	Women	Under 100	100 to 499	500 or more	Private	Public
N	5,089	2,242	2,847	2,456	1,267	1,279	2,257	2,123
%		44%	56%	49%	25%	26%	52%	48%
14d. Did you go to work sometime in the previous 12 months when you actually felt too sick to work? [N=5,089]								
No	23.7%	26.2%???	21.8%???	21.5%???	25.7%?	25.7%?	24.6%	23.1%
One day at most	34.0%	32.3%?	35.4%?	34.2%	33.6%	34.9%	35.0%	33.0%
More than one day	42.2%	41.5%	42.8%	44.3%??	40.6%	39.3%?	40.3%?	43.9%?
14e. Did you report yourself sick and stay at home while you were actually not sick? [N=5,076]								
No	94.1%	93.4%?	94.8%?	94.1%	93.3%	94.9%	93.8%	94.5%
One day at most	4.6%	5.0%	4.3%	4.8%	4.5%	4.4%	4.5%	4.6%
More than one day	1.3%	1.6%?	1.0%?	1.1%	2.1%??	0.7%?	1.7%?	0.9%?

Notes: The responses to the two questions are column percentages, and are tested with the Pearson Chi-square test (horizontal comparisons). The contrast is: 'subgroup' versus 'other cases'. ?: p<0.05, ???: p<0.01, ????: p<0.001 (and ?): significantly high (low) percentages

Source: NEA, 2008

Costs and policies

4. Costs of absence

Are there estimates or studies on costs of absence from work? Please provide available information on:

a) Figures for costs of absence from work for employers. Please summarise how the data are collected, how costs are compiled (what is included in the costs and concrete data) and measured (e.g. costs of absence as a percentage of company production or as a percentage of GDP for the whole country).

b) Figures for costs of absence from work for the social security system. Please summarise how the data are collected, how costs are compiled (what is included in the costs and concrete data) and measured (e.g. costs of absence as percentage of social security expenditure).

Costs of absence cannot be collected through surveys administered among individual employees such as the NEA. Therefore, it is not possible to summarise Dutch data on the costs of absence.

Such costs are often mentioned, but usually only in relation to a specific disease or risk factor. For example, Blatter et al (2005) calculated that the costs of repetitive strain injury (RSI) and psychosocial workload were about €6.1 million – about 1% of gross national product (GNP). However, this number comprised not only absenteeism-related costs, but also the costs of various other factors such as healthcare, work disability and even death. Furthermore, in a project some years ago, the costs of poor working conditions were estimated for the Netherlands (NLO412NU01). Table 8 provides an overview of the findings of this study (Koningsveld et al, 2003): the total cost for the country is equivalent to 2.96% of GNP. Almost a quarter of the costs are related to prevention.

Two particular diagnoses are responsible for 83% of the cost of work-related ill health: musculoskeletal disorders (43%) and psychosocial disease (40%). Other diagnoses resulting in relatively high costs are: heart and vascular disease (5%), nervous system disorders including the eyes and ears (4%), and occupational accidents (4%).

Table 8: Costs of work-related illness

	€s per worker	% of total
Costs as a result of work-related illness:	1,368	77.3%
- Cost of resulting absenteeism	527	29.8%
- Cost of occupational disability	609	34.4%
- Cost of reintegration grants	103	5.8%
- Cost of curative health care	129	7.3%
Cost of prevention:	400	22.7%
- Preventive occupational health and safety (OHS) measures	120	6.8%
- Company investment and expenses for prevention	157	8.9%
- OHS research and development	10	0.6%
- Judicial cost	2	0.1%
- Administration by companies	102	5.8%
- Legislation and inspection	6	0.3%
- Subventions and grants for improvement	3	0.2%
Total costs per worker per year	1,768	100%

Source: Koningsveld et al, 2003

5. National and company measures

(a) Please outline any recent measures at national level intended to reduce the costs of absence through positive policies. An example would be changed social security rules on sick pay. Are any specific actions or measures directed at long-term absence?

In the Netherlands, there is a trend towards deregulating the costs of absenteeism. This started in 1993 when the national compensation system was first changed into a system where the employer had to pay the salary of the sick employee for the first two weeks in small companies or first six weeks in larger companies. In 1995, this was changed and the employer was made responsible for salary payment for the first year. In 2004, this was extended to the first two years. Employers therefore insured themselves against the sickness absenteeism costs of their employees.

In 2006, the legislation was changed again, in the sense that both employers and employees had to show that they were actively working towards the absentees' return to work. A plan of action had to be made for the individual when they were absent for about eight months. If they did not comply, both employer and employee could lose the right to a state benefit for the compensation of the salary after two years. In addition, the criteria for receiving disability benefits were tightened, resulting in a reduced inflow of employees into the disability benefit system after two years of sickness absence.

(b) What are companies doing to reduce overall absence from work (e.g. attendance incentives or

bonuses)? Are sickness prevention plans elaborated? If so, how are elected employee representatives involved in these plans (e.g. through involvement in their design and implementation, or through being informed about them)? Please illustrate with up to three examples.

In 2008, TNO started a national survey on working conditions among employers (Werkgevers Enquête Arbeidsomstandigheden, WEA), which is scheduled to take place every two years. In 2008, data were collected among 5,387 employees. One of the questions was: 'Which measures did your company/institution take in the previous two years to reduce sickness absence?', with a multiple response answering option. Table 9 summarises the answers to this question according to company size and being a profit or non-profit company. The most common measure is to provide (monetary) incentives, followed by personal protection and management to improve safety and general health. Large companies clearly take more measures in this regard than small companies, and not-for-profit organisations generally take more initiatives than for-profit organisations.

Table 9: Measures to reduce sickness absence

	Total	Size of organisation – No. of employees			Is your company/institution for profit or not for profit?		
		Under 100	100 to 499	500 or more	Profit	Mixed	Not for profit
N	5,069	4,824	86	28	4,169	371	547
%		98%	2%	1%	82%	7%	11%
8a. Organisational improvements (for instance, appointing someone to the task of (sickness) prevention) [N=5,067] [% yes]	31.5%	30.8%???	73.0%???	75.6%???	29.5%???	29.3%	48.8%???
8b. Technical improvements (for instance, machine covers) [N=5,041] [% yes]	33.3%	33.1%???	50.7%???	50.4%	33.5%	37.7%	28.6%?
8c. Personal means of protection (for instance, safety helmets) [N=5,069] [% yes]	35.0%	34.7%??	46.9%?	48.3%	37.0%???	31.8%	21.6%???
8d. Investigating labour risks and related complaints [N=5,008] [% yes]	28.5%	27.6%???	75.2%???	81.9%???	25.3%???	31.5%	50.1%???
8e. Promoting a healthy lifestyle (for instance, fitness facilities around the working environment) [N=4,995] [% yes]	17.1%	16.4%???	40.1%???	58.2%???	16.2%???	16.6%	23.9%???
8f. General management to improve safe and healthy work [N=5,035] [% yes]	34.8%	34.1%???	60.5%???	66.0%???	33.4%???	35.7%	44.6%???
8g. (Monetary) incentives to prevent or reduce sickness absence [N=5,036] [% yes]	37.9%	37.2%???	63.4%???	66.1%??	37.1%?	32.9%?	46.6%???
8h. Counselling employees reporting sick and counselling their reintegration [N=5,034] [% yes]	31.0%	30.1%???	72.5%???	80.5%???	28.4%???	21.4%???	57.3%???
8i. Education, training and enhancing professionalism in sickness and sickness prevention [N=5,035] [% yes]	30.3%	29.3%???	64.7%???	76.3%???	25.7%???	40.1%???	57.6%???
8j. Other measures [N=4,420] [% yes]	8.9%	8.5%?	15.0%?	15.9%	8.2%???	11.4%	12.3%??

Notes: The multiple response option percentages are column percentages, and are tested with the Pearson Chi-square test (horizontal comparisons). The contrast is: 'subgroup' versus 'other cases'. ?: $p < 0.05$, ??: $p < 0.01$, ???: $p < 0.001$ (and ?): significantly high (low) percentages.

Source: WEA 2008

(c) Do companies have any specific policies directed at long-term absence? What is done to encourage the reintegration into work of people who are long-term sick? Is work redesigned to meet the needs of employees?

As noted, in the Netherlands, employers are obliged by law to pay for sickness absence during the first two years of absenteeism. After that, an employee can be granted a work disability pension. During the first two years of absenteeism, both the employer and the employee are obliged to take the necessary steps to encourage a resumption of work, and to make reintegration to work possible. However, no numbers on specific trajectories are available.

6. Well-being at work

(a) Is the concept of well-being at work a feature of debates in your country? Which are the most relevant initiatives in this area, for example in relation to redesigning work to encourage attendance or to promote the health of employees? What are the objectives of such initiatives? How far do they aim to reduce absence levels, and is there any evidence of any reductions? Please provide up to three examples.

(b) To what extent do policies on the management of absence and on well-being engage elected employee representatives? At what stage are representatives involved?

(c) Please summarise the policy position of social partners, and if relevant other representative bodies, on the management of absence, attendance and well-being at work.

Promoting well-being at the workplace is a sensitive issue in the Netherlands. It is not uncommon for companies to offer fitness facilities, but no consensus has been reached on the extent to which employers can influence what is generally seen as a person's private life – by, for example, offering dietary advice or advice to stop smoking. A recent report by the Social and Economic Council (Sociaal-Economische Raad, SER) shows that many health promoting initiatives are already taking place. It is argued that, since both employers and employees can benefit from these initiatives, they should be intensified and implemented more often.

Commentary

Please provide an assessment of national debates about absence. What is the balance between controlling high levels of absence, on the one hand, and promoting health and a positive work environment, on the other?

Sickness absence in the Netherlands has decreased in recent years not only in terms of the percentage but also in the number of days. By law, employers are obliged to pay for the first two years of absence and to actively help employees in their return to work.

However, much of the absenteeism is not work related. Employees consider that the absenteeism was (partly) caused by their work in only 22% of cases. Since the social security system is based on a social risk rather than an occupational risk framework, employers still have to pay for absence not related to work. It is therefore arguable that they should be allowed to influence personal factors among employees such as an unhealthy lifestyle, and that an exemption should be made for absenteeism due to non-work-related factors such as participation in high-risk events, sports and elective surgery (NRC Handelsblad, 2008).

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