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# Third European Survey of Enterprises on New and Emerging Risks (ESENER 3)

## First findings

*EU-OSHA's third European establishment survey aims to assist workplaces to deal more effectively with health and safety and to promote the health and well-being of employees. It provides cross-nationally comparable information relevant for the design and implementation of new policies in the field of occupational safety and health.*

## Background

EU-OSHA's Third European Survey of Enterprises on New and Emerging Risks (ESENER-3) asks those *'who know best about health and safety in the establishments'* about the way health and safety risks are managed at their workplace, with a particular focus on psychosocial risks, i.e. work-related stress, violence and harassment. In spring/summer 2019 a total of 45,420 establishments – across all activity sectors and employing at least five people – were surveyed in the 33 countries covered: the EU28 as well as Iceland, North Macedonia, Norway, Serbia and Switzerland. The questionnaire has been kept largely the same to the one in ESENER-2 (2014), hence allowing for comparisons over time.

Developed with the support of governments and social partners at European level, ESENER-3 aims to assist workplaces across Europe by better understanding their needs for support and expertise as well as identifying the factors that encourage or hinder action. ESENER explores in detail four occupational safety and health (OSH) areas:

1. The general approach in the establishment to managing OSH.
2. How the 'emerging' area of psychosocial risks is addressed.
3. The main drivers and barriers to the management of OSH.
4. How worker participation in OSH management is implemented in practice.

This report presents a first analysis of the main findings of ESENER-3. More detailed results and analyses will be presented in forthcoming publications, to be published in 2020 and beyond.

## Main findings

ESENER-3 sheds light on some of the changes in social and economic conditions that have an effect on European workplaces **employing at least five people**. This constant evolution brings about new challenges that require action in view of guaranteeing high levels of health and safety at work – see Table 1.

- In this context of societal change, the most frequently identified risk factors in the EU28 are repetitive hand or arm movements (65% of establishments, up from 52% in 2014), having to deal with difficult customers, pupils, patients (61%, up from 58%) and lifting or moving people or heavy loads (54%, up from 47%). See Figure 1.
- There is a positive relation by size, as larger establishments report the presence of all risk factors most frequently. By sector, having to deal with difficult customers, pupils, patients, is more frequently reported in service sectors whereas factors leading to musculoskeletal disorders (MSDs) are more evenly mentioned across all sectors, except for lifting or moving people or heavy loads, which is low among establishments in financial and insurance activities (14%) and information and communication (24%).
- The main risk factors highlighted above are the most frequently reported ones across most countries, with the exception of time pressure (44% of establishments in the EU28), which is the top risk factor in Finland, Sweden (74%) and Denmark (73%), and the second one in the Netherlands (64%).

Table 1. Changing world of work: selection of indicators, in % of establishments in the EU28, 2019 and 2014 (when available).

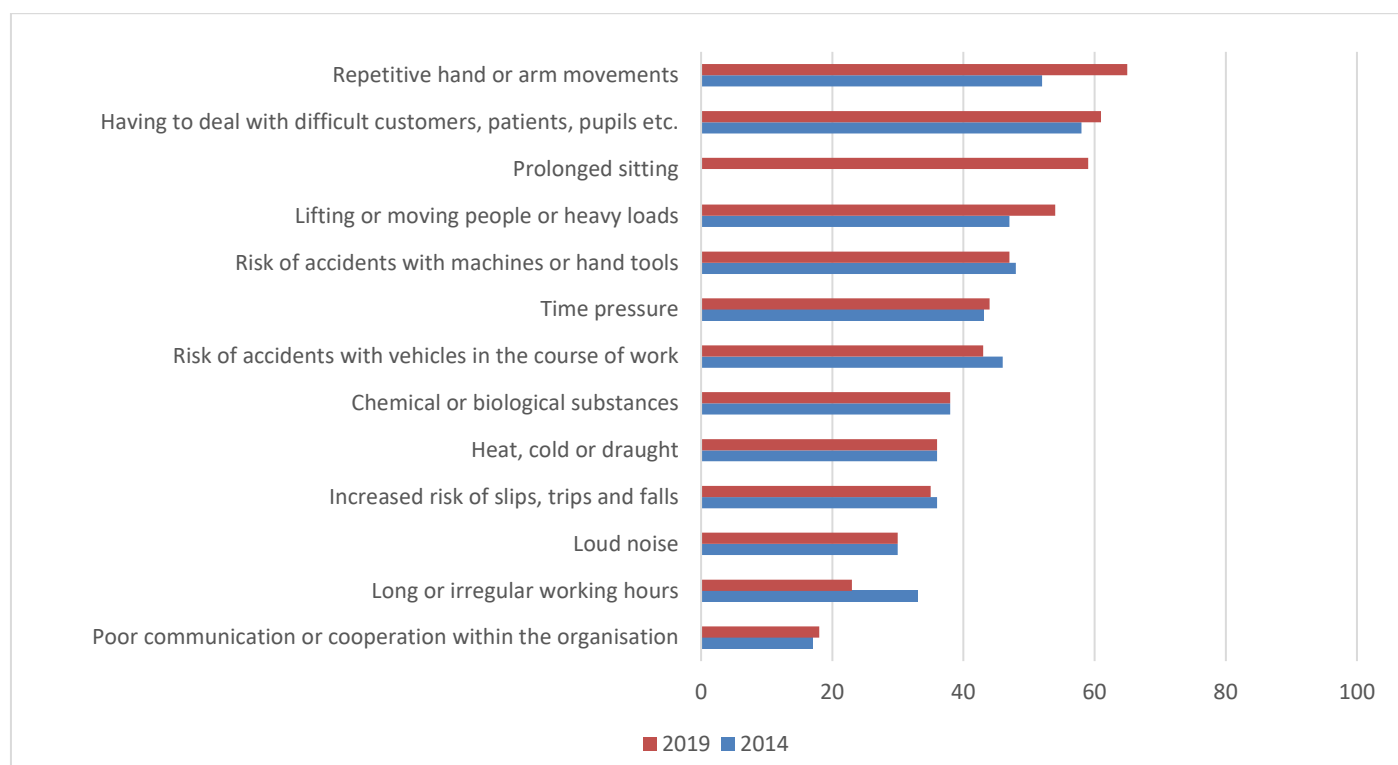
Indicator	ESENER-3 question	EU-28 average 2019 (2014)	Countries 2019 (2014)	
<b>Work contracts</b>	Workers that are not on the payroll, such as subcontractors, temporary agency workers or volunteers	32%	Belgium: 60% Netherlands: 54% Sweden: 52%	Bulgaria: 14% Romania: 16% Lithuania: 17%
<b>Ageing society</b>	Employees aged over 55 account for more than a quarter of their workforce	26% (21%)	Estonia: 38% (30%) Lithuania: 36% (22%) Latvia: 35% (32%)	Luxembourg: 11% (9%) Malta: 15% (8%) Greece: 15% (9%)
	Employees working from home on a regular basis	12% (13%)	Netherlands: 33% (26%) Belgium: 28% (20%) Denmark: 25% (24%)	Italy: 2% (4%) Portugal: 5% (7%) Bulgaria: 5% (6%)
<b>Workplaces</b>	Work somewhere else outside the premises of the establishment (other than working from home).	43%	Slovenia: 56% Denmark: 54% Luxembourg: 54%	Romania: 23% Bulgaria: 26% Greece: 30%
<b>Language</b>	Having employees that have difficulties understanding the language spoken at the premises	7% (6%)	Cyprus: 20% (12%) Sweden: 19% (15%) Luxembourg: 17% (16%)	Bulgaria: 2% (2%) Hungary: 3% (3%) Slovakia: 3% (2%)

Base: all establishments in the EU28, ESENER-2 (2014) and ESENER-3 (2019).

- It is worth highlighting that the third most frequently reported risk factor in the EU28 (59% of establishments) is prolonged sitting, a new item in the ESENER-3 questionnaire<sup>1</sup> and that comes to shed additional light on the awareness of sitting as a health risk factor. By sector, it is most frequently reported by establishments in financial and insurance activities (92% of establishments in the sector in the EU28), information and communication (92%) and public administration (89%).
- Interestingly, 5% of establishments in the EU28 report having none of the general OSH risk factors considered. However, when it comes to psychosocial risk factors it is almost a quarter of surveyed establishments (24%) that report having none of them. The highest shares of establishments reporting not to have any psychosocial risk factor are found in Italy (50%) and Slovakia (44%), while the lowest are in Denmark (9%) and Sweden (10%). By size there is an inversely proportional relation, by which these shares are highest among the smallest size classes. By sector they are highest in manufacturing and agriculture.

<sup>1</sup> In ESENER-2 it was covered in 'Tiring or painful positions, including sitting for long periods'

Figure 1. Risk factors present in the establishment (% establishments, EU28), 2019 and 2014.



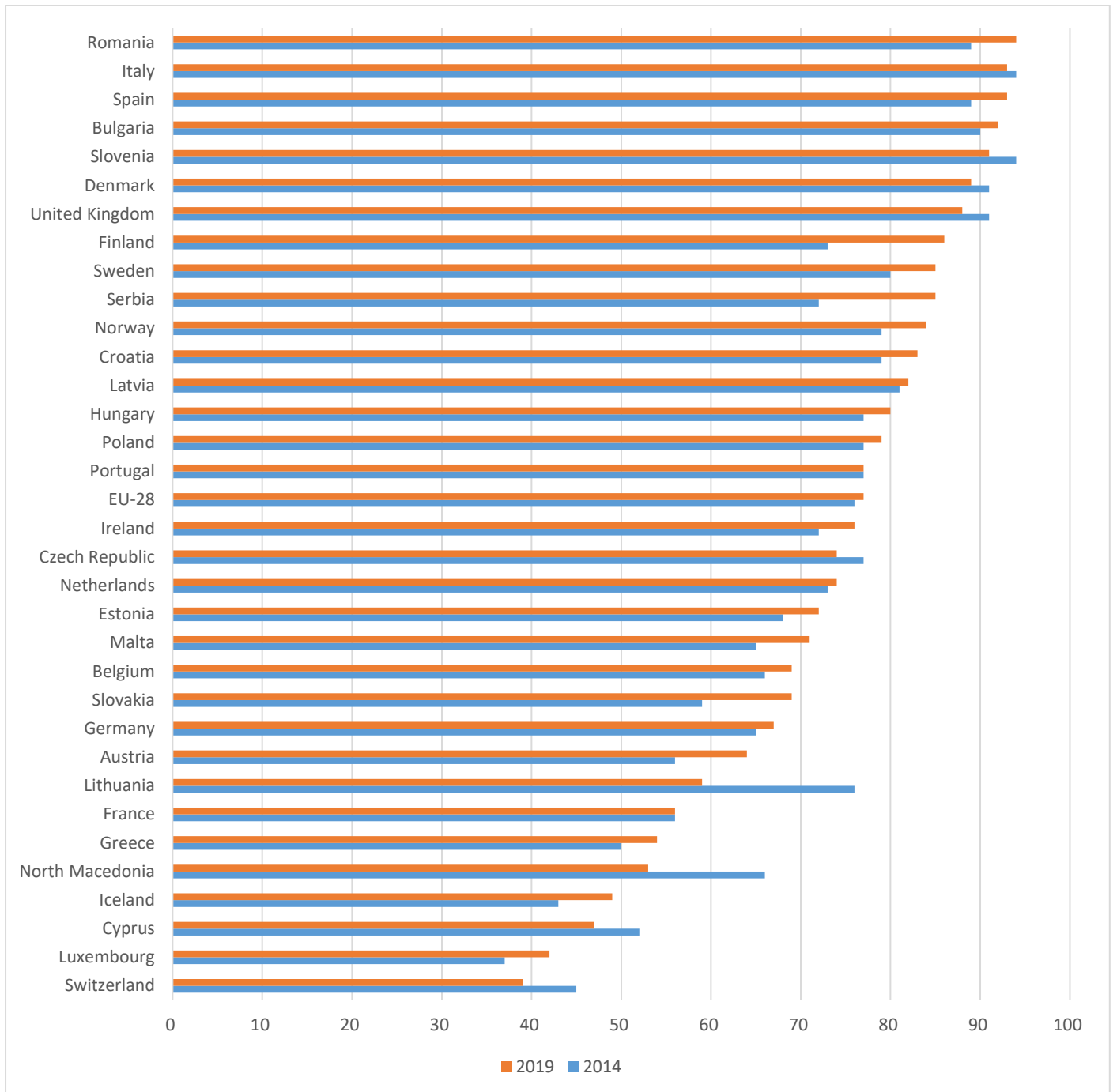
Base: all establishments in the EU28, ESENER-3 (2019) and ESENER-2 (2014).

Note: 'Prolonged sitting' is a new item in the ESENER-3 (2019) questionnaire.

## OSH Management

- These findings lead to the survey's results on **risk assessment**, the cornerstone of the European approach to OSH, as specified in the [EU Framework Directive on Safety and Health at Work \(Directive 89/391/EEC\)](#). Consistently with the findings in 2014, a total of 77% of establishments interviewed in the EU28 in ESENER-3 indicate that they carry out risk assessments regularly. As expected, there is a positive correlation with establishment size whereas by country, the values range from 94% of establishments in Romania, Italy and Spain (93%), down to 42% in Luxembourg (Figure 2).
- Focusing on the country breakdown, and compared to 2014, there has been an increase in several EU28 countries, the most remarkable being Finland, Slovakia and Austria –and Serbia outside the EU28. At the other end, some countries have reported a drop in their respective shares of establishments carrying out risk assessments regularly, such as Lithuania and Cyprus.
- As in the past, there are significant differences when it comes to the share of establishments where risk assessments are mainly conducted by internal staff. The country ranking changes significantly, being topped by Sweden (85% of establishments, up from 66% in 2014) and Denmark (80%, up from 76%). The lowest shares are found in Slovenia (10%), Spain (10%) and Hungary (14%).
- While this does not conclude anything about the quality of these risk assessments - in some countries there may be a legal obligation to contract OSH services for such tasks - in principle, and under the assumption that those in charge of the work are in the best position to control the risks, all enterprises should be able to carry out a basic risk assessment with their own staff only.

Figure 2. Workplace risk assessments carried out regularly, by country (% establishments), 2019 and 2014.



Base: all establishments, all 33 countries, ESENER-3 (2019) and ESENER-2 (2014).

- 31% of establishments in the EU28 that report having employees working from home on a regular basis, indicate that they cover such workers in their risk assessments, slightly up from the 28% share reported in 2014. The highest shares correspond to Romania (58%) and Spain (53%).

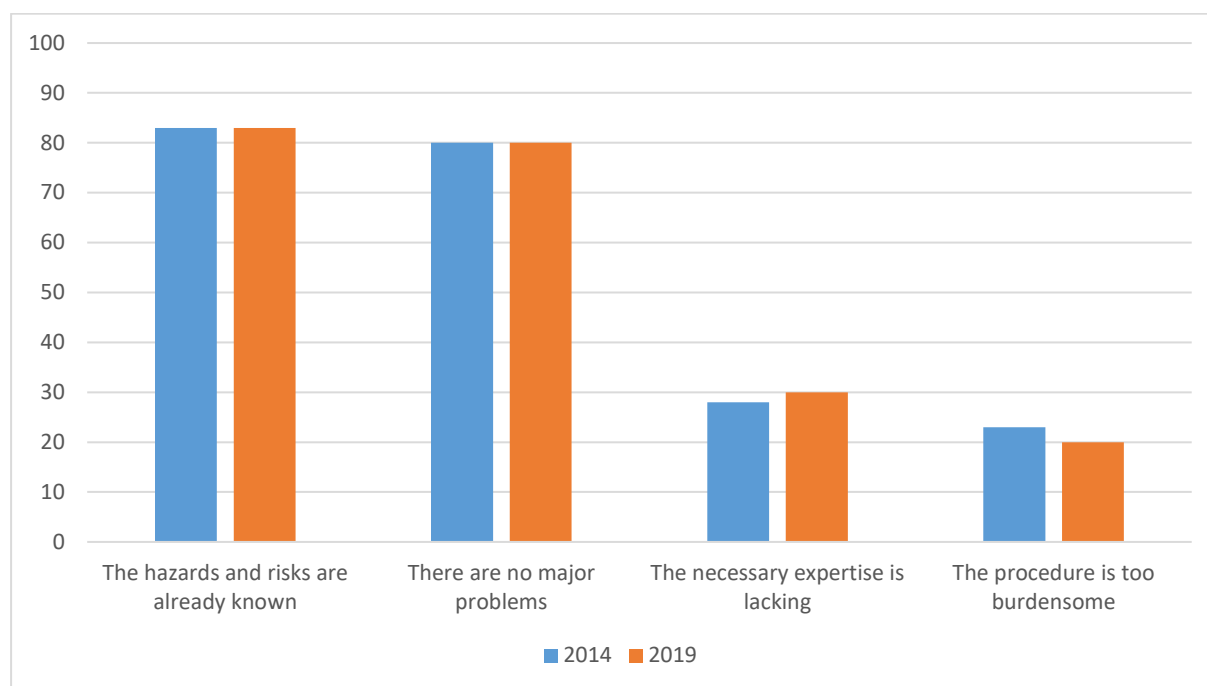
- The shares are higher when it comes to covering other workplaces outside the premises of the establishments (other than working from home), as 65% of establishments in the EU28 that report having such work arrangements indicate covering them in their risk assessments. This is most frequently reported by establishments in Italy (79%) and Luxembourg (76%) and, by sector, among establishments in construction (88% in the EU28), as expected.

- The use of **health and safety services** reveals occupational health doctors (69%), generalists on health and safety (62%) and experts for accident prevention (51%) to be the most frequently used, with very similar shares to those in 2014. Focusing on psychosocial risks, the use of a psychologist is reported by only 18% of establishments in the EU-28. Interestingly though, there are important differences by country: in Finland and Sweden around 71% and 57% of the establishments, respectively, report using a psychologist, be it in-house or contracted externally.
- Further to this, slightly under two thirds of establishments in the EU28 (61%) report using the services of an **external provider** to support them in their health and safety tasks, the shares being highest among establishments in Slovenia (86%) and Portugal (85%). Turning to external providers appears to be associated positively with establishment size while the sector breakdown reveals that it is the most frequent among establishments in manufacturing (71%).
- Surveyed establishments in the EU28 reported to be satisfied with the health and safety services of external providers: 87% of them consider them to be ‘very good’ or ‘good’. The shares are generally very high across all countries, the lowest being in Spain (76%), Germany and Portugal (78%). There are no remarkable differences either by size or sector.

## Drivers and barriers

- Looking at those establishments that do not carry out regular risk assessments, the main reasons given for not doing so are that the risk and hazards are already known (83% of establishments) and that there are no major problems (80%), as it was the case back in 2014 (Figure 3). These results represent 23% of the surveyed establishments but still trigger the question of whether these establishments, particularly the smallest ones, have fewer problems or they are simply less aware of workplace risks. Interestingly, and focusing on the smallest size classes, they report less frequently than their larger counterparts that the procedure is too burdensome.

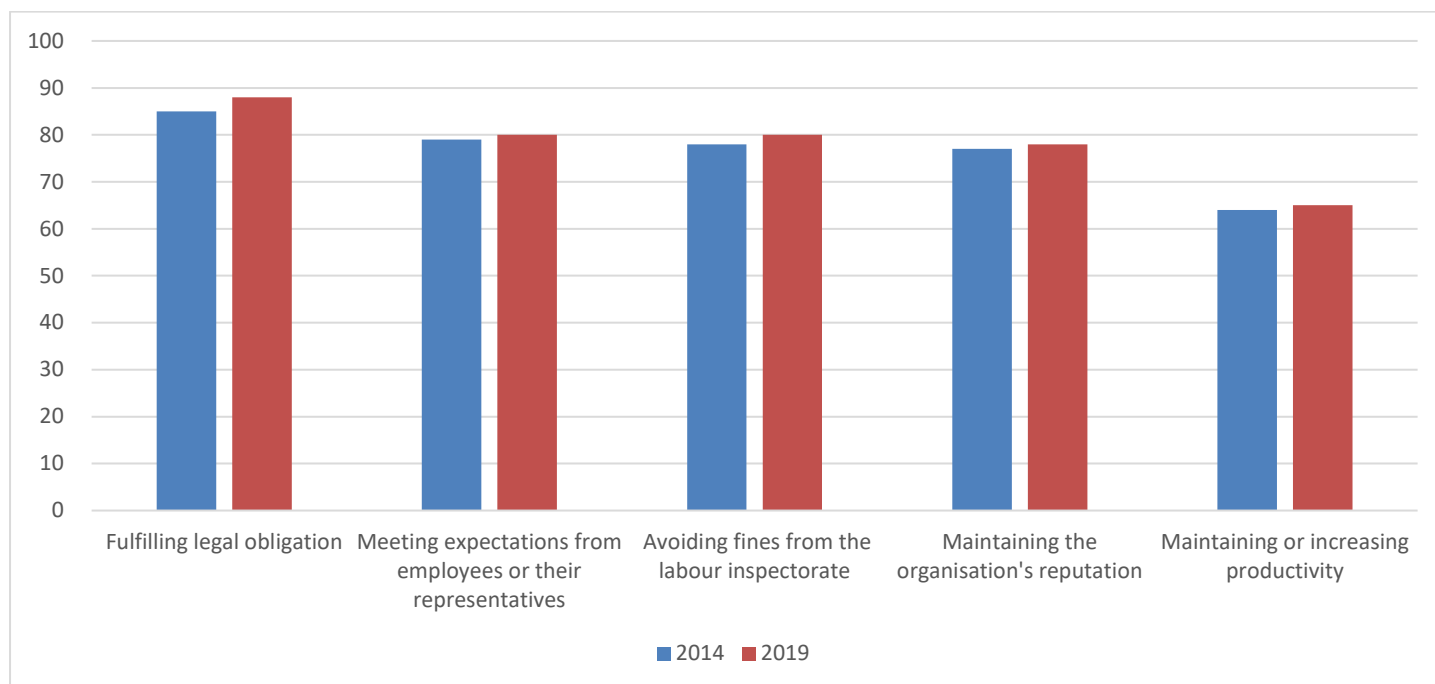
Figure 3. Reasons why workplace risk assessments are not carried out regularly (% establishments, EU-28), 2014 and 2019.



Base: establishments in the EU28 that do not carry out risk assessments regularly, ESENER-2 (2014) and ESENER-3 (2019).

- Moving on to the **reasons that motivate enterprises to manage OSH**, fulfilling the legal obligation is reported to be a major reason by 88% of establishments in the EU28, slightly up from 85% in 2014 (Figure 4). There is a positive correlation with establishment size, whereas by country the shares range from 70% of establishments in Denmark to 97% in Portugal.
- The second most important driver for action on OSH are both ‘avoiding fines from the labour inspectorate’ and ‘meeting expectations from employees or their representatives’. ESENER-3 shows that four in five establishments that carry out risk assessments regularly in the EU28 (80%, similarly to 81% in 2014) report involving their employees in the design and implementation of measures that follow a risk assessment.

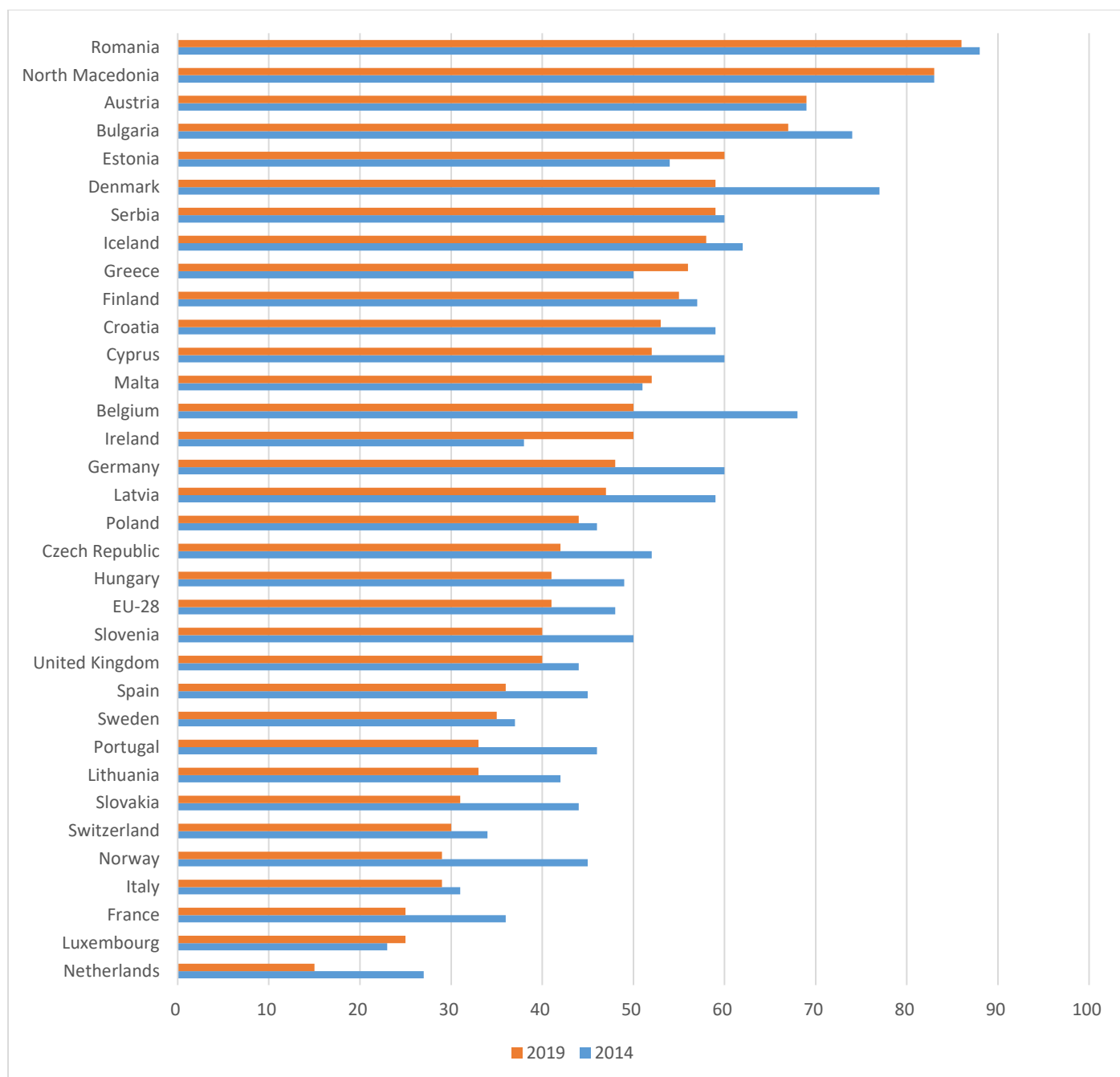
Figure 4. Major reasons for addressing health and safety (% establishments, EU-28), 2014 and 2019.



Base: all establishments in the EU-28, ESENER-2 (2014) and ESENER-3 (2019).

- Building on the **labour inspection** and the avoidance of their fines as a motivation to manage OSH, it is worth pointing out the reduction in the shares of establishments that report having had a visit from the labour inspectorate in the three years prior to the survey: 41% in 2019, down from 49% in 2014 (Figure 5).
- The biggest drops are reported in Denmark (77% to 59%) and Belgium (down from 68% to 50%). Ireland, Greece and Estonia are the only countries showing an upward trend. The reduction is witnessed across all size classes and activity sectors.

Figure 5. Visit by the labour inspectorate in the three years prior to the survey, by country (% establishments), 2019 and 2014.



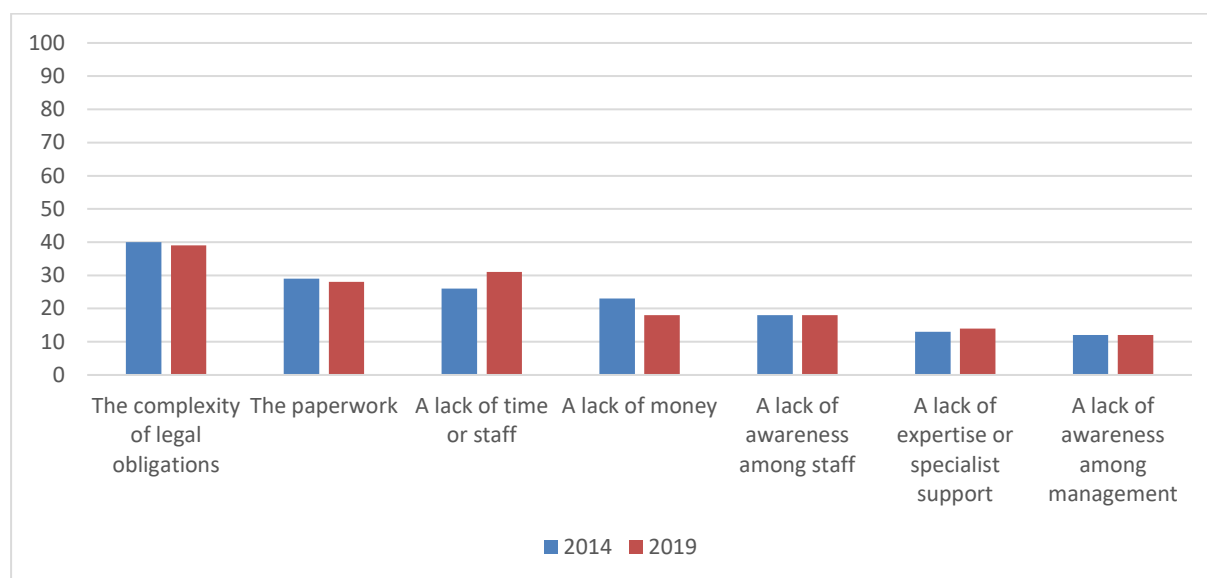
Base: all establishments, all 33 countries, ESENER-3 (2019) and ESENER-2 (2014).

- The complexity of legal obligations is still reported to be a **major difficulty to address OSH** by 39% of establishments in the EU28, slightly down from 40% back in 2014 (Figure 6). The country breakdown shows a very diverse picture though, the highest shares being reported in Belgium and France (52% of establishments), as opposed to Latvia (14%), Lithuania (15%) and Finland (16%). It is revealing to see the remarkable drop witnessed in Italy (down from 67% of

establishments in 2014 to 43% in 2019), which helps explains the interpretation of this finding not exclusively as the difficulty in the legal obligation per se but rather the possible modification and updates in the legislation that may be perceived as difficult by the establishments. In the case of Italy, the findings from 2014 were probably picking on the major revision on the Italian legislation that started in 2008.

- While most factors report a slight drop in their respective shares, a lack of time or staff shows and increase from 26 % to 31%, becoming the second most reported factor. This is particularly the case among establishments in the Netherlands (39%), Luxembourg (36%) and Malta 33%.

Figure 6. Major difficulties in addressing health and safety (% establishments, EU-28), 2014 and 2019.



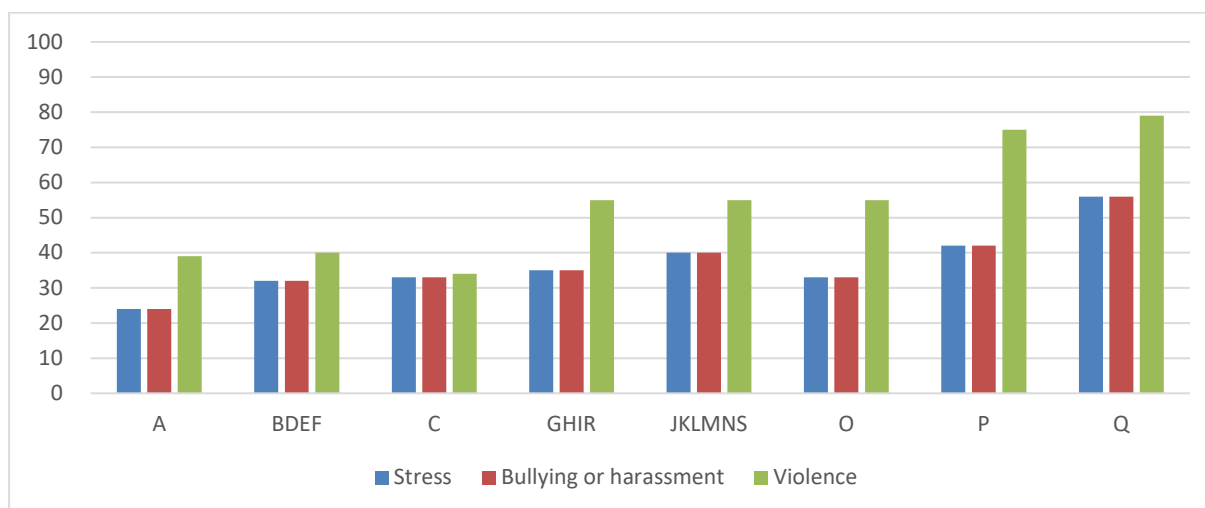
Base: all establishments in the EU-28, ESENER-2 (2014) and ESENER-3 (2019).

## New and emerging risks: Psychosocial risks and digitalisation

- As shown above, some of the **psychosocial risk factors** are present in a significant share of establishments in the EU28, namely having to deal with difficult patients, customers and pupils (61%) and time pressure (44%). Among those establishments that report having psychosocial risk factors, 21% of them in the EU28 perceive them as more difficult than other risks, the highest shares being found in the Nordic countries: Sweden (43% of establishments), Denmark (38%) and Finland (34%). On the other hand, only 6% of establishments in Croatia and 7% in Bulgaria regard psychosocial risks to be more difficult than other risks.
- Focusing on these establishments reporting that psychosocial risk factors are more difficult to manage than other OSH risks, ESENER-3 shows that a reluctance to talk openly about these issues seems to be the main difficulty for addressing psychosocial risks (61% of establishments in the EU-28). This, as all the other difficulties considered (lack of awareness among staff/management and lack of expertise or specialist support), is reported more frequently as establishment size grows.
- Specifically among those establishments that report having to deal with difficult customers, patients or pupils, 58% of those employing 20 or more workers report having a procedure in place to deal with possible cases of threats, abuse or assaults by clients, patients or other external persons (EU28 average, up from 55% in 2014). This share rises to 80% among establishments in human health and social work activities (Figure 7).



Figure 7. Action plan and procedures in place against psychosocial risks, by activity sector group (% establishments, EU28), 2019.

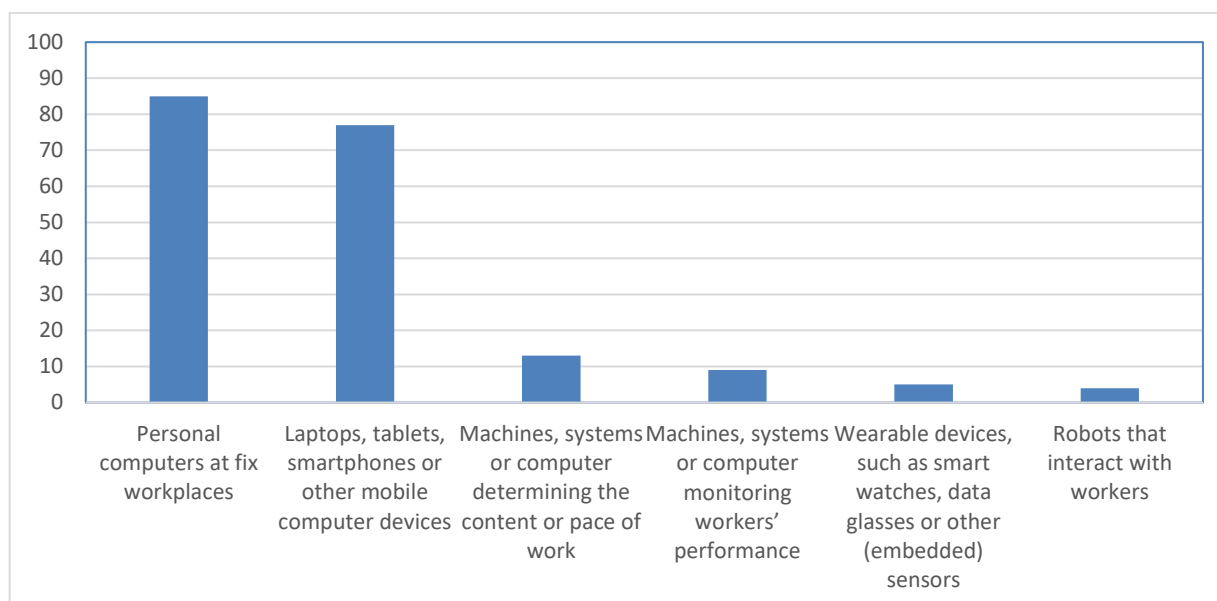


Base: all establishments in the EU-28 employing 20 or more employees, ESENER-3 (2019). Procedures on violence asked only to those reporting 'having to deal with difficult customers' to be present as a health risk factor.

**NACE Rev. 2 sections:** A: Agriculture, forestry and fishing. B, D, E, F: Construction, waste management, water and electricity supply. C: Manufacturing. G, H, I, R: Trade, transport, food/accommodation and recreation activities. J, K, L, M, N, S: IT, Finance, Real estate and other technical scientific or personal service activities. O: Public administration. P: Education. Q: Human health and social work activities

- 59% of all surveyed establishments in the EU28 report having sufficient information on how to include psychosocial risks in risk assessments, up from 53% in 2014. As expected, this share varies more by establishment size (increases with business size) than by sector and, particularly by country, the highest figures coming from Italy (69%, down from 74%), Romania and Sweden (68%), as opposed to Malta (37%) and Lithuania (38%).
- In order to better measure the societal and economic changes mentioned above, ESENER-3 has included a new section on the impact of **digitalisation** on the health and safety of workers. As expected, there is a great diversity when it comes to the types of digital technologies reported by the establishments. PCs at fixed workplaces (85% of surveyed establishments in the EU28) and laptops, tablets, smartphones, or other mobile devices (77%), are frequently reported across all activity sectors and business size classes. Only 6% of surveyed establishments in the EU28 reported using none of the digital technologies pointed out the questionnaire.

Figure 8. Digital technologies at work (% establishments, EU28), 2019.



Base: all establishments in the EU-28, ESENER-3 (2019).

- Among those establishments reporting the use of at least one of the aforementioned digital technologies, only 26% in the EU28 point out that they have discussed about the potential impact of the use of such technologies on the health and safety of workers, the highest shares corresponding to Hungary (58%), Romania (42%) and the United Kingdom (37%). By sector, this type of discussions are reported more frequently among establishments in administrative and support service activities (34%), education (33%) and human health and social work activities (33%).

- Focusing on the possible impacts that have been discussed, the need for continuous training to keep skills updated comes first: 79% of surveyed establishments in the EU28, the top impact across all activity sectors and increasing with business size. The next impacts are more flexibility for employees in terms of place of work and working time (66%), prolonged sitting (65%) and repetitive movements (60%).

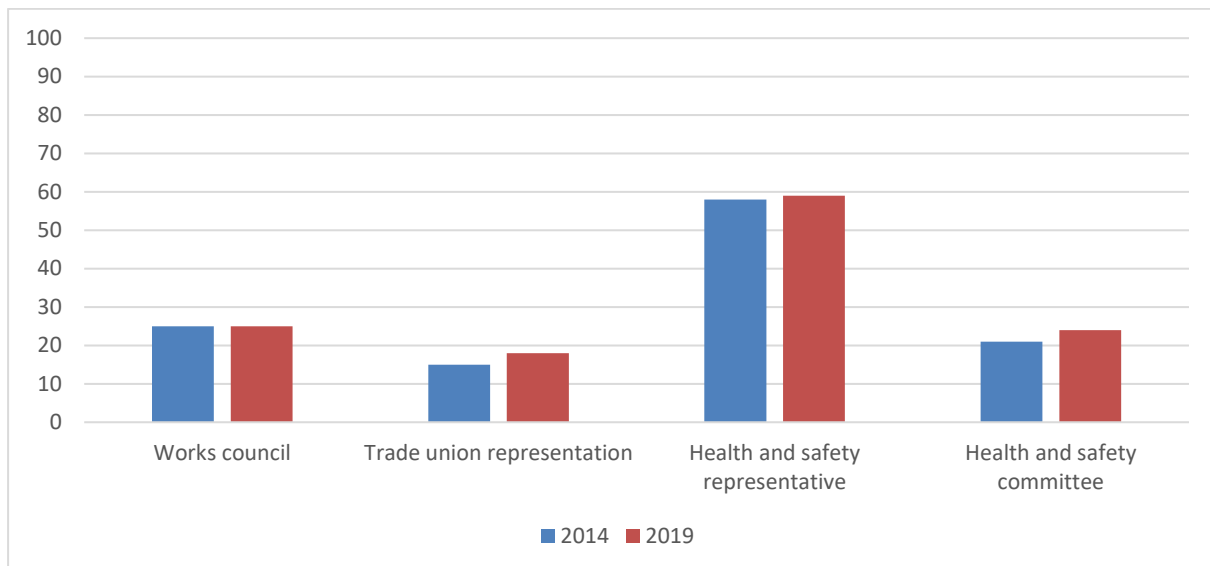
## Worker participation

- Finally, as regards **employee participation**, and focusing on those establishments that report having used measures to prevent psychosocial risks in the three years prior to the survey, 61% of the establishments in the EU28 indicate that employees had a role in the design and set up of such measures, slightly down from 63% back in 2014. These findings vary by country, from 81% of establishments in Sweden (up from 73% in 2014) down to 32% in Lithuania (down from 46% in 2014).
- There have been several countries where this share has increased since 2014, such as the aforementioned Sweden, as well as Slovenia, Slovakia, The Netherlands and Bulgaria, among others. However, several countries have witnessed clear drops over the last five years: Lithuania, Estonia, Poland, Cyprus, Spain,

Romania and Austria. Due to the nature of psychosocial risks, it would be expected that measures in this area would bring direct worker involvement and an especially high degree of collaboration from all actors at the workplace but the findings are not suggesting this.

- Concerning forms of employee representation, a health and safety representative was the most frequently reported figure: 59% of establishments in the EU28, slightly higher than in 2014 (Figure 9). By sector the shares were highest among establishments in mining and quarrying, and electricity, gas, steam and air conditioning (72%), followed by education, and human health and social work activities (69%). As expected, these findings are largely driven by establishment size.

Figure 9. Forms of employee representation (% establishments, EU-28), 2014 and 2019.



Base: all establishments in the EU-28 –size depending on national thresholds for these representation forms, ESENER-2 (2014) and ESENER-3 (2019).

- Interestingly, more than one third of establishments in the EU28 (34%) had none of these forms of employee representation, the shares being highest in

Portugal (68%), Latvia (63%) and Poland (61%). See Table 2.

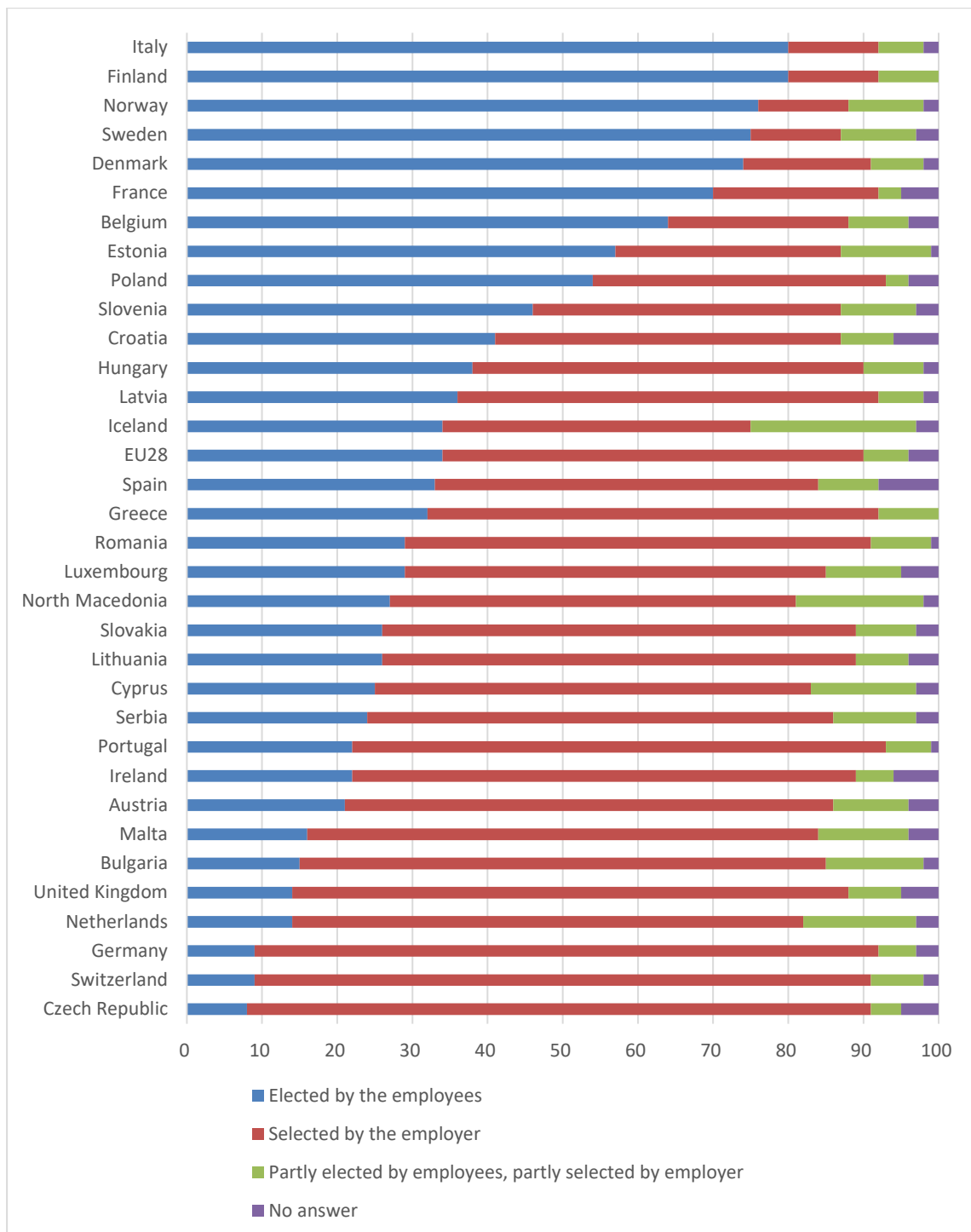
Table 2. No forms of employee representation, by country (% establishments), 2019.

COUNTRY	%	COUNTRY	%
Portugal	68	Estonia	33
Latvia	63	Croatia	33
Poland	61	Iceland	32
Greece	60	Luxembourg	28
Belgium	57	Austria	27
France	56	Germany	26
Slovenia	52	Slovakia	26
Netherlands	51	Finland	25
Switzerland	50	Sweden	23
Hungary	49	Denmark	22
Cyprus	43	Ireland	22
North Macedonia	43	United Kingdom	22
Spain	42	Italy	16
Malta	36	Norway	14
<b>EU28</b>	<b>34</b>	Bulgaria	11
Czech Republic	34	Lithuania	11
Serbia	34	Romania	11

Base: all establishments, all 33 countries –size depending on national thresholds for these representation forms, ESENER-3 (2019).

- ESENER-3 asked establishments about the appointment of the health and safety representatives and the findings reveal a very diverse picture across countries, in reflection of the different national frameworks (Figure 10). More than half (56%) of establishments in the EU28 report having the health and safety representative selected by the employer, the highest shares corresponding to Germany and the Czech Republic (83% of establishments), as opposed to Sweden, Finland and Italy (12%).
- Around one third of the surveyed establishments (34%) pointed out that health and safety representatives are elected by the employees, the shares being highest in Finland, Italy (80%), and Sweden (75%). As many as 15% of establishments in the Netherlands and 14% in Cyprus reported that they were partly elected by the employees, partly selected by the employer.

Figure 10. Appointment of health and safety representatives, by country (% establishments).



Base: all establishments, all 33 countries –size depending on national thresholds for these representation forms, ESENER-3 (2019).

## Survey methodology

- Interviews were conducted in spring and summer 2019 in establishments with five or more employees from both private and public organisations across all sectors of economic activity except for private households (NACE T) and extraterritorial organisations (NACE U).
- 33 countries were covered: all 28 European Member States, Iceland, North Macedonia, Norway, Serbia and Switzerland.
- In total, 45,420 establishments were surveyed –the respondent being *‘the person who knows best about health and safety in the establishment’*. By country the samples ranged from about 450 in Malta to 2,250 in France, Germany, Italy, Poland, Spain and the United Kingdom (see national sample sizes at <http://www.esener.eu>).
- The national reference samples were boosted –funded by the respective national authorities- in three countries: Ireland (+1,250), Norway (+450) and Slovenia (+300).
- Data were collected mainly through computer assisted telephone interviewing (CATI). There was an option to complete the survey online for those who refused to be interviewed over the phone.
- Fieldwork was carried out by Kantar Public and its network of fieldwork centres in each country.
- Samples were drawn according to a disproportional sample design which was later redressed by weighting.
- Efforts have been made to build samples that provide the necessary quality and ensure cross-national comparability.
- The questionnaire was developed by a team comprising experts in survey design and in OSH (particularly psychosocial risks), together with EU-OSHA staff.
- More information on the methodology of ESENER: <http://www.esener.eu>.

## Further information

This report is only a first look into the ESENER-3 findings and conclusions should be interpreted with caution. More detailed results and analyses will be available at <http://www.esener.eu>. As for ESENER-1 and ESENER-2, in 2020 the ESENER-3 dataset

will be accessible via the [UK Data Archive \(UKDA\)](#) and [GESIS](#).

Further analyses will be carried out throughout 2020-2021 and will be published in 2022.

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