

European Healthy Workplace Campaigns: Is Health and Safety at Work a Real Occupational Health and Safety Policy Concern or Just a Political Topic?

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European healthy workplace campaigns are now the largest of their kind in the world. They have been running since 2000, formerly called “European Weeks for Safety and Health at Work.” The main message is “Safety and health at work is everyone’s concern. It’s good for you. It’s good for business” [1]. The European Agency for Safety and Health (EU-OSHA) campaigns intend to make occupational health issues known to all citizens, namely their prevalence and their expensiveness for workers and society.

In the past, in Europe and all over the world, respiratory diseases were the most prevalent group of occupational diseases. Regardless of all the interventions looking out for health and safety at work, occupational respiratory diseases continue to be one of the major occupational health concerns, accounting for 30% of all registered occupational diseases and 10–20% of deaths worldwide [2]. Other occupational diseases, for instance, those resulting from asbestos exposure (lung cancer, asbestosis, mesothelioma, etc.), despite still presenting a tremendous occupational and public health impact and causing thousands of deaths each year [3], have been enormously reduced in Europe since the beginning of the XXI century [4, 5] and consequently banished from workplaces. We hope that soon, even without there being any oriented EU

campaigns, workers will not be further victims of this occupational hazard.

The 2020–2022 European campaign was, once more, focused on work-related musculoskeletal disorders [6], known by the acronym WRMSDs. The campaign focuses on the awareness for WRMSDs prevention: “Healthy Workplaces Lighten the Load.” Occupational hazards such as repetitive movements, force, working postures, and other ergonomic (work-related) risk factors are present in an immense number of workplaces and still affect many workers in Europe.

“Turn your back on musculoskeletal disorders” in 2000 and “Lighten the load (musculoskeletal disorders)” in 2007 were the two previous campaigns related to WRMSD prevention [1].

Many questions about the EU-OSHA campaigns may be asked:

- Why give so much importance and why return cyclically to the WRMSDs prevention initiatives?
- Is this approach integrated into an EU-OSHA well-structured prevention policy? Or could it be that the previous campaigns were less effective than desired and returning to the theme is politically appropriate because we all recognize that the occupational problem persists? If so, why?

- Are we focused on better prevention strategies, in all working sectors, to have better WRMSDs risk management? Or are objectives of EU-OSHA campaigns not followed by European governments and employers, allowing occupational disorders to subsist and possibly grow?
- Will a large range of materials, including reports, info sheets, infographics, and case studies, released every 3–4 months be sufficient to achieve the campaign’s objectives?
- Were WRMSD’s issues just focused on working conditions such as the table, the chair, the computer, the mouse, the keyboard, and other informatics material that don’t allow looking in a systemic and integrated way?

Working is certainly the most complex issue and includes relationships between working conditions, equipment, organizational demands, company objectives, and (never forget) workers’ characteristics [7], including their commitment to doing what it was expected they do during the activity, not just a single relationship between people (workers) and objects [8].

The EU-OSHA workers’ health and safety goals, in parallel with the ILO, intend to achieve decent work for all in a better society and the sustainable development goals in Europe. Nevertheless, something went wrong because are WRMSDs growing, or are they at the same level, after 20 years of campaigns? What is going wrong?

For most EU citizens, good health and safety practices are very important to help people work longer, stay healthy, and have a better life. For instance, the ageing population is a cross-cutting issue, and therefore, good collaboration across different policy areas, such as occupational health, public health, and research, is essential to achieve better prevention of occupational risks.

European WRMSD prevention programs need, probably, a well-structured policy closer to each country’s society, based on campaigns that are politically supported by the governments and assumed by the companies, the worker’s unions, and, above all, integrating workers’ into a participative approach. Could the EU have an Occupational Health integrated policy, ensuring “one (occupational) health approach” for the OSH campaign’s success?

References

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