



5. Covid-19: a 'stress test' for workers' safety and health

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EU OSH legislation is an essential prerequisite, but not enough to guarantee healthy and safe working conditions for all workers. Critical scrutiny and continuous updating of the legislation, and proper implementation and application of the rules, are essential for it to correspond to the lived reality of workers."

Marian Schaapman, ETUI

Introduction

The Covid-19 pandemic has provided a 'stress test' for occupational safety and health in the EU, unfortunately revealing several structural deficiencies in the regulatory system.

In 2020, many workers found themselves exposed to the SARS-CoV-2 virus and its related psychosocial risks. This collective experience has been powerful testimony to significant failures in the implementation of preventive occupational health and safety (OSH) measures across the board. If the Covid-19 crisis has made one thing clear, it is the importance of OSH as a central issue in the world of work.

OSH is one of the fields of law with a strong European basis. The 1989 'Framework Directive on the introduction of measures to encourage improvements in the safety and health of workers at work' (89/391/EEC) lays down the key principles that underpin EU occupational health and safety regulation. Vogel (2015) refers to the Directive as 'the benchmark law' in his historical, legal and institutional overview 'The machinery of occupational safety and health policy in the European Union'.

The 1989 Framework Directive places preventive measures at the heart of occupational health and safety regulation, and emphasises collective measures over individual ones. It requires all workers to be protected equally by health and safety law, regardless of their status. It lays down the legal responsibility of employers to provide healthy and safe workplaces, and the right of workers to be consulted on their working conditions.

A total of 22 so-called 'daughter directives', issued under the Framework Directive, cover different risk factors and different categories of workers, and provide more specific rules based on the principles enshrined in Directive 89/391. One of these directives is Directive 2000/54/EC, the Biological Agents Directive. This is the first instrument against which we benchmark what this chapter identifies as a fundamental failure on the part of the EU in dealing with the pandemic: the (mis-)classification of SARS-CoV-2 as a relatively lower-risk (group 3) biological agent. According to a proper application of the Directive's classification rules, it would have been appropriate for the virus to be included in the higher-risk group 4.

The first section of this chapter identifies the long-existing poor classification practices that have led the Commission to undervalue the risk level of the virus that has caused the Covid-19 pandemic. Moreover, it identifies some deficiencies in the Directive itself, most notably the absence of a notion of a pandemic situation. The following section explores the impact of the pandemic on the healthcare sector, and argues that much of the strain experienced by the sector and by its workforce is the consequence of chronic underfunding and deteriorating working conditions in hospitals and care homes, and of resulting staff shortages. The third section offers a nuanced assessment of the contribution that digitally mediated work has made with regard to gig workers during the pandemic. It notes that, far from emerging as the panacea that would have allowed everyone to earn an income while socially distancing, gig work has shown the limits arising from inadequate coverage by the regulatory framework, thereby exposing millions of vulnerable workers – the so-called 'bogus self-employed' – to a heightened level of hazards, both old and new. The fourth and fifth sections of this chapter highlight the adverse impact that the pandemic has had on the safety and health of particular groups, such as women and ethnic minority workers, that tend to be overrepresented in a number of frontline services and occupations. These latter sections identify the exponential growth of psychosocial risks for these workers, and for low-income workers at large, as a key area of concern; this analysis is partly based on research recently carried out on behalf of the ETUI by a group of Vrije Universiteit Brussel (VUB) researchers.

Misclassification of the Covid-19 virus

In June 2020, following the Covid-19 outbreak caused by the coronavirus strain SARS-CoV-2, the EU Commission urgently revised the Biological Agents Directive (BAD) (Directive 2000/54/EC; Directive (EU) 2020/739) to include this new virus in the list of biological agents known to infect humans and for which preventive and protective work-related measures must be put in place. The Commission eventually concluded that the virus ought to be classified as a group 3 agent. It did so in spite of the ETUC and ETUI alerting it to the perils arising from the misclassification of the virus as anything less than a group 4 agent (ETUI 2020). Our analysis of the process that led to this conclusion shows that the Commission did not correctly apply the rules for classifying new agents as laid down in the BAD. Moreover, this analysis brings to light some deficiencies in the Directive itself.

The classification system in the Biological Agents Directive

The BAD lays down minimum requirements to protect workers against risks that arise or are likely to arise from exposure to biological agents at work. The provisions of the BAD apply to all workers and all workplaces in the EU Member States. The BAD legal text provides that the biological agents must be classified into four risk groups according to the criteria shown in Figure 5.1. The higher the risk group, the more stringent the preventive and protective measures to be implemented at the workplace.

Article 18(3) of the BAD reads as follows: 'If the biological agent to be assessed cannot be classified

clearly in one of the groups defined in the second paragraph of Article 2, it must be classified in the highest risk group among the alternatives.'

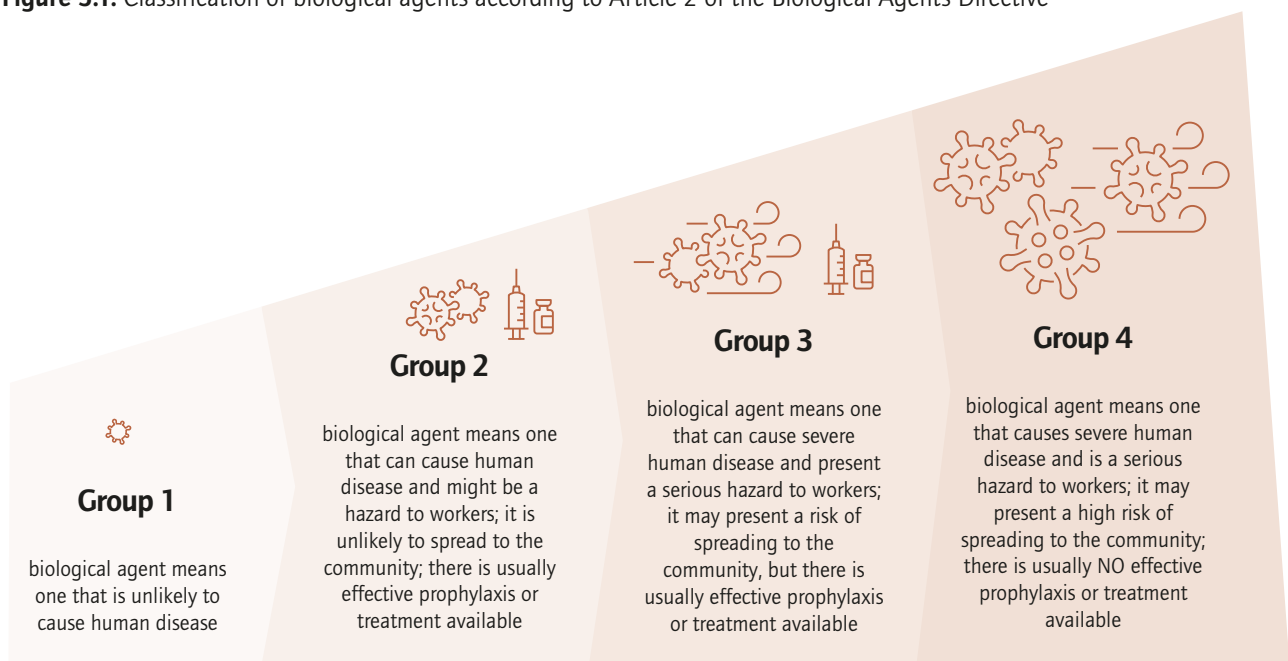
The classification of SARS-CoV-2 by the EU Commission

In its revision of the Directive, the EU Commission eventually classified SARS-CoV-2 in risk group 3, based on the unanimous opinion of experts from Member States and international health organisations. However, looking at the characteristics of this virus in relation to the definitions in the Directive, this conclusion is hard to understand. The SARS-CoV-2-virus:

- can cause severe human disease (group 3) (the virus does not always cause serious disease, but can cause one);
- is a serious hazard to workers (group 4) (work is a key vector in the spreading of the virus)
- may present a high risk of spreading to the community (group 4);
- and there is no effective prophylaxis or treatment available (group 4).

Therefore, a correct application of Article 18 of the Directive would clearly lead to including SARS-CoV-2 in group 4. This was why a nurses' union in Spain brought a case to the European Court of Justice asking for the annulment of this revision of the Directive (Case T-484/20).

Figure 5.1. Classification of biological agents according to Article 2 of the Biological Agents Directive



SARS-CoV-2 in the same category as SARS and MERS

By locating SARS-CoV-2 in group 3, the Commission ended up classifying the virus in the same category as SARS and MERS, whereas a comparison of the current pandemic with the 2003 SARS and the 2012 MERS outbreaks shows that, although having a lower mortality rate than SARS, the SARS-CoV-2 virus has proved much more pervasive, and thereby effectively caused many more deaths at work, let alone in the community. Unger (2020) points out the importance of taking into account the 'occupational concentration' of the virus, which is a major factor for the healthcare and elderly care sectors and for frontline workers. Moreover, he rightly emphasises the contextual and geographical relevance of 'the occurrence of the disease in Europe'. While no SARS nor MERS outbreaks occurred in Europe, there has been a heavy toll in EU/EEA countries due to Covid-19, with more than 5,905,285 cases and over 208,627 deaths reported by 25 October 2020. As argued by Unger, it is almost self-evident that these factors ought to have been considered when deliberating the classification of SARS-CoV-2, and would have led a reasonable decision-maker to concede the necessity of including this virus in risk group 4.

Experts developed their own classification system

On closer scrutiny, the process leading to the inclusion of the Sars-CoV-2 virus in what, according to the authors of this chapter, is an inappropriate risk category, reveals a number of poor practices in the BAD classification decision-making processes that have existed for a long time, and can no longer be deemed as acceptable. As already pointed out in a 2012 report by the Dutch National Institute for Public Health and the Environment (RIVM), it would appear that the experts advising the Commission on the classification of new biological agents do not necessarily apply the BAD classification system,

but have developed their own classification practice, and one that is visibly not in line with the definitions of the four groups. Moreover, it seems that they base the classification of the virus on public health statistics rather than on knowledge about working conditions in occupations and sectors, arguably defeating the entire purpose of the BAD. Research by Klein (2012) shows that the first element of the definition, 'virulence/pathogenicity', is decisive in the experts' classification, but that hardly any (if any) weight is given to 'transmissibility' and 'treatment'. We would add to this that neither is the fourth element of the definition (the extent to which the virus causes a hazard to workers) properly taken into account, or at least given the weight it deserves, in the classification exercise (see also Klein 2012).

A more adequate classification system

We venture to suggest that a more stringent application of the BAD's own classification system would have resulted in a more accurate categorisation of SARS-CoV-2 as a class 4 agent. But it is also clear to us that the failures evidenced by this revision exercise reveal the need for a deeper revision of the classification system envisaged by the Directive, in order to place additional emphasis on how an agent such as this virus can constitute 'a serious hazard for workers'. This would also do more to highlight the importance of OSH knowledge, instead of exclusively relying on public health statistics. Moreover, to acknowledge the importance of context-based decision-making, the classification system should also take into consideration the occurrence of a pandemic situation.

The system failed in the pandemic, revealing a number of intrinsic inadequacies. The good news is that the European Commission, pushed by the ETUC and the EP, 'will without delay assess the need to amend the Biological Agents Directive, following the lessons learnt by the current pandemic' (European Commission 2020a).

Staff shortages jeopardize OSH

Gender segregation 78%

of those employed in human health activities in the EU are women. In nursing, the figure is 89% in the WHO European Region.

28.5% in 2050

Estimated share of 65+ people in the total EU population

Staffing shortages, especially of nurses, have been identified as one of the major factors constraining hospitals' ability to deal with infection outbreaks (Stone et al. 2004). As early as 2012, the European Commission estimated that the gap in human resources in healthcare in the EU would be approximately 1,000,000 health professionals by 2020, among which 590,000 would be nurses (European Commission 2012). In spite of these early warnings, little progress has been made in addressing these anticipated deficiencies. On 7 April 2020 – World Health Day, dedicated this year to nurses and midwives – the European Centre for Disease Prevention and Control (ECDC) reported a continuing strain on health and social care systems and healthcare workers, highlighting staff shortages due to increased demand and high rates of staff infection with Covid-19. On the same day, a team of European doctors and nurses from Romania and Norway, deployed through the EU Civil Protection Mechanism, was dispatched to Milan and Bergamo to help Italian medical staff battling the coronavirus. A swift emergency response and an uplifting gesture of solidarity, certainly, but not a sustainable long-term strategy, especially as what health systems are really in need of are staff to provide the care that was postponed during the first wave of the pandemic. On 20 May 2020, the EC adopted proposals for country-specific recommendations that highlighted issues with both working conditions for doctors and nurses and shortages of health workers. All countries were recommended to 'strengthen the resilience of their health systems'; for 20 Member States there is a direct reference to the health workforce (European Commission 2020b).

The shortage of nurses and care personnel in the EU is structurally linked to imbalances between the growing demand for healthcare services and the declining or inadequate workforce supply. Factors responsible for increased demand include a stable rise in chronic diseases and an aging population; at the start of 2018 almost one fifth (19.7 %) of the total population was 65 years or older. Over the next three decades, the number of older people in the EU is projected to follow an upward path towards a relative share of the total population of 28.5% by 2050 (Eurostat 2019a). Factors responsible for decreased workforce supply include an aging workforce, staff turnover, work-related sick leave, and students dropping out of training. Covid-19 has only exacerbated these pre-existing issues.

The number of practising nursing professionals relative to population size fell in nine EU Member States between 2012 and 2017 (Eurostat 2020); see Figure 5.2. The number of nurses per 100,000 inhabitants in 2018 was over 1,000 in Germany, Denmark, the Netherlands, and Slovenia. The lowest numbers (fewer than 500 nurses per 100,000 inhabitants) were observed in Bulgaria, Greece, Spain,

Italy, Cyprus, and Latvia. In the UK, where there are just under 778 nurses per 100,000 inhabitants, nurses are placed in the 'shortage occupation' list, as a role 'experiencing significant shortages' (Nuffield Trust 2020). In Finland, the Ministry of Labour's Occupational Barometer of 18 September 2020 highlights that the shortages of skilled labour in the healthcare and social work professions is now higher than ever (TEM 2020). In Italy and Spain, where nursing shortages had already been flagged up, the Covid-19 pandemic hit the health systems hard. Chronically low levels of public spending have greatly contributed to inadequate numbers of healthcare personnel, especially nurses, and it is estimated that Italy would need between 53,000 and 54,000 more nurses to reach the European average. In Spain, meanwhile, the shortfall is estimated to be between 88,000 and 125,000 (European Data Journalism Network 2020).

Filling such shortages requires targeted measures in the years to come, partly to overcome what in many ways appears to be a fully fledged vocational crisis for certain occupations in the sector. A 2013 cross-sectional survey of 33,659 hospital nurses (medical and surgical) in 12 European countries (Belgium, England, Finland, Germany, Greece, Ireland, the Netherlands, Norway, Poland, Spain, Sweden, and Switzerland) reported that 19-49% of nurses intended to leave their jobs that year (Aiken et al. 2013). It is anticipated that the Covid-19 pandemic will only reinforce these sentiments.

Staffing shortages create immediate occupational safety and health risks for health workers, and result in long-lasting negative consequences for health systems. Conversely, and from a preventative OSH perspective, adequate nurse-to-patient staffing reduces occupational injury and illness rates (Van den Heede et al. 2019). The current growing shortage of personnel, and the limited resources available in healthcare systems, are resulting in an inability to meet local demands for healthcare, which in turn increases the risk of violence and harassment against workers from third parties (such as patients and their relatives). Furthermore, disproportionate ratios of patients to healthcare professionals lead to extended shifts, but with insufficient time to provide adequate care, and the ergonomic risks increase due to a high number of manual patient-handling operations. All this has become evident during the Covid-19 crisis. Often, in order to mitigate the risk of the virus spreading, health workers have been asked to maintain physical distancing measures from family members for protracted periods of time, adding to the already unsatisfactory balance between work and personal and family life. Such working conditions increase psychosocial risks exponentially and can lead to fatigue and stress.

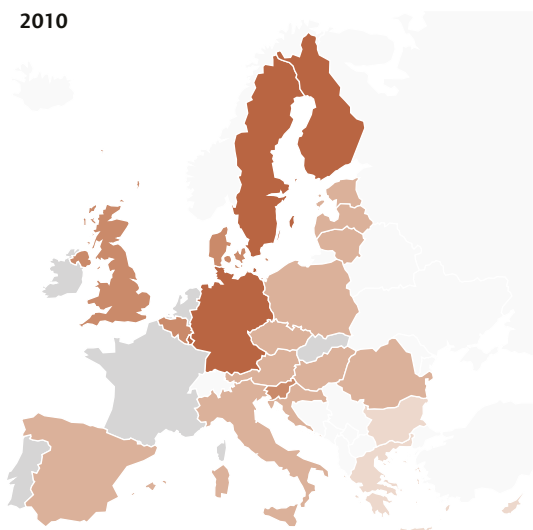
Due to a lack of adequate personal protective equipment (PPE), workers have been exposed to

1M

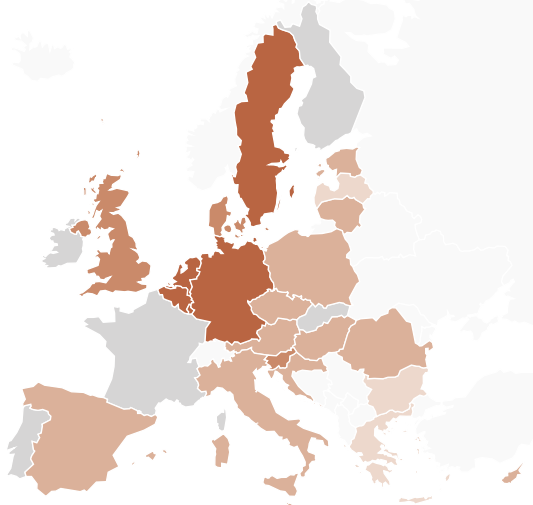
Estimated gap in health professionals in EU by 2020

Figure 5.2. Nurses per 100 000 inhabitants in the EU Member States in 2010, 2015 and 2018

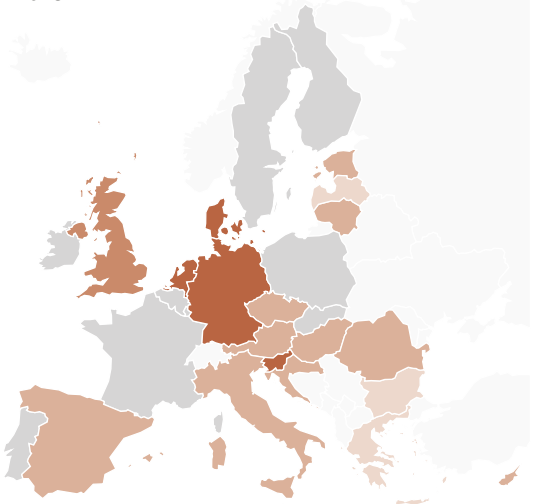
■ <500 ■ 500-800 ■ 800-1000 ■ >1000 ■ No data



2015



2018



Source: Eurostat, 'Healthcare personnel statistics - nursing and caring professionals'

high levels of biological risk during the pandemic. Infection among nurses and other healthcare staff is a serious concern in and of itself, but it also has negative spill-over effects on healthcare systems, as workers who are infected or have been exposed to infection must stay away from work, thus further depleting the human resources and capacities of the system. Owing to the shortage of health workers, in many countries retired health workers and medical students have sometimes been called to duty or asked to volunteer their services.

It is worth stressing that staff shortages are not accidental and typically reflect policy choices. Many recently graduated nurses work outside the health sector due to the more competitive pay packages available to them, as well as the better working conditions and career opportunities. Furthermore, a reduction in public healthcare spending, precarious working conditions, migration (mainly from eastern and southern to western European countries) and early retirement have all adversely contributed to the health workforce shortages within the EU.

The pandemic has underscored the fact that the performance of a healthcare system and the safety and health of its workforce are interrelated. 'Flattening the curve' as a public health strategy aimed to slow down the spread of the virus as a means of easing the pressure on healthcare institutions. It was a crisis response measure, and in many ways a necessary one. But in order to foster an overall systemic resilience in the sector, OSH issues that hinder the recruitment and retention of health workers must also be addressed. Improved work environments can help to reduce stress, while decent working conditions and salaries, and investment in relevant education and skills, can support workforce retention.

In parallel with workforce shortages, statistics show that the numbers of people choosing health and welfare careers are declining. In 2017, 13.8 % of all graduates in the EU received a degree in this field of study, but that same year only 13.6 % of all students were enrolled in one of these subjects. This means that the number of students in this field decreased by 0.2% from the previous year: a worrying trend, since the number of students should increase to match the real need for health and welfare workers. There were, moreover, 2.8 times as many female graduates in this field compared to male graduates (Eurostat 2019b).

5. Covid-19: a 'stress test' for workers' safety and health

6. Democracy at work in a pandemic

7. Foresight: the many possible post-pandemic futures

OSH and the 'gig economy'

Platform work: short-term panacea or long-standing illusion?

As Europe was being hit by the first wave of Covid-19 social distancing and lockdown measures, with millions of workers retreating from their habitual workplaces and into their homes, many may have expected digitally mediated work to emerge as the panacea that would provide the solution to all of the continent's labour market plights (see also Chapter 2 in this volume). In reality, the pandemic only revealed the many limitations of platform work, in terms of both its interdependence with the physical world of work and the weaknesses of the regulatory framework shaping it.

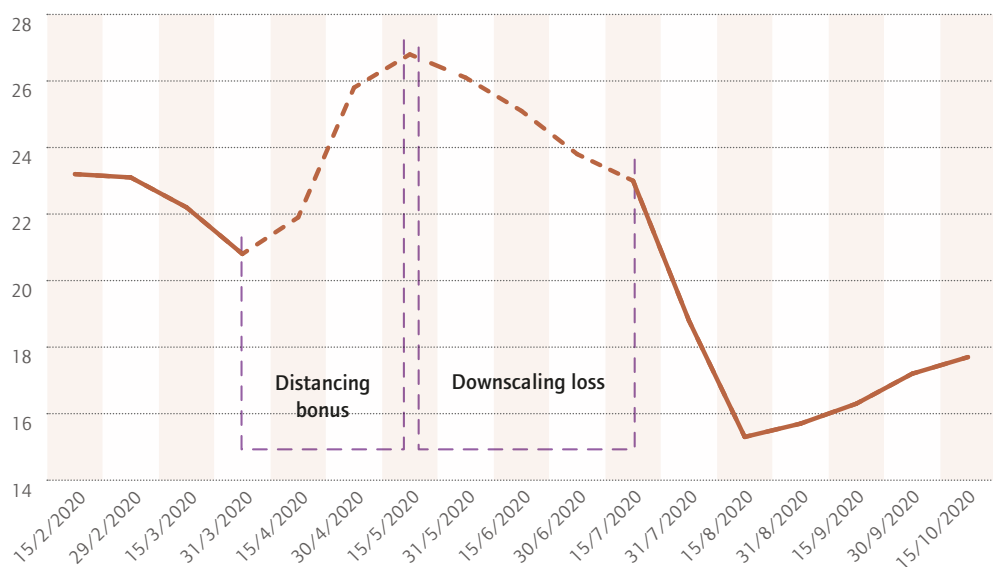
At the best of times, quantifying the scale of the gig economy is a fundamentally arduous task. Part of the challenge arises from the fact that gig workers have an unclear and often transient employment status that does not quite fit into the typical definitions of 'employed' or 'self-employed'. The closest one can get to closely monitoring developments in the gig economy is through the Online Labour Index (OLI), developed by the Oxford Internet Institute. This economic indicator measures the supply and demand of online gig labour by tracking the number of assignments posted on major digital platforms (Stephany et al. 2020). The coverage of the OLI is estimated to account for at least 60% of all traffic to English-language online labour platforms, and therefore provides an acceptable estimate of the size of the gig economy, excluding platforms for local services such as Uber.

Figure 5.3 shows the longitudinal follow-up of the OLI since the Covid-19 outbreak, from early January to late October 2020 for the EU27. Findings show a significant drop in demand in the early stages of the pandemic (approximately 10%), followed by a significant rise in April/May (approximately 29%) and

an even more massive slump from June to September (approximately 43%). These figures clearly confirm that platform workers have not been spared by the Covid-19 pandemic as it had a significant impact on the amount of available platform work. Even more striking is the peculiar pattern of the trend, which some have interpreted as the result of a two-step process (Stephany et al. 2020). First, switching to remote operations might have triggered an increase in the demand for specific types of online labour, especially IT services. This demand-increasing phenomenon is referred to as the 'distancing bonus'. Subsequently, companies facing declining revenues may have reduced non essential spending, including external online contractors. This has been termed the 'downscaling loss' mechanism.

From an OSH perspective, this two-step process demonstrates the inherent precariousness of platform work, as well as the lack of predictability and control regarding future professional prospects. As self-employed individuals, platform workers are solely responsible for their own economic upkeep in the face of the devastating economic impact of the pandemic. Unlike regular workers who are covered by relevant employment laws, they have no guaranteed hours or sick pay and entirely assume the costs of inactivity periods or lack of demand (Fabrellas 2019). Recent data from an interview study confirms that gig jobs are increasingly scarce, just as more people are creating profiles and seeking online work (Stephany et al. 2020). This, in turn, suggests that long-tenured platform workers are more likely to see a tighter market and larger variations in their income during the crisis. Although most of them work in the gig economy on top of a traditional job (Lepanjuuri et al. 2018; McDonald et al. 2019), platform work nonetheless represents a significant source of income for them. It has been demonstrated that platform work constitutes more than half the income for around a third of crowdworkers in Italy, Sweden and

Figure 5.3. Online labour demand on major digital platforms from late February to mid-September 2020



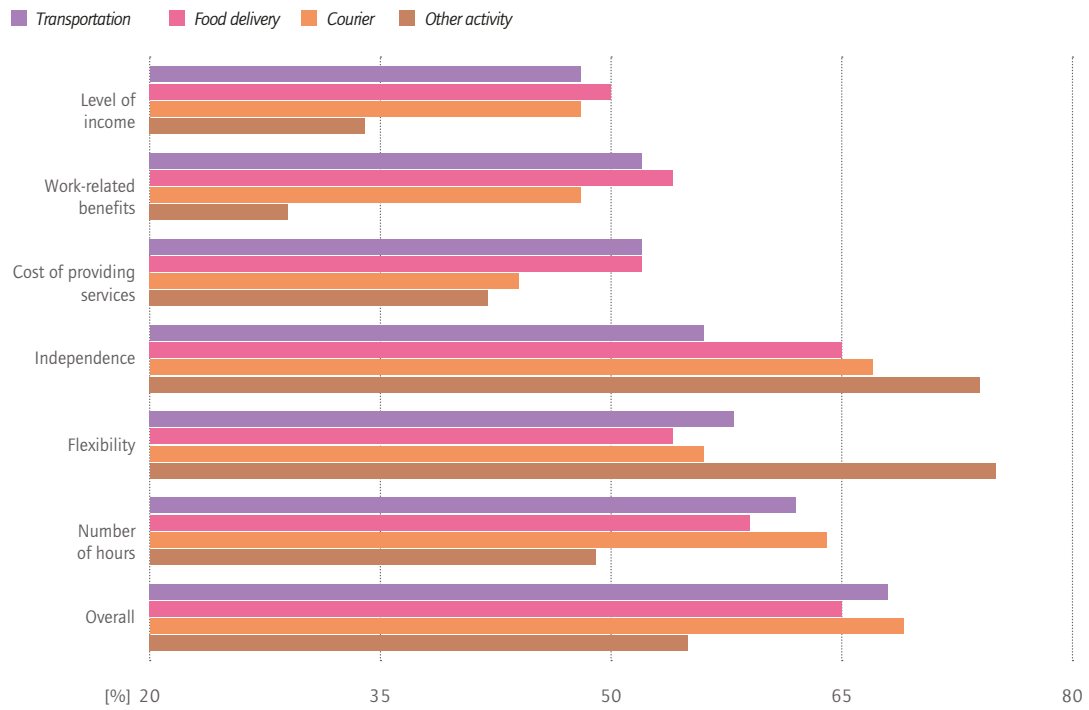
Source: <http://labour.oii.ox.ac.uk/online-labour-index>.

Note: The index is normalized so that 100 index points on the y-axis represents the daily average number of new gigs in May 2016 worldwide.



Platform workers have not been spared by the Covid-19 pandemic."

Figure 5.4. Proportion of platform workers satisfied with different aspects of their work, sorted by type of activity



Source: YouGov Omnibus Survey (Lepanjuuri et al. 2018).
Note: 'Don't know' responses are excluded from the proportions.



In sum, the Covid-19 pandemic has accentuated the precarious situation of platform workers."

the UK (31%, 36% and 34% respectively), 24% in Switzerland, Germany and the Netherlands, and 15% in Austria (Huws et al. 2017). Moreover, there is a small minority for whom platform work provides the only source of income (ranging from 3% in Austria and Germany to 12% in Switzerland). For these workers, the Covid-19 pandemic likely resulted in a much more precarious situation than ever before.

The aforementioned changes in demand have not only impacted gig workers' income but also their working conditions. Indeed, several platforms reacted to the pandemic by readapting their business models and work organisation. For instance, HOPIN, a platform mediating transportation services, has temporarily turned its drivers into express city couriers delivering food, medicine, and parcels. Moreover, platforms workers providing local services are particularly exposed to the virus while working. In a recent survey, the OECD highlighted that only 35% of platform workers reported that their platform had taken measures to assist them during the pandemic while many asked for a better treatment from platforms (OECD 2020). At the time of writing, we are still lacking data on the implications of such arrangements and, more generally, on the detrimental effect of the pandemic on platform workers' OSH. However, currently available evidence can inform us about the challenges platform workers are facing and provide insights on potential developments. As in many sectors, it is likely that these challenges have been compounded by the pandemic.

Covid-19 is exacerbating an already fragile situation for platform workers

Even before the lockdown period, evidence already suggested that a significant proportion of platform workers were not satisfied with their experience of

providing services on online labour platforms (Figure 5.4). Overall, the highest rate of satisfied platforms workers was found in courier services (69%), followed by transportation (68%), food delivery (65%) and other activities (55%). As a comparison, in 2015, 86% of European workers reported being satisfied or very satisfied with working conditions in their main paid job (Eurofound 2016).

The aspects of work recording the lowest satisfaction rates for platform workers are work-related benefits, the level of income and the cost of providing services. The number of hours worked and the flexibility to determine where or when to work come, respectively, fourth and fifth place, while the ability to decide what type of work to accomplish have the highest satisfaction rate.

Satisfaction with different aspects of work varies noticeably by the type of activity platform workers are involved in. Platform workers performing 'other activities' are more likely to be satisfied with flexibility (75%) than those involved in 'transportation' (58%), 'courier services' (56%) and 'food delivery' (54%). A similar, but less clear, pattern is found for independence, with the highest satisfaction rate for other activities (74%), moderate rates for courier services (67%) and food delivery (65%), and the lowest satisfaction rate for transportation (56%). Platform workers providing transport and food delivery services are slightly more satisfied with the cost of providing services (52%) than those involved in courier services (44%) or other activities (42%). Finally, platforms workers performing other activities record the lowest rates of satisfaction for work-related benefits (29%), level of income (34%), and the number of hours worked (49%). There are no noteworthy differences between the three remaining categories of platform workers regarding these aspects of work.

This low level of satisfaction is inherently linked to a broad range of regulatory deficiencies whose effects are only likely to have been magnified by the ongoing pandemic. Workers engaged in location-based platforms such as those providing delivery or taxi services have been particularly at risk due to the nature of their work, as they cannot always ensure social distancing. Many workers depend entirely on task-based work for their earnings, without paid sick leave, and they cannot afford to self-quarantine even if Covid-19 symptoms were to appear, posing risks to both themselves and others. At the same time, with the lack of health insurance coverage for platform workers in many countries, even getting tested for Covid-19 may be challenging. This could lead to a scenario wherein not only is the platform worker engaged in work while being sick, but (s)he also risks spreading the virus to the customers or businesses involved. The lack of labour and social protections are thus exposing workers to additional risks in the context of the Covid-19 pandemic: workers are also often not provided with personal protective equipment, sick pay or hazard pay for performing

tasks. Some digital app-based companies have set up emergency funds and other forms of sick pay to assist workers infected with the virus or who have been medically ordered to self-isolate (Uber 2020). However, these sick pay schemes are considered to be insufficient to cover the loss of income and even far below minimum wage levels in various countries (Fairwork 2020).

In sum, the Covid-19 pandemic has accentuated the precarious situation of platform workers. The contingent nature of their work coupled with the lack of social protection they currently enjoy make them extremely exposed to the economic implications of the crisis. Data currently available is insufficient for a comprehensive and accurate assessment of the size of the gig economy, and thus of the severity of this issue. It is nevertheless safe to conclude that platform work merits much more attention since it presently forms, in all likelihood, a small but significant part of overall employment. The lack of adequate social and labour protection for gig workers poses a genuine risk to their health and safety, but in times of a global pandemic it also poses a risk to public health.

Intensified psychosocial risks in feminised frontline occupations

Harassment and violence 2

= Number of countries that have ratified the ILO Convention 190 'Eliminating Violence and Harassment in the World of Work', 2019.

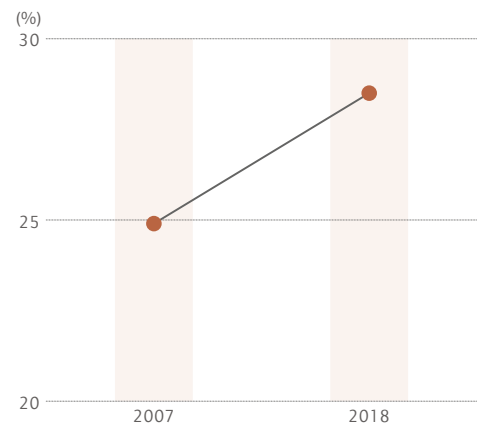
The Covid-19 pandemic has intensified emotional demands on frontline workers and increased psychosocial risks at work. A striking majority of these workers are women.

The pandemic has strengthened the shared societal understanding of what constitutes an essential service – 'essential' in the sense of enabling our communities, cities, and nations to function properly at a time of national emergency. Many of the frontline occupations without which our societies would not have been able to continue functioning during the pandemic are located within the service sector and include professional profiles as varied and diverse as those of cleaners, childcare workers, teachers and supermarket cashiers, as well as, of course, healthcare workers. In the EU28, women make up 78% of the health workforce, 93% of childcare workers and teacher assistants, 86% of personal care workers in health services, and 95% of domestic cleaners and helpers. Some 83% of the workers providing home-based professional care to older people and people with disabilities are women. And women make up 82% of all cashiers in the EU (EIGE 2020).

These are all frontline workers who face a high exposure to the SARS-CoV-2 virus that causes Covid-19, and are consequently to be classified as working in 'unsafe jobs' in a pandemic context (Basso 2020). In addition, these occupations face a high degree of psychosocial risks. According to the European Working Conditions (EWC) survey of 2015, women-dominated occupations have the highest exposure to emotional demands; these demands include handling angry clients, customers, patients, or pupils, as well as hiding one's feelings and being in situations that are emotionally disturbing (Eurofound 2020). Figure 5.5 shows that the percentage of women workers reporting exposure to occupational risk factors that can adversely affect mental health increased from 2007 to 2013. For education, human health, and social work activities, all measured psychosocial risk (PSR) factors increased from 2014 to 2019, according to the EU-OSHA European Survey of Enterprises on New and Emerging Risks (ESENER). Workers reporting:

- 'pressure due to time constraints' went up from 49.72% to 53.84%;
- 'poor communication or cooperation' went up from 20.55% to 24.34%;
- 'difficult customers, patients, pupils' went up from 74.90% to 79.90%;
- 'long or irregular working hours' went up from 23.64% to 26.24%.

Figure 5.5. Women reporting exposure to risk factors at work that can adversely affect mental wellbeing, all sectors (%)



The unequal gender distribution of work-related PSR between women and men is partly a consequence of the horizontal segregation of labour markets, which concentrates women in occupations and economic activities (such as care and services) with higher exposure to these hazards. Moreover, vertical segregation, which places women in the lowest positions of the pay and decision-making scales, reinforces this effect. Research findings suggest that these inequalities put women at a higher risk of physical and mental disorders, sickness absence, disability, and mortality from work-related PSR (Campos-Serna et al. 2013).

While detailed data on the extent of the impact of the pandemic on workers' health is being collected and analysed, it is evident that some of the sectors that have been affected adversely by the Covid-19 crisis are sectors where the female working population tends to be overrepresented. For instance, there has been an increase in long and irregular working hours in the health sector due to increased demand for care services, with staff shortages creating further pinch points and generating additional time constraints. Violence and harassment by third parties against health and service workers have been reported widely (European Medical Organisations 2020; Nursing Times 2020). The health risks posed by SARS-CoV-2 has created stress and anxiety, aggravated by the lack of (or by inadequate) PPE for most frontline workers. A large UK study comparing frontline workers with the rest of the population on prevalence estimates of depression, anxiety, and post-traumatic stress disorder (PTSD) during the first week of 'lockdown' and again one month later found that estimates were significantly higher for frontline workers (Murphy et al. 2020).



All measured psychosocial risk (PSR) factors increased from 2014 to 2019."

(ESENER Survey 2019)

**Women make
86%
of personal
care workers
in health
services**

The 1989 Framework Directive (89/391/EEC) obliges employers to address PSR in the health and safety strategies of their respective enterprises or organisations. In addition, the European social partners have recognised the importance of PSR by signing the Framework Agreements on Work-Related Stress (2004) and on Harassment and Violence at Work (2007). However, data and policy monitoring shows that there are large differences between European countries in respect of the importance given to PSR. This results in substantial discrepancies across the EU in terms of worker protection and exposure to psychosocial risks (EU-OSHA 2014).

Inequalities in the world of work exacerbate the spread of Covid-19



Studies indicate that low-income workers are bearing the brunt of the pandemic."

By Damini Purkayastha, Christophe Vanroelen and Tuba Bircan (Vrije Universiteit Brussels, Belgium)

A growing number of studies on the spread and impact of the Covid-19 virus on the world of work reveal, yet again, that occupational safety and health policies need to widen their scope beyond the physical setting of work in order to be effective. Workers face increased exposure to the disease not only at work but also because of the type of work they perform and the conditions under which they are employed. Undoubtedly, physical working conditions and the availability of 'physical' safety measures are key factors in determining and shaping safe workplaces. However, entrenched inequalities in employment conditions and complex sociological factors also determine who faces a greater risk of infection and who can access or even afford healthcare and safety measures (Van Bavel et al. 2020; Khalatbari-Soltani et al. 2020).

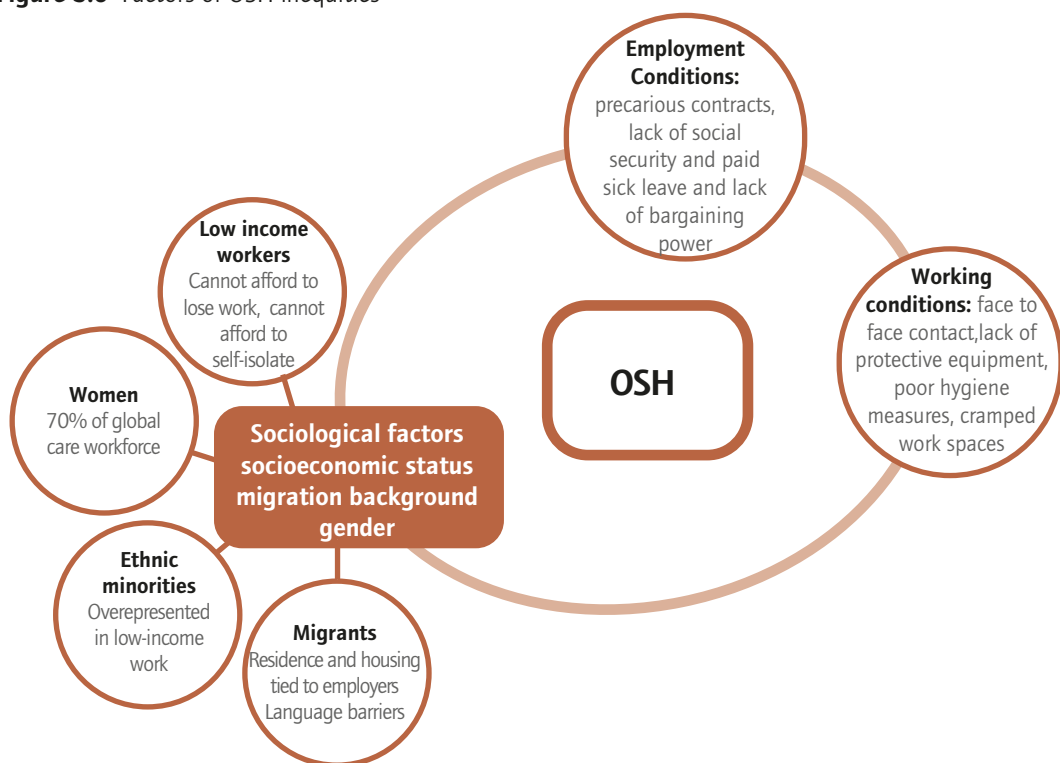
Studies indicate that low-income workers are bearing the brunt of the pandemic, with low-skill and low-income levels linked with higher Covid-19 positivity rates (Flores and Padilla 2020) and higher mortality rates (Wise 2020; Windsor-Shellard and Kaur 2020). This is not a coincidence. There is a clear pattern to this 'coronavirus class divide' (Williams 2020). One critical factor is that occupations that require the physical presence of workers and in-person interaction with other people are often low-income

jobs (Lu 2020). A number of these occupations were declared 'essential' during the pandemic, and workers employed in these sectors were asked to be physically present at work.

Apart from the 'physical characteristics of their work', low-wage workers find themselves in a particularly vulnerable situation for a complex variety of reasons. First of all, many of them cannot afford to stay at home when they are sick. Regardless of the physical settings and safety measures, such workers are unlikely to report their employers or call in sick as they fear losing their jobs and income (Foley and Piper, 2020; Haley et al. 2020). They are often employed on precarious contracts, or on an hourly/daily basis. Irregular employment conditions, insecure, temporary or zero-hour contracts, subcontracting, and even undocumented or illegal work offer little job security (Council and Khlat 2020).

Secondly, low-wage and precarious workers often lack adequate social protection. According to an analysis of policies in over 190 countries, 27% of countries do not guarantee paid sick leave (Heyman et al. 2020). Workers without paid sick leave are 1.5 times more likely to go to work even when sick (Smith and Kim. 2010). 'When workers lack paid sick leave, they often need to make untenable choices between going to work sick and being able to afford the basic

Figure 5.6 Factors of OSH inequities



Source: own compilation.

27%
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necessities' (ibid 2020: 925). Making matters worse, several sectors even offered extra pay or bonuses to workers who continued to show up to work during the pandemic (Dyal et al. 2020).

A precarious/low socioeconomic position and lack of job protection make workers more vulnerable (Council and Khat 2020) as they find it difficult to demand better working conditions. This lack of bargaining power is closely related to persistent inequalities in contractual conditions, working conditions and job security (Quinlan et al. 2001). Representation by unions has also proven to be critical for maximising health and safety precautions during the Covid-19 pandemic. A study among nursing homes in the US found that unionised homes had a 30% relative decrease in Covid-19 mortality rates and greater access to protective equipment (Dean et al. 2020). Similar findings were reported in other sectors.

There is also a distinct intersectional dimension to the impact of Covid-19. Occupations linked with higher rates of exposure and fatalities are also those with a higher representation of black, Asian and minority ethnic communities, women and/or migrants (Windsor-Shellard and Butt 2020; Foley and Piper 2020; Neef 2020; Hattenstone 2020) An estimated 13% of workers in the EU are immigrants (Fasani and

Mazza 2020). Approximately one million seasonal workers are hired in the EU every year, especially in the agri-food sector. There are also large numbers of irregular workers in agriculture, food processing and construction, as well as in hotels, cleaning, domestic services and restaurants. These workers, often hired through agencies, find themselves in 'grey zones' between formal and informal work arrangements (Munck et al. 2012). Undocumented workers in these sectors are even more vulnerable. Such workers do not have the 'privilege' of working from home (Yancy 2020).

Migrant labourers brought in to work on farms or factories are often housed by employers and there are few guidelines or little enforcement regarding housing standards. Even during the pandemic, workers were forced to live in crowded conditions (such as communal camps or repurposed shipping containers) without proper sanitation measures (Neef 2020). These workers are also dependent on employers for their legal residence rights and face the threat of detention or deportation if they report them. Finally, lack of information in multiple languages is another key factor, preventing them from learning about their rights and safety measures (Liem et al. 2020).



Having OSH rules in place at EU level is an essential prerequisite, but not enough to guarantee healthy and safe working conditions for all workers."

Conclusions

This chapter examined five examples of OSH failures pertaining to the Covid-19 pandemic, through the lens of OSH regulation. Each of them illustrates the negative consequences of a narrow understanding of OSH regulation that overlooks the reality of working conditions for many people.

We began by highlighting how the application of a key OSH Directive, the Biological Agents Directive, failed to grasp the severity of the virus triggering Covid-19. The analysis carried out in that section revealed a very peculiar phenomenon: the non-application of the Directive's own principles (the four classification levels) in the classification of the virus. While the definitions of the different categories clearly point to group 4 being the most appropriate one for the SARS-CoV-2 virus, it ended up being classified in group 3. Moreover, the failures evidenced by this revision exercise indicate the need for a deeper revision of the Directive, in order to place an additional emphasis on how an agent such as this virus can constitute 'a serious hazard for workers', and how the classification of viruses should take into account the occurrence of a pandemic situation.

The section on staffing shortages in the healthcare sector, and on the impact that these shortages had on the health and safety of healthcare workers during the pandemic, reveals one of the most obvious misalignments between OSH theory and its practice: treating OSH as a bolt-on topic instead of an integral part of workplace policy planning. OSH is not something that can be retrofitted, especially once the organisation of work has already been structured in ways that essentially frustrate safe working practices. OSH principles need to be part and parcel of work planning and of the subsequent development of sectors and workplaces, as also demanded by Article 6 of the 1989 Framework Directive. The notion of 'organisation of work' refers to the choices made within the corporation or workplace in respect of issues such as how certain tasks are to be performed and structured and how they are allocated to workers. Staffing levels and skills obviously influence the way work can be organised. If the consequences of staffing reductions are not adequately thought through and their consequences for work organisation are systematically ignored or downplayed (for example, by redistributing or re-organising tasks or ultimately even eliminating some tasks) the health and safety of workers will inevitably be affected. One can only reduce staff so much until these choices will lead to a plethora of psychosocial risks such as work overload, overtime, time pressure, and an insufficient number and duration of breaks and time off. Moreover, less time will be available for the proper training of staff, in itself an additional risk factor. These psychosocial risks also amplify other risks, such as the risks for accidents and, in the case of the current pandemic, the risk of infection by the virus.

The consultation and participation of workers in the organisation of work are also of paramount importance for addressing these issues. Both the

OSH Framework Directive and its 22 'daughter directives' adopt the information, consultation and participation of workers in OSH policies as a basic principle, considering workers to be the main specialists when it comes to their own working conditions, as opposed to a top-down technical approach where rules devised by supposed experts prescribe what is healthy and safe for workers. However, while consultation and participation rights are codified in specific directives for other areas of OSH, such a directive on psychosocial risks is lacking.

The third section explored some of the limits of gig economy work and its regulatory framework which became evident at a time when social distancing rules and lockdown policies created the ideal circumstances for digitally mediated work to become the norm, rather than a niche of the labour market. The section revealed that after an initial noticeable rise in the number of workers engaged in online gigs, the figures soon started to dwindle. Meanwhile, the pandemic exposed the consequences of an inadequate application of an OSH regulatory framework conceived for the analogue world, and the visible struggles of adapting such a framework to the hazards (including the psychosocial hazards) faced by workers in the digital world.

The fourth section highlighted that differences in working conditions between groups of workers are often sector-related, and feminised occupations have high levels of psychosocial risk. While this is a known fact, measures to eliminate psychosocial risks in the world of work have been irregular. While social partner initiatives have contributed to the implementation of psychosocial risk prevention in many workplaces, these developments are not evident in all countries due to the different traditions of social dialogue (EU-OSHA 2014).

The fifth and final section pointed out that working conditions (for example, the ability to telework, or concerning work in 'frontline occupations') as well as employment conditions (precarious, atypical and low-paid jobs) are key in determining the level of risk workers are exposed to in relation to the virus. Occupational health and safety risks are gendered as a consequence of sex segregation in the labour market; that is to say, occupational segregation results in women and men being exposed to different types of OSH risks. Ethnicity and migrant status also often intersect with working conditions and employment factors, amplifying structural inequalities in the world of work. Many sectors with bad working and employment conditions are mainly dominated by women and/or migrants, as are many lower occupational positions (vertical segregation).

It is apposite to conclude that having OSH rules in place at EU level is an essential prerequisite, but not enough to guarantee healthy and safe working conditions for all workers. Proper implementation and application of the rules is not self-evident and is being hindered by issues outside the scope of OSH



It is clear that the Covid-19 crisis has increased inequalities in employment and working conditions.”

regulation, most notably the unequal power relations that shape employment and working conditions.

It is clear that the Covid-19 crisis has increased inequalities in employment and working conditions. It is therefore vitally important to collect and use reliable data on Covid-19 infections, morbidity and mortality, disaggregated by sex, age, ethnicity, migration status, and socioeconomic status (e.g. occupation, employment status, income, education). Women face a much higher exposure to the virus, and gender-disaggregated data is needed to study the sex-specific factors that impact Covid-19 outcomes (Womersley et al. 2020). Khalatbari-Soltani et al. (2020) argue that socioeconomic factors must be considered as clinical factors that determine the outcome of the disease. Occupation- and ethnicity-related data collected in the US and the UK shows that certain sectors, communities and occupations are overrepresented among Covid-19 victims. UK public health services have called for the development of 'culturally competent occupational risk assessment tools' to reduce risks, especially for key workers (cited in Iacobucci 2020). These tools would take into account the broad range of cultural and ethnic backgrounds in the labour force and be designed to cater to them. An essential element in creating more equal relations and improving

conditions is the guarantee and safeguarding of workers' involvement at all levels (national, sectoral and workplace). EU OSH regulation is exemplary in this respect and should be utilised to a far greater extent.

Finally, critical scrutiny and continuous updating of the regulation itself remains essential so that it corresponds to the lived reality of workers. The Biological Agents Directive and the relevance of its classification system in relation to the Covid-19 pandemic is one example of the need for revision. Another one is the coverage of OSH legislation. The Framework Directive and most of its 'daughter directives' remain relevant as regards their content: they prescribe a useful system of preventive and protective measures, with balanced responsibilities and rights. However, in the face of the growing phenomenon of self-employed workers that are actually dependent workers, the issue of coverage cannot be avoided any longer. The question is whether this should be solved within the context of OSH regulation – for example, by broadening its scope to include self-employed workers and/or drafting new definitions of workers and employers – or whether the issue goes beyond OSH and should be solved in the broader scope of labour law.

- Matthes J. (2020) Rückversicherungsvorschlag geht in die richtige Richtung, IW-Kurzbericht 42/2020, Köln, Institut der Deutschen Wirtschaft. <https://www.iwkoeln.de/studien/iw-kurzberichte/beitrag/juergen-matthes-rueckversicherungsvorschlag-geht-in-die-richtige-richtung-466033.html>
- Mindestlohnkommission (2020) Beschluss der Mindestlohnkommission nach § 9 MiLoG, 30 June 2020. https://www.mindestlohn-kommission.de/DE/Bericht/pdf/Beschluss2020.pdf?__blob=publicationFile&v=4
- Müller T., Rasnača Z. and Vandaele K. (2019) Wages and collective bargaining: time to deliver on the European Pillar of Social Rights, in ETUI and ETUC, Benchmarking working Europe 2019, Brussels, ETUI, 47-66. https://www.etui.org/sites/default/files/Chap%203%20Bench%202019_0.pdf
- Müller T., Vandaele K. and Waddington J. (2019) Chapter 30: towards an endgame, in Müller T., Vandaele K. and Waddington J. (eds.) Collective bargaining in Europe: towards an endgame. Volume III, Brussels, ETUI, 625-668.
- Müller T. and Schulten T. (2020) Ensuring fair short-time work: a European overview, Policy Brief 7/2020, Brussels, ETUI. <https://www.etui.org/sites/default/files/2020-06/Covid-19%2BShort-time%2Bwork%2BM%20C3%BCler%2BSchulten%2BPolicy%2BBrief%2B2020.07%281%29.pdf>
- Müller T. and Schulten T. (2020b) The European minimum wage will come - but how?, Social Europe, 15 September 2020. <https://www.socialeurope.eu/the-european-minimum-wage-will-come-but-how>
- Neumark D. and Wascher W. L. (2007) Minimum wages and employment, Foundations and Trends in Microeconomics, 3 (1-2), 1-182.
- OECD (2020) OECD Earnings Database - Minimum relative to average wages of full-time workers. https://stats.oecd.org/Index.aspx?DataSetCode=AV_AN_WAGE
- Onaran Ö. and Obst T. (2015) Wage-led growth in the EU15 Member States: the effects of income distribution on growth, investment, trade balance, and inflation, Post Keynesian Economics Study Group Working Paper 1602. <https://www.postkeynesian.net/downloads/working-papers/PKWP1602.pdf>
- Owczarek D. (2019) Soziale Probleme lösen oder Wähler gewinnen? Die Sozialpolitik der PiS seit 2015, Polen-Analysen 246, Darmstadt, Deutsche Polen-Institut. <https://www.laenderanalysen.de/polen-analysen/246/PolenAnalysen246.pdf>
- Rainone S. (2020) An overview of the 2020-2021 country-specific recommendations (CSRs) in the social field: the impact of Covid-19, Background Analysis 2020.01, Brussels, ETUI. <https://www.etui.org/sites/default/files/2020-10/An%20overview%20of%20the%202020-2021%20country-specific%20recommendations%20%28CSRs%29%20in%20the%20social%20field-2020.pdf>
- Rasmussen M.B. (2017) Institutions (still) rule: labor market centralization and trade union organization, Oslo, Institute for Social Research. <https://doi.org/10.13140/RG.2.2.22435.14889>
- Schnabel C. (2013) Union membership and density: some (not so) stylized facts and challenges, European Journal of Industrial Relations, 19 (3), 255-272.
- Schulten T. and Lübker M. (2020) WSI-Mindestlohnbericht 2020: Europäische Mindestlohninitiative vor dem Durchbruch?, WSI-Report 55, Düsseldorf, Wirtschafts- und Sozialwissenschaftliches Institut. https://www.boeckler.de/pdf/p_wsi_report_55_2020.pdf
- Schulten T. and Müller T. (2015) European economic governance and its intervention in national wage development and collective bargaining, in Lehdorff S. (ed.) Divisive integration: the triumph of failed ideas in Europe – revisited, Brussels, ETUI, 331-363.
- Schulten T., Müller T. and Eldring L. (2015) Prospects and obstacles of a European minimum wage policy, in Van Gyes G. and Schulten T. (eds.) Wage bargaining under the new economic governance: alternative strategies for inclusive growth, Brussels, ETUI, 327-359.
- Schulten T. and Müller T. (2019) What's in a name? From minimum wages to living wages in Europe, Transfer, 25 (3), 267-284.
- Schulten T. and Müller T. (2020) Between poverty wages and living wages: minimum wage regimes in the European Union, European Studies for Social and Labour Market Policy 1/2020, Study published on behalf of Özlem Alev Demirel MdEP GUE/NGL. <https://www.dielinke-europa.eu/de/article/12746.europ%C3%A4ische-mindestlohninitiative-muss-priorit%C3%A4t-der-deutschen-eu-ratspr%C3%A4sidenschaft-werden.html>
- Sullivan R. (2010) Labour market or labour movement? The union density bias as barrier to labour renewal, Work, Employment and Society, 24 (1), 145-156.
- Stockhammer E. and Wildauer R. (2015) Debt-driven growth? Wealth, distribution and demand in OECD countries, Economics Discussion Papers 2015-2, London, Kingston University London. <https://eprints.kingston.ac.uk/id/eprint/30450/1/Stockhammer-E-30450.pdf>
- Vandaele K. (2016) Interpreting strike activity in western Europe in the past 20 years: the labour repertoire under pressure, Transfer, 22 (3), 277-294.
- Vandaele K. (2019) Bleak prospects: mapping trade union membership in Europe since 2000, Brussels, ETUI. <https://www.etui.org/publications/books/bleak-prospects-mapping-trade-union-membership-in-europe-since-2000>
- Vandaele K. (2020) Newcomers as potential drivers of union revitalization: survey evidence from Belgium, Relations Industrielles/Industrial Relations, 75 (2), 351-375.
- Visser J. (2019) ICTWSS Database - version 6.1, Amsterdam, Amsterdam Institute for Advanced Labour Studies, University of Amsterdam. <https://www.ictwss.org/downloads>
- Visser J., Hayter S. and Gammarano R. (2015) Trends in collective bargaining coverage: stability, erosion or decline?, Labour Relations and Collective Bargaining Issue Brief 1, Geneva, International Labour Organization. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_409422.pdf
- Von der Leyen U. (2019) A Union that strives for more - My agenda for Europe: political guidelines for next European Commission 2019-2024, Luxembourg, Publications Office of the European Union. <https://op.europa.eu/en/publication-detail/-/publication/43a17056-ebf1-11e9-9c4e-01aa75ed71a1>

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Chapter 5

- Aiken L.H., Sloane D.M., Bruyneel L., Van den Heede K. and Sermeus W. (2013) Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe, International Journal of Nursing Studies, 50 (2), 143-153. <https://doi.org/10.1016/j.ijnurstu.2012.11.009>
- Azoulay E. et al. (2020) Symptoms of burnout in intensive care unit specialists facing the Covid-19 outbreak, Annals of Intensive Care, 10, 110. <https://doi.org/10.1186/s13613-020-00722-3>
- Basso G., Boeri T., Caiumi A. and Paccagnella M. (2020) The new hazardous jobs and worker reallocation, OECD Social, Employment and Migration Working Papers 247, Paris, OECD Publishing. <https://doi.org/10.1787/400cf397-en>
- Bhopal R. (2020) Covid-19: undocumented migrants are probably at greatest risk, British Medical Journal, 369. <https://doi.org/10.1136/bmj.m1673>

- Bracanti M.C., Pesole A. and Fernandez-Macias E. (2020) News evidence on platform workers in Europe: results from the second COLLEEM survey, Luxembourg, Publications Office of the European Union.
- Campos-Serna J., Ronda-Pérez E., Artazcoz L., Moen B.E. and Benavides F.G. (2013) Gender inequalities in occupational health related to the unequal distribution of working and employment conditions: a systematic review, *International Journal for Equity in Health*, 12, 57. <https://dx.doi.org/10.1186/1475-9276-12-57>
- Codagnone C., Abadie F. and Biagi F. (2016) The future of work in the 'Sharing economy': market efficiency and equitable opportunities or unfair precarisation?, JRC Science for Policy Report EUR 27913, Seville, Institute for Prospective Technological Studies.
- Commission Directive (EU) 2020/739 of 3 June 2020 amending Annex III to Directive 2000/54/EC of the European Parliament and of the Council as regards the inclusion of SARS-CoV-2 in the list of biological agents known to infect humans and amending Commission Directive (EU) 2019/1833. <http://data.europa.eu/eli/dir/2020/739/oj>
- Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. <http://data.europa.eu/eli/dir/1989/391/oj>
- Council E. and Khlaf M. (2020) Covid-19 : les classes populaires paient-elles le plus lourd tribut au coronavirus en France ?, *The Conversation*, 18 May 2020. <https://theconversation.com/covid-19-les-classes-populaires-paient-elles-le-plus-lourd-tribut-au-coronavirus-en-france-138190>
- De Groen P.W., Kilhoffer Z., Lenaerts K. and Mandl I. (2018) Digital age: employment and working conditions of selected types of platform work, Luxembourg, Publications Office of the European Union.
- Dean A., Venkataramani A. and Kimmel S. (2020) Mortality rates from Covid-19 are lower in unionized nursing homes, *Health Affairs*, 39 (11), 1-7. <https://doi.org/10.1377/hlthaff.2020.01011>
- Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work (seventh individual directive within the meaning of Article 16(1) of Directive 89/391/EEC). <http://data.europa.eu/eli/dir/2000/54/oj>
- Dyal J.W. et al. (2020) Covid-19 among workers in meat and poultry processing facilities – 19 States, April 2020, *Morbidity and Mortality Weekly Report*, 69 (18), 557-561. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6918e3.htm>
- EIGE (2020) Covid-19 and gender equality: frontline workers, Vilnius, European Institute for Gender Equality. <https://eige.europa.eu/covid-19-and-gender-equality/frontline-workers>
- ETUI and ETUC (2019) Benchmarking working Europe 2019, Brussels, ETUI.
- Eurofound (2016) Sixth European Working Conditions Survey, Luxembourg, Publications Office of the European Union. <https://www.eurofound.europa.eu/fr/publications/report/2016/working-conditions/sixth-european-working-conditions-survey-overview-report>
- Eurofound (2020) Gender equality at work, Luxembourg, Publications Office of the European Union. https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef19003en.pdf
- European Commission (2012) EU level collaboration on forecasting health workforce needs, workforce planning and health workforce trends: a feasibility study. https://ec.europa.eu/health/sites/health/files/workforce/docs/health_workforce_study_2012_report_en.pdf
- European Commission (2020a) Commission Statement following the presentation of Commission Directive (EU) 2020/739 to the European Parliament and the Council in respect of the prevention and protection of the health and safety of workers that are or can be occupationally exposed to SARS-CoV-2. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32020C0626%2801%29>
- European Commission (2020b) European Semester: all Member States should strengthen resilience of their health systems. https://ec.europa.eu/newsroom/sante/newsletter-specific-archive-issue.cfm?archtype=specific&newsletter_service_id=327&newsletter_issue_id=22416&page=1&fullDate=Wed%2020%20May%202020&lang=default
- European Data Journalism Network (2020) Covid-19 pandemic exposes southern Europe's nursing shortage, 23 June 2020. <https://www.europeandatajournalism.eu/eng/News/Data-news/Covid-19-pandemic-exposes-southern-Europe-s-nursing-shortage>
- European Institute for Gender Equality (EIGE) Gender Statistics Database: persons reporting exposure to risk factors that can adversely affect mental well-being by sex, age and size of enterprise. https://eige.europa.eu/gender-statistics/dgs/indicator/ta_wrklab_wrk_cond_wrkhealthsaf_exprisk_gen_hsw_exp9
- Eurostat (2019a) Ageing Europe: looking at the lives of older people in the EU, Luxembourg, Publications Office of the European Union.
- Eurostat (2019b) Tertiary education statistics. https://ec.europa.eu/eurostat/statistics-explained/index.php/Tertiary_education_statistics
- Eurostat (2020) Healthcare personnel statistics – nursing and caring professions. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_nursing_and_caring_professionals&oldid=355980#Healthcare_personnel_E2.80.94_nursing_professionals
- EU-OSHA (2014) Psychosocial risks in Europe: prevalence and strategies for prevention, Luxembourg, Publications Office of the European Union. <https://osha.europa.eu/en/publications/psychosocial-risks-europe-prevalence-and-strategies-prevention>
- Fasani F. and Mazza J. (2020) Immigrant key workers: their contribution to Europe's Covid-19 response, IZA Policy Paper 155, Bonn, Institute of Labor Economics.
- Flores E.O. and Padilla A. (2020) Hidden threat: California Covid-19 surges and worker distress, Policy Brief 7/2020, Community and Labor Centre, University of California Merced.
- Foley L. and Piper N. (2020) Covid-19 and women migrant workers: impacts and implications, Geneva, International Organisation for Migration.
- Hauben H., Lenaerts K. and Waeyaert W. (2020) The platform economy and precarious work, Luxembourg, Publication for the committee on Employment and Social Affairs, Policy Department for Economic, Scientific and Quality of Life Policies.
- Hattenstone S. (2020) 'The virus piggybacked on racism': why did Covid-19 hit BAME families so hard?, *The Guardian*, 8 August 2020. <https://www.theguardian.com/world/2020/aug/08/the-virus-piggybacked-on-racism-why-did-covid-19-hit-bame-families-so-hard?>
- Heymann J., Raub A., Waisath W., McCormack M., Weistroffer R., Moreno G., Wong E. and Earle A. (2020) Protecting health during Covid-19 and beyond: a global examination of paid sick leave design in 193 countries, *Global Public Health*, 15 (7), 925-934. <https://doi.org/10.1080/17441692.2020.1764076>
- Huws U., Spencer N.H., Syrdal D.S. and Holts K. (2017) Work in the European gig economy: research results from the UK, Sweden, Germany, Austria, the Netherlands, Switzerland and Italy, Brussels, Foundation for European Progressive Studies.
- Iacobucci G. (2020) Covid-19: racism may be linked to ethnic minorities' raised death risk, says PHE, *British Medical Journal*, 369. <https://doi.org/10.1136/bmj.m2421>

- Joyce S., Stuart M., Forde C. and Valizade D. (2019) Work and social protection in the platform economy in Europe, *Advances in Industrial and Labor Relations*, 25 (1), 153-184.
- Khalatbari-Soltani S., Cumming R., Delpierre C. and Kelly-Irving M. (2020) Importance of collecting data on socioeconomic determinants from the early stage of the Covid-19 outbreak onwards, *British Medical Journal*, 74 (8), 620-623.
- Klein M.R. (2012) Classification of biological agents, RIVM letter report 205084002/2012, Bilthoven, National Institute for Public Health and the Environment.
- Lepanjuuri K., Wishart R. and Cornick P. (2018) The characteristics of those in the gig economy, London, Department for Business, Energy and Industrial Strategy.
- Liem A. et al. (2020) The neglected health of international migrant workers in the Covid-19 epidemic, *The Lancet Psychiatry*, 7 (4), 20. [https://doi.org/10.1016/S2215-0366\(20\)30076-6](https://doi.org/10.1016/S2215-0366(20)30076-6)
- Lu M. (2020) These are the jobs most at risk from Covid-19 transmission, *World Economic Forum*, 20 April 2020. <https://www.weforum.org/agenda/2020/04/occupations-highest-covid19-risk>
- Mastercard and Kaiser Associates (2019) The global Gig Economy: capitalizing on a ~\$500B opportunity. <https://newsroom.mastercard.com/wp-content/uploads/2019/05/Gig-Economy-White-Paper-May-2019.pdf>
- Munck R., Schierup C.U. and Delgado Wise R. (2012) Migration, work and citizenship in the new world order, in Munck R., Schierup C.U. and Delgado Wise R. (eds.) *Migration, work and citizenship in the new global order*, Abingdon, Routledge, 1-12.
- Murphy J. et al. (2020) The psychological wellbeing of frontline workers in the United Kingdom during the Covid-19 pandemic: first and second wave findings from the Covid-19 Psychological Research Consortium (C19PRC) Study. <https://doi.org/10.31234/osf.io/dcyw>
- Neef A. (2020) Legal and social protection for migrant farm workers: lessons from Covid-19, *Agriculture and Human Values*, 37 (3), 641-642. <https://doi.org/10.1007/s10460-020-10086-w>
- Nuffield Trust (2020) The NHS workforce in numbers. <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#3-what-do-the-shortages-look-like-within-hospital-services>
- OECD (2019) *OECD Employment Outlook 2019: the future of work*, Paris, OECD Publishing.
- Pesole A., Urzì Brancati M.C., Fernández-Macias E., Biagi F. and González Vázquez I. (2018) Platform workers in Europe: evidence from the COLLEEM Survey, Luxembourg, Publications Office of the European Union.
- Pesole A., Fernández-Maciás E., Urzì Brancati M.C. and Gomez Herrera E. (2019) How to quantify what is not seen? Two proposals for measuring platform work, Working Paper JRC117168, Seville, European Commission. <https://ec.europa.eu/jrc/en/publication/eur-scientific-and-technical-research-reports/how-quantify-what-not-seen-two-proposals-measuring-platform-work>
- Piasna A. (2020) Counting Gigs: how can we measure the scale of online platform work?, Working Paper 2020.06, Brussels, ETUI. <https://www.etui.org/publications/counting-gigs>
- Piasna A. and Drahokoupil J. (2019) Digital labour in central and eastern Europe: evidence from the ETUI Internet and Platform Work Survey, Working Paper 2019.12, Brussels, ETUI.
- Purkayastha D., Vanroelen C. and Bircan T. (Forthcoming) Occupational health and safety problems exacerbated by Covid-19, Report, Brussels, ETUI.
- Quinlan M., Mayhew C. and Bohle P. (2001) The global expansion of precarious employment, work disorganization, and consequences for occupational health: placing the debate in a comparative historical context, *International Journal of Health Services*, 31 (3), 507-536.
- Riso S. (2019) Mapping the contours of the platform economy, Dublin, Eurofound. <https://www.eurofound.europa.eu/sites/default/files/wpef19060.pdf>
- Stone PW., Clarke S.P., Cimiotti J. and Correa-de-Araujo R. (2004) Nurses' working conditions: implications for infectious disease, *Emerging Infectious Diseases*, 10 (11), 1984-1989.
- TEM (2020) Ammattibarometri: korona vähensi työvoimapulaa potevia ammatteja, ylltarjonta-ammateissa muutoksen suunta pysyi ennallaan, Helsinki, Työ- ja elinkeinoministeriö. <https://tem.fi/-/ammattibarometri-korona-vahensi-tyovoimapulaa-potevia-ammatteja-ylltarjonta-ammateissa-muutoksen-suunta-pysyi-ennallaan>
- Unger J.P. (2020) Comparison of Covid-19 health risks with other viral occupational hazards, *International Journal of Health Services*. <https://doi.org/10.1177/0020731420946590>
- Van Bavel J.J. et al. (2020) Using social and behavioural science to support Covid-19 pandemic response, *Nature Human Behaviour*, 4, 460-471. <https://doi.org/10.1038/s41562-020-0884-z>
- Van den Heedee et al. (2019) Safe nurse staffing levels in acute hospitals, KCE Report 325, Brussels, Belgian Health Care Knowledge Centre. https://kce.fgov.be/sites/default/files/atoms/files/KCE_325_Safe_nurs_staffing_Report_2nd_edition.pdf
- Vogel L. (2015) The machinery of occupational safety and health policy in the European Union: history, institutions, actors, Brussels, ETUI.
- Wallenstein J., Chalendar A.D., Reeves M. and Bailey A. (2019) The new freelancers: tapping talent in the gig economy. <https://www.bcg.com/publications/2019/new-freelancers-tapping-talent-gig-economy>
- Wise J. (2020) Covid-19: low skilled men have highest death rate of working age adults, *British Medical Journal*, 369. <https://doi.org/10.1136/bmj.m1906>
- Windsor-Shellard B. and Butt A. (2020) Coronavirus (Covid-19) related deaths by occupation, England and Wales, London, Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/coronaviruscovid19relateddeathsbyoccupationenglandandwales>
- Windsor-Shellard B. and Kaur J. (2020) Coronavirus (Covid-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020, London, Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregistereduptoandincluding20april2020>
- Williams M. (2020) Coronavirus class divide: the jobs most at risk of contracting and dying from Covid-19, *The Conversation*, 19 May 2020. <https://theconversation.com/coronavirus-class-divide-the-jobs-most-at-risk-of-contracting-and-dying-from-covid-19-138857>
- Williams G.A., Jacob G., Rakovac I., Scotter C. and Wismar M. (2020) Health professional mobility in the WHO European Region and the WHO Global Code of Practice: data from the joint OECD/EUROSTAT/WHO-Europe questionnaire, *European Journal of Public Health*, 30 (Suppl. 4), 5-11. <https://doi.org/10.1093/eurpub/ckaa124>
- Womersley K. et al. (2020) Covid-19: male disadvantage highlights the importance of sex disaggregated data, *British Medical Journal*, 370. <https://doi.org/10.1136/bmj.m2870>

Yancy C.W. (2020) Covid-19 and African Americans, *Journal of American Medical Association*, 323 (19), 1891–1892. <https://doi.org/10.1001/jama.2020.6548>

All links were checked on 16.10.2020.

Chapter 6

Agostini M. and van Criekingen L. (2014) Health, safety and risk prevention: improving information, consultation and participation in enterprises, Brussels, ETUC. <http://www.etuc.org/publications/health-safety-and-risk-prevention-improving-information-consultation-and-participation#VNm8ikrQoXH>

Baiz A. (2019) Comité de suivi et d'évaluation de la loi Pacte : rapport méthodologique, Paris, France Stratégie. <https://www.strategie.gouv.fr/sites/strategie.gouv.fr/files/atoms/files/fs-rapport-loi-pacte-20decembre-2019.pdf>

Baiz A. (2020) Comité de suivi et d'évaluation de la loi Pacte : premier rapport, Paris, France Stratégie. <https://www.strategie.gouv.fr/sites/strategie.gouv.fr/files/atoms/files/fs-2020-rapport-impacte-septembre.pdf>

Bianco M., Ciavarella A. and Signoretti R. (2015) Women on corporate boards in Italy: the role of family connections, *Corporate Governance: An International Review*, 23 (2), 129-144.

Bilimoria D. and Piderit S.K. (1994) Board committee membership: effects of sex-based bias, *Academy of Management Journal*, 37 (6), 1453-1477.

De Spiegelaere S. and Jagodziński R. (2019) Can anybody hear us? An overview of the 2018 survey of EWC and SEWC representatives, Brussels, ETUI.

De Spiegelaere, S., Jagodziński R. and Waddington J. (2021). *European Works Councils: Still Contested and Not Fit for Purpose*. Brussels: European Trade Union Institute.

Degrype C. (2012) The new European economic governance, Working Paper 2012.14, Brussels, ETUI.

Degrype C. (2015) The European sectoral social dialogue: an uneven record of achievement?, Working Paper 2015.02, Brussels, ETUI. <https://www.etui.org/publications/working-papers/the-european-sectoral-social-dialogue-an-uneven-record-of-achievement>

De Tocqueville A. ([1835-1840] 2000) *Democracy in America*, Chicago, The University of Chicago Press.

EIGE (2020) Gender Equality Index – Domain of power – Sub-group Economic Power, Vilnius, European Institute for Gender Equality. <http://eige.europa.eu/gender-equality-index/2017/domain/power>

ESMA (2019) Undue short-term pressure on corporations, Paris, European Securities and Markets Authority. https://www.esma.europa.eu/sites/default/files/library/esma30-22-762_report_on_undue_short-term_pressure_on_corporations_from_the_financial_sector.pdf

ETUC (2020a) COVID-19 Watch - ETUC Briefing notes. <https://www.etuc.org/en/publication/covid-19-watch-etuc-briefing-notes>

ETUC (2020b) Enhancing gender balance in company boardrooms, Resolution adopted at the Executive Committee Meeting of 23 September 2020. <https://www.etuc.org/en/document/enhancing-gender-balance-company-boardrooms-etuc-resolution>

ETUC, BusinessEurope, CEEP and SMEUnited (2020) Statement of the European Social Partners ETUC, BusinessEurope, CEEP, SMEUnited on the COVID-19 emergency. <https://www.etuc.org/en/document/statement-european-social-partners-etuc-businesseurope-ceep-smeunited-covid-19-emergency>

ETUI and ETUC (2010) *Benchmarking working Europe*, Brussels, ETUI.

ETUI and ETUC (2011) *Benchmarking working Europe*, Brussels, ETUI.

ETUI and ETUC (2017) *Benchmarking working Europe*, Brussels, ETUI.

ETUI and ETUC (2018) *Benchmarking working Europe*, Brussels, ETUI.

ETUI and ETUC (2019) *Benchmarking working Europe*, Brussels, ETUI.

ETUC et al. (2020) Anticipating and managing the COVID-19 crisis impact on jobs and workplaces: swift action needed to enforce rights to worker involvement. Letter to Mr. Nicolas Schmit, Commissioner for Jobs & Social Rights. https://news.industrial-europe.eu/content/documents/upload/2020/6/637287690548583292_ETUC%20ETUFs%20Letter%20to%20Commissioner%20Schmit%20_%20%20Anticipating%20and%20managing%20the%20COVID-19%20crisis%20impact.pdf

ETUI (2020) *European Works Councils Database*. <http://www.ecwdb.eu/>

Eurofound (2013) European Parliament calls for EU legal act on restructuring. <https://www.eurofound.europa.eu/publications/article/2013/european-parliament-calls-for-eu-legal-act-on-restructuring>

Eurofound (2020a) European Monitoring Centre on Change. <https://www.eurofound.europa.eu/observatories/emcc/erm/restructuring-statistics>

Eurofound (2020b) COVID-19 crisis led to doubling of EU restructuring job loss in first six months of 2020. <https://www.eurofound.europa.eu/news/news-articles/covid-19-crisis-led-to-doubling-of-eu-restructuring-job-loss-in-first-six-months-of-2020>

Eurofound (2021) The involvement of social partners in policymaking during the COVID-19 outbreak, Luxembourg, Publications Office of the European Union. [Forthcoming]

European Commission (2005) Communication from the Commission - Restructuring and employment. Anticipating and accompanying restructuring in order to develop employment: the role of the European Union, COM(2005) 120 final, 31 March 2005. <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2005:0120:FIN:EN:PDF>

European Commission (2008) Explanatory Memorandum to COM(2008) 419 - Establishment of a European Works Council or a procedure in Community-scale undertakings and Community-scale groups of undertakings for the purposes of informing and consulting employees (Recast). https://www.eumonitor.eu/9353000/1/j4nvhdhfdk3hydzq_j9vvik7m1c3gyxp/vi8rm300nbyu

European Commission (2012a) Green Paper - Restructuring and anticipation of change: what lessons from recent experience?, COM(2012) 7 final, 17 January 2012. <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2012:0007:FIN:EN:PDF>

European Commission (2012b) Proposal for a Directive on improving the gender balance among non-executive directors of companies listed on stock exchanges and related measures, COM(2012) 614 final, 14 November 2012. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52012PC0614>

European Commission (2020a) Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions - A union of equality: gender equality strategy 2020-2025, COM(2020) 152 final, 5 March 2020. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0152&from=EN>