European Agency for Safety and Health at Work

Workforce diversity and psychosocial risks: towards healthier and more inclusive workplaces

Report

European Agency for Safety and Health at Work

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Table of Contents

List of figures and tables

1 Introduction

'Psychosocial risks arise from poor work design, organisation and management, as well as from poor social context of work and they may result in negative psychological, physical and social outcomes' (EU-OSHA)

1.1 Overview

Workforce diversity was defined by Loden and Rosener (1991) as that which differentiates one group of workers from another along primary and secondary dimensions. The primary dimension includes a range of characteristics exerting primary influences on workers' identities, such as gender, ethnicity, race, sexual orientation, age and mental or physical abilities and characteristics. The secondary dimension includes workers' characteristics which are less visible, exert a more variable influence on personal identity and add a more subtle richness to the primary dimensions of diversity. They include educational background, geographic location, religion, first language, family status, work style, work experience, organisational role and level, income and economic status (Loden and Rosener, 1991). Additional dimensions were added to these two by other scholars to emphasise the complexity of individual workers' identity, and the many factors contributing to it. For example, Thomas (1996) added a third dimension including aspects such as beliefs, assumption, perceptions, attitudes, feelings, values and group norms, and Gardenswartz and Rowe (2010) added a fourth dimension emphasising the importance of organisational aspects such as functional level, seniority, department or unit, management status, work content, union affiliation.

This report explores the linkages between workforce diversity and work-related psychosocial risk (PSR) factors. It looks at the different ways in which diverse groups of workers are exposed to PSRs, focussing in particular on women workers, Black[1] and ethnic minority workers, migrant workers, lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) workers, young and older workers, workers with disabilities and chronic ill health, and workers with low socio-economic status. It also explores exposure to PSR factors for workers with intersecting identities, particularly as this may result in multiple and intersecting forms of discrimination and exclusion. For example, Black LGBTIQ workers may experience higher exposure to stress discrimination based on being Black and LGBTIQ. Women with disabilities are more likely to experience gender-based violence than non-disabled women, due to stigma and discrimination based on both gender and disability.

In examining exposure to PSRs, including the overlapping and shared risks among diverse groups of workers, as well as the unique risks faced by specific groups from various backgrounds, the report identifies strategies to prevent PSRs for a diverse workforce. It emphasises the need for inclusive and diversity-sensitive PSR assessments, targeted interventions for particular groups, and policy frameworks on diversity and intersectionality that can lead to equal, safe and healthy work environments for all workers. When viewed through a lens of diversity, equality, inclusion and intersectionality, some groups of workers face compounded vulnerabilities and increased risks at work, some of which are linked to the sectors in which they operate and the roles they perform (EU-OSHA, 2023a; ILO, 2022). Overall, the report underscores how adopting a diversity perspective – one that recognises and values diversity within the workforce – can improve the working environment, health, and well-being for everyone.

PSR factors encompass social and organisational factors, such as the organisation and management of work, including work design, employment conditions and social relationships that may lead to psychological or physical harm. The heightened exposure to PSRs can led to a greater incidence of mental health problems, with more workers reporting problems at work associated with depression, concentration, sleep disorders and job burnout (Eurofound, 2021; EU-OSHA, 2022). Therefore,

[1] This report follows the long-standing convention to capitalise 'Black' to refer to non-white groups and to reflect its use as a unifying and empowering term. The capitalisation of 'Black' started already in the 60s of last century but become increasingly widespread in journalism and social research in the United States at the beginning of this century. For more information, see: https://www.cjr.org/analysis/capital-b-black-styleguide.php or https://www.americanacademy.de/rethinking-capitalization/.

assessing these risks from a workplace diversity perspective, taking into account intersectionality, is highly relevant. Organisational PSR factors include high workload, long working hours, lack of autonomy and support at work, work-life conflict, work insecurity, work design and content, poor working conditions, inadequate staffing levels, an absence of inclusive organisational policies and processes, limited worker representation and social dialogue, and gender and other power inequalities. A poor organisational climate and an adverse working environment can lead to exposure to workplace conflicts, unfair treatment, limited career prospects and low job satisfaction, as well as a hostile work environment, harassment, sexual harassment, bullying and discrimination (EU-OSHA, 2024e, 2025a; WHO, 2022). Further risk factors include poor interpersonal relationships, inadequate support, and hostility or isolation from managers or co-workers (EU-OSHA, 2024e). There are compounding risk factors related to work-related challenges resulting from digitalisation, remote work or telework, intensification of work, blurring of work-family life boundaries, and economic restructuring that may disproportionately impact vulnerable diversity groups (EU-OSHA, 2024b, 2024c, 2009a). Such risks can result in stress, burnout, depression, anxiety, cardiovascular disease and musculoskeletal disorders (WHO, 2022; EU-OSHA, 2022a).

These PSR factors are closely connected to broader diversity issues, including inequality and discrimination. In this context, the World Health Organization (WHO) argues:

> *'Work can be a microcosm for amplifying wider issues which negatively affect mental health, including discrimination and inequality based on sociodemographic factors and their intersectionality, such as age, caste, class, disability, gender identity, migrant status, race/ethnicity, religious beliefs and sexual orientation.' (WHO, 2022:2)*

In an OSH context, treating PSRs, such as discrimination and exclusion, as workplace hazards and implementing prevention measures to eliminate or control them can lead to healthier, more inclusive and more resilient workforces (WHO, 2022). Overall, workers with vulnerabilities generally face a range of OSH risks. As the European Parliament's study of vulnerable workers found: 'Each of the groups of workers studied – women, ageing workers, workers with disabilities, young workers, migrant workers, temporary workers and low-qualified workers – faces specific occupational health and safety risks.' (European Parliament, 2011:1)

A central focus is given to showing the importance of diversity and inclusion in achieving mentally healthy workplaces, and specifically by preventing work-related PSR factors for all workers. This also means supporting groups that have a higher exposure to PSRs, for example by creating an inclusive and non-discriminatory working environment, adapting the workplace to meet the needs of all workers, and implementing return-to-work policies – all to support a diverse workforce (EU-OSHA, 2024a). An important element of this framework is that PSR prevention emphasises the prevention of risks at their source and the protection of all workers, while recognising workforce diversity and the safety, security and inclusion of all workers throughout their lives (Shore et al., 2022; EU-OSHA, 2009a, 2023a). This means valuing the role and contribution of workers' differences, along with their demographic, social and cultural identities (Centre for Occupational Safety, Finland, 2024). An inclusive and diverse workforce benefits from the diverse perspectives, experiences and backgrounds of its workers, ensuring that all workers are equally valued, respected and included. Research shows that organisations that implement diversity, equality and inclusion (DEI) programmes achieve both business benefits and benefits for workers in terms of their well-being, psychosocial safety, inclusion and lower stress levels (Deloitte, 2020; Dobbin & Kalev, 2021; McKinsey & Company, 2023).

Specifically, the European Union (EU) has promoted a range of diversity initiatives, including the EU Platform of Diversity Charters,[2] which connect 26 EU Diversity Charters across the EU. The overall aim is to promote inclusive workplaces through programmes of shared learning, campaigns such as EU Diversity Month, and tools to help organisations mainstream diversity. In 2025, EU Diversity Month focused specifically on mental health and well-being in the workplace, based on the premise that a diverse and inclusive working environment can have a positive impact on workers' mental health and

[2] https://eu-diversity-inclusion.campaign.europa.eu/eu-platform-diversity-charters_en.

overall well-being (European Commission, 2025). The campaign focused specifically on combating discrimination and promoting an inclusive work environment to mitigate harmful workplace stressors. On this basis, relevant literature – as displayed in this report - recognises that the determinants of mental health are closely connected to inequalities in society and that promoting equality is a critical tool for prevention. In particular, integrating diversity into tools and guidance related to work-related PSRs can, in an OSH context, lead to changes in the organisation of work and workplace policies to accommodate and reflect vulnerabilities in the workforce.

EU-OSHA has developed a comprehensive approach to occupational safety and health (OSH), as well as its central relevance to strategies on equality, diversity and PSRs. These issues are addressed in various EU-OSHA reports, including those covering PSR management and integrated policies, such as guidance on workforce diversity and risk assessment (EU-OSHA, 2009a; EU-OSHA, 2017). EU-OSHA first addressed the need to incorporate workforce diversity into risk assessment and prevention in a case study report (EU-OSHA, 2009a). The case studies highlighted workforce diversity issues and work-related stress as part of employers' duty of care to protect their workers from PSRs. This work stressed that collective measures to protect everyone should be prioritised, but that vulnerable groups must be included in risk assessments, recognising that certain groups of workers may be more exposed to risks due to their age, origin, ethnicity, gender, sexual orientation or gender identity, as well as physical or health conditions and their status or role within the company. Diversity should, therefore, be taken into account when assessing risks and determining appropriate measures for the entire workforce, to ensure that employers, workers, OSH experts, safety representatives and practitioners are aware of the importance of, and have the tools for assessing, risks for all workers (EU-OSHA, 2009a).

A good example of this approach is the link between diversity, PSRs and musculoskeletal disorders (MSDs). EU-OSHA's (2020a) research review of the prevalence of MSDs and the associated physical, psychosocial, individual and organisational risk factors highlights the relevance to three specific groups of workers: women, migrants and LGBTIQ workers. The report shows a higher prevalence of health issues, including MSDs, amongst these groups than among other workers. Several psychosocial risk factors explain why workers in these groups are more often exposed to MSD-related risk factors. For example, psychosocial risk factors include negative experiences of exclusion and discrimination regarding the health of LGBTI workers (see LGBTI workers, Section 2.5 below). Women are exposed to a range of psychosocial and organisational risks, including unwanted sexual attention, bullying, harassment, verbal abuse, threats, discrimination (specifically on the grounds of gender), limited autonomy at work and lack of career opportunities. This situation frequently results in stress and associated health issues such as anxiety, fatigue and sleeping problems (see women workers, Section 2.2 below). The report shows also that there is a strong psychological component to the experience of pain and, therefore, self-management when working, suggesting the important role that employers can play in supporting and managing stress risk factors for workers with chronic musculoskeletal conditions.

A further initiative is the guidelines on diversity-sensitive risk assessment for labour inspectors, developed by the Senior Labour Inspectors Committee (SLIC), which adopt a holistic approach to diversity and address new and emerging risks, with a specific focus on age and gender. The guidelines suggest that workforce diversity must be considered when assessing and managing risks, and a systematic risk assessment should improve workplace safety and health for all workers, irrespective of age and gender. Recommendations are provided on how to develop inspection procedures and enhance the effectiveness of labour inspectors' workplace interventions related to diversity issues (SLIC, 2021b).

EU-OSHA has also researched the diversity implications of digitalisation and platform work, which simultaneously create opportunities and risks. Platform work can offer employment, income and flexibility to groups facing labour market barriers, such as migrants, young people, caregivers, and workers with disabilities (EU-OSHA, 2022a). However, these workers are often concentrated in insecure, low-paid and poor-quality jobs with limited OSH protections (EU-OSHA, 2021a, 2022a). Exposure to PSRs includes long and irregular hours, isolation, high work intensity, algorithmic management and surveillance, and lack of job autonomy (EU-OSHA, 2023a; Bérastégui, 2021; Apouey et al., 2020). Migrant workers are over-represented in the platform economy in Europe (Zwysen & Piasna, 2024) and face additional challenges such as language barriers and heightened risk of harassment, while productivity-focused monitoring systems may disadvantage workers with disabilities. Gender

inequalities are further reinforced in feminised sectors such as health and care, where many platform workers are migrant women (EU-OSHA, 2024). Exposure to violence and harassment also tends to be higher in platform and digitised work compared to non-platform and non-digitised work, with workers exposed to abuse from customers or online harassment. Young, migrant, ethnic minority and lower socio-economic groups often have low awareness of OSH risks and protections, leaving them most exposed (EU-OSHA, 2023a; Vyas, 2021; Pillinger & ILO, 2024). These findings highlight the need for targeted prevention measures that address gender, ethnicity, disability and other diversity dimensions in digital and platform work.

These studies show how OSH frameworks and policies can lead to progressive and transformative change in the workplace, while acknowledging the business benefits of developing prevention programmes that promote diversity, equality and inclusion. An increasing number of countries have introduced laws that explicitly reference employers' duties to ensure a gender perspective or prevent sexual harassment. In some cases, other diversity groups are included in the prevention of PSRs such as discrimination, violence, harassment and sexual harassment. For example, this is the case in the Netherlands, Belgium, Sweden, Denmark, Canada and Australia.

There are national legal and policy structures in which OSH, as well as gender- and non-discrimination laws, coexist across different legal and policy domains. In most cases, gender- and non-discrimination legal frameworks, including those addressing violence, harassment and sexual harassment, are reactive (they mainly address individual complaints of discrimination and unequal treatment after an incident has occurred). OSH frameworks, in contrast, are preventive (they place duties on employers to identify hazards, assess and mitigate risks and review progress). These policy domains reflect different approaches to promoting and managing diversity, on the one hand, in human resource management programmes and, on the other hand, through the prevention of PSRs in OSH policy and programme management.

Concerning diversity in OSH, Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work (the 'OSH Framework Directive') establishes minimum requirements and general principles on health and safety and the prevention of occupational safety and health risks. Of relevance to diversity is that '… [p]articularly sensitive risk groups must be protected against the dangers which specifically affect them' (Article 15). Sensitive risk groups include workers facing vulnerabilities and inequalities reflected in the diversity of the workforce. The EU Strategic Framework on Health and Safety at Work 2021-2027 includes a section on 'workplaces for all' that addresses diversity issues. There is no specific directive on work-related PSRs.

The diversity groups covered in this report can be more vulnerable – compared to other groups of workers -to work-related violence and harassment (internal violence and harassment from colleagues/managers, and external from third parties such as clients, customers and patients). Furthermore, ILO Violence and Harassment Convention No. 190 has been ratified by 14 EU Member States, and has particular relevance to workforce diversity.

Appendix 1 lists relevant EU Directives and strategic and other policy developments pertinent to PSRs and diversity. This includes directives on OSH, gender equality and non-discrimination, regardless of ethnic/racial background, religion, sexual orientation, disability or age. In addition, recent European Commission strategies and policy initiatives are also referenced in OSH policies, including those related to gender equality, LGBTIQ equality, disability, and race and ethnicity. Reference is also made to how intersectionality has been incorporated into the EU legal framework and relevant policies and strategies. The appendix also refers to relevant ILO Conventions on discrimination in respect of employment and occupation (No. 111), violence and harassment (No. 190) and domestic work (No. 189).

1.2 Methodology

This report combines several research methods. First, it involved a review of the literature, data and policy related to workforce diversity PSRs, covering relevant published and peer-reviewed research, reports from national and European organisations, and media and grey literature international scientific and grey literature for diverse groups of workers, such as women workers, Black and ethnic minority workers, migrant workers, LGBTIQ workers, younger and older workers, workers with disabilities and chronic ill health, and workers with low socio-economic status.

Second, research was conducted to identify information and examples of measures, tools and guidance on integrating a diversity, equality and inclusion perspective into OSH and PSRs to be also analysed in depth as case studies. This included contacts with stakeholders, including OSH and diversity experts, as well as a questionnaire sent to PRS experts nominated by the EU-OSHA's network of national Focal Points (EU-OSHA FOPs) to identify relevant examples. Fifteen questionnaires were completed from Austria, Belgium, Denmark, Bulgaria, Croatia, Czechia, Germany, Greece, Lithuania, the Netherlands, Portugal, Slovakia, Slovenia and Spain. Based on this research, over 50 examples of initiatives relevant to diversity and PSR were collected, from which 9 more detailed case studies were drawn up. To reflect the diversity of initiatives collected and to illustrate the current landscape of European initiatives across Member States, a selection of actions and resources is summarised in Appendix 2. The examples illustrate various approaches and methods, including practical initiatives, guidelines, workplace policies, and agreements between social partners across diverse groups, job categories and sectors.

Third, key informant interviews were conducted with stakeholders from employers' organisations, trade unions and OSH and diversity experts to highlight relevant European and national policy issues, inform the content of the case studies (summarised in Appendix 3) and inform the policy pointers contained in this report.

Fourth, an analysis was conducted of data, literature, fieldwork findings and case studies to inform examples of good practices on issues such as gender- and diversity-sensitive PSR assessments, leading to the compilation of longlists of preventive measures by type of identified PSR factor and by individual diversity group, but also in a comparative way, and to the formulation of conclusions and policy pointers.

1.3 Structure of the report

This report is structured as follows.

Section 2 reviews literature, data, evidence and policy regarding work-related PSR factors faced by specific diversity groups, highlighting both commonalities and transversal issues relevant to the whole workforce, as well as the uniqueness of risks for particular diversity groups. It analyses evidence of exposure to PSRs faced by women workers, including single mothers, Black and ethnic minority workers, LGBTIQ workers (covering sexual orientation and gender identity), workers with disabilities and chronic ill health, older and younger workers, and workers with low socio-economic status. Risk factors for each diversity group are identified, including where social identities overlap through an intersectional perspective. It will explore these issues concerning the social and organisational factors that contribute to PSRs, such as the organisation and management of work (e.g. high workload, long working hours, lack of autonomy and support at work, work insecurity, violence and harassment at work), work design and content (e.g. working conditions, work insecurity, job content, staffing levels, organisational policies and processes), worker representation and industrial relations, and gender and other power inequalities. For each diversity group, relevant preventive measures addressing PSR factors are identified and briefly described.

Section 3 provides an analysis of the literature, data and evidence, highlighting common and unique PSR factors, while also making a case for diversity-sensitive risk assessment and other measures to mainstream diversity into the prevention of PSRs. This section also discusses the concept of intersectionality to highlight the fact that workers frequently experience multiple and intersecting identities as a result of discrimination. It concludes with a discussion of transversal issues and a way of integrating diversity issues into PSR assessment that is responsive to the whole workforce.

Section 4 provides a comparative analysis of nine case studies to demonstrate different approaches taken and good practices in integrating a diversity perspective into the identification, assessment and mitigation of PSRs, considering various sectors, groups, and types of initiatives. A summary of the case studies is reported in Appendix 3, while the extended version of the case studies is published separately, complementing this report.

Section 5 concludes the report presenting final considerations and policy pointers, summarising key findings and outlining strategies for the future. The policy pointers show practical ways to effectively incorporate diversity considerations into PSR assessment and prevention programmes, including

ensuring coherence between workplace policy measures on diversity, equality and OSH. Specific policy initiatives are emphasised, such as a diversity-sensitive approach to PSR assessment and a third-party violence and harassment (TPVH) prevention strategy that considers diversity.

2 Work-related psychosocial risk factors and specific diversity groups

2.1 Introduction

This section draws on literature, data and fieldwork evidence regarding exposure to work-related PSR factors faced by specific diversity groups, and a range of preventive measures addressing such risk factors. It explores not only the unique risks faced by certain diversity groups, but also the risks that overlap and intersect across multiple diversity groups. The importance of intersectionality is showed in this section to highlight that workers often experience multiple and intersecting identities, as well as compounding PSRs typically associated with discrimination and exposure to violence and harassment.[3] This section analyses the evidence of exposure to PSRs and related preventive measures faced by:

- women workers;
- Black and ethnic minority workers;
- migrant workers
- LGBTIQ workers[4] (covering sexual orientation and gender identity);
- workers with disabilities and chronic ill health;
- younger workers;
- older workers; and
- workers with low socio-economic status.

2.2 Women workers

2.2.1 Definitions

The definitions of sex and gender are fluid and in some countries subject to significant public and policy debate. In this report the definitions provided by the European Institute for Gender Equality (EIGE) is adopted, According to those definitions, sex refers to 'Biological and physiological characteristics that define humans as female or male',[5] while gender refers to 'Social attributes and opportunities associated with being female and male and to the relationships between women and men and girls and boys, as well as to the relations between women and those between men'.[6] In this context, gender is a learned social and cultural construct, based on the assumption that women and men hold different social roles. Gender roles are socially constructed and influenced by gendered stereotypes, which are not fixed and can change over time (WHO, 2015).

2.2.2 Psychosocial risk factors

There is substantial research and data on the relationship between gender, OSH and PSR factors. Women generally experience higher work-related stress, leading to poorer health, lower productivity, increased sick leave, burnout and negative impacts on their personal and family lives. In EU-OSHA's (2022c) OSH survey, 30% of women reported stress, depression or anxiety caused or made worse by work, compared to 25% of men. The data highlights severe time pressure, work overload, violence and harassment, poor communication and lack of autonomy as significant PSRs. At the same time, health

[3] In Section 3, these intersectional risks are explored further to demonstrate how an approach that recognises both the unique and overlapping, transversal risks can ensure an integrated strategy for PSR prevention for all workers in a diverse workforce.
[4] Lesbian, gay, bisexual, trans, intersex and queer workers.
[5] EIGE thesaurus: https://eige.europa.eu/publications-resources/thesaurus/terms/1048.
[6] EIGE thesaurus: https://eige.europa.eu/publications-resources/thesaurus/terms/1046.

and social care workers were more likely than their counterparts in other sectors to report fatigue, MSDs, stress, depression or anxiety related to their work. These issues can be reinforced by institutional sexism where policies and practices in organisations reproduce the same biases, prejudices and patriarchal gender norms that shape society, resulting in a workplace culture that tolerates sexual harassment and sexism, not taking women's capabilities and skills seriously, an expectation that sexual harassment is part of the job, or policies that reinforce the assumption that women are weaker and less entitled to power than men.

Survey data consistently show that women are disproportionately exposed to gender-based violence and harassment (GBVH). One in three women in the EU (30.7%) have experienced physical and/or sexual violence in their lifetime, while 30.8% have experienced sexual harassment at work, which is highest (at 41.6%) for younger women (FRA, 2024). Despite improvements in women's participation in employment in recent years, it remains below that of men (and is substantially lower for women single/lone parents). A positive development is the increase in the share of women on the boards of the largest publicly listed companies, rising from 28% in 2019 to 34% in 2024 (EIGE, 2024). Acker (2006) highlights the intersection of gender, race and class within organisations, leading to gender differences in power and control, resources, participation in decision-making and career development.

A further challenge is that the assessment of occupational risks may overlook the specific characteristics and experiences of women, such as e.g. instructions on carrying heavy loads, which are often adapted to an average-sized man and can lead to more work-related injuries and accidents among women than men (EU-OSHA, 2022s, 2022b; SWEA, 2017a; Messing, 1998, 2021).

Women's exposure to PSR factors is especially high in feminised sectors, such as healthcare, education, domestic work and cleaning, where emotional demands, lack of control over work tasks, unsocial hours and job insecurity are common (ILO, 2024a; Tavora & Rubery, 2021; Rubery et al., 2024; EU-OSHA, 2014b; Cifre et al., 2015; EU-OSHA, 2022b; SWEA, 2017a). This can result from women's roles and work tasks being valued differently or unequally (Vänje & Sjöberg, 2021). In particular, women working part-time, shift work and unsocial hours are often exposed to higher job demands and poorer job resources than men. Job demands, including job strain, lower levels of control, excessive demands and emotional labour, are associated with roles predominantly held by women in education, healthcare and social services (Llorens Serrano et al., 2022; SWEA, 2017a). For example, during the pandemic, female teachers faced significantly higher risks of burnout and other mental health issues than their male colleagues, because they were struggling to balance work and care roles (ETUCE & EFEE, 2025).

Women predominantly work in emotionally demanding jobs, with significant risks when working with people in distress, such as patients with dementia or people with complex mental health problems in health and social care, in custodial facilities and prisons, social services, teaching, hospitality and customer services (Beque & Mauroux, 2017; Pillinger/EPSU et al., 2023; Padrosa, 2021; EU-OSHA, 2020b; EU-OSHA, 2023c; ILO, 2016). These forms of work are inherently high in emotional demands, such as emotionally disturbing work, which requires high emotional involvement or requires workers to hide their emotions and display positive ones regularly. The effects are amplified if there is insufficient support available to manage these demands, leading to an increased risk of vicarious trauma, long-term sickness absence, stress and burnout.

Black and ethnic minority women, migrant women, young mothers with small children, lone mothers, disabled women, pregnant and breastfeeding women, older and younger women and women from lower socio-economic backgrounds are particularly vulnerable groups of women (EU-OSHA, 2013a & 2024a; Llorens Serrano et al., 2022; European Commission, 2020). The sections below provide further information from an intersectional perspective and the higher exposure to risks for women across various dimensions, including race and ethnicity, migration, sexual orientation and gender identity, disability, age, and socioeconomic status. Section 3 provides more information about, and stresses the importance of, adopting an intersectional approach.

Women are also disproportionately represented in precarious and insecure work, including in the increasingly common forms of digital platform work, such as cleaning and care jobs (ILO, 2024; ITUC, 2024b; Pulignano et al., 2023), as well as in jobs where there is an anticipated gender effect of AI on jobs held by women, such as admin and data processing work (World Economic Forum, 2025). A contributory factor is the increase in the feminisation of low-paid jobs in private services, such as retail, social care and hospitality (Eurofound & European Commission Joint Research Centre, 2021). Further

exposure to PSRs occurs in repetitive assembly-line work (e.g. food production, assembly-line work) and working with the public (e.g. catering, hospitality, call centres) (EU-OSHA, 2013b), as well as in male-dominated sectors such as transport (ETF, 2017 & 2020). Female teleworkers face time pressures, high work intensity, a blurring of boundaries between work and personal life, a culture of presenteeism and the expectation of being always available and 'switched on'. This has implications for work-life conflict, isolation, stress and health issues, including higher levels of anxiety and MSDs than other workers (EU-OSHA, 2022a; Arabadjieva & Franklin, 2023).

Work-life conflict is a significant factor in PSR. Women spend, on average, more time on unpaid domestic and care work than men, which affects their labour market participation, career progression and earnings (EIGE, 2026). Work-family conflict is closely associated with burnout, including decisions to postpone parenthood (Messing & Caroly, 2011). This affects other elements of women's working lives, including a motherhood wage penalty as high as 30% (ILO, 2019). Difficulties in balancing work and family responsibilities add stress to women's lives, resulting in health problems such as poor appetite, lack of sleep, increased blood pressure, fatigue, susceptibility to infection, and mental ill health such as burnout and depression (Lineweber et al., 2013; NIOSH, 2014; Cifre et al., 2015).

It is essential to set women's exposure to PSR factors in the broader context of structural gender inequalities[7] in the workplace (European Commission, 2025), including institutional sexism, the unequal division of power and resources between women and men (EuroHealth, 2011), horizontal and vertical occupational segregation (European Commission, 2014; Kowalczuk et al., 2018), unequal pay and undervaluing of work and skills (ILO, 2019), predominance in lower-paid and precarious jobs, unequal power relations at work, and GBVH and gender norm changes in the working environment (European Commission, 2020 & 2025; Pillinger/ILO, 2024; SWEA, 2017a), all of which have implications for women's safety and health at work. Unsafe travel to and from work, particularly at night, is a further risk factor for women workers, particularly when working unsocial hours (ETF, 2016; UNITE, undated).

Further, women's pay is lower in feminised jobs and sectors such as care work, hospitality work, cleaning and catering compared to sectors and jobs with a prevalence of men. The more women enter a job or sector, the lower their pay tends to be (ILO, 2019). In platform work (also known as the gig economy), women's hourly wages, on average, are two-thirds those of men's (Bérastégui, 2012).

Exposure to GBVH, including gender-based TPVH, causes significant physical and psychological harm, impacting women's health, well-being and capacity to work (ILO, 2020; ETUC, 2024; Pillinger/ILO, 2024). Many workers do not report concerns or receive satisfactory resolution or support following incidents of violence and harassment (ILO, 2016, 2022; Pillinger/EPSU et al., 2023; Eurofound, 2022b). The #MeToo[8] movement had a profound impact in many EU Member States, prompting some governments to introduce new laws and regulations, including a proactive role for employers in preventing sexual harassment. Several case studies compiled as part of this report (see Section 4) refer to the significant impact of #MeToo in driving progressive policy changes, for example in Belgium, Denmark, the Netherlands and Sweden.

In health and social care, workers face some of the highest risks of TPVH from service users, patients and family members (EMO, 2022; ICN et al., 2022; EU-OSHA, 2022b; Pillinger/(EPSU et al., 2023; McKay et al., 2020; Eurofound, 2022c; BMI, 2022; UNISON & Nursing Times, 2021). For example, workers in the highest risk sectors, such as hospitals and transport, experienced twice the level of verbal abuse or threats and bullying, harassment and violence as the EU average. Health associate professionals are the occupational group reporting the highest levels of bullying, harassment and violence (two to three times higher than the EU average of 5.9%) (Eurofound, 2022b). Significant issues have been reported for teachers and school staff (ETUCE & EFEE, 2013). Women experiencing GBVH,

[7] Structural gender inequality definition in the EIGE Glossary and Thesaurus: https://eige.europa.eu/publications-resources/thesaurus/terms/1323.

[8] The #MeToo movement has its origins in a social movement in the US founded by Tarana Burke, who worked for decades with young women of colour who were survivors of sexual violence. From 2017, the #MeToo movement brought significant attention to sexual harassment, particularly as it affects working women, with an emphasis – initially in the US and then in other countries around the world – on naming perpetrators following decades of structures of power and control, sexual aggression, and the toxic and complicit control over women by powerful figures in politics, media and entertainment. In European societies, the #MeToo movement played a decisive role in leveraging new legislation and in holding perpetrators accountable, and in many countries it started a discussion about power inequalities and GBVH. In this report, several case studies cite the powerful influence of #MeToo in breaking the silence around GBVH, in recognising that sexual harassment is a shared experience for many women workers, and in giving greater visibility to GBVH as a PSR factor.

including domestic violence, are more likely than other workers to face barriers in their career development, have disrupted work histories and hold low-paid jobs (IWPR, 2018; Pillinger, et al., 2022; EU-OSHA, 2023b).

In addition, significant risks are associated with cyber harassment (De Stefano et al., 2020; ILO, 2020; ETUI IPWS, 2022; ETUC, 2024; Pillinger & ILO, 2024). Data on gender-based cyber violence and harassment, including digital sexual abuse, revenge porn and gender bias in AI tools and digital surveillance in the workplace, is, however, limited (ETUC, 2024). There are different effects depending on the occupation. Women in prominent and opinion-forming positions in politics, public life and the media have become significant and growing targets of cyber harassment (European Parliament, 2018; ILO & UN Women, 2019). For example, online harassment against journalists has increased to worrying levels in recent years and is used as a tool to humiliate, induce fear, silence and undermine their active participation in public debate (UNESCO, 2021; IFJ, 2017, 2020). Research by the International Federation of Journalists (IFJ, 2020) found that worldwide, 65% of women journalists had experienced violence, harassment, sexism, misogyny and threats online. Furthermore, there is heightened exposure to these abuses for women experiencing multiple forms of discrimination, particularly Black, Indigenous, Jewish, Arab and lesbian women journalists.

2.2.3 Strategies to address exposure to psychosocial risk factors

The evidence demonstrates the need for strategies that address common PSRs shared with other diversity groups and the wider workforce (e.g. workload, time pressure, lack of autonomy) and unique vulnerabilities linked to gender inequalities, sectoral segregation, higher levels of stress resulting from emotional labour, and gender-based violence and harassment. These risks are heightened for women who experience multiple and intersecting forms of discrimination related to race, ethnicity, disability, migration status, age, sexual orientation, or care or family situation. Implementing an intersectional approach ensures that strategies to prevent and mitigate PSRs benefit all workers while responding to the specific needs of women and other diverse groups that face multiple and intersecting forms of discrimination. Policies and initiatives for gender-inclusive and gender-equal workplaces suggest that social dialogue, negotiations and cooperation between workers and employers make a positive contribution to gender equality, enhanced organisational performance, reduced staff turnover and improved company reputations (ILO/OECD, 2019; European Commission, 2024; ILO, 2013).

EU-OSHA has developed a substantial body of literature and knowledge on women's exposure to PSRs, emphasising the importance of gender-sensitive approaches and tools in identifying, assessing and mitigating gender-related risks (EU-OSHA, 2013a, 2013b, 2014a, 2016a, 2023e, 2022b). Some EU Member States, such as the Netherlands, Slovenia, Sweden and Spain, integrate gender equality and women's disproportionate exposure to PSRs into their OSH strategies and guidance. The social partners have also been active in developing gender-responsive approaches in the area of OSH, including gender-responsive collective bargaining agreements (ETUC, 2024; Pillinger/ILO, 2024).

Gender-sensitive risk assessment is critical for taking into account gendered stereotypes and (un)conscious biases for the effective evaluation of the risks that women (and men) face in their jobs and roles, also recognising the time and other pressures and risk factors outside the workplace, such as travelling to and from work. Drawing on evidence of the positive effects of gender mainstreaming[9] in countries such as Sweden (European Commission, 2024) and incorporating an intersectional perspective into OSH (TUC, 2024a) would represent a step towards mainstreaming equality across multiple diversity grounds. These issues are relevant to ensuring that structural inequalities and unequal power relations are tackled through culture change, as seen, for example, in the Netherlands. A further important issue is to ensure effective responses to GBVH, including domestic violence as a potential workplace issue (EU-OSHA, 2020e). Regarding domestic violence, this should include policies that outline measures designed to mitigate the impact of domestic violence; provide support and security measures for survivors of domestic violence; offer training and guidance for employers, managers and

[9] Gender mainstreaming is a process for applying a gender equality perspective in each phase of the policymaking cycle, as well as in all areas within policies and processes, such as procurement and budgeting. For further information, see EIGE's tools and guidance: https://eige.europa.eu/gender-mainstreaming.

union representatives; and implement protocols for survivor-led risk assessments and safety plans in the workplace.

In addition, it is important to stress that men are also affected by gendered stereotypes and discrimination (Eurofound, 2018). For example, stereotypes about men's role as breadwinners may affect their roles as parents and in having access to work-life balance, preventing them from playing a more active role in family life. Gendered assumptions about women's predominant roles as carers may affect the right of older men to take carers' leave to care for older family members (EU-OSHA, 2016a). In addition, policies and programmes to prevent GBVH, including from third parties, not only benefit women workers, but also improve the working environment for all workers, including men (ILO & UN Women, 2019).

Table 1 summarises the main PSR factors affecting women, and the prevention measures that can improve working conditions for all workers and address the specific risks faced by women.

Table 1: Women – PSR factors and prevention measures

Theme	PSR factors	Prevention measures
Discrimination and inequality	▪ Gendered discrimination and unequal power relations. ▪ Institutional sexism. ▪ Gender is invisible in OSH policies and risk assessments. ▪ Discrimination against pregnant women and young mothers. ▪ Lack of recognition of reproductive and sexual health and the effects of menstruation, menopause and miscarriage.	▪ Discrimination, gender norms, stereotypes and bias are addressed in OSH policies and risk assessment, including for part-time workers, single mothers, pregnant workers and victims of domestic violence. ▪ All policies and risk assessments include an intersectional approach. ▪ Policies on menstruation and menopause.
Working conditions, pay and job security	▪ Unequal pay and working conditions; low value of work. ▪ Job insecurity. ▪ Horizontal/vertical occupational segregation. ▪ Women predominate in emotionally demanding work with limited support. ▪ Work-life conflict, especially for single mothers. ▪ Fewer opportunities for training and career development, especially for part-time workers.	▪ Policies address the gender pay gap and the undervaluing of women's work and skills. ▪ Policies and practices address job insecurity, barriers to women's career development, decision-making and leadership roles. ▪ Specific support and work/task rotation exist for women in emotionally draining work. ▪ Work-life balance policies, flexible work and teleworking options for all workers; support for single mothers.
Work organisation, workload and autonomy	▪ Work pressure, high workload, time constraints.	▪ Safe staffing levels are implemented, for example when working with clients with complex problems.

Theme	PSR factors	Prevention measures
	▪ Some jobs require long hours, unsocial hours and shift work. ▪ Lack of autonomy in decision-making or in exercising control over work tasks/processes. ▪ Work in isolation or late at night.	▪ Workers are given opportunities to make decisions about work tasks and working time. ▪ Policies are adopted on working in isolation and at night.
Violence, harassment and TPVH	▪ Gender-based TPVH is 'part of the job'. ▪ Work culture of harassment, sexual harassment and bullying, especially against young women. ▪ No policy, training or awareness on domestic violence as a workplace issue. ▪ GBVH, including safety working unsocial hours, not included in risk assessments.	▪ Risk assessments address all forms of GBVH. ▪ Policies and prevention programmes on GBVH include the work-related risks of domestic violence in the workplace. ▪ Training of managers and workers on respectful communication, work culture and prevention of GBVH. ▪ Safe transport for women working shifts.
Information and representation in trade unions	▪ Inadequate or inaccessible information about OSH policies. ▪ Low priority from trade unions and negotiations for policies and collective bargaining agreements (CBAs).	▪ Accessible gender-related OSH information. ▪ Women are represented in union decision-making and negotiations of policies and CBAs.

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.3 Black and ethnic minority workers

2.3.1 Definitions

The EU Racial Equality Directive prohibits discrimination based on racial or ethnic origin.[10] Race is generally viewed as a social construct directed against specific groups and categorising individuals in racialised terms (High Level Group on Non-discrimination, Equality and Diversity, 2021). This includes the racialisation of religious and cultural minority groups, such as Roma and migrant workers from central and eastern Europe (European Commission, 2017). This report follows the convention of capitalising 'Black' to refer to non-white groups, and also reflects its use as a unifying and empowering term. 'Ethnic minority' (sometimes referred to as 'minority ethnic' or 'minoritised ethnic') refers to

[10] In the CHEZ judgment, the Court of Justice of the European Union confirmed that 'the concept of ethnicity has its origin in the idea of societal groups marked by common nationality, religious faith, language, cultural and traditional origins and backgrounds' (FRA, 2024).

racial/ethnic groups in the minority population based on a person's ethnic, religious or linguistic characteristics. In some instances, the terms 'Black' and 'ethnic minority' are used interchangeably.

2.3.1 Psychosocial risk factors

Although fewer research studies and data exist on Black and ethnic minority workers' exposure to PSRs, surveys and anecdotal evidence suggest that in recent years there has been an increase in racism, discrimination, violence, harassment and negative stereotyping, resulting in barriers to recruitment, a race/ethnicity pay gap, limited career opportunities and poor working conditions (Nieuwenhuijsen, et al., 2015; European Network Against Racism, 2020; Arai et al., 2015; Berkley et al., 2019; Business in the Community, 2019a; IWPR, 2024). Data from the EU Fundamental Rights Agency (FRA, 2021, 2024) show that a person's skin colour and/or religion can trigger ethnic or racial discrimination. Minority ethnic women face specific challenges; for example, against Muslim women who wear traditional or religious clothing (e.g. a hijab) (Mediapart, 2025), and who experience high rates of racial discrimination when looking for work (FRA, 2024). Although migrant women and men report similar levels of hate-motivated harassment and violence in their daily lives, this increases among those who wear traditional or religious dress at least some of the time (FRA, 2019).

Discrimination affects the employment rates, progression and retention of Black workers. The highest rates of racial discrimination occur in employment. According to the FRA (2023) survey of people of African descent in the EU, 34% of respondents felt racially discriminated against when looking for a job, and 31% felt this discrimination at work, in the five years prior to the survey. Black and ethnic minority workers are more likely to have only temporary contracts and be overqualified in their jobs. Intersecting discrimination is most commonly experienced by young Black people, people with higher levels of education and Black people with disabilities. Most of the respondents who experienced racist violence (61%) suffered negative psychological consequences (e.g. depression or anxiety) (FRA, 2023). In a UK study, Black and ethnic minority workers experiencing poor mental health at work stated that their ethnicity was a significant contributory factor (Business in the Community, 2019).

In the context of digital platform work, migrant, Black and ethnic minority workers face heightened exposure to PSRs because of weak protection from exploitation and abuse, poor working conditions, communication and language barriers, and limited knowledge of local or national OSH regulations (Bérastégui et al., 2021; EU-OSHA, 2023). Furthermore, racialised discrimination and vulnerability to violence and harassment may be exacerbated by exposure to clients, third parties and algorithmic biases (EU-OSHA, 2023; ILO, 2025; ITUC, 2024).

A further issue is racialised violence and harassment at work related to situations where a worker is targeted because of their race, religion or ethnicity and/or where a client, customer or patient is abusive and uses the worker's characteristics as a target for abuse. Evidence shows that Black and ethnic minority workers experience negative behaviour at a higher rate than other diversity groups (Business in the Community, 2019a; Fox & Stallworth, 2022). Bergbom & Vartia (2021) found that belong to a minority group at work amplifies risks of violence, harassment and bullying. Overall, Black and ethnic minority workers, as well as migrant workers, experience heightened exposure to PSRs, such as stress, violence and harassment at work (ILO, 2016a, 2020a; Pillinger et al., 2021).

An intersectional perspective, taking account of the intersection of gender and socio-economic inequalities with those of migration, race and ethnicity, is highly relevant to understanding Black and ethnic minority workers' exposure to work-related PSRs. In the health sector, for example, work-related discrimination is exacerbated by the intersection of multiple grounds of discrimination by sex, age, race and national origin (ILO, 2022a). Furthermore, sexual harassment is most likely to occur when multiple marginalised identities intersect (ILO, 2022). For example, Black and ethnic minority women workers experience higher levels of violence and harassment, which is frequently sexualised and racialised (Pillinger et al., 2013). A survey by the Canadian public service union CUPE (2022) found an increase over time in racially motivated violence against women hospital staff by third parties; 71% of Black and ethnic minority workers reported experiencing harassment or abuse because of their race or appearance. In the UK, a recent survey of Black women's experiences of sexual harassment at work highlights the importance of recognising the intersection of gendered and racialised stereotypes (see box below).

Black women's experiences of workplace sexual harassment: An intersectional approach

Trade unions in the UK have emphasised an intersectional approach by identifying risk factors related to Black women's exposure to sexual harassment at work, to inform how unions can tackle this issue. Unions believe that if the problem is addressed systematically, with a strong focus on prevention, the climate in all workplaces would be improved, benefitting all working women (TUC, 2024a).

In 2024, the TUC published a report based on a survey of Black women's experiences of workplace sexual harassment. The report demonstrates how the intersection of gender and race compounds Black women's experiences of harassment and violence. In addition, Black and minority ethnic LGBTQ women, as well as those with a precarious migrant status, face significantly higher rates of sexual harassment compared to their white colleagues. Overall, 65% of respondents reported experiencing sexual harassment, with frequent unwelcome sexual advances, unwanted touching and sexual jokes.

Over half of the respondents (51%) stated that sexual harassment had adversely affected their mental health. In addition, 73% of respondents reported that they had been bullied or harassed, while 53% had encountered racist remarks or comments made in their presence. The report highlights the absence of Black women's voices in discussions on gender-based violence. Harmful stereotypes and misogynoir (misogyny directed at Black women) portray Black women as sexual and aggressive, leading to harassment, the silencing of survivors, and low reporting levels due to fears of not being believed or of intensifying stigma and harassment.

Recommendations include training to educate employers, unions and workplace union representatives about the experiences of Black women, and strategies to address harmful negative stereotypes. It calls for employers, the government and trade unions to establish zero-tolerance policies for sexual harassment, including racialised forms of violence and harassment. Additional recommendations address the broader systemic issues surrounding the inequality faced by Black women in the workplace and advocate for Black women's voices to lead and inform the development of solutions.

2.3.2 Strategies to address exposure to psychosocial risk factors

Including a race and ethnicity perspective in policies, strategies and workplace risk assessments is crucial for inclusive workplaces. This should be supported through diversity, equality and inclusion policies that take account of intersectionality, for example, for ethnic minority women and racialised stereotypes of Black women. Policies that recognise that race and ethnicity intersect with gender, migration status, age, disability and socio-economic status to intensify exposure to PSRs will benefit all workers and are especially important for Black women, migrant women and LGBTQI+ workers, who experience sexualised and racialised harassment at higher rates.

Furthermore, policies need to systematically address Black and ethnic minority workers' exposure to adverse working conditions and PSR factors, including but not limited to racialised discrimination, violence and harassment, including TPVH. These policies must also provide safe spaces for workers to discuss and report their experiences, concerns and needs. The involvement of Black and ethnic minority workers, particularly women, is crucial for the design of inclusive workplace policies and collective bargaining agreements. Training for employers, workers and trade union representatives should also include the impact of racism, discriminatory attitudes and bias, harmful stereotypes and racialised harassment. Strategies should go beyond individual incidents of discrimination to tackle structural barriers: the race pay gap, occupational segregation, overqualification and limited progression opportunities.

Embedding race and ethnicity into OSH and equality policies, risk assessments, OSH strategies and workplace equality plans will help ensure that racial and ethnic discrimination is not treated as invisible or of secondary importance to other workplace issues. This includes recognising the specific PSRs created by racism, stereotyping and exclusion. Employers, governments and trade unions should commit to strong zero-tolerance frameworks that cover racialised workplace harassment and third-party violence and harassment (TPVH). These must explicitly acknowledge and tackle racialised and gendered stereotypes, such as misogynoir. This also means moving from reactive approaches – which respond to individual cases of discrimination or harassment – towards systematic, intersectional and

preventive strategies that eliminate racialised inequalities while improving conditions for all workers. Education is essential for changing workplace culture and dismantling discriminatory attitudes and practices.

Table 2 summarises the PSR factors and prevention measures to promote an inclusive working environment for Black and ethnic minority workers.

Table 2: Black and ethnic minority workers – PSR factors and prevention measures

Theme	PSR factors	Prevention measures
Discrimination and inequality	▪ Institutional racism and racialised discrimination. ▪ Lack of awareness about the effects of racial and ethnic inequalities. ▪ Risk assessments do not consider the specific inequalities faced by Black and ethnic minority workers. ▪ Absence of an intersectional perspective in risk assessment.	▪ Workplace policies that address inclusion and respect regardless of race, ethnicity or religion, recognising intersectionality. ▪ Policies and actions on discrimination that address PSR risk factors in risk assessment and prevention programmes. ▪ Embed race/ethnicity in OSH and equality frameworks; address compounded risks for women, LGBTQI+ and disabled workers.
Working conditions, pay and job security	▪ Low pay and race/ethnicity-gender pay gap ▪ Poor working conditions, including long hours. ▪ Job insecurity and temporary work in sectors such as platform work, construction, care and cleaning.	▪ Workplace risk assessments that are inclusive of Black and ethnic minority workers and have an intersectional perspective. ▪ Employer, worker and union training on stereotypes and barriers (pay gaps, blocked progression). ▪ Policies that promote decent work and fair pay, and value the work and skills of Black and ethnic minority workers. ▪ Guarantee fair pay, equal OSH protections, job security and recognition of skills.
Work organisation, workload and autonomy	▪ Unsafe working practices disproportionately affect Black and ethnic minority workers, for example in platform work, lone workers in the care and cleaning sectors, and night/shift work ▪ Lack of accommodation of diversity in workers' faith or other cultural norms and celebrations.	▪ Policies agreed with ethnic minority workers on working time and on leave/reduced working hours, for example for religious and cultural festivals. ▪ Diversity policies that address recruitment, training, career development and OSH. ▪ Training and support provided for Black and ethnic minority managers.

Theme	PSR factors	Prevention measures
	▪ Low status jobs: limited access to training and career progression. ▪ Low support for Black and ethnic minority managers.	▪ Protection at work, such as employment status and OSH for platform workers.
Violence, harassment and TPVH	▪ Racialised violence and harassment, including racialised sexual harassment. ▪ TPVH targeted against Black and ethnic minority workers, particularly women.	▪ Internal violence and harassment policies that prevent racialised violence and harassment. ▪ Policies and risk assessment to prevent TPVH address racialised violence and harassment. ▪ Ensure that the targeting of Black women is included in sexual harassment policies.
Information and representation in trade unions	▪ Low level of union membership and representation by trade unions.	▪ Involvement of Black and ethnic minority workers in trade unions / negotiation of collective bargaining agreements.

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.4 Migrant workers

2.4.1 Definitions

Article 2(1) of the International Convention on the Protection of All Migrant Workers and Members of their Families defines a migrant worker as "A person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national.' Migrant workers include asylum seekers, documented and undocumented migrants, and seasonal/temporary migrants.

2.4.1 Psychosocial risk factors

Many of the risks faced by Black and ethnic minority workers, which are discussed above, are similar to those experienced by migrant workers, although migrant workers also experience some unique risks. There has been a significant increase in global labour migration over the last decade (Smith et al., 2013), particularly among groups such as construction, agriculture, cleaning, health and social care, and domestic workers (EU-OSHA, 2010; Smith et al., 2013; Yeates & Pillinger, 2019).

Various national studies show that migrant workers have a higher risk of mental health problems, for example in the Netherlands (Nieuwenhuijsen et al., 2015), France (Gosselin et al., 2021), Denmark (Hardman Smith et al., 2013) and the UK (Business in the Community, 2019a). Data shows that immigrants experience higher rates of occupational illnesses and injuries (including fatal injuries) compared to native populations (Schenker, 2010). In contrast, data from Spain shows better outcomes for migrant workers based on the 'healthy migrant' hypothesis: despite exposure to PSRs, migrant populations tend to be younger, more resilient and more optimistic than other groups (Diaz-Bretones et al., 2020).

However, migrant workers face additional risks, including higher exposure to discrimination and harassment, a lack of skills recognition, unethical recruitment practices and job insecurity, compared to

local workers. This is linked to poorer working conditions and increased stress (Herold, 2024; ILO, 2024; PSI, 2020). According to the French Working Conditions Survey, first- and second-generation immigrants have higher exposure to PSRs, such as job strain and iso-strain[11] and higher mental ill health, compared to the majority population (Gosselin et al., 2022). A systematic review of international migrant workers by Hargreaves et al. (2024) found a strong association between low societal and work integration, poor working conditions, exposure to harassment, exploitation, violence or discrimination, and poor mental health outcomes. In health and social care, migrant workers have high exposure to TPVH and heightened levels of racist abuse from patients and family members who vent frustration with service delays (Yeates et al., 2022; Pillinger/EPSU et al., 2023; Llorens Serrano et al., 2022).

Exposure to PSRs is closely linked to the concentration of migrant workers in the least secure, most physically demanding and most hazardous work (Belin et al., 2011; EU-OSHA, 2002, 2023a; Smith et al., 2013). Migrant workers are most likely to be employed in jobs such as cleaning, personal care work, and manual labour in mining and construction, often under temporary contracts and frequently without contracts, earning the lowest wages in the income distribution (Belin et al., 2011). For example, in the cleaning sector, which employs high numbers of migrant workers, PSRs include monotonous work tasks, time pressure, changing work hours, lack of influence on work, lack of opportunities for training and to develop skills, lack of social support, and exposure to violence and harassment (Smith, 2010; Smith et al., 2013; EU-OSHA, 2010).

In particular, migrant workers are among the most vulnerable in digital platform work and in work that is poorly protected, with low OSH protection (ITUC, 2024; Dütsch, 2022; EU-OSHA, 2023a). Although migrant workers' high dependency on platform work provides opportunities for paid work, it also poses risks to their safety and health (Zwysen & Piasna, 2024; EU-OSHA, 2023a; de Stefano et al., 2020). PSR factors such as exploitative working conditionsvery low pay and long/fragmented working hours are especially prevalent for undocumented migrants.

Migrant workers in professional jobs also face a range of problems with visa restrictions and other factors, including a poor understanding of occupational health and safety rights, which can have an impact in terms of stress and mental health issues (Côté et al., 2021). The undervaluing of migrant workers' skills and/or deskilling, a lack of knowledge about rights at work, and unethical recruitment practices put migrant workers at greater risk of discrimination and exploitation (PSI, 2020). Migrant workers experience lower pay and a pay gap compared to other workers (ILO, 2020b). Migrant health workers' vulnerabilities increase when there is visa insecurity and when working on the front line of service delivery. In high-income countries, migrant workers, on average, earn 13% less than their non-migrant counterparts (ILO, 2020c; PSI, 2020). The repayment of fees and other contractual clauses as part of the recruitment process (as high as GBP 14,000 in the UK, (*The Guardian*, 27 March 2022)) explain why migrant workers may accept hazardous working conditions and long working hours. Isolation arising from a lack of social, family and co-worker support, job insecurity, precariousness and exposure to workplace discrimination may be heightened compared to local workers (Díaz-Bretones et al., 2020; Fasani & Mazza, 2020). Language and cultural barriers may make it difficult for migrant workers to access information about OSH, to make complaints about workplace bullying and harassment and to access psychosocial support in the workplace, leading to further stress (EU-OSHA 2002, 2023a).

The intersections of gender with race, ethnicity and migration, as well as the type of job and sector in which one works, are relevant in understanding exposure to PSRs. A systematic review of precarious employment and migrant women's health found that everyday exposure to PSRs includes temporary work, vulnerability, poor interpersonal relationships, disempowerment, a lack of workers' rights and low income (Koseoglu Ornek et al., 2022). These risk factors led to stress, depression, anxiety and poor general mental health. For women migrant workers, exposure to PSRs includes a predominance of temporary contracts, low pay, work-family conflicts and predominance in work involving emotional demands and work-related strain (Utzet et al., 2022). The effects include negative health, work and psychological outcomes (Buchanan & Fitzgerald, 2008; Ho et al., 2012).

In addition, exposure to PSRs is high for migrant workers working in isolation in jobs such as cleaning, care and domestic work, which increases exposure to TPVH. Furthermore, across the EU, there are an

[11] In the job-demand-control model, the combination of high-strain and low social support (isolated) at work has been referred to as 'iso-strain job' (see for example Aronsson et. al, 2021).

estimated 6.8 million undeclared workers providing care or household services, 2.1 million of whom work in the care sector. Undeclared care workers are predominantly women and migrants facing heightened exposure to exploitation (Eurofound, 2025a). Working and travelling alone during unsociable hours further increases the risk. Migrant workers often work unsociable hours or travel alone to provide care services to members of the public in the community, or when providing delivery-based services through digital platforms. Furthermore, travelling to and from work during unsocial hours, for example, is common for cleaners, hospitality workers and others working unsocial hours. As the case study on "Psychosocial risks and working conditions of migrant women in care, cleaning and domestic work" (Case study 3 in Appendix 3) shows, migrant women predominate in informal work and face additional inequalities because of their gender and migration status, which is common in domestic work, cleaning and home care work (EU-OSHA, 2026c; European Parliament, 2022).

The COVID-19 pandemic highlighted the vulnerability of migrant workers and demonstrated how several factors contribute to this. Migrant workers experienced higher risks of contracting COVID-19 and adverse outcomes such as ill health and death than other workers because of their front-line care roles with patients (Tipping et al., 2022; Llorens Serrano et al., 2022; Franklin & Gkiouleka, 2021). These risks were exacerbated for migrant health workers because of health workforce shortages in many European countries (Nursing Times, 2021; EPSU, 2022; Yeates & Pillinger, 2021), poor working conditions, a lack of social protection, restrictions imposed by visas that tie workers to specific jobs, and vulnerability to discrimination, violence and harassment (Vaillancourt-Laflamme et al., 2022; Yeates et al., 2022; OECD, 2022a; WHO Regional Committee for Europe, 2021).

2.4.2 Strategies to address exposure to psychosocial risk factors

For migrant workers, strategies to reduce exposure to PSRs require both universal protections – such as fair pay, decent work and strong OSH frameworks – and targeted actions to address vulnerabilities linked to migration status. Priorities should include tackling exploitative recruitment practices, formalising employment in high-risk sectors such as domestic and care work, providing accessible information about OSH policies and rights, and strengthening protections against discrimination, violence and harassment, especially for migrant women. Accessible, multilingual information and training, combined with cultural competence awareness for managers, are essential for overcoming language and cultural barriers, as these factors can prevent workers from misunderstanding their rights or reporting abuse.

Migrant workers should also be directly involved in consultations about workplace risk assessments and prevention measures, using methods such as focus groups, body mapping and safety walks that are effective, including when language is a barrier. Trade union representation and the organisation of migrant and domestic workers into associations can enhance bargaining power and secure rights, as shown by initiatives supported by IDWFED and EFFAT (see Case Study 3). Good practices include promoting ethical recruitment and addressing the status and rights of migrant workers. Embedding migrant workers' perspectives into OSH policies, inspections and diversity strategies ensures that their rights are upheld while improving overall workplace safety, inclusion and well-being.

Table 3 summarises the PSR factors and prevention measures to promote an inclusive working environment for migrant workers.

Table 3: Migrant workers – PSR factors and prevention measures

Theme	PSR factors	Prevention measures
Discrimination and inequality	▪ Exposure to discrimination, harassment or TPVH because of migrant status. ▪ Less likely to report abuses due to concerns about employment visas and security.	▪ Multilingual OSH training; cultural competence training for managers. ▪ Workplace policies that promote an inclusive culture, non-discrimination and the positive role played by migrant workers. ▪ Implement ethical recruitment policies.

Theme	PSR factors	Prevention measures
Working conditions, pay and job security	▪ Job insecurity, temporary contracts, informal work. ▪ Over-representation in platform work. ▪ Financial insecurity, low wages. ▪ Limited employment rights. ▪ Monotonous work, long working hours.	▪ Policies that promote decent work, fair pay, and recognition of skills and work. ▪ PSR factors included in policies and risk assessments; equal OSH protections. ▪ Formalise employment in high-risk sectors (domestic, care, platform work).
Work organisation, workload and autonomy	▪ Concentration in physically and psychologically demanding work. ▪ Insecurity from being undocumented or being dependent on visas/permits. ▪ Isolation and lack of support if working in isolation or away from family e.g. domestic/care work, seasonal agricultural work. ▪ Deskilling owing to lack of recognition of qualifications/skills. ▪ Lack of social protection for ill health or loss of job, especially undocumented domestic workers. ▪ Unsocial hours exclude workers from training and prevention initiatives.	▪ Support with integration into work and the local community. ▪ Introduce measures to protect migrant women in sectors posing the greatest risks, such as domestic work, care work, and customer-facing services e.g. hospitality. ▪ Risk assessments covering migrant workers, including temporary workers, and ensuring that migrant workers are consulted and involved. ▪ Involve migrant workers in risk assessment using inclusive tools (focus groups, body mapping, safety walks). ▪ Inclusion in OSH and induction training.
Violence, harassment and TPVH	▪ Lack of rights, consultation and opportunities to raise problems, including PSRs, safety, complaints about violence, harassment or sexual harassment. ▪ Heightened exposure to violence, harassment and TPVH in relation to anti-migration rhetoric, particularly for women migrant workers.	▪ Consultations to build trust and enhance migrant workers' voices in OSH policies. ▪ Risk assessments, labour inspections and workplace prevention plans to address PSR factors faced by migrant workers, including women migrant workers' risks of GBVH and TPVH. ▪ No-blame/non-retaliatory and safe reporting systems, including TPVH.
Information and representation in trade unions	▪ Poor representation of migrant workers in trade unions and workplace negotiations / CBAs. ▪ Language difficulties, making it difficult to access information about labour rights or OSH prevention measures at work or participate in risk assessment.	▪ Representation of migrant workers in trade unions and negotiations with employers. ▪ Assistance with language; information and training available in languages spoken by migrant workers on OSH protections and reporting abuses. ▪ Accessible OSH information and training for migrant workers.

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.5 LGBTIQ workers

2.5.1 Definition

In this report, we refer to LGBTIQ (lesbian, gay, bisexual, trans, non-binary, intersex and queer) workers as defined under the European Commission's LGBTIQ Equality Strategy for 2020-2025 and by EU-OSHA (2021). Encompassed in this definition is recognition of a person's sexual orientation, gender identity and expression, and sex characteristics.[12]

2.5.2 Psychosocial risk factors

Although there is limited data on LGBTIQ workers' exposure to PSR factors in the workplace and the impact on health outcomes and quality of life at work, LGBTIQ workers are disproportionately exposed to a range of work-related PSRs (EU-OSHA, 2021a; Eurofound, 2016). Recent data and research on exposure to discrimination, violence and harassment suggest that these are significant PSR factors that lead to psychological distress (EU-OSHA, 2021a; Moya & Moya-Garófano, 2020; Oliveira et al., 2024; Owens et al., 2022; FRA, 2022; Sears et al., 2021). Furthermore, many LGBTIQ workers do not disclose that they are LGBTIQ in order to avoid discrimination and harassment in the workplace (EU-OSHA, 2021a; Eurofound, 2016; FRA, 2022; TUC, 2024b). Surveys consistently find high exposure to discrimination, violence and harassment. The EU Agency for Fundamental Rights surveys in 2012, 2014 and 2019 highlight an increase in discrimination on the grounds of sexual orientation, gender identity or expression and sex characteristics in the EU. In particular, 43% of lesbian, gay, bisexual or trans people said they felt discriminated against in 2019, compared to 37% in 2012. The surveys reveal high risks of violence and harassment against LGBTIQ people, with attacks against trans and intersex respondents being twice the rate of the rest of the LGBTIQ community. In relation to work, the FRA's 2019 survey found that 11% of LGBTIQ respondents felt discriminated against when looking for work and 19% at work, which was highest for trans respondents (36%).

In a further study, more than 30% of LGBTIQ workers experienced at least one form of workplace discrimination (Sears et al., 2021). Swedish research (SAWEE, 2022 & 2025) found that many LGBTIQ workers report experiences of discrimination, harassment and microaggressions, which are subtle and unconscious aggressive actions such as inappropriate jokes or questions. These abuses tend to occur in workplaces that are characterised by a heteronormative climate, where heterosexuality is assumed, validated and rewarded (SAWEE, 2022). In a Portuguese study, LGBTIQ workers reported that they frequently faced PSRs such as discrimination, stigmatisation and risks associated with their sexual and gender identity in the workplace, which negatively affected their physical and mental health, performance and job satisfaction (Pereira & Monteiro, 2017). In a UK survey by the Trade Union Congress (TUC, 2024b), more than half (52%) of LGBT+ workers had been bullied or harassed at work, and 19% of LGBT+ workers had been exposed to verbal abuse at work in the last five years. More than a quarter (28%) experienced homophobic, biphobic or transphobic remarks, and 29% of LGBT+ people kept their sexual orientation a secret at work. Young LGBT+ workers (18 to 24 years of age) experienced higher levels of discrimination at work (65% said they had experienced bullying, harassment and/or discrimination in the last five years, compared to 52% of the full survey sample). The survey found that 38% of LGBT+ workers who experienced bullying reported that it negatively affected their mental health, making them feel more stressed, anxious or depressed; 34% reported that they lost confidence at work following the incident(s); and 6% left their job because of abuse at work (TUC, 2024b).

An intersectional perspective is important. According to Oliveira et al. (2024), PSRs involve exclusion, unfair treatment and hostility, which may also intersect with an LGBTIQ worker's ethnicity, religion or disability and, when coupled with inadequate support in the workplace, can heighten levels of depression, anxiety and burnout. Other risk factors include occupational segregation and working in specific sectors or jobs where there are poor working conditions and OSH risks, but where LGBTIQ workers may find it 'safer' to work (EU-OSHA, 2021a).

This exposure is a significant indicator of lower occupational health and well-being amongst LGBTIQ workers (Oliveira et al., 2024; Owens, 2022; Moya & Moya-Garófano, 2020). Furthermore, the continued

[12] For a more detailed glossary of definitions see: https://www.unfe.org/know-the-facts/definitions/.

exposure of LGBTIQ workers to discrimination, harassment and other PSRs at work results in workers adopting strategies that can render them 'invisible' and not open about their sexual orientation or gender identity at work (so-called 'concealment'), which is frequently associated with stress and other mental health issues (EU-OSHA, 2021a; Chan, 2016). A further issue is that there are social, psychological and structural factors that underpin the 'Minority Stress Theory', leading to heightened stressors for mental ill health faced by sexual minority populations, including transgender and non-binary individuals (Frost & Meyer, 2023; Grant et al., 2011). Stressors range from discriminatory policies to daily experiences of stigma, discrimination, violence and microaggressions (Frost & Meyer, 2023). Furthermore, LGBTIQ workers are less likely to report a work-related mental health problems than people who do not identify as LGBTIQ (EU-OSHA, 2021a). In a UK study (Business in the Community, 2019a), 45% LGBTIQ people were likely to have experienced a mental health problem related to work, and a third of respondents reported having concealed their identity at work in the previous year for fear of discrimination. A statement by the European trade union federations and the ETUC on International Day Against Homophobia, Biphobia and Transphobia (2025) highlights concerns about work-related violence and harassment targeting LGBTI+ people, including online attacks, stressing the importance of employers' duties to ensure safe and healthy working environments and to protect workers from TPVH.

Overall, discrimination and prejudice have adverse effects on the occupational health of LGBTIQ workers (Chan, 2016; FRA, 2012 & 2019; Sears and Mallory, 2011; Ozeren, 2013; EU-OSHA, 2020). Heightened exposure to PSRs can result in lower productivity; job dissatisfaction; higher levels of stress, ill health and disability and higher prevalence of poor mental health, health issues and work-related disability such as musculoskeletal disorders (MSDs) (EU-OSHA, 2020; Frost & Meyer, 2023; Bjorkenstam, 2016); reduced job opportunities; lower wages; and decreased productivity (Drydakis, 2014).

2.5.3 Strategies to address exposure to psychosocial risk factors

The prevention of PSRs for LGBTIQ workers requires a proactive approach that combines organisational, cultural and structural measures. Employers must recognise discrimination, exclusion and harassment as workplace hazards and address them within risk assessments, while ensuring that LGBTIQ perspectives are integrated into OSH management policies, strategies and risk assessments. Building inclusive organisational cultures is critical, with policies that explicitly prohibit discrimination and violence, provide protections against TPVH and promote respect for diversity. Awareness-raising and education across the workforce, including managers, help to challenge stigma and bias and to promote acceptance, inclusion and respect for diversity. Training tailored to LGBTIQ inclusion ensures that workplace practices support dignity, equality and safety.

Equally important are measures that strengthen the psychosocial work environment, such as ensuring social support, autonomy and work-life balance, including recognition of LGBTIQ parents and families. Dedicated occupational support services should be made available, recognising that LGBTIQ workers may experience heightened stress, depression, anxiety and social isolation, which can lead to harmful coping strategies and the abuse of alcohol and other substances. Preventive action should therefore combine universal measures to improve mental health and well-being with targeted support to address the specific vulnerabilities of LGBTIQ workers. These measures can help reduce the risks of discrimination and harassment, improve trust, and contribute to healthier, safer and more productive workplaces.

Table 4 summarises the PSR factors and prevention measures to promote an inclusive working environment for LGBTIQ workers.

Table 4: LGBTIQ workers – PSR factors and prevention measures

Theme	PSR factors	Prevention measures
Discrimination and inequality	▪ Homophobic/transphobic discrimination, negative sexualised stereotypes.	▪ Create an inclusive work culture. ▪ Comprehensive PSR prevention recognising that LGBTIQ workers

Theme	PSR factors	Prevention measures
	▪ Hiding gender identity or sexual orientation for fear of discrimination. ▪ Diversity policies do not recognise LGBTIQ workers' added exposure to PSRs because of stigma and prejudice. ▪ LGBTIQ workers who are 'out' at work experience hostility and isolation. ▪ No recognition of intersectionality, for example faced by older or disabled LGBTIQ workers.	experience additional mental health risks arising from stigma. ▪ Diversity policies emphasising a safe and welcoming work environment, e.g. support for LGBTIQ parents, medical support for transitioning workers. ▪ Risk assessments covering LGBTIQ workers' exposure to PSRs and an intersectional perspective. ▪ Provide information and training for managers about LGBTIQ support and other issues.
Work organisation, workload and autonomy	▪ Working in certain jobs or sectors where concealment is easier or being LGBTIQ is more acceptable, e.g. female-dominated sectors for gay men. ▪ Lack of support and isolation at work.	▪ Promote an equal and inclusive working environment, with LGBTIQ worker participation. ▪ Interpersonal relationships, leadership and management being inclusive of LGBTIQ. ▪ Mental health support programmes that are inclusive of LGBTIQ workers.
Violence, harassment and TPVH	▪ Workplace harassment and sexual harassment for not fitting into assumed gender roles. ▪ TPVH because a worker is or is perceived as being LGBTIQ; a member of the public refuses to receive a service from them.	▪ Create spaces for LGBTIQ workers to report or discuss concerns about discrimination, violence and harassment, including TPVH. ▪ Violence and harassment policies that are inclusive of LGBTIQ workers. ▪ Effective policies on TPVH recognising and addressing the risks faced by LGBTIQ workers.
Information and representation in trade unions	▪ Limited representation of LGBTIQ workers in unions and in negotiations with employers.	▪ Prevention measures drawn up in consultation with LGBTIQ workers. ▪ Negotiations and CBAs that are inclusive of LGBTIQ workers.

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.6 Workers with disabilities and chronic ill health

2.6.1 Definition

According to Article 1 of the United Nations Convention on the Rights of Persons with Disabilities: 'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.' In this report, people of working age with chronic health conditions, such as cancer, cardiovascular diseases, work-related MSDs and rheumatic and musculoskeletal diseases (RSDs), are included in this definition.

2.6.2 Psychosocial risk factors

Currently, only half of the 42.8 million people with disabilities of working age in the EU are employed (European Commission, 2021). People with physical disabilities, mental health conditions and chronic

health conditions face multiple employment barriers and discrimination (EU-OSHA, 2009a; Business in the Community, 2019b), including in access to and within the workplace (European Commission, 2021; EU-OSHA, 2023c; OECD, 2022b) and regarding PSRs and stress at work (EU-OSHA, 2020a; European Commission, 2024a). According to the European Commission (2021), 52% of people with disabilities feel discriminated against. In the EU-OSHA (2022c) OSH Pulse survey, exposure to work-related stressors is higher for respondents with a 'fair' or 'bad' health status than for colleagues and co-workers of the same age who do not have serious health issues. For example, 6% of respondents describing their health status as 'good' are exposed to harassment or bullying at work; this proportion increases to 23% for respondents with 'poor' health. Overall, workers experiencing physical and mental health problems generally want to work; good-quality work is beneficial for their health, and with suitable accommodations, they can be integrated into the workplace and continue to work successfully (EU-OSHA, 2016b, 2021c). Workplaces that are accessible to and safe for people with disabilities and chronic health problems are also safer and more accessible for all employees, clients and customers.

However, workers with disabilities and chronic health conditions often face unequal treatment, stigma and an unsafe and stressful working environment (European Commission, 2021; Eurofound, 2022; EU-OSHA, 2003c; OECD, 2020). Workplace stress can trigger additional pain in painful conditions (EU-OSHA, 2021b), for example in exposure to and recovery from MSDs (EU-OSHA, 2021c). In particular, having a mental health problem is highly stigmatised (EU-OSHA, 2024a, 2024b). In the OSH Pulse survey, 50% of respondents stated that they thought disclosing a mental health condition would have a negative impact on their careers (EU-OSHA, 2022c).

In new forms of work, such as digital platform work, workers with disabilities or chronic illnesses may face heightened exposure to risks due to the lack of accessibility on digital platforms for individuals using assistive technologies or because of algorithmic biases (EU-OSHA, 2023a). Workers with disabilities, mental health problems and chronic health conditions may also face heightened exposure to a range of PSR factors connected to working conditions, such as excessive workload, conflicting demands, lack of clarity, influence or involvement in decisions that affect the worker, poorly managed organisational change, job insecurity, ineffective communication, lack of support from managers and colleagues, sexual harassment and TPVH. One of the effects of this is that these workers often face barriers and a lack of reasonable accommodations to facilitate their return to work as part of their vocational rehabilitation. In addition, most workers with a chronic disease that limits their ability to work do not have any workplace accommodations (Eurofound, 2019) as they are not formally recognised as disabled. In this context, actions to support people with specific health conditions will help promote an inclusive working environment, taking into account PSR factors and working conditions and supporting their return to and reintegration into work (EU-OSHA, 2023c, 2024a).

2.6.3 Strategies to address exposure to psychosocial risks

Preventing PSRs for this group of workers can be achieved by making work as accessible and inclusive as possible for all workers in a diverse workforce, allowing as many people as possible to enter and remain in work through inclusive design and reasonable accommodations when needed. This means recognising that people with disabilities and chronic ill health often experience unique problems, including multiple and intersecting forms of discrimination, and face a greater risk of having unmet needs regarding their health and employment.

Promoting disability inclusion through policies that incorporate assistive technologies and accessible information should be an integral part of workplace measures designed to create a positive and supportive working environment that values workers' capabilities and promotes both mental and physical well-being for all employees. For example, a better understanding of the unique needs of neurodivergent workers can contribute to a safer, healthier and more inclusive workplace, while also valuing the hidden and diverse abilities that neurodivergent individuals bring to the workforce as part of workforce diversity initiatives (EU-OSHA, 2025b). Workplaces designed to be inclusive, with policies such as flexible working, that cover the whole workforce, reduce the need for individual accommodations and the stigma of having to ask for this 'special treatment'. Stigma needs to be addressed through awareness-raising and training and by creating a supportive work environment. Interventions to support individuals with mental health problems should be implemented within the context of organisational interventions that address PSR factors for all workers, and the same approach should be applied to the return to work of workers with both mental and physical health problems (EU-OSHA, 2024a).

Accommodating the needs of workers with disabilities and long-term health issues is also relevant to other diversity groups, such as older workers, pregnant workers, workers with family responsibilities, workers who hold a particular religion or belief, and workers living with or affected by HIV or AIDS (ILO, 2016b). As with other diversity groups, an intersectional perspective is essential – such as for women or migrant workers with disabilities – in the workplace. Supportive practices for workers with disabilities and chronic ill health (European Commission, 2024a; EU-OSHA, 2023c, 2024a) include improving working conditions and ensuring workplace safety. Investing in disease prevention, taking an interest in the vocational rehabilitation of a worker/employee with a chronic disease or living with a disability, hiring people with a disability or those approaching the end of their medical rehabilitation, adapting the work environment to the needs of workers with reduced work capability, and providing paid leave for temporary or permanent reduced work capacity. Critical success factors include implementing workplace accommodations (such as addressing issues like fatigue or stress to allow for better-managed workloads, and dealing with impacts from, among others, chemotherapy or recovery from surgery).

Table 5 summarises the PSR factors and prevention measures to promote an inclusive working environment for workers with disabilities and chronic ill health.

Table 5: Workers with disabilities and chronic ill health – PSR factors and prevention measures

Theme	PSR factors	Prevention measures
Discrimination and inequality	▪ Work culture of discrimination and harmful stereotypes perpetuate inequalities and create low self-esteem. ▪ Stigma and discrimination lead to workers concealing conditions e.g. mental ill health. ▪ Women, migrant and LGBTIQ workers with disabilities face additional barriers and discrimination.	▪ Policies, procedures and programmes providing inclusive and non-discriminatory recruitment, employment and career development practices. ▪ Recognition of workers' intersectional identities. ▪ Disability and chronic ill health being recognised as PSRs and included in risk assessments; the prevention of physical and mental health risks at work being given the same priority
Working conditions, pay and job security	▪ There is a mismatch between demands of the job and the worker's work capacity. ▪ Lack of career opportunities or support for workers with disabilities, including specific support for workers with cognitive or intellectual disabilities.	▪ A holistic plan covering support and follow-up, work accommodations, therapeutic and medical support, self-management and relapse prevention, and self-organised worker support groups. ▪ Awareness raising, training and policies on support focusing on a worker's capabilities, not disabilities, with the aim of enhancing career opportunities. ▪ A supportive work environment being created amongst managers and colleagues.
Work organisation, workload and autonomy	▪ Workplaces are not adapted to reasonably accommodate workers' needs and accessibility. ▪ Difficulties in working effectively and in self-managing symptoms, such as pain.	▪ Effective management and support of chronic illness and the prevention of disabilities. ▪ Job, work tasks and activities designed with workers' specific needs in mind. ▪ Inclusive policies e.g. flexible working time, effective return-to-work policies. ▪ Workers being involved in making return-to-work plans, decisions over job

Theme	PSR factors	Prevention measures
	▪ Lack of flexibility in working time and absence of measures to address stress arising from workload or work pace. ▪ Absence of assistive technologies in the workplace.	content, work load, pace of work, the design of policies, adaptations, and planning work. ▪ Flexible working hours that enable workers to schedule working time to their needs. ▪ Teleworking, for example, to help to accommodate 'bad days'.
Violence, harassment and TPVH	▪ Disability may be used as a ground/motivation for bullying and harassment, including by third parties.	▪ Policies, including training and awareness programmes, on violence and harassment, including GBVH and TPVH, that include a part on preventing the risks of violence and harassment, including for workers with disabilities and chronic health problems.
Information and representation in trade unions	▪ Information is not provided in formats that are accessible for people with disabilities; low involvement in consultations and decision-making about workplace policies. ▪ Limited representation and involvement in trade unions / negotiation of CBAs.	▪ Signage and information, including on OSH, that are provided in accessible formats, e.g. braille, videos / sign language, simple language. ▪ People with disabilities and chronic health conditions being included in union representation and the negotiation of CBAs.

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.7 Young workers

2.7.1 Definition

The definition of a young worker depends on the policy context. The collection of EU statistics by Eurostat covers the 15-to-24 age group, and EU policy initiatives target young workers up to the age of 30. In the context of this study, young workers refer to any worker under the age of 30.

2.7.2 Psychosocial risk factors

Young workers can experience a range of work-related PSRs leading to stress at work, and are also connected to overall higher rates of mental ill health amongst young people in all EU Member States. Data from the 2022 *Health at a Glance* report shows that almost one in two young Europeans (15-to-24-year-olds) have unmet mental healthcare needs, with the share of young people reporting symptoms of depression more than doubling during the COVID-19 pandemic. According to the EU-OSHA (2022c) OSH Pulse survey, younger respondents reported experiencing work-related health problems, with overall fatigue caused or exacerbated by work being most prevalent among younger workers (35% for 16-to-24-year-olds).

Young workers face high exposure to PSRs arising from job insecurity and low pay. Young workers are more likely to experience difficulties entering the labour market, including discrimination in hiring based on their age, lack of experience, or bias about their unreliability (Eurofound, 2021, 2025). Generally, young workers in insecure and temporary employment face additional risks, including poorer working conditions, longer working hours and less autonomy (EU-OSHA, 2013b).

Young people who experience multiple discrimination (e.g. migrant, racialised, disabled, LGBTIQ) often face compounded discrimination in hiring, pay and working conditions (Oliveira et al., 2024). For

example, risks of discrimination and abuse are higher for young LGBTIQ workers (IGLYO & ILGA, 2022) as well as heightened exposure to violence, harassment and discrimination in the workplace (TUC, 2024b).

The youngest age groups report the highest levels of job insecurity and are often required to work at short notice or in unstable conditions, reinforcing unequal treatment (Eurofound, 2025b). However, a smaller share of this group reported working longer hours than older age groups. Furthermore, the youngest age group (16-to-24 years) experienced the highest exposure of any age group to adverse social behaviour, including verbal abuse and sexual harassment (Eurofound, 2022b, 2025). Younger workers, particularly younger women and trainees, have disproportionately higher exposure to sexual harassment. The fact that young workers feel insecure about their jobs is connected to many young people working while studying, in jobs that are often low-skilled and precarious (Eurofound, 2021e). For example, young professionals who work in jobs with low autonomy, fewer responsibilities and less meaningful work experience tend to have higher levels of disengagement and decreased motivation compared to workers with more autonomy and meaningful work (Lechler et al., 2023).

FRA (2024) data shows that sexual harassment at work is higher (41.6%) among women in the youngest age group (18 to 29 years). Risks from third parties are particularly high for younger workers when working in jobs where there is contact with the public, clients, patients, etc. in hospitality, hotels, restaurants, bars, casinos, retail and digital platform work (EIGE, 2025; FH, 2020; Pillinger/ILO, 2024) and in relation to growing risks associated with cyber violence and harassment (EU-OSHA, 2025c; ETUC, 2024). In addition, many younger women work in sectors such as hospitality and retail, where both work is insecure and there is high exposure to sexual harassment. Young people in precarious and insecure jobs, like other vulnerable workers, often stay silent about their experience as they feel that they cannot safely report concerns about sexual harassment or long hours without retaliation (ETUC, 2024; Pillinger/EPSU et al., 2023). As well as gender differences in exposure to sexual harassment, other gender-related PSRs include the effects of menstruation, pregnancy or breastfeeding on productivity and career development opportunities. In addition, rates of MSD amongst young workers, which may be partly related to work stress and closely linked to the type of work that young people carry out, are increasing (EU-OSHA, 2020a).

2.7.3 Strategies to address exposure to psychosocial risks

The primary strategies for young workers should focus on mitigating their heightened exposure to PSRs, including job insecurity, low pay, precarious contracts, poor working conditions and limited autonomy. This should take into account measures to address and support young people affected by stress, fatigue and mental ill health, compounded by their over-representation in insecure or temporary work, low-skilled roles and sectors with high exposure to TPVH, for example in hospitality, retail and platform work. Prevention measures should therefore prioritise age- and gender-sensitive workplace risk assessments that address PSRs, including precarious employment, long hours and harassment. Key strategies include ensuring access to age-relevant mental health support, developing policies and training that make workplaces safer and more inclusive, and addressing the diverse experiences of young workers in workplace policies and risk assessments.

Recognising young people's intersectional identities is important in reducing exposure to PSRs. The experiences and needs of younger women, trainees, and Black and ethnic minority, migrant and LGBTIQ youth – particularly trans and non-binary youth – need to be factored into PSR prevention strategies, as these groups face additional risks of discrimination, sexual harassment and gender-related PSRs that need to be addressed. Creating supportive organisational cultures where young workers feel valued, safe to report problems such as abuse and harassment without retaliation, and able to access tailored support for mental health, career development and work-life balance are crucial in reducing exposure to PSRs and promoting healthier, more sustainable outcomes for young people.

Table 6 summarises the PSR factors and prevention measures to promote an inclusive working environment for younger workers.

Table 6: Young workers – PSR factors and prevention measures

Theme	PSR factors	Prevention measures
Discrimination and inequality	▪ Young people face discrimination at work. ▪ Young workers disproportionately experience mental health problems and may enter the workplace with poor mental health.	▪ Policies and risk assessment that address risks of discrimination and inequality. ▪ Mental health awareness and support for young people being included in OSH and PSR training.
Working conditions, pay and job security	▪ Job insecurity and long working hours. ▪ Financial insecurity and low pay. ▪ Long hours and tolerance of poor working conditions because of job insecurity. ▪ Difficulties in raising issues with managers and making complaints about abuses.	▪ Jobs being planned as part of strategies for 'sustainable' work across the work-life course, and that are based on work ability, not age. ▪ Young people being included in consultations and encouraged to safely report concerns about excessive workload, long hours, isolation, unfair pay and other unfavourable working conditions.
Work organisation, workload and autonomy	▪ Low autonomy at work, fewer responsibilities, less meaningful work. ▪ Precarious work, e.g. zero-hours contracts and short-term contracts. ▪ Lack of training and support and opportunities for career progression. ▪ Higher physical workload. ▪ Social isolation / remote working. ▪ Work culture and manager roles are not conducive to discussing mental health problems, especially for young men.	▪ Provide meaningful work tasks, including for trainees and interns. ▪ Use intergenerational work groups to widen perspectives and ideas. ▪ Assess ways to avoid social isolation, including for young people working remotely, e.g. peer and manager support. ▪ Provide opportunities for training and career development. ▪ Provide appropriate supervision and support, including mentoring by older, experienced workers. ▪ Risk assessments, include PSRs, that cover risks to young people, e.g. stress resulting from high work demands and long hours.
Violence, harassment and TPVH	▪ Violence, harassment, sexual harassment and bullying are directed at young people, including TPVH. ▪ Young women are especially vulnerable to sexual harassment, cyber harassment and digital sexual abuse in the workplace and public places.	▪ Young workers being made aware of reporting systems and being encouraged and empowered to use them. ▪ TPVH prevention programmes that address risks for young women workers in customer-facing roles, e.g. hospitality and retail. ▪ Safe spaces to report abuses, and non-retaliation policies.
Information and representation in trade unions	▪ Low involvement in decision-making and less likely to be a member of, or represented by, a trade union.	▪ Consultations with young workers about their mental health and other work-related concerns. ▪ Build young people's representation and leadership in trade unions and in negotiation for workplace policies.

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.8 Older workers

2.8.1 Definition

There is no unified definition of 'older workers' or the 'older workforce exists. However, in the EU, the 55-to-64 age group is generally defined as 'older workers' (EU-OSHA, 2023).

2.7.3 Psychosocial risks

Across the EU, later retirement ages, longer life expectancy and improved health have resulted in an increase in older people's employment rates (workers aged 55 or older grew from 23.8 million in 2010 to nearly 40 million in 2023) (Eurofound, 2025b). Demographic ageing and longer working lives raise essential questions about retaining, valuing and supporting older workers in the workforce. An age perspective is critical in PSR assessments, given the growing pressure for people to extend their working lives while maintaining skills, knowledge, work productivity and sustainable employability. However, older workers encounter several barriers in the workplace, such as gender disparities, age discrimination and keeping up to date with the continual requirement for skill development. According to the EU-OSHA (2022d) OSH Pulse survey, older respondents reported experiencing work-related health problems, with 32% of workers aged 54 or older experiencing fatigue that was caused or exacerbated by their work. In addition, as with other diversity groups, there are variations in older people's exposure to PSRs, suggesting that focus should be given to capabilities rather than age. Interestingly, according to the OSH Pulse (2022c) survey, 24% of older workers reported stress, anxiety and depression, compared to 27% of all workers.

Ageism is widespread across Europe (WHO, 2021; AGE, 2021; OECD, 2021; EU-OSHA; 2016b, 2016c), and the effects of ageism in the workplace lead to stigma and stereotypes that older people are of lesser value, leading to older workers being sidelined and systematically ignored by colleagues and supervisors (WHO, 2021). According to AGE (2021), older workers continue to be left behind in the workplace. Age discrimination, such as age limits in recruitment practices, compulsory retirement ages and a lack of accommodation of age-related risks at work, limits career development and has an impact on stress and self-esteem, often forcing older people to take early retirement. AGE (2021) cites a Slovenian initiative, part-financed by the European Social Fund, that aimed to reduce and eliminate stereotypes, promote intergenerational cooperation, and foster respect for other generations in the workplace through educational workshops and age-friendly awards for employers.

EU-OSHA's (2016b) review of research on OSH implications of the ageing workforce suggests that it is not just age that creates exposure to work-related health problems, but that age with a combination of other factors – including work demands and psychosocial factors, as well as an older person's occupational and socioeconomic status, social position and education – need to be taken into account. An intersectional approach to age diversity is also important, as it recognises the specific risks of discrimination and exclusion experienced, for example, by older women (EU-OSHA, 2016a). Older women workers face a range of gender-specific PSR factors, such as those related to emotionally demanding work that women predominantly carry out, and the cumulative effect of exposure to psychosocial and physical risks over a long period due to health-related conditions such as the menopause, osteoarthritis and osteoporosis (EU-OSHA, 2016a). Specific risks may arise from the menopause, leading some employers in recent years to adopt menopause policies that support women's health (Business in the Community, 2023). Gender inequalities result in wage gaps, job insecurity, care responsibilities and mental health challenges for women, which can negatively impact older women's career opportunities and lower pay. Stress may also result from the fact that some low socio-economic status (LSES) women may continue to work beyond retirement age because of poverty in old age. With the average gender gap in pensions in the EU at 35.7%, compared to the average gender pay gap of 13%, poverty in retirement is a pertinent issue in the EU (European Commission, 2023). In analysing the data for older LGBTIQ people in the FRA (2019) survey, AGE and ILGA (2023) found that older trans men disproportionately experienced violence from colleagues in the workplace (43% of trans men and 19.9% of older non-binary people, compared to 4% of the general population).

Overall, older workers are mostly exposed to PSRs related to the impact of the organisational and social context of the job, including the organisation of work, such as time or workload pressures; the ambiguity of an individual's role within an organisation; and the lack of – or limited – resources made available to

the worker, such as support from peers and superiors. Furthermore, heightened stress among older workers may also occur because older workers' higher status and experience in the workplace expose them to stress from having heavy workloads and responsibility for others.

Older workers may also experience stress if they have missed out on training opportunities, which can impact their career development as they are not up to date with new technological, managerial, organisational and other changes in the workplace. Financial constraints are a growing source of stress for older people. Given high levels of poverty in old age, particularly amongst women, there may be increased economic pressure on workers to work longer than they would have done in the past. Having to remain at work for financial reasons may be a specific risk, leading to stress and low job satisfaction. Workers who have poorer mental health are more likely to retire earlier than those with good mental health; similarly, this is the case for men and women with low job control, who have a higher risk of newly reported coronary heart disease (Bosma et al., 1997; Marmot et al., 1997).

A further issue is that older workers may face challenges in achieving a work-life balance, such as caring for elderly parents or partners. This affects older men and women, although women are more likely to take on the role of informal carers. Census data from the UK shows that over a quarter of adults who care for sick, disabled or older relatives and dependent children (so-called 'sandwich carers') experience stress and depression (ONS, 2019). Stress and the struggle to balance paid work with care mean that many carers have to leave their jobs (Lyons, 2024). As a result, support for carers, tailored to the needs of women and men, is important, while recognising that some workers are caring for children and older relatives (EU-OSHA, 2016a).

2.7.4 Strategies to address exposure to psychosocial risks

Prevention strategies to reduce older workers' exposure to PSRs need to address both demographic change and longer working lives, and the barriers that older workers face in the labour market, particularly in accommodating their work tasks where work roles require heavy work, such as nursing and care work requiring manual handling of patients, construction and other manual work predominantly carried out by men. Prevention initiatives should focus on the diversity of older workers, while taking into account ageism, discriminatory attitudes and limited opportunities for skill development and career progression amongst some groups of older workers. These factors contribute to work-related stress, fatigue and mental health issues, which in turn lead some older people to take early retirement. Prevention strategies can therefore consider the interaction between age, work demands, socio-economic status, gender and other diversity factors. For example, older women may face gender-specific PSRs linked to health conditions such as the menopause, while older LGBTIQ workers may be more exposed to harassment. Intersectional strategies that combine occupational safety and health (OSH) measures with broader diversity and equality initiatives are essential for preventing work-related stress.

Furthermore, effective prevention strategies emphasise valuing and supporting older workers through inclusive organisational policies and practices. This includes designing age-friendly workplaces that accommodate physical and cognitive changes; offering training and lifelong learning opportunities to close skill gaps; and providing flexible working arrangements, such as flexible working hours and partial retirement schemes that meet the care, health and personal needs of older workers nearing the end of their working lives. Supporting work-life balance can help prevent stress and burnout for all workers, and it can be targeted to address the care responsibilities of older employees, while also accommodating their personal commitments. Organisations can also benefit from forming multigenerational teams that promote knowledge sharing, challenge stereotypes, and encourage learning and respect across different age groups. By integrating age-diverse and inclusive policies into OSH systems, employers not only minimise exposure to PSRs, but also boost productivity, resilience and sustainability within the workforce.

Organisations that support a diverse and age-inclusive workforce are generally more productive and innovative. For example, multigenerational and age-inclusive workforces help retain older people, share knowledge and perspectives across generations, and promote resilience in the workforce (OECD, 2021). Exposure to PSRs among older workers can be mitigated through age-appropriate support and accommodations, such as flexible working hours, modified job roles, and support from colleagues and supervisors/managers. Organisations need to address the challenges that arise for workers connected

to the ageing process and adapt work tasks and job roles to changes in physical and mental skills that can affect performance and expose workers to PSRs and stress (EU-OSHA, 2013).

Table 7 summarises the PSR factors and prevention measures to promote an inclusive working environment.

Table 7: Older workers – PSR factors and prevention measures

Theme	PSR factors	Prevention
Discrimination and inequality	▪ Stigma and age discrimination. ▪ Hiding a chronic condition because fear of discrimination/ageism. ▪ No recognition of older people's intersectional identities, which may compound their exposure to discrimination.	▪ Ageism and stigma being addressed in diversity policies and risk assessments. ▪ Intergenerational teams that value and retain the skills and experience of older workers. ▪ Age/diversity strategies that tackle age barriers and discrimination. ▪ Policies that recognise older people's intersectional identities, e.g. older women, older migrants, older LGBTIQ people.
Working conditions, pay and job security	▪ Older workers, with their levels of experience and status in the workplace, experience stress from the responsibility for other people's work and from the level of their workload. ▪ Older workers, in particular low-status and manual workers, may have less access to training, which may make them feel left behind or isolated. ▪ Older workers may be affected more by physical work and need more recovery time, leading to higher fatigue. ▪ Older workers miss out on training/career development.	▪ Older workers' exposure to PSRs being recognised, assessed and mitigated. ▪ A comprehensive approach to age management; a multigenerational and age-inclusive workforce. ▪ Policies that ensure good-quality working conditions based on capabilities for all age groups throughout life. ▪ Support, especially for middle management, in handling workload. ▪ Good social support that contributes to a reduced likelihood of early retirement. ▪ Policies that value older workers, and these workers being managed in an age-appropriate way. ▪ Life-long training / career development that ensures older workers' skills and knowledge of technology.
Work organisation, workload and autonomy	▪ The workplace has no adaptations for older workers e.g. flexible working time, reduced hours.	▪ Policies developed in consultation with older workers, e.g. flexible working time, job rotation, knowledge transfer, mentoring younger workers, etc.

Theme	PSR factors	Prevention
	▪ The health needs of older women workers are not considered, e.g. the menopause. ▪ Stress may arise from older people's care responsibilities, e.g. for their spouse or partner. ▪ Inadequate pensions, especially for women, and financial insecurity may mean that workers remain in work beyond retirement, with consequences for job satisfaction and health.	▪ Assessments of work demands being based on work ability, not age. ▪ Policies that address older women's health-related needs, including the effects of the menopause. ▪ Carers' policies that address women and men, recognising older workers' care roles. ▪ Training and development opportunities tailored to the needs of older workers, including new technology ▪ Complementary policies that cover the health and well-being of older workers.
Information and representation in trade unions	▪ Older workers perspectives and health needs are not included in policies or information. ▪ Low representation of older workers by trade unions.	▪ Information targeting older workers' networks. ▪ Older people being represented in trade unions, and age management policies and strategies being included in negotiations for policies and CBAs.

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

2.9 Low socio-economic status workers

2.9.1 Definition

Low socio-economic status workers (LSES) workers are included in this study as a diversity group, recognising that LSES workers' intersectional identities are also crucial. From EU-OSHA's (2023d) perspective, LSES workers are broadly defined as those with low income and educational levels, working in low-skilled and unskilled occupations.

2.9.2 Psychosocial risks

LSES workers experience high exposure to work-related PSRs (EU-OSHA, 2023d). A gender and diversity perspective, including LSES workers' intersecting identities, is essential for understanding the exposure to different risks faced by diverse groups of LSES workers. For instance, vulnerable women workers with low educational attainment experience higher levels of employment insecurity, lower pay, poor social protection and pensions, and fewer opportunities for career advancement, compared to other groups of women whose educational levels have improved over time, sometimes surpassing those of men. The intersection of gender with educational attainment, care and parenting roles, among other factors, significantly influences women's access to and progression in employment. Data also shows a strong correlation between women's educational level and full-time employment rates (EIGE, 2019).

EU-OSHA's (2023d) review of the literature on low socio-economic status (LSES) workers significantly contributes to understanding PSR factors, particularly where these factors intersect with gender, young workers, migrant workers, and risks in specific sectors. Overall, these risks have adverse effects on mental health and well-being, with depression frequently cited as a common outcome. PSRs for LSES

workers are categorised into three main areas. First, risks and vulnerabilities are associated with socio-economic, socio-demographic and occupational status, such as income and education. Specifically, risks related to LSES workers by gender, age and migrant status include high job demands, work insecurity and financial instability, which are significant stressors. Gender segregation in the labour market; women's disproportionate care roles; and the double burden of work and care/household responsibilities and discrimination, as is experienced, among others, by LSES, Black, ethnic minority and migrant women workers, further contribute to workplace stress, violence and harassment. Second, LSES workers' exposure differs in relation to work tasks across various sectors. For example, jobs that require emotional demands when interacting with third parties or vulnerable clients are particular risk factors for women and migrant workers in low-paid care and domestic roles. The phenomenon of 'emotional dissonance' and the obligation to 'deliver service with a smile' are strong, recurring risk factors. A lack of organisational support is a further PSR factor, which is observed across multiple jobs and sectors.

Third, job insecurity, income instability and precariousness are PSR factors affecting workers in low-quality employment. Examples include downward mobility in careers and non-standard work arrangements for temporary workers, agency workers, part-time workers in involuntary or marginal roles, and vulnerable independent or self-employed workers.

Overall, workers in non-standard employment experience worse health and well-being, such as depression, than other workers. PSRs and adverse mental health outcomes for LSES workers are heightened when account is taken of the impact of digitalisation and COVID-19 on this group of workers (Apouey et al., 2020). Regarding the effects of the COVID-19 pandemic, studies have shown that essential and front-line workers, such as cleaners, experienced declining working conditions and a decline in their well-being. Despite limited research on the impact of digitalisation on platform and LSES workers on their exposure to PSRs and mental health outcomes, these workers frequently report higher levels of stress and depression (EU-OSHA, 2023d).

2.9.3 Strategies to address exposure to psychosocial risks

EU-OSHA (2023d) points to several protective factors that could mediate exposure to PSRs for LSES workers. They include adjustments to job design, such as reducing job demands, improving management and increasing support for workers who work with customers and patients. Furthermore, policies addressing job insecurity, precarious work and financial stress and insecurity are crucial to reducing exposure to PSRs. Further issues include enhancing worker involvement, including workers' voices, representation and participation in social dialogue in OSH; improving work-life balance; and putting more emphasis on preventing bullying, harassment and discrimination at work, particularly in sectors where LSES workers predominate.

Table 8 summarises the PSR factors and prevention measures to promote an inclusive working environment for workers with low socioeconomic status.

Table 8: Low socio-economic status workers – PSR factors and prevention measures

Theme	PSR factors	Prevention measures
Discrimination and inequality	▪ Multiple and intersecting discrimination, for example, faced by different groups of women LSES workers, migrant women, younger women and older workers.	▪ Implement a proactive approach to preventing violence, harassment and discrimination. ▪ Policies and risk assessment that address LSES/intersectionality.
Working conditions, pay and job security	▪ LSES workers, regardless of sector or group, face common risk factors: job insecurity, financial insecurity, etc.	▪ LSES workers included in risk assessment and prevention of PSRs. ▪ Provide opportunities for secure work and to ensure that LSES

Theme	PSR factors	Prevention measures
	▪ LSES women and single parents face gender segregation, work-life conflict, job insecurity and low pay. ▪ Young LSES workers face more job insecurity and financial insecurity compared to other age groups.	workers' skills are valued and fairly rewarded. ▪ Emphasis given to improving job security and working conditions.
Work organisation, workload and autonomy	▪ Heavy workloads and work tasks. ▪ There is a lack of autonomy and limited control over work tasks and working hours, resulting in stress and work-life conflict. ▪ Work is often carried out in isolated settings. ▪ There is limited support from managers and colleagues, including from OSH mental health support systems.	▪ Adjust job design and reduce excessive work. ▪ Introduce measures to enhance LSES workers' control over job and work tasks. ▪ Policies and support that reduce isolation in remote or lone working. ▪ Enhance organisational support from managers and colleagues. ▪ Provide tailored mental health support for LSES workers. ▪ Improve access to work-life balance for LSES parents.
Violence, harassment and TPVH	▪ LSES workers face additional risks in sectors where there is contact with clients and customers, with heightened risks of TPVH.	▪ Ensure that policies, training and managerial support address risks of violence and harassment, particularly TPVH. ▪ LSES workers safely able to report complaints of abuses at work, including violence and harassment.
Information and representation in trade unions	▪ Low worker involvement and worker voice in OSH and in trade unions.	▪ Include the voices of LSES workers in company and OSH policies. ▪ Improve the representation and involvement of LSES workers in trade unions.

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

3 Towards an integrated approach to workforce diversity and psychosocial risks

3.1 Introduction

The previous section highlighted evidence and data to suggest that a diversity-sensitive approach to PSRs and risk assessment is crucial for ensuring the effective management of PSRs across the entire workforce, while taking into account workers' unique and intersecting identities and vulnerabilities. This section examines transversal issues (issues that cut across different groups) and explores the exposure of diverse groups of workers to PSR factors, highlighting both shared and specific risk factors to which workers with diverse backgrounds, needs and work situations are exposed. On the one hand,

heightened exposure to PSRs arises because diversity groups predominantly work in sectors that expose them to PSRs where they are regularly in contact with customers, clients, etc. On the other hand, added vulnerabilities exist because of wider structural inequalities in the labour market, including gendered power inequalities. An integrated transversal approach to PSRs recognises the uniqueness and overlapping dimensions of the lived experiences of workers.

Many of the issues identified – such as work overload, lack of control over working time, bullying and harassment, and inadequate organisational support – are common to the workforce as a whole. These risks stem from systemic features of work organisation and workplace culture that affect all workers, regardless of background. At the same time, the analysis presented in this section reveals that specific groups of workers face additional or distinct forms of exposure related to their social position, identity or employment status. Diversity considerations should therefore be integrated into workplace risk assessments, including PSRs, that are responsive to the entire workforce. This approach demonstrates that addressing PSRs requires both universal measures – that create safe, healthy and inclusive working environments for all workers – and targeted actions that respond to the specific needs of groups facing heightened risks. This dual approach ensures that the benefits of reducing PSRs are extended to the whole workforce, while addressing the issues facing the diversity groups discussed.

Finally, this section explores how these factors can be incorporated into PSR risk assessment and management in practice. While a diversity-sensitive approach may seem complex, it essentially involves following a few basic principles to ensure that factors relevant to all sections of the workforce are considered and that all workers participate in the process, resulting in more effective solutions.

3.2 Common and unique PSRs

A diversity-sensitive approach not only benefits vulnerable workers, but also provides a protective framework for workers who are currently, or may in the future, face life course events or challenges such as parenthood, ill health, ageing or acquiring a disability. This approach can foster inclusive working environments for all, with a positive impact on workplace productivity and efficiency. An integrated and transversal approach also means shifting job design and mindsets away from the organisation of work, equipment and workplaces designed for male, full-time, family-wage earners to organisations that value the contribution and diversity of all workers, lifting barriers to ensure inclusion for all, including men who do not fit this stereotyped view of work.

Of relevance to this discussion is that some groups of vulnerable workers face increased exposure to PSRs. Table 9 highlights this increased exposure, as identified in the previous section, for each of the diversity groups discussed, noting both specific and overlapping PSR factors. It demonstrates that increased exposure to certain risk factors is unique to specific groups, but in most cases, these PSR factors are shared across the majority of vulnerable worker groups.

Table 9: Summary of the main types of exposure to PSR factors

PSR factors	Women workers	Black and ethnic minority workers	Migrant workers	LGBTIQ workers	Workers with disabilities	Older workers	Young workers	Workers with intersecting identities	LSES workers
1. Discrimination	✓	✓	✓	✓	✓	✓	✓	✓	
2. Stigma, stereotypes	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. Violence and harassment, including GBVH, TPVH and cyber harassment									
• Violence, harassment	✓	✓	✓	✓	✓	✓	✓	✓	✓
• GBVH / sexual harassment	✓	✓		✓			✓	✓	
• TPVH	✓	✓	✓	✓			✓	✓	✓
• Digital/cyber harassment	✓	✓		✓			✓	✓	
4. Working conditions and work organisation									
• Work with third parties	✓	✓	✓					✓	✓
• Emotional labour	✓	✓	✓					✓	✓
• Working in isolation	✓	✓	✓	✓		✓	✓		✓
• High workload, intensity, pressure	✓		✓		✓		✓	✓	✓
• Low-status jobs, low job control, lack of role clarity	✓	✓	✓	✓	✓	✓	✓	✓	✓

PSR factors	Women workers	Black and ethnic minority workers	Migrant workers	LGBTIQ workers	Workers with disabilities	Older workers	Young workers	Workers with intersecting identities	LSES workers
• Job insecurity	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Low pay / financial insecurity	✓	✓	✓	✓	✓		✓	✓	✓
• Social isolation, low support from managers/colleagues	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Work-life conflict	✓		✓					✓	✓

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

First, *discrimination* is a significant PSR factor, impacting workers' access to decent working conditions and pay, support at work and health, and their resilience and well-being. The sense of not being treated fairly is demoralising and demotivating for workers. Not only are employers not making the best use of their workforce, but they are also likely to be adversely affecting the performance of those being unfairly treated. As Table 9 shows, exposure to discrimination is generally higher for women workers, Black and minority ethnic workers, migrant workers, LGBTIQ workers, and workers with intersecting identities. The Special Eurobarometer on Discrimination in the European Union (European Commission, 2023) found that more than half of respondents said there was widespread discrimination based on being Roma or because of their skin colour, ethnic origin, gender identity or sexual orientation, and that work was one of the main locations where discrimination or harassment occurred. Perceived discrimination and strategies for resilience may also vary among different groups of workers in high-risk sectors where there is high exposure to PSRs. To the contrary, specifics include women's heightened exposure to PSRs due to gender norms, unequal power relations, gender-based discrimination and TPVH, heavy and emotional work demands, and work-life conflict. For Black and ethnic minority workers, workplace discrimination is a significant factor, along with a lack of career opportunities and support at work. Migrant workers may face unique PSRs owing to limited social support and a lack of acceptance of a person's culture, skills or qualifications, and working in high-risk, unprotected sectors. LGBTIQ workers report higher levels of discrimination, harassment and exclusion, as well as internalised stigma, concealment of their identity, and a lack of support from managers or colleagues compared to other groups. Lack of support for, or acceptance of, a person's sexual orientation or gender identity, resulting in concealment, may result in stress and mental ill health. Similar issues may also be relevant for workers with hidden disabilities, such as mental ill health.

Second, closely related to discrimination, is that all groups potentially face *stigma and stereotypes* that can affect their exposure to PSRs, while also reinforcing positive or negative assumptions about workers' intrinsic value and contribution to work. This includes bias (conscious or unconscious) that creates a barrier to understanding the multiple ways in which the diverse needs of workers can be successfully accommodated in the workplace. Workers with disabilities and chronic ill health are often exposed to stereotypical attitudes concerning their work ability and a lack of accommodation for their needs at work, too often thought of as too complicated to implement, leading to stress and to leaving their jobs. Similarly, older workers, disabled workers and pregnant or breastfeeding women may be exposed to PSRs due to the absence of workplace accommodations tailored to the needs of diverse groups of workers. For example, workers with disabilities or long-term illnesses and older workers may face stereotypes and bias that create a culture that devalues their roles and contributions, including their ability to reintegrate into work after a period of sick leave. Including these issues in PSR assessments and practical workplace strategies and policies can help ensure the long-term reintegration of these vulnerable groups into the workforce, contributing to the retention of valuable workers.

Third, certain groups of workers experience heightened *exposure to workplace violence and harassment*, including TPVH, which may depend on the sector worked in; the type of job performed and whether there is contact with the public, customers or clients; and their predominance in lower-paid, less secure jobs and other characteristics. The European Survey of Enterprises on New and Emerging Risks (ESENER, 2024) reveals that 56% of organisations identify dealing with demanding customers, patients or pupils as a significant PSR. New challenges have emerged in the workplace due to digitalisation and cyber violence and harassment (EU-OSHA, 2025c). Creating an inclusive working environment, involving workers in finding solutions to TPVH and in developing prevention policies, and ensuring effective response and support measures, has significant business benefits for employers, such as improved service quality and productivity, as well as enhanced working environments. An example of this approach is the Initiative New Quality of Work (INQA) in Germany, as detailed in the box below.

The Initiative New Quality of Work (INQA)[13] (German Federal Ministry of Labour and Social Affairs) was established in 2002 to help companies develop a sustainable and human-centred culture. It supports small and medium-sized enterprises in attracting and retaining skilled workers through tools and guidance focused on leadership, diversity, health and competence, helping companies to address challenges in the work environment resulting from digital transformation and demographic change. Resources include self-assessment tools, coaching, and networking opportunities on gender equality, age diversity and inclusion for individuals with disabilities and diverse cultural backgrounds. Specific guidance on occupational health management emphasises mental health and work-life balance and includes voluntary certification to encourage systematic workplace development. Many of the diversity issues addressed in the project are relevant strategies for preventing PSRs, including diversity management, age-appropriate work design, integration of refugees, non-discriminatory recruitment, and strengthening intercultural teams. These strategies encompass non-discrimination based on gender, gender identity and sexual orientation, as well as the strengthening of gender equality and the inclusion of workers with disabilities.

Fourth, the sector of activity and the type of job tasks that are carried out affect *exposure to multiple PSRs*. As noted above, exposure to TPVH, particularly gender-based TPVH, is highlighted as a significant and growing PSR in sectors where there is contact with the public, customers, clients, etc. As this report has shown, workers in some sectors, such as the health and social care sector and domestic work, are exposed to risk factors due to the intensity of emotional labour, time pressure and physical work demands (Pescud et al., 2021; Llorens Serrano et al., 2022, EU-OSHA, 2020b). Therefore, interventions tailored to the sector-specific challenges faced by women migrant and minority ethnic workers, as well as workers with low socio-economic status, will also contribute to prevention (EU-OSHA, 2023d). One way to address this is to assess exposure to risks by different groups of vulnerable workers through tailored risk assessments in sectors where the risks are highest, as has been developed, for example, for domestic services in Spain (EU-OSHA, 2025d) and as shown in several of the case studies (see Section 4), where exposure to PSRs in jobs such as cleaning and care services has been examined.

Fifth, this study has found a strong association between the exposure of workers from diverse groups to *PSRs* and *poor working conditions*, which may result from low levels of power and status at work, job insecurity, work-life conflict, and limited worker voice and representation by trade unions. For example, risks may arise from working conditions associated with the jobs carried out by women, young people and low-paid workers who work in low-paid service jobs. Research from the US and Canada highlights that these workers are more likely to be in jobs where they are standing without moving at work, resulting in significant health risks, including MSDs. Considering these issues during labour inspections is critical, as are measures such as providing seating and reducing monotonous tasks, which can help alleviate these risks (Messing, 2025).

Interaction of sociodemographic factors and exposure to PSR factors

Exposure to PSRs is connected, on the one hand, to socio-demographic status, discrimination and stigma, and on the other hand to stressful working conditions resulting from high job demands, lack of time, shift work, and working in environments with inadequate staffing and high staff turnover. For example, the interaction between exposure to MSD risk factors and exposure to PSR factors suggests that these issues should be assessed together (EU-OSHA, 2020a, 2021b, 2021c). This becomes all the more critical for groups such as women, migrant and low socio-economic status workers, who are more exposed to MSDs resulting from repetitive and fast-paced work. A further issue is that staffing shortages, which may arise from austerity measures in health, social care and education, have increased work pressure and stress, adding to heightened risks of TPVH (European Commission, 2020; EPSU, 2022; EPSU/Vereycken & Ramioul, 2019; WHO Regional Committee for Europe, 2022; UNISON, 2025). Furthermore, recent developments in the world of work, including digital platform work and AI-driven management, have increased psychosocial stress for some groups of workers. These developments have had the effect of heightening work intensity, information overload and blurred boundaries between

[13] For further information see: https://www.inqa.de/DE/service/english/english.html.

work and personal or family life. There are also lessons from COVID-19, where vulnerable workers – especially women workers, young workers and workers in precarious employment – faced worsened mental health during the pandemic (UNI-Europa, 2022).

Supportive factors

Aside from the need to ensure safe staffing levels and response measures, other factors in the workplace, such as a work team climate of non-discrimination and acceptance of diversity, are associated with a likelihood of improved workplace inclusion and reduced levels of violence among nurses and social and youth workers (Airaksinen et al., 2023). There is also a positive effect on the work culture and climate when managers and supervisors show respectful and inclusive behaviours (Amadou et al., 2024). This suggests that these factors provide buffers against exposure to PSRs, including violence and harassment. Exposure to high workload, work intensity and pressure at work is a significant issue facing a diverse workforce. Low-status jobs, low job control and a lack of role clarity are further PSR factors that contribute to stress. Furthermore, low pay and financial insecurity are common risk factors for vulnerable groups of workers. These risk factors, along with the fact that workers do not always receive support from their manager or colleagues – e.g. because they are LGBTIQ or have a different religion or ethnicity to the majority of the workforce – can lead to some workers being socially isolated at work.

3.3 Multiple and intersecting discrimination ('intersectionality')

Intersectionality and exposure to PSR

Intersectionality offers a lens for understanding and addressing the compounded vulnerabilities faced by workers experiencing multiple and intersecting discrimination. Intersectionality originated in Kimberlé Crenshaw's (1989) analysis of the intersection of gender and race inequalities, and has since been developed to refer to the ways in which gender intersects with other forms of discrimination and oppression, such as socio-economic status, race, caste, sexual orientation and gender identity (UN Women, 2023). The European Institute for Gender Equality (EIGE) defines intersectionality as an 'analytical tool for studying, understanding and responding to how sex and gender intersect with other personal characteristics/identities and how these intersections contribute to unique experiences of discrimination'.[14] Intersectional discrimination is referred to as 'Discrimination that takes place on the basis of several personal grounds or characteristics/identities, which operate and interact with each other at the same time in such a way as to be inseparable'.[15]

In the context of PSRs at work, intersectionality helps explain why some workers with multiple marginalised identities are disproportionately affected by workplace stressors. Complex, multiple and overlapping interactions shape workers' experiences of stress, discrimination and insecurity. Understanding how workers' intersecting identities affect exposure to PSRs is crucial for creating inclusive, supportive and equitable work environments. Aside from EU-OSHA's research on gender and age (EU-OSHA, 2016a), there is limited data on the intersectionality of exposure to PSR factors for workers with intersecting identities. Section 2 showed the various ways in which intersecting forms of discrimination and disadvantage affect a diverse workforce, with the most developed being in the area of gender and race.

As discussed in this report, gender intersects with, and mutually reinforces, other inequalities and identities such as race, class, ethnicity and disability (Garcia Johnson & Otto, 2019; Williams, 2021; Rodriguez, 2008). This affects young women, women with care responsibilities, migrant women engaged in cleaning and home care work, women who hold multiple jobs, and very young mothers (EU-OSHA, 2013; Williams, 2021). A woman worker with a physical disability may experience discrimination at work because of gender and disability; a male or trans/LGBTIQ worker experiences discrimination because they do not fit into socially ascribed gender roles and stereotypes. Migrant women care workers face discrimination and problems in securing decent work and progression in their careers (ILO, 2024b),

[14] EIGE thesarus: https://eige.europa.eu/publications-resources/thesaurus/terms/1050.
[15] EIGE thesarus: https://eige.europa.eu/publications-resources/thesaurus/terms/1395.

while Black, ethnic minority and migrant women experience intersectional discrimination, poorer working conditions and discrimination (CIL & ENAR, 2020).

The intersection of gender and race has been analysed in research on the gender pay gap (Fawcett, 2024), and evidence shows the intersection of motherhood and gender resulting in a 'motherhood pay gap' (ILO, 2012). Data from Canada shows a wider gender pay gap for those facing multiple discrimination (the gender pay gap is 15% for all workers; it rises to 33% for racialised women, 35% for Indigenous women, 46% for women with disabilities and 29% for newcomer/migrant women) (Statistics Canada, 2016). Similarly, data on exposure to violence and harassment, including gender-based TPVH, shows that Black and ethnic minority women, migrant women, younger women and disabled women experience higher exposure than other groups of women. Black women experience a heightened exposure to racialised GBVH (Berlingieri et al., 2022; TUC, 2024a) in the transport sector (ETF, 2017) and the health and social care sector (ILO, 2024). Disabled migrants and refugees have specific needs regarding integration that are relevant to integration in employment (FRA, undated). FRA survey data (2024) has also been broken down by the key indicators of age, gender, disability, racial or ethnic origin, religion, sexual orientation and gender identity, recognising that discrimination can occur on multiple grounds, including socio-economic status.

Intersectionality and implications for PSR management

While PSRs prevention strategies and workplace adjustments ensure the inclusion of all diversity groups, it is also crucial to *identify the effects of multiple and intersecting forms of discrimination* on workers' vulnerabilities and exposure to PSRs (Crenshaw, 1989; Coalition for Intersectional Justice & ENAR, 2020; FRA, 2019). Furthermore, an intersectional perspective can help to reveal why some workers have a higher exposure to PSR factors and may be less likely to report workplace discrimination or abuse and be less comfortable talking about, and seeking, help for mental health problems (EU-OSHA, 2013b and 2024e; Frost & Meyer, 2023; Meyer, 2003).

As a result, workers' exposure to *PSRs should be assessed and managed alongside other risk factors* in an integrated way, taking into account factors such as exposure to discrimination or risks of MSDs in return-to-work plans for workers in specific jobs, such as cleaning or care work, taking into account workers' intersectional identities, as experienced by migrant women and LSES single mothers. Addressing intersectionality in workplace risk assessments, including PSRs, requires more nuanced policies and practices that consider the multilayered experiences of the diverse workforce. Future research and organisational strategies must continue to build data and knowledge about ways to integrate intersectional frameworks into PSR assessment and to promote healthier, more equitable workplaces (EU-OSHA, 2020a; 2021c; 2023d; 2026a).

Promoting *awareness and training about intersectionality* through practical tools and resources that explain in a simple way what intersectionality means and how it can be applied in practice in PSR risk assessment and management; implementing policies that create safe spaces for workers experiencing intersecting forms of discrimination to report abuses; and providing tailored mental health support programmes that recognise each person's unique identity(ies) are among the measures to ensure an inclusive working environment (EU-OSHA, 2024a; 2023b; 2024g; ILO, 2016b; OECD; 2020).

Finally, risk assessments must *address workplace stressors and PSRs through a diversity and intersectional lens*, ensuring that the experiences of different groups of workers are represented and addressed. Key to this is being sensitive to the issue and incorporating the experiences of workers into actions. *Diversity training*, including in the context of risk assessment and management, should help build an understanding of exposure to PSRs in a diverse workforce (EU-OSHA (2009a; 2010; 2021d; 2021e; 2023e).

3.4 Integrated diversity strategies to address exposure to PSRs

A central pillar of workforce diversity strategies is to prevent PSRs through holistic measures aimed at creating an inclusive work environment that values workforce diversity and implements mental health support for a diverse workforce. This approach is part of the building blocks contained in the practical guidelines on diversity-sensitive risk issued by EU-OSHA (2009a), guidance for labour inspectors issued by the Senior Labour Inspectors' Committee (SLIC) (EU-OSHA, 2021c), and examples cited in the case

studies (Section 4), which show practical ways to integrate a diversity-sensitive perspective into the assessment and prevention of PSRs. The integration of gender and diversity considerations into PSR assessment should be part of strategies that are adapted for all workers. To do this, persisting gender norms and bias must be addressed, such as assumptions about women's care and family responsibilities and the lack of recognition of women's emotional labour, which contribute to the lack of awareness and action to address workforce diversity in PSR assessments.

According to the WHO Guidelines on mental health at work (WHO, 2022:12), 'universal' organisational interventions should include culturally and contextually sensitive planning and delivery of interventions, which consider that some groups of workers may be adversely or differently affected by PSR factors. Risk assessment is therefore an essential tool for assessing and planning prevention measures that take into account the diversity of the workforce. These interventions should also be monitored regularly to identify other impacts that may be disproportionately experienced by workers from diverse groups that may arise from the diversity initiatives. The WHO provides an example of adaptations to working hours, such as flexible working, which may exclude some workers from networking opportunities. Organisations can effectively identify and manage PSRs in the workplace through various methods to create a favourable psychosocial safety climate (Dollard & Bailey, 2024; Amoadu, 2024). This involves commitment from senior management, worker voice and participation, implementation and monitoring, and comprehensive prevention policies. Interventions such as job redesign, flexible working arrangements, equality and diversity training, supervision, and anti-harassment and bullying policies have been proven effective.

The value of a diversity perspective is twofold. First, a diversity approach encompasses both overlapping and intersectional risks, as well as risks that may be unique to a particular group. Second, when one group is exposed to PSRs at work, it becomes easier to understand how other groups experience exposure to PSRs. In particular, learning from gender mainstreaming and gender-sensitive risk assessment (as discussed in the case study on "Sweden: gender mainstreaming to prevent psychosocial risks" (EU-OSHA, 2026i) - Case study 9 in Appendix 3) is that the models focused on gender are highly transferable to other diversity groups and to the development of diversity-inclusive PSR assessment methods. In Sweden, for example, gender is the main frame of reference, and this provides the 'lens' or 'umbrella' through which other diversity issues are considered.

If PSRs are identified and addressed for one group – such as providing tailored mental health support for LGBTIQ workers or managing workload for women in jobs with high emotional labour – there can be a ripple effect on understanding other diversity-related risks, leading to shifts in policy and workplace culture. It helps to shift focus onto how work is structured and organised, and towards culture change that benefits all workers in a diverse workforce.

Having a diversity-sensitive universal approach can also help ensure that specific minimum standards that have been directed at one group, can benefit all workers. In addition, being responsive to PSRs in the context of new and complex work challenges, such as digitalisation or rising levels of TPVH, is critical for inclusive workplaces of the future. Ensuring that this addresses a diversity and intersectional perspective is essential, particularly as the changing world of work demands more emphasis on investing resources and implementing a proactive approach to managing PSRs and promoting diversity. These issues are all the more critical at a time of significant challenges to organisations' diversity, equality and inclusion initiatives worldwide, coupled with a backlash against gender equality and growing levels of racism, violence and harassment, including GBVH. Reinforcing the importance of these initiatives and ensuring the better integration of PSR management with diversity and inclusion strategies, are critical to this.

It is important to note that some workers may experience the same stressors differently, as is the case for women and men and some groups of younger migrant workers. There may be a cumulative effect in workplaces with significant exposure to PSRs. For example, workplace discrimination against one group, which may result in unfair treatment, poorer working conditions and a lack of sensitivity and acceptance of a person's identity or culture, can lead to a hostile and non-inclusive working environment for other marginalised groups and potentially for all workers, leading to mental/psychological distress, physical health problems and long-term sick leave.

Addressing PSRs for all workers means considering the specific needs of a diverse workforce, and especially women, Black and ethnic minority workers, migrant workers, LGBTIQ workers, workers with

disabilities or health problems, younger and older workers, and LSES workers. This approach not only benefits these groups, but also contributes to building healthier, safer and fairer workplaces for everyone. When workplaces proactively address the unique vulnerabilities of diverse groups, they build inclusive, supportive environments that raise standards for everyone. The removal of structural inequalities, exploitation and unsafe practices not only protects the most at-risk groups, but also leads to healthier, more productive and more sustainable work environments for all workers. Specifically, this has implications for strategies that focus on the following:

- Tackling discrimination, bias and stereotypes reduces exclusion, bullying and harassment across the workforce, creating a culture of respect and equality (Crenshaw, 1989; Coalition for Intersectional Justice & ENAR, 2020).
- Policies on flexible work and teleworking covering the whole workforce can contribute to improving everyone's work-life balance, including for men who may be single parents or have care responsibilities. Workers without family/care responsibilities may feel less pressured from a culture of presenteeism at work, contributing to reduced work and time pressures (Eurofound, 2022a).
- Measures to prevent TPVH, even if aimed at improving safety for women, will benefit the whole workforce. Preventing violence and harassment (including TPVH and cyber abuse) improves physical and psychological safety for all workers, not only those disproportionately targeted (EU-OSHA, 2009e; ILO, 2022).
- Improving job security, fair pay, and working conditions supports workers in precarious employment across sectors, raising overall job satisfaction and productivity (Padrosa, 2021; OECD, 2020).
- Enhancing autonomy, reducing excessive workloads and providing flexibility help all workers balance their work and personal lives, reducing stress and burnout (Niedhammer et al., 2021).
- Expanding access to training and career development creates more inclusive and equal opportunities for progression, which strengthens workforce skills and organisational resilience (ILO, 2016b).
- Mainstreaming diversity into OSH policies and risk assessments ensures that risks are identified and prevented for all workers, rather than being overlooked for different diversity groups (EU-OSHA, 2021e).
- A stronger worker voice and representation through unions and collective bargaining benefits all workers by promoting safer workplaces and fairer employment policies (EU-OSHA, 2012; ILO & OECD Global Deal, 2019).
- Mental health support and inclusive organisational cultures reduce stigma, encourage workers to seek help, and enhance well-being across the workforce, while also providing tailored support for specific groups (EU-OSHA, 2024a; Leka & Jain, n.d.).

3.5 Diversity-sensitive PSR assessment

Diversity-sensitive PSR assessments and strategies necessitate a comprehensive approach, with a focus on the interrelationships between the following:

- Workers' **characteristics, identity and status**, and exposure to discriminatory or unfair treatment or stereotypes based on gender, race, ethnicity, sexual orientation, gender identity, ability, age, migration status, cultural or religious background, parenthood, or low socio-economic status.
- Workers' **occupations, the sector of activity, and the type of work carried out.** There are heightened PSRs for workers who have contact with the public, such as healthcare workers, teachers, transport workers, retail and commerce workers, hospitality workers (including those in restaurants and hotels), cleaners, and domestic workers providing cleaning and care services in private households.

- **The organisation of work and work culture.** This approach highlights systemic issues within organisations that contribute to exposure to PSRs, such as low awareness and training of managers; work pressures, including unrealistic expectations on workers; a poor climate of inter-personal relations and management styles; an absence of systems for the involvement and participation of diverse groups to inform risk assessments or workplace policies; and an absence of (trusted) complaints procedures and other mechanisms for workers to report concerns or abuses at work.
- **Working conditions.** This includes temporary, informal or precarious work; long working hours; monotonous and repetitive tasks; work-life conflict; low control over work tasks; low pay; and a lack of representation by trade unions.

Diversity-sensitive PSR assessment and management builds on the substantial work carried out on gender-sensitive risk assessment and gender mainstreaming. It is not about adding on a separate risk assessment, but rather integrating factors relevant to a diverse workforce into established risk assessment tools to identify the root causes and methods for identifying and implementing solutions. Crucial to the approach is workers participating in identifying the factors that affect them and developing practical solutions. This way, risk factors that may be invisible or go unreported in the workplace can be identified and addressed. The aim is to address the root causes of workplace stress, including unequal power relations and discrimination in organisations. An example of EU-OSHA guidance on diversity-sensitive risk assessment for MSEs can be found in the box below. It sets out the basic principles for organisations to consider.

Key issues for MSEs on diversity-sensitive risk assessment

Diversity-sensitive risk assessment may seem complex, but it is not if a few basic principles are remembered. These principles are relevant to organisations of any size, and adopting them will ensure improved risk management:

- Taking diversity issues seriously and having a positive commitment.
- Avoid making prior assumptions about what the hazards are and who is at risk.
- Valuing the diverse workforce as an asset (and not as a problem).
- Considering the entire workforce, including cleaners, receptionists, maintenance workers, temporary agency workers, part-time workers, etc.
- Adapting work and preventive measures to workers. Matching work to workers is a key principle of EU legislation.
- Considering the needs of the diverse workforce at the design and planning stage, rather than waiting for a disabled/older/migrant worker to be employed and then having to make changes.
- Linking occupational safety and health into any workplace equality actions, including equality plans and non- discrimination policies.
- Providing relevant training and information on diversity issues regarding safety and health risks to risk assessors, managers, supervisors, safety representatives, etc.
- Providing adequate occupational safety and health training to each worker, tailoring training material to workers' needs and specificities.

Source: EU-OSHA. (2010). Factsheet 87 – Workforce diversity and risk assessment: ensuring everyone is covered. Summary of an Agency report. Available at: https://osha.europa.eu/en/publications/factsheet-87-workforce-diversity-and-risk-assessment-ensuring-everyone-covered-summary

In addition to these principles that foreground diversity-sensitive risk assessment, the evidence from the research carried out and the case studies drawn up for this report suggest some further issues to consider and address in implementing this approach:

- Identifying and addressing psychosocial, physical and reproductive health risks that affect a diverse workforce, informed by inclusive dialogue and consultations with the full diversity of workers, recognising their experiences and expertise.
- Developing an integrated approach, for example by carrying out a risk assessment and preventing PSRs and MSDs together.
- Taking account of new and emerging OSH risks arising from new work processes, new technologies, digitalisation and organisational change, and preventing exposure to these new risks from causing stress, violence and harassment for a diverse workforce.
- Giving emphasis to job quality and work pressure, particularly in the context of digitalisation and the related significant changes in how work is organised and carried out.
- Designing work equipment, tools and personal protective equipment for all workers, considering the different needs of women and men, workers with disabilities and older workers.
- Considering new and innovative ways to involve and consult with workers about their exposure to PSRs, particularly on sensitive topics such as sexual harassment, for example through anonymous surveys, focus group discussions, women's safety walks and exit interviews. Moreover, hazard mapping can be a helpful tool, particularly for investigating stress and MSDs together (see the box 'Mapping hazards in the workplace' below).
- Ensuring that targeted and diversity-sensitive mental health support and prevention for all workers, taking account of their lived experiences at work, are built into occupational health and worker assistance programmes.
- Ensuring that prevention measures contained in OSH prevention plans combine measures for the whole workforce and, where unique needs are identified, tailoring these measures to the specific needs of different groups of workers. For example, a diversity-sensitive approach in prevention plans and OSH programmes includes prevention policies that address (often hidden and invisible) issues that may trigger stress or harassment.

Mapping hazards in the workplace

One way to actively involve groups of workers in hazard spotting, risk assessment and decision-making about solutions is through the interactive methods of body mapping and hazard mapping. This type of mapping is used to aggregate information on worker health issues by utilising visual images to highlight common problems for further investigation or action, as an alternative to surveys, for example. Body mapping and hazard mapping are instrumental methods for providing information on MSD symptoms related to workplace risks and stress-related symptoms in a single exercise. It is a quick and visual way of identifying symptoms. This provides the basis for group discussion. These interactive techniques are typically carried out at a meeting or workshop with a group of workers or a team to discuss their workplace, its impact on their health, and what improvements could be made. Body mapping involves using a map or chart of the body (front and back), where workers mark their symptoms on the chart. With hazard mapping, workers use coloured pens or stickers to mark the hazards that are present on a drawing of their workplace. Hazard mapping helps workers to visualise their workplace and the hazards that exist. Mapping is beneficial if reading skills or language are a problem; it is a versatile method that can be adapted to the needs of the particular worker group.

Source: EU-OSHA, 2020, Body and hazard mapping in the prevention of musculoskeletal disorders (MSDs). Available at: https://osha.europa.eu/en/publications/body-and-hazard-mapping-prevention-musculoskeletal-disorders-msds

Table 10 provides a more detailed overview of specific PSR risk factors identified in this report, along with examples to illustrate diversity-sensitive prevention measures that can be developed to promote an inclusive and safe working environment for all workers.

Table 10: Implementing a diversity-sensitive approach: examples of PSR factors and prevention measures

PSR factors to consider	Examples of diversity-sensitive risk assessment and prevention measures for the whole workforce
Discrimination, stigma, inappropriate stereotypes	▪ Raise awareness about the harm caused by discriminatory practices and the effects of this on heightened exposure to PSRs. ▪ Encourage reflection on unconscious bias and the effects of gender norms and the stereotypes of diverse groups of workers. ▪ Include discrimination in PSR assessments, recognising that workers often face intersecting and multiple forms of discrimination at work, which leads to confounding and heightened exposure to PSRs. ▪ Improve understanding of sexism, misogyny, racism, homophobia, transphobia and ageism in incidences of workplace violence and harassment, including TPVH, taking account of multiple and intersecting forms of discrimination. ▪ Address workplace culture by implementing a DEI policy, which addresses anti-discrimination, training for managers and workers, and awareness campaigns. ▪ Training can help workers and managers reflect, explore and recognise the effects of unconscious bias and discrimination and how this can lead to discrimination or less favourable treatment of certain groups. ▪ Focus should be given to countering assumptions, stereotypes and beliefs about a worker's background or culture, thereby improving the working environment. ▪ Provide safe reporting mechanisms so that workers experiencing discrimination can report their concerns about discrimination, including anonymously.
Job insecurity, low-status jobs	▪ Provide opportunities for workers on temporary contracts to move into secure and permanent contracts. ▪ Address issues relating to the undervaluing of workers' skills and the deskilling of workers, by effectively evaluating jobs.
Low pay / financial insecurity	▪ Implement strategies to elevate the pay of workers in traditionally low-paid sectors and for groups who have limited bargaining power at work, such as women migrant workers.
High workload, work intensity, time pressures	▪ Time constraints and work pressures arising from emotional labour and contact with the public, or in situations where staffing levels are insufficient to meet demand for services, are addressed in consultation with workers.

PSR factors to consider	Examples of diversity-sensitive risk assessment and prevention measures for the whole workforce
	▪ Sufficient staffing levels are enacted at all times, including busy times such as visiting hours in hospitals or during commuting times in urban transport, or for services during night, late or early shifts. ▪ Workplace adaptations and changes in job roles can be implemented to reduce workload or work tasks for older workers, workers with disabilities, and pregnant and breastfeeding mothers.
Working in isolation	▪ Develop policies and security measures addressing isolation at work, so that no worker is exposed to the risks of working in isolation e.g. effective systems for working in pairs, provision of security alarms and backup. ▪ Workers have opportunities to participate in developing and reviewing initiatives that prevent exposure to violence and harassment, including TPVH.
Limited control over job content / task design, which may result in workers' skills being undervalued or work-related risks being under-reported	▪ Workers have opportunities to participate in decisions about their job content, workload, time pressures and work pace. ▪ Consultations enable workers to have better control and decision-making over their work tasks. ▪ Hidden or overlooked skills or work tasks, for example in job descriptions, are recognised and valued. ▪ Promote the participation of all workers in decision-making with managers about task design and job content.
Limited awareness and understanding of diversity in the prevention of PSRs	▪ Diversity and cultural competency training is provided for OSH experts, labour inspectors and social partners. ▪ Training addresses gender norms and unconscious bias, inclusive communication and microaggression awareness. ▪ Raise awareness of diversity and the mental health impact of discrimination and inequalities by gender, race, ethnicity, disability, age, etc. ▪ Address gendered and racialised bias, stereotypes and discrimination through training programmes that tackle unconscious bias, gender and cultural diversity norms in the management of OSH.
Emotional labour	▪ Recognise that emotional labour is a PSR at work and ensure that it is included in risk assessments. ▪ Provide training and awareness raising about PSRs and the impacts of emotional labour stress and mental health. ▪ Ensure that policies reflect emotional demands in the content of job descriptions and as being intrinsic to care roles

PSR factors to consider	Examples of diversity-sensitive risk assessment and prevention measures for the whole workforce
	▪ Risk assessments assess time pressures arising from emotional demands and skills of empathy, patience, or conflict de-escalation. ▪ Identify hazards and risks linked to violence and harassment from customers and clients, challenging the principle that the 'customer is always right'. ▪ Address cumulative stress from providing emotional labour over a long period of time, particularly when working with distressed clients with complex mental health problems. ▪ Involve workers in consultations to identify emotionally demanding tasks and the stress-related effects of emotional labour, including related workload, and explore ways to minimise them. ▪ Provide access to professional and peer support and guidance on self-care for workers experiencing stress, vicarious trauma and burnout from emotional labour. ▪ Train and incentivise managers and supervisors to provide support and tools to manage and reduce the burdens of emotional labour.
Exposure to violence and harassment	▪ Employers have a duty to implement effective OSH policies and practices to prevent violence and harassment, improve training, and ensure that workers' rights to a safe and healthy working environment are respected and enforced. ▪ A systematic OSH approach can help to tackle the root causes of violence, harassment – including sexual harassment, third-party violence and harassment – cyber violence and harassment, and domestic violence when it impacts the workplace. Such an approach can also help to address this within an equality-focused and intersectional approach. ▪ PSRs in the working environment – such as work organisation, staffing levels, lone working, resource constraints, inequalities and multiple intersecting discrimination – are closely connected to the risks of violence and harassment. ▪ Prevention measures should address the confounded risks faced by vulnerable groups, while also focusing on preventing cyber harassment, digital abuse, gender-based TPVH and the impact of domestic violence at work. ▪ Workplace policies establish comprehensive programmes on preventing discrimination, violence and harassment. ▪ Address prevention through gender- and diversity-sensitive approaches that recognise power imbalances in the workplace, for example by integrating a risk assessment for prevention of sexual harassment into existing

PSR factors to consider	Examples of diversity-sensitive risk assessment and prevention measures for the whole workforce
	OSH risk management frameworks, taking into account gender-related risks such as job insecurity and lone working. ▪ Risks of violence and harassment are included in risk assessments and prevention plans. ▪ Policies are inclusive of all groups of workers, address an intersectional perspective, and are updated regularly to include new world-of-work challenges. ▪ Ensure that complaints mechanisms are confidential, accessible and culturally responsive and allow for multiple routes to make complaints, including anonymously. ▪ Address triggers for violence and harassment resulting from stressful working environments, high levels of interpersonal conflict or a toxic working environment. ▪ Address new PSRs arising from digitalisation, cyber harassment – including online abuse – inappropriate sharing of photos and online trolling.
TPVH: working with third parties (clients, customers, patients, students/pupils)	▪ The prevention of TPVH is included in risk assessment and workplace policies. ▪ PSRs that contribute to workers' exposure to TPVH are identified. ▪ Workers are engaged in discussions about improving job content, work tasks and pace of work, which help may reduce risks of TPVH. ▪ PSR identification address diversity in the organisation of work, working conditions, work insecurity, job content, staffing levels, organisational policies and processes, and workplace design. ▪ The key features of a workplace policy on TPVH are the following: ▪ A strong statement from leaders and senior management that TPVH is not tolerated in the workplace and that the employer is committed to assessing, monitoring and preventing TPVH and guaranteeing the safety of, and support for, workers exposed to TPVH. ▪ Through consultations with workers and trade unions and informed by workplace climate surveys, draw up a review of cases and other evidence about risks. ▪ A gender-based and intersectional perspective informs all elements of risk assessment and prevention planning. ▪ Priorities and indicators are established in risk assessment and prevention plans that identify workers exposed to TPVH, taking account of diversity. ▪ Indicators cover risks faced by diverse workers and risks of TPVH arising from emotional labour, working alone and in isolation, time constraints and stress in emotional labour and when working with people in distress, and working with clients and customers who present complex needs and problems, e.g. when

PSR factors to consider	Examples of diversity-sensitive risk assessment and prevention measures for the whole workforce
	dealing with abusive and sexist behaviour from customers who are intoxicated with drugs or alcohol in bars, clubs, restaurants and casinos; risks related to staffing levels or waiting times for customer service responses where long waits or inadequate services can trigger aggression; and risks arising from night or shift work, e.g. for cleaners. ▪ Effective complaints and response mechanisms when an incident occurs, aimed at creating a culture of reporting concerns and incidents. ▪ Incident logs and complaints monitoring to identify patterns and high-risk areas, and reviews of existing incidents to learn from them and prevent their reoccurrence. Protocols are established for comprehensive incident tracking. ▪ Monitor the potential signs of TPVH, such as absenteeism, decreased motivation, reduced job performance and increased staff turnover. ▪ Worker and manager training, tailored to different areas of work, on recognising and managing aggressive behaviour, de-escalation techniques through safety interventions, diffusion techniques, break-away and disengagement skills, to keep staff safe from physical assault and attacks, cyber harassment and stalking of workers by third parties. ▪ Effective security-response systems and sufficient staffing levels to avoid customer frustration and aggression. ▪ Attention is given to workplace environmental design and consultations with workers and experts to ensure safe workplace design and office and reception layout, to prevent security and safety issues from arising. ▪ Information campaigns make customers, clients, patients, etc. aware that there is zero tolerance of TPVH, with strong messages about respect and dignity for workers providing services. ▪ Employers communicate the policy to all staff, e.g. through teamwork briefings, meetings and events, induction sessions and OSH training. ▪ Support is provided for victims of TPVH, including paid leave, signposting to specialist services and the provision of counselling, peer support or other psychosocial support. ▪ Clear and effective procedures are put in place for handling violent and aggressive clients, customers, patients, etc., for example, by withdrawing services and establishing effective responses, security protocols and procedures with local police in the event of serious assault.
Gender-related policies absent in preventing GBVH	▪ Address the vulnerabilities faced by women, including stalking, when working alone and at night or during shift work.

PSR factors to consider	Examples of diversity-sensitive risk assessment and prevention measures for the whole workforce
	▪ Address risks when travelling to and from work, including the provision of safe transport late at night. ▪ Policies address an intersectional perspective to highlight risks faced by Black and ethnic minority women and migrant women, who often have to work at night and on late or early shifts. ▪ PSR assessments are carried out in sectors where women predominate, such as cleaning, domestic services, healthcare and hospitality. ▪ Address the greater vulnerabilities faced by women, including stalking, when working alone or travelling after work, including the provision of safe transport.
Workers have low trust in reporting complaints or concerns about workplace discrimination, violence and harassment	▪ Managerial support, peer support and diverse teams make a huge contribution to an inclusive working environment. ▪ Safe spaces enable all workers to safety and confidentially report their concerns at work, such as workload, working conditions, stress, discrimination, violence and harassment. ▪ A work culture that recognises and values diversity, equality and inclusion is promoted. ▪ There is a commitment to zero tolerance of inaction on prevention around discrimination, violence and harassment. ▪ Confidential information about channels for reporting concerns, including via workplace advocates/champions and trade unions, in accessible formats and languages.
Communications at the workplace do not reach out to, or are not inclusive of, all workers	▪ Organisational and team communications are inclusive of all workers and recognise the value of diverse teams and a diverse workforce. ▪ Participatory approaches and diversity-sensitive consultations can help build trust amongst workers to report their concerns. ▪ Communications about OSH use inclusive language and accessible formats. ▪ Cultural events and diversity awareness days to promote understanding and belonging, such as such as Pride, International Day Against Violence Against Women, International Women's Day, World Occupational Health and Safety Day, etc.
Limited recognition of workers' voices, of the role of trade unions and of worker representation and negotiations	▪ Social dialogue in the workplace between employers and unions facilitates workplace cooperation and collective bargaining on diversity and PSRs.

PSR factors to consider	Examples of diversity-sensitive risk assessment and prevention measures for the whole workforce
	▪ Gender and diversity policies are negotiated through social dialogue, emphasising the importance of joint union-management OSH workplace committees, the role of workplace equality and diversity policies, and negotiations for collective bargaining agreements (national/sectoral and workplace). ▪ Establish and resource diversity advisory groups/committees with representation for all diversity groups. ▪ Actively engage workers from diversity groups in decision-making about workplace well-being and the prevention of PSRs.
Workers may receive limited or no social and psychological support at work	▪ Provide social and psychological support for workers, including tailored mental health services that are sensitive to cultural, gender- and diversity-related groups. ▪ Promote equal access to occupational health services and support at work for all workers, regardless of their contractual status, gender or identity. ▪ Paid leave or other workplace support can support the safety and recovery of workers who have experienced violence and harassment, including the workplace effects for survivors of domestic violence. ▪ Accommodate the diverse needs of workers, ranging from support and adjustments to workload and work patterns for parents, older workers, workers with disabilities and long-term ill health, and survivors of GBVH, e.g. working hours, reintegration and return-to-work policies, work-life balance, and adapting the workplace to the needs of pregnant and breastfeeding women.
Work-life conflict	▪ Measures to improve work-life balance are included in policies that give workers the right to options to work flexibly, to influence the scheduling of their working hours and shifts. ▪ Provisions allowing workers to carry out telework / work remotely address guarantees such as the right to ‘disconnect’ and ‘switch off’. ▪ Workers’ choices are supported, as far as is practicable, for full-time workers to temporarily work part-time or take a ‘sabbatical,’ with the right to revert back to full-time work. ▪ Paid care leave is extended to all workers, including fathers and people in same-sex relationships, with provisions for leave to care for older or disabled family members. ▪ Work-life policies respect religious, cultural, care, family, medical and health obligations.

PSR factors to consider	Examples of diversity-sensitive risk assessment and prevention measures for the whole workforce
Workers are not given information about their rights at work or about workplace health and safety	▪ Information highlights awareness of OSH policies for all workers. ▪ Information is provided in accessible ways, taking account of the need for accessible formats for workers with disabilities (e.g. sign language videos for deaf workers, assistive technologies for vision-impaired workers, pictures and easy-to-read text for workers with learning disabilities) and information is provided in languages spoken by foreign workers.
Systems do not monitor work-related stress	▪ Systems are developed for tracking absenteeism and turnover and for checking whether this is connected to exposure to stress, violence or harassment. ▪ Policies are reviewed on a regular basis and whenever new risks arise. ▪ Data and consultations with diversity groups help to refine policies and report progress transparently

Source: Author's elaboration based on a review of the literature, complemented by consultations with EU-OSHA Focal Points (FOPs) and stakeholders.

4 Case studies

4.1 Introduction

Section 3 highlighted the need to raise awareness of diversity and intersectionality, and incorporate it into PSR assessment and management, to ensure equality for all groups in prevention and to be able to develop the most effective prevention solutions for all workers. Generally, there is a lack of awareness about these issues in the workplace, and it is often perceived that non-generic risk assessments, which are sensitive to different groups, are complicated and time-consuming. In practice, awareness-raising, direction, practical advice, and support are needed for workplaces to adopt this approach pragmatically.

Case studies have been identified that address these areas. This section introduces the nine case studies developed as part of this study to reflect good practices and illustrate different approaches and common success factors in addressing workforce diversity and PSRs.

Table 11: Overview of case studies

No.	Title of case study	Reference
CS1	Psychosocial risks, gender and diversity: lessons from recent European social partner agreements	(EU-OSHA, 2026a)
CS2	How labour inspectors address workforce diversity and psychosocial risks across Europe.	(EU-OSHA, 2026b)
CS3	Psychosocial risks and working conditions of migrant women in care, cleaning and domestic work	(EU-OSHA, 2026c)
CS4	Belgium: integrating workforce diversity into psychosocial risk assessment	(EU-OSHA, 2026d)
CS5	Denmark: preventing offensive behaviour and sexual harassment in a diverse workforce	(EU-OSHA, 2026e)
CS6	Netherlands: workforce diversity, culture change and psychosocial risk prevention	(EU-OSHA, 2026f)
CS7	Slovenia: integrating diversity into psychosocial risk prevention and management	(EU-OSHA, 2026g)
CS8	Spain: a gender and diversity sensitive approach to psychosocial risk prevention	(EU-OSHA, 2026h)
CS9	Sweden: gender mainstreaming to prevent psychosocial risks	(EU-OSHA, 2026i)

Case studies CS1, CS2 and CS3 address thematic issues related to initiatives involving workforce diversity and PSRs, focusing on European social partner agreements (covering issues such as digitalisation, TPVH, and gender- age- and migration-related risks), PSRs, labour inspection (with examples from EU level and six Member States) and migrant women workers in personal and household services, with examples from five countries.

Case studies CS4, CS5, CS6, CS7, CS8 and CS9 provide examples of national actions and initiatives on gender and workforce diversity in PSR assessment, awareness raising and a range of sector-specific initiatives from five countries (Belgium, Denmark, the Netherlands, Spain and Sweden). Several case studies refer to the enabling approach to OSH, as outlined in the ILO Conventions on violence and harassment (No. 190) and domestic work (No. 189), which some EU Member States have ratified (see Appendix 1 for a more detailed description of these two ILO Conventions).

A summary of the case studies is reported in Appendix 3, while the full versions of them are published as individual reports (see EU-OSHA 2026a, 2026b, 2026c, 2026d, 2026e, 2026f, 2026g, 2026h, 2026i) and complement this report.

The selection of the case studies was part of a process that began with research and a long list of examples gathered during the initial research phase of the project. This longer list of examples at EU and Member State level is available in Appendix 2.

In this section a thorough transversal analysis of the case studies is presented.

4.2 Analysis of the case studies

Overall, the nine case studies demonstrate some common themes and critical success factors that have guided the EU and national organisations in their efforts to address workforce diversity and PSRs. They demonstrate a combination of strong policy commitment; evidence-based approaches; and collaboration among OSH authorities, equality and non-discrimination bodies, employers, and workers' unions. Overall, they illustrate a range of tools that can lead to more effective prevention of PSR risks related to workforce diversity in areas such as work organisation, the culture of the working environment, discrimination, harassment, and abusive behaviours at work. Experiences with gender- and diversity-sensitive PSR approaches in several Member States provide a foundation for extending these practices to wider diversity issues across the EU.

Specifically, the case studies highlight ways to integrate workforce diversity into PSR assessment, as well as the benefits this has for the working environment and in reducing stress exposure to stress exposure for all workers. Table 12 highlights the key features of the EU-level (CS1, CS2, CS3) and national case studies (CS4 - Belgium, CS5 - Denmark, CS6 - the Netherlands, CS7 – Slovenia, CS8 – Spain, CS9 – Sweden).

Table 12: Overview of key issues addressed in case studies

Issues addressed in the case studies	EU level	BE	DK	NL	SE	ES	SI
Legislative requirements on PSR	✓	✓	✓	✓	✓	–	✓
National gender/diversity law and policy	✓	✓	✓	✓	✓	✓	✓
Coordination between equality & OSH policies	✓	✓	–	✓	–	✓	✓
Gender mainstreaming approach	✓	✓	✓	✓	✓	✓	✓
Gender and diversity in national OSH strategies / action plans	–	✓	–	✓	✓	✓	✓
Gender and diversity integrated into PSR tools and risk assessment guides	✓	✓	✓	✓	✓	✓	✓
Risk assessment examples on gender and diversity	✓	✓	✓	✓	✓	✓	✓
Labour inspectorate tools/training on gender and diversity in OSH and PSRs	✓	✓	✓	✓	✓	✓	✓
Dedicated budget for diversity initiatives	–	✓	✓	✓	✓	–	–
Demonstration projects	–	✓	✓	✓	–	–	–
Tripartite social dialogue	✓	✓	✓	✓	✓	✓	–
Social dialogue / collective bargaining (sector and workplace)	✓	✓	✓	✓	✓	✓	–
Trade union guidance and training for negotiators	✓	–	✓	✓	✓	✓	✓
Evidence-based research/actions	–	✓	–	✓	✓	–	–
Organisational approach	✓	✓	✓	✓	✓	–	✓
Violence and harassment, including TPVH	✓	✓	✓	✓	✓	✓	✓
Focus on culture change	✓	✓	✓	✓	–	–	
Campaigns and training	✓	✓	✓	✓	✓	✓	✓
Campaigns linking the workplace to wider society	–	–	✓	–	✓	–	–
Networking and mutual learning amongst employers	✓	✓	✓	✓	–	–	✓
Targeted sectors/issues	✓	✓	✓	✓	✓	✓	–
Stepwise development	✓	–	–	✓	✓	–	–

The elements common to all the case studies that proved key to the implementation of successful initiatives are discussed below.

1. Legal and policy frameworks on PSR, equal treatment and non-discrimination have proven to be a key lever for action, innovation and a comprehensive approach. Binding and non-binding instruments, agreements and international conventions serve as strong drivers for workplace initiatives and social partner agreements. These instruments create frameworks and accountability for employers and inspectorates. These frameworks provide the foundation upon which practical measures can be agreed upon in collective bargaining. These instruments include, first and foremost, legislation and national OSH strategies that place specific responsibilities on employers to address PSR factors in risk assessment and OSH programmes, as shown in CS4 – Belgium (EU-OSHA, 2026d), CS5 – Denmark (EU-OSHA, 2026e), and CS9 – Sweden (EU-OSHA, 2026i).

Similarly, the ratification of ILO Convention No. 190 ('C190') on violence and harassment in the world of work has provided a framework for an integrated and comprehensive approach, addressing all forms of violence and harassment, including TPVH, GBVH and an intersectional approach. Several case studies demonstrate that international instruments, including C190, can serve as catalysts, reinforcing national action and ensuring that gender and diversity are systematically addressed in the workplace. C190 has also helped to create an impetus and a common framework for action at EU and Member State level, as shown in the examples from Belgium and Spain, and in several recent EU social partner agreements discussed in CS1 (EU-OSHA, 2026a) that are aligned with C190 and include a focus on the exposure of vulnerable workers to TPVH, GBVH and intersectionality. Similarly, ILO Convention No. 189 on domestic workers illustrates the importance of an OSH approach in CS3 (EU-OSHA, 2026c) for personal and household service workers, who are predominantly women from migrant and low socio-economic backgrounds. These workers often work informally and in isolation in private households, where risks of violence, harassment and discrimination are high. Integrating domestic workers into OSH systems not only advances gender equality, but also demonstrates how inclusive legal frameworks can reach the most vulnerable and informal categories of workers. This highlights why integrating diversity into existing OSH tools and practices on PSRs ensures that these workers are treated not as an 'add-on' but as an integral part of risk prevention.

In addition, strong and proactive equality and non-discrimination laws have also proven to be a lever in some Member States, setting out obligations on employers to promote equality and non-discrimination, including the implementation of equality audits and equality plans. In relation to harassment and sexual harassment laws, Belgium (CS4 – EU-OSHA, 2026d), Denmark (CS5 – EU-OSHA, 2026e), the Netherlands (CS6 - EU-OSHA, 2026f), and Sweden (CS9 –EU-OSHA, 2026i) are among the EU Member States that have adopted proactive legal frameworks placing obligations on employers to proactively prevent sexual harassment. This ensures that harassment and sexual harassment are addressed in OSH risk assessment and prevention programmes, including labour inspections. CS8 - Spain (EU-OSHA, 2026h) is an example of where the law on gender equality has been a significant lever, particularly since it does not have specific legislation on PSRs. Spain's gender equality law provides for equality plans in organisations with over 50 employees, offering an opportunity to address PSR risk factors and implement prevention initiatives as part of these plans.

In some cases, such as CS4 – Belgium (EU-OSHA, 2026d), CS6 - the Netherlands (EU-OSHA, 2026f), and CS9 – Sweden (EU-OSHA, 2026i), strong coordination between initiatives on gender equality, gender mainstreaming and OSH programmes addressing PSRs has been crucial to the development and implementation of these initiatives. In addition, this results in benefits at a practical level, through joint initiatives between OSH and equality bodies, as shown in CS4- Belgium (EU-OSHA, 2026d). This cooperation helps to create holistic approaches by breaking down silos across policy areas and promoting mutual policy learning and integrated actions. A key ingredient is ensuring that there is political commitment and that strategic priorities are set out in national strategies. In the case of CS8 – Spain (EU-OSHA, 2026h), this was a driver, given the absence of a specific obligation on PSRs in the law.

The case studies demonstrate that when legislation and regulations explicitly require employers to address PSR factors in risk assessments and OSH programmes, a door is opened for action to follow, addressing gender and diversity. A clear legal obligation and accountability framework ensures that employers must consider risks linked to discrimination, harassment, gender inequality and abusive

behaviours as integral parts of OSH management. By embedding these factors into the standard prevention cycle of risk identification, assessment and mitigation, they are no longer treated as optional add-ons but as core responsibilities. Legal duties ensure that labour inspectorates can play their role in promoting awareness and enforcing compliance, while also providing social partners with a legal basis for developing sectoral guidance and agreements. In the case studies CS4 – Belgium (EU-OSHA, 2026d), CS5 – Denmark (EU-OSHA, 2026e), CS6 - the Netherlands (EU-OSHA, 2026f), CS7 – Slovenia (EU-OSHA, 2026g) and CS9 – Sweden (EU-OSHA, 2026i), specific legal frameworks on PSR directly led to the development of tools, training and targeted diversity initiatives.

2. Tripartite and social partner involvement, with collective agreements and sectoral guidance supporting implementation, is a cornerstone of effective OSH action, including on PSR, gender and diversity in OSH, and sector-specific solutions in this area. The actions reflect the significant emphasis that the social partners have placed on promoting non-discrimination, gender equality and diversity through collective bargaining (European Commission et al., 2019; Pillinger & Wintour, 2021).

Social partner initiatives and agreements can help to create legitimacy and shared ownership of policies and tools, ensuring that obligations are realistic and supported by the workplace stakeholders who must implement them. They provide a bridge between legislation and practice, spelling out concrete guidance for employers and workers in sectors or workplaces where legislation alone may not be sufficient or where a more tailored approach is needed. These joint approaches are particularly important in sensitive areas, such as harassment, discrimination and GBVH, where trust, safe spaces and workplace culture play a decisive role. The features of this approach include national, sectoral or workplace agreements, sector-specific tools, tailored awareness campaigns and collective bargaining agreements. For example, in Belgium (CS4 – EU-OSHA, 2026d), the social partners were closely involved in the development of OiRA (online interactive risk assessment) tools on PSR, which also covers workforce diversity. Denmark (CS5 - EU-OSHA, 2026e) adopted a binding tripartite agreement on sexual harassment, which includes strong OSH provisions, while the Netherlands (CS6 – EU-OSHA, 2026f) created guidance on gender and diversity through its national consultative body, the Social and Economic Council (SER). In each case, the involvement of trade unions and employers' organisations helped ensure that they were grounded in practical workplace realities, considering the specific needs of different diversity groups. Moreover, social partner engagement can help to promote long-term sustainability, as employers and workers take joint responsibility for prevention measures, and inspectorates can rely on strong sectoral backing to enforce compliance.

At EU level, social partner agreements have also played a key role in promoting national action on PSR, gender and diversity. Recent agreements and joint commitments (CS1 - EU-OSHA, 2026a) address PSRs linked to new forms of work arising from digitalisation, including the need for gender-sensitive approaches in risk assessment, work organisation and training. By embedding diversity and equality considerations into wider OSH and employment frameworks, these EU-wide agreements demonstrate how social dialogue at EU level can anticipate emerging risks and promote a coherent approach across the EU. They also serve as important reference points for national social partners, who can adapt the commitments to national contexts.

3. Support, training and practical tools provided by OSH bodies and labour inspectorates feature extensively in the case studies. They play an essential role in raising awareness, guiding practice and ensuring long-term sustainability, especially when supported by dedicated budgets and strategic priorities. The development of practical, user-friendly tools and resources, such as step-by-step guidance materials, demonstration projects, sector-specific advice, self-assessment checklists and online or digital risk assessment tools like OiRA, is vital for action in the workplace, especially for small businesses. Training has been particularly important in increasing awareness of the influence of work culture and bias, in making diversity issues more visible, and in supporting an approach that benefits the entire workforce. Examples from some Member States, highlighted in CS2 (EU-OSHA, 2026b) on labour inspection – including Austria, Denmark, the Netherlands, Slovenia and Lithuania – demonstrate that tools have been developed and introduced by labour inspectors to encourage and support proactive activities by employers. Furthermore, the case studies reveal that successful initiatives have been created through an approach that integrates gender and diversity considerations into existing OSH actions, risk assessments and PSR tools, including self-assessment and online tools, rather than treating them as add-ons. For example, this is evident in the integration of a gender and diversity perspective into guidance and training on PSR assessment provided to employers and labour inspectors

in Slovenia. These tools not only make PSR assessment more accessible, but also ensure that diversity and gender-related risks can be systematically considered part of assessment and prevention for the whole workforce. An open-source self-assessment risk assessment tool developed in Belgium has been developed for this purpose, including specific questions on diversity. When combined with awareness campaigns, training and the active involvement of the labour inspectorate, they help embed prevention into everyday workplace practices, rather than treating it as a one-off compliance exercise. In this context, labour inspectorates play a vital role by raising awareness, promoting and distributing these tools, supporting employers in their use, and ensuring that obligations are met through inspection and enforcement. This dual role of guidance and compliance monitoring facilitates the earlier identification and intervention, more effective addressing, and sustainable prevention of risks such as harassment, discrimination and abusive behaviours, benefiting the entire workforce. For labour inspectors to effectively address diversity and provide support in this area to workplaces, they too require practical support and guidance. This is illustrated by the examples from Austria, Denmark, Lithuania, the Netherlands, Slovenia, Sweden and Spain, as well as the EU-level Senior Labour Inspectors Committee, as presented in CS2 (EU-OSHA, 2026b).

Examples of PSR tools addressing workforce diversity highlighted in the case studies can be found in Table 13 below.

Table 13: Examples of tools highlighted in the case studies

Case study	PSR tools addressing workforce diversity
CS2 - How labour inspectors address workforce diversity and psychosocial risks across Europe	▪ EU SLIC Guidelines (2021) provide for diversity-sensitive risk assessment; PSR prevention guidance. ▪ Austria (MEGAP project) developed self-assessment tools, good practice repositories and inspector training materials. ▪ Denmark (WEA) developed interview guides on PSR issues, inspector checklists, and a 10-point plan on sexual harassment. ▪ Netherlands: Stress Assessment Tool integrated into mandatory risk assessment (RI&E), plus targeted guidance on discrimination and harassment. ▪ Slovenia: inspector training manuals, diversity-sensitive inspection checklists. ▪ Spain: technical criteria guides for inspectors on PSRs, harassment and TPVH.
CS3 - Psychosocial risks and working conditions of migrant women in care, cleaning and domestic work	▪ Spain (Royal Decree 893/2024) requires formal PSR risk assessments for domestic workers, including harassment and violence. ▪ Belgium (service voucher system) includes the prevention of PSRs in training modules, workplace rights information, and collective agreements covering PSRs. ▪ Croatian regulations stipulate employers' obligation to provide multilingual OSH/PSR information for migrant workers. ▪ Trade union collective bargaining agreements and guidance for domestic workers (Italy, Spain and Denmark).
CS4 - Belgium: integrating workforce diversity into psychosocial risk assessment	▪ PSR questionnaire (FPS Employment, 2023), an open-source tool, integrates diversity and harassment, and disaggregates data by age and gender. ▪ Annual Diversity Reports (FPS, 2024) with data and guidance for employers and prevention advisors.

Case study	PSR tools addressing workforce diversity
	▪ Beswic Knowledge Centre, an online platform with resources/information. ▪ Demonstration Projects (2023) on PSR prevention, e.g. project on exposure to PSRs (migrant and ethnic minority women, and women from low socio-economic backgrounds) in family care services.. ▪ OiRA PSR Tool (2024), an SME-friendly digital risk assessment tool with diversity modules.
CS5 - Denmark: preventing offensive behaviour and sexual harassment in a diverse workforce	▪ Tripartite agreement to consolidate and develop new provisions to prevent sexual harassment. ▪ Inspector interview guides and training modules have been developed on harassment and offensive behaviour. ▪ A behavioural checklist of 21 questions provides guidance for employers and OSH experts on preventing sexual harassment. ▪ National campaigns on social media and radio, and hotline support to raise awareness. ▪ Targeted awareness campaigns in high-risk sectors e.g. hospitality and among young people.
CS6 - Netherlands: workforce diversity, culture change and psychosocial risk prevention	▪ SER Diversity Portal & Business Initiative, with practical resources for integrating diversity into OSH and implementing the Diversity Charter. ▪ Handbook on Sexually Transgressive Behaviour (2024), focusing on organisational culture change tools, codes of conduct and risk assessment. ▪ Safe Healthcare Handbook (Veiligezorg), including security and staff protocols for preventing and managing aggression/violence, participatory tools for identifying unsafe spaces, and implementation of culture change measures.
CS7 - Slovenia: integrating diversity into psychosocial risk prevention and management	▪ Guidelines on Effective PSR Prevention and Management (2024) provide gender- and diversity-sensitive risk assessment guidance. ▪ Diversity Handbook (2023) provides checklists on bias, stereotypes and discriminatory practices. ▪ Workshops (2022-23) include participatory methods such as ‘Six Thinking Hats’ for addressing gender bias and communication issues related to diversity-sensitive risk assessment. ▪ Inspector training workshops cover gender and diversity, and monitoring harassment, burnout and stress.
CS8 - Spain: a gender and diversity sensitive approach to psychosocial risk prevention	▪ Mandatory equality plans integrate harassment/violence and PSRs. ▪ INSST guidelines, e.g. technical notes on work-family conflict, telework, gender-sensitive PSRs, and stress, burnout and violence in elderly care. ▪ National Working Group on PSRs and Mental Health, with guidance on preventing PSRs for vulnerable workers. ▪ Regional protocols and manuals include: Canary Islands (equality-linked OSH protocols); Galicia (gender-sensitive PSR manuals and online observatory); Madrid (migrant, disabled and LGBTIQ inclusion in PSR prevention); Asturias (online platform with awareness resources).

Case study	PSR tools addressing workforce diversity
CS9 - Sweden: gender mainstreaming to prevent psychosocial risks	▪ 'Genuskollen' gender checklist (2016), a workplace self-assessment tool for analysing gendered risks. ▪ Guidance 'How can the work environment be made better for both women and men?' (2014), a practical manual for employers and OSH representatives. ▪ Inspector training resources on gender-sensitive inspections. ▪ Sector-specific manuals in healthcare, education and home care, focusing on workload, MSDs and stress. ▪ Social partner resources (e.g. handbook against sexual harassment), practical workplace policies and training materials.

4.Targeted approaches (by sector, issue or population group), backed by research and evidence, which ensure tailored and effective interventions. Targeted approaches, focusing on particular sectors, issues or diversity groups, have proven highly effective in addressing PSRs and diversity. When measures are designed based on research and evidence, for example as shown in the case studies in Belgium (CS4 - EU-OSHA, 2026d) and Sweden (CS9 – EU-OSHA, 2026i), they can be tailored to the specific challenges of a sector (such as healthcare, hospitality or domestic work) or to the needs of particular groups (such as young workers, migrant workers, or women working in feminised sectors). The cases from Belgium (family care) (CS4 - EU-OSHA, 2026d), the Netherlands (healthcare) (CS6 - EU-OSHA, 2026f), Denmark (youth and sectoral initiatives) (CS5 - EU-OSHA, 2026e), Spain (regional approaches and a focus on feminised sectors) (CS8 - EU-OSHA, 2026h) and Sweden (feminised sectors and stepwise sector targeting) (CS9 – EU-OSHA, 2026i) demonstrate that such focused strategies help to identify risks at an earlier stage and lead to the development of targeted sector-specific tools. By linking targeted actions to research and monitoring, inspectorates and social partners can also evaluate what works, adapt initiatives over time, and transfer lessons to other sectors or groups. Accessible, practical tools and continuous training have helped employers, workers and inspectorates operationalise commitments in specific sectors or groups.

5. Learning from gender-sensitive approaches and gender mainstreaming. Embedding gender and diversity into standard OSH/PSR tools ensures inclusion and prevents them from being treated as add-ons. The cases from Slovenia (CS7 - EU-OSHA, 2026g) , Spain (CS8 - EU-OSHA, 2026h) and Sweden (CS9 – EU-OSHA, 2026i) illustrate how established policies on gender-sensitive approaches and gender mainstreaming have provided an essential foundation for developing diversity-focused strategies in OSH and PSR prevention. In particular, gender mainstreaming tools, which have been extensively developed in Sweden, can be successfully adapted to be inclusive of a wider range of diversity groups. By systematically analysing how risks affect women and men differently and by integrating gender into risk assessment tools, inspectorate guidance and workplace policies, many Member States have established a model that can be expanded to cover other dimensions of diversity, such as age, disability, ethnicity, sexual orientation and migrant status. This progression ensures that the whole workforce is covered. This begins with the recognition that women face specific PSRs in the workplace, and then ensures that the same principles of inclusion, evidence-based analysis and mainstreaming are applied to other groups that are often overlooked in OSH policies. The shift from a gender-only focus to a broader diversity approach, including new understandings of intersectionality, has also helped workplaces adopt a more holistic and preventive culture, strengthening protection for all workers as a standard OSH practice.

The stepwise approach has also been influential in guiding national and sectoral initiatives on PSRs and diversity, particularly as many of the case studies show that a gendered approach has already been developed. This process starts by focusing on a single issue or sector and then applying lessons learned to other areas or groups. It can help to deliver more manageable and sustainable outcomes, especially for employers and labour inspectors who may feel overburdened or face challenges in implementing actions across all diversity groups and sectors. Beginning in healthcare or family care services before

transferring insights to other sectors, this approach has proven successful in Sweden and the Netherlands. It also promotes knowledge sharing and upscaling, as successful initiatives can be adapted to other sectors, other Member States, or the EU as a whole.

6. EU-level initiatives, exemplified by EU social partner agreements (CS1 – EU-OSHA, 2026a) and by the Senior Labour Inspectors Committee (SLIC) guidelines, along with EU-level projects (CS2 – EU-OSHA, 2026b) and joint guidance from the European social partners, create a common reference point that national social partners, along with labour inspectorates and OSH agencies, can adapt to their national or sectoral contexts. First, these initiatives help reduce duplication of effort – as countries can draw directly on tools and practices that have already been tested elsewhere – while also promoting common standards and approaches across the EU. The development and implementation of these EU-level social partner agreements have facilitated mutual learning and knowledge sharing through joint workshops between social partners, exchanges between inspectorates, and the sharing of case studies. These initiatives have helped strengthen the social partners' collective ability to address emerging risks, such as digitalisation, TPVH, GBVH and intersectional discrimination. By promoting a shared understanding of PSRs and diversity, EU-level initiatives can help to reinforce national efforts, encourage innovation, reduce duplication of effort and enhance transferability.

Second, as outlined in point 1, the examples given in CS1 (EU-OSHA, 2026a) demonstrate the value of EU-level tripartite and social partner involvement in ensuring that policies are grounded in workplace realities and can be tailored to specific sectors, such as healthcare, domestic work and public administration. This collaborative approach also supports sustainability and culture change over time. Third, the agreements reflect greater attention being given to integrating gender and diversity into standard OSH risk assessment tools and labour inspection practices. This is seen through the increased attention being given to third-party violence and harassment, gender-based violence and harassment, and digitalisation. When diversity is embedded in risk prevention – rather than being treated as an optional add-on – vulnerabilities linked to gender, age, migration status or other characteristics are systematically identified and addressed. Practical tools, training and guidance are essential enablers, helping inspectorates, employers and workers to implement commitments on the ground. Finally, the cases demonstrate how social partners play a crucial role in ensuring that targeted, evidence-based approaches are implemented for specific sectors or diversity groups, particularly where workers face the most significant vulnerabilities.

7. A focus on gender-related PSR factors: the case studies show that gender-related actions are the most developed and established entry point for addressing PSRs, providing a lens through which other diversity issues can be explored, including from an intersectional perspective -CS4 – Belgium (EU-OSHA, 2026d), CS5 – Denmark (EU-OSHA, 2026e), CS6 - the Netherlands (EU-OSHA, 2026f), CS7 – Slovenia (EU-OSHA, 2026g), CS8 – Spain (EU-OSHA, 2026g) and CS9 – Sweden (EU-OSHA, 2026i) -. This focus on gender is not surprising, given the extensive research, national initiatives and actions by social partners over the past two decades. CS1 - European social partner agreements (EU-OSHA, 2026a) shows examples of how gender equality, gender-based TPVH and domestic violence are explicitly integrated into agreements, with specific provisions on harassment, cyber-violence and the gendered impact of digitalisation. CS2 - Labour inspection (EU-OSHA, 2026b) highlights how inspectorates in countries such as Austria, Denmark, the Netherlands, Slovenia, Spain and Sweden have developed gender-sensitive tools, training and guidelines that make gender a systematic consideration in PSR inspections. CS3 - personal and household services and women migrant workers (EU-OSHA, 2026c) shows that the intersection of gender and migration status is central to understanding the vulnerabilities of migrant women in domestic, care and cleaning work, with good practices from Belgium, Croatia, Denmark and Spain, as well as through collective agreements.

By contrast, there are fewer examples of systematic intersectionality or broader diversity approaches. While some progress has been made – such as inspectorates in Slovenia and the Netherlands including migrant status, age and disability in inspections, or sectoral agreements recognising the needs of minority groups – these remain more limited and less embedded than gender-specific actions. Intersectionality is often mentioned but not yet fully operationalised in risk assessment tools, labour inspections or collective agreements. This suggests that gender-sensitive approaches can serve as a stepping stone towards a wider diversity agenda. Gender mainstreaming has provided methods and tools – such as disaggregated data collection, risk assessment checklists and targeted training – that can be adapted to cover other dimensions of diversity. In practice, once employers, inspectors and

social partners are accustomed to analysing risks through a gender lens, it becomes easier to expand this framework to consider age, disability, migrant status, ethnicity or sexual orientation, amongst others. The case studies illustrate examples of this broader diversity approach (e.g. Austria's MEGAP project, Spain's protocols on harassment that incorporate diversity dimensions, Belgium's service voucher system, and Sweden's promotion of wider diversity issues through the umbrella of a gender-based approach).

5 Conclusions and policy pointers

5.1 Conclusions

This report demonstrates the benefits of gender- and diversity-sensitive PSR management for the entire workforce, and how this can be achieved in practice through policy frameworks, practical strategies, and concrete tools, training and support. Addressing PSR factors in diversity-sensitive ways can lead to inclusive, safe and healthy workplaces for everyone. In practice, PSR prevention strategies will be more effective and inclusive when they take into account workplace culture and diversity across the entire workforce, while also ensuring better visibility of workers' exposure to PSR factors. Therefore, preventing PSRs and promoting inclusion and mental well-being within a diverse workforce require both universal approaches that encompass the entire workforce, and targeted measures tailored to the unique needs of different groups of workers.

- **Diversity needs to be incorporated into all PSR management steps**

This report has reviewed evidence and presented case studies on workforce diversity and work-related PSRs, demonstrating how certain groups – such as women, Black and ethnic minority workers, migrants, LGBTIQ workers, workers with disabilities or chronic illnesses, young and older workers, and those from low socio-economic backgrounds – are more likely to face PSRs such as discrimination. Depending on their work circumstances, they may also be more exposed to other PSRs, such as job insecurity, poor work quality, high workloads, long or irregular hours, lack of autonomy, and insufficient organisational support, often reflecting systemic features of work organisation and culture. Workers may also experience a lack of autonomy and barriers to career progression. An understanding of the intersectionality of workers' identities is a vital aspect of this analysis. Workers with multiple and intersecting identities can encounter compounded risks and challenges, including multiple forms of discrimination. Consequently, diversity must be considered as part of PSR risk assessments and integrated into the development and implementation of solutions.

- **Research and case examples demonstrate that incorporating diversity into PSR management is both practical and straightforward**

Taking account of diversity in PSR assessment and risk prevention need not be complicated, even for small businesses. The research and data, including case studies, discussed in this report illustrate innovations and different approaches to gender- and diversity-sensitive PSR assessment. This includes how OSH strategies and policies have evolved to address new risks that impact the health and well-being of the diverse workforce, such as those stemming from digitalisation and increasing levels of TPVH. In practice, this report, including the case studies, has demonstrated that tools that integrate a gender perspective in OSH, through gender-sensitive risk assessment, including PSR assessment, are relatively well-developed in some countries (as shown in case studies from Belgium, Denmark, the Netherlands, Slovenia, Spain and Sweden) and in EU-OSHA research and guidance. These tools, which draw on established gender mainstreaming methodologies such as gender impact assessment, are transferable to other vulnerable groups and can be implemented through diversity-sensitive measures, policies and risk assessments. There are also variations across EU Member States in terms of drivers and barriers, the approach taken, the extent to which legal or policy frameworks enable initiatives on workforce diversity and PSRs, and in relation to working conditions.

- **When PSR management strategies and actions are developed, diversity should be an integral part of this process and not treated as an add-on**

PSR management in all workplaces would benefit from the inclusion of diversity. All the case studies have been assessed as transferable and adaptable to other Member States. Those Member States that have not yet addressed gender and diversity in OSH and/or PSR would benefit from adopting this approach, especially those with elevated risk factors such as long working hours, low pay, job insecurity, low job satisfaction, high work intensity and work pressure, unhealthy working conditions, discrimination and a gender wage gap, and poor work-life balance. Member States that have less well-developed strategies and actions on PSRs should consider integrate gender and diversity as they develop their approaches, rather than leaving them to be contemplated later.

The following overall conclusions can be made:

- **Improvements in the risk factors faced by diverse groups have the potential to benefit the entire workforce**

Exposure to PSRs has an adverse impact on workers' health, safety and equality. However, beyond discrimination, the diverse workforce covered in this report can face increased exposure to a wide range of psychosocial risk factors, which are not unique to any of these diverse groups. This means that improvements at organisational level and in the culture of the working environment have the potential to benefit the workforce as a whole. Universal measures include strengthening psychosocial health and safety for all workers, examples of which include flexible working time, protections against long working hours and the intensification of work; effective mechanisms to prevent violence, bullying and harassment; and stronger worker participation in OSH decision-making, in trade unions and in negotiations for policies and CBAs.

- **The benefits of tackling PSR factors, including discrimination**

The costs to businesses of not addressing the mental health of their workforce, in terms of sickness absence and lost productivity, are well-documented (Leka & Jain, n.d.; WHO, 2022). There is a particular benefit to businesses in addressing discrimination. As the OECD argues:

'There is a sizeable societal and economic cost associated with the underutilisation of talent due to discrimination and non-inclusion. Many businesses can benefit from having a more diverse workforce. Both public policy and corporate governance have economic and ethical reasons to promote equal opportunities. The lack of diversity and inclusion in public workforces and government institutions can hamper the ability of public policies and services to respond to the needs of society, and most notably those of disadvantaged or minority groups.' (OECD, 2020: 1)

- **Established gender-based strategies, tools and initiatives can be applied to PSR management and adapted and expanded to cover other areas of diversity**

Overall, and in most cases, gender-based initiatives have the potential to be expanded to cover multiple grounds of diversity and inclusion. Improving the inclusion of one group of workers inevitably helps to raise awareness of the risks faced by other groups of workers, who may also face similar and intersecting forms of exclusion and discrimination. Studies of workplace diversity programmes show that organisations that begin with training, policies and programmes on gender are more likely to subsequently adopt policies for other diversity groups (Kalev, Dobbin & Kelly, 2006; OECD, 2020). As Acker (2006) argues, gender equity policies have the effect of disrupting organisational processes that reproduce multiple inequalities, creating fairer workplaces that address wider diversity issues beyond gender. In practice, measures to address gender equality, such as equal pay for work of equal value, pregnancy and maternity protection, work-life balance and gender-sensitive risk assessment, can help to establish institutional mechanisms that lead to equality and diversity policies and plans, inspectorate tools, and risk assessment frameworks covering a diverse workforce that is inclusive of other groups such as migrant workers, older workers, workers with disabilities, and LGBTIQ workers. EU-OSHA notes

that gender-sensitive OSH policies can help to identify how stereotypes facing other groups influence exposure to risks (EU-OSHA, 2022a).

The case studies presented in this report demonstrate practical ways in which this shift to include gender and other diversity groups has been implemented. For example, at Sweden's labour inspectorate, the piloting of gender-sensitive inspections led to the development of methodologies that were adapted to a wider range of diversity risks, including age and migration (SWEA, 2015; SWEA 'Genuskollen' tool). In Spain, protocols on stress, harassment and violence at work that were initially developed for women workers have been extended to a wider diversity approach, including migrant workers, young workers and LGBTIQ workers, who face similar but overlapping vulnerabilities. Spain's equality plans ('*planes de igualdad*'), which initially focused on women, are now increasingly focused on a broader diversity perspective, for example covering LGBTIQ and anti-discrimination measures. One of the drivers for this greater focus on diversity is that labour markets have become more diverse over the last few decades. For example, women's increased labour force participation, the growth of migrant populations, longer working lives, later retirement ages, and the greater visibility of LGBTI workers, have contributed to this shift. Similarly, societal changes reflect both positive and negative attitudinal shifts towards different groups of workers; for example, there have been positive developments at work towards gender equality and LGBTI inclusion, while perceptions about migrants and ethnic minorities have become more polarised.

- **Increased and unique vulnerabilities faced by some groups and their particular work contexts mean that PSR management needs to recognise and combine universal and targeted actions**

Certain groups of workers face unique vulnerabilities that put them at specific and distinct risks, requiring targeted responses. As this report has demonstrated, women workers, migrant workers, older workers, LGBTQI workers, workers with disabilities, and Black and ethnic minority workers all experience interconnected risks related to discrimination, stigma, exclusion and precarious working conditions. This indicates that addressing workforce diversity and PSRs necessitates a dual OSH strategy that combines universal and targeted actions. It also involves managerial, occupational and mental health support tailored to each group's needs. For instance, prevention measures should address issues faced by women workers, such as disproportionate risks of sexual harassment, work-life conflict and emotional labour, along with workplace support for victims of domestic violence. Similarly, for migrant workers, prevention initiatives must combat exposure to exploitation and language barriers, and enhance access to information, complaint mechanisms and social protection. LGBTIQ workers may face exclusion, stereotyping and harassment, requiring prevention strategies that eliminate exposure to homophobia, transphobia, discrimination and stress in the workplace. Prevention for some older workers can include policies targeting age discrimination, bias, and limited opportunities for training or redeployment. Workers with disabilities and chronic health issues will benefit from measures that combat stigma and provide reasonable accommodations and workplace adaptations. This also includes actions aimed at retaining workers and adjusting work hours for those whose capacities change due to age, disability, chronic illness, parenthood, or caregiving responsibilities.

The evidence cited suggests that implementing universal and targeted measures can enhance prevention efforts, support culture change at work, and create safer, healthier, sustainable and more inclusive workplaces. When addressing PSRs for the entire workforce, it is crucial to consider the specific needs of diverse groups of workers, especially women, Black and ethnic minority workers, migrant workers, LGBTIQ workers, people with disabilities or health issues, and younger, older and low socio-economic status (LSES) workers. The higher exposure to PSR factors in certain types of jobs or sectors – such as in feminised jobs where there is exposure to stress from emotional labour, as well as in contact with clients and customers – is a key consideration. For example, in the hospitality sector, night work and travelling home late at night are relevant to a sector where young workers experience PSRs working in socially charged environments where alcohol is consumed. Furthermore, exposure to PSR factors, leading to exposure to stress, violence, harassment and sexual harassment, arises from heightened levels of job insecurity, lone working, emotional labour and working in client/customer-facing services.

This is also relevant to situations where PSRs may be heightened when workers from different diversity groups work in resource-constrained settings, such as inadequately equipped facilities or insufficient staffing, which may lead to long waiting times and frustration for clients/customers (EPSU et al., 2025).

These risk factors may be exacerbated by unsocial working hours, working alone or in relative isolation, in remote locations, or in jobs where there is a lack of control over the pace and type of work carried out, as seen in sectors such as domestic work, cleaning and care work. Risks of burnout, exposure to stress and harassment and a lack of control over their work are factors to consider from a diversity and intersectional perspective. For example, in health and social work/care, large numbers of women, Black and ethnic minority and migrant workers carry out emotional labour in caring for vulnerable clients where PSRs can lead to exposure to traumatic events, TPVH, high workload, dealing with people at the end of their lives, and working with people with mental health difficulties and who present complex needs and problems.

Table 14 summarises the common and unique vulnerabilities and prevention measures for the diverse groups of workers explored in this study. Addressing these common and unique PSR factors in prevention frameworks can help build inclusive, supportive working environments, as well as healthier, more productive, resilient, inclusive and sustainable work environments for all workers.

Table 14: Summary of common and unique issues across diversity groups, including an intersectional perspective, for each diversity group

Diversity group	Summary of common issues shared with other diversity groups	Summary of unique issues	Summary of prevention measures
Women	▪ Discrimination, harassment. ▪ Precarious work, low pay, high workload. ▪ Poor recognition in OSH policies, risk assessment. ▪ Limited involvement in social dialogue structures.	▪ Gender-based discrimination, GBVH, pregnancy, menopause, work-life conflict, undervaluing of skills. ▪ Feminised, emotionally demanding, insecure jobs. ▪ Exposure to harassment, unsafe night work.	▪ Gender-sensitive PSR risk assessments. ▪ Policies on equal pay for work of equal value, flexible work, GBVH prevention. ▪ Support for single mothers, safe transport, participation in union and social dialogue structures.
Black and ethnic minority	▪ Discrimination, harassment, poor career opportunities, precarious / low-status jobs, limited worker voice and low representation in unions.	▪ Institutional racism, harassment, stereotypes (e.g. misogynoir). ▪ Intersectionality (Black and ethnic minority women). ▪ Over-representation in low-paid, insecure work. ▪ Limited career progression, pay gaps.	▪ Intersectional discrimination in PSR assessments. ▪ Anti-racism and zero-tolerance harassment policies. ▪ Training and support for managers. ▪ Fair pay and promotion policies.
Migrant workers	▪ Precarious contracts, low pay, unsafe jobs. ▪ Isolation, poor access to information. ▪ Poor union representation and worker voice. ▪ Risks of violence and harassment, including TPVH.	▪ Visa / work permit dependency, undocumented status, unethical recruitment. ▪ Deskilling, language/cultural barriers. ▪ Concentration in precarious sectors (care, cleaning, domestic, platform work).	▪ Multilingual OSH training and rights information. ▪ Formalisation of work in high-risk sectors. ▪ Ethical recruitment; migrant worker participation in risk assessment.
LGBTIQ workers	▪ Discrimination and harassment, including TPVH. ▪ Lack of union representation.	▪ Discrimination, homophobia, transphobia.	▪ Inclusive policies and culture. ▪ Diversity and intersectionality in PSR assessment.

Diversity group	Summary of common issues shared with other diversity groups	Summary of unique issues	Summary of prevention measures
	▪ Poor mental health support.	▪ Concealment of identity, minority stress. ▪ Intersectionality (older, young, migrant workers). ▪ Heteronormative workplace cultures. ▪ Homophobic and transphobic harassment.	▪ Training for managers on LGBTIQ issues. ▪ Safe spaces to report abuses. ▪ Union representation.
Workers with disabilities and chronic ill health	▪ Discrimination, harassment, precariousness, poor career opportunities, stigma in reporting, poor accommodation of needs.	▪ Stigma, concealment of conditions, ▪ Lack of accommodation, assistive technologies, barriers to return to work, digital exclusion. ▪ Intersectionality e.g. women with disabilities. ▪ Barriers to career development.	▪ Inclusive workplace design and adaptations. ▪ Return-to-work policies and support. ▪ Anti-discrimination training for colleagues and managers.
Young workers	▪ Precarious work, low pay, harassment, poor mental health support, limited union roles and representation.	▪ Sexual and cyber harassment. ▪ Normalisation of poor conditions. ▪ Lack of autonomy. ▪ High job insecurity, low pay, job strain. ▪ Low OSH awareness.	▪ Targeted training, mentoring and fair pay policies. ▪ Inclusion in OSH prevention campaigns. ▪ Career development support.
Older workers	▪ Stress, poor career opportunities. ▪ Work-life conflict. ▪ Limited or no accommodation of needs. ▪ Limited union representation.	▪ Ageism, exclusion. ▪ Stress due to responsibility. ▪ Menopause/health risks for older women. ▪ Care roles. ▪ Financial pressure to work longer. ▪ Stereotypes about skills and capabilities.	▪ Lifelong learning and digital skills training. ▪ Job redesign to accommodate capacity and capabilities. ▪ Promotion of age- and diversity-inclusive workplaces. ▪ Older workers included in social dialogue.

Diversity group	Summary of common issues shared with other diversity groups	Summary of unique issues	Summary of prevention measures
		▪ Difficulties adapting to digitalisation.	
LSES workers	▪ Job insecurity. ▪ Low wages. ▪ Precarious contracts. ▪ Limited union representation.	▪ Financial stress/insecurity. ▪ Poor job quality, emotional labour in low-paid care/service roles. ▪ Limited social protection. ▪ Intersectionality (women, migrants, young/older workers). ▪ Limited OSH protection.	▪ Policies for decent work and job security. ▪ Improved pay and working conditions. ▪ Targeted OSH outreach and support. ▪ Union representation and social dialogue.

- **Driving factors, challenges and success factors**

The key driving factors for actions evident in the nine case studies are legal frameworks – in most cases negotiated with social partners - on PSR assessment and coordination with legal frameworks that promote equality and non-discrimination. It is important to have relevant practical tools for employers and labour inspectors if they are going to be able to play their role effectively. The cases show that tools are available for employers and labour inspectors, as well as social dialogue, collective bargaining agreements, and sector-specific policies and protocols, such as those in care, cleaning, domestic work, hospitality and platform work.

Nevertheless, diversity at work, the language around it and its relevance to OSH may not always be well understood, or it may be considered too complex or time-consuming to address. One of the cases specifically highlighted the issue of employers being reluctant to address diversity. This only underlines the importance of involving social partners in actions and evidence-based tools and support.

Digitalisation and platform work both highlight opportunities in terms of jobs and flexibility, and pose significant challenges resulting in heightened risks in terms of precarity, surveillance and harassment, particularly for migrants, women and young workers.

In summary, the following *critical success factors* highlight how a shift can be made towards integrating diversity into PSR assessments and policies:

- Having an *existing legal basis* for PSR assessment and the *integration of OSH, equal treatment and non-discrimination* into policy frameworks and preventive actions in the workplace.
- Developing *evidence-based guidance*; tested tools, checklists and budgets to support interventions, training and awareness-raising, including practical tools to integrate gender and diversity considerations into PSR assessment, in order to incentivise employers and labour inspectors to integrate diversity into labour inspection training, supervisory and inspection processes.
- Having an *organisational focus* on prevention in the working environment and the importance of culture change that reflects the needs of a diverse workforce.
- *Building on existing knowledge and tools* for integrating gender into OSH, and PSR- and diversity-sensitive risk assessment – this can ensure that a wider range of diverse groups are included in risk assessment, while also highlighting the intersections between vulnerability at work due to low socio-economic status, precarity, discrimination and unequal power relations.
- Using *social dialogue* (EU-level social partner agreements and national tripartite and bipartite agreements, tools and guidance for negotiators) – this enables the elaboration and practical implementation of existing regulations and going beyond existing laws in collective bargaining.
- Implementing a *comprehensive approach* to preventing violence and harassment in OSH, including TPVH, GBVH and domestic violence as a workplace issue, along with a focus on the most vulnerable workers and the effects of labour market developments such as digitalisation, platform work and teleworking.
- Taking into account *sector-specific PSRs* – this enables targeted interventions to identify, assess and mitigate risks faced by diverse groups that predominate in jobs in high-risk sectors, such as due to working in isolation or exposure to TPVH.
- Agreeing *dedicated budgets and embedding learning into long-term plans* to ensure the sustainability of interventions and actions at sectoral and workplace level to secure long-term organisation and culture change in the workplace.
- Implementing *proactive measures* that raise awareness and support and motivate employers to act, with practical support targeted at MSEs, ensuring that interventions are ongoing, reflective, and adaptable to new challenges in the world of work.
- Taking measures to *reduce resistance and build knowledge of diversity-sensitive risk assessment* by focusing on capabilities rather than a person's identity, age, health or other conditions, which can help build sustainable support systems that anticipate and accommodate workers' needs at different stages of their lives.

- Recognising that preventing exposure to PSR factors requires *organisation-wide policies*, resources for research, evaluation, learning and piloting initiatives, as well as culture change and awareness/training programmes that support diversity-sensitive risk assessment. Pilot initiatives carried out with practical, sector-specific tools can be scaled up into sector-wide or national initiatives.
- Enabling change in the workplace, including *recognising workers' intersectional identities*, addressing bias and unequal power relations, and acknowledging workers' unique and common forms of exposure to PSR factors, which are integral to preventive strategies for the whole workforce.
- Engaging in *learning about what an intersectional approach* means in practice, particularly on the intersection of gender with other identities and forms of discrimination, for example by illustrating how younger, minoritised and racialised women face greater exposure to gender-based TPVH.
- Facilitating *dynamic and innovative approaches to organisational learning* and actions that reach all workers, regardless of their identity or background, that is sustained in the longer term and responds effectively to new world of work challenges such as AI and digitalisation.
- Engaging in *networking, sharing good practices* and developing new initiatives that mainstream learning through a stepwise approach.
- Addressing *knowledge gaps* that may arise due to staff turnover among inspectors and employers, which can result in a loss of expertise. Policies should prioritise institutional learning through accessible guidance, online and interactive tools, and the systematic training of new staff.

5.2 Policy pointers

The following policy pointers aim to raise awareness of and suggest ways to integrate diversity considerations into policies and programmes on the prevention of PSRs at work. They are classified in Key policy pointers, corresponding to system-level levers (law, enforcement, governance, social dialogue, workplace systems) and in Complementary policy pointers, corresponding to enabling actions (knowledge, awareness, implementation tools, representation, coordination). The policy pointers are targeted to key actors, government and public authorities on the one hand, and social partners (trade unions and employers' associations) on the other hand.

- **Key policy pointers - Government / public authorities**

1. Embed diversity and intersectionality in OSH/PSR laws and strategies, with legal duties on employers to assess and prevent PSRs (stress, violence, harassment, sexual harassment).

2. Strengthen governance, capacity and enforcement

   - Mandate national OSH agencies to set diversity-specific goals and indicators, and training and guidance, for OSH experts, inspectors, trade unions and employers.
   - Empower labour inspection with training, tools and guidelines linking PSR prevention with diversity.
   - Conduct inspections in high-risk sectors and compare female- and male-dominated work roles to identify exposure to hidden risks and build an understanding of how bias, gender norms and unequal power at work frequently influence OSH policies.

3. Improve evidence base and policy coherence

   - Strengthen evidence and improve data, research and practical guidance and self-assessment tools on integrating diversity into PSR assessments and programmes.
   - Promote better linkages between OSH/PSRs and equality/diversity policies through stronger institutional collaboration and joint strategies, ensuring cross-learning between OSH agencies and equality bodies.

- **Key policy pointers - Social partners**

4. Use social dialogue and binding instruments to drive change

   - Promote awareness-raising with accountability through binding equality/OSH obligations in regulations and CBAs, and leverage these through social dialogue among social partners at

national/EU level.

5. Embed diversity-sensitive PSR prevention at workplace level

- Develop organisation-wide approaches, integrate them into risk assessment processes, and focus on culture change in the workplace. Pilot, then scale up, network, and build and maintain learning.

- **Complementary policy pointers - Government / public authorities**
  - Build practical knowledge on incorporating an intersectional perspective into PSR assessments and workplace programmes.
  - Prioritise high-risk groups/sectors (e.g. health and social care, domestic work, cleaning) ensuring that they benefit from the same OSH and social protection rights as other workers/other sectors, intersectional policy approaches that recognise both the gendered nature of the work and its reliance on migrants – and the complex issues related to this – are needed.
  - Raise awareness about workforce diversity and PSRs in national and EU-level campaigns, highlighting the business benefits and the positive effects on workers' health and well-being when action is taken.
  - Prevent violence and harassment systematically (including TPVH, GBVH, cyber-abuse and domestic violence as a workplace issue) through legal duties, protocols, survivor-centred supports, and tackling root causes such as power imbalances and PSR factors related to work organisation and work culture.
  - At EU level, measures can promote the enhanced integration and coordination of EU policies and programmes, regarding gender equality / non-discrimination (DG Justice) and OSH (DG Employment).[16]
  - Lead from the top by making diversity-sensitive PSR prevention a leadership objective and competence; invest in training, resources, representation for and the voices of under-represented workers, and targeted support for SMEs/MSEs (with the involvement of social partners).

- **Complementary policy pointers – Social partners**
  - Co-design OSH/PSR policies and strategies with gender/diversity experts, and integrate into equality plans, diversity charters and HR strategies.
  - Align OSH management with HR D&I practice to deliver prevention and mitigation measures, for example on non-discrimination, inclusion, work-life balance, career progression, accommodating work for older and disabled workers, and TPVH/GBVH prevention.
  - Social dialogue should be promoted to establish shared ownership of initiatives. Organisational and culture change initiatives carried out in collaboration with social partners can drive sustainable improvements in workplace safety, inclusion and well-being.
  - In developing social dialogue structures, the social partners can consider ways to ensure the voice and representation of diversity groups in trade unions and social partner structures so that negotiations reflect the diversity of the workforce.
  - Leadership commitment and inclusion of under-represented workers. Invest in training, resources, representation for and the voices of under-represented workers, and targeted support for SMEs/MSEs.

[16] An example would be to address gender-sensitive PSR/OSH in a future EU mutual learning programme on gender equality: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/who-we-work-gender-equality/mutual-learning-programme-gender-equality_en.

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Appendix 1: EU legislation on occupational safety and health, diversity, equality and non-discrimination

EU Directives	
Occupational safety and health	Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work (the 'OSH Framework Directive') establishes minimum requirements and the general principles on health and safety and the prevention of occupational safety and health risks. The requirements for risk assessment and preventive measures apply to all risks, including PSR. Of relevance to diversity is that '[p]articularly sensitive risk groups must be protected against the dangers which specifically affect them' (Article 15). Sensitive risk groups include workers facing vulnerabilities and inequalities reflected in the diversity of the workforce. There is no specific directive on work-related PSRs. The OSH framework agreement is supported by cross-sectoral social partners' framework agreements on telework (2002), work-related stress (2004), harassment and violence at work (2007) and digitalisation (2022). OSH measures on pregnancy and maternity are included in Council Directive 92/85/EEC, with employers required to assess and mitigate workplace risks for pregnant and breastfeeding women, covering issues such as exposure to chemicals, rest breaks and safe places for breastfeeding.
Race and ethnic origin	Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin addresses non-discrimination and harassment. Harassment is defined as a form of discrimination when based on racial or ethnic origin. Intersectionality: The recitals of the Directive makes reference to 'multiple discrimination'.
Religion or belief, disability, age or sexual orientation	Council Directive 2000/78/EC establishes a general framework for equal treatment in employment and occupation, prohibiting discrimination on the grounds of religion or belief, disability, age or sexual orientation as regards employment and occupation, while ensuring that workers are treated equally in terms of training, employment and working conditions and addressing non-discrimination, including harassment, on the grounds of religion or belief, disability, age or sexual orientation. Intersectionality: The recitals of the Directive makes reference to 'multiple discrimination'.
Gender equality	Directive 2006/54/EC on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation (recast) implements the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation and prohibits discrimination on the grounds of sex in several areas, including access to employment, training and working conditions. Sexual harassment is a form of discrimination against women in employment. Gender mainstreaming is established as a duty for the Member States, by providing that they 'shall actively take into account the objective of equality between men and women when formulating and implementing laws, regulations, administrative provisions, policies and activities in the areas referred to in this Directive' (Article 29).

EU Directives	
	In addition, Directives on part-time work (1997), temporary work (2008), pregnancy and maternity (1997) and work-life balance (2019), were agreed with the social partners. Directive (EU) 2023/970 of the European Parliament and of the Council of 10 May 2023 to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms covers pay transparency for jobseekers, the right to information for employees about pay levels broken down by sex, reporting on the gender pay gap, better access to justice for victims of pay discrimination, and compensation for workers who have experienced gender pay discrimination. Intersectionality: The Directive refers to intersectionality, defining intersectional discrimination as 'discrimination based on a combination of sex and any other ground or grounds of discrimination protected under Directive 2000/43/EC'. Directive (EU) 2024/1385 of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence addresses some work-related issues in the context of violence against women in alignment with the Istanbul Convention, but does not focus on preventing GBVH in OSH in relation to gender-based TPVH and domestic violence as a workplace issue. Intersectionality: The Directive recognises intersectionality, noting that '[v]iolence against women and domestic violence can be exacerbated where it intersects with discrimination based on a combination of sex and any other ground or grounds of discrimination'. Member States are requested to pay attention to intersectional discrimination and provide support to victims experiencing intersectional discrimination and violence. The vulnerabilities faced by women with disabilities, language barriers, and different levels of literacy and abilities are also referred to in the Directive.

Specific EU strategies relevant to PSRs and diversity	
Occupational safety and health	The EU Occupational Safety and Health (OSH) Strategic Framework 2021-2027 gives a particular focus on mental health and PSRs. It includes a section on 'workplaces for all' that addresses diversity issues. It states: 'Recognising diversity, including gender differences and inequalities and fighting discrimination in the workforce is vital in ensuring the safety and health of both women and men workers, including when assessing risk at work' (p. 13). It goes on to state: 'Actions will be encouraged to avoid gender bias when assessing and prioritising risks for action by ensuring: (i) gender representation in consultations of workers; (ii) training adapted to employees' personal situation; and (iii) the recognition of risks in occupations that have long been overlooked or considered as 'light work' (e.g. carers or cleaners).' In addition, diversity is addressed in relation to '… workplace violence, harassment or discrimination, whether based on sex, age, disability, religion or belief, racial or ethnic origin and sexual orientation may affect the safety and health of workers and therefore have negative consequences for those affected, their families, their co-workers, their organisations and society at large. It can also lead to situations of labour exploitation' (p. 13). The Commission Communication on a comprehensive approach to mental Health, adopted on 7 June 2023, details a comprehensive approach to mental

Specific EU strategies relevant to PSRs and diversity	
	health, aimed at helping Member States and stakeholders to address mental health challenges. The Communication recognises that '… PSRs and work-related stress are among the most challenging issues in occupational safety and health' (p. 16). It highlights a range of issues that can reduce work-related stress, promote mental health and improve work-life balance, such as the right to disconnect, the right to return to work after mental illness, and ensuring a psychologically safe working environment. The Communication promotes a comprehensive, prevention-oriented and multi-stakeholder approach to mental health across multiple policy areas including employment, education, research, digitalisation, urban planning, culture, the environment and climate. The Labour inspectors' guide for assessing the quality of risk assessments and risk management measures with regard to prevention of PSRs, adopted in 2018, covers diversity-sensitive risk assessment for labour inspectors, drawn up by the Working Group for Emerging Risks (WG EMEX) of the Senior Labour Inspectors Committee (SLIC). It addresses a holistic approach to diversity, as well as new and emerging risks, with a specific focus on age and gender. The guide suggests that workforce diversity must be considered when assessing and managing risks, and a systematic risk assessment should improve workplace safety and health for all workers, irrespective of age and gender. Recommendations are made on how to develop inspection procedures and enhance the effectiveness of labour inspectors' workplace interventions regarding diversity issues.
Gender equality	The Gender Equality Strategy 2020-2025 (European Commission, 2020) and the European Commission's most recent Communication setting out a Roadmap for Women's Rights (European Commission, 2025) acknowledge that gender inequalities persist. The Strategy addresses policy commitments to promote better work-life balance; women's equal representation in corporate decision-making, entrepreneurship and research; combatting violence against women; and gender mainstreaming. Amid a worrying backlash against women's rights in the EU and worldwide, the EU's Declaration, annexed to the Roadmap, stresses an 'urgent need to reiterate, reaffirm and reinforce the commitment to gender equality and women's rights [and] confirms the Commission's strong commitment to advance in this area.' The policy themes contained in the Gender Equality Strategy are highly relevant for a gender-sensitive approach to OSH, along with the commitment to gender and equality mainstreaming currently promoted by the Taskforce on Equality that promotes equality mainstreaming. Intersectionality: '[t]he intersectionality of gender with other grounds of discrimination will be addressed across EU policies'.
Race and ethnicity	The EU Anti-racism Action Plan 2020-2025 sets out '… a series of measures to step up action, to help lift the voices of people with a minority racial or ethnic background and to bring together actors at all levels in a common endeavour to address racism more effectively and build a life free from racism and discrimination for all' (European Commission, 2020, p. 2). The EU Roma strategic framework for equality, inclusion and participation (2020) sets out a comprehensive three-pillar approach for Roma people: equality with all other members of society; social and economic inclusion; and participation in political, social, economic and cultural life.
Disability	The European Commission's (2021) Strategy for the Rights of Persons with Disabilities 2021-2030 specifies that persons with disabilities have the right to equal access to education and labour-market-oriented training and access to

Specific EU strategies relevant to PSRs and diversity	
	quality and sustainable jobs. The Strategy recognises the need to address the risks of multiple disadvantages faced by women, children, older people, refugees with disabilities and those with socio-economic difficulties, and promotes an intersectional perspective based on the intersection of disability with gender, racial, ethnic, sexual and religious identities. It also takes account of the diversity of long-term physical, mental, intellectual or sensory impairments and the higher prevalence of disabilities with age, with almost half of people aged over 65 reporting some form of disability.
	As part of the Strategy, the Disability Employment Package aims to improve labour market outcomes for people with disabilities by implementing affirmative action and combating stereotypes in hiring, ensuring reasonable accommodations for people with disabilities in the workplace, retaining people with disabilities and preventing disabilities associated with chronic diseases, securing vocation rehabilitation, and exploring quality jobs in sheltered workshops and pathways to sustainable employment. Key issues include ensuring that people with disabilities are involved in the green and digital transition.
LGBTIQ	The European Commission's LGBTIQ Equality Strategy 2020-2025 addresses discrimination against LGBTIQ people and promotes diversity. In a work context, it may be unsafe to be open about your sexual orientation, gender identity, gender expression and sex characteristics without feeling threatened, stigmatised or discriminated against. The Strategy's four pillars are: tackling discrimination against LGBTIQ people; ensuring LGBTIQ people's safety; building LGBTIQ-inclusive societies; and leading the call for LGBTIQ equality around the world. Among the achievements of the Strategy (European Commission, 2024b) have been measures to enforce and improve legal protection against discrimination and promote inclusion and diversity in the workplace.
Diversity and equality awareness initiatives	In the workplace, initiatives such as the EU Platform of Diversity Charters and awareness-raising for employers have been promoted through 26 national Diversity Charters, diversity awareness months and guidance materials, and a diversity self-assessment tool. 17 The European Commission has raised awareness of victims' rights through an EU-wide communication campaign (2023). The European Commission's Task Force on Equality, established in 2019, aim to strengthen the EU's commitment to inclusion and equality in all of its senses, irrespective of sex, racial or ethnic origin, age, disability, sexual orientation or religious belief. One of the objectives is to promote equality mainstreaming (integrating an equality perspective at every stage of the Commission's policymaking), covering equality between women and men and combating discrimination on the grounds of sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation, in line with Articles 8 and 10 of the Treaty on the Functioning of the European Union (TFEU).

International Labour Organization (ILO) Conventions referred to in this report	
ILO Convention concerning	Convention No. 111 establishes the principle that all workers should have equal opportunities and treatment in employment and occupation, free from

[17] https://eu-diversity-inclusion.campaign.europa.eu/eu-platform-diversity-charters_en.

International Labour Organization (ILO) Conventions referred to in this report	
Discrimination in Respect of Employment and Occupation, 1958, No. 111	discrimination (a known PSR) based on race, colour, sex, religion, political opinion, national extraction, or social origin. The Convention requires ratifying States to pursue and implement a national policy designed to promote equality of opportunity and treatment, with the aim of eliminating any form of discrimination in access to employment, vocational training, working conditions, promotion, and job security. Convention No. 111 also recognises that discrimination can be both direct and indirect, and that achieving equality may require proactive measures rather than merely prohibiting unequal treatment. It allows for special measures of protection or assistance for groups with particular needs, provided these are not considered discriminatory. By addressing structural barriers in the labour market, the Convention plays a key role in promoting social justice, inclusion, and decent work. It remains highly relevant today in tackling persistent inequalities affecting women, migrant workers, persons with disabilities, and other vulnerable groups in rapidly changing labour markets.
ILO Violence and Harassment Convention, 2019 (No. 190) (C190)	C190 is relevant to diversity and PSRs. To date (March 2025), 14 EU Member States[18] have ratified C190 and others are planning to do so. C190 provides an integrated and comprehensive definition of violence and harassment, including gender-based violence and harassment (GBVH) and third-party violence and harassment (TPVH). C190 is grounded in a diversity and intersectional approach, recognising that some groups of workers face multiple and intersecting forms of discrimination and may be at greater risk of discrimination, for example because of their gender, ethnic origin, social class, migration or refugee status, age, sexual orientation, religion or disability. Importantly, C190 promotes gender-responsive approaches, the role of social dialogue and the importance of prevention and risk assessment in the management of OSH. Specifically, Article 9 refers to PSRs, noting that governments must adopt laws and regulations requiring employers, as far as is reasonably practicable and in consultation with workers, to: adopt a workplace policy on violence and harassment; take into account violence and harassment and associated PSRs in the management of occupational safety and health; identify hazards and assess the risks of violence and harassment; and provide workers with information and training on the identified hazards and risks of violence and harassment and the associated prevention and protection measures. Article 12 of C190 refers to the role of OSH in preventing violence and harassment, and the role of labour inspectors in addressing psychosocial hazards and risks, gender-based violence and harassment and discrimination against particular groups of workers. It also provides that risk assessment take into account factors that increase the likelihood of violence and harassment, including psychosocial hazards and risks. Intersectionality: gender and intersectionality are recognised in ILO Violence and Harassment Convention No. C190: ‘Acknowledging that gender-based violence and harassment disproportionately affects women and girls, and recognizing that an inclusive, integrated and gender-responsive approach, which tackles underlying causes and risk factors, including gender stereotypes, multiple and intersecting forms of discrimination, and unequal gender-based power relations, is essential to ending violence and harassment in the world of work’ (ILO C190, Preamble).

[18] https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:3999810

International Labour Organization (ILO) Conventions referred to in this report	
ILO Domestic Workers Convention, 2011, (No. 189)	ILO Convention No. 189 establishes fundamental principles and minimum labour standards for domestic work. They include measures to ensure compliance with laws and regulations protecting domestic workers, including through labour inspection. The rights and entitlements of domestic workers include protection from forced labour; the right to join trade unions and bargain collectively with employers; protection against abuse, violence, discrimination and harassment, including of a sexual nature; the right to equal treatment with other workers in respect of working hours, overtime compensation, daily and weekly rest periods, paid annual leave and minimum wage; the right to receive information on the precise terms and conditions of employment in an appropriate, verifiable and easily understandable manner; and the right to carry out their work in conditions of safety and health, including for the living conditions for live-in domestic workers. A strong focus is given to ending abuse, violence and harassment: 'Each Member shall take measures to ensure that domestic workers enjoy effective protection against all forms of abuse, harassment and violence' (Article 5). Convention 189 acknowledges that domestic work is undervalued and that persistent discriminatory attitudes towards domestic workers affect their rights and safety at work. Article 13 states: "Every domestic worker has the right to a safe and healthy working environment. Each Member shall take, in accordance with national laws, regulations and practice, effective measures, with due regard for the specific characteristics of domestic work, to ensure the occupational safety and health of domestic workers.' The labour inspection system has a role in implementing measures, enforcement and penalties, taking into account the specific nature of domestic work.

Appendix 2: List of examples of initiatives

EU level example	
PSU and HOSPEEM, sectoral social dialogue in hospital sector	An updated framework agreement on hospital recruitment (EPSU and HOSPEE, 2022) reinforced the social partners' commitment to strengthen the attractiveness of the sector by supporting a rights-based approach for recruiting migrant workers, promoting diversity and gender equality, addressing staffing levels, and enhancing the role of social partners in workforce planning (workers' needs, skills needs and skills mix). Related to this is the commitment to jointly tackle the growing problem of TPVH, including by supporting the role of national social partners in adopting and sharing good practices to end TPVH, such as implementing the Multi-Sectoral Guidelines on TPVH and urging Member States to ratify and implement ILO C190. Healthcare unions across the EU have reported higher levels of TPVH and dissatisfaction with the severe impact of staffing shortages on the quality of services, leading to strike action and negotiations to address burnout, staffing shortages and pay.
European Transport Workers' Federation campaign on safe travel	The European Transport Workers' Federation (ETF) has a campaign entitled 'Get ME home safely: A campaign for safe commuting to and from work for transport workers'. It builds on a UK union campaign by Unite, which campaigned for employers' duty of care to include safe transport home policies for all hospitality workers travelling home late at night, including making free transport home for staff a prerequisite for new alcohol licences.

	The campaign recognises that travel to and from work is a significant risk for workers travelling late at night or during unsocial hours, such as the situation faced by shift workers in hospitals, hospitality and urban public transport. An ETF Congress Resolution in 2017 called on the ETF and affiliated unions to actively support and promote the campaign, putting the responsibility on employers to ensure that shift workers have safe travel home at night. Assaults during the pandemic increased significantly, and the ETF has called for more trained staff, stronger enforcement of laws against sexual assault and harassment on public transport, and to explicitly extend employers' duty of care to include safe transport home policies for all workers.

National-level initiatives	
Belgium, Unia Diversity Tool	Unia is an independent, inter-federal public institution that fights discrimination and promotes equality. eDiv 19 is a free online tool developed by Unia to support Belgian companies and public services develop and monitor inclusive diversity policies. It can be used at all companies, in all sectors and at every stage of the process towards more inclusion and diversity. eDiv provides different resources for companies starting out and those that have already integrated diversity and inclusion.
Bulgaria, Diversity in the workplace	An NGO project called 'Diversity in the workplace – how and why? Steps to develop and manage a diversity and inclusion policy' [20] provides guidance on how to promote and effectively manage diversity in companies. It is written for employers, employees and companies to promote diversity and inclusion in the workplace by developing, implementing and auditing internal policies. The guidance states that not only does this help companies comply with legislation, but it also contributes to better business performance. The guidelines can be adapted according to geographical context, company size and sector, supply chains, etc. Examples of companies operating globally and/or in Bulgaria with active policies in the areas of anti-discrimination, inclusion and diversity are presented.
Croatia	The legal and regulatory frameworks for OSH, including psychosocial risks at work and those for gender equality and non-discrimination, are designed to be complementary and mutually reinforcing. There is some alignment between the OSH, gender equality and anti-discrimination legal frameworks in Croatia as part of the government's commitment to ensuring safe, healthy and non-discriminatory working conditions. For example, the Division for Occupational and Sports Medicine at the Croatian Institute of Public Health carries out various educational activities for OSH specialists, safety engineers, psychologists, employers, employees, trade union representatives and other interested users on different aspects of psychosocial risks. Under actions to prevent psychosocial risks and workplace stress management, vulnerable groups of workers are discussed, including

[19] www.ediv.be.
[20] Open Society Institute – Sofia Foundation, in partnership with the Autonomy Foundation and Central European University: https://osis.bg/wp-content/uploads/2019/07/OS_Book_0719_Web-approved.pdf.

National-level initiatives	
	diversity, equality and inclusion.[21] The division recognises vulnerable groups of workers, such as migrant workers, older and younger workers, people with disabilities, women and pregnant woman as those whose specific characteristics may make them more vulnerable to specific work-related risks. An effort is being made to raise awareness and take into account various aspects of OSH and psychosocial risks throughout educational activities and educational material. An initiative on inclusion of migrant workers recognises migrant workers as vulnerable group due to their characteristics (language barriers, cultural beliefs) and characteristics of the jobs they do (dirty, dangerous and demanding). Guidance has been drawn up on the 'Implementation of protection at work for foreign workers in the Republic of Croatia' (Upute o provođenju zaštite na radu za strane radnike u republici hrvatskoj) (Ministry of Labour, Pension System, Family and Social Policy).[22] The guidance sets out obligations on employers to: carry out a risk assessment, including psychosocial risks; conduct training; provide information and counselling; pay attention to jobs with special working conditions, work equipment and personal protective equipment; and comply with obligations regarding safety, signs, written notices and instructions. All the materials, notices and instructions must be translated into a language and script that the foreign worker understands.
Bulgaria, Health and Safety at Work for Ageing Workers	Guidance to support age management at work[23] aims to maintain health and employability and retention in the labour market of ageing workers. It is targeted at occupational health professionals, employers and workers. It describes measures and benefits of age management to address risks, such as: ▪ working time, with possibilities to work part time, day shifts, special shift schedules developed with participation of aging workers, and flexible working time; longer leave; and pre-retirement schedules with shorter working times; ▪ good poor working conditions, with special attention paid to lighting, microclimate, noise, safety, etc.; ▪ limiting high physical workload by redesigning tasks; ▪ reducing ergonomic risks, such as repetitive movements, moving loads and people, and producing well-designed workplaces and tools; ▪ work organisation initiatives to reduce time pressure, clear tasks, support, training and safety measures at work; ▪ health surveillance, health promotion and training for ageing workforces; and support for life-work balance.
Finland, coordination between OSH and equality and non-discrimination	A project and report by the Finnish Institute for Health and Welfare on supporting workplaces to promote equality and non-discrimination, includes measures to manage and include diversity in OSH programmes. The report contains checklists of good practices showing

[21] http://www.hzzzsr.hr/index.php/psihosocijalni-rizici/.
[22] http://uznr.mrms.hr/wp-content/uploads/2018/01/UPUTE%20ZA%20PROVO%C4%90ENJE%20ZNR%20ZA%20STRANE%20RADNIKE.pdf.
[23] National Center of Public Health and Analyses (2016): https://ncpha.government.bg/uploads/pages/125/Rakovodstvo_2016_AW.pdf.

National-level initiatives	
	the benefits of coordination between equality legislation and OSH in addressing diversity issues in the psychosocial working environment. An example contributing to diversity was a project led by the Ministry of Justice to create 'discrimination-free zones' for workplaces (600 workplaces involved). Diversity Barometer 2020[24], ooverseen by the Finnish Institute of Occupational Health, describes the views of human resources (HR) professionals on diversity, taking into account variables such as employees' age, gender, ethnic background, sexual orientation, family situation, disability, language, religion and beliefs.
Finland, CBA in the retail/commerce sector	A CBA in the retail/commerce sector (2020) was concluded between the Finnish Commerce Federation and service union United (PAM). The agreement added a new clause 2.12 on occupational safety and health, covering harassment and sexual harassment, with a commitment to draw up guidelines dealing with harassment from customers. The agreement is aligned with the requirements set out in the Occupational Safety Act for employers to assess and prevent PSRs, including from violence and harassment. Bringing this into the CBA helped raise awareness of the problem and provide guidance on practical tools on handling TPVH at the workplace, including groundbreaking issues agreed with employers, such as giving workers the right to stop serving customers that are harassing staff, and measures to encourage early reporting and resolution of complaints of harassment from customers.
France, agreements on professional equality	In the Labour Code, employers are mandated to carry out an assessment of psychosocial risks, which include physical, psychological and sexual violence; and all workplaces with over 50 employees must have a health and safety committee. The most recent OSH strategy, Plan santé au travail 2021 – 2025, refers to gender equality and GBVH. A national agreement (2010) sets out the framework on the prevention of violence and harassment, and recent agreements on professional equality have psychosocial risks from a gender perspective, principally with regard to the risks of GBVH, including cyber-harassment. There are good examples of CBAs, such as La Poste's one on sexism, violence and harassment during working hours and on the way home from work.
Germany, Initiative New Quality of Work (INQA)	The Initiative New Quality of Work (INQA), [25] (Federal Ministry of Labour and Social Affairs) was established in 2002 to help companies develop a sustainable and human-centred culture. It aims to support small and medium-sized enterprises in attracting and retaining skilled workers through tools and guidance focused on leadership, diversity, health and competence. INQA addresses the challenges of a rapidly changing work environment, including digital transformation and demographic shifts, by providing resources such as self-assessment tools, coaching and networking opportunities. It promotes gender equality, age diversity and inclusion for individuals with disabilities and cultural backgrounds. The initiative also offers specific guidance on occupational health management, emphasising mental health and

[24] https://www.ttl.fi/en/topical/press-release/diversity-barometer-2020-anonymous-recruitment-challenge-organizations-find-interesting.
[25] For further information see: https://www.inqa.de/DE/service/english/english.html.

National-level initiatives	
	work-life balance, and includes voluntary certification to encourage systematic workplace development. A 'Diversity-conscious company' self-assessment tool has been drawn up for managers and companies to receive coaching to help them address challenges, while learning spaces have been developed to enable companies to test innovative work models and methods. Many of the diversity issues that are addressed in the project are relevant, such as strategies to prevent PSRs, in areas such as diversity management, age-appropriate work design, the integration of refugees, non-discriminatory recruitment and strengthening intercultural teams, non-discrimination by gender, gender identity and sexual orientation, strengthening gender equality and inclusion of workers with disabilities.
Germany, information for workers with chronic health impairments	The Federal Institute of Occupational Safety and Health has carried out research into the working conditions of workers with disabilities, and the website 'Sag ich's? Chronically ill at work'[26] was developed for and with employees with chronic health impairments. It aims to help people to find a suitable way to disclose and deal with their health impairment in the workplace, including via a self-assessment tool.
Germany, REHADAT project on inclusion of people with disabilities at work	REHADAT is a project of the German Economic Institute funded by the Federal Ministry of Labour and Social Affairs (BMAS)[27], providing publications, apps and seminars for the participation and inclusion of people with disabilities in the workplace. The information is aimed at workers with disabilities and those responsible for ensuring their participation at work. Services are barrier-free, accessible and free of charge. A 'Personnel Compass for Inclusion' summarises facts, provides an overview of funding opportunities, and uses examples from other companies to show how inclusion can be successful for companies and employees.
Germany, FIOSH research in the care sector, including psychosocial risks	The Federal Institute for Occupational Safety and Health (BAuA) has prioritised research, information and guidance on specific PSR risks in feminised sectors, covering issues such as emotional exhaustion amongst nurses as a PSR factor; work stressors and strain in home care work; an action guide on appropriate rest break arrangements in nursing and care; research into understanding moral distress in home-care nursing; and research to identify issues relating to perceived changes in the workload of home care nurses during the COVID-19 pandemic. Home care workers are one of the most marginalised groups of workers in Germany. Many are women workers with poor working conditions, a lack of contractual regulations, excessive working hours, and conflicts between work and other areas of life. In order to identify these concerns from an OSH perspective, an online survey on the work and health situation of live-in migrant care workers in Germany was carried out between June and July 2023, covering 429 workers from Poland, Bulgaria, Croatia and Romania. The results of the survey[28] have been used to inform strategies for home care workers, and the results are published in four fact sheets, made available in the

[26] https://www.baua.de/EN/Research/Research-projects/f2540 and https://sag-ichs.de/start.
[27] https://www.rehadat.de/mediathek/personalkompass/.
[28] https://www.baua.de/EN/Topics/Work-design/Working-organisation/Ciesre/Online-survey-work-and-health-situation-home-caregivers.

National-level initiatives	
	languages of the workers surveyed. They address OSH issues, for example, regarding workload and emotional labour. A further BAuA initiative addresses the working conditions and health of workers in personal services,[29] including an initiative to identify the frequency of harassment and violence in customer-facing services and to draw up effective prevention measures and design principles for the protection of workers. The initiative has involved a mixed-methods research approach, consisting of job shadowing, systematic literature and project research, secondary data analyses, specialist discussions with experts, and primary data collection (quantitative and qualitative surveys). The aim is to provide specific recommendations for action that can be implemented in practice in order to improve employee protection and promote a non-violent working environment.
Greece, guidance on risk assessment and violence and harassment	Various guidance materials have been drawn up in Greece to prevent violence and harassment: ▪ A 'Guide for the risk assessment of violence and harassment in workplaces' (2022) has been drawn up by the Hellenic Society of Occupational and Environmental Medicine.[30] ▪ Guidance on violence and harassment at work includes a training booklet developed by the Research Centre on Gender Equality (Ministry of Social Cohesion and Family, 2022) ▪ and a separate guide for companies entitled 'Harassment at work – Measures and provisions according to Law 4808/2021. A guide for enterprises' (2022). ▪ Guidance materials on diversity on non-discrimination include a guide for public bodies on young LGBTQ people.
Ireland, Health and Safety Authority	The Safety, Health and Welfare at Work Act covers employers' obligations regarding safety, health and bullying at work. Although specific PSR obligations are not included in the Act, the Irish Health and Safety Authority (HAS) has developed a range of tools to raise awareness of workplace stress and PSR factors,[31] including the policy on bullying and dignity at work. The HSA has put specific focus on PSRs in its Work Positive initiative, through training and online resources.[32] Specific employment equality and non-discrimination issues are dealt with in the Employment Equality Acts, which include employers' duty to prevent and address harassment and sexual harassment across nine grounds of discrimination.
Ireland, Code of Practice on Sexual Harassment and Harassment at Work,	A Code of Practice on Sexual Harassment and Harassment at Work (2022) [33] was agreed in consultation with Ibec (employers), the ICTU (unions), the government and the Irish Human Rights and Equality Commission, the latter of which oversees the Code of Practice under its responsibility for the Employment Equality Act. The Code give

[29] https://www.baua.de/EN/Research/Research-projects/f2590.
[30] https://www.iatrikiergasias.gr/uplds/violence.pdf.
[31] https://www.hsa.ie/eng/publications_and_forms/publications/occupational_health/managing_psychosocial_hazards_in_the_workplace_2023.pdf.
[32] https://www.hsa.ie/eng/workplace_health/workplace_stress/.
[33] https://www.ihrec.ie/publications/code-of-practice-on-sexual-harassment-and-harassment-at-work-2#:~:text=The%20code%20aims%20to%20give,and%20to%20prevent%20its%20recurrence.

National-level initiatives	
Irish Human Rights and Equality Commission	practical guidance to employers, employers' organisations, trade unions and employees on what is meant by sexual harassment and harassment in the workplace, how it may be prevented, and what steps to take if it does occur to ensure that adequate procedures are readily available to deal with the problem and prevent its recurrence. The Code promotes the implementation of policies and procedures to establish 'working environments free of sexual harassment and harassment and in which the dignity of everyone is respected'. Employers are legally responsible for sexual and workplace harassment experienced by employees in the course of their work unless they took reasonably practicable steps to prevent sexual harassment and harassment from occurring. They are also responsible for reversing its effects and preventing its recurrence. Employers are encouraged to take steps to prevent sexual and workplace harassment , and guidance is provided on what to include in policies and procedures, which should be agreed by the employees with the relevant trade union or employee representatives. A separate OSH Code of Practice on bullying at work was agreed in 2020 and is the responsibility of the Health and Safety Authority (HSA) and the Workplace Relations Commission (WRC). [34]
Ireland, Health Service Executive	Specific focus is given to diversity in the healthcare sector by the Health Service Executive (HSE), including a range of initiatives on the prevention of violence and harassment at work, including TPVH, agreed jointly with healthcare unions. They include a policy and risk assessment tool on lone working (2007) and a Policy on the Prevention and Management of Work-Related Aggression and Violence (2018) [35] The 2018 policy provides detailed guidance for the HSE, managers and employees on how to manage work-related aggression and violence, with a focus on prevention and risk assessment and management. Practical resources, including an audit tool and a sample risk assessment tool, are included in the policy. All incidents have to reported and are managed in accordance with the HSE Incident Management Framework, which forms a part of the HSE Integrated Risk Management Policy. The HSE's violence and aggression policy and the incident management framework are currently being reviewed (due to be published in 2025). The HSE has initiated some actions to integrate diversity and inclusion into risk assessments and incident management frameworks, while addressing specific challenges around collecting ethnicity data and managing violence and aggression incidents. The HSE has a dedicated Diversity, Equity and Inclusion (DEI) Department as part of the national HR Department, and has recently finalised a people strategy with DEI and health and safety as key metrics. Guidance and information on diversity is provided on a dedicated web page, [36] including a leaflet 'Valuing diversity and inclusion in the workplace', which stresses the importance of an

[34] https://www.irishstatutebook.ie/eli/2020/si/674/made/en/pdf.
[35] https://www.hsa.ie/eng/publications_and_forms/publications/information_sheets/violence_in_healthcare_information_sheet.pdf
[36] HSE DEI https://www.ehealthireland.ie/news-media/news/2023/hse-launches-first-national-diversity-equality-inclusion-hub-strategy/

National-level initiatives	
	inclusive and safe working environment for all employees [37] and contains suggestions on ways to be inclusive with colleagues: ▪ be curious: learn about others' backgrounds and experiences; ▪ encourage open dialogue: create space for respectful conversations; ▪ Show empathy: listen to and understand different perspectives; ▪ Check personal biases: be aware of making assumptions or judgements; ▪ Use inclusive language: ask about communication preferences; ▪ Call it out: report discriminatory or exclusion behaviour. Initiatives include a cultural diversity network of staff and tips on leading multicultural teams. A Dignity at Work Policy (2022) has the objective of supporting a safe working environment for all employees that is free from all forms of bullying, harassment and sexual harassment. The HSE's Health and Safety Department ensures that its offerings are DEI-friendly, using diverse representation in training materials and simplifying language for better understanding. One of the issues currently under discussion is the need to separate unintentional aggressive behaviour (which should be managed through care plans) from criminal acts (which should be handled by the criminal justice system).
Lithuania, guidance tools on PSR assessment in female-dominated sectors	The Institute of Hygiene in Lithuania has developed a range of guidance tools to support PSR assessment: A Lithuanian version of the UK HSE's Stress Management Standards includes a Stress Indicator Tool designed to help companies meet their legal duty to assess risks of work-related stress and provide practical guidance on how to manage work-related stress, which includes the possibility to integrate diversity considerations. [38]. Methodological recommendations on assessing the well-being of school staff, based on the Well-Being at Your Work Index Questionnaire, which covers topics such as discrimination (age, gender, race and ethnicity) and violence and harassment, amongst other areas. The questionnaire was adopted for Lithuanian general education schools. [39] Guidelines drawn up by State Labour Inspectorate provide advice and methods for employees, employers and occupational safety and health professionals on managing stress at work. [40] A study on the prerequisites for longer participation of older people in the labour market (2021) showed that although the majority of the municipal enterprises that responded to the survey did not face serious labour shortages, they expressed the need to retain older, highly

[37] https://assets.hse.ie/media/documents/20250826_Valuing_Diversity_and_Inclusion_in_the_HSE_poster.pdf
[38] https://www.hi.lt/profesines-sveikatos-tyrimu-skyrius-profesines-sveikatos-irankiai/#--streso-valdymo-standartai.
[39] https://www.hi.lt/uploads/Institutas/leidiniai/Rekomendacijos/2021/Mokyklos_profesines_geroves_ivertinimas_A4.pdf.
[40] https://www.vdi.lt/AtmUploads/PsichosocialiniaiRizikosVeiksniaiStresoDarbeVertinimoRekomendacijos.pdf.

National-level initiatives	
	qualified professionals. They cited the main obstacles to encouraging older workers to remain active as the lack of flexibility in legal and tax policies. The study finds that organisational policies to support longer working lives are not sufficiently developed, and recommendations are made on the prerequisites for the longer participation of older people in the labour market. [41] 227 Lithuanian municipal enterprises participated in the study. 43.1% of them stated that they conducted a psychosocial risk assessment (fully or partially). Psychosocial risk assessment most often covered workers of both sexes (95.9%), different ages (93.7%), shift workers (66%) and part-time workers (50.6%). Psychosocial risk was most often assessed by a specialist from an external company. Measures to reduce psychosocial risk were planned by 57.3% of companies that assessed psychosocial risk. If such measures were planned, their effectiveness was assessed in 43.6% of cases. In a study of 157 Lithuanian personal healthcare institutions, 79% conducted a psychosocial risk assessment (fully or partially). In the majority (88.7%) of cases, psychosocial risk was assessed taking into account employees' gender, age, shift work, remote work and multicultural groups. The majority of respondents (81.5%) stated that the COVID-19 pandemic significantly increased psychosocial risk.
Netherlands, guide on preventing workplace discrimination	A Guide published by the Dutch Ministry of Social Affairs and Employment, with practical tools to tackle workplace discrimination, [42] includes measures on how to prevent discrimination and helps workers experiencing discrimination, bystanders, managers and HR to recognise and address discrimination. The guide is included on a specific web page covering psychosocial workload, which provides the following definition: 'Psychosocial work risks are factors in work that can directly or indirectly lead to (work) stress. Examples include work pressure or undesirable behaviour, such as sexual harassment or aggression and violence by colleagues (internal) or people from outside the organisation (external) such as clients, patients, pupils. This so-called psychosocial workload can lead to health complaints and absenteeism.'
Netherlands, retention and career progression of employees with a migration background	This report outlines what medium and large organisations are doing to promote equal opportunities in retention and career progression, and how well this aligns with what is considered effective according to literature and experts. Based on the report, a practical guide was developed with practical measures to support employers that aim to create a more inclusive organisational culture to improve the retention and career progression of employees with a migration background. A pilot, Pilot Nudging in Recruitment and Selection' [43] was carried out at 19 Dutch companies.
Slovakia, risk assessment	OSH risk assessments address the psychological workload resulting from working conditions regarding psychological sensory and mental

[41] https://www.hi.lt/uploads/Institutas/tyrimai/2021/Atask._santr._vyr._zmon._darbingumas_LT.pdf and https://www.hi.lt/uploads/Institutas/leidiniai/Rekomendacijos/2021/Rekomendacijos_Vyresnio_amziaus_darbuotojai_A4_WEB.pdf.

[42] https://psychosocialearbeidsbelasting.tno.nl/wp-content/uploads/sites/12/2022/11/TNO-Wegwijzer-Discriminatie.pdf and https://psychosocialearbeidsbelasting.tno.nl/.

[43] https://publications.tno.nl/publication/34639353/MpLkUi/TNO-2022-R10501.pdf.

National-level initiatives	
	stress. The assessment is carried out by the occupational health service under the legislative framework formed by Decree of the Ministry of Health of the Slovak Republic No 542/2007 Coll., which contains the requirements, indicators and limits of psychological workload. The assessment itself is carried out according to the methodological procedure (translated into English). The methodology is simple and covers all types of work – production, non-production, administrative, managerial, service, etc. Based on the results obtained, the level of health risk of psychological workload is determined according to Decree of the Ministry of Health of the Slovak Republic No 448/2007 Coll. on details of work and work environment factors in relation to the categorisation of work, in terms of health risks and on the requirements of the proposal for classifying work into categories.
Spain, Guidelines for Evaluating Psychosocial Risk Factors	The INSHT Guidelines for Evaluating Psychosocial Risk Factors [44] state that in analysing the results and producing the psychosocial risk assessment report: 'Be aware of the social stereotypes that may exist about the persons being assessed (in relation to their culture, age, social class, gender, etc.), avoiding interpreting the tests in a way that perpetuates such stereotypes'.
Spanish Network of Healthy Companies. Promoting Health at Work. 10 years 2013-2023	Spanish Network of Healthy Companies. Promoting Health at Work. 10 years 2013-2023 (Red Española de Empresas Saludables. Promoción de la Salud en el Trabajo. 10 años 2013-2023) [45] In 2013, the National Institute for Safety and Health at Work initiated, in collaboration with a small number of companies, the Spanish Network of Healthy Companies (REES) project aimed at promoting a new approach to occupational health management that puts the focus on people from a holistic health perspective. This document describes the profound transformation of the REES in these 10 years of work; reports on the collaborative activities carried out with the companies in the Network; and presents in a simple way the procedure for membership, the recognition of companies with good practices in health promotion at work, the recognition of companies for the sustainability of their programmes, and the recognition of the best actions in cardiovascular and mental health.
Spain, Age and Generational Diversity in Safety and Health Management	The technical note [46] sets out the basic actions for incorporating an age perspective in company policies and strategies through preventive management. It embodies a commitment to the eradication of discriminatory situations based on age from a positive approach to diversity, which promotes sustainable employment. It is intended to serve as a guide for all companies and organisations to integrate age and generational diversity into the management of occupational safety and health. It argues that mainstreaming an age perspective into preventive (and business) management involves considering how policies, business practices and working conditions can impact on different age groups.

[44] Algunas orientaciones para evaluar los factores de riesgo psicosocial (edición ampliada' (2015) Instituto Nacional de Seguridad e Higiene en el Trabajo (INSHT) 9b38de84-a9e0-4c08-bce4-92b5ff4f0861.

[45] Algunas orientaciones para evaluar los factores de riesgo psicosocial (edición ampliada' (2015) Instituto Nacional de Seguridad e Higiene en el Trabajo (INSHT) 9b38de84-a9e0-4c08-bce4-92b5ff4f0861.

[46] https://www.insst.es/documents/94886/7788900/FINAL%2B-%2BEn%2Blinea%2B-%2BNTP%2B1176%2B-%2B24-01-2023.pdf.

National-level initiatives	
	It states that policies, business practices and working conditions can impact on different generations (generational diversity) and it is important to consider generational diversity, differentiated and/or flexible actions, and intervention measures and/or flexible actions and intervention measures to address different needs, where appropriate. Psychosocial risks are mentioned in relation to the necessary safeguards and ensure the confidentiality of information relating to variables such as age and gender.
Spain, Plena Inclusión Extremadura	The Plena Inclusion Joint Occupational Risk Prevention Service of Plena Inclusión Extremadura [47] is an inclusive prevention service specialising in disability, currently made up of occupational risk prevention technicians, professionals from the entities and coordinators of Plena, and coordinators of Plena Prevención (people with intellectual disabilities who develop preventive functions in the entities belonging to Plena Inclusión Extremadura). This approach guarantees that all people, regardless of their capabilities, participate equally in prevention and enjoy equal access to safe and healthy working environments. It has led to the development of innovative and specialist projects that promote more inclusive prevention. The project has led to the promotion of an inclusive preventive culture, a reduction in PSRs, and improved employability of people with intellectual disabilities. The aim is for workplaces to be adapted to the needs of all workers and for them to guarantee full inclusion for all workers in the preventive culture of a company. In addition, professionals providing care for people with intellectual disabilities are exposed to psychosocial risks derived from high emotional load, the demands of the job and the responsibility for the well-being of the users. These risks can affect the physical and mental health of workers and negatively impact the quality of service, increasing demotivation, labour turnover and absenteeism. The organisation provides a range of services such as strategies for stress management, conflict resolution techniques, and training in intervening and working with clients with challenging behaviours.

[47] Servicio de Prevención de Riesgos Laborales de Plena inclusión Extremadura. (2018). Riesgos Psicosociales en entidades de Plena inclusión Extremadura: https://plenainclusionextremadura.org/plenainclusion/sites/default/files/publicaciones/Estudio%20Riesgos%20Psicosociales%20PiEx2018.pdf.

Appendix 3: Summary of case studies

CS1 - Psychosocial risks, gender and diversity: lessons from recent European social partner agreements (EU-OSHA, 2026a)

Several EU-level social partner agreements have integrated psychosocial risk (PSR) factors and diversity considerations into aspects of occupational safety and health (OSH) policy. These agreements, reached through EU cross-sectoral and sectoral social dialogue forums, can be important mechanisms for setting principles and new actions that reinforce and/or expand upon national regulations, collective bargaining, and workplace practices. The four agreements are as follows:

- The cross-sectoral Framework Agreement on Digitalisation (2020), signed by European social partners (ETUC, BusinessEurope, SMEunited and CEEP), stresses a human-oriented approach to digitalisation. It addresses PSRs linked to surveillance, work intensity and disconnection, while promoting equal opportunities, upskilling and gender equality. Digitalisation-related cyber-harassment and its impact on gender are highlighted as priorities (ETUC et al., 2022).
- The 'It's Not Part of the Job' Multisectoral Guidelines on Third-Party Violence and Harassment (TPVH) (EPSU et al., 2025) were agreed by the European social partners in five sectors (local government, central government, health, education and hospitality) in response to rising levels of TPVH, especially since COVID-19. The guidelines, which update the original guidelines agreed upon in 2010, are aligned with the ILO Violence and Harassment Convention (No. 190) and emphasise risk assessment and the prevention of TPVH, effective policies for handling cases of TPVH, victim support, and accountability. They adopt a gender and intersectional approach, recognising domestic violence as a workplace issue and highlighting the risks associated with digitalisation and cyber-violence.
- The European Guidelines on PSRs and Gender-Based Violence in Service Sectors (UNI-Europa, 2023) were agreed by UNI Europa and employers in service sectors (telecoms, gaming, commerce, finance and care). They focus on gender-related PSR factors, telework-related risks (isolation, overload and blurred work-life boundaries), domestic violence and gender-based harassment. The guidelines call for social dialogue and collective bargaining clauses on gender-based violence and harassment, and highlight the importance of measures on stress management, policies and codes of conduct to promote gender equality.
- The Agreement on Digitalisation in Central Government Administrations (TUNED & EUPEA, 2022) is a sectoral agreement signed by EU-level employers and unions in central government administrations. The agreement recognises both the opportunities and risks of digitalisation, including work intensification, long hours and cyber-harassment. It stresses the employer's duty of prevention, PSR risk assessment, and the importance of addressing gender inequalities and domestic violence in telework contexts.

The four agreements highlight the importance of social dialogue and collective bargaining as being central to effective prevention. The agreements highlight a range of new world-of-work issues, such as the integration of gender equality and intersectionality into prevention initiatives, recognising the specific vulnerabilities faced by women, migrant workers and other minority groups. One of the innovative features is that domestic violence is recognised as a workplace issue in three of the agreements. Furthermore, the agreements establish frameworks for addressing PSR factors in OSH risk assessments, as well as trust-building and practical tools both nationwide and in individual workplaces.

While gender issues are well covered in the agreements, broader diversity issues require further attention. The implementation of the agreements depends on strong national social partner structures and commitment at national and sectoral level. At the same time, good practices need to be monitored, evaluated and shared to ensure sustainability.

These agreements demonstrate the important role that European social partners can play in addressing emerging risks, such as digitalisation, cyber-violence, and TPVH, while embedding gender and diversity perspectives. They provide a reference point for national-level PSR prevention in social dialogue and collective bargaining, thereby strengthening employers' policies and protecting diverse groups of workers across various sectors.

CS2 - How labour inspectors address workforce diversity and psychosocial risks across Europe (EU-OSHA, 2026b)

This case study examines how labour inspectorates across the EU integrate gender and diversity perspectives into occupational safety and health (OSH) and psychosocial risk (PSR) prevention. It highlights EU guidance and initiatives in six countries. These examples demonstrate how labour inspectors are encouraged to consider age, gender and other diversity groups in workplace OSH policy inspections and risk assessments, as this approach benefits the entire workforce.

At EU level, the Senior Labour Inspectors Committee published two guides: one on PSR prevention (SLIC, 2021a) and the second on diversity-sensitive risk assessment (SLIC, 2021a). The diversity guide encourages inspectors to address gender and age differences in risk assessment, including invisible risks such as stress, harassment and discrimination. Good practices include ergonomically adapted workstations, gender-sensitive consultations, age-specific training, and combating stereotypes.

- In Austria, the Labour Inspectorate has had a long-standing commitment to proactively raising awareness about workforce diversity (EU-OSHA, 2014a). The groundbreaking 'People-friendly workplaces through the application of gender and diversity in occupational safety and health' (MEGAP) project (2016-2020) introduced self-assessment tools, good practice repositories and training for inspectors. 700 companies were inspected and advised by the Labour Inspectorate, raising awareness of PSRs and diversity (Arbeitsinspektion, 2019).
- In Denmark, the Working Environment Authority (WEA) has developed a range of tools, including PSR interview guides and inspector training on sexual harassment and offensive behaviour (Østergaard, J. et al., 2023). A 10-point plan on ending sexual harassment was jointly developed with social partners. Inspections focus on high-risk sectors like health, care, shops and construction.
- In Lithuania, inspectors have ensured that guidelines on stress, violence and harassment are implemented with a gender-sensitive approach. Consultations are held with vulnerable workers, including women, migrants and disabled employees, and initiatives have been introduced to promote anti-harassment policies and workplace conflict resolution.
- In the Netherlands, labour inspectors apply the mandatory Risk Inventory & Evaluation (RI&E) to address discrimination, violence and harassment. A Stress Assessment Tool enables a gender- and diversity-sensitive analysis of work pressure and inappropriate behaviour. Focus has been placed on inspecting high-risk sectors and providing guidance on undesirable behaviour (SER, 2020).
- In Slovenia, inspectors have received training and guidance on gender equality and PSRs, covering topics such as stress, burnout, bullying and harassment. Special attention is given to foreign and migrant workers, with plans in place for accessible information on rights and integration measures (Labour Inspectorate of the Republic of Slovenia (IRSD), 2021, 2024).
- In Spain, technical criteria guides for inspectors have been developed on PSRs, harassment and third-party violence and harassment. Inspectors assess compliance with legislation related to gender equality, anti-discrimination, violence prevention and complaint mechanisms.

The examples show the importance of a systematic approach, along with training, practical guidance and resources for inspectors and employers. Tailored inspections targeting high-risk sectors, along with sector-specific tools and guidance, have proven beneficial. In some cases, change can be slow, particularly where there is a perception that diversity issues are 'soft' issues that cannot be measured, or that they are not relevant to, or part of, OSH. A key enabling factor is having a strong legal framework on PSRs, gender and diversity. Continuous training and awareness-raising initiatives are essential to sustain the integration of diversity in labour inspections. Legal obligations to address PSRs can play a significant role in motivating inspectors and employers. A multi-pronged approach, including guidance materials, self-assessment tools and resources, is critical for overcoming misperceptions and ensuring effective implementation.

Integrating diversity considerations into the labour inspection system can enhance inclusion in the working environment, as well as enhancing workplace safety and health for all workers. The successful national examples demonstrated in the case study illustrate the importance of tailored approaches and ongoing support in effectively addressing the diverse needs of the workforce.

CS3 - Psychosocial risks and working conditions of migrant women in care, cleaning and domestic work (EU-OSHA, 2026c)

This case study explores how migrant women working in personal and household services (PHS) – including care, cleaning and domestic work – are disproportionately exposed to PSRs due to the intersection of gender, migration status, informality and undervaluation of their labour. PHS workers work in insecure, poorly paid and isolated conditions, with limited labour rights and social protection. From an OSH perspective, the ILO Domestic Workers Convention (No. 189) sets key standards for rights, OSH, rest periods and protection against abuse. However, labour inspection remains difficult in private households, and domestic workers and those in informal work are not covered by OSH protections in the EU OSH Framework Directive.

PHS workers' exposure to PSRs is affected by intersecting discrimination based on gender and migration status, compounded by race/ethnicity, precarious employment, poor working conditions, emotional stress, long/unsocial hours, multiple jobs and high physical demands. Working in isolation, language barriers, separation from family and weak social networks can exacerbate exposure to PSRs. Women migrant PHS workers are also vulnerable to violence and harassment, especially in private households and informal or digital platform-related jobs. A further challenge is that women migrant PHS workers often have limited access to healthcare, OSH protections and union representation.

Some risks are specific to the PHS sector. Care workers are involved in heavy emotional labour, face discrimination by clients, experience insecurity and lack regulation, as exemplified in Austria's self-employment model. Cleaning workers face stressful working conditions, and carry out monotonous work in isolated settings and that is typified by unsociable hours; there is vulnerability to violence and harassment, lack of autonomy, and high exposure to musculoskeletal disorders. Domestic workers are often at risk because of their informal and undocumented status, where they may face live-in exploitation and exposure to abuse and violence, blurred work-life boundaries, and exclusion from OSH legislation protections. Platform workers in these sectors often experience stress due to algorithmic control, work intensification, job insecurity, cyber-harassment and discrimination.

To address these risks, several initiatives and examples of good practice in the case study illustrate practical ways to mitigate migrant women's compounding exposures to PSRs:

- In Spain, the ratification of ILO C189 and Royal Decree 893/2024 provides OSH rights to all PHS workers and requires formal risk assessments for domestic workers, including PSRs.
- In Belgium, the service voucher system has played an important role in formalising domestic work, extending rights, training and unionisation to PHS workers providing cleaning and care work in private homes.
- In Denmark, several workplace-level programmes have been implemented that combine language training, awareness of rights and improved psychosocial work environments.
- In Croatia, guidance has been developed, obliging employers to include PSRs in the risk assessments of migrant workers and to provide information about working conditions and OSH in the workers' languages.
- Collective bargaining agreements have been another route to enhance the rights and protections of migrant women in PHS work. Examples from Denmark, Italy, Sweden and Spain illustrate trade union advocacy and support for women migrant PHS workers, including the development of model work contracts, advocacy for their rights and pay, and inclusion of domestic workers in OSH laws.

Success factors include measures to integrate gender and migration perspectives into PSR prevention; worker participation in risk assessments and work organisation initiatives; the formalisation of informal work; and collective agreements and labour inspection tailored to PHS workers' unique situation. Further targeted measures are the provision of accessible information in migrants' languages, and culturally sensitive support systems. This case study has shown that reducing PSRs for migrant women in PHS requires work formalisation, labour inspection coverage, collective bargaining, culturally sensitive support and inclusive workplace practices. These strategies are transferable across national contexts to improve dignity, safety and equality for migrant women in these high-risk feminised sectors.

CS4 - Belgium: integrating workforce diversity into psychosocial risk assessment (EU-OSHA, 2026d)

The Belgian Federal Public Service for Employment, Labour and Social Dialogue (FPS Employment) has developed a progressive framework to integrate diversity into psychosocial risk (PSR) assessments. PSRs – including stress, burnout, violence, bullying, harassment and discrimination – affect an increasing proportion of workers, with women, younger and older workers particularly exposed. Long-term disability due to burnout and depression disproportionately affects women.

Belgium's Well-being at Work Act (1996, amended 2014) obliges employers to assess and manage PSRs, incorporating worker participation and negotiated action plans (EU-OSHA, 2025e; FPS, 2022). Employers must appoint PSR prevention advisors and, since December 2023, confidential counsellors in workplaces with 50 or more employees. Enhanced legal protections against retaliation for victims of discrimination and Belgium's ratification of ILO Convention No. 190 have strengthened the focus on gender-based violence and harassment. The National Action Plan for Well-being at Work (2022-2027) links PSR prevention with anti-discrimination, the reintegration of workers with disabilities, and protections for vulnerable workers. To support companies in fulfilling their legal obligations to prevent PSRs, including measures to avoid discrimination, violence and harassment, FPS Employment has developed various risk analysis tools, awareness-raising resources, checklists and alert indicators. In particular, the following tools and interventions integrate gender and diversity considerations:

- PSR Questionnaire (FPS, 2023a, 2023b): an open-source, evidence-based tool based on the Job Demands-Resources model, covering five dimensions of work. It includes questions on diversity, discrimination, harassment and third-party violence and harassment, with guidance for analysis and action planning. It allows disaggregation by gender and age while ensuring anonymity on sensitive diversity issues.
- Annual report on diversity (FPS, 2024): the report provides data and information that is targeted at prevention advisors and other personnel responsible for OSH. It measures all aspects of diversity, including the grounds covered in anti-discrimination laws, as well as the impact of long-term illnesses, disabilities and sexual orientation.
- Belgian Knowledge Centre on Well-being at Work (Beswic): Beswic provides resources and data to raise awareness about prevention, including those related to gender, violence and sexual harassment in the workplace. It provides resources, webinars and access to report on diversity.
- Demonstration projects (2023): 11 pilots promoted mutual learning on PSR prevention, including a project in Flemish family care services operating in a sector employing a high number of migrant and ethnic minority women and women from low socio-economic backgrounds, who are exposed to poor working conditions and sexual harassment.
- OiRA PSR Tool (EU-OSHA, 2025e): this tool was developed in 2024 for SMEs, featuring a step-by-step risk assessment aligned with the national OSH strategy, and supports dialogue between employers and workers. In addition to specific questions on diversity, the tool includes provisions for preventing violence, harassment and sexual harassment at work. OiRA is already showing positive outcomes in terms of its usage and support from stakeholders, including labour inspectors.
- Awareness-raising: FPS Employment conducts seminars, webinars and joint workshops, and has collaborated with the Institute for equality between women and men to run a workshop on digital sexual violence.

Belgium's approach shows how integrating diversity into PSR assessment enhances awareness, supports evidence-based prevention and promotes inclusive workplaces. Collaboration with equality bodies, trade unions and employers has helped to promote innovative practices. The tools help companies to tackle discrimination, harassment and stress proactively. Belgium's experience shows the value of embedding diversity into OSH systems, challenging the 'standard worker' model and an approach designed to benefit all workers. The initiatives are transferable to other EU Member States, and there is support for developing EU-level PSR standards that explicitly integrate diversity.

CS5 - Denmark: preventing offensive behaviour and sexual harassment in a diverse workforce (EU-OSHA, 2026e)

Denmark has developed a comprehensive and proactive approach to preventing sexual harassment and offensive behaviour at work, grounded in a strong legal framework, social dialogue and social partnership. The Danish Working Environment Act requires employers to assess PSRs every three years, as specified in a 2020 Executive Order, which outlines PSR factors such as heavy workloads, violence, harassment and sexual harassment. The Equal Treatment Act prohibits sexual harassment as gender-based discrimination, requiring employers to prevent it or face liability.

On 4 March 2022, the government, trade unions and employers' organisations signed a national tripartite agreement on initiatives to end sexual harassment in the workplace (Ministry of Employment, 2022). The agreement is part of a strong tradition in Denmark of tripartite cooperation, covering the regulation of labour market policies and the working environment. Developed within the context of the #MeToo movement, some high-profile cases of sexual harassment and survey data showing high prevalence of sexual harassment (11% overall; 20% of under-30s; 23% in hospitality), the agreement outlined 17 measures covering prevention, compensation and culture change. The provisions largely consolidated existing policies and included clearer duties for employers, stronger OSH-based prevention measures, increased compensation for victims, enhanced protections for trainees/apprentices, and systematic monitoring through labour inspections, making sexual harassment prevention part of PSR management.

The Danish Working Environment Authority (WEA) has played a central role, both before and during the implementation and monitoring of the agreement (Østergaard et al., 2023).

- Funded with DKK 10 million (2021-22), the Danish WEA launched a high-profile social media and radio communication campaign between May and July 2021. It aimed to raise awareness about the employer's duty to prevent offensive behaviour, including sexual harassment, and to help workers know where to find information. The campaign was an opportunity to publicise the hotline from the Danish WEA. According to the evaluation, the communication campaign was a great success, reaching and being seen by almost 1.5 million recipients.
- Campaigns and updated guidelines addressing all forms of violence and harassment, including third-party violence and harassment and digital harassment, were also run. Targeted awareness campaigns, particularly in high-risk sectors and among young people, proved effective.
- A strengthened inspection framework was introduced, and inspectors were equipped with training, interview guides, and tools to ensure that employers address risks and introduce measures to mitigate offensive behaviour and sexual harassment.

In addition, research initiatives, such as the 21-question behavioural checklist on sexual harassment, provide a tool to guide the collection of data on workers' experiences (Larsson et al., 2023). They are designed to increase companies' knowledge about prevention and to motivate them to work preventively. Campaigns have focused on vulnerable groups, e.g. LGBTIQ and migrant workers.

Success factors include the coordination and integration of PSRs/OSH, equality and non-discrimination laws, and tripartite cooperation (between the government, employers and unions), leading to a binding agreement. A proactive, awareness-raising approach has been adopted rather than purely punitive measures, and significant engagement has taken place with employers, workers and social partners in implementing culture change in the workplace.

The process is ongoing – evaluation of the programme has pointed to uneven employer implementation, continued high prevalence of sexual harassment (especially for women, youth and workers in customer-facing services) and the need for sustained change. Although the Danish WEA had been successful in reaching and encouraging companies and including inspections in high-risk sectors, the evaluation found significant variations in companies' capacity to prevent and handle cases of offensive behaviour. Denmark's approach – based on a solid legal framework for PSR, OSH, equal treatment and non-discrimination; the allocation of resources for research, training and campaigns; and the advantages of tripartite cooperation – provides a model for other countries to follow. However, its transferability depends on strong regulatory and social dialogue structures.

CS6 - Netherlands: workforce diversity, culture change and psychosocial risk prevention (EU-OSHA, 2026f)

This case study examines Dutch approaches to preventing PSRs while integrating diversity, equality and inclusion into workplace prevention programmes. It highlights three initiatives that combine social dialogue and culture change strategies.

The 2023 Dutch Working Conditions Survey found high levels of stress, burnout (19%), discrimination (11%) and inappropriate behaviour, particularly affecting women in healthcare and education. Legal obligations under the Working Conditions Act and eEqual tTreatment Act require employers to address PSRs such as stress, bullying, sexual harassment and discrimination, and these obligations have been reinforced by the 2024 Sexual Offences Act.

- The first initiative, led by the national tripartite consultative body, the Social and Economic Council (SER), has led a programme on diversity and inclusion. This is implemented through the SER Diversity Portal and the SER Diversity and Business initiative, which are carried out against the backdrop of a strong legal framework on OSH, equal treatment and non-discrimination. The Diversity in Business initiative aims to support companies in increasing diversity and inclusion in the workplace by helping employers establish, implement and monitor diversity plans. Guidance tools, such as 'Safe Together, Moving Forward Together', and encouraging employers to sign the Diversity Charter, help employers integrate diversity and psychological safety into risk assessments. Other key interventions include resources and tools developed on diversity and psychosocial safety (SER and TNO), with practical tools to address workload and discrimination, and support labour inspectors.
- The second initiative is the high-level Commission on Sexually Transgressive Behaviour, established under the government's National Action Programme (2023), which was established in the context of some #MeToo scandals, including a high-profile case on a popular TV programme, 'The Voice of Holland'. A detailed Handbook (2024) promotes risk assessment and organisational culture change across three pillars: interaction, organisational structure and support systems. Risk assessment tools, codes of conduct and measures to promote diversity were introduced, with an emphasis on prevention and implementing safe workplace cultures.
- The third initiative is the Safe Healthcare Initiative (Veiligezorg), a joint programme between hospital employers and unions aimed at preventing aggression, harassment and violence. Now running in most hospitals across the Netherlands, it includes training, reporting protocols, cooperation with police and codes of conduct to address all forms of violence and harassment, especially third-party violence and harassment. The Safe Healthcare handbook covers steps to prevent aggression, what to do when faced with aggression, actions to take after an aggressive incident, and best practices for managing aggression. It has been highly successful, and the model has recently been expanded from hospitals to the mental health and long-term care sectors, along with practical participatory tools to identify unsafe spaces. The emphasis of Safe Healthcare is on prevention, including risk assessment and bottom-up culture change through workshops, role-play and team-led initiatives.

The success of the three initiatives is underpinned by a strong legal and policy framework on OSH and equal treatment, as well as a priority on integrating diversity into PSR risk assessments. Furthermore, social dialogue, collective bargaining and the involvement of workers and unions have been central to the development and implementation of these initiatives. A key issue is that there has been a shift in focus towards culture change and addressing systemic problems, such as discrimination and the organisation of work, that lead to heightened exposure to PSR factors.

Although the initiatives are breaking new ground, they are taking place in the context of rising levels of reported stress, harassment, and third-party violence and harassment in the workplace. Sustaining long-term culture change requires resources, commitment and monitoring.

The Dutch model illustrates how integrating PSR prevention with diversity and inclusion can create safe and respectful workplaces. Dialogue, culture change and practical tools such as risk assessments and codes of conduct are central to this approach. The holistic approach is transferable across Europe, offering lessons in linking legal obligations, workplace practices and broader societal initiatives.

CS7 - Slovenia: integrating diversity into psychosocial risk prevention and management (EU-OSHA, 2026g)

Slovenia has developed comprehensive guidelines and training to integrate gender and diversity perspectives into the prevention and management of PSRs. This initiative is grounded in the legal obligations and regulations that require employers to prevent and manage PSRs. Practical tools were developed, along with training, for OSH experts and labour inspectors to apply diversity-sensitive risk assessments.

The Occupational Health and Safety Act outlines employers' responsibilities to provide a safe working environment, which includes addressing PSRs such as bullying and harassment. In addition, legislation, including the Gender Equality Act and the Protection Against Discrimination Act, reinforces these efforts by ensuring that discrimination based on gender, age, disability and ethnicity is actively prohibited.

The initiative was supported by the Ministry of Labour's expertise in gender mainstreaming and included the following actions:

- The Guidelines on Effective Prevention and Management of PSRs (Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2024) provide practical tools for identifying PSRs and incorporating gender and diversity, addressing a range of PSR factors, including work-life conflict, discrimination, harassment, and organisational culture. Emphasis is placed on diversity management as a key leadership quality. The guidelines play a vital role in enhancing awareness among occupational safety and health (OSH) experts and employers, providing practical tools for identifying and managing PSRs, highlighting the positive impact of workforce diversity in creating an inclusive work environment.
- Diversity Handbook (Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2023): the handbook explains the concept of gender and diversity mainstreaming in OSH risk assessment, providing checklists and examples of bias, stereotypes and discriminatory practices.
- Workshops for OSH experts (2022-2023): 13 workshops for OSH experts and managers introduced concepts related to gender/diversity, stereotyping, gender-specific exposure to PSRs, and intersectional risks (including age, migration and disability). Participants are committed to applying new approaches and implementing the guidelines. Topics covered include effective communication, diversity management, and strategies for achieving gender balance in decision-making roles. Participatory methods (e.g. Six Thinking Hats) were used to address biases and promote respectful communication among employees.
- 'PSRs to occupational safety and health' workshops for labour inspectors: the workshops aimed to promote awareness-raising and build knowledge of PSRs and how they can be monitored. They aimed to empower inspectors to manage the stress they experience at work; strengthen their understanding of the origins, dynamics and consequences of phenomena such as stress, burnout, workplace violence, bullying, harassment and sexual harassment; raise employers' awareness of PSRs; and monitor these risks.

Enabling factors include a strong legal framework backed by a national strategy, combined with the Ministry's established expertise in gender mainstreaming applied to OSH and the recognition of diversity management as integral to PSR prevention. Training and tools have promoted awareness of unconscious bias and stereotypes, while risk assessment is promoted as a core preventive tool, addressing both organisational and interpersonal issues.

The key takeaways from the initiative are that EU-level guidance (SLIC) has been a key driver. Embedding diversity in OSH requires a long-term commitment, adequate resources, and training. PSRs are multi-dimensional, affecting diverse and vulnerable workers disproportionately. Building a business case for workforce diversity is crucial for employer engagement, and sharing best practices and company networking can enhance its impact.

Slovenia has made significant progress in incorporating gender and diversity perspectives into the prevention and management of PSRs in the workplace. Overall, the Slovenian example – combining legislation, national strategy, guidelines, training and practical guidance tools – can be adapted in other EU Member States to promote diversity-sensitive PSR prevention.

CS8 - Spain: a gender and diversity sensitive approach to psychosocial risk prevention (EU-OSHA, 2026h)

Spain has developed a wide range of national and regional initiatives to integrate gender and diversity into psychosocial risk (PSR) prevention, supported by social dialogue and collective bargaining. Vulnerable groups – including women, migrant workers and those in precarious employment – are most affected by PSRs such as stress, burnout, harassment and work-life conflict.

Law 31/1995 on the Prevention of Occupational Risks provides the framework, though no specific PSR law exists. Organic Law 3/2007 on Gender Equality (amended in 2012) mandates equality plans in companies with 50+ employees, covering harassment, sexual harassment and domestic violence as workplace issues. The National OSH Strategy 2023-2027 includes promoting gender mainstreaming, protecting vulnerable groups and preventing violence and harassment, in line with ILO Convention No. 190. The National OSH Institute (INSST) treats gender as a cross-cutting issue and has produced guidelines on sexual harassment, work-life balance and integrating OSH measures into equality plans. They include:

- Basic Guidelines for PSR Management (2022), including diversity-sensitive assessments;
- technical notes (2023) on work-family conflict, which identify it as a key PSR that disproportionately affects women;
- guidance for caregivers (2020, 2024), addressing stress, burnout and violence in elderly care, and providing tools such as assessment matrices and training packages; and
- the Women in Elderly Care report (2019), which highlights precarious work and provides testimonies on workload and stress.

The national tripartite OSH advisory body, the CNSST (comité nacional de seguridad y salud en el trabajo), has established a working group on PSRs and mental health, along with guidance on preventing PSRs for vulnerable workers. The objective is to enhance the working environment and management of PSRs in the workplace, with a specific focus on vulnerable groups of workers.

Regional initiatives undertaken by OSH regional bodies have also been developed to further embed and expand on national regulations:

- Canary Islands (ICASEL): guidance linking equality plans with OSH prevention, plus protocols on sexual harassment;
- Galicia (ISSGA): gender-sensitive PSR manuals, an observatory against discrimination, and online prevention portals;
- Madrid (IRSST): guidance on gender and PSRs (fatigue, health, harassment), plus initiatives for migrant, disabled and LGBTIQ workers;
- Asturias: internal violence protocol, and the Psycho Space platform, which features awareness videos on PSRs and harassment.

In addition, Spanish social partners have been active in raising awareness and negotiating collective bargaining agreements related to workforce diversity and PSRs. The two trade union confederations (UGT and CCOO) have played a key role in embedding gender and diversity into OSH, with guidance on gender-sensitive risk assessments; gender and PSRs, with links to equality plans and PSR prevention; telework; and LGBTIQ inclusion. Collective bargaining agreements (CBAs) have also been signed in several sectors where women are exposed to PSRs.

A strong gender equality law, mandatory equality plans, the integration of PSRs and workforce diversity into collective bargaining, and a combination of national and regional initiatives have provided a significant body of expertise, guidance and tools on workforce diversity and PSRs, with a primary focus on gender-sensitive measures. However, in the absence of specific legislation on PSR, the guidance is only voluntary.

Spain demonstrates how gender and diversity mainstreaming can be embedded into PSR prevention through guidance, regional innovation and collective bargaining, even without a dedicated PSR law. The Spanish model is transferable to other EU Member States, particularly those without explicit PSR regulations, by showing how non-legislative tools and strong social dialogue can advance prevention.

CS9 - Sweden: gender mainstreaming to prevent psychosocial risks (EU-OSHA, 2026i)

Sweden has been a pioneer in addressing PSRs at work by embedding gender equality mainstreaming into occupational safety and health (OSH) policy and practice. Recognising its gender-segregated labour market, Sweden has worked systematically to integrate a gender perspective into PSR assessments and monitoring, particularly in sectors dominated by women (such as healthcare, social work and education) and in relation to MSDs (SWEA, 2020).

The Work Environment Act (1977) obliges employers to prevent discrimination and abusive behaviour and ensure a safe work environment. Since 2015, PSRs have been reframed as part of the Organisational and Social Work Environment Regulation, focusing on structural and organisational factors. The Swedish OSH Strategy 2021-2025 integrates gender, diversity and non-discrimination. It addresses some core diversity-related issues, such as racism, sexual harassment, disability inclusion and age-sensitive policies and rehabilitation. Sweden's long-standing gender mainstreaming policy (adopted in 2006) underpins this approach, with initiatives under the JiM (Gender Mainstreaming in Government Agencies) programme supporting structural change implemented in OSH.

Specific initiatives include the following:

- A government mandate to the Swedish Work Environment Authority (SWEA) (2011-2016) to address gender-related OSH risks, leading to training for labour inspectors, inspections in female-dominated sectors and the development of gender-sensitive assessment tools (SEWA, 2013).
- Labour inspection campaigns: inspections in 60 municipalities compared female- and male-dominated jobs, revealing higher risks for women (e.g. in home care: manual handling, stress and limited control versus technical jobs with better resources). Inspections were conducted, providing an opportunity to raise awareness of how gender norms influence risks. This learning was applied to other sectors, sustained by a learning approach supported by experts, which continues to support implementation, innovation, learning through research, and evaluation.
- Tools and guidance: examples include risk assessment tools with a gender focus, as well as videos, brochures and online resources. A guidance document, 'How can the work environment be made better for both women and men?' (SEWA, 2014), provides practical guidance for gender-inclusive workplaces. In addition, the 'Genuskollen' (Gender Checklist) (SEWA, 2016) helps employers and safety reps analyse gender-based differences in work tasks, risks and resources.
- Social partner roles: trade unions have negotiated stronger protections against sexual harassment, developed internal guidelines and launched joint initiatives with employers to address this issue. National unions (LO, TCO, SACO) have created joint training and resources, including a handbook against sexual harassment and engagement in #MeToo Sweden.
- The experience of gender mainstreaming has been applied to other diversity groups, including specific actions on LGBTIQ workers, young workers and workers with disabilities.

Sweden's approach has mainstreamed gender into OSH law, research, inspections and guidance, which are grounded in evidence-based research showing the effects of structural inequalities and women's higher rates of sickness absence linked to work organisation. Practical tools for employers and inspectors, including sector-specific interventions in home care and education, have shown that improving women's work conditions benefits all workers.

Challenges persist because some employers lack a comprehensive understanding of gender-related PSRs and their impact in gender-segregated workplaces. Recent increases in work-related illness – which disproportionately affect women in sectors such as healthcare, education and social services – mean that organisational sustainability and resources are needed to address these problems.

Sweden's gender mainstreaming model for PSRs is highly transferable to other Member States, particularly those with gender-segregated labour markets. It provides evidence-based methods for identifying hidden PSRs and demonstrates that integrating diversity into OSH benefits the entire workforce.

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops and distributes reliable, balanced and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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