

COMPARATIVE ASPECTS REGARDING SAFETY AND HEALTH AT WORK IN EUROPEAN ENTERPRISES

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Abstract

Safety and health at work has, according to the European policies, a key role both in increasing employment, including through the prevention of premature withdrawal of employees from the labor market and in increasing competitiveness and economic performance of European enterprises. The paper makes an initial brief presentation of the main provisions of European and national policies on health and safety at work, then continues with an analysis of statistical data regarding the situation of health and safety at work for employees in EU-27. A special attention is paid to detailed analysis of recent data, from the National Institute of Statistics, on the situation concerning occupational accidents and professional diseases in our country, including factors that determine them, depending on sex, residence area, age group, economic activity, number of absence days due to health problems caused or aggravated by work.

Key-words: workplace, health, safety, accidents, professional diseases, stress

JEL Classification: J₂₈

Introduction

From the perspective of EU concerns, the issue of improving working conditions and ensuring health and safety at work appears as an independent subject for the first time in the European Council Directive on the safety and health of workers at work, in July 1989. The European Framework Directive on safety and health at work (European Council, 1989), adopted in 1989, represented an important tool in improving occupational safety and health: it guarantees minimum safety and health requirements throughout Europe while Member States are allowed to maintain or establish more stringent measures.

Subsequently, numerous other directives have been formulated, which take into account a number of issues regarding safety and health, specific economic sectors.

In 2007, the "Community strategy 2007-2012 on health and safety at work" was developed, which aims for a 25% reduction in the total incidence rate of accidents at work by 2012 in EU-27 (European Commission, 2007, p. 3). In the

vision of European policies, health and safety represent determinant elements of employment and economic performance and competitiveness of European enterprises. Indeed, the lack of effective protection of health and safety at work can result in absenteeism, due to workplace accidents and occupational illnesses, and can lead to permanent occupational disability. This not only has a considerable human dimension but also has a major negative impact on the economy. The enormous economic costs of problems associated with health and safety at work inhibits economic growth and affects the competitiveness of enterprises in the EU (European Commission, 2007, p. 2).

Modern organization of labor, together with health and safety at the workplace, can contribute greatly to increasing the welfare in the workplace, maximizing the ability of each employee to work and preventing early withdrawal from the labor market.

National and EU policies should contribute to creating work environments and occupational health services to enable workers to participate fully and productively in working life until old age. Inequalities between women and men, both inside and outside the workplace can affect health and safety of women at work and thus have an impact on their productivity, and therefore gender equality should not be neglected.

Enterprises which invest in active prevention policies to protect the health of their workers obtain tangible results: reduction in costs arising from absenteeism, reduction in staff turnover, greater customer satisfaction, increased motivation, improved quality of products and enhanced enterprise image (European Commission, 2007, p.13)

The development of awareness may also be reinforced, particularly in SMEs, by providing direct or indirect economic incentives for prevention measures; such incentives can include a possible reduction in social contributions or insurance premiums depending on the investment made in improving the working environment and/or reducing accidents; economic aid for the introduction of health and safety management schemes etc. (European Commission, 2007, p.14).

In our country, legislation on health and safety at work and in general working conditions closely harmonize with EU legislation, focusing on legislative measures aimed to avoid risks in particular economic sectors that require physical labor. Thus, an official document essential for establishing the legal framework for ensuring health and safety at work for employees, at national level, is the Law 319/2006 regarding the protection and safety of work, which aims to promote improving of safety and health at the workplace for workers, establishing "general principles regarding the prevention of occupational risks, the protection of workers" health and safety, elimination of risk and accidents factors, information and consultation of workers, balanced participation according to the law, training of worker and their representatives, and general directions for implementing these principles" (The Romanian Government, 2006).

Also in *Romania's National Development Plan 2007-2013*, elaborated by the Romanian Government in 2005 („the fundamental instrument by which Romania will try to recover as quickly as possible the socio-economic disparities towards the

EU, the specific concept of the European policies of economic and social cohesion, which will guide and stimulate socio-economic development of Romania under the EU Cohesion Policy” – The Romanian Government, 2005, p. 4), regarding the current situation, there is the a special paragraph, in "Employment" chapter, devoted to health and safety at work. The authors of report consider that there are still in our country working conditions with occupational risks and a risk prevention culture underdeveloped in enterprises, also there is lack of statistics on occupational diseases, currently there are no statistical data than on new cases of occupational diseases.

Statistical analysis regarding the health and safety at work in the EU as a whole

According to statistics published in 2009 and 2010, which have as source Eurostat (Eurostat, 2009, p. 2-3), regarding accidents at work in 2007, 3.2% of employees in EU-27 had an accident work in the previous year, which corresponds to 7 million employees.

Approximately 10% of those accidents were road accidents occurred during work time (traffic accidents occurred during work time have been reported at 0,3% of respondents, which corresponds to 0,67 million people in the EU-27, of which most men with a high level of education – Eurostat, 2010, p. 27-28). Men had a higher proportion than women among the injured, and accidents occurred most often in younger age groups (3,5% for employees of 18-24 years). Overall, accidents were more common in agriculture, manufacturing and construction, standing out a clear gender difference: among men the highest risk is found in the sectors of construction, manufacturing and agriculture, while the largest risk in women is found in health and social work sectors and also in hotels and restaurants. As regards the type of occupation, skilled manual workers were more likely to suffer accidents; in addition, work-related characteristics that have increased the likelihood of an accident were working in shifts (including nights) and atypical program (in weekends). Regarding the types of illnesses suffered in workplace accidents, injuries and superficial wounds, dislocations, sprains and fractures are the most common types of injuries. For workers with workplace fatalities, multiple injuries are most often recorded.

The consequence of these accidents is first of all the absence from work – 73,4% of people who have suffered an accident at work have had sick leave of at least one day, and 22% over a month sick leave; of all people aged 15-64 years who worked in the past 12 months, 2,3% had sick leave of at least one day because of an workplace accident (i.e. 5 million people in the EU-27).

The frequency of accidents at work fell slightly from 3,5% in 1999 to 3,2% in 2007, among people who worked in the past 12 months in European countries; this decline is attributed mainly to the fall of accidents among men (from 4,4% in 1999 to 4,1% in 2007), unfortunately there has been no decrease in the share of accidents among women (2,4% in both years). The rate of accidents declined for most age groups between 1999 and 2007, but increased slightly for young employees, aged

between 15 and 24 years – from 3,8% in 1999 to 4,0% in 2007 (Eurostat, 2010, pp. 31,33,34).

At the EU level, several studies on working conditions have been conducted, especially by the European Foundation for the Improvement of Living and Working Conditions, the latest research on working conditions within the EU being the Fifth European Working Conditions Survey: study was conducted during January-June 2010, and first results were published in November 2010; in addition, this latest edition makes a comparative analysis of survey results over the last ten years. According to this research, European workers are exposed to physical risks as well as 10 years ago, for example 33% of workers carry heavy objects for at least a quarter of work time, while 23% are exposed to vibration, numbers unchanged from 2000. Almost half of employees (46%) work in tiring positions or that cause pain in at least one quarter of the time, and repetitive hand or arm movements are a work feature for more Europeans than 10 years ago. The labour of some workers can present other types of risks: the working environment can be noisy, too hot or too cold, or contain materials that are pathogenic – in 2010 nearly 30% of the EU-27 workers were exposed to loud noises for at least a quarter of their work time, a figure unchanged since 2000; 15% of workers breathe smoke or dust or manage dangerous chemicals, also in the same proportion as 10 years ago (Eurofound, 2010a, pp. 6-7).

Also, experiencing a higher work intensity (for example, very high speed work to meet very short deadlines) has a strong negative effect on employees. Labor intensity has increased in most European countries over the past two decades, from 50% of employees said they had very short deadlines at least a quarter of their work time in 1991, to 59% in 2000, to 63% 2010 (Eurofound, 2010a, p. 6).

Stress at work, a phenomenon caused by increasing both the number of hours spent at workplace, as such as the work intensification (pressure due to the imposition of strict deadlines), is associated with cardiovascular diseases, muscular, immune problems, especially mental problems (anxiety and depression). The highest stress levels of employees were reported in Greece (55%), Slovenia (38%), Latvia (37%), Romania and Bulgaria – 31% (European Agency ..., 2009a, p. 9). The largest number of employees who suffer from anxiety due to stress at work is found in education, health and social work, and in public administration.

Stress, depression and anxiety as the main health problem caused by work is mentioned more often than women (17%) than men (13%), more often by those with a high level of education (26%), followed those with a secondary education (12%) and those with low education (10%); the highest stress levels are noted in middle-aged employees (35-44 years), then decreased with increasing age; in addition, these illnesses occur more often in workers in larger firms (over 10 employees), increasing with increasing number of employees in the company where employee is working in. Employees suffering from stress, anxiety, depression take sick leave due to these diseases for longer periods than those with skeletal and muscle system problems – 25% to 19% (Eurostat, 2010, pp. 67-69). Stress at work can have negative effects not only at the individual level, on the

performance of each individual, but collectively, affecting the psychosocial labour framework and even the overall enterprise economic performance.

As a direct consequence of these occupational diseases, according to *Fifth European Working Conditions Survey*, in 2010, 35,6% of European workers have missed from workplace 1-15 days and 7,5% over 15 days, both values being decreased over 2005, when only 16,4% of European employees were absent 1-15 days, and only 5,9% – over 15 days. By sectors of economic activity, those in industry more than those in services took days off due to health problems, and by gender – a higher proportion of women than men (Table 1).

Table 1

Share of employees by number of absent days from work last year due to health reasons in the EU-27, in 2000, 2005 and 2010, by sex, age, sector of the economy (%)

Sex Age Economic sector	2000			2005			2010		
	None	1 to 15 days	More than 15 days	None	1 to 15 days	More than 15 days	None	1 to 15 days	More than 15 days
Total	62,6	28,0	9,4	77,7	16,4	5,9	56,9	35,6	7,5
Sex									
Male	63,6	26,8	9,6	78,6	16,1	5,3	58,6	34,5	6,9
Female	61,3	29,5	9,1	76,5	16,7	6,8	54,8	36,9	8,3
Age									
Under 30 years	63,3	29,9	6,8	78,7	17,1	4,2	56,4	39,0	4,6
30-49 years	62,0	28,2	9,9	77,3	16,7	6,0	56,0	36,7	7,3
Over 50 years	63,4	25,6	11,0	77,5	15,1	7,4	59,0	30,8	10,2
Economic sector									
Industry	63,2	26,3	10,5	77,3	16,2	6,4	58,1	33,5	8,3
Services	62,2	29,0	8,8	77,7	16,7	5,6	56,2	36,6	7,2
Occupation									
High-skilled clerical	65,0	28,6	6,4	78,3	17,3	4,4	58,1	35,9	6,0
Low-skilled clerical	61,0	30,2	8,8	76,3	17,9	5,8	54,1	38,6	7,3
High-skilled manual	63,5	24,3	12,1	78,3	15,0	6,7	60,1	31,3	8,6
Low-skilled manual	62,3	26,8	10,9	78,9	13,9	7,2	58,5	32,3	9,1

Source: Eurofound, 2010b.

The most significant figures on health in the workplace, in European countries, in the riskiest economic sectors, are summarized below (European Agency ..., 2009b):

- In agriculture, fatal accident rate for the old Member States (EU-15) is 12.6 per 100,000 workers; for accidents with more than three days absence, the rate is more than 6.000 per 100,000 employees. These are some of the highest rates among all economic sectors. In the old Member States, only 4% of the working population works in agriculture, while in the new Member States – 13.4%.

- In the construction sector, about 1,300 workers lose their lives every year, equivalent to 13 per 100,000 workers, more than twice the average of other economic sectors.

- About 15% of European workers in education sector, from teachers to cooks and administrative staff, suffered physical or mental abuse at workplace.

- Approximately one third of European workers – over 60 million people – are exposed to high noise levels in more than a quarter of their work time. Diseases related to the lower back affect 60-90% of people at some point in their lives.

- In EU-27 there are about 19 millions of SMEs, providing jobs to nearly 75 millions of people; unfortunately, SMEs recorded a rate of 82% of all occupational accidents and 90% of fatal accidents.

- More than one in five employees suffers from stress at work in the European Union.

- Young employees aged 18-24 years had a 50% higher risk than older employees to be injured at workplace.

Characteristics of the situation on work accidents and occupational diseases in our country

In our country, during 1992-2009, according to data available from the National Institute of Statistics, the number of injured at work has decreased constantly from 9,808 in 1992 (9,309 remaining with temporary disability and 499 died in the accident) to 3,839 in 2009 (3,487 remaining with temporary disability, and 352 lost their lives – INS, 2011a), most occurring in the extraction and preparation of coal (mining). At the same time, collective accidents at work increased slightly from 24 in 1992 to 28 in 2009 (peaking in 1997, when there were 50 work collective accidents) (INS, 2011a).

According to the latest data available in 2009, rate of accidents at work was 0,74 ‰ in our country, of which the highest was recorded in the mining industry – 3,62 ‰ (INS, 2011b, pp. 117-120). The rate of work accidents on the overall economy experienced a slight decline in our country in 2004-2009 (from 0,96‰ in 2009), the sector with the highest risk of accidents for employees remaining the extractive industries (mining), at great distance to the next sector with high accidents rates, construction. The downward trend in the rate of work accidents are not recorded in all sectors, in some indicator values maintaining relatively constant over time, while in others they have even increased slightly.

Detailed information about the health and safety at work of employees in our country are offered by Complementary Survey „Accidents at work and work-

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related health problems – the second quarter of 2007”, conducted by the National Statistics Institute, as ad hoc module attached to the „Households labour force survey (AMIGO)”, including details about health problems caused or aggravated by conditions at workplace, risk factors occurring in the process of economic activity, cases of occupational diseases, accidents at work, days number of work disability resulting from them, the effects of these events over the daily activities and in relation to the labor market.

Professional disease is, according to the Law no. 319/2006, the affection caused by a trade or profession, toxic physical, chemical or biological agents, characterizing the work place and overcharge of various organs or systems of the body in the work process. In the survey mentioned above, risk factors exposing a person at workplace can be classified, with adequate details, in the following categories:

- affecting mental health: harassment or psychic violence; physical violence or threat with physical violence; pressure (short deadlines) or overload of work (multiple tasks/simultaneous activities);
- affecting physical health: chemicals, dusts, smoke, steam, gases; noise or vibrations; difficult work postures, moving at work, handling of heavy loads; potential risk of accident (INS, 2008, pp. 18-19).

A number of 236 thousands persons, representing 2.4% of persons aged 15 years and over who worked in the last 12 months, suffered at least one accident at work in the reference period; 71.6% of them were men, 64.0% lived in rural area and 69.4% belonged to the age group 25-54 years. Among men who worked in the last 12 months, 3.1% suffered at least one accident at work during that period, as compared to 1.5% of women. The same difference was also noticed by area: 3.4% of persons living in rural area who worked in the last 12 months suffered an accident in this period, as against 1.6% in case of persons resident in urban area. Only 0.6% of persons with high education, professionally active in the last 12 months, suffered an accident at work in this period. The value of this indicator is 3.5% in case of persons with low level of education and of 2.3% for persons with medium level of education (INS, 2008, pp. 27-28).

The distribution of persons injured by ownership of the unit where the accident occurred shows that private sector concentrated 84.7% of the total and 8.8% worked in the public sector.

Distribution of the 236 thousands injured by number of absent days from work caused by the last accident indicates that 42.6% of them suffered minor accidents – retaking their professional activity even in the accident day or in the next day. In case of 29.2% of injured people, the accident caused work incapacity of 1-3 days and for 27.6% absence from work lasted over 3 days. A very small number of persons declared that they didn't work after the accident and could never work again (INS, 2008, pp. 31-32).

With regard to diseases caused or aggravated by work, 818,000 people, representing 5.7% of the 14,245,000 people aged over 15 who were questioned in the investigation, have suffered over the past 12 months at least one health problem caused or made worse by current or previous workplace. Of these, 50.7% were

women, 50.1% lived in urban areas and 46,4% belonged to age group 25-54 years. Over the past year, 5.9% of women had at least one illness caused or aggravated by actual or previous job, compared to 5.6% of men. By area, the difference is more pronounced: 6.0% in rural areas, compared with 5.1% in urban areas. More than half (51,8%) of people with health problems caused or aggravated by job is concentrated in group of persons aged 55 years and older. Young people under 35 are less affected by the occupational diseases, representing only 9.9% of those with health problems (INS, 2008, pp. 36-37).

The most often diseases mentioned by people with illnesses caused or aggravated by work are those of the bones, joints or muscles that mainly affect the back (21.9%) as well as the respiratory tract or lungs (19.2 %), followed by heart disease, stroke or other cardio-vascular problems mentioned by 14.7% of people with health problems, and diseases of bones, joints or muscles that mainly affects hips, legs or feet affected 13.3%. Other professional diseases have shares below 10% each. Among those with diseases of the bones, joints or muscles that mainly affect the back, 54.8% were male, 54.7% lived in rural areas and nearly half (51.6%) belonged to age group 25-54 years. Largest share among people suffering from stress, depression, anxiety or fatigue have people living in urban areas (77.7%) and females (57,5%) (INS, 2008, p. 40).

Depending on the economic sector where the most serious disease has been triggered or worsened and its type, the data indicate that persons working in agriculture and commercial services suffer in a greater proportion from diseases of bones, joints or muscles that mainly affect the back (24.5% and 25,0%). In industry and construction suffering the most frequently mentioned are those of the lungs or respiratory tract (24.3%), and for people working in social services – stress, depression, anxiety and fatigue are the most frequently invoked illnesses (20.4%).

Distribution of 818,252 persons, by absence from work during the last 12 months due to physical or mental health problems caused or aggravated by professional activity, indicate that 46.5% of persons with health problems had no periods not worked because of illness (Table 2), 40.3% of them had periods not worked because of the health problem and resumed work or could have resumed their work due to their recovery; and 13.2% had periods not worked because of the health problem, at present don't work and believed that health will not allow them to work ever (INS, 2008, p. 44).

In terms of the circumstances at current work, which may affect physical or mental health, 47,6% of the employed population believe that at their workplace they are exposed to at least one of the following factors, which could affect physical or mental health: mental harassment or violence; physical violence or threat of physical violence; pressure (short of surrender) or overload (multiple tasks/activities simultaneously); chemicals, dust, smoke, steam, gas; noise or vibration; uncomfortable postures during work, moving at work, handling heavy loads, the potential risk of injury.

Table 2

Population who suffered at least one health problem caused/aggravated by work, by absence from work, by sex, area and economic sector

Sex Area Economic sector	Total	Had time off work and:		Didn't have time off work
		Resumed / could have resumed work	Is currently not working and believe that will not be able to work ever	
Total	818,252	329,708	107,909	380,635
Sex				
Male	403,054	16,675	51,106	185,198
Female	415,198	162,958	56,803	195,438
Area				
Urban	409,615	132,614	63,749	213,252
Rural	408,638	197,094	44,160	167,384
Age groups				
15-24 years	14,403	10,221	-	-
25-34 years	66,469	33,471	-	31,587
35-44 years	115,337	58,082	9,249	48,006
45-54 years	198,029	87,830	30,388	79,810
55-64 years	192,581	64,817	33,717	94,047
65 years and over	231,433	75,286	33,145	123,003
Economic sector				
Agriculture	213,895	158,917	11,871	43,106
Industry and construction	218,458	87,852	28,006	102,601
Commercial services	85,466	30,490	8,394	46,582
Social services	65,507	21,549	*	40,016
Unknown	234,928	30,901	55,697	148,330

Source: INS, 2008, pp. 75, 77.

A total of 1,674,661 persons (17.7% of employed persons) have identified at least one risk factor in the current workplace that could affect their mental health, mostly males (54,7%) and residence in urban areas (68.8%). In 85.6% of cases, the main factor in terms of the effects it can have on mental health has been pressure or overload, 7.4% considered themselves primarily exposed to physical violence, and 7.0% – to harassment or psychological violence (INS, 2008, p. 48). Among employed people exposed at workplace to factors affecting their mental health, and pressure and overload are seen as a major factor by 75% of people in state organizations and 88.4% of persons working in the private sector.

Depending on the economic activity, of the employed persons exposed at workplace to factors that affect their mental health, and pressure and overload is seen as a main factor in the largest share (over 95%) in the sectors: electricity, gas and water supply (95,6%), agriculture, hunting and forestry (95.3%), construction (95.1%). In terms of occupations groups, among employed persons exposed to

workplace factors that affect their mental health, and pressure and overload is seen as the main factor in the largest share (over 90%) by: artisans and skilled workers in handicraft, machinery and equipment regulation and maintenance (96.1%), experts with intellectual and scientific occupations (90.9%), members of legislative, executive senior officials of public administrations, managers and clerks of officials socio-economic and political units (90.1%).

A total of 3,975,772 persons (42.1% of employed persons) have identified at least one risk factor at their current workplace which is likely to affect physical health, 54.8% considered the main risk factor being difficult postures during work, moving at work or handling heavy loads; 22.0% considered themselves as being exposed mainly to the risk of injury. Exposure to chemicals, dust, smoke, steam, gas was indicated as the main risk factor by 12.4%, and noise or vibration by 10.8%.

More than a quarter (25.7%) are exposed, according to their own statements, both to factors that might affect mental health and those that could affect their physical health.

Out of 4,496,621 employed persons who indicated the existence at actual workplace of at least one risk factor which could affect health, 11.6% persons are exposed only to factors affecting their mental health. About two thirds (62.7%) were persons who declared they were exposed only to factors affecting their physical health. Over one quarter (25.7%) are exposed, according to their own declarations, both to factors which could affect their mental health and their physical health (INS, 2008, p. 50).

One positive consequence of improving the working conditions of employees is also the employee remaining at work or at labor market and thus to postpone his withdrawal from activity. Complementary Survey „Transition from work to retirement – the second quarter of 2006”, conducted by National Institute of Statistics, identifies and mentions the factors which determine to postpone the withdrawal from the activity for the employed population in our country. Out of persons aged 50-69 years surveyed, three quarters (76.6%) didn't identify factors that would stimulate them to postpone or to have been postponed the withdrawal from activity, but a quarter of them (23,4%) considered that at least one of the following factors could determine or would have determined to prolong the professional activity: better health and safety at workplace; more flexible working time arrangements; more opportunities to update skills (INS, 2007, p. 45).

The most stimulating factor for prolonging the professional activity is existence of better health and safety at workplace, declared by 92.5% of persons who work and by 95.2% of persons who don't work; of those who work, this factor is mentioned as the most important by 92.5% of women and by an equal share of men, by 92.4% of those who live in urban area and 92.6% of those in rural (INS, 2007, p. 46).

Conclusions

Occupational safety and health play an essential role in increasing the competitiveness and the productivity of enterprises, because it leads to decrease of organizational costs that accidents and occupational diseases involve, costs primarily due to absences from workplace of employees who have suffered from accidents or various illnesses caused or aggravated by work.

Secondly, ensuring appropriate working conditions for employees also leads to increased employees' motivation, implicitly company products and services of superior quality and thus a better customers satisfaction; long term, a better image of the company, besides attracting new customers and maintaining the current ones.

At the social level, the health and safety at work for employees determines attracting new unemployed people to the labor market, postponing withdrawal for senior employees, so an increased employment – the main objective of EU policies regarding labor market.

Although statistic data indicate that in recent years, the frequency of accidents at work decreased slightly, there are still economic sectors (such as agriculture, construction, manufacturing), types of enterprises (SMEs), types of work organization (work shifts, at night) where risks that affect employees' physical safety are still great. Mental health is affected mainly by the stress generated by pressure and overload due to the imposition of strict deadlines, is felt especially by women, by those with high-skilled intellectual occupations, in sectors such as health and social work, education, in companies with a large number of employees.

In Romania, the rate of work accidents on the overall economy had a slight decline in the last years, the sector with the highest risk of accidents for employees remaining the extractive industries (mining) followed by construction. The most often diseases mentioned by people with health problems caused or aggravated by work are those of the bones or muscles, of the respiratory tract or lungs, followed by heart disease, stroke or other cardio-vascular problems. Stress, as a risk factor for the employees' health, is particularly felt by urban workers, female, in services sector. Our national legislation on health and safety at work is trying to closely harmonize with EU legislation, but is focused only on measures aimed to avoid risks in economic sectors that require physical labor, almost totally ignoring the new risks related to mental health and specific to economic sectors that are characteristic for knowledge-based society, involving highly skilled employees.

Occupational accidents and diseases represent, besides a serious threat to productivity and competitiveness of companies whose employees suffer from various injuries and other work-related health problems, also “an enormous financial burden for public and private social protection systems and require an integrated, coordinated and strategic response, as well as cooperation between the main parties involved in the European Union regarding the development of Community and national policies” (European Commission, 2007, p.17).

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