

Employment opportunities for people with chronic diseases

Executive summary

Introduction

Chronic diseases are health problems requiring ongoing treatment for a period of years or decades, implying that these diseases are recurrent, long-lasting, persistent and cannot be cured. Though they may or may not be caused (or made worse) by work, chronic diseases can have a serious impact on the working capacities of the people affected. Chronically ill employees often experience great difficulties either staying at work or returning to work after a long period of absence.

This report reviews the main definitions and available information on chronic diseases in relation to employment in the EU Member States and Norway. It also assesses the extent of the phenomenon and characterises the situation of those affected regarding employment and working conditions. Finally, it describes the main policy initiatives and measures undertaken by public authorities, social partners and individual enterprises to help those affected stay in work or return to work.

Policy context

As stated in the 2013 Commission staff working document 'Investing in health' and the first EU summit on chronic diseases held in April 2014, investing in people's health reinforces employability, making active employment policies more effective, helping to secure adequate livelihoods and contributing to growth. However, the potential benefits of health investments aimed at promoting employability and enabling people to remain active for longer are not fully understood. One way to enable people to remain active and in better health for longer is to help those with chronic conditions to function actively in society (including work) and enable them to stay longer in the workforce.

The EU strategic framework on health and safety at work 2014–2020 highlights the challenge arising from demographic change and the need to take account of the ageing EU workforce by adapting workplaces and work

organisation appropriately, including working time, workplace accessibility and workplace interventions targeted at older workers.

Key findings

According to the available data, 20.1% of EU28 employees indicate they have a longstanding illness or health problem. Musculoskeletal disorders are the most typical longstanding health problems, followed by mental disorders and circulatory problems. People with chronic diseases are at a higher risk of being unemployed or inactive: they experience relatively 'easy' transition paths from employment to unemployment/inactivity situations but 'complicated' transition paths from inactivity/unemployment to employment.

The main barriers perceived by employers to recruiting people with a chronic disease include poor understanding of the disease, perceived poor productivity levels and additional costs. Workers with a chronic disease have to contend with limitations in their capacities that influence the type of work they can perform. The extent and type of the chronic disease also influence the employment transition paths for workers affected.

There is a concentration of people with work-limiting health-related conditions in lower-level, manual and low-skilled occupations. Evidence also suggests a positive relationship between certain chronic diseases and some occupations and economic sectors.

In many Member States, not all workers affected by a chronic disease who need support are actually supported, or at least not at the level required and despite national laws often giving them the right to a reasonable adaptation of their workplace. Workers affected by chronic diseases also face a higher exposure to risks and hazards at work than their 'healthy' counterparts, as well as a more limited

capacity to influence their workload or the length/organisation of working time. As a result, they often experience work-life balance problems, higher stress levels and/or excessive overloads and time pressures.

Workers affected by chronic diseases appear to be prone to discrimination and prejudices at work, often encountering a lack of support and understanding from colleagues and supervisors. These workers more often have fixed-term/temporary and part-time contracts and limited access to training opportunities compared with healthy workers.

In most European countries, the focus of measures in favour of people with chronic diseases is on people with disabilities in general, and not specifically on those affected by chronic diseases. Meanwhile, people with chronic diseases but with no legally recognised incapacity for work are generally employed under the same terms and conditions as the rest of the labour force.

All countries have labour laws promoting equal treatment and preventing discrimination towards people with disabilities or health problems. Some national laws also include the provision of adapted working conditions or workplace adjustments for people with health problems. Some also include references to equality in terms of career progression and training. Linked to this, some public initiatives provide financial compensation: several countries offer grants to cover the costs of workplace adaptation, training and prevention programmes, as well as compensation for contributions to sickness insurance or financial incentives for companies to hire people with reduced work capacity. In addition, a few public programmes aiming to increase the employability and return to work of people with disabilities or chronic diseases include special working time regimes and special leave. There are also examples of flexible arrangements to cope with diseases and attend treatment.

Public institutions such as employment offices often offer guidance services, rehabilitation programmes and training courses. There are also recruitment platforms linking employers with employees who have a chronic disease or disability, campaigns to raise public awareness, cases of sectoral collective agreements with clauses referring to the adaptation of working conditions or to leave of absence and temporary incapacities, and examples of specific measures applied by particular companies.

Policy pointers

- Use of the term 'chronic diseases' is rare in employment-related legislation while the concept of 'disability' is common. More could be done to develop specific regulations and policies on chronic diseases.
- Public policies should reinforce the focus on the retention/integration of people affected by chronic diseases in the labour market, rather than the current emphasis on the provision of financial compensation and benefits. An ageing workforce with a higher prevalence of chronic diseases makes it vital to advance this type of policy.
- It is important that regulations and policies allow flexible management of the employment situation of those with chronic diseases. Working time and workloads could be adapted without reducing their entitlement to benefits and facilitating their active engagement in the labour market.
- More could be done to promote examples of enterprises that develop active retention policies for workers affected by chronic diseases, highlighting their positive results. Activities could also be developed to increase employees' sensitivity and awareness of chronic diseases and their daily implications.
- Risk assessment exercises could be stepped up to identify risk factors for chronic diseases among employees in certain sectors, occupations or enterprises while simultaneously providing information about healthy behaviours and preventive activities.
- Initiatives should be implemented to establish partnerships between business associations and trade unions, policymakers and healthcare professionals to share information, develop strategies and mobilise resources to deal with chronic diseases both within a sector and between sectors.

Further information

The report Employment opportunities for people with chronic diseases is

available at http://www.eurofound.europa.eu/ewco/studies/tn1405033s/index.htm

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