

# Dimensional comparability of physical working conditions as covered in European monitoring questionnaires

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**Collaborative partner:** European Foundation for the Improvement of Living and Working Conditions, (Eurofound), Ireland

**Target groups:** OSH researchers, OSH professionals, policy makers

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## General information

This project was a continuation of the project “Survey Development and Cross Culture Methodology”.

Musculoskeletal disorders (MSD) constitute one of the main reasons for sickness absence and disability in Europe. Physical working conditions are the relevant risk factors. However, within Europe, most OSH-monitors – while measuring the same concepts – do so in different ways. Consequently, Europe wide comparisons on OSH become difficult. For countries planning new national surveys and/or revisions of existing surveys addressing physical exposures, a description of similarities and differences in the existing surveys on this topic may be of relevance. In order to better identify groups exposed to a high level of demanding physical working conditions, a wider coverage of physical factors in monitoring instruments, assessed with unambiguous items, is needed. An overview of which items are already in use constitutes a helpful step in this direction.

Hence, the aim of this project was to compare the monitoring instruments on work and health used in six European countries plus all over Europe with a focus on the physical working conditions.

## Scientific Relevance

Musculoskeletal disorders constitute one of the main reasons for sickness absence in the member countries of the PEROSH group, e.g. in Denmark, Norway and Germany.

## Practical/societal relevance

Physical exposures are an important risk factor for long-term sickness absence and disability pensioning. A comparison of surveys may give ideas to new projects addressing health outcomes and sickness absence related to physical exposures at work.

## Publications

[Physical working conditions as covered in European monitoring questionnaires](#), Tynes et al. BMC Public Health (2017)

## More information

Tore Tynes and Cecilie Aagestad