

*OWLinks is brought to you by the Workplace Safety and Health (WSH) Institute to enable leaders and professionals to keep abreast of the latest WSH developments and trends from around the world.*

## SPOTLIGHT

### Overall workplace injuries and fatalities increase in first half of 2014

In the first half of 2014, there were 30 workplace fatalities and 6314 workplace injuries (major and minor) and, an increase of 20% and 14% respectively by 20% compared to the same period in 2013.

For the full Workplace Safety and Health (WSH) Statistics Report for January to June 2014 which was released by the WSH Institute on 10 Sep, please visit the [WSH Institute website](#).



### Global Estimates of Occupational Accidents and Work-related Illnesses 2014 released at XX World Congress on Safety and Health at Work 2014

Mr. Guy Ryder, ILO Director-General, cited findings from the Global Estimates of Occupational Accidents and Work-related Illness 2014 study at the [XX World Congress on Safety and Health at Work 2014](#). This event was held at Frankfurt, Germany from 24–27 August 2014 with 3,980 participants from 143 countries.

Do you know which organisations provided ILO with the 2014 global estimates of 2.3 million occupational accidents and work-related illnesses?

They are WSH Institute Singapore working in collaboration with VTT Technical Research Centre, Tampere, Finland and Tampere University of Technology (TUT), Tampere, Finland.

Click [here](#) for the speech by Guy Ryder, ILO Director-General.

Click [here](#) for the paper and poster



## Articles Reviewed In This Issue:

1. Health, work and working conditions: A review of the European economic literature
2. Healthcare Worker Fatigue: Current Strategies for Prevention
3. Calculating the cost of work-related stress and psychosocial risks
4. Total Worker Health approach helps organisation and employees thrive

**Health, work and working conditions: A review of the European economic literature**

**Date of publication:** July 2014

**Source:** OECD Economics Department Working Papers, No. 1148, OECD Publishing

**Author:** Thomas Barnay

**Synopsis:**

This study notes that the interaction between health and employment can be understood as a two-way causal relationship: employment has an impact on health and health has an impact on employment. It reviews research papers that examine this two-way causal relationship in European countries. The literature finds that a favourable work environment and high job security lead to better health conditions. Being employed with appropriate working conditions plays a protective role on physical health and psychiatric disorders. By contrast, non-employment and retirement are generally worse for mental health than employment, and over-employment has a negative effect on health. These findings stress the importance of employment and of adequate working conditions for the health of workers.

To read more, click [here](#).

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**Healthcare Worker Fatigue: Current Strategies for Prevention**

**Date of publication:** June 2014

**Source:** Pennsylvania Patient Safety Advisory, Vol. 11, No. 2

**Author:** Deborah Dubeck

**Synopsis:**

Fatigue is described as an “overwhelming sense of tiredness, lack of energy and feeling of exhaustion associated with impaired physical and cognitive functioning.” Due to the nature of round-the-clock staffing, fatigue is an occupational hazard in health care. A fatigued health care worker is more likely to make an error that may result in patient injury. Initial programmes to address healthcare worker fatigue have primarily been focused on reducing hours worked for resident physicians. Current research shows that work-hour restriction alone will not solve the problem, as it does not address the disruption in the cycle and sleep deprivation associated working the night shift or working long, extended shifts. This study provides an analysis of fatigue-related events that have been reported through the Pennsylvania Patient Safety Authority’s Pennsylvania Patient Safety Reporting System (PA-PSRS). It also looks at fatigue risk-mitigation practices currently in place in health care and other industries, including more comprehensive fatigue risk management programmes.

To read more, click [here](#).

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**Calculating the cost of work-related stress and psychosocial risks**

**Date of publication:** June 2014

**Source:** European Agency for Safety and Health at Work

**Author:** European Agency for Safety and Health at Work

**Synopsis:**

This report presents the results of a literature review focusing on the costs of work-related stress, job strain, workplace violence and harassment, and other psychosocial risks such as lack of support at work, excessive workload or lack of control. The findings show that the financial costs of work-related stress and psychosocial risks at work can manifest and be quantified in a variety of forms such as health care costs, productivity loss, absenteeism and presenteeism. Many of these costs operate at multiple levels affecting the individual, the organisation, and society. For individuals, the main costs relate to health impairment, lower income and reduced quality of life.

To read more, click [here](#).

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## **Total Worker Health approach helps organisation and employees thrive**

**Date of publication:** July 2014

**Source:** OSH Online

**Author:** Brenda Schmidt, Robert Eric Dinenberg

### **Synopsis:**

This article describes the Total Worker Health (TWH) strategy that integrates occupational safety and health protection with health promotion to prevent worker injury and illness and to advance worker health and well-being. This synergistic approach helps create and strengthen a culture of health in which employee well-being and organisational success are inextricably bound. The interventions that are consistent with the TWH strategy include: providing mandatory respiratory protection programmes that also support tobacco cessation; integrating ergonomics and joint health and arthritis prevention and management strategies; developing stress management efforts that reduce workplace stress and build worker resiliency; implementing training programmes for workers that reduce hazards and risks on the job; and assessing individual risks, such as the risk for developing diabetes.

To read more, click [here](#).

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### **Other Useful Resources:**

- [European opinion poll on occupational safety and health](#) (European Agency for Safety and Health at Work)
- [Injuries are not accidents: Construction Will Be Safe When It's Designed to Be Safe](#) (Electronic Library of Construction Occupation Safety & Health)
- [Comparing fatal work injuries in the United States and the European Union](#) (US Bureau of Labour Statistics, Monthly Labour Review)
- [Pipes with asbestos still used in new buildings](#) (The Globe and Mail)